2004-2005 Medicine

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Mission

MISSION

It is the mission of the Indiana University School of Medicine to advance health in the State of Indiana and beyond by promoting innovation and excellence in education, research, and patient care.

Education

The School of Medicine strives to produce outstanding educators, physicians and scientists. We will do so by providing quality education to students, residents, post-doctoral trainees, practicing physicians and the public that integrates the latest research advances with the best clinical practices.

Research

The research mission of the Indiana University School of Medicine is to advance knowledge about health and behavior and to make discoveries leading to improved prevention and treatment of disease, including the education of caregivers and the delivery of health services. Research is the foundation of both medical education and clinical care.

Clinical Care

The School of Medicine will provide outstanding clinical care that incorporates the latest advances in scientific knowledge, to all of our patients and the citizens of the State of Indiana. The quality care we provide will be done in a manner that supports and advances education and research.

VISION

The Indiana University School of Medicine will be one of the nations premier medical schools based on our education, scientific investigation, and health care delivery by 2005.

Goals and Objectives

- Accountability for use of research resources.
- 'Adopt mission based management (3D) principles to track the sources and monitor the uses of research related funds.'

  **Campus Planning Theme:** Research, Scholarship and Creative Activity
  **Secondary Goals:**
  **Sub Unit:**
  **Time Frame:** FY 2006 and ongoing.

Actions taken for 2004-2005:
As part of the 3D process, in the spring 2005 budget and planning sessions with academic department chairs, the deans reviewed the 3D reports, space data, and other research productivity information. In addition, the Executive Associate Dean for Research has begun making research space allocation decisions based upon research productivity data and informing department chairs and faculty alike that there is an expectation that each square foot of research space generate $100 of indirect cost recoveries and up to $400 or more of total external funding per year.

Evidence of Progress for 2004-2005:

A 3D budget allocation model is currently being developed. In this model 75% or more of the indirect cost recoveries generated by an academic department would be returned to it as part of its general fund allocation. Therefore, the more ICR a department generates, the larger its general fund budget would be. A second component of this model is a space rent charge to every department for the space it occupies. If implemented it is expected that this will incentivize departments to utilize space more efficiently and not retain space that is not generating revenue.

Activities planned for 2005-2006:

Ongoing.

- Adopt mission-based management principles to track sources and uses of resources for each of IUSM's missions.
- Develop a mission-based management system that will work for IUSM.

**Campus Planning Theme:** Best Practices

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** Ongoing.

Actions taken for 2004-2005:

In the summer, fall, and winter of 2004 IUSM's Data Driven Decisions (3D) design team completed much of its work developing the metrics and models to be used to measure faculty effort and productivity. These models were then populated with actual data for FY 2004, although much of it was collected from the faculty and department chairs using self-reporting methods because tools for collection of objective data on several aspects of teaching and clinical effort had not been developed. Reports were developed from the completed models that were then used for discussion purposes in the departmental budget and planning sessions in the spring of 2005 for FY 2006. There was general concern about skewed data, particularly in education, due to the self-reported data. By looking at all departments side by side, it became apparent where skewing was occurring, however, there were trends in the data across departments that made sense and so the data were considered by the deans, along with many other factors, in making budget allocations for FY 2006.

Evidence of Progress for 2004-2005:
We are currently completing the second full year of 3D reporting. Weaknesses in some of the metrics and have been addressed, and the 3D project team is developing objective tools for the collection of faculty effort in education and clinical areas. One example of this is the collection of data from surgery and other clinical scheduling systems that reflect actual time spent by faculty in operating rooms and clinics to replace self-reporting of this information.

Much of the initial fear and furor expressed by the faculty over implementation of 3D has died down and been replaced by a grudging acceptance of it. Many department chairs are beginning to embrace 3D as a tool that will directly benefit them in running their departments more efficiently and effectively.

Budget allocation models are currently being developed based on the 3D faculty effort data to reward departments for outstanding productivity in education, research, and service/administration. One of these models may replace the existing historical incremental approach to budget allocations used within IUSM. If approved by the Dean, the new 3D budget allocation model could be used as part of the FY 2007 budget construction process in spring 2006, although it would likely not be the only factor used to make budget allocation decisions.

Activities planned for 2005-2006:

Continuation of 3D.

Collaboration (internal and external) and technology transfer.

Develop partnerships with industry through expanded relationships with ARTI and others.

Campus Planning Theme: Research, Scholarship and Creative Activity

Secondary Goals:
Sub Unit:
Time Frame: Ongoing.

Actions taken for 2004-2005:

In 2002 academic, business, civil, and economic organizations formed the Central Indiana Life Sciences Initiative (CILSI), now called BioCrossroads. Also in 2002 IU, Purdue, and Eli Lilly and Company formed a research partnership called Inproteo to discover new proteomic methods. In 2004 INCAPS, the Indiana Centers for Applied Protein Sciences, was established in the IU Emerging Technology Center at IUPUI. Also created in 2004 was the Indiana Health Information Exchange, a collaboration between the academic and private sectors to spawn new life sciences businesses in Indiana. Inproteo created two new companies this year, Prosolia and Tienta.

Evidence of Progress for 2004-2005:

In October 2004, $9.3 million in funding from the U.S. Department of Health and
Human Services’ Agency for Healthcare Research came to IUSM to promote the use of information technology in health care. Part of this, $6.5 million, was to support the development, implementation, and assessment of health information exchange in Indiana through the Indiana Health Information Exchange headed up by J. Marc Overhage, MD, PhD.

