# AGENDA

## MEETING OF THE BOARD OF REGENTS, STATE OF IOWA AS THE BOARD OF TRUSTEES OF THE UNIVERSITY OF IOWA HOSITALS AND CLINICS

August 4, 2005
8:30 a.m. – 10:00 a.m.
Davenport, Iowa

| | | | |
|---|---|---|---|
| (5 Min.) | I. | Introductory Comments | David J. Skorton, President<br>The University of Iowa |
| (5 Min.) | II. | Draft Outline of Trustees' Annual Work Plan | Donna Katen-Bahensky, Director and Chief Executive Officer |
| (15 Min.) | III. | Director's Report | Donna Katen-Bahensky, Director and Chief Executive Officer |
| (15 Min.) | IV. | Operating and Financial Performance Report through May 2005 | Ann Madden Rice, Associate Director and Chief Operating Officer<br>Anthony C. DeFurio, Associate Director and Chief Financial Officer |
| (20 Min) | V. | Medicaid Update, including IowaCare Program | Donna Katen-Bahensky, Director and Chief Executive Officer<br>Stacey T. Cyphert, Ph.D., Special Advisor to the President for Health Science Governmental Relations; Special Advisor to the Dean of the Carver College of Medicine for Governmental Relations; Senior Assistant Director, University of Iowa Hospitals and Clinics |
| (30 Min.) | VI. | Holden Comprehensive Cancer Center | George J. Wiener, M.D., Director, Holden Comprehensive Cancer Center; C.E. Block Chair of Cancer Research; Professor, Department of Internal Medicine |

University of Iowa Hospitals & Clinics
University of Iowa Health Care

# Draft Outline of Trustees' Annual Work Plan

| August 3-4, 2005<br>Davenport | September 14-15, 2005<br>UNI | November 2-3, 2005<br>SUI | December 14-15, 2005<br>ISU | February 1-2, 2006<br>Des Moines | March 22-23, 2006<br>Des Moines | May 3-4, 2006<br>Lakeside Laboratory | June 21-22, 2006<br>SUI |
|---|---|---|---|---|---|---|---|
| 1.) Director's Report<br>2.) Trustees' Annual Agenda plan for FY 2006<br>3.) Operating and Financial Performance Report through May, 2005<br>4.) Medicaid Update, including IowaCare<br>5.) Holden Comprehensive Cancer Center – Dr. George Weiner | 1.) Director's Report<br>2.) June, 2005 Activity and Financials<br>3.) Update on IowaCare<br>3.) Capital Expenditure Discussion<br>4.) New Scorecard Metrics<br>5.) Quality Measures Presentation/ Discussion Dr. Charles Helms and Dr. John Buatti | 1.) Director's Report<br>2.) Operating and Financial Performance Report, 1st Quarter<br>3.) Capital Expenditure Discussion<br>4.) Update on IowaCare<br>5.) Purchased Services Agreement with CCOM/FPP<br>6.) Sports Medicine at UIHC – Dr. Ned Amendola | 1.) Director's Report<br>2.) Capital Expenditure Discussion<br>3.) Federal Medicare Program Annual Update<br>4.) Update on IowaCare<br>5.) Human Resources and Diversity Initiatives | 1.) Director's Report<br>2.) Second Quarter FY 2006 Operating and Financial Performance Report, including Institutional Scorecard<br>3.) Auditor's Report for FY 2005<br>4.) Capital Expenditure Discussion<br>5.) Legislative Issues<br>6.) UIHC's Emergency Medicine Program and its Statewide Benefits – Dr. Eric Dickson | 1.) Director's Report<br>2.) Operating and Financial Performance Report through January, 2006<br>3.) Capital Expenditure Discussion<br>4.) Legislative Issues<br>5.) FY 2007 Environmental Assessment and Budget Assumptions<br>6.) Trauma and Burn Care in Iowa – Drs. Barbara Latenser and Dionne Skeete | 1.) Director's Report<br>2.) Third Quarter FY 2006 Operating and Financial Performance Report, including Institutional Scorecard<br>3.) Capital Expenditure Discussion<br>4.) Preliminary FY 2007 Budget and Proposed Rate Increase<br>5.) Information Technology Strategies and Applications – Mr. Lee Carmen | 1.) Director's Report<br>2.) Operating and Financial Performance Report through April, 2006<br>3.) Capital Expenditure Discussion<br>4.) Final FY 2007 Budget and Rate Increase Approval<br>5.) State of Cardiovascular and Thoracic Surgery in Iowa – Dr. Mark Iannettoni |

**University of Iowa Hospitals and Clinics**

# Director's Report

Donna Katen-Bahensky
Director and Chief Executive Officer

August 4, 2005

# Director's Report

I. U.S. News and World Report Rankings — Innovative Care, Exceptional Outcomes

II. Recruitment Update — Innovative Care

III. Market Share Update — Innovative Care, Excellent Service

IV. Joint Strategic Planning — Excellent Service, Innovative Care, Exceptional Outcomes

V. Clinical Research/Trials Task Force — Innovative Care, Exceptional Outcomes

VI. Other Announcements

VII. Current Challenges

Innovative Care

Exceptional Outcomes

University of Iowa Hospitals & Clinics
University of Iowa Health Care

# *For the Sixteenth Consecutive Year,*
# University of Iowa Health Care Specialties
# *Earned High Rankings In U.S. News & World Report*


| | |
|---|---|
| *3rd* | *Otolaryngology* |
| *6th* | *Ophthalmology & Visual Sciences* |
| *7th* | *Orthopaedic Surgery* |
| *20th* | *Rheumatolgy* |
| *20th* | *Urology* |
| *30th* | *Geriatrics* |
| *37th* | *Respiratory Disorders* |
| *40th* | *Kidney Disease* |
| *43rd* | *Gynecology* |

Innovative Care

# Recruitment Update

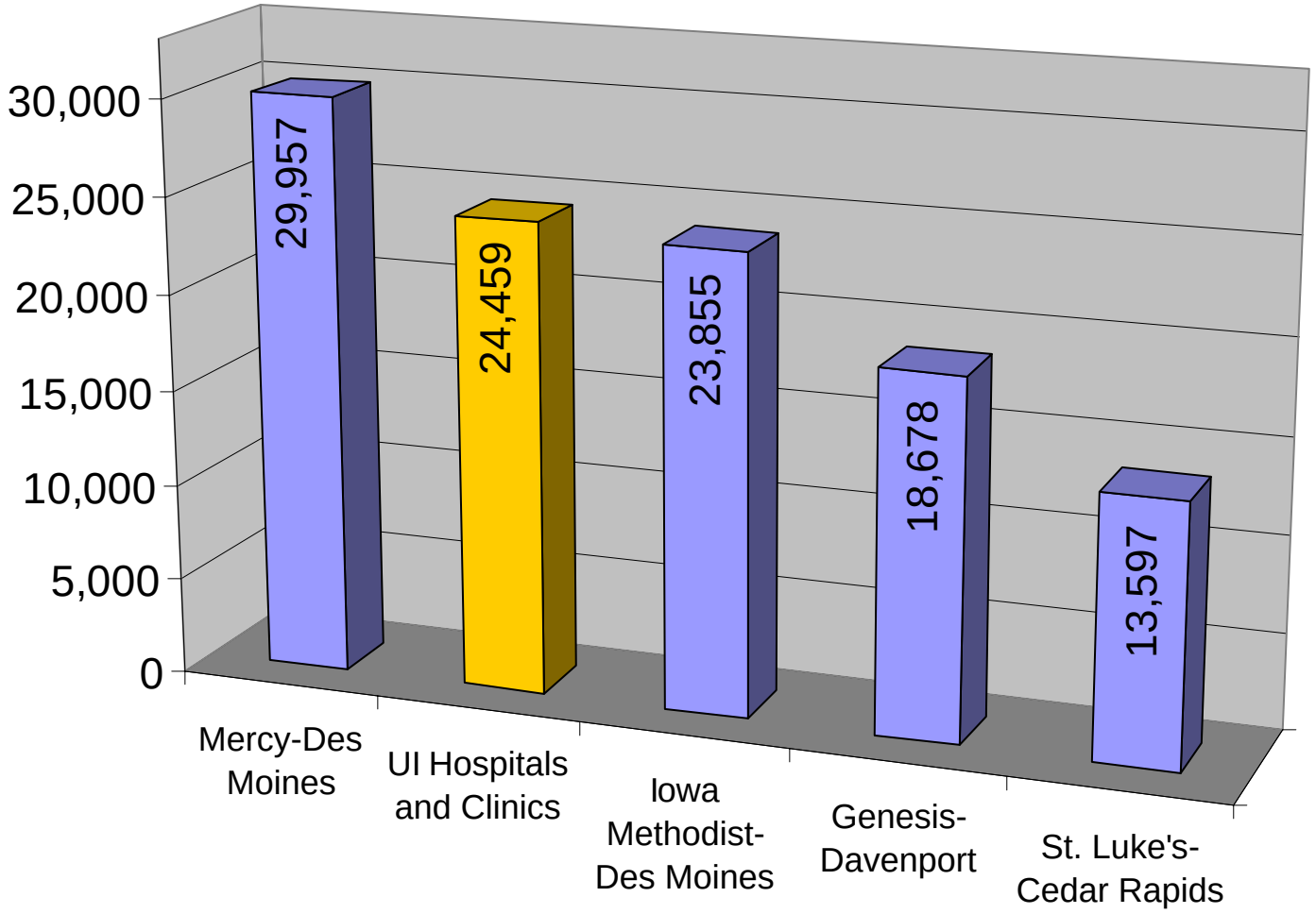
- **Tyler Artz** – Director, Radiology Administration
- **Judith Heggen**, D.O. – Director, Pediatrics Intensive Care Unit
- **Sabi Singh** – Director, Operational Improvement Unit
- **Joseph Smucker, M.D.** – Spine Surgeon, Department of Surgery
- **Ronald J. Weigel**, M.D., Ph.D. – Head, Department of Surgery


