MINUTES
University of Minnesota Medical School
Faculty Advisory Council

October 6, 2009

The meeting of the Medical School Faculty Advisory Council (FAC) was held on Tuesday, October 6 at 4:00 p.m. in Room B646 Mayo Memorial Building and 146 School of Medicine Duluth (via ITV). David Ingbar, Chair of the FAC presided.

Members Present: Drs. Aviva Abosch, Robert Acton, Sharon Allen, Vivian Bardwell, Bradley Benson, Susan Berry, Peter Bitterman, Paul Bohjanen, Joseph Brocato, James Carey, John Day, Levi Downs, Sean Elliott, Kalpna Gupta, Susanta Hui, David Ingbar, Gerhard Johnson, Carol Lange, Walter Low, James Pacala, Jose Pardo, Teresa Rose-Hellekant, David Rothenberger, Brian Sick, Gregory Vercellotti, Douglas Wangensteen, and Jo-Anne Young.

Dean's Office Staff Present: Dean Frank Cerra, Executive Vice Dean Mark Paller, and Associate Dean Roberta Sonnino.

Introductions and Welcome
Dr. Ingbar, Chair of the FAC, called the meeting to order at 4:05 p.m., and welcomed the group.

Brief Information and Updates: Budget Models and Task Force on Duluth Campus Strategic Planning
Dr. Paller explained that the Task Force on the Medical School Financial Plan has been tasked with creating a financial model, and to finalize the new plan for tuition and State dollar allocation (Mission Based Management). The total tuition and State dollars that are allocated to the departments is around $80 million. The Task Force was created to ensure that funds are being distributed in a rational way and to return the dollars back to the departments that are brought in from teaching outside of the Medical School. They are also looking at models for funding the salary of basic scientists, to determine the appropriate percentage of base salary that should be funded. This model may be ready for review by the next meeting.

The Task Force will also analyze some tools that could be used to analyze the portfolios of various activities across the School, including programs, activities, etc. The Task Force will split into two subgroups, which will review the tools/criteria/trajectory/assessment of educational activities and research. Dr. Paller wanted to emphasize that the actual analysis of these programs/activities will not be done by this Task Force or its subcommittees, but rather that they will develop the tools to do the analysis.

Dr. Paller explained that the Duluth Task Force is being led by Gary Davis, and has just started meeting. They will determine where the Duluth campus fits into the overall strategic plan for the Medical School.

Drs. Paller and Cerra emphasized that further reductions will be made to the Medical School budget, particularly in the area of GME structure and support. The tools that are developed by the Financial Plan Task Force will help to assess how the GME structure might be streamlined. Additionally, Dr. Cerra explained that at the November meeting of the Fairview System Board, they will review the number of GME slots, and it is anticipated that this number will decrease. The Medical School needs to determine how many trainees we can afford. We need to first look at the administrative infrastructure because we are spending too much for the number of GME slots we have.

Dr. Cerra explained that the Medical School is developing an instrument to help track the dollars being spent in the Medical School, which will be tested in the next few weeks. Additionally, Pete Mitsch, Fred

Owusu, Ed Deegan and Beth Nunnally are developing tools to examine the expenses of the Medical School.

Dr. Ingbar asked when the GME issue will be revisited. Dr. Cerra explained that within the next two months the administrative functions will be reviewed, as well as size and composition. There is a tension between the Medical School and the MMCGME as to who should decide the size of the programs. Dr. Cerra believes that because the Medical School ultimately pays and holds the risk, after consult with the hospitals it should be the Medical School's final decision.

Dr. Pacala then asked about the composition of the subcommittees that are reviewing research and education, and asked if they were qualified to do so. Dr. Paller explained that these subgroups are just developing the tool, not applying the tool. The Task Force is composed of Department Heads and Medical School Administration.

AHC-FCC Activities and Interaction with the FAC

FAC members Susan Berry and Colin Campbell are also members of the AHC-FCC. Dr. Berry explained that they are now involving FAC leadership at the AHC-FCC meetings, and stated that under the leadership of Brian Isetts, the meetings and activities of the AHC-FCC have become much more meaningful. If the AHC-FCC is not proactive about interacting with the various Schools and Councils, they would not be effective.