A $2 million 21st Century Research and Technology Fund award from the state of Indiana established the Center of Excellence in Computational Diagnostics which incorporates the talents of faculty at IU-Bloomington, IUPUI and Regenstrief Institute. This program is led by Susanne Ragg, MD, PhD, assistant professor of pediatrics and a specialist in oncology.

Clement McDonald, MD, received $1.9 million from the 21st Century Research and Technology Fund to establish a Center of Excellence in Medical Informatics at IUSM. Partners on the grant include IU-Bloomington, Purdue, Regenstrief Institute, Indiana Health Information Exchange, COOK Group, Eli Lilly & Company, Roche Diagnostics and Med Institute.

A pilot program to promote biomedical research collaboration has been formed by IUSM and Purdue. The program provides $350,000 per fiscal year in grants to enable researchers from the two schools to team up on work that is likely to spawn larger ongoing programs and attract outside funding.

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Activities planned for 2005-2006:

- Continued partnership opportunities.

- Conduct world-class research, scholarship, and creative activities relevant to Indianapolis, the state, and beyond.

- Increase NIH funding to IUSM faculty and increase industry funding of patient trials.

  **Campus Planning Theme:** Research, Scholarship and Creative Activity

  **Secondary Goals:**

  **Sub Unit:**

  **Time Frame:** Ongoing.

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Actions taken for 2004-2005:

Grant proposals submitted to compete for these funds.

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**Evidence of Progress for 2004-2005:**

IN FY 2004-05 NIH awards grew by 3.2%, due largely to inflationary adjustments. Other federal awards grew by 8.3% although commercial awards, primarily industry funded patient trials, fell by 7.6%.
Activities planned for 2005-2006:

Ongoing activities.

- Enhance civic activities, partnerships, and patient and client services.

- Enhance the Indiana University-Moi University partnership.
  
  **Campus Planning Theme:** Teaching and Learning, Civic Engagement, Collaboration  
  **Secondary Goals:**  
  **Sub Unit:**  
  **Time Frame:** Ongoing.

Actions taken for 2004-2005:

This partnership continues to be one of the strongest, longest running collaborations between medical schools in post-industrial and emerging societies. It provides a model that other institutions have begun to emulate.

Evidence of Progress for 2004-2005:

Construction of the Outpatient HIV Clinic, begun in FY 2004, was completed and the building became fully operational in June 2005. This is the first facility of its kind in all of East Africa much less Kenya and was funded completely by contributions solicited by the IUSM Department of Medicine. This building will support the Academic Model for Prevention and Treatment of HIV/AIDS (AMPATH) outpatient services. As of July 2005, there were over 14,000 HIV positive people participating and benefiting from the programs offered by AMPATH, and over 6,300 of these patients are on retroviral drugs. In July alone 1,166 new patients enrolled in the program – an average of 58 per day. This building finally gives AMPATH the space and resources necessary to care for all of its patients.

Activities planned for 2005-2006:

Ongoing activities.

- **High Quality, Diverse Students**

  - Develop and implement recruitment plans for all students to achieve a diverse and highly qualified student population.
  
  **Campus Planning Theme:** Teaching and Learning, Campus Climate for Diversity  
  **Secondary Goals:**  
  **Sub Unit:**  
  **Time Frame:** Ongoing

Actions taken for 2004-2005:

1. The Bridges to the Doctorate program is funded through an NIH grant and partners IUSM basic science departments with an historically-black institution, Jackson State University in Jackson, Mississippi. The goal of the grant is to increase the numbers of
University in Jackson, Mississippi. The goal of the grant is to increase the numbers of underrepresented ethnic minorities on the faculty at medical schools across the country.

2. IUSM’s NIH T35 Training Grant, Short-Term Training For Minority Students Program, was renewed for 5/1/05 through 4/30/06, with potential future funding for four additional years. This grant funds a summer laboratory research program designed to interest under-represented college students in careers in science and medicine.

3. The position of Director of IU School of Medicine Diversity Programs was created.

4. The Masters of Science in Medical Sciences continues to be one of IUSM’s chief programs for preparing under-represented students for entrance into medical school.

5. IUMG-Primary Care has pledged to contribute $1 as a match for every $2 contributed to the Wishard Memorial Foundation to benefit the Rawles Scholars Program. This program provides scholarships to under-represented medical students. IUMG-PC has pledged up to $2 million to this match.

Evidence of Progress for 2004-2005:

1. After one year, two students from the program have matriculated into the IU graduate program (Department of Microbiology and Immunology).

2. In the summer of 2005, five undergraduate college students from around the country had the opportunity to work in a research laboratory and better understand whether a career in science or medicine was in their future.

3. Effective January 1, 2006, Robert W. Scott, M.D. will become Associate Dean and Director of IUSM Diversity Programs.

4. Eight students who matriculated in the first year during the 2004 - 2005 academic year gained medical school admission. IUSM offered 5 of the 8 admission letters. Three students gained admission at other medical institutions. Nine students who were not admitted to medical schools, but remained in good academic standing advanced to the second year in the program.

Three of the nine second year MSMS students gained admission to medical schools. IUSM offered admission letters to all of them. One of the students who did not gain admission instead gained admission to the Ph.D. program in Biochemistry at IUSM. Another graduate is teaching in his former high school in Texas. The remaining graduates are taking additional graduate courses and planning to reapply for medical school admission. These figures are consistent with the statistics for this program over the past several years.

5. This generous contribution will greatly enhance IUSM’s ability to attract and retain top-flight under-represented medical students, enhancing the program’s diversity.

Activities planned for 2005-2006:

6. Increasing Scholarships
Continuation of activities.

'Increase number and funding of scholarships.'

