# The University of Texas Health Center at Tyler

## STRATEGIC PLAN

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ACKNOWLEDGEMENTS

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Strategic Planning Committee

Chuck Spicer, Chair
Rhonda Scoby, Co-Chair
Mark Atkinson, D.Phil.
Anne DeWitt, R.N., M.S.N
Rick Hefner

Sub-Committee Members

Holly Adams
Ileice Baker
Tom Belt, M.D.
Peter Sanfelippo, M.D.
Rick Carter, Ph.D.
Zissis Chroneos, Ph.D.
Tom Craig
Debi Crawford
Susan Cresswell
Leslie Fossey
Zafer Hatahet, Ph.D
Laura Hedrick
Barbara Graham
Ron Jung
Debbie Lambright
Donna Martin
Janise McPherson
Helen Miner, Ph.D.
Vernon Moore
Torey Nalbone
Christi Osuagwu, R.N., C.N.P.
Michael Pangburn, Ph.D.
Kevin Roper
Sandie Sandford
Teresa Serrate, R.N., M.S.N.
Sally Stuart
Brigitte Tolson
Richard Viken, M.D.

Steve Idell, M.D., Ph.D.
Jeff Levin, M.D.
David Shafer, M.D.
Elaine Wells

Administrative Council

Kirk A. Calhoun, M.D.
Anne DeWitt, R.N., MSN
Rick Hefner
Steve Idell, M.D., Ph.D.
Kenwyn Nelson, M.D.
Chuck Spicer
Martha Whitehead

University of Texas Leadership

James Guckian, M.D.
Kerry Kennedy
Rod Mabrey, Ph.D.
Willis Maddrey, M.D.
Ben Melson
Larry Revill

Community Leadership

Lindsey Bradley
Rep. Leo Berman
Herb Buie
Elmer Ellis
Kevin Eltife
Rep. Bob Glaze
Tom Ramey
A.W. “Dub” Riter, Jr
Lonnie Uzell
OUR MISSION, VISION, AND VALUES

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

Our Vision
We will be a great institution, unified in common purpose, to benefit human health and to improve quality of life.

Our Values

Servant Leadership: I will put the needs of our patients and my co-workers first.
Accountability: I will use the resources of UTHCT wisely.
Diversity: I will respect and appreciate diversity in ideas, peoples, and cultures.
Excellence: I will work every day to improve UTHCT and the job that I do.
In 1947, the state of Texas assumed responsibility for 614 acres of land that had been home to Camp Fannin, a World War II army training facility. The state's intent was to establish a sanitarium for the treatment of tuberculosis, one of the deadliest diseases of the time. The new facility was named the East Texas Tuberculosis Sanitarium, and for the first twenty-three years of its history, it housed as many as 300 inpatients at a time.

In 1971, responding to changes in the health-care needs of the state and region, the Texas Department of Health (TDH) renamed the facility the East Texas Chest Hospital and broadened its mission to include many other diseases of the chest. The University of Texas assumed management of the hospital in 1977. In the early 1970's, the first biomedical research programs were established. The first formal educational program began with the Family Practice Residency Program in 1985.

Today, The University of Texas Health Center at Tyler is a growing organization with over 1300 employees and an operating budget approaching $130 million. The organization offers a comprehensive array of health-care services, clinical and basic science research programs, and diversified educational offerings.

Poor financial performance, ineffective planning, and an unclear mission have plagued the Health Center for several years. However, a new course was set for the Health Center in November 2002 with the naming of Kirk A. Calhoun, M.D. as president of UT Health Center. The work of the Strategic Planning Committee, combined with executive planning meetings called by Dr. Calhoun beginning in January 2003, has resulted in the identification and development of the six priorities and supporting goals and strategies identified in this document.
EXECUTIVE SUMMARY

The FY04-07 Strategic Plan is the culmination of the efforts of many people within The University of Texas Health Center, the UT System, and the East Texas community. The process began with a review of key environmental factors, the overall state of the Health Center, the growth of the East Texas market, and the market potential of core UTHCT programs.

