



Lincoln



Omaha



Kearney



Medical Center

2012 Legislative Initiative “Building a Healthier Nebraska”

January 27, 2012

“Building a Healthier Nebraska”

- Comprehensive Cancer Center: \$50 million to be leveraged with \$320 million of private funds and patient revenues; new construction; research tower, cancer hospital, outpatient clinic, ambulatory clinic, parking
- Lincoln Division, UNMC College of Nursing: \$17 million; new construction (existing capital request), replaces downtown leased facility

“Building a Healthier Nebraska”

- UNMC Nursing and Allied Health at UNK: \$19 million; addition to Bruner Hall
- Veterinary Diagnostic Center at UNL: \$5 million for planning, design and construction documents for new construction

“Building a Healthier Nebraska”

- Strategically Aligned with ***Campaign for Nebraska***
Priorities:
 - Builds high priority facility - Comprehensive Cancer Center
 - Builds high priority programs - UNMC campaign goal to address nursing shortage

A Timely Investment for Nebraska's Future

- Creates new jobs and economic opportunity for Nebraska
- Addresses critical needs in healthcare delivery in Nebraska, especially in rural areas
- Enhances our the scope and quality of our cancer research and treatment and builds on a national and regional asset
- Opportunity to leverage private support, partnerships with private sector, public partners (i.e. City of Omaha, OPPD)
- Strengthens our service to Nebraska's important livestock industry

Today's Presenters

- Harold Maurer, Chancellor of UNMC, and Glenn Fosdick, President of the Nebraska Medical Center
- Juliann Sebastian, Dean of College of Nursing, UNMC
- Kyle Meyer, Associate Dean – School of Allied Health Professions, UNMC
- Doug Kristensen, Chancellor of UNK
- Ronnie Green, Vice Chancellor - IANR



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A COMPREHENSIVE CANCER CENTER FOR NEBRASKA

Harold M. Maurer, M.D., UNMC Chancellor

Glenn Fosdick, FACHE, TNMC President and CEO

Importance of Cancer Project

- Impacts economic vitality of University, state and region
- Positions UNMC for Comprehensive Cancer Center designation
- Enhances competitiveness and reputation
- Creates new opportunities for breakthroughs in cancer diagnosis and treatment to improve quality of life for Nebraskans and others



Cancer – Current Financial Impact

- ~50% of TNMC net income but only 13% of inpatient volume
- ~50% of UNMC extramural research support



Current Strengths

Cancer Center builds on current strengths:

- Multidisciplinary 24/7 patient care
- Centers of Excellence in specific forms of cancer
- Physicians who specialize in the patient's form of cancer
- Unmatched cancer care experience for patients and families
- Successful research and education in cancer



Risks of the Status Quo

- Loss of NCI Cancer Center designation - \$8 million NCI grant
- Impaired ability to grow
- Loss of market share to other cancer centers (e.g. Kansas, Oklahoma)
- Reduced ability to recruit top clinical and research faculty, students and residents

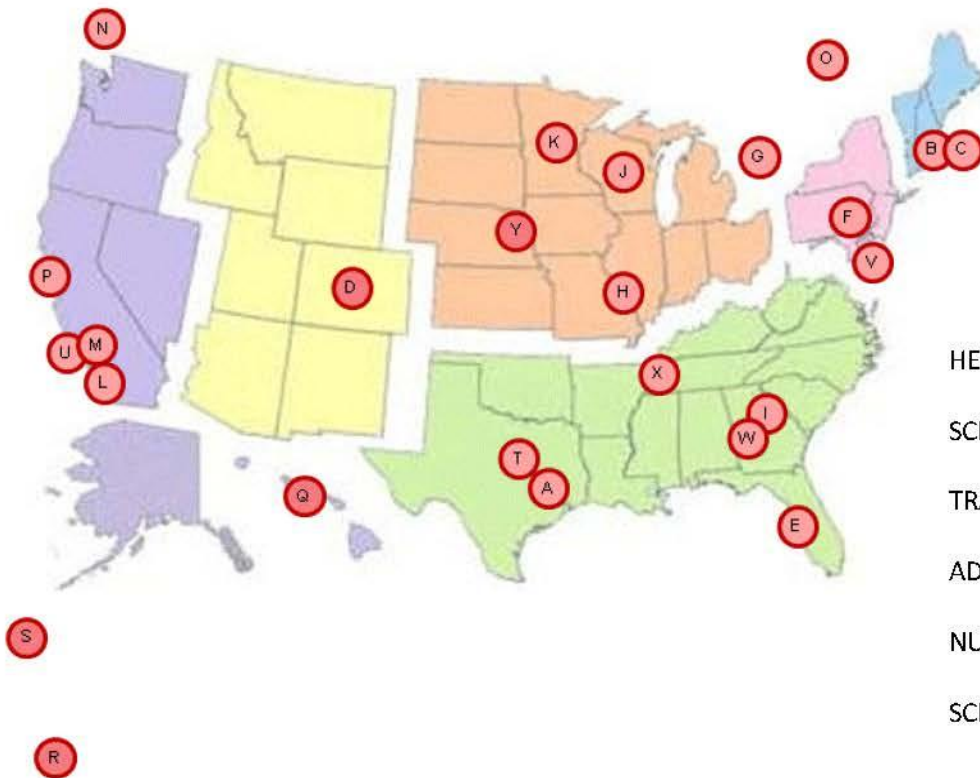
Meeting Future Demand

- Facilities will accommodate:
 - Annual inpatient growth of 3-4% and outpatient growth of 5-7%
 - Additional growth due to aging population and as cancer becomes a chronic disease
 - Future research and educational needs and opportunities



“CANCER CARE INTEGRATION”

- A. MD Anderson
- B. Dana Farber / BWH / Harvard
- C. Mass General Hospital / Harvard
- D. University of Colorado
- E. Moffit: Cancer Center / USF
- F. Penn State University
- G. Princess Margaret Hospital
- H. Washington University / BJC
- I. Emory University Winship
- J. University of Wisconsin
- K. Mayo Clinic
- L. UCSD Moores
- M. I.C.I.A
- N. BC Cancer
- O. McGill Montreal
- P. UCSF Diller
- Q. U Hawaii
- R. Victorian CCC U. Melbourne
- S. Seoul National University
- T. Eaylo: University
- U. City of Hope
- V. Johns Hopkins
- W. Emory / Grady
- X. St. Jude's
- Y. University of Nebraska



- HEALTH PLANNERS
- SCIENCE PLANNERS
- TRANSLATIONAL PLANNERS
- ADMINISTRATORS
- NURSES
- SCIENTISTS

CONTINUUM OF CARE HEAL, CARE, WORK BETTER.™

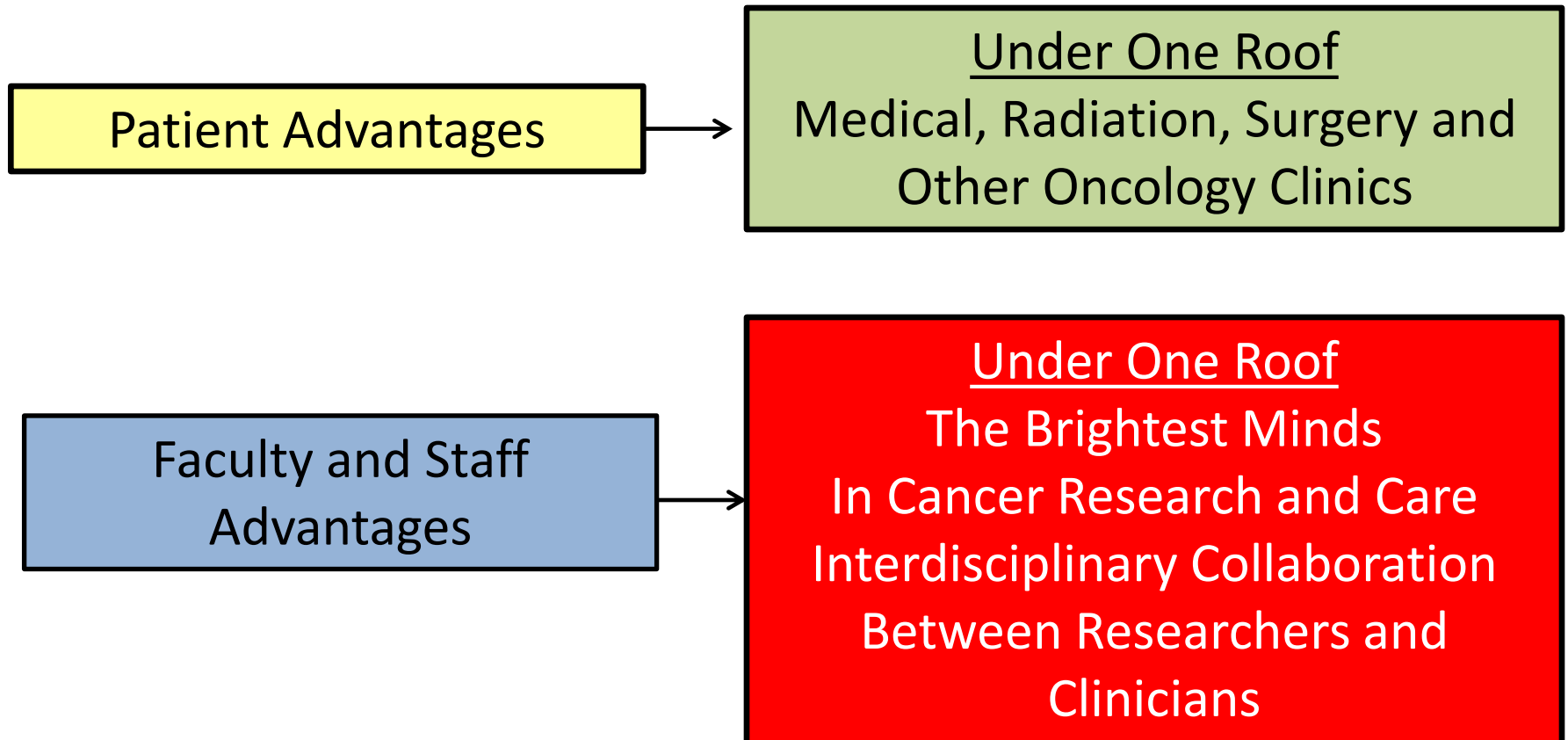


Significance of an Integrated Cancer Facility

“The integration of the facilities under one roof creates in Nebraska the best facility in the country supporting state of the art personalized cancer care through research.”

