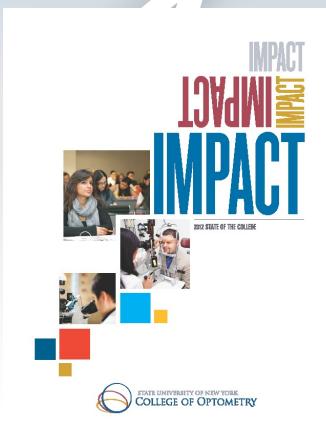
## State of the College

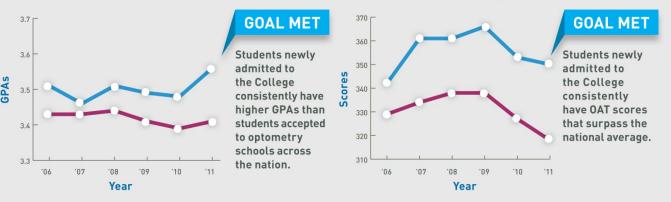
**20 December 2012** 





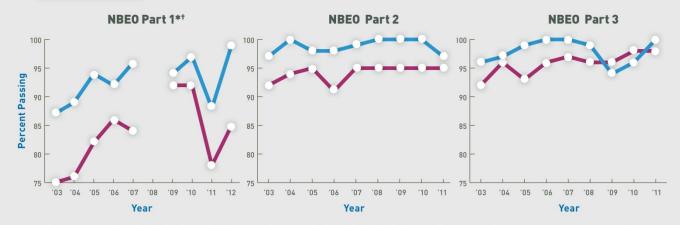
### **GPAs of Incoming Students**

### **Optometry Admission Test (OAT) Scores of Incoming Students**



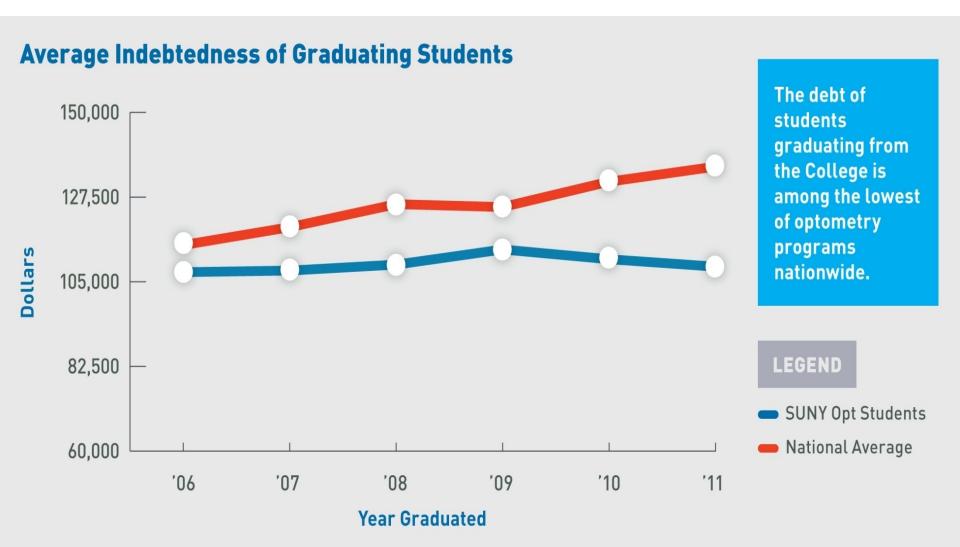
### National Board of Examiners in Optometry (NBEO) Scores of Enrolled Students