**Campus Planning Theme:** Teaching and Learning, Campus Climate for Diversity

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** Ongoing

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**Actions taken for 2004-2005:**

IUSM's goal of being a top medical school includes attracting the best and brightest medical school candidates and offering them a top flight educational experience. There is a good deal of competition among medical schools for these candidates, who are often given full ride scholarships at well endowed schools. In order for IUSM to compete, it must have ample scholarship funds available. For this reason IUSM has increased the priority of scholarship fundraising among its many development priorities.

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**Evidence of Progress for 2004-2005:**

Eight new named scholarship funds were established in FY 2005. Scholarship gifts received totaled $2,104,809 and total ending market value of scholarship funds was $29,328,496 at June 30, 2005, up from $26,344,967 at July 1, 2004 and up from $16,476,915 since July 1, 2000. That is up $12,851,581 or 78% in five years; an average annual increase of 15.6%. There are 133 named scholarships.

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**Activities planned for 2005-2006:**

**Ongoing Activities**

- Improve educational programs/processes AND high quality outcomes.
- Improve educational programs/processes.

**Campus Planning Theme:** Teaching and Learning

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** Ongoing

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**Actions taken for 2004-2005:**

In 2003 IUSM began a 3 year process of self-study and organizational development known as the Relationship Centered Care Initiative (RCCI). The project is supported by a 3 year grant from the Fetzer Institute. The focus of RCCI is the so-called informal curriculum of the medical school; namely, how people interact with one another including patients. IUSM is studying how to transform the informal curriculum of a medical school to foster relationship - attentiveness to human interactions - in all aspects of medical school and practice. The desired outcome is a social environment that consistently reflects and reinforces the moral, ethical, professional, and humane
Evidence of Progress for 2004-2005:

RCCI began with a small administrative workgroup and a discovery team consisting of competency directors, students, and two external consultants. The discovery team now has over 100 members, representing the entire IUSM community, and continues to grow. Using the process of appreciative inquiry the team has collected over 180 interview stories of the system at its best. Core strengths and values of the IUSM community have been identified. Inspired by these findings, participants are engaged in fostering these core strengths through various activities including campus publications and forums, training opportunities, departmental partnerships, and faculty committees.

One outcome of the RCCI process has been the establishment of a School of Medicine Honor Code. The purpose of the Honor Code is to create an atmosphere of honesty, a culture of respect, and an environment of trust among students, residents, faculty, and staff at IUSM. It is our expectation that students and faculty alike will not only commit to abide by the guidelines set forth in the honor code, but that they will also incorporate those ideals into their belief systems, both now and throughout their careers. In order to develop the skills required to operate in a self-governing profession, it is imperative that students and faculty learn to work together to resolve problems, and are held accountable for addressing any unethical behavior of their peers.

Activities planned for 2005-2006:

Ongoing Activities

- **Infrastructure to support research mission.**
- **Develop IUSM research business plan.**

  **Campus Planning Theme:** Research, Scholarship and Creative Activity
  **Secondary Goals:**
  **Sub Unit:**
  **Time Frame:** FY 2003-04 and ongoing

Actions taken for 2004-2005:

Research business plan completed and approved by IUSM deans in December 2003. Annual progress reports and updates to the business plan were written in September 2004 and December 2005. The position of Assistant Dean for Clinical Research was created based on the analysis of needs and opportunities in this area by a task force. The position has been filled by Rafat Abonour, MD (see below).

Evidence of Progress for 2004-2005:
The December 2005 update projects that IUSM can still achieve its goal of doubling research funding despite very limited growth in NIH budget, however, the timeline for doubling must be extended by one year. In addition, success is increasingly contingent upon the future growth of the NIH budget, state approval and state funding for construction and operating costs of new IUSM facilities, and funding of new faculty start-up packages.

Activities planned for 2005-2006:

Annual update of business plan.

- Infrastructure to support research mission.

- Create Office of Clinical Research Support.

  Campus Planning Theme: Research, Scholarship and Creative Activity
  Secondary Goals:
  Sub Unit:

Actions taken for 2004-2005:

In FY 2003-04 a committee of clinically oriented research faculty and staff was established to analyze and make recommendations as to how to enhance clinical research opportunities. One key recommendation was to establish a new administrative unit with a goal of greatly increasing the school's clinical research efforts.

Evidence of Progress for 2004-2005:

In June 2005 Rafat Abonour, MD became Associate Dean for Clinical Research at IUSM. Dr. Abonour will oversee the new clinical research support office that will provide business services, marketing to enhance patient recruitment, services to study coordinators and education to new and existing investigators and other study personnel. Clinical research activities will now be consolidated under one administrative office. The goal is to significantly expand translational and clinical research at IUSM, an effort that parallels the NIH Roadmaps emphasis on clinical and translational research.

Activities planned for 2005-2006:

Creation of a new administrative unit.

- Increase funding available to support administrative and facilities infrastructure of IUSMs research mission.

  Campus Planning Theme: Research, Scholarship and Creative Activity
  Secondary Goals:
  Sub Unit:

Actions taken for 2004-2005:

State legislators invited to IUSM for tours, presentations, and discussions regarding school’s missions and importance to the State’s health and economy. In the FY 2003-05 biennial budget bill, the state legislature approved an operating appropriation of $3.2 million over the biennium for the IUPUI campus directed at strengthening its research infrastructure. IUSM received $2.57 million of this total.

Evidence of Progress for 2004-2005:

Funding from the 2003-05 biennial budget was used to expand funding available for biostatistical services that are a critical aspect of developing research to the point of being able to submit grant proposals. In addition, funding was expanded for laboratory animal research center operations, HIPAA research compliance, data security, research facilities maintenance, repair, and rental, the creation of a research fiscal compliance officer position, and the creation of a base budget for the new clinical research support office and budget enhancement for other central research administration functions.