An assessment and inventory of Health Center strengths, weaknesses, opportunities, and threats were formulated that provided the impetus for the development of the key priorities that are the focus of the plan. Additionally, executive planning retreats were held throughout CY03 to identify projects/programs that were of greatest importance to the Health Center.

The first set of priorities includes enabling priorities. It is essential to improve in these areas because they will lay the foundation for the Health Center to fully realize its core mission, vision, and values. While most of these priorities have many obstacles to overcome, they also offer significant opportunities. The enabling priorities are:

- Mission, Culture, and Identity
- Information Technology
- Finance

The second set of priorities addresses the foundational elements of The University of Texas Health Center at Tyler. They represent the core programs of UTHCT and the specific strategies and objectives that will allow each area to achieve success. The vision priorities are:

- Patient Care
- Education
- Research

Implementation of many of the goals and strategies for these priorities should begin immediately and will be accomplished by or before 2007. These goals and strategies are not static, but fluid. It will be up to the organization to manage this plan and to modify it accordingly in order to fulfill the overall priorities and to effectively execute the mission and vision of UT Health Center.

While the task of plan oversight falls to the Strategic Planning Committee, it will be incumbent upon the leadership of UTHCT and UT System to continue to support and drive the planning process. To be used most effectively, this plan should be the foundation for all planning, both financial and strategic, that occurs prior to each fiscal year.
ENVIRONMENTAL ASSESSMENT

Smith and Gregg counties, the most populated counties in East Texas, are home to seven hospitals, three rehabilitation facilities, two psychiatric inpatient hospitals, approximately 150 clinics, and over 700 physicians – which suggests an oversupply of medical services. However, projected 2002 census data identified 300,000 residents in Smith and Gregg counties, 600,000 in UTHCT’s eight-county market, and over 1.3 million people in the 29-county market served by the Health Center. Not only does the opportunity for market-share growth exist, but also the market itself continues to grow according to census data.

INTERNAL FACTORS

The single, most significant issue affecting UTHCT during the last several years has been the institution’s financial performance. From FY97 through FY00, the Health Center saw its overall cash position fall from over 50 days of operating cash-on-hand to 19 days cash-on-hand at the end of FY00. The situation was stabilized in FY02 and FY03, with cash balances rising above 50 days in 2003.

The operating margin - defined as the excess of revenues minus expenses for the fund groups including Education & General and MSRDP - increased from ($57,891) in FY98 to more than five million in FY02.

Revenues from patient care rose significantly in both the Education and General (primarily hospital revenues) and MSRDP fund groups. In just two years, from FY00 to FY02, total revenues from patient care increased by more than 30 percent. Expenses also increased, but by less than 13 percent overall.

The margin in E&G rose from ($726,506) in FY00 to $7.2 million in FY2002. Being able to hold expenses relatively flat maximized the revenue increases realized in E&G. The E&G revenue grew by over 30 percent in a two-year time period, while expenses only rose 9.5 percent. MSRDP revenues grew by 23 percent since 2000, but were more than offset by a 38 percent increase in expenses.
Patient Care. Volumes have grown in both inpatient and outpatient care. Inpatient volumes were relatively consistent from 1998-2001, however UTHCT experienced a considerable upswing in inpatient admissions in FY02. The inpatient Average Daily Census grew from 67.4 in FY98 to 80.9 in FY02.

Physician and outpatient activity continue to be the areas of most significant growth. In 1985, UTHCT recorded only 28,000 outpatient visits. By FY02, the number of outpatient visits grew to almost 140,000. A large contributor to this phenomenal growth has been the increase in number of medical specialties within the UTHCT practice plan and the total number of physicians at the Health Center.

Research. Basic science research activity showed significant growth in funding in the mid-to-late 1990s. During that time, total external funding increased from $1.2 million in 1997 to $4.2 million in 2002 – an increase of 250 percent. The total number of researchers only increased by 18 percent during the same time period. National Institutes of Health (NIH) funding was a major contributor to the increase. In 2002, UTHCT ranked in the 16th percentile of NIH-funded facilities, up from the 30th percentile in 1997.