**GOAL MET** Students at the College generally score higher than the national average on the NBEO.

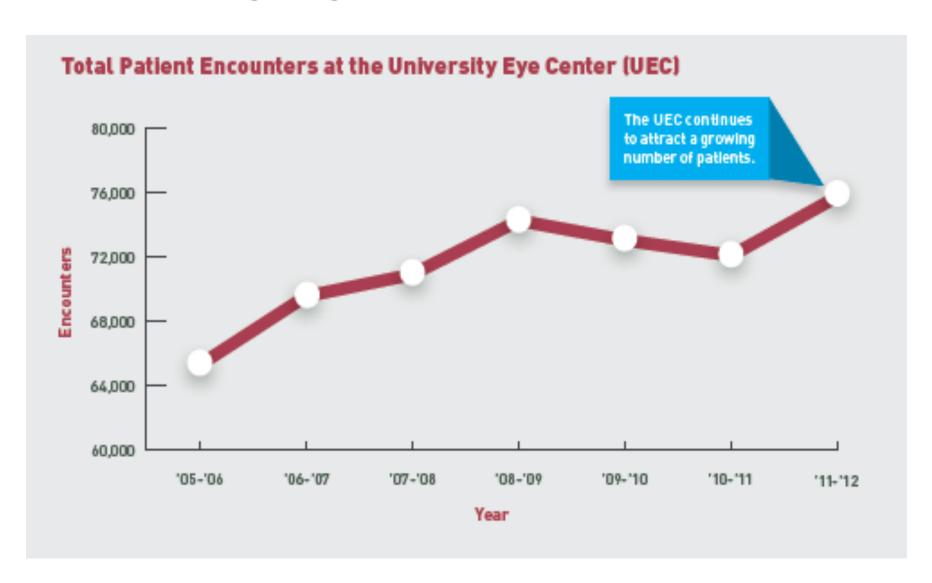


<sup>\*</sup>Through 2007, Part I was named "Basic Sciences." In 2009 it was restructured and renamed "Applied Basic Sciences." It was not given to first-time takers in 2008. †In 2011, for the first time, questions with multiple correct answers were included in the examination.