In the FY 2005-07 biennial budget bill the state legislature approved additional research support appropriations of $4,895,799 for health sciences. Of this total IUSM has now received $2 million of new general funds base budget for FY 2006 and anticipates receiving an additional $2 million of base funds for FY 2007, bringing the total state research support appropriations in its base budget to $6.57 million. The downside of the 2005-07 appropriation is that these funds will be needed to fund new research building operating costs for MISB and Research institute III if the legislature does not appropriate plant expansion funds for this purpose in the next (2007-09) biennial budget bill.

Activities planned for 2005-2006:

Continued communication planned with critical constituents.

- Intensify commitment to the community.

- Continue and expand the Office of Medical Service Learning.
  
  **Campus Planning Theme:** Teaching and Learning, Civic Engagement

  **Secondary Goals:**

  **Sub Unit:**

  **Time Frame:** Ongoing.

Actions taken for 2004-2005:

Program implemented.
Evidence of Progress for 2004-2005:

IUSM medical students participate annually in the Spring House Calls program. This is a day-long activity that teams students with homeowners in the Haughville and Blackburn areas who have requested assistance to help clean up their yards and properties. In the past seven years, over 600 students have volunteered thousands of hours of service to the near-westside community bordering on the IU Medical Center. Other programs and initiatives of the Office of Medical Service Learning include the Calnali medical mission, the community leadership mentor program, doctor camp, Super Shot Saturday, and Alternative Spring Break.

Activities planned for 2005-2006:

Ongoing activities.

- Quality faculty enthusiastic about their role as educators.
- Create a faculty development program for IUSM that will provide education and support for teaching career development, teaching methods, peer review, and other career issues.

  **Campus Planning Theme:** Teaching and Learning  
  **Secondary Goals:**  
  **Sub Unit:**  
  **Time Frame:** 2002-03 and ongoing.

Actions taken for 2004-2005:

The Leadership in Academic Medicine Program (LAMP) was developed in FY 2002-03 and implemented in FY 2003-04. Two faculty groups have successfully completed the LAMP program and given it very positive evaluations.

Evidence of Progress for 2004-2005:

Owing to the importance of faculty and personnel development, the position responsible for this activity was increased in stature from Associate to Executive Associate Dean. In FY 2005 Dr. Stephen Bogdewic, Executive Associate Dean for Faculty Affairs and Professional Development engaged Executive Development Group, LLC to assist in establishment of a new, additional faculty development program for mid-career faculty that will be focused on leadership development at both the department and school levels. The goals of this new program are to expand and enhance IUSM’s faculty development initiative, offer faculty more opportunities, insights, and tools to develop their careers, and grow the next generation of academic and administrative leadership for IUSM.

Activities planned for 2005-2006:
Ongoing Activities

Fiscal Health

*** Fiscal health report for 2005-06 is attached as PDF file. ***

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**Major Initiatives for 2005-06**

- Continuation of the Data Driven Decisions (3D) Initiative: In the second full year of data collection and reporting, utilizing less self-reported data and more objective data, currently developing 3D budget allocation models to assist the deans in making resource allocation decisions for FY 2006-07.

- Construction of the new Medical information Sciences Building is on track for building opening in late 2006.


- The new South Bend Center for Medical Education facility completed and occupied in July 2005, with formal dedication in October 2005.

- Continued strengthening and consolidation of the administrative infrastructure required to support the doubling of the research program at IUSM while keeping the cost of this infrastructure as low as possible.

- Simon J. Rhodes, PhD, Associate Dean for Graduate Studies, appointed in June 2005, is developing a plan to convert IUSMs 10 different graduate degree programs into a top-flight single point of entry graduate program that will attract, retain and train students of the highest caliber. IUSM expects to admit the first 40 students into this open admission program in the fall 2006 semester.

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**Fiscal Health Summary**

IUSMs fiscal health is essentially unchanged from one year ago; it is precarious. The ten year general fund projection included in last years fiscal health summary predicted that if state operating appropriations did not increase substantially IUSM would begin running a general fund base budget deficit in FY2006 that would escalate over a ten year period from $4,349,931 to $35.7 million, with cumulative deficits of $191 million.

In FY 2006 IUSM experienced a $3,768,177 general fund base budget reduction. This, along with necessary budget reallocations to enable investments in new programs and initiatives, resulted in total budget cuts of $6,353,057 for IUSM. These cuts balanced the budget and decreased the new base year (FY 2006) of the ten year projection, making the long-term projection only slightly less horrific. In addition, changes were made in some of the expenditure budget assumptions that decreased total expenditures. Most significantly, planning was discontinued for a new research building that would have been funded with indirect cost recoveries and other non-state sources.

Even with these changes the outlook is still dire without significant increases in state appropriations funding to cover plant operating costs on new IUSM facilities and inflationary increases in existing operations (e.g. wage and benefits increases, increases in direct plant operating costs on existing buildings, RC assessments, increases in student financial aid...
operating costs on existing buildings, RC assessments, increases in student financial aid based on fee rate increases). The updated ten year projection (see Attachment A) reflects a general fund base budget deficit of $5,166,515 beginning in FY 2007 and escalating to $19,472,349 in FY 2015, with a cumulative cash deficit of $116,494,951 by that time.