The major focus of basic science research will lie in diseases of the heart and lung, in tuberculosis and other infectious diseases, and in aging. In order to continue to foster growth in these areas, a new biomedical research wing is currently being designed. Construction is expected to be complete in 2004.

Clinical research activities at UTHCT have also been successful; however physician-led research is still limited to only a small number of physicians. Clinical research comprises less than 10 percent of the total research budget. The majority of clinical research activities are also related to mission-thematic research in cardiopulmonary disease, and in tuberculosis and other infectious diseases. However, the Health Center has also been successful in research endeavors in the area of occupational and environmental medicine and has recently embarked upon programs in diabetes, cancer care, and bioterrorism response.

Education. UTHCT educational programs include physician training, graduate education, continuing education, and nursing and allied health training. While this offers significant programmatic depth, the Health Center does not grant degrees through any of its educational programs.

The Health Center’s two physician-training programs are in Family Practice and in Occupational Medicine. The Family Practice program is the larger and older of the two, offering seven residency slots each year for a total of 21 positions. The program received accreditation in 1985. Since then it has graduated 92 physicians, 74 of whom practice in Texas, 52 of those in East Texas. The residency continues to enjoy a reputation in Texas and the Southwest as a top-notch training program, attracting United States senior medical students of the highest quality. The program is scheduled for reaccreditation in 2004.
The Occupational Medicine program has a total of three residency slots, offering 1-2 per year. It has become nationally recognized and is one of only three civilian programs in Texas and one of fewer than 40 nationwide. It is unique in that it strengthens not only patient care and education at UTHCT, but also contributes to the research mission of the institution.

Graduate education programs were developed by UTHCT beginning in 1996. Current programs include Biotechnology, Environmental Sciences, and Public Health and are collaborative efforts with Stephen F. Austin State University and Texas A&M University. The chart below demonstrates the growth and activity of graduate education programs at UTHCT.

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Continuing education activities are an increasingly important part of the UTHCT mission. In 2002 alone, UTHCT provided over 4,000 hours in continuing education to physicians at UTHCT and throughout the region. Continuing education also targets nursing and allied health professions - with over 2,700 participants in 2002.

One of the most significant areas of educational impact has been the creation of the Northeast Texas Consortium (NETnet) in 1999 - the state’s first and largest network for distance learning. The Health Center serves as the hub for 15 colleges and universities, five K-12 networks representing 150 public school districts, nine rural hospitals, and three statewide networks representing every component of the UT, TAMU, and General Services Commission systems.

*Other Institutional issues.* Several other issues have had and continue to have a dramatic impact on the institution’s internal environment. First among these is the instability that has been experienced with the organization’s information systems over the last three years. In 1996, UTHCT contracted with HBOC/McKesson for an extensive hospital information system. HBOC was unable to supply many of the necessary programmatic elements. The decision was made to replace the HBOC product with Meditech, a hospital information system that will go live in the first quarter of CY04.

**EXTERNAL FACTORS**

The Health Center is equally challenged by external factors. A highly competitive environment, coupled with our location and unclear community perceptions of the
programs and services provided by UTHCT, has made it difficult to retain and increase market share in many clinical and geographic areas.

The University of Texas Health Center at Tyler defines its primary market as Smith County and the seven counties contiguous to it. Eighty-five percent of UTHCT patients live in this geographically defined area. The secondary market is comprised of 29 counties that range from Red River County to the north, Houston to the south, Harrison to the east, and Kaufman County to the west. Additionally, the Health Center receives patients from more than 100 counties beyond these boundaries who come to the Health Center primarily for its expertise in pulmonary and infectious disease.

Major health care systems within the primary market include:

**East Texas Medical Center Regional Health System.** Established in Tyler in 1951, ETMC-RHS has grown to include 11 hospitals, 11 physicians’ clinics, three emergency care facilities, and nine health clinics throughout East Texas. Total beds number over 1,000. Core services include Level I trauma; heart, cancer, and neurological institutes; women’s services; and orthopedics.