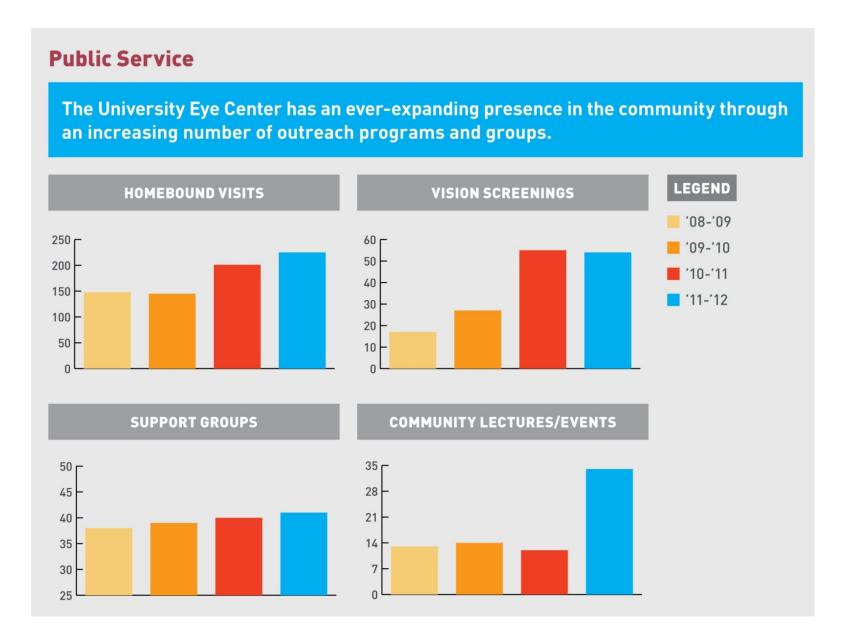
### The Cost of Education



### **University Eye Center**

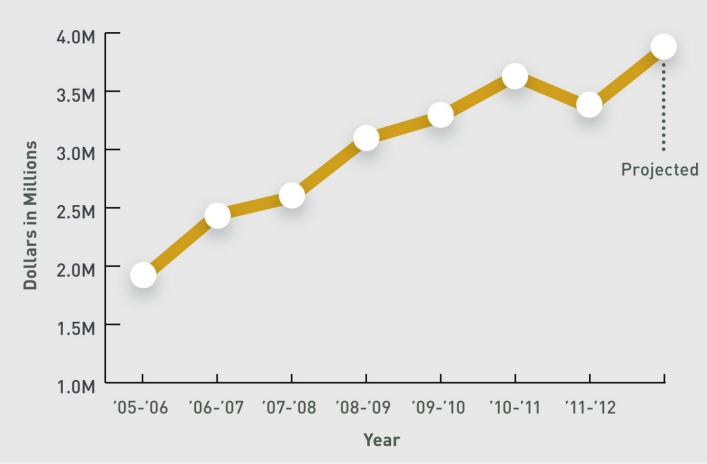


### **University Eye Center**



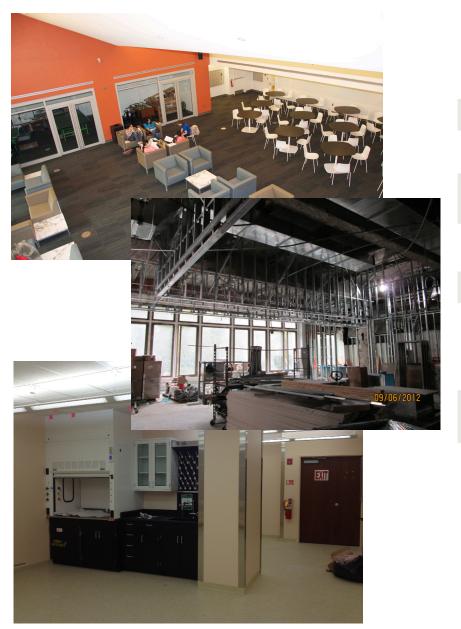
### Research

### **Grant Activity**



The College's grant activity continues to increase, with a projected \$3.8 million in 2012 to 2013.

### **Facilities**



### **SUNY College of Optometry 2008-13 Capital Projects**

	Beneficial Occupancy*	Total Budget**
In Design:		
Rehab 1st Floor Lecture Halls	12/31/13	\$2,193,000
Design Complete - To Be Bid:		
Lobby Renovations	8/14/14	\$3,510,000
Under Construction:		
Center for Student Life and Learning Rehab Research Floors 16 & 17 Rehab Electrical Systems	2/6/13 5/19/13 4/20/14	\$9.776.146 \$2.578.625 \$8.448.458
Projects in Beneficial Occupancy:		
Rehab Elevators Upgrade Fire Alarm System Building Entry Improvements HVAC Controls & Balancing Rehab 2nd Floor Lecture Hall	11/18/09 4/30/10 1/16/12 2/3/11 8/1/12	\$1,749,898 \$2,359,725 \$133,172 \$3,436,000 \$70,000

<sup>\*</sup> Space usable but project not officially closed out. \*\* Includes design, construction, and equipment and is not necessarily final project cost. <u>Note</u>: Capital funds are also used for varied minor repair and rehab jobs.

### A Shared Vision: New Initiatives

- Curriculum Reform
- Career Development Center
- Clinical Vision Research Center
- UEC Referral Center & Focused Care Units
- Office of International Programs (Confucius Inst)
- Center of Excellence in Low Vision & Vision Rehabilitation (China)
- The Vision & the Promise Campaign

## The Campaign



## Challenges for 2014 - 2018

- State of New York Developments
  - -> Super Storm *SANDY*
- SUNY Developments Resource Allocation Method
- Strategic Planning Process
- Capital Improvements



### **Resource Allocation Method**

- Enrollment (+)
- Research (+)
- Geographic Differential (Location Pay) (-\$ 90K)
- Small Campus Adjustment (- \$1.2M)
- Mission/ Other Adjustment (- \$ 780K)
- Decrease in funding = \$1.891M