One assumption of the updated ten year projection is that state appropriations will remain essentially flat over time, net of the Chancellors reallocation fund assessment. The FY 2007 state appropriation projection includes a 2.3% reduction as projected in the IUPUI campus proforma. It also includes an additional $2 million increment of state research support appropriation per the 2005-07 state biennial budget, and $500,000 of Chancellors reallocation funds. This softens the blow of the 2.3% base reduction somewhat; however, the state research support appropriations are restricted funds that cannot be used to cover across the board compensation increases and other ongoing operating costs. This means that the 2.3% reduction is just as real for IUSM as it is for other RCs.

Because of the lack of state funding for education, a second assumption is that medical student tuition will increase 11.5% in FYs 2007 and 2008 followed thereafter by 6.0% annual increases. These large increases are required in order to continue to enhance the medical school education program, which has gained a national reputation for curricular innovation and excellence. Based upon the graduation questionnaires completed by all IUSM medical students, satisfaction with the program has increased dramatically over the past few years.

In addition to being fiscally necessary to maintain and grow the program, IUSM resident medical student tuition rates have historically lagged behind most of the Big Ten schools, many years ranking second lowest in cost and averaging 15% below the median resident tuition rate for this group. An 11.5% increase in FY 2007, to $23,263 per year, would leave IUSM 3.2% below the projected FY 2007 Big Ten median of $24,011, using the historic annual average median increase of 7.3%. IUSM would be 7.0% below the projected Big Ten mean of $24,881. A third year of 11.5% increases (FY 2008) would put IUSM slightly over the median, but still under the mean of the Big Ten schools, assuming another 7.3% increase in those figures.

Another change in the updated projection is the inclusion of a $2.5 million gift assessment beginning in FY 2007. IUSM is working with the executive management of the IU Foundation to approve and implement this new assessment. These funds will provide a more permanent source of revenue for the Office of Gift Development to enhance its activities with a goal of greatly expanding IUSM endowment.

The $4 million of new state funding to support research infrastructure has been essentially offset by across the board operating appropriations reductions in the same fiscal years leaving IUSM no better off financially. In addition, these funds are more restricted than general operating appropriations; however, IUSM has not been harmed as severely as it would have been without these new funds. With these funds and the new gift assessment, IUSM is still facing an untenable future unless state operating appropriations increase dramatically or other new funding sources can be identified. Indirect cost recovery growth is projected to decline this year (FY 2006) and next and then grow slowly over the next several years due mostly to the tightening of the NIH budget. If IUSM is to grow its research programs under these conditions it must recruit new research faculty and many of these must bring with them existing sponsored research projects and the associated funding. It will be expensive to recruit successful researchers away from other institutions.

The cost of conducting research is estimated to be between 20% and 24% greater than the sum of direct and indirect costs recovered from sponsoring agencies. These are the costs of conducting the initial science necessary to submit the grant proposals. They are the costs of start-up and bridge funding for new faculty, and the administration and infrastructure costs that are not covered by the negotiated indirect cost rate.

Expanding health and life sciences research is a stated goal of Governor Mitch Daniels, the State Legislature, Indiana University and IUSM. It is recognized that creating a sizable life sciences industry in central Indiana will have an economic multiplier impact on the States
economy, creating many more jobs than just the research scientists who will work in the labs. This will give a badly needed boost to the States tax revenues. In order to build this industry, investment is required. The deficit balances reflected in the ten year projection are largely due to IUSMs expansion of its research activities and the 20% to 24% funding shortfall described above. It is now time for the State to make the necessary investment in IUSM to cover these costs and help ensure that this new industry and new economy get firmly established and positioned for success.

Below is a summary of IUSMs fiscal activities for FY 2004-05 listed by fund source.

General Fund Sources:

Student Fees
Student fees increased 6.76% from $25,463,693 in FY 2004 to $27,184,820 in FY 2005, or $1,721,127. IUSM increased its resident M.D. program tuition from $17,993 per student per year in FY 2004 to $18,713 per student per year in FY 2005, or 4.0%. This fee rate increase placed IUSM second lowest of the nine Big Ten public schools for resident M.D. program tuition; and 17.1% below the mean tuition rate for this group. Non-resident M.D. program tuition was increased by $1,994 or 5.4%, from $36,827 in FY 2004 to $38,300 in FY 2005. IUSM ranked 5th of nine in terms of non-resident tuition rates, making it the median. Total professional tuition revenues increased 4.69%, while graduate tuition revenues increased by 20% and undergraduate tuition revenues decreased by 6.28%.

In FY 2006 IUSM increased the resident M.D. tuition rate from $18,713 to $20,864 per student per year, a jump of $2,151 or 11.5%. This increase maintained IUSMs rank as second lowest of the Big Ten public schools in terms of resident M.D. tuition rates. IUSM is 10.7% below the Big Ten public school mean this year.

State Appropriations
State operating appropriations increased 0.30% in FY 2005, from $86,082,018 to $86,339,302. In addition to this operating appropriation increase, IUSM received $500,000 from the Chancellors Reallocation Fund. IUSM also received $1,577,254 of new general fund base budget in the form of a state research support appropriation. This was the second consecutive year of increased state research support appropriation. The prior year IUSM had received $988,822. This brought IUSMs total state appropriations for FY 2005 to $88,370,302. The fiscal health table of this document (see attached) shows that IUSM state appropriations increased from $73,385,471 to $88,370,302 between FY 2004 and FY 2005. However, there was a hold-harmless adjustment of $11,787,725 that also increased IUSMs RC assessments by the same amount. The purpose for the hold-harmless adjustment was to replace the previous RC assessment model with a newer, more fair and accurate model and to update every RCs share of appropriations and assessments based on this new model. IUSM went from funding approximately 30% of campus assessments to funding approximately 40%. IUSM was provided the appropriations revenues to cover this increased cost through this hold-harmless adjustment. However, as assessments outpace appropriations increases in future years, IUSM will in fact incur an ever increasing percentage of the campuss central costs based on this new model.