(Jon Crane, HDR, Leader of Translational Medicine Worldwide)

Facility Co-Location Advantages



Educational Advantages

The Cancer Center Project will provide a leading educational experience for:

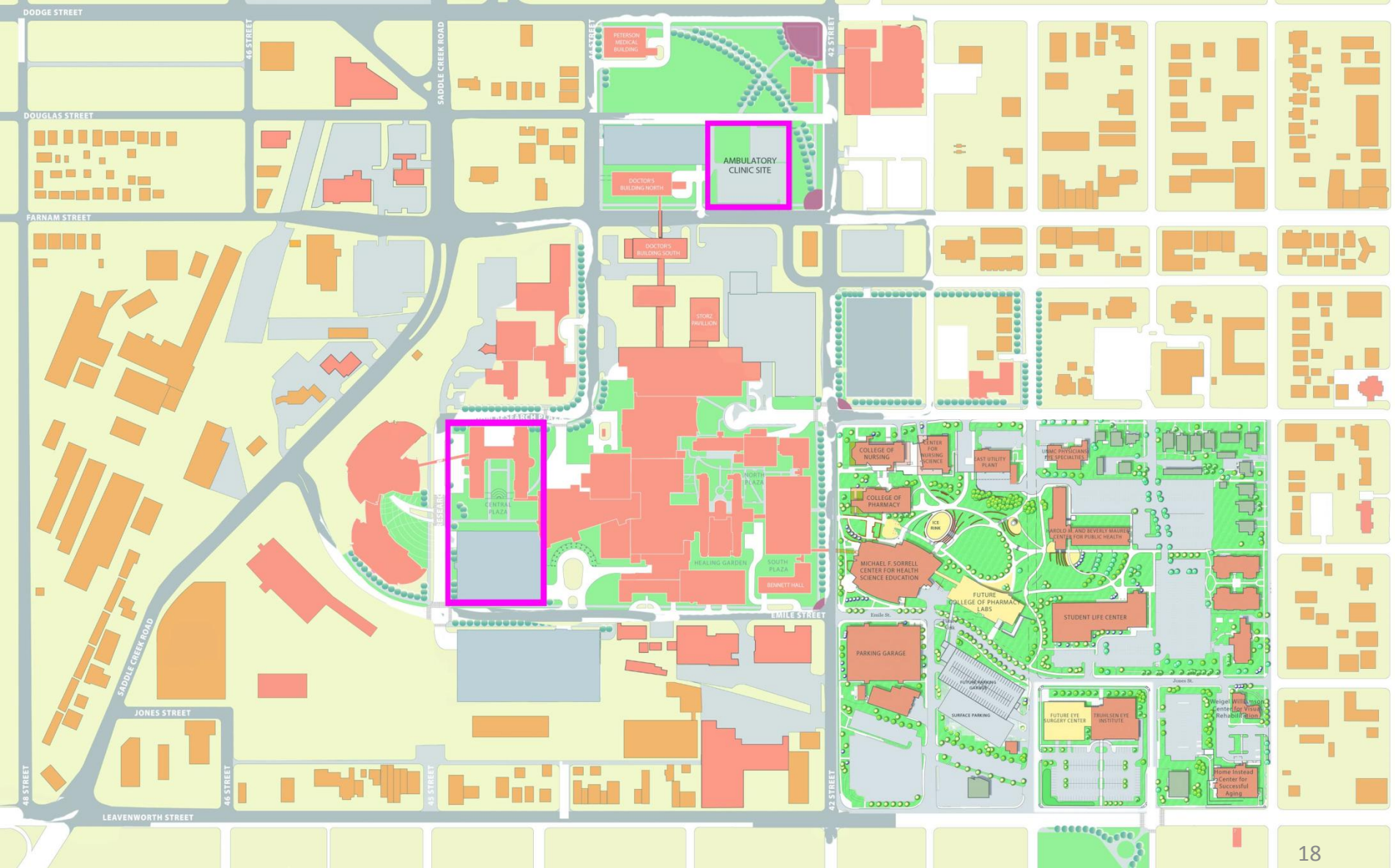
- Health professions students
- Residents and fellows
- Graduate students
- Doctoral and post-doctoral scientists