Judith Heggen


Sabi Singh


Ronald J. Weigel

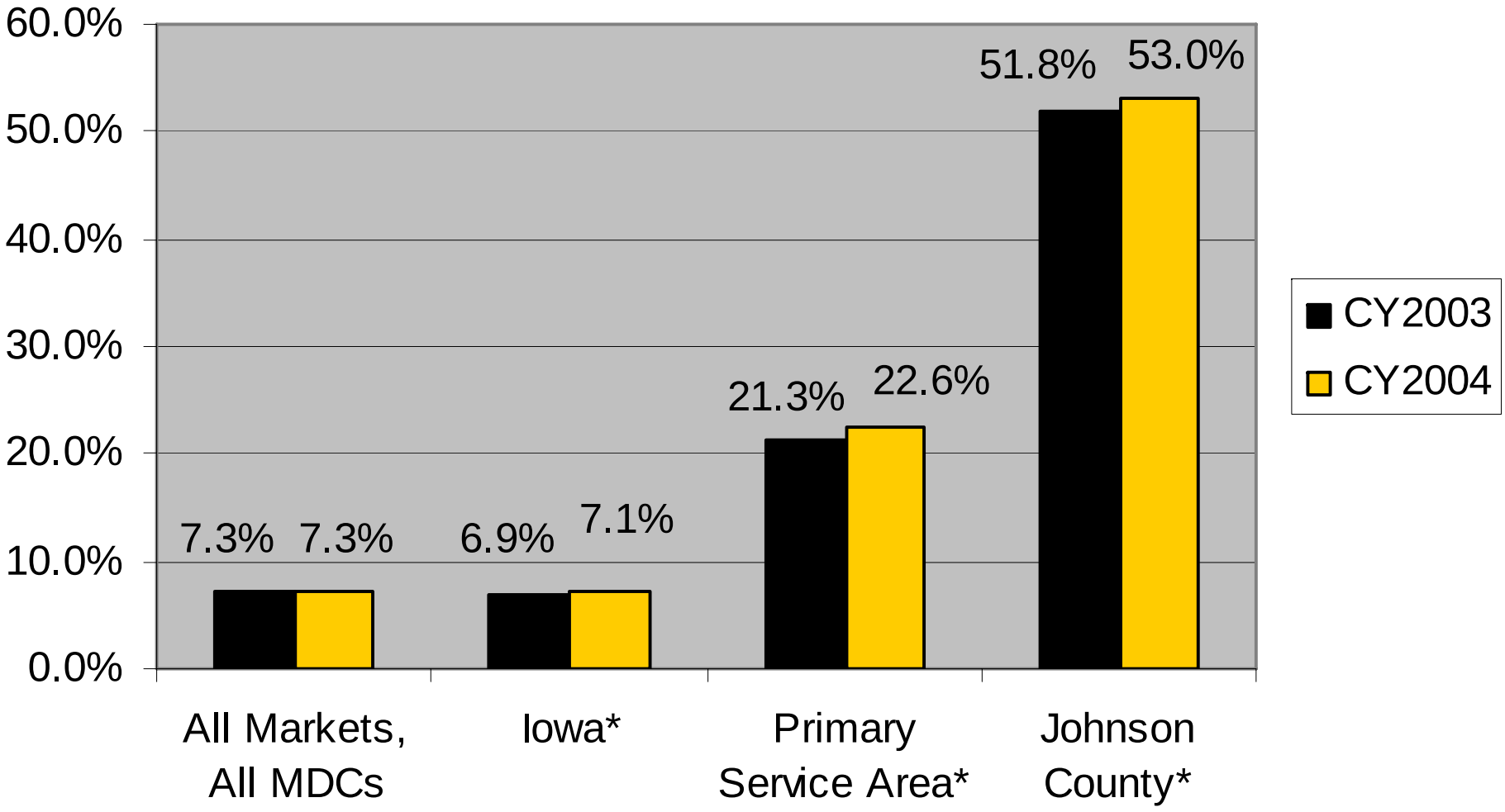
# Acute Inpatient Discharges - CY2004



# Acute Inpatient Market Share

| Hospital | Market Share | | |
|---|---|---|---|
| | CY2003 | CY2004 | Changed CY03-CY04 |
| Mercy-Des Moines | 9.2% | 9.0% | -0.2% |
| UI Hospitals and Clinics | 7.3% | 7.3% | 0.0% |
| Iowa Methodist-Des Moines | 7.0% | 7.2% | 0.2% |
| Genesis-Davenport | 5.6% | 5.6% | 0.0% |
| St. Luke's-Cedar Rapids | 4.3% | 4.1% | -0.2% |

# UIHC's Acute Inpatient Market Share




*excludes MDCs 19-Mental Health, 20-Substance Abuse, 25-HIV

# UIHC and CCOM/FPP Joint Strategic Planning

- Identify Clinical Programmatic Priorities
- Inpatient and Ambulatory Care:
  - Patient Access
  - Quality of Care Initiatives
  - Patient-Centered Multidisciplinary Care
  - Patient Safety
- Clinical Research
- Ambulatory Care (organizational structure, operations)
- Graduate Medical Education
- Information Technology
- Safety and Service Improvement
- Collaborative Relationships

# CLINICAL RESEARCH/TRIALS TASK FORCE

- As an institution whose primary mission is to expand and disseminate knowledge, the University of Iowa should be at the forefront of clinical research efforts.
- Involvement in cutting-edge research is an important criterion on which patients and industry evaluate health care providers.
- Increased involvement in clinical trials could supply much-needed revenue to offset declines in NIH funding.
- The Health Sciences Policy Council recommended the formation of a Task Force to plan for the future of the UI in the area of Clinical Research.

# CLINICAL RESEARCH/TRIALS TASK FORCE

## What are the benefits of a clinical research center?

**Through a clinical research center, UI would:**

- Capitalize on the expertise across the campus that exists to support clinical research
- Develop a unique niche and market the campus as a center for clinical research/trials
- Become a model academic center for helping industry to bring more products to market more quickly
- Provide a larger number of faculty with access to expertise and coordination of clinical trials
- Provide a single point of contact for external and internal parties interested in partnering for clinical research
- Develop a model for educating faculty, staff and students in clinical research
- Use this center as an additional economic development tool

# CLINICAL RESEARCH/TRIALS TASK FORCE

**Charge from President Skorton:**

- Complete a detailed business plan for a Clinical Research/Trials Center
- Review best practices on UI campus and other university campuses
- Benchmark with other Clinical Research/Trials Centers
- Conduct site visits as necessary
- Present the business plan and make recommendations to President Skorton and other relevant campus leaders and groups

# Clinical Trials Task Force – Composition

- Co-Chairs

**Jordan Cohen, Ph.D.**
Professor and Dean
College of Pharmacy

**David Johnsen, D.D.S., M.S.**
Professor and Dean
College of Dentistry

- Membership

Biomedical Engineering
Carver College of Medicine
College of Dentistry
College of Nursing
College of Pharmacy
College of Public Health
Hygienic Laboratory
Office of the Provost
Research Services Administration
Speech Pathology/Audiology
UIHC Hospital Administration

# Clinical Trials Task Force – Progress

- Conducted preliminary assessment of the UI ‘s internal resources and capabilities; examined external forces driving change.
- Presentations on Internal Best Practices/Plans – GCRC; IRB; Clinical Trials Office; Information Systems.
- Distributed campus-wide survey to principal investigators asking them to identify their issues and challenges. Currently analyzing data from 136 respondents.
- Hosted Kurt Salmon Associates’ representatives for presentation and conversation about Strategic Facility Planning. Discussed various aspects of a centralized clinical research center including leadership, strategic impact, organizing models, capital planning considerations and information technology.
- Hosted Rick Brasington from Washington University to discuss his institution’s experience with the assembly of its own centralized research support center.