**Trinity Mother Frances Health Care System.** Established in 1937 as a Catholic-affiliated, not-for-profit hospital, the Tyler facilities include a 347-bed hospital and an affiliation with Trinity Clinic – the largest physician group practice with over 125 physicians located locally and throughout East Texas. TMFHCS has a 2nd hospital in Jacksonville as well as 33 Trinity and regional clinics. Core programs include women’s and children’s services; oncology, a just-completed multi-million dollar surgery and heart institute, and orthopedics and sports medicine.

**Good Shepherd Health System.** Established in Longview in 1935, Good Shepherd is home to a 452-bed hospital and five family health centers. Core services include a heart center, women’s center, orthopedics, urology, neurology, pulmonary, and emergency services.

**Longview Regional Medical Center.** The smallest of the four other health care facilities, LRMC was established in 1980 as a for-profit hospital. With 164 beds and two regional clinics, core services include heart, cancer, and women’s care.

**Population Growth and Market Share Decline.** The 8-county market population in 1980 was 441,033. The 2001 census showed a 35 percent increase to 594,239. The projected population growth for 2006 is conservatively expected to be 623,500.
While the number of UTHCT outpatient visits and inpatient admissions continues to grow, market share in core clinical areas is declining - an indication the Health Center is not capturing a stable percentage of the population growth. Aggressive efforts need to be directed to recapturing and increasing market share.

**Research and Education Market.** East Texas has a number of higher education facilities that provide some courses and degree programs in the health professions. Most notably, these are The University of Texas at Tyler (UTT) and Tyler Junior College (TJC). Other area schools offering programs in the health professions include Kilgore College, East Texas Baptist University, and Stephen F. Austin State University. These schools are limited only to nursing and allied health education. No physician training programs exist in East Texas other than those at UTHCT.

There is little scientific research conducted in East Texas outside of the Health Center. None of the academic institutions conduct any basic science research. Some clinical research activities exist in the private community, but most of these efforts are loosely coordinated and vendor driven. Opportunities to work with UTT and SFA exist and should be explored.

**Workforce Issues.** East Texas is becoming mired in the same shortage of health professionals that is plaguing the nation. Although many new nurses and allied health professional are graduated in the region, they are recruited regionally and nationally, which has made it increasingly difficult to meet the workforce demand through the regional programs. Not only are these shortages driving wages and costs up, but they also can have a potentially negative impact on quality.

Shortages in the medical professions also pose a great concern in several critical specialties, such as GI and Cardiology. These are already vulnerable areas at UTHCT because of the small number of faculty in place at this time. Higher labor costs and instability in physician coverage can have a negative impact on volumes and revenues.

**Regulatory and Governmental Pressures.** The health care industry continues to struggle with numerous regulatory and governmental pressures that complicate the delivery of health care. Medicare is at the forefront of these. Although the impact of the Balance Budget Act (BBA) is thought to have been fully absorbed, rising health care costs and the swelling Medicare population will certainly make this a volatile issue in the future.

The Health Care Portability and Accountability Act (HIPAA) is the hottest issue of the moment. Health-care providers are preparing rapidly to meet upcoming deadlines in an on-going process of working to understanding the full impact of the new regulations. The impact of HIPAA will certainly lead to some increase in the overall cost of providing health care, but it also carries a significant liability in the control of patient information.

Additionally, it appears unlikely that the government will offer any viable solution to the uninsured problem, which continues to be a significant challenge in East Texas and in
the nation. The latest estimates project as many as 50 million people with no insurance option available. Depending on the recovery of the economy, this problem could worsen. East Texas is especially vulnerable because of its largely rural and low-income population.
ANALYSIS OF STRENGTHS/
WEAKNESSES / OPPORTUNITIES / THREATS

STRENGTHS

Affiliation with UT System. The reputation of The University of Texas and the established excellence of medical components like UT-Southwestern and M.D. Anderson Cancer Center are excellent “name brands” in the East Texas market. These affiliations are also a significant differentiating factor for UTHCT.

