

## AHC FINANCE AND PLANNING COMMITTEE

November 18, 1999

### Minutes of the Meeting

These minutes reflect discussion and debate at a meeting of a committee of the AHC Faculty Assembly; none of the comments, conclusions, or actions reported in these minutes represents the views of, nor are they binding on, the Senate or Assembly, the Administration, or the Board of Regents.

PRESENT: Dan Feeney (chair), Carol Wells, Michael Speidel, Kathryn Johnston, Timothy Church

REGRETS: Patricia Tomlinson, Kathryn Dusenbery

GUESTS: Program Directors, Karen Karni (Medical Technology), Stan Finkelstein (Health Informatics), James Carey (Physical Therapy), Judy Reisman (Occupational Therapy)

### ALLIED HEALTH PROGRAMS

Professor Feeney convened the meeting at 4:30 p.m. and welcomed the directors from the Allied Health Programs. After introductions, he brought members up to date on the issue regarding the Allied Health Programs. He explained that the committee prepared a letter outlining the issues to SVP Cerra and had met with him after he had an opportunity to review the letter (specifics of that discussion are in the minutes of the November 4 meeting). At that time, SVP Cerra asked that the F&P Committee develop a recommendation about the Allied Health Programs and submit it to him. Based on that, Professor Feeney explained that committee members then felt that they needed more information and decided to call a meeting with the program directors.

Professor Feeney then asked each director to provide an overview of issues with respect to their specific program. Prior to doing that, someone inquired about the Oversight Group (Program Directors and Dr. Vercellotti). It was reported that this group met a few times, but most of the meetings were cancelled. It seemed that little was accomplished at the meetings that did occur.

No matter what is recommended to the SVP, the bottom line is money, it was said. There is a finite amount of money in the AHC. To put it in one place means that it has to be taken from someplace else and there are no new sources of revenue. However, it was added, given the size of the AHC budget, it is hard to believe that money in the range of \$100,000 - 150,000 is anything other than peanuts. The two issues seem to be budget restoration in some situations and budget stability in others, another added.

Then, a brief discussion ensued about the merit questionnaire. Professor Feeney reported that the questionnaire is in draft form. After appropriate consultation, the questionnaire will be sent to heads/chairs of departments. One of the program directors asked whether any of the programs in the AHC had decided on salaries for the current year. Professor Feeney asked if the director meant those to be awarded on July 1, 99? The answer was yes. Those present from the Medical School indicated that they did not know what their salary increases were.

Returning to the issue of the Allied Health Programs, Professor Feeney said that it is the intent of the F&P Committee to craft a proposal that would stabilize a process that would ensure that the Allied Health Programs not only survive but they are treated appropriately in light of the expertise tied up in the program and the demand for the graduates. The proposal will be sent to SVP Cerra and Katherine Johnston, CFO.

The first question Professor Feeney asked the directors was whether they thought the programs should be moved out of the departments? Some of the directors indicated that the programs should be moved out of the department. In one case, the director reported that the situation is intolerable. With respect to getting out of the department, Professor Feeney inquired whether it was because of the department itself or because of the administrative policies of the department? Those who

indicated they wanted out said it was because of administrative policies. Everyone at the table realized that the situation for each program is different.

One of the directors suggested starting a school for the Allied Health Programs. With that on the table, Professor Feeney asked each director to describe the situation of their program. The following comments/points were made based on input from the faculty within each of the respective programs.

The following points were made with respect to Physical Therapy:

- The lack of budget planning causes problems, especially when there is not enough money to cover what is needed.
- Money from continuing education and alumni dollars are used to support the program. Over the past several years, dollars from these two areas have diminished. The alumni are disgruntled because they don't believe that they should be funding basic university needs.
- Spending has been cut and now there is a sense of humiliation. In the community PT has earned the reputation of having the most obsolete equipment of the PT schools in the region. There are not enough faculty in the labs to give the proper student/faculty ratio that students want and accreditation requires.
- Faculty were encouraged to generate revenue by starting a new graduate program. It increased the program's income by \$291,000. With this increase they are hoping to cover the basic expenses plus improve the program. However, the program is not getting all of the \$291,000.
- The faculty workload is increasing. The credit load has increased to 21 credits per semester; and in addition, faculty are advising master's degree thesis. Faculty are demoralized and the stability of the faculty in the program is being threatened and jeopardizing the accreditation status that the program holds.
- A survey of the 13 state run programs (in the middle states of the U.S.) ranked the U of M PT program (in terms of number of faculty), last.
- Humiliation is being experienced because vendors and bill collectors are calling to get paid. Adjunct faculty are calling because they have not received the honorarium they were promised several months ago. Long distance telephone service has been cut off, while it has been restored, this should not happen. The credit card line was shut off because forms were not submitted on time; tuition for the graduate assistants was not paid, etc.
- Students feel that there is a caste system. The issues go beyond budget; it is part of a culture.
- PT has not had a voice with respect to the Rochester venture.
- Allied Health needs to be in a school with its own dean that will deal with the problems in a real way.