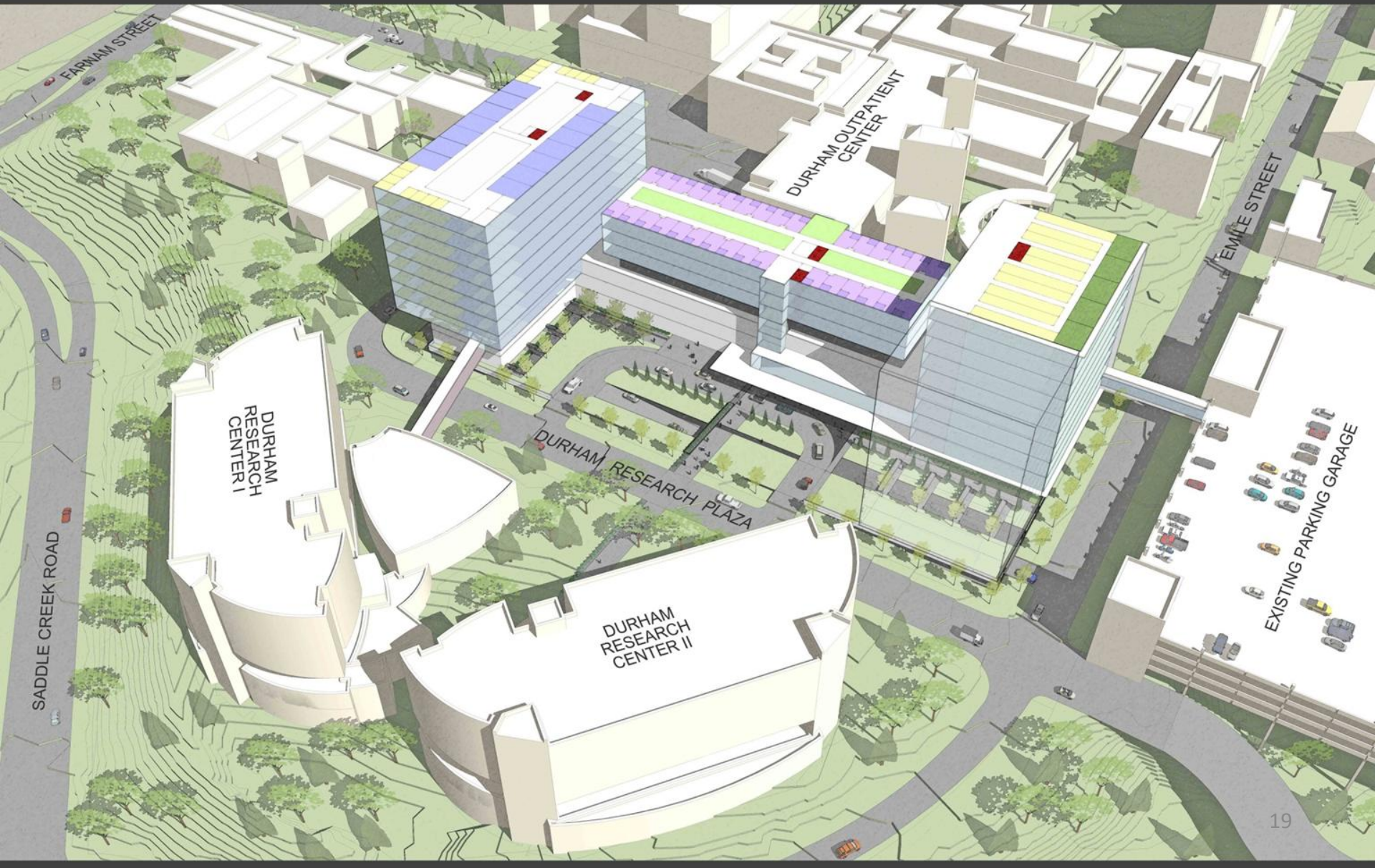


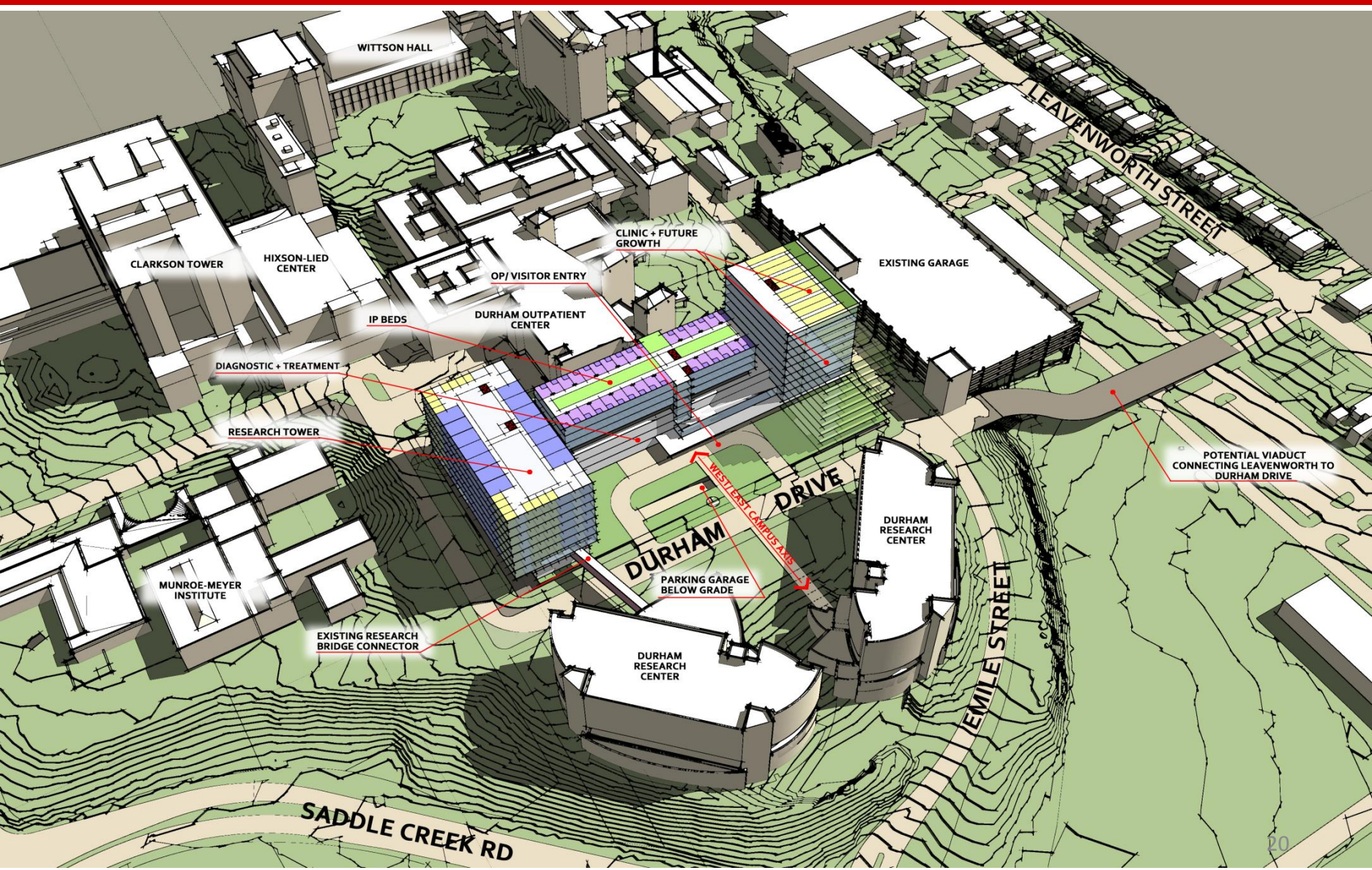
Builds on Strengths

UNMC/TNMC will enhance core strengths and expand into existing and new areas

- Development and testing of drugs and vaccines in a new experimental cancer therapy center
- Hematologic cancer
- Gastrointestinal cancer (pancreatic, liver and colon)
- Brain tumors
- Prostate cancer
- Women's cancers, emphasizing breast and ovarian cancers
- Lung cancer
- Head and neck cancers







Timing for Project

- Design/Relocation/Site Prep
 - Now through December 2013
- Construction
 - Start - 2014
 - 30 – 36 months
 - Target Completion – June 2016

Cancer Center Project

Estimated Cost by Component

Component	Size (Sq. Ft. – 000's)	Cost (millions)
Research Tower	250	\$110
Outpatient Center	200	150
Inpatient Facility	125	63
Ambulatory Clinics	<u>120</u>	<u>47</u>
Total Estimated Cost	<u>695</u>	<u>\$370</u>

Cancer Center Project Funding Sources (Millions)

	<u>UNMC</u> Research Tower	<u>TNMC</u> Out/Inpatient & Ambulatory	Total
Funding Sources:			
Fund-raising	\$ 60	\$140	\$200
Debt	-	120	120
Proposed State Support	<u>50</u>	-	<u>50</u>
Total Estimated Cost	<u>\$110</u>	<u>\$260</u>	<u>\$370</u>

Cancer Center Project

Estimated Construction Cash Flows

(Millions)

Fiscal Year Ended June 30,	<u>UNMC</u> Research Tower	<u>TNMC</u> Out/Inpatient & Ambulatory	Total
2013	\$14	\$ 9	\$ 23
2014	26	57	83
2015	31	80	111
2016	35	88	123
2017	<u>4</u>	<u>26</u>	<u>30</u>
Total Estimated Project Cost	<u>\$110</u>	<u>\$260</u>	<u>\$370</u>

UNMC/TNMC

Current Economic Impact - Jobs and Payroll

Total Revenues	\$1.5 Billion
Total Combined FTE's	10,000
Combined Salary and Benefits	\$730 million

Projected New Jobs and Economic Impact

Physicians	100
Researchers	50
Research Staff	400
Clinical staff	<u>650</u>
Totals New Jobs	1,200

Annual Salaries and Benefits \$100 Million



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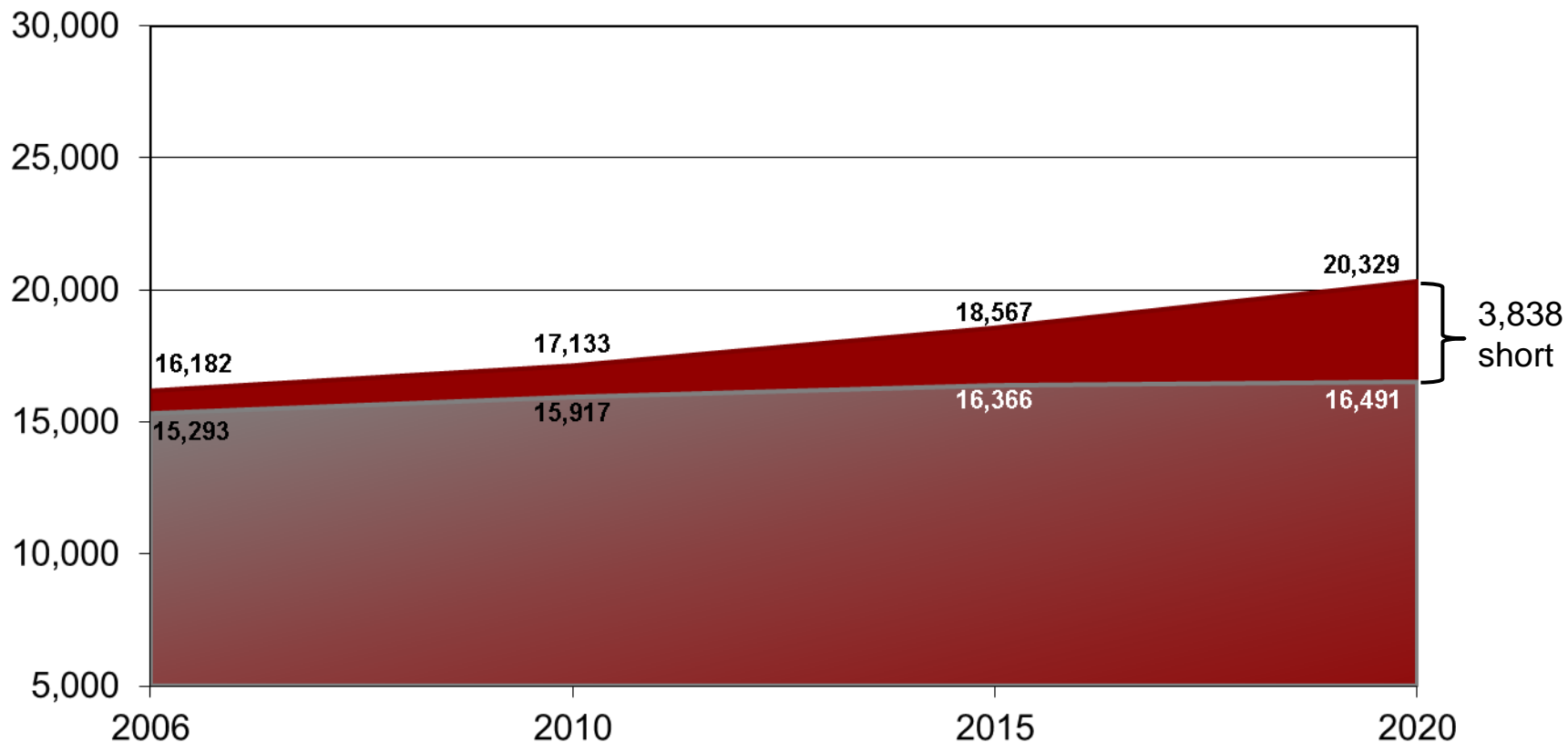
Medical Center