Proximity of The University of Texas at Tyler. The continued growth of both institutions and the further development of cooperative programs will enhance the futures of UTHCT and UTT.

Primary Care Base. The Health Center has a large pool of physicians in internal medicine, family practice, and pediatrics that provides a large referral base for other specialty services within the Health Center. In addition, this base has the capacity to sustain growth without the need for significant additional investment.

Physician-Hospital Integration. Few health care organizations can offer the synergy of physicians and hospitals operating under the control of one organization; much less offer both of these products essentially under one roof. UTHCT offers both of these, and can enjoy financial benefits as well as patient satisfaction because of the arrangement.

Senate Bill 1642. During the recent legislative session, Governor Rick Perry signed into law a bill designating UT Health Center as the site for the East Texas Center for Rural Geriatric Studies. The Center’s mission will be to strive to improve the quality of life for aging Americans through research, public health and outreach, education, public policy and advocacy, and clinical services.

Academic Programs. UTHCT boasts the only physician training programs in East Texas. The Health Center also serves as one of the primary teaching facilities for the University of North Texas Osteopathic Medicine programs. Additionally, UT Health Center’s participation in master’s-level programs at Stephen F. Austin and Texas A&M have added a new dimension to the academic activities of the Health Center. Another component of the academic environment is the participation in practicum training for nursing and allied health programs

UTHCT is also at the forefront of continuing education activities in the region, offering weekly medical staff grand rounds, CME-accredited symposia, etc. These services are positioned to grow even further through participation in the Northeast Texas Consortium (NETnet), which transmits educational programming throughout the East Texas region.
**Research Activities.** UTHCT is the only organization - academic or otherwise - that conducts basic science research in the region. In addition, the Health Center also has the infrastructure in place for well-coordinated clinical research activities. Combined, they provide an opportunity for research that is not duplicated anywhere in the region.

**WEAKNESSES**

**Financial Stability.** Operating losses in the late 1990s were exacerbated after the conversion of the hospital information system in June of 1999. Another operating loss in FY00 caused the number of days of cash on hand to dwindle into the teens. While the problem was stabilized in FY02 and has improved even more (from an operating margin of $900,000 to $5 million), the overall fund balance and cash position are still not at a level desired by UTHCT management.

**Declining State Support.** In light of the state budget crisis, there is less opportunity for UTHCT and other UT components to rely on state investment to capitalize new programs and/or grow existing programs.

**Information Systems.** The aforementioned HIS conversion in FY99 to HBOC/Paragon caused a destabilizing force within the Health Center. As mentioned, it also impeded the development and effective utilization of IDX - the physician practice system.

**Specialty Depth.** While the number of specialties at UTHCT has grown significantly over the last 10+ years, many key specialties are comprised of only one or two physicians. This clearly leaves the Health Center extremely vulnerable to physician turnover.

**Volume instability.** One of the biggest problems that could arise from the lack of specialty depth is the instability it can create in patient volumes. Additionally, many of these programs are small and can suffer dramatically from any significant changes in activity.

**Lack of Strong Community Identity.** The University of Texas Health Center at Tyler has a rich history of serving the East Texas community starting with the East Texas Tuberculosis Sanitarium in 1947. However the public at large does not fully comprehend what this evolution means in terms of additional programs and services. UTHCT still suffers from a lack of public understanding of its core mission, the extent of its patient care, research, and educational programs, or the value of academic medicine to the community.

**Corporate Culture.** Many of the above factors have contributed to an inability for UTHCT to develop and sustain a proactive and positive corporate environment. The lack of an organized strategic direction has also fostered an overall lack of confidence.
Patient Satisfaction. With the recent conversion from Parkside Associates, Inc. to Press-Ganey Associates, Inc. (the largest health care patient satisfaction survey company in the nation), the opportunity to be benchmarked against a much larger, more inclusive data set has presented itself. Although only three quarters of data have been received, the Health Center finds itself in the position of having good scores, but low percentile rankings.