# OPERATING AND FINANCIAL PERFORMANCE REPORT

**through**

**May, 2005**


**Ann Madden Rice,**
Associate Director and Chief Operating Officer

**Anthony C. DeFurio,**
Associate Director and Chief Financial Officer


**August 4, 2005**

University of Iowa Hospitals & Clinics
University of Iowa Health Care

## University of Iowa Hospitals and Clinics
# Comparative Financial Results for July through May

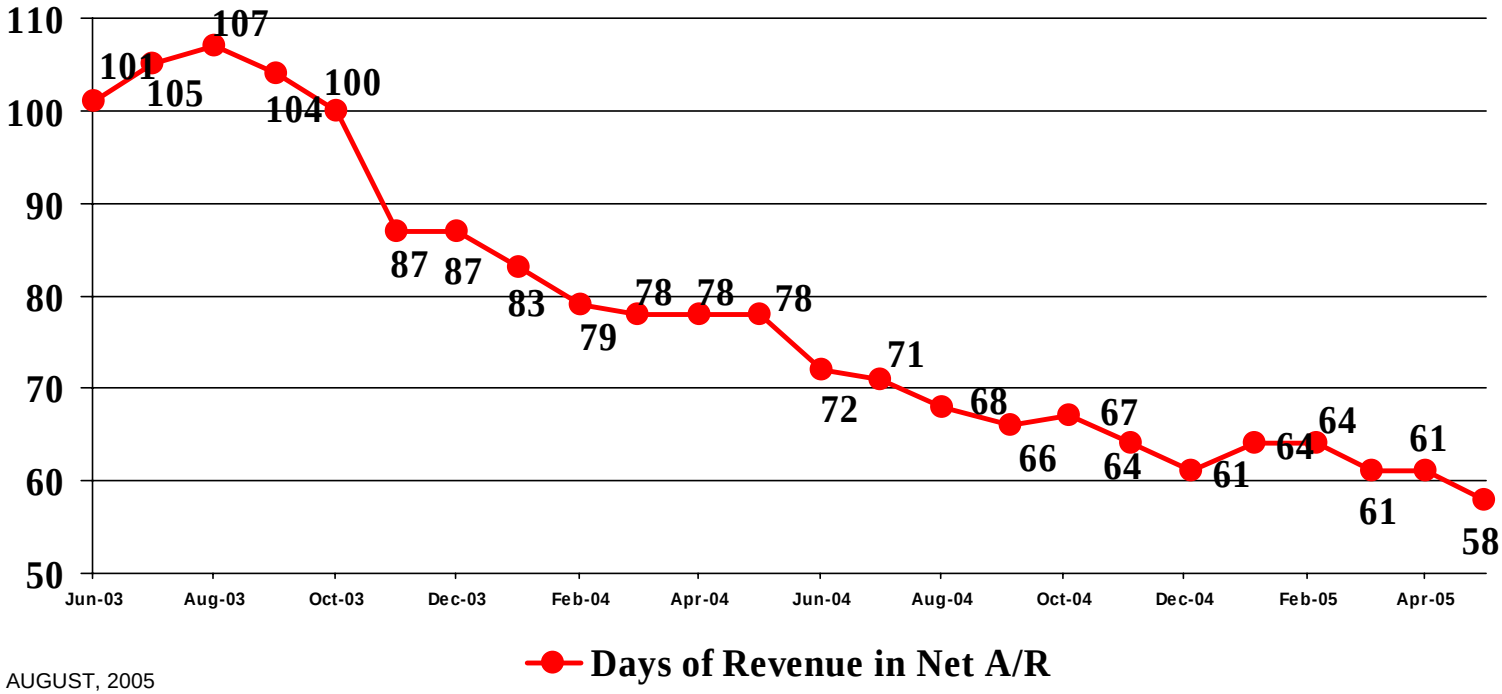
| | July-May FY 2003* | July-May FY 2004 | July-May FY 2005 | % Change '04 to '05 |
|---|---|---|---|---|
| NET REVENUES: | | | | |
| Total Pay Patient Rev. | $476,957,686 | $516,911,424 | $544,219,866 | 5.3% |
| Appropriations | 39,417,502 | 37,299,993 | 37,299,997 | 0.0% |
| Other Operating Rev. | 31,963,670 | 34,138,813 | 35,333,986 | 3.5% |
| **Total** | **$548,338,858** | **$588,350,230** | **$616,853,849** | **4.8%** |
| EXPENSES: | | | | |
| Salaries and Wages | $288,012,345 | $311,928,076 | $321,218,545 | 3.0% |
| General Expenses | 208,027,313 | 229,311,561 | 232,016,706 | 1.2% |
| Depreciation | 39,793,188 | 38,763,025 | 45,483,768 | 17.3% |
| Interest Expense | 65,776 | 110,000 | - | -100.0% |
| **Total** | **$535,898,622** | **$580,112,662** | **$598,719,019** | **3.2%** |
| Operating Margin | $12,440,236 | $8,237,568 | $18,134,830 | 120.1% |
| **Operating Margin %** | **2.3%** | **1.4%** | **2.9%** | **110.0%** |

* Bad debt is no longer classified as an operating expense. Bad debt expense for prior fiscal years has been reclassified as an offset to net paying patient revenue in accordance with recent Governmental Accounting Standards Board interpretations.

University of Iowa Hospitals and Clinics

# Comparative Accounts Receivable as of May 2005

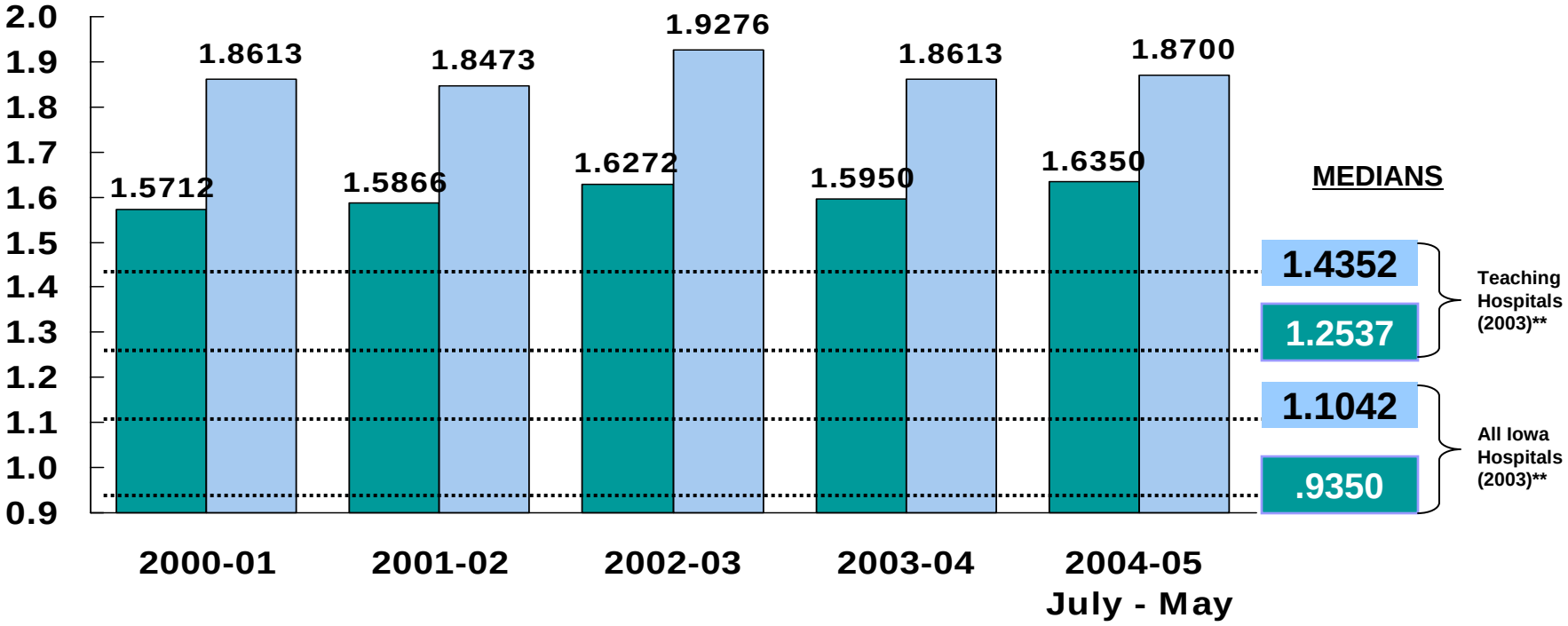
| | June 30, 2003 | June 30, 2004 | May 31, 2005 | Median Moody's Aa Rating |
|---|---|---|---|---|
| Gross Accounts Receivable | $354,885,862 | $293,860,815 | $317,054,942 | na |
| Net Accounts Receivable | $143,583,988 | $110,344,338 | $94,894,664 | na |
| Net Days in AR | 101 | 72 | 58 | 56 |