THE NEED FOR NURSING

Juliann Sebastian, PhD, RN, FAAN

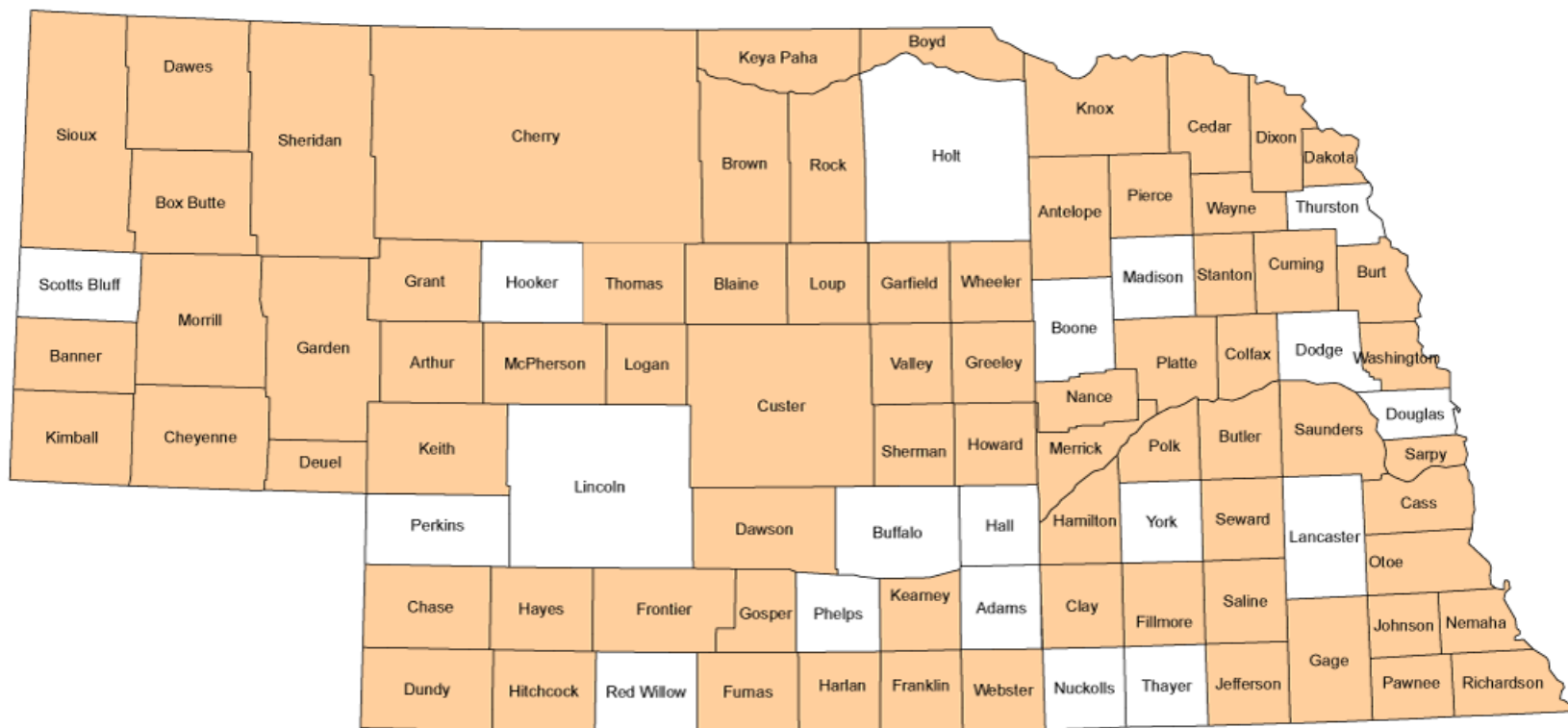
Dean and Professor of Nursing, UNMC

Nebraska RN Supply and Demand: 2006-2020



Source: Nebraska Center for Nursing. (2011). Nebraska Center for Nursing Annual Report, 2010. DHHS: Lincoln, NE, p. 18. (original slide by V. Tilden)