Lack of Integration between clinical and basic research. Although there are many positive aspects to the research programs at UTHCT, both the clinical and basic science research efforts are hindered by the lack of integration.

Unclear Education Mission. The University of Texas Health Center at Tyler is the only component within the UT System that is not a degree-granting institution. While there are certainly successes with the physician and allied health training activities, the cooperative graduate programs, and ongoing educational programs, the absence of the ability to grant degrees is viewed by many as a barrier to UTHCT being seen as a true academic medical center.

OPPORTUNITIES

Growing Market. Outside of the metropolitan centers, the East Texas market is one of the more rapidly growing markets in Texas. Individuals over 65 represent the most rapidly growing segment of the population and are also the largest consumers of health-care services of any demographic group.

Captive Physician Population. The customer benefits of the hospital-physician integration mentioned earlier can still be leveraged further to benefit the Health Center. Many strategies that are more difficult in traditional hospitals - such as program development and cost containment - can be more easily accomplished because of the organizational alignment between physicians and the hospital.

Research Potential. UTHCT has little competition in the clinical research arena and none in basic science research programs. Furthermore, both programs can be leveraged to benefit patient care and education programs. There is significant opportunity to use research to differentiate the Health Center from the competition and to enhance community identity.

Academic Potential. Like research, opportunities abound as they relate to the development and growth of educational programs. The opportunities are also more varied. From training to continuing education to public and patient educational programs - UTHCT has abundant opportunities to leverage this area to advance the mission of the Health Center.

Financial Improvement. While some improvement has been made in the financial performance of UTHCT, many more opportunities exist for expanding this progress. Moreover, focusing these efforts across organization lines will reap major dividends.
THREATS

Volatile and Demanding Employment Market. As the demand for health-care services continues to grow, the shortage of health-care professionals is becoming an even bigger dilemma which will lead to revenue shortfalls, increasing labor costs, and lower quality of care.

Declining Market Share. As discussed earlier, the health-care market in which UTHCT operates is growing. However, in recent years UTHCT patient care volumes in several key areas have stayed flat or shown a nominal increase. The result has been a decline in market share - a problem that must be corrected.

Increasing Uninsured Burden. The burden of uncompensated care continues to grow for UTHCT. In FY02, the total amount of unfunded care provided will exceed $30 million. Since there are no guaranteed solutions to this problem either from the federal or state government, UTHCT must work internally to minimize the impact of the uninsured burden.

Significant Capital/Infrastructure Needs. UTHCT must develop and fund coordinated capital investment plan to address these deficiencies.
Plan Methodology

The Strategic Planning Committee began meeting in 2002. The committee gathered feedback and perspective from the clinical and research faculty. An overview of the strategic environment at UTHCT was provided to the faculty, and each faculty member was asked to complete a brief questionnaire about potential opportunities and areas of improvement.

In addition, more than 20 community leaders, public officials, and UT System officers were interviewed. They were asked their perceptions of the Health Center’s community identity, its strengths and weakness, and how UTHCT could better meet the needs of the citizens of East Texas and the state.

Based on this information review and collection process, six priorities were developed to serve as the backbone of the FY04-07 Strategic Plan. Individuals on the Strategic Planning Committee chaired and served on subcommittees to identify the courses of action necessary to accomplish the identified priorities. Each subcommittee chair selected a cross section of individuals who met to develop goals to support the assigned priority.

Dr. Kirk A. Calhoun, named UTHCT President in November 2002, began meeting in January 2003 with members of his executive team in a series of planning retreats. The process of refining the plan further will be an ongoing role of UTHCT management and the Strategic Planning Committee.
PRIORITIES AND GOALS

PRIORITY 1 - Improve Community Identity and Corporate Culture.

The University of Texas Health Center at Tyler continues to struggle with the lack of a strong community identity in Tyler and the East Texas community. This is compounded by negative internal factors that affect the organization’s “self image”. The goals below chart an aggressive course to change the identity we project externally and internally and to establish a strong, positive identity for UTHCT.