Indirect Cost Recoveries
Indirect cost recoveries fell slightly short of their projected $36,000,000 for FY 2005 at $35,912,849. They were, however, up $1,853,630, or 5.4% over FY 2004. This is less than the historic annual average increase of 11.4% since 1985. The NIH budget doubling period ended in 2003 and more recent NIH budgets have been flat; that trend is likely to continue for some time due to the war in Iraq, the recent hurricanes, and the sluggish economy. Recent IUSM studies reveal that IUSM proposals and awards are slowing down indicating a flattening or even decrease in future ICR. In fact, IUSM budgeted a decrease of $825,000 or 2.3% in ICR for FY 2006 as part of budget construction in spring 2005. Now, in fall 2005, the projection for this revenue stream is $34,500,000, an additional $675,000 decrease for the current year, or a total projected decrease of 3.9% over FY 2005 actual ICR collected.

Other Revenue
Other revenue contains educational support from Clarian Health Partners. Clarian is contractually committed to providing $8 million annually, but will provide up to $2 million of additional support based upon the financial operating results of the previous fiscal year. In FY 2005 IUSM received the full $10 million of educational support from Clarian for the third straight year. Due to the openings of Clarions north and west hospitals, IUSM believes that it is less likely to receive the full $10 million of annual support for the next few years, until these new facilities are operating at closer to capacity.

Other Fund Sources:

**Philanthropy**
The School of Medicine received 17,291 gifts from 12,472 donors totaling $32,695,953.28 during FY 2005. Major gifts of $10,000 or more represent 90%, or $29.3 million, of total giving. Gifts from 2,109 alumni accounted for $2.2 million. The 3-year annual average of total gifts received equals $37.2 million, excluding grants from the Lilly Endowment. This year, new planned gift commitments were received from twenty-two donors with a known value of over $6 million. As of June 30, 2005 the known value of all planned gift commitments for the School totaled over $82.7 million. At the October 16, 2004 Deans Council Dinner the School celebrated the successful completion of its component of the seven year IUPUI Comprehensive Campaign, which realized $375 million in new gifts and pledges for the School.

New chairs and professorships created during the year were The Department of Medicine Chair in Health Services Research, the Glenn W. Irwin, Jr., Chair in Diabetes Research, the Glen A. Lehman Chair in Gastroenterology, the Centennial Professorship in Pathology, the Dolores and John Read Senior Professorship in Medical Education, and the David Weaver Professorship. In addition, seven new named research funds and eight new named scholarship funds were established in FY 2005. As of the end of the first quarter, FY 2006 new gift receipts are projected to be similar to FY 2005 receipts.

**Sponsored Program Sources (Contracts and Grants):**
In FY 2005 sponsored program awards from all sponsors and categories totaled $208,792,426, a 1.4% increase over the previous year. NIH awards grew by 3.2% in FY 2005, to $104,706,710, or 50% of total awards for the year. This increase is largely reflective of the annual inflationary adjustment in these grants. Other federal awards grew by 8.3%, commercial awards declined by 7.6%, non-profit awards increased by 24.6%, higher education awards increased by 4.2%, State of Indiana awards, declined by 17.8%, and foundation awards decreased by 46.6%. Grant highlights are listed in the Accomplishments 2004-05, Significant Grants and Awards section, pages 35-37 of this document.

**Practice Plan Support:**
Practice plan support in FY 2005 was $97,644,778, up $1,243,086, or 1.3%, from $96,401,692 in FY 2004. These figures represent the total funds transferred from the practice plans into departmental University accounts to support compensation of faculty and staff and to support the academic mission of the school and departments. Practice plan revenues accounted for approximately 41% of total revenues for the School, up from 32% in 1989. Because of declining healthcare reimbursement rates, the School cannot continue to rely on this funding source to meet its financial needs for growing its education and research programs.

**Reallocation Plan**
IUSM received $506,500 of campus reallocation funds in FY 2004-05 and $513,000 FY 2005-06 as shown the fiscal health report. These funds were used to continue creation of base budgets for two new academic centers within the school. The first of these centers is the Stark Neurosciences Research Institute (SNRI). SNRI is an interdisciplinary research center that will enhance collaboration among scientists who share the goal of understanding the
basis of central nervous system diseases and help them realize a greater potential as contributors to the body of neuroscience research. The Institute encompasses many disciplines of research including medical and molecular genetics, chemistry, anatomy, pharmacology, psychiatry, pathology, physiology, computation, neurology, surgery and imaging. The institute was established through the generosity of Dr. Paul and Carole Stark, whose $15 million gift will help establish an extensive neurosciences research program at IUSM. SNRI received $250,000 of new base budget in FY 2004-05 and $100,000 in FY 2005-06.

The second center is the Center for Computational Biology and Bioinformatics. The Center was established in 2003 with support from the Indiana Genomics Initiative. The center will be home to scientists who use software to analyze biological information – the experiments run on computers rather than in traditional laboratories. It has a special emphasis on the problems of identifying the functions and structures of various protein entities. Scientists at the center will collaborate with other investigators to merge bioinformatics techniques with traditional biomedical research. The Center received $250,000 of new base budget in FY 2004-05 and $75,000 in FY 2005-06.