# UNIVERSITY OF IOWA HOSPITALS AND CLINICS

## CASE MIX INDEX - ALL ACUTE INPATIENTS*

## CASE MIX INDEX - MEDICARE INPATIENTS




* THE CASE MIX INDEX REFLECTS THE OVERALL CLINICAL COMPLEXITY OF THE PATIENT CENSUS OF A GIVEN HOSPITAL BY ESTIMATING THE LEVEL OF RESOURCE CONSUMPTION OF THE AVERAGE PATIENT RELATIVE TO THAT OF ALL HOSPITALS NATIONALLY WHICH HAVE A CASE MIX INDEX OF 1.00.

* ALL ACUTE CASE MIX INDEX VALUES SHOWN ABOVE INCLUDE NEWBORN NURSERY

** ALMANAC OF HOSPITAL FINANCIAL OPERATING INDICATORS, 2005 CHIPS
A TEACHING HOSPITAL IS ONE AT WHICH MEDICAL GRADUATES TRAIN AS RESIDENTS.

# Medicaid & IowaCare Overview

**Prepared for**

**THE BOARD OF REGENTS, STATE OF IOWA**
**AS THE BOARD OF TRUSTEES OF THE**
**UNIVERSITY OF IOWA HOSPITALS AND CLINICS**


**Presented by**

**Donna Katen-Bahensky**

Director and CEO, UIHC

and

**Stacey T. Cyphert, Ph.D.,**

Special Advisor to the President for Health Science Governmental Relations;
Special Advisor to the Dean of the Carver College of Medicine for Government Relations;
Senior Assistant Director, University of Iowa Hospitals and Clinics

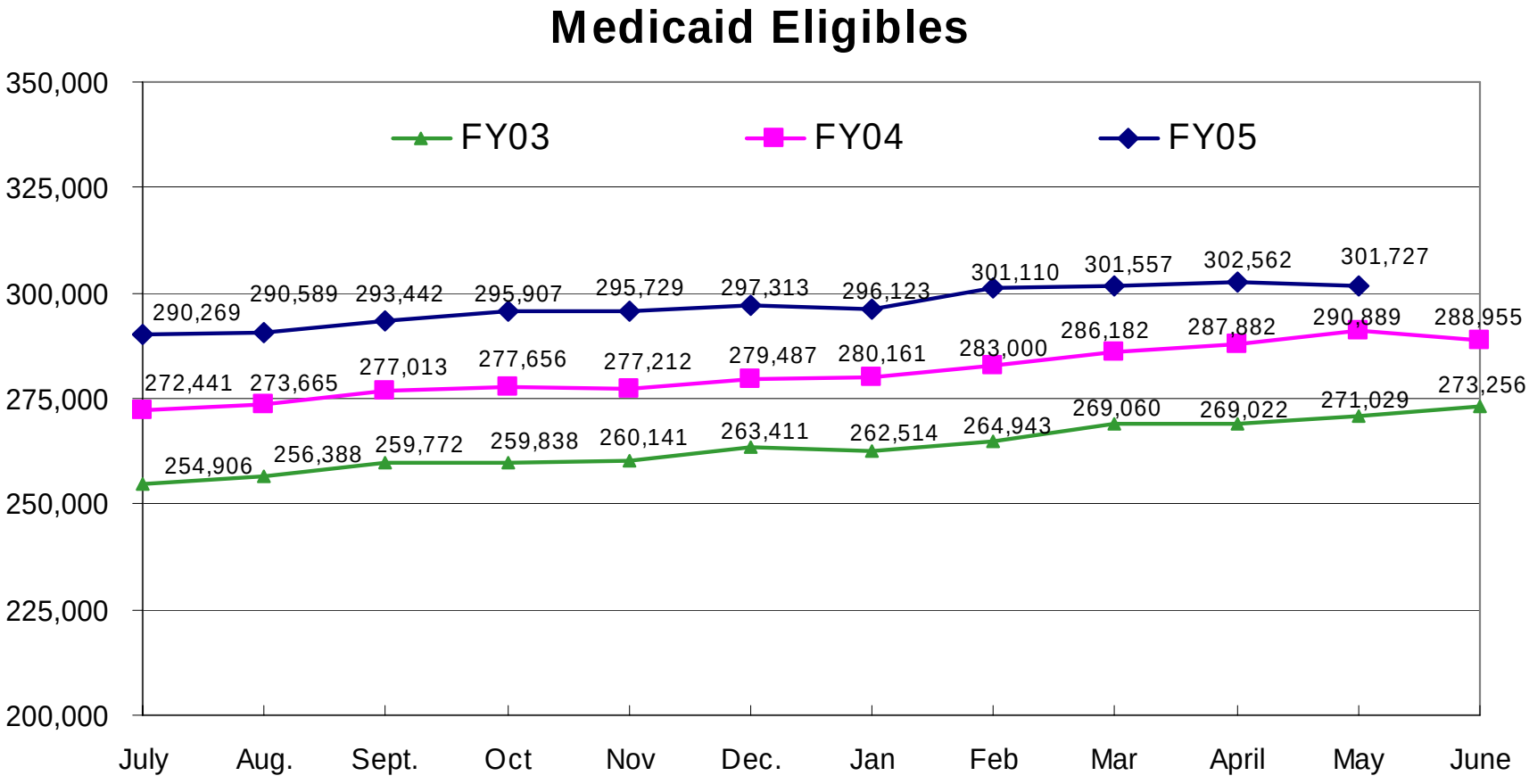
# Update on Medicaid

# Medicaid Cuts Pending at the Federal Level

- On April 28, 2005 Congress approved a $10 B reduction in Medicaid funding over five years as part of a $2.6 T FY 06 budget resolution.
- The budget resolution also called for the creation of a bipartisan commission to make recommendations by September 1, 2005 for how the cuts to Medicaid should be accomplished and to make recommendations by December 31, 2006 to help ensure the long-term sustainability of Medicaid.

# Iowa Medicaid Situation

- FY 05 Medicaid ending balance is estimated to range from a deficit of $3 M to a surplus of $3 M (after counting a $70 M supplemental appropriation recently passed).
- Enrollment continues to grow.



# Iowa Medicaid Situation (continued)

- A 3% Medicaid reimbursement increase for providers in FY 06 will move them above FY 2000 levels, a welcome but insufficient change.
- A shortfall in the FY 06 Medicaid appropriation is projected to be in the range of $30 M to $45 M.
- Utilizing money from the Senior Living Trust Fund for Medicaid in FY 07 and beyond remains only a temporary strategy for an on-going Medicaid funding problem.

# Update on IowaCare

# Transition from State Papers to IowaCare

- Perkins Act of 1915 created the Indigent Patient Care Program (State Papers program) for indigent Iowa children under the age of 16 and residents of state institutions at the University of Iowa Hospitals and Clinics.
- Haskell-Klaus Act of 1919 added care for indigent adults under the Indigent Patient Care Program.
- **IowaCare Act of 2005 eliminated the 90 year old Indigent Patient Care Program for county residents effective July 1, 2005 (much of this population will be covered under a new program) but retained the UIHC/CCOM obligation to care for residents of state institutions**.
- IowaCare was created in large part to generate funds to replace the loss of intergovernmental transfer dollars for the State.