Goal 1: Finalize and communicate the Mission, Vision, and Values.

Goal 2: Improve corporate culture through enhanced communication, administrative participation and visibility, and the demonstration of an attitude of respect for the individual.

Goal 3: Create an atmosphere of pride in the work that we do and in the service that we provide.

Goal 4: Improve corporate culture through well-defined performance expectations, leadership accountability, and more effective applicant screening.

Goal 5: Improve community identity.

Goal 6 - Develop action plan to increase the number of volunteers at the Health Center to support people, programs, and services while providing a rewarding experience for each volunteer.

Goal 7 - Continue to develop an effective compliance program that meets system guidelines and that is effectively communicated to employees.

Goal 8 - Continue to focus on communicating compliance with the Health Insurance Portability and Accountability Act (HIPAA).
PRIORITY 2: Develop a Plan for Sustained Financial Viability

Despite financial improvements demonstrated during the past two years, the organization must still work aggressively to improve financial performance to the level that will be required to facilitate the growth and success of patient care, research, and education programs. Long-term financial forecasts have been completed, and should be the foundation for high-level financial targets to be set and monitored along with the goals and strategies delineated below.

**Goal 1:** Develop short-term strategies to maximize profitability and improve fund balances

**Goal 2:** Develop long-term financial plan that addresses operating and capital needs.

**Goal 3:** Align Development activities that compliment the Strategic Plan and the financial needs of the institution.

PRIORITY 3: Improve Information Technology Infrastructure and Management of Information.
As seen throughout this document, the recent problems in information systems have provided setbacks and prevented progress in many areas. The stability and effectiveness of information technology are fundamental to a successful academic medical center. The goals identified in the planning process are listed below.

**Goal 1:** Understand the role of information technology.

**Goal 2:** Improve the current infrastructure and applications portfolio.

**Goal 3:** Develop a comprehensive Internet strategy with emphasis on marketing opportunities, education, and utilization as a tool for information resources.

**Goal 4:** Assess future architectural infrastructure needs to include a data warehouse and web portal.

**Priority 4 – Improve and Expand Patient Care Activity**
Internal constituencies have identified the growth and improvement of patient care at The University of Texas Health Center as the most critical area in the Strategic Plan. Volumes must be increased, market share must be captured and held, and quality and service levels must be improved for the Health Center to compete effectively in the market. Key indicators and 2002 levels and 2007 targets are listed below.

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<td>13,000</td>
</tr>
<tr>
<td><strong>SERVICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Satisfaction – Hospital</td>
<td>N/A</td>
<td>95</td>
</tr>
<tr>
<td>Overall Satisfaction – Physician</td>
<td>N/A</td>
<td>95</td>
</tr>
<tr>
<td>Overall Satisfaction - ECC</td>
<td>N/A</td>
<td>95</td>
</tr>
<tr>
<td><strong>QUALITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JCAHO Score</td>
<td>93</td>
<td>98</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>7.75</td>
<td>7.25</td>
</tr>
</tbody>
</table>

The effective execution of the patient care goals and strategies will be fundamental in achieving these targets. The specific goals are listed below:

**Goal 1:** Maximize capacity for growth in each clinical area.

**Goal 2:** Enhance Primary Care Services.

**Goal 3:** Assess market opportunity and delivery strategies for specialized product lines.

**Goal 4:** Continue to develop state and regional strategies to address public health priorities.

**Goal 5:** Identify opportunities to drive clinical programs through clinical trial activity.

**Goal 6:** Develop strategies to expand and improve emergency services.

**Goal 7:** Develop plan to ensure the delivery of high-quality care.

**Goal 8:** Develop plan to improve customer service.
Goal 9: Identify opportunities to meet the needs of outside referring physicians in the primary, secondary, and statewide markets.