Impact on Nebraska



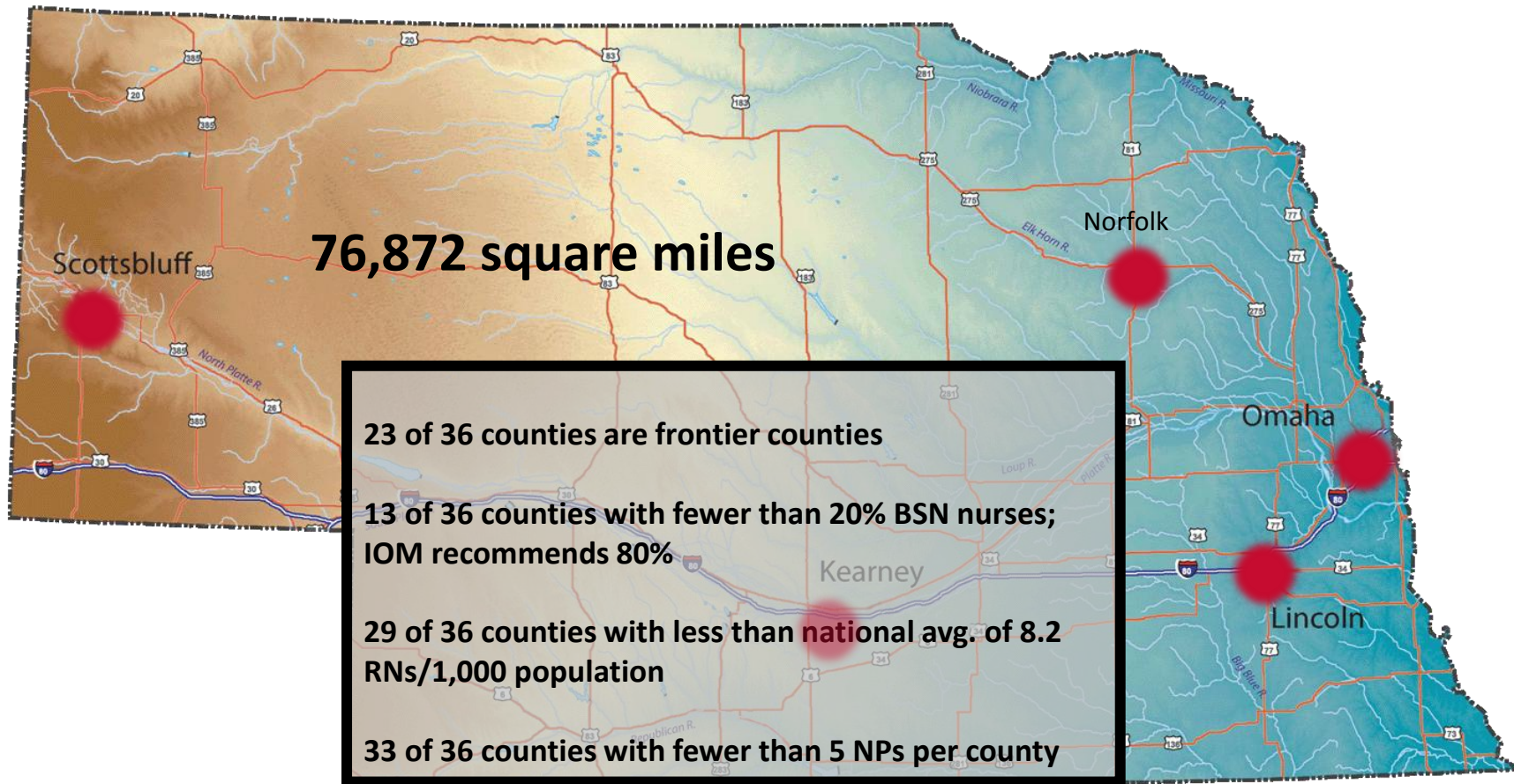
National Average 8.2 RNs/1,000 people

Nebraska RN's per 1,000 population

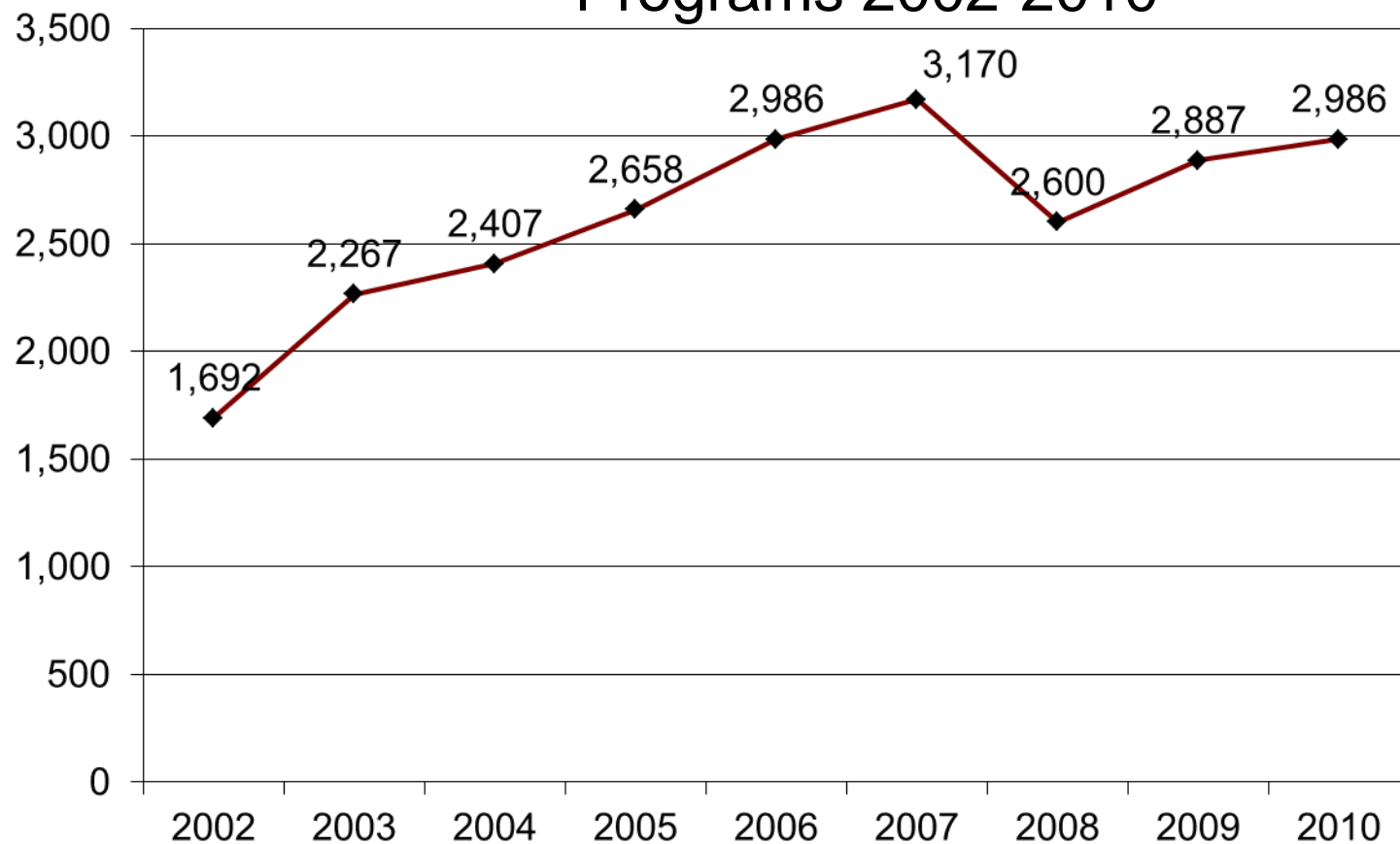
NE Counties

< 8.2

> 8.2



Nebraska Enrollment in BSN & Graduate Programs 2002-2010



Source: AACN. (2011). *Nebraska State Snapshot*. AACN: Washington, DC.

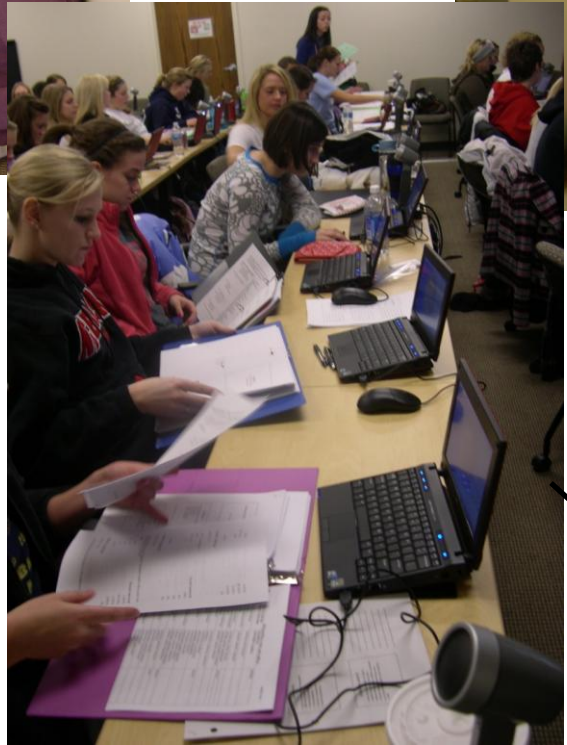
Lincoln Division, College of Nursing Today

- Initiated 1974
- 31 faculty, 8 staff
- Total enrollment, approximately 250
- Graduates per year, approximately 80 BSN, 15-18 MSN, 1-2 PhD
- Up to 60% of qualified applicants turned away in 2011

The Lincoln Facility Today



**Inadequate
space for
interactive
learning**



**Crowded
classrooms
(Exact # of seats!)**



**Limited
student
space**

The Lincoln Facility – What Could Be



**Photos of Northern Division,
UNMC College of Nursing**

UNMC College of Nursing – Lincoln Division Projections With Expansion

Program	Level	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
BSN	Jr.	8	16	20	20	20
	Sr.		8	16	20	20
MSN	Year 1	2	4	5	5	5
	Year 2		2	4	5	5
	Year 3			4	4	5
PhD	Year 1	2	2	2	2	2
			2	2	2	2
				2	2	2
					2	2
					2	2
Total		12	34	55	62	65

Kearney Division, College of Nursing Today

- Initiated 1991
- 15 faculty, 5 staff
- Annual enrollment, approximately 124
- Graduates per year, approximately 40
- Up to 48% of qualified applicants turned away in 2011

Kearney Division – Challenges & Opportunities

Space was well suited to our needs earlier, but now:

- Classrooms inadequate; simulation lab too small
- Insufficient office space; no space for research
- Expansion would yield more nurses for Nebraska
- Latest technology to be included
- Potential issues: clinical placements, faculty recruitment

The Kearney Facility Today

No control room for managing simulations

Inadequate debriefing area



Crowded

Unrealistic clinical environment

Insufficient space for clinical equipment

UNMC College of Nursing, Kearney Division
Current clinical simulation room

The Kearney Facility – What Could Be

Spacious, realistic clinical simulation and scenario control room



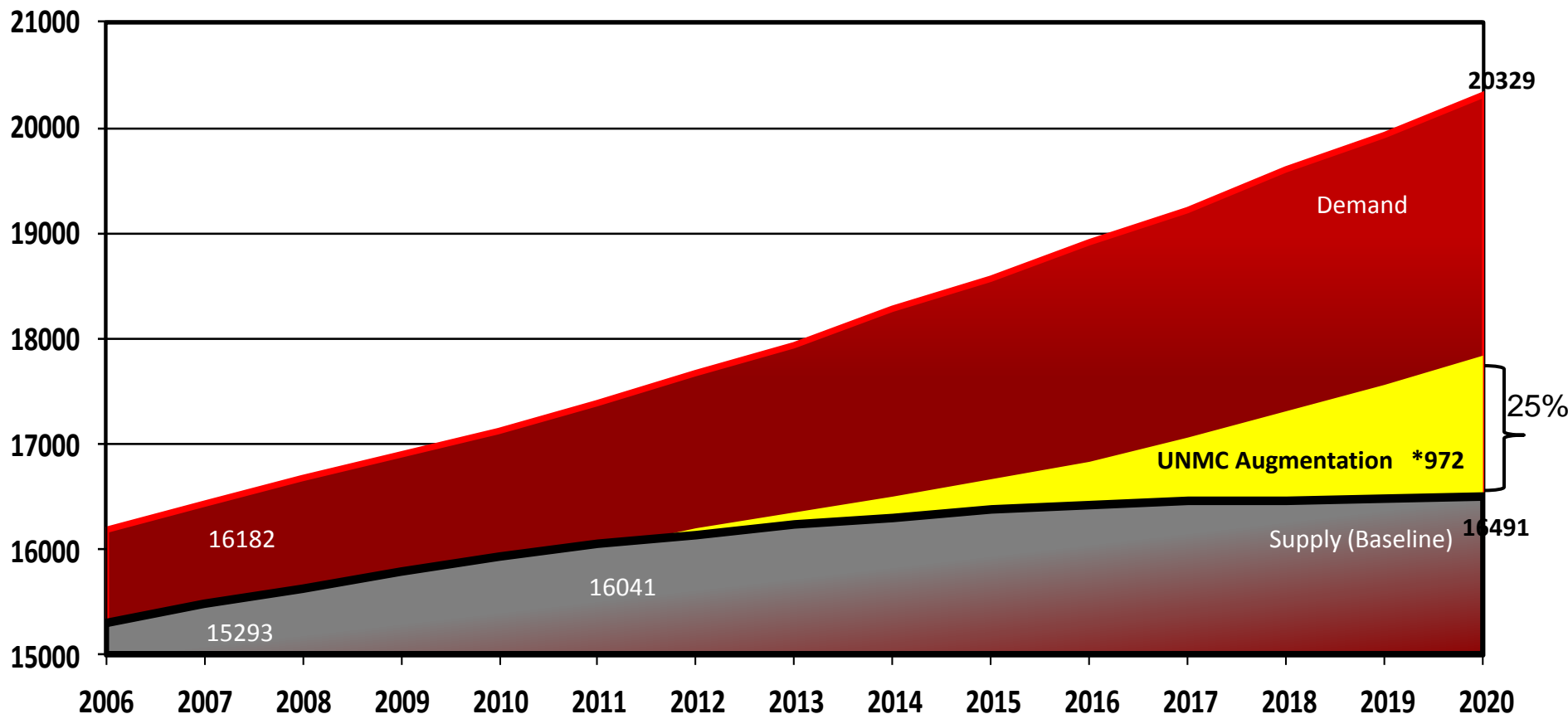
Spacious classroom
with flexible space for
group work

College of Nursing - UNK Projections With Expansion

Program	Level	2015- 2016	2016- 2017	2017- 2018
BSN	Jr.	8	8	8
	Sr.		8	8
MSN	Year 1	8	8	8
	Year 2		8	8
	Year 3			8
Total Enrollment Increase		16	32	40

Total New Graduates beginning in 2018: approx. 8 BSN & 8 MSN

UNMC Augmentation of Nurse Supply



* UNMC expansions made possible by addition of Northern Division, Center for Nursing Science in Omaha, and new buildings in Kearney and Lincoln would yield approximately 372 new BSN graduates by 2020. New PhD and MSN/DNP graduates could educate approximately 600 additional BSN graduates by 2022. A total of approximately 25% of the projected shortage could be eliminated with these additions.