# IowaCare Network

**Funding**. IowaCare is financed by utilizing local, state and federal dollars. Funding consists of money previously devoted to the Indigent Patient Care Program, a portion of the tax levy dollars used to support Broadlawns, and the state dollars previously devoted to care at the state mental health institutes, in addition to some indirect medical education and disproportionate share dollars.

**Provider network**. Except as provided in 92.8(3), IowaCare members shall have medical assistance only for services provided to the member at:

a. The University of Iowa Hospitals and Clinics; or

b. Broadlawns Medical Center* in Des Moines; or

c. A state mental health institute [Cherokee, Clarinda, Independence, Mt. Pleasant].

* Per HF 841, Sec. 25(6) Broadlawns may limit access by IowaCare population members based on residency of the member.

# Eligibility for IowaCare

**Persons covered**. Medical assistance under IowaCare shall be available to the following people as provided in this chapter.

a. Persons **19 through 64** years of age who:

(1) Are **not eligible for medical assistance** under 441-75.1(1) through (40); and

(2) Have countable **income at or below 200 percent** of the federal poverty level.

b. **Pregnant women** whose:

(1) Gross countable **income is below 300 percent** of the federal poverty level; and

(2) Allowable **medical expenses reduce countable income to 200 percent** of the federal poverty level or below.

c. **Newborn children** born to women defined in paragraph "b."

# Eligibility for IowaCare (continued)

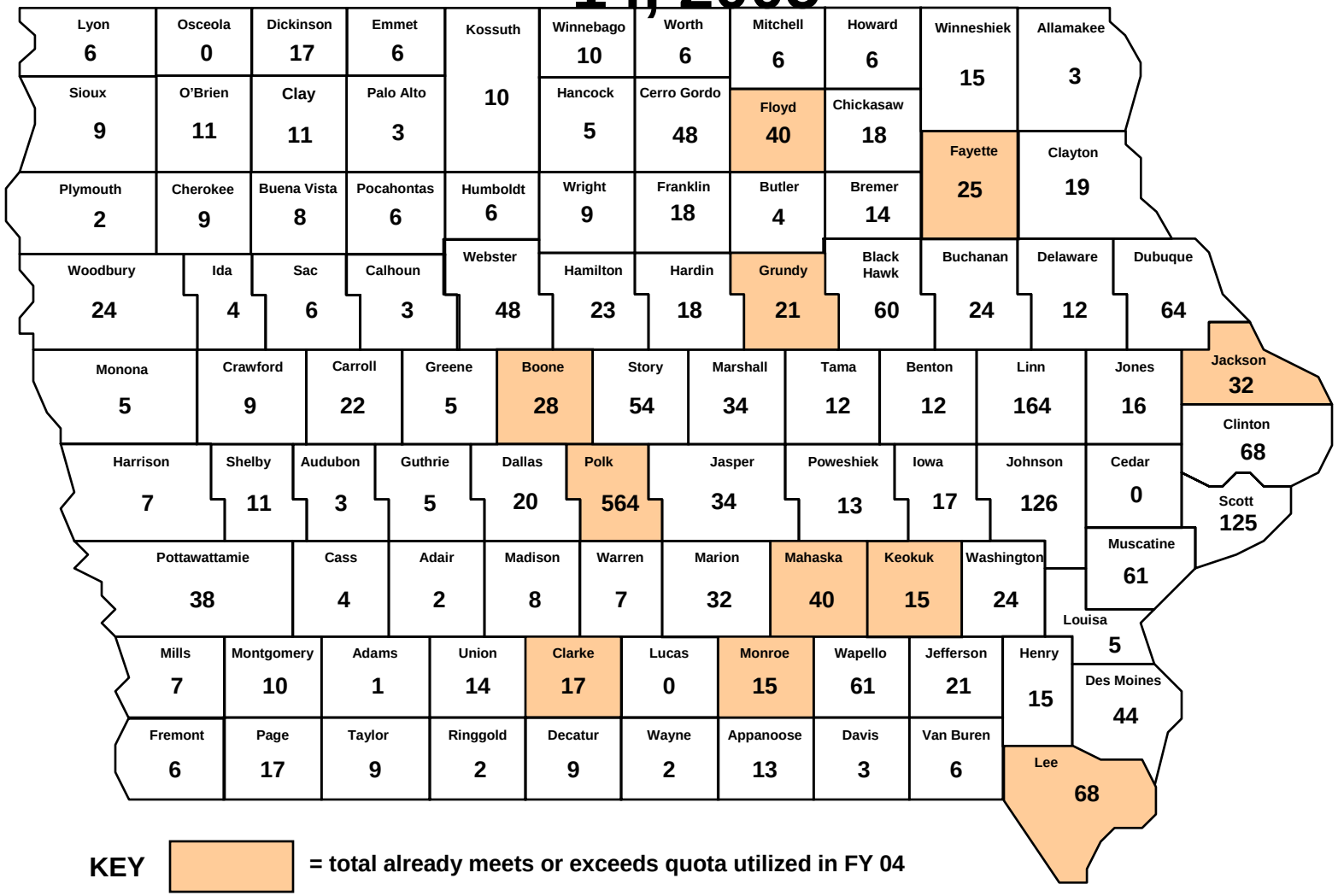
- Coverage may also be provided to **former State Papers patients** with **incomes above 200%** of the Federal Poverty Level if they are being treatment for **ongoing (chronic) health problems**.
- These patients **must request** the Department of Human Services consider their chronic needs when their IowaCare application is processed. The University of Iowa Hospitals and Clinics will assist in this determination.
- Patients approved for coverage will be **provided a letter by DHS** indicating they have coverage, as will the UIHC (technically these patients will not be in IowaCare).
- Patients approved for this coverage will **not pay premiums**.
- Care provided to these patients **will count toward the $27.3 M** appropriation to the UIHC.

# Enrollment*

- Approximately **1,800** people have enrolled. No official estimate exists for how many people may eventually be covered but all estimates exceed the size of the population served under the State Papers program.
- The **UIHC has conducted approximately 350 reviews** of former State Papers patients who have requested special eligibility consideration from the Department of Human Services and an estimated **80-90%** of these have been found to **meet the chronic care criteria**.
- The **UIHC will case manage the IowaCare population through its Continuum of Care Management (CCM) department**, much like it did for the State Papers population.

*As of July 14, 2005, will be updated to August 3, 2005 before BOR meeting

# Approved Iowa Care Applications as of July 14, 2005

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# IowaCare Financial Participation

**Financial participation.** In addition to a co-payment requirement, IowaCare members will be assessed a sliding-scale monthly premium.

**Payment of assessed premiums**. As a condition of eligibility for IowaCare, an applicant or member must pay premiums. Premiums incurred and unpaid from a previous certification period must be paid in full before an applicant can establish new eligibility under this chapter.

**Monthly premium amount**. Premium is based on the household's countable monthly income as a percentage of the federal poverty level for a household of that size. The premium amounts are based on this percentage, as follows:

# IowaCare Financial Participation (continued)

When the household's **income** is at or below:

Each member's **premium** amount is:

| | | | |
|---|---|---|---|
| **10%** of federal poverty level | **$0.00** | **110%** of federal poverty level | **$39.00** |
| **20%** of federal poverty level | **$1.00** | **120%** of federal poverty level | **$43.00** |
| **30%** of federal poverty level | **$3.00** | **130%** of federal poverty level | **$47.00** |
| **40%** of federal poverty level | **$4.00** | **140%** of federal poverty level | **$51.00** |
| **50%** of federal poverty level | **$6.00** | **150%** of federal poverty level | **$55.00** |
| **60%** of federal poverty level | **$7.00** | **160%** of federal poverty level | **$59.00** |
| **70%** of federal poverty level | **$9.00** | **170%** of federal poverty level | **$63.00** |
| **80%** of federal poverty level | **$11.00** | **180%** of federal poverty level | **$67.00** |
| **90%** of federal poverty level | **$12.00** | **190%** of federal poverty level | **$71.00** |
| **100%** of federal poverty level | **$14.00** | **200%** of federal poverty level | **$75.00** |

# 2005 HHS Poverty Guidelines

| Persons in Family Unit | Guideline (annual – 200%) |
|---|---|
| 1 | $19,140 |
| 2 | $25,660 |
| 3 | $32,180 |
| 4 | $38,700 |
| 5 | $45,220 |
| 6 | $51,740 |
| 7 | $58,260 |
| 8 | $64,780 |
| For each additional person add | $6,520 |

Source: Based on the *Federal Register*, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375.