### **Enrollment (+): \$690 Million**

- Strategic Enrollment Management
  - Approved Student FTE: 287 > 317 > 400(?)
  - Cost per student estimate:
    - Indexing
    - Relative to other health professions
    - Old BAP formulas adjusted for inflation from 2004
    - \$45,666 X 59.44% = \$27,147/student in direct state support



### Research (+): \$63.5 Million

- Shifts focus to indirect cost recovery from federally sponsored research grants (70%)
- Support for students in doctoral study (20%)
- Fund the SUNY Research Excellence Fund (10%)
- Allocation for SUNY Optometry
  - Old (2007) = \$277.4K
  - New = \$413.1K



### **Enrollment** is the driving factor

- Workforce Analysis
- Enrollment & Deployment Management Plan
- Reviewed and Approved by SUNY
- Provides for increased enrollment phased in through Fall of 2017 for up to 400 professional degree students, but all may not be funded!
- Financial modeling as an essential part of planning.

# Standing out..... The SUNY Report Card

- Using an standardized all-funds approach, System calculates the annual public support for a student at SUNY Optometry = \$80,025
- This "appears" to be 3 4 times higher than any other campus.
- SUNY Optometry Tuition 2<sup>nd</sup> lowest in the country
   & low compared to the other doctoral health
- My own discussion w/in Optometry ......