The AHC-FCC has focused this year on specific goals that impact the AHC. The first goal is to define metrics for advancement and value for Clinical Scholarship. This has led to the agenda for the Fall Faculty Forum. Dr. Ingbar encouraged attendance at the forum. RCR credit is available for attendance.

Dr. Cerra reiterated that he relies heavily on the AHC-FCC. Their input is very helpful, especially with regard to the new AHC strategic direction. Dr. Cerra further challenged the FAC with the issue of "Communication Penetration". He explained that while he meets with different groups of Department Heads, faculty, etc., the meeting will end and the information is never spread. He encouraged the FAC to go back to their departments and give them updates at their faculty meetings. We need to start a dialogue to include all faculty, and the FAC should be the one to start that dialogue.

Faculty Voting Rights (for discussion)

Dr. Berry explained to the FAC that prior to 2007, there was an agreement that existed between the Provost, the Senior Vice President for the Health Sciences, and the Dean of the Medical School, that allowed non-tenured faculty members at affiliate sites to vote on the question of promotion of faculty, but not award of tenure. The agreement was extrapolated to include non-tenured faculty onsite and fully integrated clinical scholar and term faculty. When the University made revisions to the Tenure Code and the 7.12 Statement rewrites started, the previous agreement ended, and the new regulations are very explicit not to include the non tenured faculty members on the question of promotion.

Dr. Cerra explained that for the Academic Health Center, all faculty (at the proposed rank and above) can participate in the discussion of promotion for faculty, but only tenured faculty can vote on the promotion and award of tenure. Additionally, the tenured faculty should be allowed to vote on the promotion on non-tenured faculty. Dr. Berry added that we may need to re-evaluate clinical scholars and what they do – many should have tenure for their scholarship. Dr. Bitterman stated that other departments (Music and Theater, for example) have created a metric which allows their faculty to be awarded tenure. But, at the time of this discussion (mid 1990s) there were financial constraints on the Medical School which may not have allowed the Medical School to follow this trend.

Dr. Cerra explained that at the time of the agreement, the affiliate sites had a tenure-equivalent role. Because the Tenure Code talks about voting specifically, we will not violate the voting practices. We will however allow the non-tenured faculty in the discussion. Non health professional schools now

understand and have similar models and cannot exclude those faculty from discussion. But this brings about a bigger question: What does scholarship mean?

Dr. Ingbar asked Dr. Cerra if a faculty member can grieve this (allowing non-tenured faculty in discussion) because the procedures do not allow them to be present for this discussion. Dr. Cerra responded that the Medical School follows the procedures very closely and has very few grievances. You cannot take a way a faculty member's right to grieve, but he believes this practice interprets the Tenure Code correctly. Dr. Sonnino then stated that a current policy of the University Senate "*Academic Unit Governance*" still states:

> *Only members of the tenured faculty may formally participate/vote in tenure decisions. Only regular faculty members at higher ranks may formally participate/vote in promotion decisions. (Non-regular faculty in the Medical School who hold full time appointments involving teaching, research and service at affiliated hospitals may be permitted to participate in promotion decisions, but not in tenure decisions.) Recommendation by vote of the regular faculty is required prior to hiring regular faculty for that unit.*

This policy is still posted and has not been revised, and can be accessed at: http://www.policy.umn.edu/prod/groups/president/@pub/@policy/@senate/documents/policy/acadgovpol.html

Dr. Pacala then asked what the real issue is here. This is not an issue of voting, this seems to beg a larger question. Dr. Cerra responded that the Medical School has different options for faculty, including the tenure track, clinical scholar track, teaching track, and the "W" track. But who decides where faculty go and how is it decided? Each year in the Medical School there are clinical scholars who go up for promotion who would qualify for tenure – if they are not at an affiliate site, why aren't they on the tenure track?

Dr. Cerra then explained that the real issue is the need for an academic personnel plan for the Medical School, which reviews the optimal number of faculty we need on each track. We need to look at system-wide service lines, and think about how we interface with other entities. The current model cannot be maintained – we cannot afford it. Dr. Paller is developing a tool to assist in decision making for new recruits and there will be a new financial personnel model, but it will not supplant judgment. Dr. Berry added that there are many Associate Professors who are tenured, but they change their roles to fulfill the mission of the School, and they can't ever advance. This does not show these faculty that we value their major contributions that drive our mission.