Priority 5: Expand research activity and external funding.
The market opportunity to grow research activity was clearly identified in the planning process. This area has significant challenges and rewards, and the community and UT System are both more than receptive to an intense focus in this area. Specific goals are identified below:

**Goal 1:** Enhance collaborative activity among investigators.

**Goal 2:** Increase mission-defined research.

**Goal 3:** Identify new research opportunities that complement current strengths.

**Goal 4:** Increase clinical faculty involvement in research activities.

**Goal 5:** Refine, develop, and enhance research infrastructure.

**Priority 6 – Establish UT Health Center as the regional academic health center for health/medical education and technology.**
Like research, the Health Center has identified a unique and consensus-driven priority to develop its education mission further. The extent of that development remains the only potential challenge. The plan includes the following goals:

**Goal 1:** Develop and sustain a strong relationship with The University of Texas at Tyler to optimize the return on the state’s investments in education, research, and service at both institutions.

**Goal 2:** Develop and enhance portfolio of advanced medical training programs.

**Goal 3:** Develop and enhance the graduate /allied health programs.

**Goal 4:** Develop a comprehensive health education program for UTHCT faculty and staff and for external partners.

**Goal 5:** Develop a strategy to become a degree-granting institution.

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**Steps to Implementation**
The University of Texas Health Center at Tyler FY04-07 Strategic Plan will outline the Priorities, Goals, and Strategies that will be the focus of the organization’s operations over the next four years. The approval of the plan itself will mark only the beginning of the process of implementing the Strategic Plan. The President will organize implementation efforts through the standing Strategic Planning Committee appointed.

The Committee will work closely with administration, management, and the medical and research staffs to ensure successful implementation, evaluation, clarification, and revision of the Priorities, Goals and Strategies proposed in this document over time.

**Implementation Process**

Overview Presentation to the Administrative Council

Final Approval by the Administrative Council

Distribution of Strategic Plan to UTHCT Administrators and Department Directors – November 2003


Reconvene Strategic Planning Committee to Review Proposed Strategic Plan Matrix

Redistribution of Completed Strategic Plan Matrix

Once the completed plan is distributed in November, each administrative officer will be responsible for reviewing and identifying Goals and Strategies for which they are responsible and for appointing Responsible Persons. Each Responsible Person will review the Priority, Goals, and Strategies assigned and convene appropriate individuals to determine an action plan/targets, financial requirements, and time frame for completion. This information should then be entered in the appropriate section of the Strategic Plan Matrix and returned to Kimberly Ashley by January 30, 2004. The information will be compiled and a final version of a Strategic Plan Matrix will be distributed by February 18, 2004.

**Functions of the Strategic Planning Committee**

1. **Develop Annual Strategic Matrix.** Using the established format, the committee will meet quarterly to determine plan progress and to develop and recommend an
annual list of strategic Goals based on the original FY04-07 plan. The Strategic Matrix will be approved by the Administrative Council along with the capital and operating budgets for the upcoming year and distributed to administrators and department directors. The purpose of this document is not only to outline annual goals, but also to assign specific accountability, timeframes, and resources for all Goals and Strategies.

2. **Monitor Implementation.** Once accountability and timeframes are established, it will be the responsibility of the Committee to monitor the implementation of strategies on a quarterly basis.

3. **Continue to Assess and Revise UTHCT Strategic Priorities.** As market factors change and institutional circumstances change, UTHCT must be able to adjust strategies and tactics accordingly. It will be the responsibility of the Committee to continue to re-assess the proposed goals and strategies for the Health Center as well as to identify new strategic opportunities that could benefit UTHCT.

**Conclusion**

The strategic process is and should be dynamic. After the plan is approved and implementation begins, the overall priorities will stay constant from FY04 to FY07.

- **Priority 1** - Improve Community Identity and Corporate Culture
- **Priority 2** - Develop a Plan for Sustained Financial Viability
- **Priority 3** - Improve Information Technology Infrastructure
- **Priority 4** - Improve and Expand Patient Care Activity
- **Priority 5** - Expand Research Activity and External Funding
- **Priority 6** - Establish UT Health Center as the Regional Center for Health/Medical Education and Technology

However, over the next four years, UT Health Center must be aggressive and flexible in identifying the right strategies, at the right times, to be successful in accomplishing these priorities.