In FY 2005-06, in addition to the two centers mentioned above, $325,000 was provided to the Department of Biochemistry for program development and to begin building a base budget for the chemical genomics research core. Finally, in FY 2005 William Tierney, MD received a distinguished professorship of $5,000 and Hal Broxmeyer, PhD received a Founder’s Day Distinguished Professorship of $1,500. In FY 2006 Richard Schreiner, MD, received the Glenn W. Irwin award of $3,000 and Janice Froehlich, PhD, and William Bosron, PhD, each received Chancellor’s Professorships of $5,000.

Other Question(s)

*Doubling goals.* In what ways has and will your responsibility center contribute to the Chancellor’s doubling goals for enrollment (retention and graduation rates and degree conferrals), research and scholarship (grants and contracts), and civic engagement (service learning, internships, community collaborations)?

IUSM currently enrolls 280 medical students yearly, although there is discussion that this number may need to be increased by as much as 15% due to projected future shortages of physicians in the State of Indiana. We are currently engaged in a manpower analysis to guide enrollment change. No matter what the case, the School will not appreciably contribute to enrollment growth of IUPUI.

With the recruitment of Simon Rhoades, Ph.D. as the new Associate Dean for Graduate Affairs at IUSM, planning is underway to revamp IUSM’s Ph.D. programs from decentralized, individual departmental programs into a more cohesive, single open enrollment program in which new students would enter the program without a major and take their first year’s coursework before declaring a major and focusing their interests and efforts exclusively within one department or discipline. This should greatly enhance IUSM’s ability to attract and retain top Ph.D. candidates and allow it to expand the program. The undergraduate health professions programs (formerly the allied health programs) will expand as the market demand for graduates of these medical technology disciplines increases. Neither of these changes, however, will substantively affect IUPUI’s overall enrollment.

IUSM continues to implement its strategic research plan begun in FY2000. Construction of the 167,000 square foot Medical Information Sciences building is on track and is scheduled to open in late 2006 or early 2007. Funding for the 254,000 square foot Research Institute III building, which will house cancer researchers, was approved by the State Budget Committee in the fall of 2005 and bid documents have now been released to vendors. This
Committee in the fall of 2003 and BUA documents have now been released to vendors. This facility is projected to open in late 2008. As the State’s Joint Laboratory Facility is underway and set to open concurrent with MISB, IUSM will gain approximately 34,000 square feet of research laboratory space in the Medical Sciences building currently occupied by Indiana State Department of Health and Indiana State Department of Toxicology workers. These laboratories will require only modest renovations to make them compatible with the laboratory needs of IUSM researchers. Finally, new facilities at the medical education centers in Terre Haute, Gary, and South Bend, as well as the planned new facility in Ft. Wayne include expanded research facilities.

With these major space expansions IUSM is working toward development of the physical facilities necessary to double IUSM’s research program and move into the top tier of public research medical schools in the country.

Civic engagement continues to be an integral part of the culture and curriculum at IUSM. The Office of Medical Service Learning continues to offer medical students a variety of community teaching and learning experiences, both within Indianapolis and around the globe, to enhance the quality of their education, make them more culturally sensitive doctors, and to allow them to give something to the communities in which they learn and serve. In the ASAP, the Adolescent Substance Abuse Program, teams of student volunteers, comprised of future dentists, doctors, nurses, and public health workers present a dynamic hands-on program highlighting the relationship between organ physiology, harmful substances, and a healthy body. The program not only imparts knowledge about tobacco, alcohol and drugs, but also actively involves children in an experience that empowers them to make wise lifestyle choices. Children enrolled in the 5th through 7th grades are the target audience. The Community Leadership Mentor Program (CLMP) provides medical students with training for future leadership in nonprofit human service organizations in order to increase the number of physician leaders prepared to contribute to the improved health and welfare of the community. The students are familiarized with the role of nonprofit board members as stewards of the mission and resources of the organization to increase their appreciation of the United Way’s support for community human service organizations. Super Shot Saturday is a semi-annual immunization drive for children of the Hispanic community in Indianapolis. Physicians, medical students, and nurses with Spanish speaking skills provide free immunizations at a local community center for Hispanics. There are two immunization drives each year. One is held in September, and the other is held in the Spring. Doctor Camp offers medical students an opportunity to mentor middle-school, minority students in a summer day camp experience focusing on science and health. Medical student "counselors" will help teach basic first aid and rescue procedures. Finally, The Office of Medical Service Learning continues its local and international spring break programs, such as spring house calls and the California Health Education Outreach program. In terms of the doubling goal, in 1995-96, the first year of the Medical Service Learning Program, 35 students volunteered 500 hours of work on one project. In 2004-05 350 students volunteered nearly 8,000 hours of work on 16 projects.

Medical students are not the only IUSM members involved in civic engagement. The Center of Excellence in Women’s Health regularly conducts outreach programs in the local Hispanic and other communities. The School’s Automotive Safety Program for Children sponsors child seat safety clinics, including some at the Hispanic Education Resource Center. “While the fatality and injury rate for children in motor vehicle crashes has declined over the past two decades, a disproportionate number of Latino children are injured and killed in motor vehicle crashes,” per program manager Justin Sims. Finally, in November 2004 Javier F. Sevilla Martir, M.D., assistant professor in the IU Department of Family Medicine, received the Provider of the Year Award from the Hispanic/Latino Health Summit. Dr. Sevilla was recognized for his extensive efforts to promote health care and increase access to it for
Recognized for his outstanding efforts to promote health care and increase access to care for Hispanics, and providing more accurate interpretation services to patients in the Indianapolis area. He has also led efforts to establish a medical partnership between his native country, Honduras, and the School. The program provides physicians and students with the opportunity to work in clinics and underserved areas throughout Honduras.

Finally, the conference “HIV/AIDS Care in the Developing World: Lessons Learned and the Way Forward” was held Sunday, Oct. 31, 2004. The conference, organized by IUSM, convened some of the world’s chief experts on the medical, ethical, political and economic issues related to HIV/AIDS.

