

MINUTES
University of Minnesota Medical School
Faculty Advisory Council

January 5, 2010

The meeting of the Medical School Faculty Advisory Council (FAC) was held on Tuesday, January 5 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, Robert Bache, John Bantle, Vivian Bardwell, Kumar Belani, Catherine Bendel, Bradley Benson, Susan Berry, Paul Bohjanen, James Boulger, Joseph Brocato, Colin Campbell, James Carey, Paul Cleary, John Day, Esam El-Fakahany, Sean Elliott, John Fenyk, Eric Gross, Karla Hemesath, Tina Huang, Susanta Hui, David Ingbar, Tucker LeBien, James Pacala, Teresa Rose-Hellekant, David Rothenberger, Yoji Shimizu, Gregory Vercellotti, Douglas Wangenstein, and Jo-Anne Young.

Dean's Office Staff Present: Drs. Frank Cerra and Mark Paller

Introductions and Welcome

Dr. Ingbar welcomed the group and called the meeting to order at 4:04 p.m.

Brief Update on Status of Integration

Dr. Cerra explained to the FAC that in the discussion about a Medical School/Fairview/UMP integration, too much time was being spent on organizational structure, and not enough time was being spent discussing the mission and other areas that needed substantial work. There is still work to be done to move Fairview into a horizontal healthcare model, and to move UMP from a multi-specialty practice to an integrated care practice. A memo was sent on December 21, 2009, from Drs. Cerra and Daniels and Mark Eustis, to the Board Members and Faculty, outlining that clinical integration is still the main priority, while corporate/structural organization is being deferred. There is a concern with changes in global health care and we need a new level of integrated service.

Dr. Ingbar stated that the FAC had submitted a summary of comments/concerns regarding the integration and thanked Dr. Cerra for addressing the concerns that were stated.

Update from AHC FCC

Drs. Berry and Campbell did not have any updates with regards to the AHC FCC.

Conflict of Interest (COI) Draft Policy - Discussion

Dr. Ingbar thanked the FAC for those members who submitted comments about the University's draft Conflict of Interest policy. Those comments were compiled into a document that was distributed to FAC members. Dr. Ingbar asked the FAC how they could move forward to turn these comments into a consensus statement from the FAC. Dr. Cerra noted that this policy is an administrative policy of the University, which is allowed through the Board of Regents Policy on Conflict of Interest. The administrative policy was intended to be written as a conservative policy, which would be redrafted based on feedback. After consultation of the redrafted document, it will hopefully be finalized in early summer. Dr. Paller stated that the Medical School will adopt whatever policy the University ratifies.

An FAC member commented that the AAMC released guidelines in 2008 regarding COI, and asked if the University administrative policy complies with the AAMC guidelines, and also suggested that their guidelines be used as a "starting point" for the Medical School. Dr. Cerra explained that while we are compliant with the AAMC, their guidelines and our policy will not be 100% in agreement, but this will be

true for institutions across the country. He further stated that the University community needs to determine what our standard should be.

Dr. Cerra explained that the biggest issue is that of non-paid faculty. Eighty percent of non-paid faculty at the University are in the health sciences, and 80% of those faculty are in the Medical School. This administrative policy needs to define the circumstances that require disclosure and those that don't. Dr. Berry mentioned that there is a big difference between those faculty that are adjunct and those non-paid faculty at the affiliate hospital sites such as the VAMC. If we require everyone to follow the policy as written, we could potentially lose teaching faculty. Drs. Cerra and Paller agreed that there would be different circumstances that might require different sorts of compliance. Faculty based at the VAMC, for example, would comply to the policy in full, while it's possible that adjunct faculty members at a community clinic may provide an institutional disclosure rather than individual disclosures (for example). Or there is the possibility that a short-form for adjunct faculty could be created. Either way, there are ways to adapt the existing policy to ease enforcement.

Dr. Ingbar asked about the adjunct faculty who are based in industry settings. Dr. Absoch mentioned that this document discourages interactions with industry and almost penalizes those interactions. A great advantage of being in Minneapolis is the large network of medical device firms in the region which allows for innovative and high quality patient care. Dr. Berry added that the tone of the document almost assumes that all interactions are bad, but these interactions are necessary to treat patients and to translate the research being done at the University. Dr. Cerra agreed that when this document is redrafted, the tone needs to be addressed. We need to make sure that it does not imply that faculty are being accused.

Dr. El-Fakahany commented that, in general, this document defines everything by dollars, but behaviors are actually more important. A faculty member could be paid millions for consulting and not exhibit any biased behaviors, but a faculty member receiving a nominal gift might exhibit a biased behavior. There needs to be more definition for expression of COI and there needs to be some room for judgment in this policy.

Another FAC member added that a current University policy allows faculty to consult with industry for a certain amount of time each week as long as it is disclosed on their REPA. It was suggested that this administrative COI policy reaffirm or at least acknowledge the existence of that policy.

Dr. Cerra was asked if there was representation of the public or patient cohorts that would be asked for feedback on this policy before it is ratified. It was suggested that it may be helpful from a public perception standpoint, if the University could mention that the non-University community was asked to consult on this policy. Dr. Cerra said this hasn't happened, but thought it was a great idea and would take it back to the writing group that is redrafting the policy.

Dr. Ingbar informed the FAC that he would pull out the controversial comments from the compiled comments and present them back to the FAC so that a consensus might be reached.