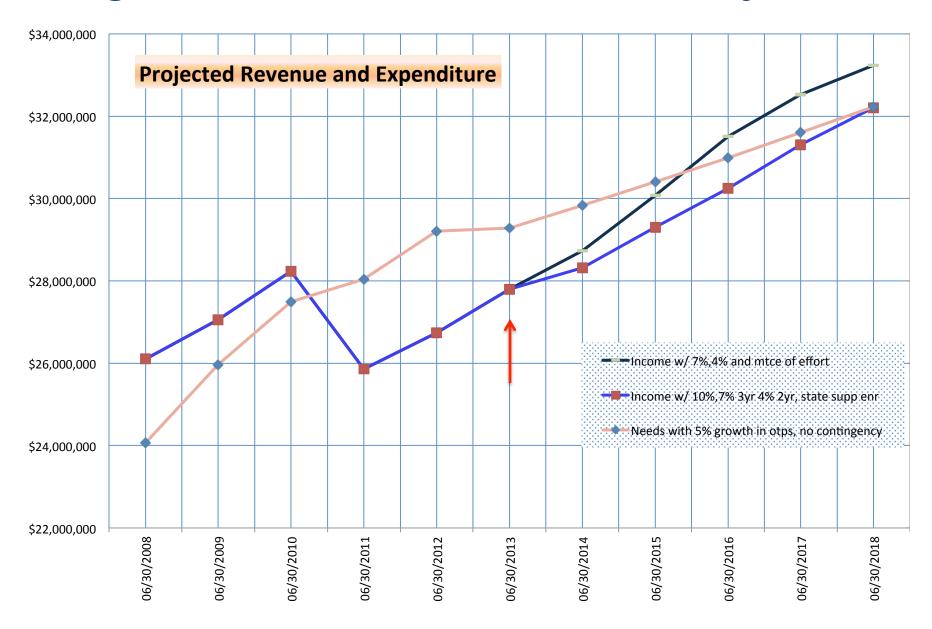


### The Bottom line.....

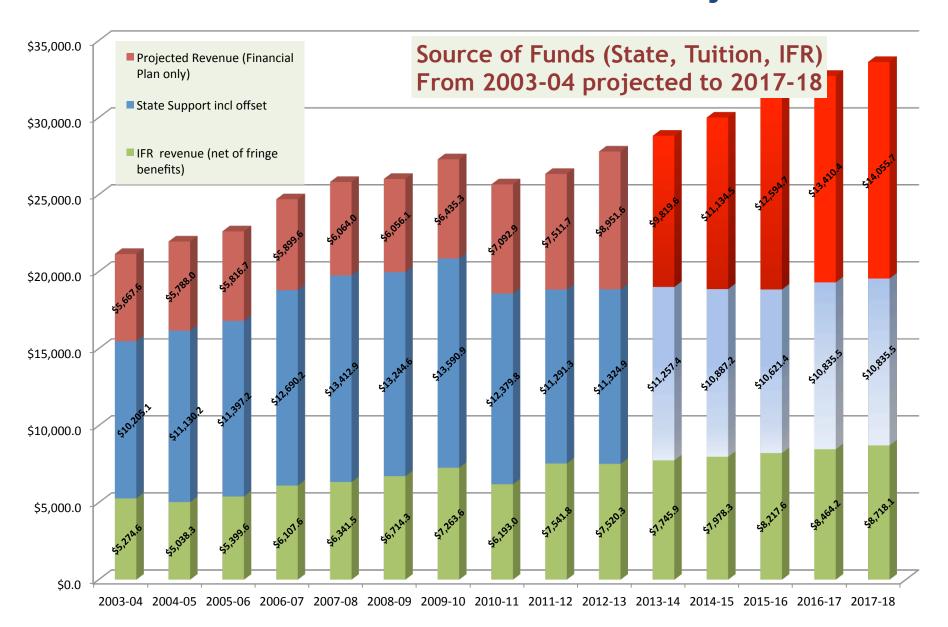
- There will be a cut of \$1,900,000 in state support.
- For 3 years, there may be some transition funding to allow the campus to implement a compensatory financial strategy
  - -2013/14 > \$500K
  - 2014.15 > \$350K
  - -2015/16 > \$175K



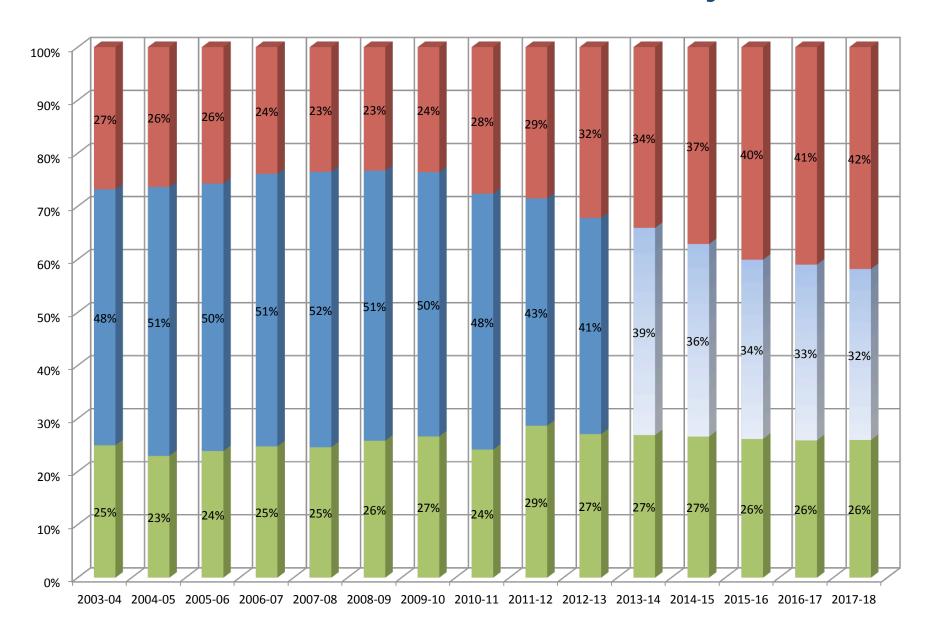
### **Budget Condition Overview – 5 Year Projections**



### Sources of Revenues – 5 Year Projections



### **Sources of Revenues – 5 Year Projections**



### **Budget Gap**

- Existing Strategic Deficit = \$1.5M (2012/13)
- SUNY System RAM cut = \$1.9M (by 2015/16)

Prospective Budget Gap = \$3.4M



## The Plan:

Addressing a potential \$3.4M budget gap



### **Key Trends Impacting Strategy**

- The State is clearly increasing the responsibility for the cost of higher education to the student
- SUNY System is accentuating that trend for professions-based educational programs
- To maintain our leadership position we will need to continue to fund our strategic priorities.
- There is some evidence that SUNY Optometry maybe less efficient than other optometry and health professions programs.
- The economic impact of events like Super Storm Sandy is unknown.

