

**Compact Between the Senior Vice President for Health Sciences
and the School of Dentistry
FY 2000**

Overview

The University of Minnesota School of Dentistry is fulfilling its mission of producing highly trained dentists, dental hygienists, dental specialists, and dental scientists. It ranks among the nation's leading dental schools and is recognized for its contributions in generating new knowledge and technology. It is one of four schools in the US to be funded for a NIH Clinical Research Center.

The school is a leader in producing outstanding clinicians and its clinical education system is a model program. The school offers the most cost effective, quality dental education among public dental schools. As a measure of quality, in 1998, 97.5 percent of students taking National Boards Part I were successful, placing Minnesota in the top quintile of dental schools nationally, and 96 percent taking Part II passed with average score above the national mean. No student experienced probation during 1998, and forty-seven students qualified for Dean's list in the Fall Quarter, 1998, i.e., 3.67 cumulative GPA.

The School of Dentistry's clinics accommodate over 125,000 patient visits annually. The school has become a major provider for indigent/MA care patients who rely on the school's clinics for their oral health needs. The school has identified a need to alleviate the shortage of dentists and dental hygienists in rural areas throughout the entire upper midwest.

The University is home to the only dental school in Minnesota, and in the northern tier of states between Wisconsin and the Pacific Northwest. As such, the school serves as a regional resource for education, patient consultation and treatment, and continuing education for practitioners. More than 95 percent of the Minnesota's dentists are graduates of the UM School of Dentistry, as are approximately 60 percent and 40 percent of dentists in North and South Dakota respectively. A relatively high percentage of dentists in Wisconsin and Montana also have graduated from this school.

Major Accomplishments in 1998 and 1999

1. Teaching Programs

- Graduated 79 dentists and 36 dental hygienists. As internships and residencies are not mandatory in dentistry, these graduates must

be fully capable of passing their Board examinations and providing general dental care immediately upon graduation. A very high percentage pass the examination at the first opportunity.

- Graduate and residency programs in each of the recognized dental specialties, plus Advanced General Dentistry and the General Practice Residency, produced approximately 40 specialists.
- Sixteen dentists have earned a Master's degree in Geriatric Dentistry since the program began, including one in 1998. Minnesota is the only school in the country to offer this degree. Several non-degree Clinical Fellows also completed the program.
- The Learning Resources Center was completely renovated during the summer, including installation of state-of-the-art computers, scanners, color printers and other support items.

2. Clinical Service

- New patient registrations in 1998 increased by 8 percent, or a total of 4313 patients over the same period the previous year.
- Total patient visits increased 6 percent.
- Clinic income increased 15.6 percent--undergraduate and graduate programs
- A new contract to provide dental care for 3,500 university Graduate Assistants has resulted in approximately 115 GA patients per month since the program began, and it is expected that the number to double over the next several months.
- In keeping with our eight-year equipment replacement plan, in 1998, new dental operatories were installed in two clinics at a cost of \$181,000 to the school. In 1999, the School will expend \$350,000 which includes \$25,000 from the AHC. The primary source of these funds is the school's MERC appropriation.

3. Research

Dental Research Institute (DRI): The DRI joins together many research strengths of the school, the university at large, and manufacturers of dental products, to apply new research knowledge and techniques to factors in oral health.

- Multidisciplinary philosophy transcends departments, programs, and schools in carrying out its mission.
- Increased research support from \$1.6 million per year in 1987 to over \$5 million at present.

- Generated over \$3 million in federal funding to support DDS/PhD dental scientists.

Oral Health Clinical Research Center: The OHCRC collaborates extensively with other national and international institutions and corporations.

- Since 1990 has attracted over \$16 million in support, including \$6.4 million in corporate and foundation support, and \$9.6 million in public support
- Over 30 corporation supported clinical projects have been completed, and the Center is touted as a model for leveraged funding for federal dollars.
- Director of the Center holds an endowed Chair.

Minnesota Center for Biomaterials and Biomechanics:

- Leading example of university-industrial collaboration, having an 18 year relationship with the 3M Dental Products Division.
- Leader in the development of Digital Technology in 3D graphics applied to biological structures, including \$1.1 million NIH grant to develop the Virtual Dental Patient.
- Virtual Dental Patient technology can be applied to all anatomic structures. Thus, this research initiative will have widespread application throughout all health science disciplines.

4. Continuing Dental Education

- Ranks among the top five dental school continuing education providers in terms of courses offered, quality, and participant satisfaction. Annual attendance averages 5000 course participants.
- More than 100 programs (140 course days) offered. Includes one-day lecture programs and participation courses, as well as multi-day clinical programs.
- Independent study is available, including On-Line and Web Based components.
- Dental and dental hygiene students attend lecture programs free of charge during their senior year, and new graduates can attend lecture programs free of charge for the first 18 months following commencement.
- Enrollment statistics: 40 percent dentists; 30 percent dental assistants; 25 percent dental hygienists and 5 percent students, other health professionals, manufacturers' representatives and others. Approximately 95 percent of participants are from the north

central region which includes Minnesota, Wisconsin, Iowa, North and South Dakota. The remaining 5 percent come from over 35 states and several foreign countries.