Update on Status of Teaching Track

Dr. Paller explained to the FAC that the Senior Vice President for Health Sciences is agreeable to the existence of the Teaching Track, but some conditions must be met before existing faculty can be put on this track. Those conditions are that the Teaching Track Statements must be revised, with a preamble for the Medical School, and specific departmental criteria that follows, similar to the format of the 7.12 Statements for tenure track faculty. This preamble has already been drafted, but Dr. Cerra would like more clarity as to how we can evaluate teaching activities. The document was great from a conceptual basis, but it is hard to apply. As soon as the preamble is revised, which Dr. Sonnino is working on, the departments will be asked to revise their criteria, to include requirements for scholarship and criteria for professional growth and advancement.

Dr. Ingbar asked Dr. Cerra what is meant by “scholarship”? Is it the traditional form of written scholarship or is it scholarly teaching? Dr. Cerra answered that there must be a criteria for new innovative ways of imparting knowledge and how that is assessed. This doesn’t need to be overly complicated, but needs to be better defined.

Dr. Paller added that it needs to be better defined in these statements how these Teaching Track faculty perform their teaching. What distinguishes their teaching from other faculty? These should be faculty who are on the cutting edge of teaching. There is a difference between innovators and implementers.

Dr. Vercellotti noted that not all faculty members can be innovators, we also need great “soldiers”. Without a cohort of great teachers, we cannot perform our mission in the School. We need our faculty to realize that teaching is part of their job and that the scholarship of education is part of our mission. The School also needs to apply a financial model that appropriately compensates for teaching and doesn’t deter teaching activities. Dr. El-Fakahany added that the aspect of teaching faculty how to teach also needs to be considered.

Dr. Cerra agreed and stated that we need to spend some time looking at and defining the Medical School tracks. A policy should be written that describes the process to determine which track a faculty member is on. He suggested that the FAC consider taking on this project.

Academic Health Center and Medical School Strategic Plans – Presentation and Discussion

Dr. Paller explained that the AHC Strategic Plan was adapted through consult from the AHC Dean’s Council. Dr. Paller is now presenting to the FAC for comment. He stressed that the second page of the document really contains the substantive information. Dr. Cerra then explained that a strategic plan was necessary because we are entering a stage of multi-level transition. Our State funding continues to drop, and our future and ability to achieve excellence is in our hands. We need to focus on our mission, our vision, and our values, and those three things must be linked to how our resources are allocated, our incentives, and our award system. By the time the State economy recovers, we will be a 10-14% smaller institution. The previous cuts that were made were not done strategically. We need to start making cuts based on our priorities, and also think about our investments and how we can best maximize our return on the investments we are making. This document provides the basis for making decisions, and it should be primarily a faculty-led document.

The FAC asked how we transition from making decisions that are financially driven (as is currently being done) to a model that is mission driven? Dr. Cerra responded that faculty need to start making these decisions. If decisions are being made within departments that are unfair, then the faculty should get more involved with these discussions and hold their departmental administration accountable. When budget discussions start with Department Heads this year, the decisions will be made based on the strategic plan. If we do not pull together and make smart decisions now, we will be smaller and worse off in the future. But if this is done correctly now, we will be in a position faster than our competitors to recruit once the economy has bounced back.

An FAC member asked about the plans for the Biomedical Discovery District, and asked if the State budget shortfalls have impacted the timing of those plans. Dr. Cerra stated that the planning is on schedule and that an analysis of this planning could be shared at the next FAC meeting. An FAC member added that the planning has been linear, when they should be parallel and horizontal. Additionally, the core technologies are also missing from this planning. Dr. Cerra commented that there are two goals of the Biomedical Discovery District, 1) Basic Discovery, and; 2) Translate discoveries through the CTSI into bedside treatment.

Dr. Carey commented that the AHC and Medical School strategic plans seem to be missing a big component, which should potentially be added as another prong to the “star” of the strategic plan, which is global service. Not simply providing health care abroad, but treating it here. This needs to be incorporated, because part of our directions should be contributing to solving the global healthcare crisis.

Dr. Cerra added that while it may not need to be an additional prong, it should be more clearly stated as a priority within the language of the strategic plan. It is already mentioned, but consideration could be made on how to further emphasize this priority.

Dr. Ingbar then mentioned that while strategic direction and priority clearly needs to occur, the faculty feel stressed and worried, and are insecure. How do we make faculty feel like they are being invested in and valued? Dr. Cerra agreed that the leadership transition and current economic crisis leads to insecurity. He added that a budget discussion will occur next week at the University level, that suggests that a 2% salary increase and coverage for a 27th pay period in the budgets for FY11. These budget proposals will however include a ten-day mandatory furlough. This commitment through salary increases may help faculty feel more valued.

Dr. Cerra also added that the State legislature will most likely drop the University back to the 2006 base for State funding next year. Everyone at the University will have to take a 4% budget cut of State dollars. We need to engage faculty so that we can survive this crisis, so that faculty can hope that this vision will take us to a better place. Faculty want fairness and incentives, and need to be involved.

The FAC commented that it is very difficult to comment on a Strategic Plan as written – nobody would disagree with the priorities that are stated because they are all good priorities. But the faculty should be consulted on the metrics used to make these decisions. The general concepts are too subjective. The action plan should also require consult.

Dr. Paller explained that he needs feedback on the AHC document within the next two weeks. It was agreed that the Medical School document would be discussed again at the February FAC meeting.

Proposed Future Agenda Items

Medical School Financial Model

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

Respectfully submitted,
Jeni Skar
Staff to the FAC