Among the speakers were Ambassador Randall Tobias, U.S. Global HIV/AIDS coordinator; James Morris, executive director of the U.N. World Food Programme; and Debwerk Zewdie, Ph.D., director of the Global HIV/AIDS Program, The World Bank.

Other leaders participating in the conference were:

- Terje Andersen, executive director of the National Association of People with AIDS
- Greg Behrman, author of The Invisible People
- Jack Chow, MD, assistant director-general of HIV/AIDS-TB-Malaria at the World Health Organization
- Ezekiel Emanuel, MD, Ph.D., chairman of the Department of Clinical Bioethics at the National Institutes of Health
- Kenneth Fife, MD, Ph.D., professor of medicine, Division of Infectious Diseases, IU School of Medicine
- Helene Gayle, MD, MPH, director of HIV, TB and Reproductive Health at the Bill & Melinda Gates Foundation
- Joseph Mamlin, MD, co-founder of the Indiana University-Moi University Partnership Program in Kenya
- Allan Ronald, MD, research director for HIV/AIDS at Makerere University, Uganda; Academic Alliance For AIDS Care and Prevention in Africa; University of Manitoba, Canada

Tobias and some of these panelists participated in the 15th International AIDS Conference in Bangkok, Thailand, in 2004. Eric Meslin, PhD, director of the IU Center for Bioethics, moderated the panel discussion following individual presentations.

Diversity. What actions have you taken and what results have you achieved in diversifying your student body (particularly in improving the success rates of minority students) and your faculty and staff?

The “Bridges to the Doctorate” program seminar was held July 13, 2004, followed by a reception to allow “Bridges” students to meet graduate faculty. The Bridges to the Doctorate program is funded through the NIH and partners the IUSM basic science departments with an historically-black institution, Jackson State University in Jackson, Mississippi. The goal of the grant is to increase the number of underrepresented ethnic minorities on the faculty at medical schools across the country. The students complete master’s degrees at Jackson State and continue their master’s thesis research during summers at IUSM. The students are encouraged to apply and enter the IUSM Ph.D. programs when their master’s degrees have been completed. After one year, two students from the program matriculated into the IUSM graduate program.

The Masters of Science in Medical Sciences continues to be one of IUSM’s chief programs for preparing underserved students for entrance into medical school. The program’s goals are “To increase the diversity of IUSM’s student body, to promote the future academic success
To increase the diversity of IUSM’s student body, to promote the future academic success of MSMS program participants in the medical school curriculum by providing an introductory graduate level instructional program in the basic medical sciences, and to enhance successful admission of especially disadvantaged applicants to IUSM.

The Office of Mentoring and Student Development is an integral part of the medical school curriculum, providing all students with opportunities to network in small groups with other students and faculty and to discuss and explore curricular, cultural, and other topics important to them.

One of the goals of IUSM’s Relationship Centered Care Initiative (RCCI) is to change the culture of the School and the content of the “hidden curriculum”. Purposeful approaches to organizational culture change, including use of appreciative inquiry techniques, personal formation retreats, the practice of relationship-centered administration and a working understanding of complex response processes, are underway to foster the expression of professional values in daily work.

All of the programs mentioned and many more aim to foster a climate of caring and diversity at IUSM that will attract and retain students and faculty of all backgrounds.

Effective January 1, 2006 Robert W. Scott, M.D. will become Director of the IU School of Medicine Diversity Programs and Associate Dean of the School of Medicine. Dr. Scott will work with the IUPUI middle school recruitment program to make middle and high school students aware of opportunities in the health professions. Dr. Scott will develop programs with medical students including recruitment of under-represented minority candidates, student mentoring and career counseling. He will also coordinate all activities of IUSM’s diversity program, such as diversity week activities, work with departments to enhance recruitment of under-represented minority faculty members, develop relationships with minority physicians in the community, and identify fundraising opportunities.

Campus coordination and cooperation. Are you willing to work with an adjudicative group in resolving conflicts in course and program offerings in the spirit of reducing campus duplication and overlap? If so, what forum or format would be most helpful to you? Please cite examples of your cooperation with other units in resolving such conflicts.

IUSM has few if any course and program offering conflicts with other schools on campus. If it did, it would be willing to work to resolve these for the betterment of IUPUI. IUSM cooperates closely with other schools on campus to share resources and create synergies. Recent examples of this include the transfer of Charles Turner, PhD, and IUSM’s share of the Biomedical Engineering Program base budget to the School of Engineering from the Department of Orthopaedics, the transfer of the undergraduate allied health sciences programs from the then School of Allied Health Sciences back to the IUSM academic departments from which they had sprung ten years earlier, transfer of all pre-award contract and grant proposal reviews, along with the requisite personnel and base budget, from the IUSM Office of Operations to the IUPUI Office of Research and Sponsored Programs, and discussions with the School of Science to house the Department of Mathematics in the new Medical Information Sciences Building. In addition, many individual IUSM faculty members cooperate daily with other faculty at IUPUI, as well as in Bloomington and West Lafayette, to work on sponsored research projects. Many other examples exist of IUSM cooperating with others within the IUPUI family and beyond. Because of IUSM’s countless affiliations (e.g. Clarian and Wishard), IUSM must negotiate and cooperate constantly or it would not be able to survive, much less expand and enhance its missions as it is currently doing.

4) What actions have you taken to promote the retention of all students, and in particular, individuals who would diversify the student body, e.g., ethnic, racial, and gender minorities?

5) What uses are you making of the student technology fee?