# Covered Services Under IowaCare

- **Covered services**. Services shall be **limited to the services covered by the Iowa Medicaid program**
- **Discharge prescriptions for IowaCare recipients may be covered** (a medically prudent amount) but then it will be the **patient's responsibility to pay for any continuing needs**.
- **Drugs administered during a clinic visit are covered.**
- **Prescriptions to be used on an outpatient basis are not covered**, except that former State Papers recipients with chronic conditions will continue to receive drugs associated with their chronic condition but will not have coverage for new conditions.
- Patients are **required to make co-payments** for prescription drugs.
- **Durable Medical Equipment Coverage**
  - In general, IowaCare does not provide DME coverage.
  - Former State Papers patients receiving DME for a chronic condition (ex. oxygen) will continue to have coverage.

# Institution Funding

| Institution | Appropriated Dollars |
|---|---|
| Broadlawns | $37,000,000 |
| Cherokee MHI | $9,098,425 |
| Clarinda MHI | $1,977,305 |
| Independence MHI | $9,045,894 |
| Mt. Pleasant MHI | $5,752,587 |
| University of Iowa Hospitals and Clinics | $27,284,584 |
| TOTAL | $90,158,795 |

# IowaCare is NOT an Entitlement

**Suspension of enrollment**. To ensure equitable treatment, applications shall be approved on a first-come, first-served basis and enrollment will be suspended when the likely costs of caring for those already enrolled will exhaust the available funding during the year.

**Availability of funds**. Eligibility for IowaCare shall not be approved when the department has determined that there are insufficient funds available to pay for additional enrollment.

# Select Differences Between IowaCare & State Papers

| Area | IowaCare | State Papers |
|---|---|---|
| Premium payment requirement | Yes, but hardship exemptions exist | No |
| Drug co-payment requirement | Yes | No |
| Drug & Durable Medical Equipment coverage | Limited | Yes |
| Coverage commitment for entire year | No | Yes |
| Potential for mid-year benefit reductions | Yes | No |
| Retroactive coverage | Only 1 month if requested at time of application | Yes |
| Ability for counties to manage enrollment | No | Yes |
| Flexibility to cover people with incomes greater than 200% of the Federal Poverty Level | Limited to former State Papers patients with chronic conditions | Yes |
| Lodging provided to recipients | No | Yes |
| Transportation provided to recipients | ? | Yes |

# Holden Comprehensive Cancer Center at the University of Iowa

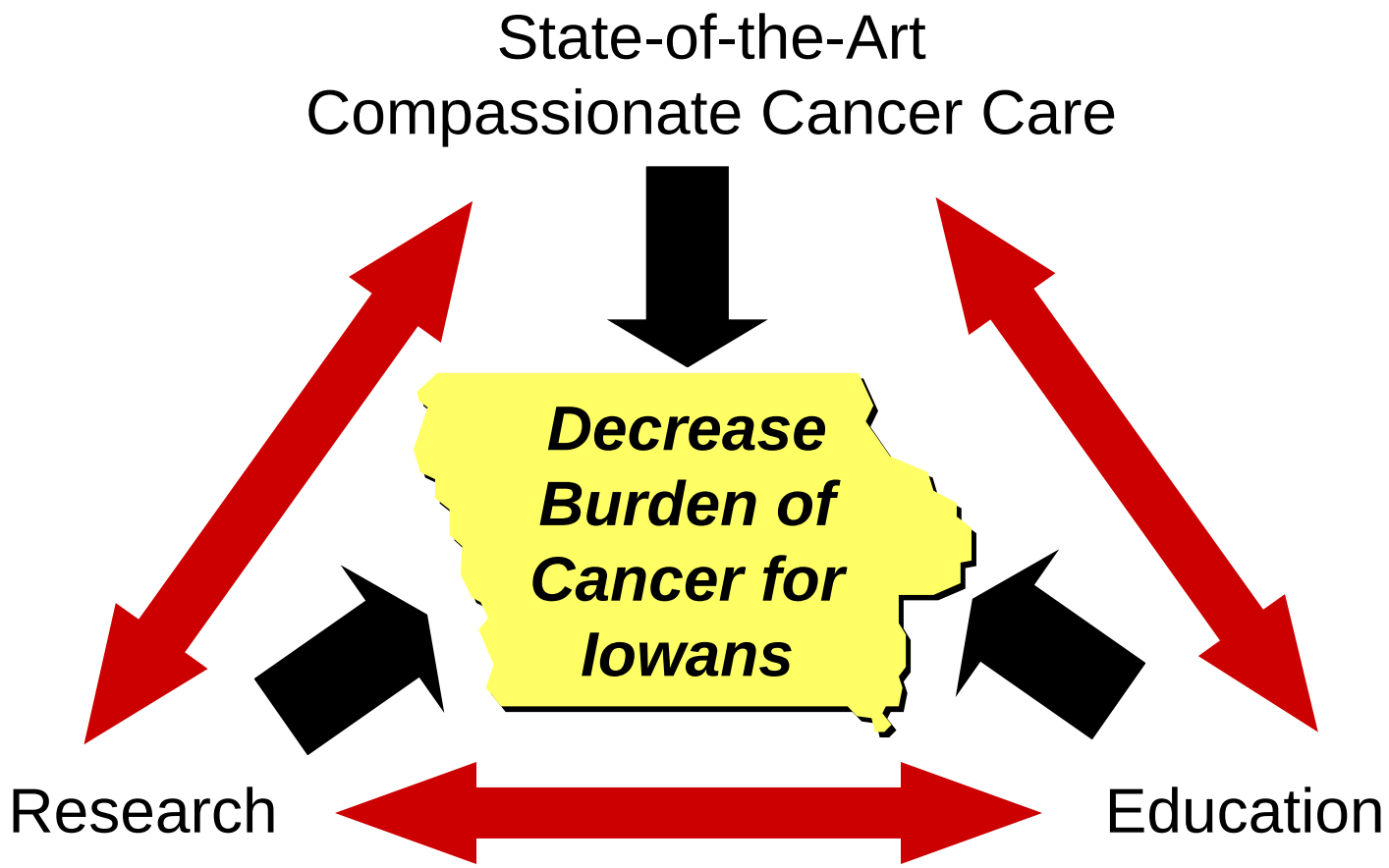

## George Weiner, MD

**Director, Holden Comprehensive Cancer Center**
**C.E. Block Chair of Cancer Research**
**Professor, Internal Medicine**


UNIVERSITY of IOWA
HOLDEN
COMPREHENSIVE
CANCER CENTER
University of Iowa Health Care

NCI CCC® A Comprehensive Cancer Center Designated by the National Cancer Institute

# Three Missions are Interdependent and Mutually Supportive



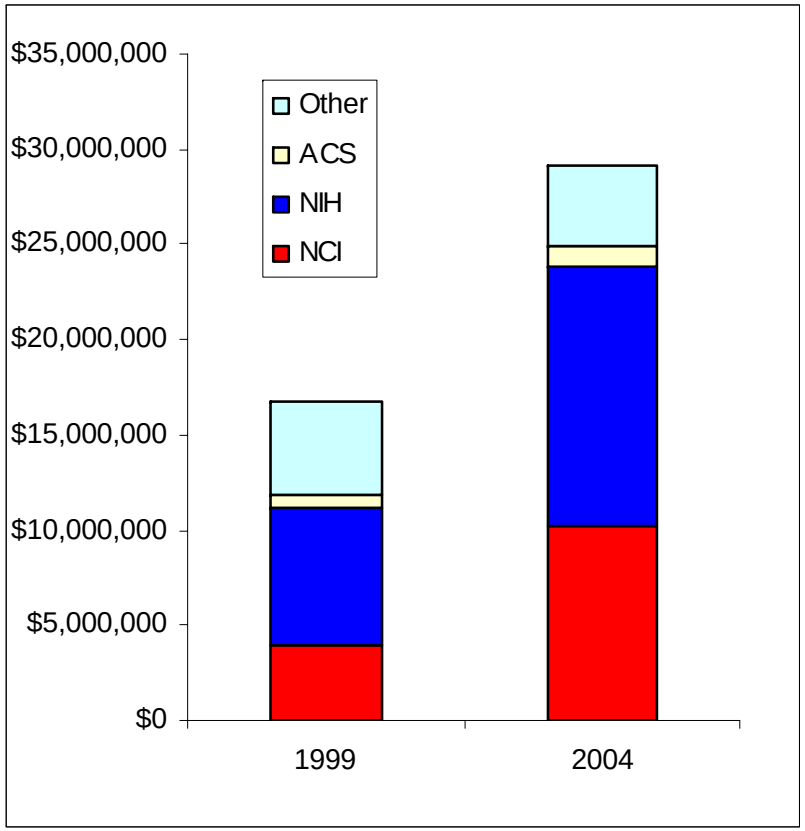
# Holden Comprehensive Cancer Center

- "Matrix" Center
  - Coordinate clinical, research and educational activities related to cancer across University and beyond
- Formally established by Board of Regents in 1980
- 170 members from 5 colleges and 26 departments
- Includes basic laboratory, clinical and population research in cancer