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THE NEED FOR ALLIED HEALTH

Kyle Meyer, PhD, PT

Senior Associate Dean, UNMC

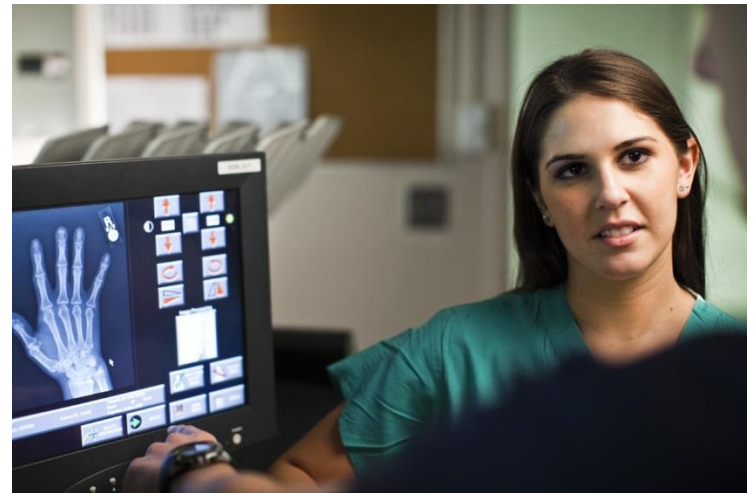
Allied Health

A Key Component of Providing Healthcare in Nebraska

- Health professions that provide diagnostic and treatment services, or use leading-edge medical technologies to derive diagnostic data
 - Up to 60% of healthcare workforce
- UNMC School of Allied Health Professions (SAHP)
 - Established in 1972
 - 12 health profession education programs
 - Total enrollment 400 students
 - 49 faculty, 19 staff
 - Average 3-4 applicants / position

Increasing Demand for Allied Health

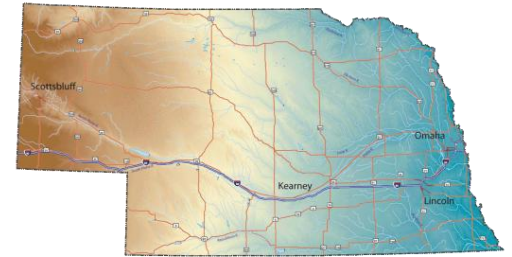
- Aging population
 - Nebraska population age 65 + increase by 60% by 2030
- Need for increased access to primary care
- Living with multiple chronic conditions
- National projections for increased demand (BLS 2008-2018)
 - 39% physician assistants
 - 30% physical therapists
 - 18% sonographers
 - 17% radiographers
 - 14% clinical laboratory scientists



Increasing Demand for Allied Health

Distribution of AH professionals in Nebraska not uniform

- 13 counties - no medical radiographer; 24 PA; 25 no PT
- 26 counties - PT-to-population ratio higher than national average
- One-third of PAs & PTs ages 46-65 years
- Hospital turnover rates (excluding PA) 2011 ranged from 7-11%



Educating Rural Health Practitioners

- Nebraska applicants to SAHP programs
 - 40% from rural designated Nebraska counties
 - 52% in '10 & '11 within 100 mile radius of UNK
- 21 combined RHOP positions at CSC & WSC
- 40% of UNMC RHOP graduates are from four SAHP programs
- 54% of SAHP RHOP graduates actively practice in rural Nebraska
- Projected increase in applicants from Greater Nebraska with closer access to programs

Enrollment Expansion – Allied Health

10%-20% phased enrollment expansion in five SAHP programs

Program	2015-16	2016-17	2017-18	Total Enrollment	Annual Graduates
	Additional Students				
Physician Assistant	5	5	5	15	5
Physical Therapy	5	5	5	15	5
Radiography	4	4	-	8	4
Clinical Laboratory Science	6	-	-	6	6
Diagnostic Medical Sonography	2	-	-	2	2
Total New Enrollment	22	14	10	46	22

Allied Health

An Integral Part of the Solution in Nebraska

- Help meet current and projected allied health workforce needs with emphasis on rural health
- Engage communities in education process
- Create a model (like nursing) to allow students to obtain a degree without relocating to Omaha
- Model intercampus collaboration
- Promote interprofessional education
- Potential issues
 - Ensuring clinical placements
 - Faculty recruitment





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THE NEED FOR HEALTH SCIENCES EDUCATION AT UNK

Doug Kristensen
Chancellor, UNK

Health Needs in Rural Nebraska

- More acute shortage of healthcare professionals in rural Nebraska
- Students educated in rural Nebraska more likely to stay in rural Nebraska

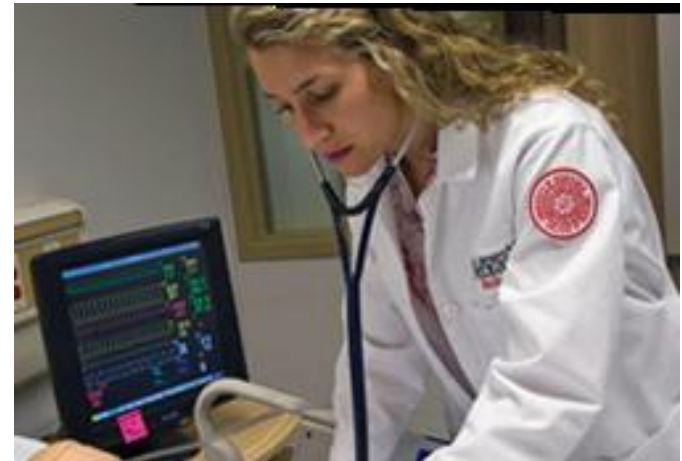


Builds on Existing Program Strengths

Over 20 years of quality academic programs by UNMC College of Nursing at UNK

History of allied health science programs collaboratively provided by RHEN and KHOP

40 health care organizations close to UNK to help with clinical education



Strong Base of Interested Students

180 pre-nursing students as undergraduates at UNK

Allied health pre-professional majors have *more than doubled* from 323 to 711 in the last ten years



The Project

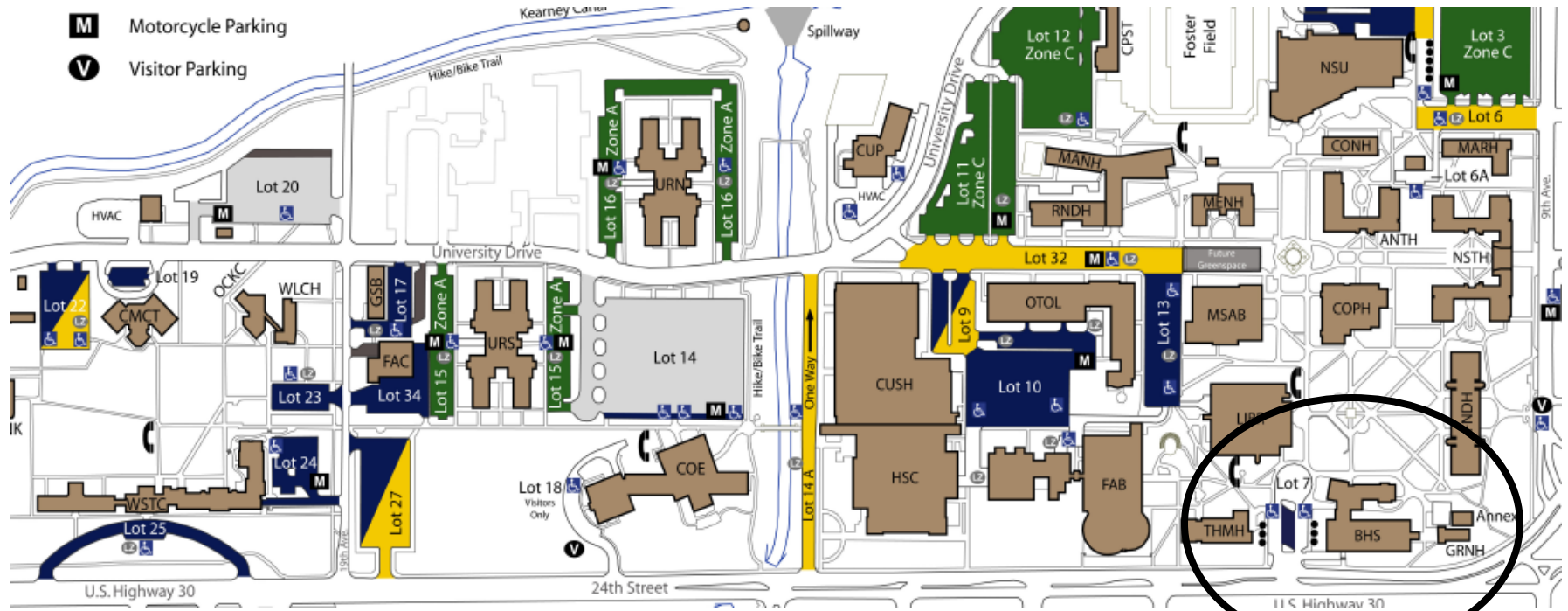
Addition to Bruner Hall:

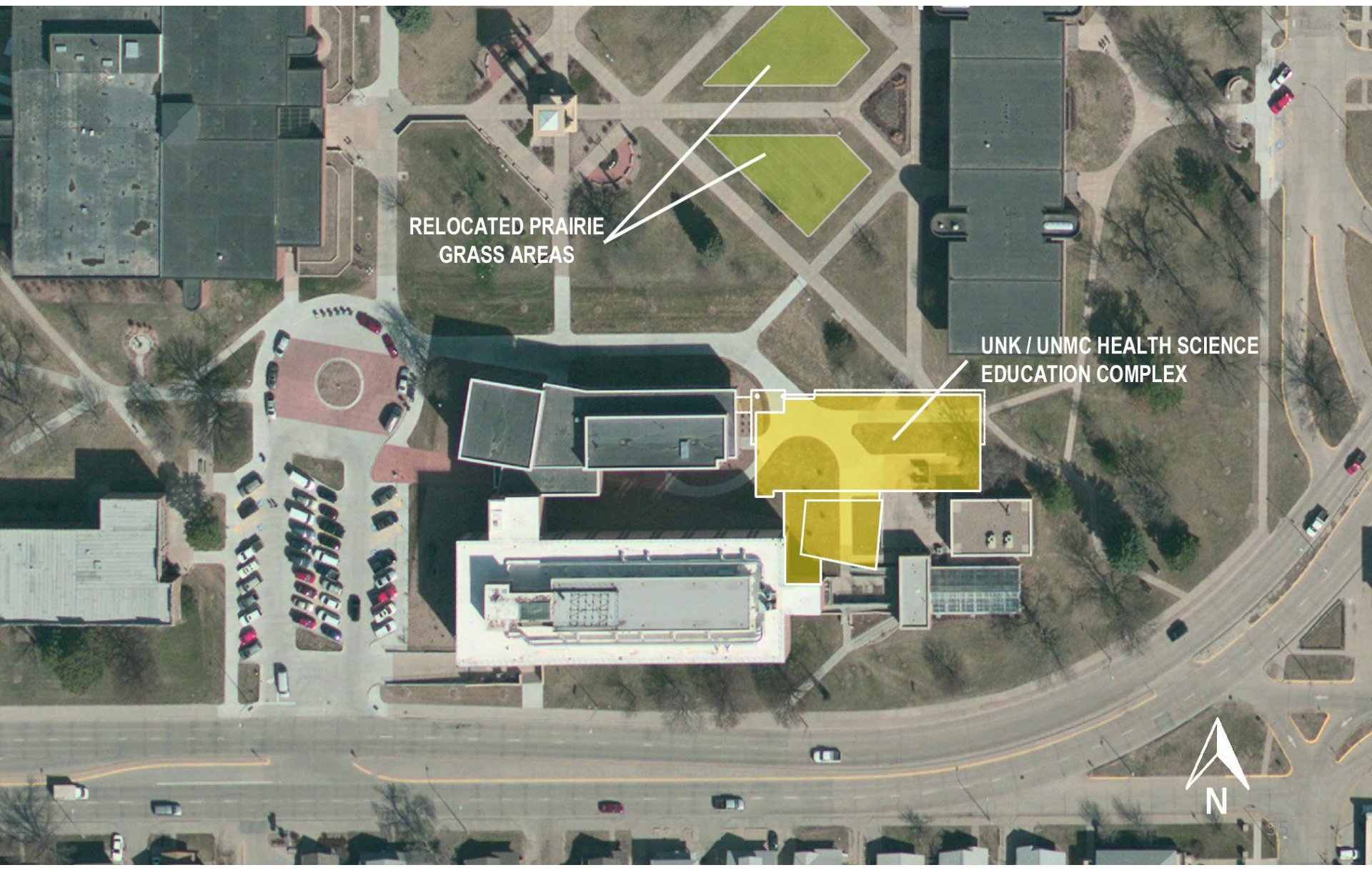
- 30,000 square feet
- Dedicated to nursing and allied health
- Advantage of existing utilities
- Frees space in West Center for Business

Project houses:

- Clinical simulation lab
- Anatomy and physiology labs
- State-of-the-Art distance education
- Interprofessional learning

Location





RELOCATED PRAIRIE
GRASS AREAS

UNK / UNMC HEALTH SCIENCE
EDUCATION COMPLEX



Nursing Projects Timing and Costs (millions)

		Cost of Construction			
		2013	2014	2015	Total
Lincoln Nursing	Opening, Fall of 2014	\$ 3	\$12	\$2	\$17
Kearney Nursing and Allied Health	Opening, Fall of 2014	2	15	2	19

Highly Strategic to UNK

- Addresses health care needs in rural Nebraska
- Optimizes facilities
 - Locates all science education faculty in one building
 - Sets up moving all business programs to West Campus
 - Makes room in Otto Olsen for phased plan to solve largest building deficiency at UNK

Highly Strategic to UNK (continued)

- Improves academic quality : integrates UNMC/UNK students
- Improves access to clinical facilities by UNK undergraduates
- Improves access for under-represented minority populations to health science opportunities
- Flexible, collaborative effort, allowing future health care education in rural Nebraska



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NEBRASKA'S VETERINARY DIAGNOSTIC CENTER

Ronnie Green

Vice President and Vice Chancellor, IANR

VDC a Vital Asset – At Work for Nebraska

- Provides accurate and timely diagnostic services
- Improves animal and public health through disease surveillance
- Develops new diagnostic testing methods
- Supports food safety and infectious/biomedical research
- Trains PPVM veterinary students
- Supports continuing education
- A state lab located on a university campus



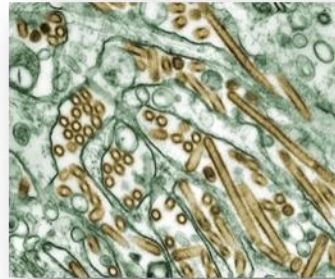
Accurate and Timely Diagnostic Services

- Served over 9,415 clients from 43 states, Puerto Rico and Canada
- Processed 13,000 cases and conducted 230,000 individual diagnostic cases

Diseases that impact animal and human health



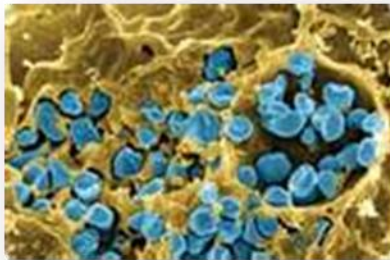
Anthrax



Avian Influenza



Rabies



Tularemia



H1N1



West Nile Virus

Improves Animal and Public Health

Collaborates actively with:

- Nebraska Department of Human and Health Service conducting West Nile Surveillance
- Nebraska Game and Parks Commission conducting Chronic Wasting Disease
- Nebraska Department of Agriculture providing disease diagnostic information



**Completed in 1975 and now inadequate
in meeting today's standards and needs**

Building Deficiencies

- Ventilation system and building design obsolete
 - Increased risk for cross contamination of contagious pathogens
 - Potential for diagnostic errors
 - Increased risk of pathogen exposure of the laboratory workforce
- Lack of adequate space contributes to overcrowding and limits future growth
- Lacks accessibility by today's standards for people with disabilities

VDC accreditation at risk

Provisional Accreditation in 2007 due to deficiencies

- Quality system deficiencies quickly addressed
- Architect hired to develop proposal to address shortcomings.
- AAVLD full accreditation restored in 2008 for three years

Re-accreditation review Oct. 2011 – results pending

Must show a good faith effort to remove deficiencies

What if VDC loses its accreditation?

- Weakens consumer confidence
- Reduces competitiveness for high-quality faculty and staff
- Decreases ability to respond to disease outbreaks
- Reduces opportunities for federal grants and contracts
- Limits ability to perform regulatory diagnostic testing
- Costly to State – cannot test at non-accredited lab
 - \$1.3 M diagnostic revenue + multiplier effect
 - 1% disease-induced profit reduction to Nebraska's livestock industry would cost \$84 M

Why not use diagnostic labs in other states?

- Solving problems requires more than just "test results"
- Disciplines represented in VDC are critical to Professional Program in Veterinary Medicine
- Pathologist, bacteriologist, virologist and epidemiologist contributes significantly to research and extension programs dealing with animal and human health

Why not use diagnostic labs in other states?

