

University of Connecticut Health Center School of Medicine

Office of the Executive Vice President for Health Affairs

Dean, School of Medicine

Date: November 19, 2008

To: Bruce Koeppen, M.D. (Chair) UCHC Robert Bona, M.D. UCHC Kiki Nissen, M.D. **UCHC** Bruce Liang, M.D. UCHC Greg Makoul, Ph.D. St. Francis Rolf Knoll, M.D. St. Francis Neal Yestin, M.D. Hartford Hospital Michael Lindberg, M.D. Hartford Hospital Paul Thompson, M.D. Hartford Hospital

Christine Finck, M.D.

Fran DiMario, M.D.

Thomas Lane, M.D.

CCMC

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HOCC

From: Cato T. Laurencin, M.D., Ph.D./ Vice President for Health Affairs

Dean, School of Medicine

Albert & Wilda Van Dusen Chair in Academic Medicine Distinguished Professor of Orthopaedic Surgery and Chemical, Materials and Biomolecular Engineering

The University of Connecticut

Re: Appointment of Connecticut Health Education and Research

Collaborative

I am writing to ask you to serve as a member of the newly appointed Connecticut Health Education and Research Collaborative.

By way of background, the UConn School of Medicine has defined a vision of growth to "Top Tier" status. The need for and value of enhancement of the School of Medicine has been discussed in meetings between the School of Medicine and each of the School's major teaching hospital affiliates. This vision was also expressed in UConn's "Solicitation of Interest" document distributed several months ago. The State, through the CASE study, has also articulated the importance of moving medical education and research in the State to a new level.

A key theme in all of the above communications has been that of collaboration. The School of Medicine has long standing, highly valued relationships with each of the major teaching hospitals: Connecticut Childrens Medical Center, Hartford Hospital, the Hospital of Central Connecticut, and St. Francis Medical Center. The School of Medicine and teaching hospital affiliates need to collaborate more actively and effectively if we are together going to be able to meet the mandate expressed in the CASE study and in the Top Tier vision. The appointment of the Connecticut Health Education and Research Collaborative is intended to create the forum for this essential collaboration.

I would ask that the members of the Collaborative consider the following questions as the charge of the group:

- What are the key needs of the State in terms of physician workforce, and how should those needs impact the plans for growth of class size and GME?
- What should the plans be for School of Medicine growth in class size? Timing? Clinical rotation requirements?
- Where should the priorities be for growth and expansion of Graduate Medical Education programs? What are the interests of the teaching hospitals in that regard?
- What qualitative improvements in the education programs should receive priority?
- Can the administrative structure for the education programs across the institutions be streamlined?
- How can the institutions best collaborate in advancement of the CICATS application?
- How can the institutions best pursue other opportunities for clinical research?
- Can the administrative structure for the research programs across the institutions be streamlined?
- How can the institutions best contribute to public health improvement, especially for vulnerable populations, through the Collaborative work in education and research?
- Are there collaborative opportunities for allied health education expansion that should be pursued?

The Collaborative may define other related questions which the members believe are important to evaluate.

I would note three important "boundaries" for the work of the Collaborative that I would ask that you be sensitive to:

- The School of Medicine retains responsibility and authority for matters of accreditation, thus many of the recommendations from the group will need to be forwarded to the School of Medicine for decision-making.
- Similarly each of the members of the Collaborative will need to receive and act upon some of the recommendations from the Collaborative.
- The Collaborative's focus should be on education, research, and the overlap with public health improvement. The Collaborative is not intended to be involved in clinical program planning or operations.

While there is not an intent that the Collaborative be time limited, I would ask that the group provide a report on its work, including any recommendations to date and a future work plan, by December 10, 2008.

Thank you for your willingness to serve in this important effort to advance Connecticut's health education and research programs.

CC: Chris Dadlez Marty Gavin Elliot Joseph Larry Tanner