Medical Technology:

- A history of the Medical Technology budget situation was distributed as well as an outline of the attempts to bring in outside money such as brokering with the state colleges to have their students come to the U of M to take courses. Med Tech then gets reimbursed for them at 85%.
- In 1997, the director was informed that the budget for Med Tech had been cut \$358,000. SVP Cerra responded and restored the full amount. It was noted that Dr. Cerra has been supportive ever since. But it is realized that he too, is running out of money.
- In April, 99, the director was informed that the budget would be \$448,000, a 40% decrease from the year before. After meeting with the SVP's budget officer, the budget was restored to what it was the year before.
- Hematology is being taught by "prayers and bailing wire." The faculty who taught hematology retired and has not been replaced.
- Rather than hire a replacement for a faculty to teach hematology, a member of clinical laboratories has been assigned to the budget 75% time.

Occupational Therapy:

- With respect to budget, OT is adequately funded for their current activities.
- There is a growing cadre of doctoral faculty. Currently there are three out of six, but there will be four after one finishes the doctoral work two years.
- Creating a consortium of health-related professions that would have direct reporting responsibilities either to the dean of the Medical School or the SVP for health sciences of the AHC was proposed.
- Moving OT to Rochester would not be appropriate given where the program is and how it is growing. The AHC is a great resource and a ship of great people. Moving to a training program instead of remaining in an educational school

would kill the current quality of the OT program. There is no need for another OT school in this state.

- OT needs the interdisciplinary resources and access to the physician teachers; the Biomedical Library; to a diversity of clinical education opportunities, opportunity for junior faculty growth through doctoral study in related fields. These activities take place in a metropolitan AHC.

#### Health Informatics:

- The program is about 30 years old. It started as a joint effort between the School of Public Health and the Medical School.
- In the mid 80's the program split. What was the Health Information Systems component of that joint program became the graduate program in Health Informatics and remained in a division within Biomedicine. The old Biometry component became Biostatistics in the School of Public Health.
- The program is a masters/Ph.D. postdoctoral program with a very strong research orientation.
- Most of the financial support comes from research grants.
- Currently there are 3.5FTE faculty whom bring in about \$1 million worth of research annually. At its peak, there were 7-8 FTE faculty. As faculty retired, they were not replaced.
- Health Informatics was one of the first programs in the country to have National Library of Medicine support for a training grant in informatics. This support has been consistent over the past 25 years.
- The program is recognized nationally and internationally.
- There is no systematic budget planning. The department has provided basic support primarily in terms of tenured faculty; a piece of a secretary and a piece of a systems manager. The other pieces are supported with grants or other outside sources.
- The diminishing number of faculty is of great concern. It is demoralizing when faculty leave and are not replaced. The remaining faculty are senior faculty, with the exception of one. These faculty are expected to continue to do the same amount of work as did the 7 or 8.
- You don't have to kill a program by not providing basic resources but you can kill it by not providing renewed blood as people leave.
- It is a poor reflection on the University when programs are nationally respected and renowned, simply do not get any support locally. These programs are not particularly expensive. It is change in terms of the overall AHC budget.
- A formal budget process, including the voice and visibility of the faculty, as well as the ability to hire new faculty, is essential to allow the program to grow.

#### Katherine Johnston, CFO, made a few points before leaving:

- The lack of administrative services is appalling. People should not be called up and told "this is your budget." When you don't have participation, there is no ownership.
- Discussions are underway to figure out how the issues addressed above "get fixed."
- People need to get the right kind of information at the right time and participate in their budget development. This does not guarantee there will be more money. If you build a school with a dean, it will cost even more money. There seems like there is a lot of money, but it is spread very thin.
- The AHC needs to continue to make a case at the legislature.
- Further discussion with the SVP regarding the expansion of programs in Rochester was suggested.

Ms. Johnston said there are a number of issues high on her priority list. She plans to make an action plan and will review the services being provided. She will also report back to the committee in the next couple of months about what they have found and how they intend to fix it. The deans will have to respond to the allocation decisions.

One member asked her if support for the Allied Health Programs could be included in the legislative request. She responded that it is not her decision, however, it certainly would be appropriate for the F&P Committee to pursue.

Professor Karni distributed a fact sheet compared data from the University of Missouri, The Ohio State University, and University of Minnesota, with like allied health programs and data from ten independent allied health schools or colleges. The data showed that independent schools of allied health have more programs, faculty and money.

Members then spent some time discussing possible recommendations regarding Allied Health Programs at the University of Minnesota. Professor Feeney made the following conclusion: Currently there is no visibility of the programs, no governance within the departments and no control over budgets. He then asked the directors what they would want in terms of program strength and what kind of budget they need to obtain that strength. Professor Feeney also raised the questions as to whether the directors should report directly to the SVP and if should they have control over their own budget? If there is no visibility and there is no voice and the Allied Health Programs are kept where they are, they will always be the first to be cut, another

added. There is a cultural problem that needs to be addressed as well as behavior issues demonstrated by some heads and/or chairs, another added.

One of the questions on the table is whether there is any logic of establishing a new school? Professor Feeney asked each director to prepare an operating budget that would support a mean and lean college as well as a budget that expresses the realistic needs of the program and forward the information to Vickie Courtney. After the committee reviews them and discusses the matter further, it will develop a recommendation regarding the future status of the Allied Health Programs.

Professor Feeney adjourned the meeting at 6:30 p.m.

Vickie Courtney

University of Minnesota

AHC