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**If Nebraska is to become the epi-center of water, food and fuel
livestock production needs its own diagnostic lab
in the State of Nebraska!**

Solution

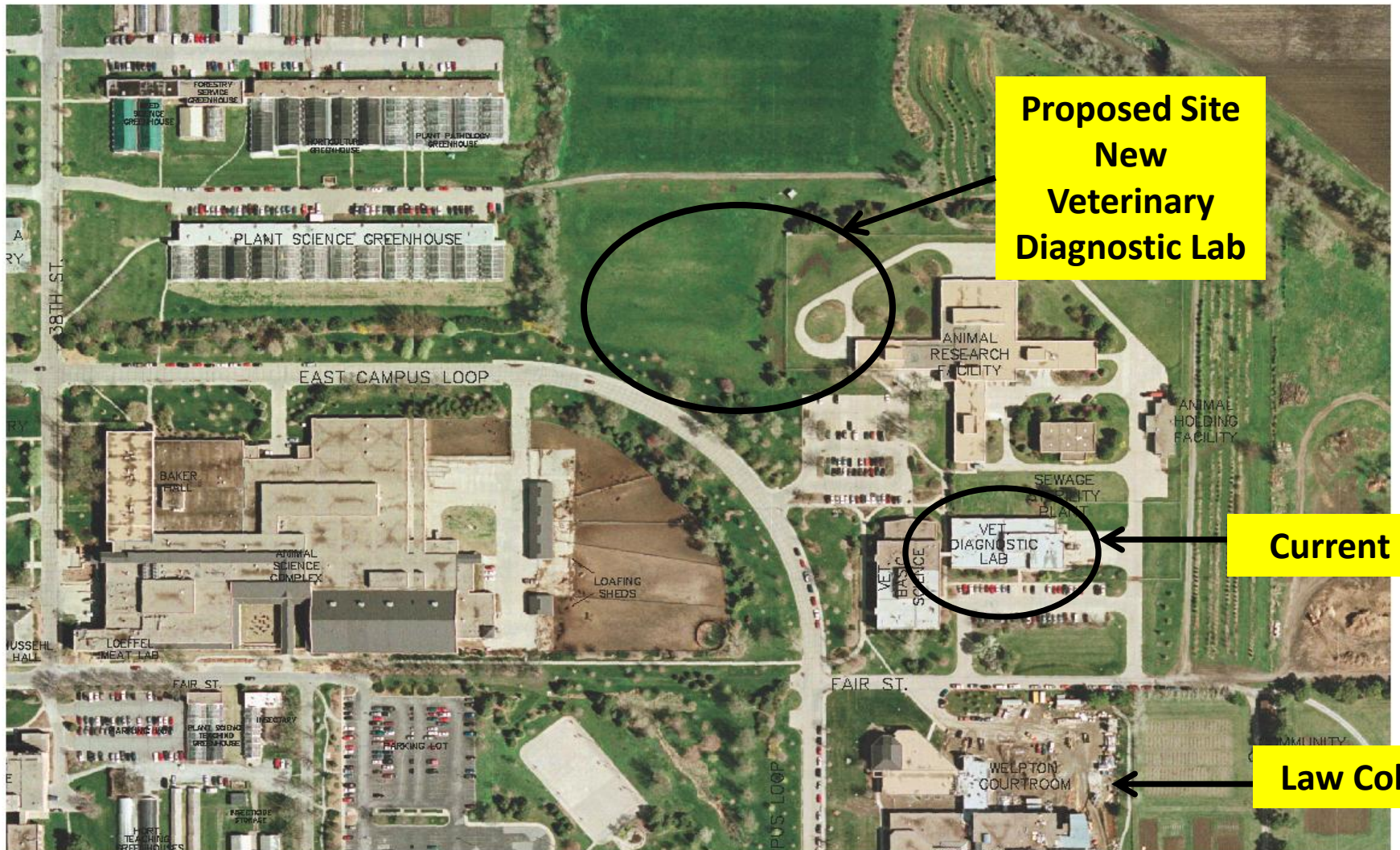
- Construct a new building
- Architect proposed alternatives ranging from \$42.7 M to \$68.5 M
- Proposing a mid-range alternative @ \$50 M
- Architect validated a new building most cost-efficient
- LB 1066 would appropriate planning funds



Veterinary Diagnostic Lab Location



Veterinary Diagnostic Lab Location



Located Next to Life Sciences Lab



Veterinary Diagnostic Center Components

Uses of Funds (Millions)

Component	Size (Sq. Ft)	Est. Cost (millions)
Building	42,875	\$ 31
Biosafety Level-3 Laboratory	4,321	5
Incinerator or Digester	N/A	3
Site Development	N/A	5
Non –Construction Costs	N/A	<u>6</u>
Totals		<u>\$50</u>

Veterinary Diagnostic Center Project Timing

- 2012 Legislative Session: Obtain planning and design development funding.
- Design drawings complete Dec. 2013
- 2013 Legislative Session: Submit capital budget request as part of biennial budget submission
- Begin construction Jan. 2014
- August 2016: Move into new facility



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LEGISLATIVE PROCESS

Legislative Calendar

Date	Activity
January 18	Press Conference, Bill Introduction
February 2	Appropriations Committee hearing
Mid March	Spending proposals to the floor
Mid April	Legislature adjourns

Bill Primary Sponsors

Project	Sponsors
Lincoln Div. College of Nursing	Senator Fulton
Cancer Center	Senator Nelson
Kearney Health Sciences	Senator Hadley
Veterinary Diagnostic Lab	Senator Hansen



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ECONOMIC CONSIDERATIONS

Impact of the Initiative

- Adds 1,200 new jobs – Cancer Center
 - \$100 million annual payroll impact
- Adds 29 new faculty positions – Nursing and Allied Health
 - \$2.8 million annual payroll impact
- Closes 25% of the nursing shortage gap
- Protects our animal agriculture industry
- Keeps diagnostic revenues of \$1.3 annually in-state

Economic Impact to Nebraska: Construction

(Dollars in millions)

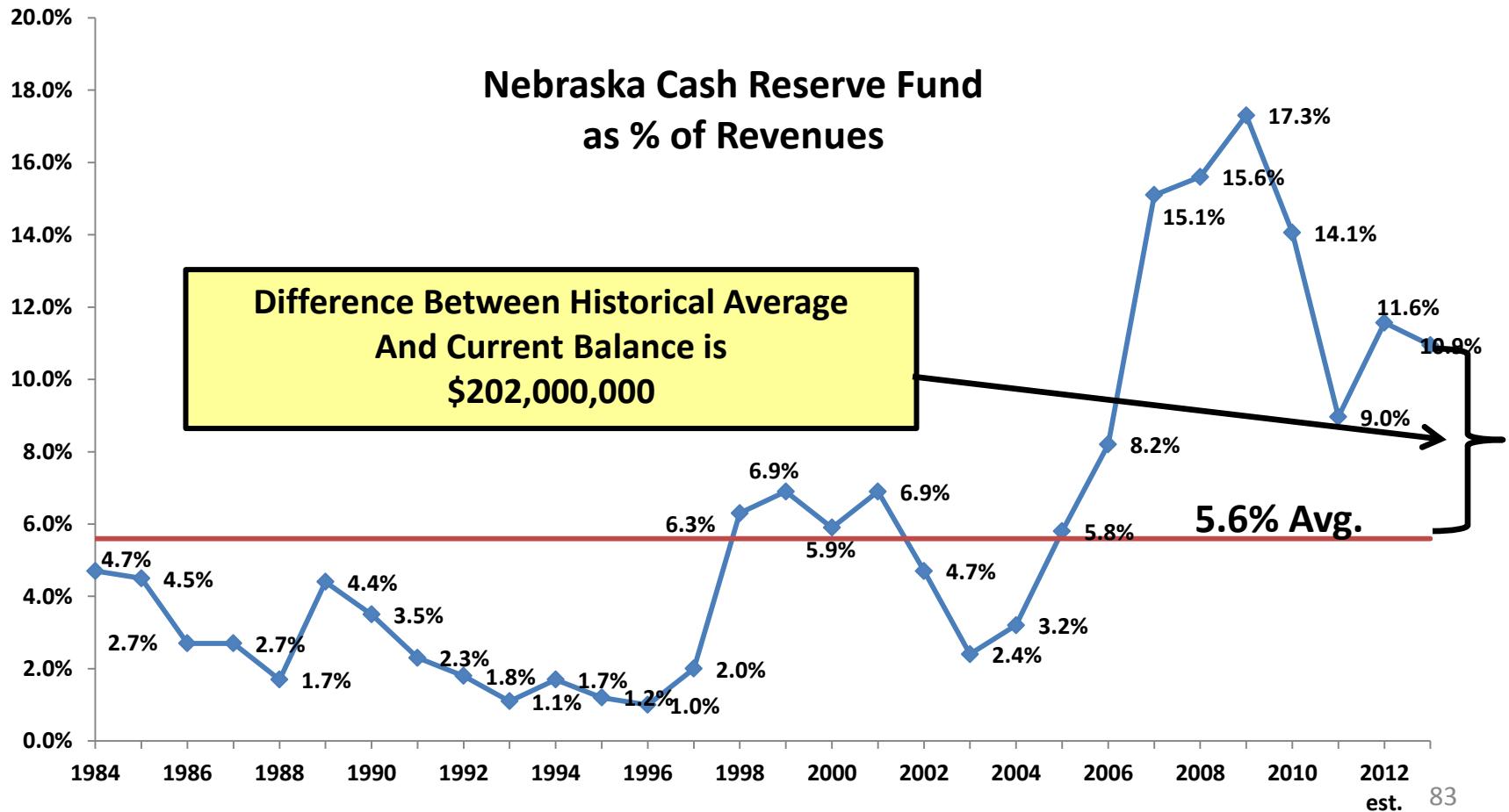
Construction phase	Investment	Economic activity	Jobs
Cancer Center	\$370	\$592	4,872
Lincoln Nursing	17	27	224
Kearney Health	19	30	250
Vet Diagnostic	<u>50</u>	<u>80</u>	<u>658</u>
Totals	<u>\$456</u>	<u>\$729</u>	<u>6,004</u>

Annual Ongoing Economic Impact to Nebraska

(Dollars in millions)

Ongoing impact	Expenditures	Economic activity	Jobs
Cancer Center	\$100 wages + \$30 operating (annual)	\$529	4,550
Visitors to Cancer Center		8	107
Additional educational activities Kearney & Lincoln	\$3.3	<u>5.5</u>	<u>79</u>
Totals		<u>\$542.5</u>	<u>4,736</u>

Status of State Cash Reserve Fund



Recommendation/Requested Action

**Approve resolution urging adoption of
the Building a Healthier Nebraska Initiative.**



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QUESTIONS