### **Strategies**

- Enrollment increases: Total 380 w attrition
  - Tuition
  - Expand State Supported FTE (\$27,147/student)
- Tuition Adjustments: 7% v. 10% (\$600/student)
- Other Revenue Enhancements = Caution
- Improved use of current resources Efficiencies
- Spending Reductions



### **Best Use of Resources**

- Zero-based Resource Assessment:
  - College-wide effort to review our programs as if we were starting with a clean slate.
  - First to be reviewed is the University Eye Center
- Value Analysis
  - Cost of program v. Value
  - Students, Patients & Faculty
  - Revenues Generated



### **UEC: Zero-Based Analysis Process**

- Problem: Complexity, Communication and Redundancy
- What is assumed:
  - The General Organization
  - The Patient Census as of the 2011/12 FY
  - Optometric Education: Standard Practices
- Development of Patient demand matrix
- Statement of Educational Core Requirements

## Patient Demand Matrix

**Zero-Based Resource Development Project** 

Patient Visits 2012

X 20%

.05% Growth

Appointments needed

Patients 2012

Maurx		Vison Therapy	Head Trauma	<b>Low Vision</b>	LDU
	Monday AM				
	Monday PM				
	Monday Eve				
The predicted patient	Tuesday AM				
	Tuesday PM				
	Tuesday Eve				
demand for appoint- ments will define both	Wednesday AM				
	Wednesday PM				
	Wednesday Eve				
staffing needs and					
facilities requirements.	Thursday AM				
	Thursday PM				
	Thursday Eve				
<ul> <li>Serving Patients</li> <li>Aligning skills w/ demand</li> <li>No over scheduling</li> </ul>	Friday AM				
	Friday PM				
	Saturday AM				
	Saturday PM				
of students/faculty	Total Projected				
Consolidating					

11,724

2,500

830

284

15,338

Vision Rehabilitation

facilities requirements Serving Patients Aligning skills w/ demand No over schedulin of students/facul Consolidating infrastructure

### **Needs-based staffing**

Staffing patterns will be defined by both Patient demand and educational core requirements.

- Patient Centered
- Standardized Appts.
- Simplicity
- Local control
- Local accountability
- Integrated Teams
- Support education goals
- Cross-training
- Floats(?)

Rehabilitation Service							
Session =	Monday AM						
Appts. Needed =		Planned =	0				
Assumptions	<b>Teaching Ratio</b>	o =					
	Appointments	per team =					
STAFFING PLAN							
	Team 1	Team 2	Team 3	Team 4	Team 5		
Faculty							
Faculty							
Resident							
Student 1							
Student 2							
Student 3							
Student 4							
Student 5							
Student 6							
Student 7							
Student 8							
# Appointments:							
# of Rooms Req:							

# Savings must be used wisely with an eye to the future

- Allocations for Record Keeping & Scholarship
- Improved staffing for patient support
- Support for growth
- Reductions in overall FTE
  - Reclamation through attrition
  - Non-renewal of contracts



### Securing our future: Strategic Planning

- In the quest for excellence, it is imperative that we become efficient and nimble as an organization: This requires ongoing innovation and creativity.
- The cost of education will increasingly shift from the state to the student.
- We must control spending to protect and advance our leadership position.
- Every program and function must be reviewed.
- Resources must be linked to our priorities.





"Five years ago, about half of the doctors in New York were in private practice. Now they are in the minority: About 70% are employed either by a hospital, a health system or a large doctors' group, according to the Medical Society of the State of New York."

Crain's New York Business/November 26, 2012