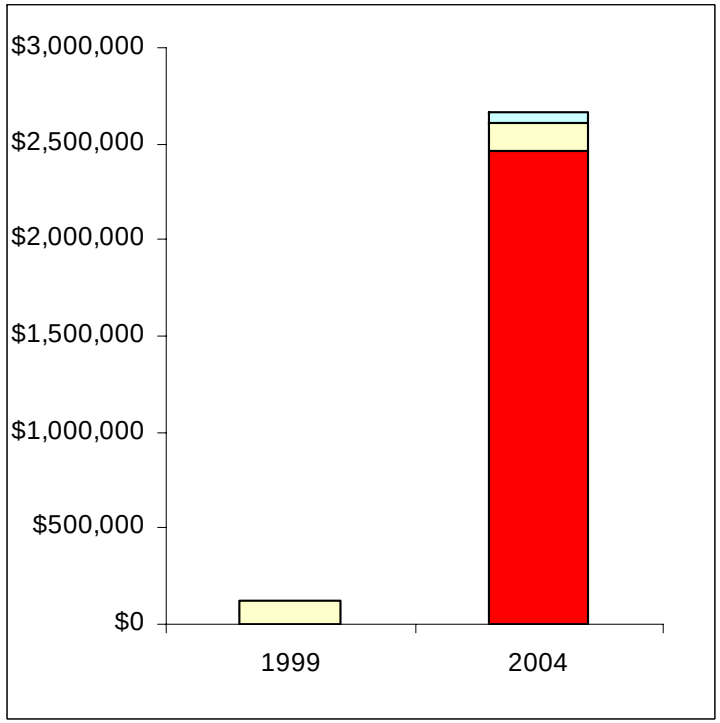
# Annual Direct External Peer-Reviewed Cancer Research Funding

(Does not include F&A from federal grant or non-peer-reviewed contracts)

Cancer research funding to cancer center members




Cancer research funding managed by cancer center




All NCI funding managed by Cancer Center are for multi-departmental grants that are new to institution

# Clinical Research

- Extensive infrastructure needed to assure clinical research is ethical, scientifically rigorous, and carefully monitored

- Cancer Center clinical research infrastructure
  - Protocol review and monitoring committee
  - Data safety monitoring committee
  - Biostatistics core
  - Clinical trials support core
  - Clinical trials database for monitoring accrual and safety

# Clinical Cancer Research

- Cancer prevention, detection and treatment
- Over 150 ongoing clinical studies
  - Investigator initiated (internal and external peer review)
  - Cooperative group (with other cancer centers)
  - Industry supported

  - Phase I (1st studies in humans)
  - Phase II (evaluating efficacy in a given cancer)
  - Phase III (comparing new treatment to “gold standard”)

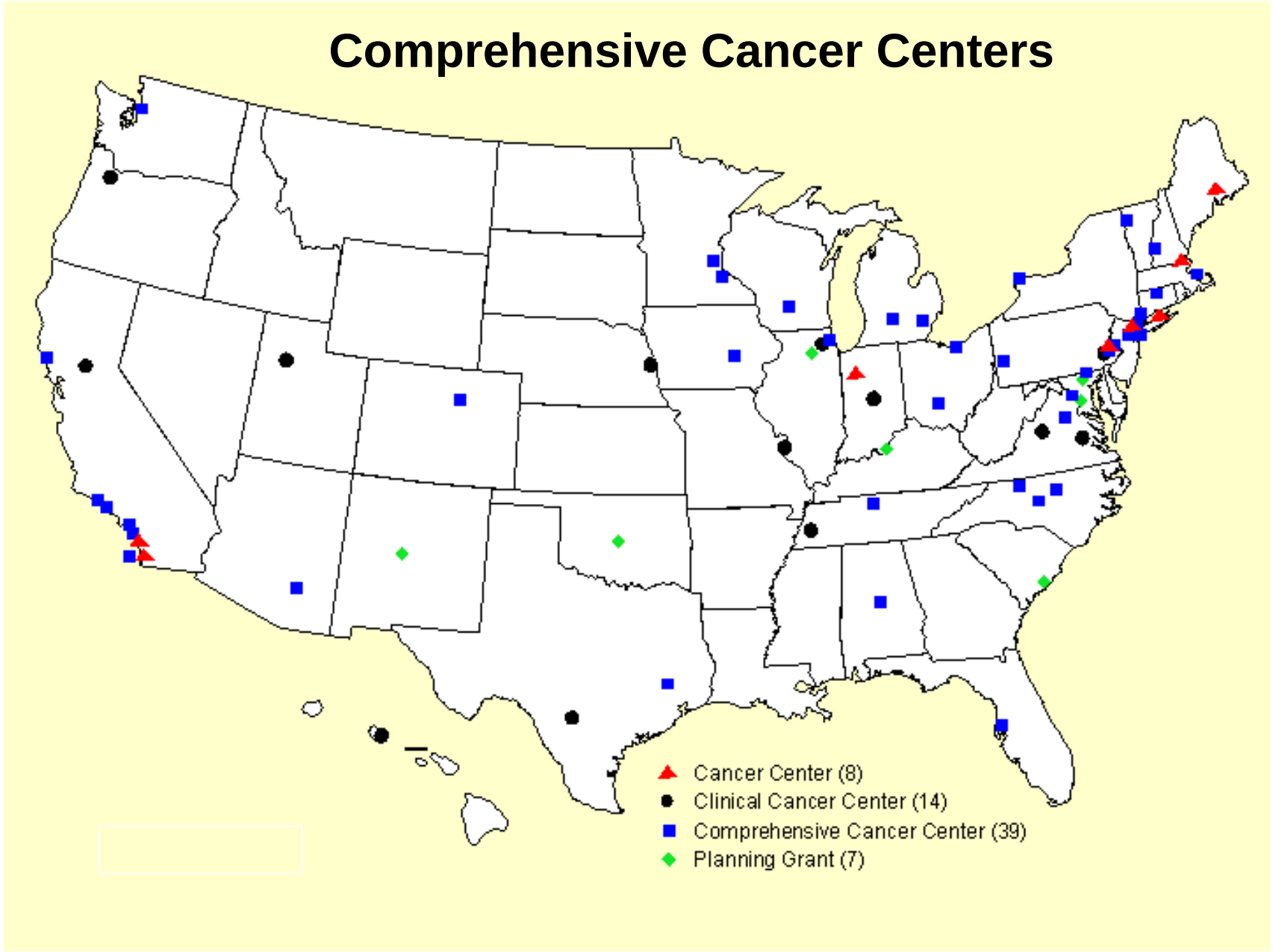
- Over 200 subjects entered each year on “therapeutic” clinical trials

## National Cancer Institute
## Designated Comprehensive Cancer Center

- HCCC is one of 39 NCI Comprehensive Cancer Centers
- Recently renewed for 5 years – size of grant increased by >50% despite flat NIH and NCI budget

- Excellence in basic laboratory, clinical and population research
- Whole greater than the parts
- Contribute to education of the public concerning cancer
- Positive impact on the region
- Key participant in the national fight against cancer

# Comprehensive Cancer Centers



# NCI Designation as a Comprehensive Cancer Center

- Based on research and educational activities – correlates with clinical success
- Provides some funding for research infrastructure, but this typically accounts for <10% of the activities of the cancer center
  - Our cancer center support grant was funded at 65% of the level recommended by peer-review
- Highly sought after designation by many major centers
  - Georgia has invested over $250 million to build an NCI-designated comprehensive cancer center

