

Academic Health Center
Finance and Planning Committee
January 26, 2006
Minutes of the Meeting

These minutes reflect discussion and debate at a meeting of a committee of The Academic Health Center Faculty Consultation Committee: none of the comments, conclusions, or actions reported in these minutes represents the views of, nor are they binding on, the Senate or Twin Cities Campus Delegation, the Administration, or the Board of Regents.

Present: Dan Feeney (Chair), Beth Nunnally (Ex-Officio), Tim Church, Joan Liaschenko, Stewart McMullen, Thomas Shier, Timothy Walseth and Lynda Young,

Guests: Bobbie Daniels and Robert Washabau

{In these minutes discussion of practice plans, and discussion with the Co-Chairs of the Clinical Sciences Enterprise Task Force}

Professor Feeney called the meeting to order at 4:30 PM.

Professor Feeney began by asking members to compare internal and external practice plan models. He noted that regardless of type, practice plans require that a college produce net assets, in order to fund the related costs of the plan. The committee engaged in an open discussion of strategies to increase revenues of the individual colleges. Beth Nunnally noted that there are inherent costs attached to the academic mission, which detract from any operating margin.

- Robert Washabau reported that Marcie Christenson, Medical School, Specialists Projects Officer, has been working with the Veterinary School to redesign its resource management plan.

Professor Feeney remarked that the practice plan discussion had been productive and would be continued at the next meeting on February 23rd.

He then introduced Dr. Bobbi Daniels and Dr. Robert Washabau, Co-chairs of the Clinical Sciences Enterprise Task Force.

- Professor Daniels began by reviewing the first piece of the charge of the task force,
 1. “To provide an operational definition of Clinical Sciences that incorporates scholarship, research, education and clinical practice, including new models of care delivery. “

Professor Daniels said the definition arrived at by the task force was vetted by a variety of groups including the AHC Dean’s Council. The definition is intended to be both broadly inclusive and descriptive to those outside of the health community, as found below.

“Clinical Sciences comprise the contributions of scientific disciplines to health promotion and the prevention, diagnosis, and treatment of disease through the development (research), communication (teaching), and application (clinical care delivery) of new knowledge.”

Professor Daniels then moved to the second part of the task force charge:

2. “Delineate the role of clinical sciences in the strategic positioning of the University and the Academic Health Center.”

She raised the point that there are significant financial implications related to the role of clinical sciences in the strategic positioning initiative, including the realignment of internal and external resources. She added that in her opinion investment in the advancement of clinical sciences is essential to becoming a top three research institution. Professor Daniels remarked that a clear articulation of the goals and outcomes related to clinical sciences is therefore necessary. Professors Daniels and Roberts discussed the dispersal of the second part of the task force charge into the work for following three subcommittees,

- Education
- Clinical Research
- Clinical Care Delivery

Professor Daniels then said that Stewart McMullen prepared a report that fulfills the third part of the task force charge. That part of the charge reads as follows,

3. “Inventory and assess the current status of clinical science in the Academic Health Center, including the presence of clinical scholars, mentoring and development programs, recognition and reward systems for clinical scholars, and infrastructure platforms that support clinical science.”

Professor Daniels then briefly reviewed the remaining three pieces of the task force charge, which she said, would derive from the work of part two of the charge.

4. “Purpose goals for the development of the clinical sciences, including principles of investment, areas for investment, linkages with basic and translational research, linkages with clinical service lines, volume and kinds of clinical research, effective mentorship of clinical scholars, and models of care delivery and new therapeutics.”
5. “Develop a plan for achieving the goals for the development of the clinical sciences, including faculty needs, education and training needs, staff needs and facility needs.”
6. “Purpose, at a high level, the financial resources needed to achieve the goals for the clinical sciences program.”

The committee then engaged in an open discussion of the work of the task force and the resources necessary to framing an innovative and effective approach to clinical sciences.

Hearing no further business, Professor Feeney adjourned the meeting.

Sara Balick
University Senate