Integration of UMP and Fairview Health System and Involvement of Faculty in Planning, Approval, and New Governance Structures (for discussion)

Dr. Cerra informed the FAC that there will be a Public Forum at the end of October, where they will discuss evaluating the integration of the clinical enterprise. Additionally, Dr. Cerra presented slides about this topic. He explained that the major challenge for the AHC is to achieve alignment of the clinical enterprise, which includes the Medical School, University of Minnesota Physicians, and Fairview. There is an obligation to share in research, students, and residents, while at the same time compete for clinical revenue with our affiliate partners. Our mission is dependent on the success of our clinical enterprise, and our alliance has been successful, but change is coming to health care and we need to position ourselves for success. Our opportunity is that we can create a disruptive influence for the betterment of health care, and we can become an integrated health system that leverages the best of academic and private health care. We compete for competitive contracts, and we need to form an integrated clinical enterprise. We can be great if we integrate ourselves across the entire Fairview System.

The design criteria for this new system is being addressed by Drs. Cerra, Paller, Daniels, Eustis, Alexander and a group of consultants, with feedback asked from all venues, including Department Heads, faculty, and the public, but this must be a single system. A new board will govern the enterprise, composed of community business and civic leaders, physicians, nationally distinguished leaders, with ex-officio membership from the CEO, Senior Vice President for the Health Sciences, and the Head of UMP.

It is imperative that with this new system the academic mission is protected and the needs of all entities be fulfilled.

The clinical faculty will have to agree to this integration and the UMP faculty will need to vote. The potential value is that the commitment to the academic mission will rise to a new level. We can increase medical quality, reduce cost per capita, and increase the quality of health care for the population.

Dr. Hunter asked how the current Fairview physicians will react to this. Dr. Cerra responded that some want to do clinical research and want to have residents and fellows, while some want the benefits but don't really want to be a part of the mission. Those physicians will be asked to join in the mission fully. Dr. Paller added that this must be designed to create a supportive environment. Dr. Cerra then added that 80% of UMP referrals don't come from Fairview, and 50-60% of admissions to Fairview don't come from UMP. How we play this out will be very important.

Dr. Bitterman highlighted some points of tension. Faculty need to let us know the ways we can make this an academic, patient-centered, provider driven opportunity. If we do this without their full involvement, there will be tension. The FAC must a take leadership role in bringing this to the faculty. He also suggested that the FAC should have open-forum style faculty meetings.

Dr. Berry added that we are in the process of building a new children's hospital, and that heavy competition makes it very awkward. The community has backed away from supporting us financially, and we need to effectively utilize our resources. We must form partnerships with the community. We have a "University" brand and we are the only site that manufactures the physician workforce for the State. The future of GME is tied up in these relationships with the community.

Dr. Acton asked about the history behind Fairview Redwing, and why they are not included in this merger with the Fairview System. Dr. Cerra explained that they are technically outside of the Fairview system as part of their purchase agreement.

Dr. Lange asked if the basic researchers are going to be valued in this new plan? Will there be advocacy for bench researchers, especially on the Duluth Campus? Dr. Cerra responded that the value of the clinical service line comes from connecting basic science research to clinical service. Basic science research needs discretionary revenue and we need to build equity into that system. We are dependent on the vitality of our basic science research just as much as we rely on our clinical care.

Dr. Rothenberger stated that effective partnerships are critical. What kind of relationships do we want? We need to make the case to the faculty that this is needed.

Dr. Ingbar then asked how we get communications to faculty. We need FAC events. We will solicit ideas about how to get input from faculty or have open faculty discussion groups.

It was suggested that the draft note (written by Dr. Bitterman) be sent to the faculty list serv, but also suggested that it be revised to include some background about what the FAC is. It was also suggested that it may be more important to send the information to the FAC so they can disseminate directly. It was concluded that the information should be sent both ways to ensure optimal coverage.

The meeting was adjourned at 6:05 p.m.

Respectfully submitted,
Jeni Skar
Staff to the FAC