# Benefits of NCI-Designation to Iowa

- **Research**
  - Research infrastructure allows for higher quality, more efficient, collaborative research
  - Other grants from NCI-designated centers have higher success rate
- **Education**
  - Attracts top-notch students, many that remain in Iowa after completing their training
  - Provides cancer information to citizens and professionals from across the state
- **Clinical care**
  - Enhances our ability to provide state-of-the-art treatments for our patients
  - Enhances recruitment and retention of top-notch faculty and staff
- **Financial health**
  - NCI “stamp of approval” central to effective development campaign
  - Excellent marketing tool for medical center
  - Infrastructure enhances ability to perform research that can lead to valuable intellectual property

## CpG ODN as a Cancer Therapy
### *An Example*

- 1995 - Discovery of immune effects of CpG ODN made in rheumatology research laboratory of Arthur Krieg
- 1996 - Seed grant from cancer center supported first experiments that demonstrated anti-cancer activity of CpG ODN
- 1996 to present – Cancer Center basic science and clinical cores support research into potential of CpG ODN as a cancer therapy
- 1997 – Coley Pharmaceutical Group founded by Krieg to develop therapeutic potential of CpG ODN
- 1997 to present – Peer reviewed funding supports ongoing research in laboratory and clinic into anti-cancer potential of CpG ODN at Iowa
- 2001 – First to treat cancer patient with CpG ODN in an early phase clinical trial
- 2005 – Coley Pharmaceutical Group licenses cancer applications of CpG ODN to Pfizer. University of Iowa receives $6.5M with potential for more

# Clinical Strengths and Challenges

- Strengths
  - Multidisciplinary approach to cancer care
  - Sub-specialization of faculty expertise, many with research expertise in same area
  - Outstanding support staff
  - Select areas of nationally-recognized expertise
  - Many faculty with excellent regional reputation
  - World-class radiation oncology center

- Challenges
  - Salaries for clinical faculty are well below national average
  - Conflicting demands of tripartite mission

## Statewide Involvement

## Iowa Consortium for Comprehensive Cancer Control (ICCCC)

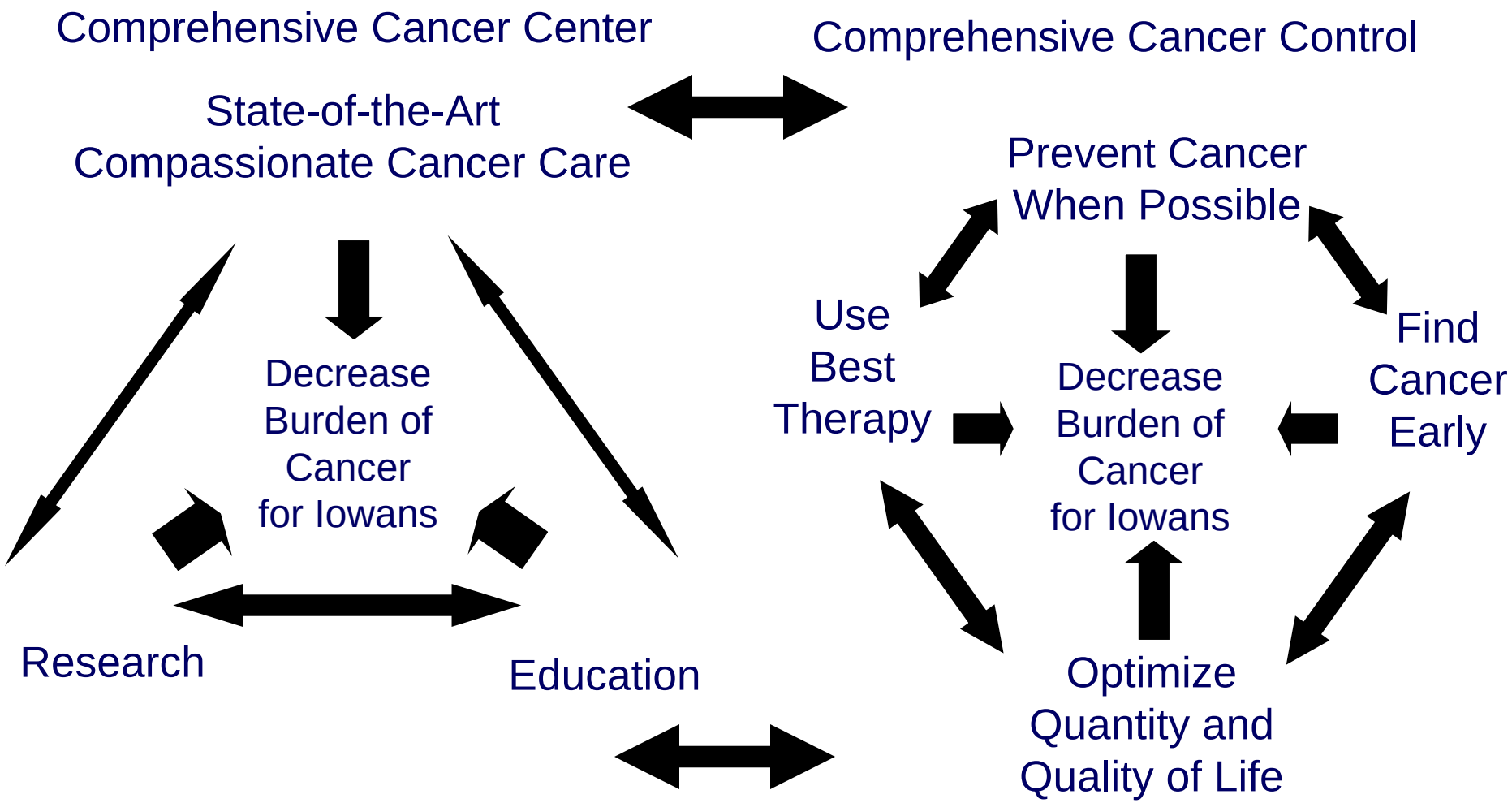
>100 Individuals representing

>50 agencies

- Holden Comprehensive Cancer Center
- Iowa Department of Public Health
- Active Volunteer Organizations (ACS etc)
- University of Iowa College of Public Health
- Iowa Cancer Registry – SEER Data
- Many More

| Holden Comprehensive Cancer Center | Iowa Consortium for Comprehensive Cancer Control |
|---|---|

# Shared Mission



# Iowa Consortium for Comprehensive Cancer Control
# HCCC participation

- Founding and current chair – George Weiner
- Executive committee – Chuck Lynch, Michelle West
- Other major contributors – John Lowe, Tina Devery, Joan Felkner, Chris Squier (CCOM, CPH, UIHC, Dentistry)
- Developed “Faces of Cancer” document that outlined cancer burden in Iowa
- Developed “Changing the Face of Cancer” that outlined cancer control plan for Iowa
- Established “Cancer Portal” (www.canceriowa.org) to provide state-wide information on cancer
- Initiated a number of state-wide cancer control strategies
- Monitoring progress against cancer

# Measured Progress – Age Adjusted Cancer Mortality

| Cancer Site | Gender | 1994-96 Baseline Rate* | 2000-02 Rate* | Percent Improvement |
|---|---|---|---|---|
| Prostate | M | 36.0 | 29.3 | 19% |
| Breast | F | 29.0 | 24.1 | 17% |
| Oral Cavity & Pharynx | M & F | 2.6 | 2.2 | 15% |
| Cervix | F | 2.6 | 2.3 | 12% |
| Skin Melanoma | M & F | 2.5 | 2.2 | 12% |
| Colorectum | M & F | 23.2 | 21.0 | 9% |
| Lung | M & F | 54.1 | 51.6 | 5% |
| All sites | M & F | 196.4 | 188.5 | 4% |

*** Expressed per 100,000 and age-adjusted to Year 2000 U.S. standard**

# Conclusions

- The Cancer Center has seen dramatic growth over the past 5 years in all areas
- Based on a multidisciplinary approach to research, patient centered care and teaching that crosses traditional boundaries
- Key successes
  - New clinical services
  - Research advances
  - Identifying new resources to support all aspects of our mission
    - New grants
    - Private giving
    - Intellectual property
  - Enhanced regional, national and international stature
  - Growing interactions with the community
  - True progress in fight against cancer

# Primary Opportunities and Challenges

- Opportunities
  - Capitalize on multidisciplinary approach to develop innovative approaches to cancer prevention, detection and treatment
    - Positive impact on all aspect of our mission
  - Continue to move advances from research to clinical practice
    - Decrease pain and suffering from cancer in Iowa
    - Enhance the position of the University in the state

- Challenges
  - Maintaining momentum after a period of dramatic growth
  - Advancing interdisciplinary culture of a matrix center
  - Competing on the national stage with cancer centers that receive large amounts of state funding