5. Outreach

Dental, Dental Hygiene and Graduate Dental students at the University of Minnesota have the opportunity to provide care in more than 50 off-site settings. Examples of some externships include:

- *Migradent:* Initiated in 1996, this program brings dental care to approximately 5000 children of migrant workers in rural Minnesota. Staffed by dental and dental hygiene students, residents, faculty and staff.
- *Rural Dental Program:* The School of Dentistry has made great progress toward addressing multiple issues impacting the delivery of dental health services to rural populations in Minnesota and the surrounding region. To date, mobile dental clinics have provided the vehicle for provision of care, but these will be replaced with a minimum of two permanent clinics in the future - one in cooperation with the Otter Tail County Public Health Department, and the second in conjunction with the Hibbing Community College. Additional clinics in other rural communities will be considered as the program matures.
- *Union Gospel Mission:* Students and staff volunteers address the dental needs of the low income and homeless population in the inner city St. Paul.
- *Jamaica Volunteer Mission:* Begun in 1986, this activity is a response to the extremely high rates of caries and periodontal disease among Jamaicans. Students raise funds to cover their expenses and that of faculty. In 1998, the equivalent of \$221,925 in free dental care was provided. Attending students increased their awareness of public health issues and how individuals can contribute to the improvement of societal health.

6. Regional Resource

- The School of Dentistry provided consultations, diagnosis and treatment for patients from the entire upper midwest. Health professionals throughout the region utilize the School of Dentistry as a source of expertise.
- Long-standing contractual arrangement exist with the states of Montana to educate up to six students per year, and North Dakota to educate four students.

- Commitment to life-long learning is reflected in our regional character. Faculty from the School of Dentistry frequently present continuing education programs in the surrounding states, and many dentists and dental hygienists from all over the region take advantage of the continuing education resources offered on-site at the University of Minnesota.
- Regional significance will be further expanded with the development of Electronic and Distance Education, e.g., Continuing Education initiatives as described above.

7. Development

- Launched a new fundraising initiative "2000x2000x2000."
- Raised \$2.4 million during 1998, the highest single year contributions in the history of the school.
- Funds generated are directed primarily to endowments supporting 1) Student Scholarships; 2) Educational Technology; 3) Clinical Research; and 4) a multidisciplinary Orofacial Disorders Resource Center.

Progress Report on Academic Priorities for FY1999

The compact between the Senior Vice President, Academic Health Center and the Dean of the School of Dentistry for 1998-99 includes the following:

1. Enhance the curriculum through the following initiatives:

- a) Reorganize curriculum to incorporate accreditation changes requiring competency-based outcomes (instead of procedurally based.)
- b) Implement changes related to semester conversions.
- c) Modify the MS program to increase multidisciplinary interaction within the school and with other units of the Academic Health Center, e.g., common core curriculum development.

Progress:

Each of these items either is completed or nearing completion. The required Self-study is in its final development and the school will be ready for Accreditation in October, 1999.

All courses in the curriculum have been reconfigured to conform with the semester schedule.

An integrated and cohesive Dentistry MS Program with a revised core curriculum was approved by the Executive Committee of the Graduate School in June, 1998. The reorganization effectively responds to internal and external forces, including Institute of Medicine (IOM) recommendations for graduate dental education, plus marketplace needs for improved opportunities for both MS and Certificate students. A new Director of Graduate Studies has been appointed and internal funds have been provided to meet operating expenses of the new Graduate Studies Office.

2. Develop a plan to introduce a state-of-the-art dental simulation laboratory with the Virtual Dental Patient

Progress:

A three-phase plan has been developed. The School has committed \$129,000 to Phase I, modification of the 8-South clinic, plus an associated prosthetics laboratory to provide the space required for this initiative. Construction is scheduled for summer, 1999. Phases II and III, Developing Computer Simulations of Critical Skills, and integrating features of the Virtual Dental Patient (being developed with a \$1.1 million NIDR grant), will be incorporated as they are perfected over the next 2-3 years.

3. Improve clinical education and expand patient care opportunities through the following initiatives:

- a) Increase faculty private practice capacity and activity in the School's clinic
- b) Develop and implement a 'Patient-focused' admissions process for clinics resulting in a 40 percent reduction of appointment time commitments for patients.
- c) Implement Phase II of the Clinic Computing Modernization Program
- d) Initiate a regular replacement program for clinic equipment
- e) Increase the ratio of full-time to part-time faculty
- f) Obtain permanent funding to offset the increased expense resulting from sale of University Hospital (e.g., parking fees)

Progress:

New faculty are expected to join the school's intramural practice system. A highly trained Oral and Maxillofacial Prosthodontist has been hired to expand the services available. The School has invested

\$65,000 in new equipment in the Faculty Practice Clinic. Space is a major constraint. Temporary space may be "borrowed" from the Cleft Palate/Craniofacial Clinic to permit short-term expansion while permanent space is being sought.

All patient admissions activities have been located centrally on the seventh floor, including completion of a \$36,000 upgrade of facilities and equipment. Internal reallocation and new funding commitments of up to \$285,000 for faculty and staff positions have been implemented. New patient registrations have increased by 8 percent for the first five months of the new system. The "wait time" for new appointments has decreased by three weeks, and the new systems allows persons with minor needs to be treated immediately, rather than have to make a second appointment.

Phase I of the Clinic Computing Modernization Program has been completed. This phase includes four modules for advancing the management information systems in the clinics:

- a) Introduction of the Data Warehouse System - The School have chosen to invest in the FileMaker Pro System. This program is being tested heavily and will be used to develop the database required for the HMO-Type program the school has initiated with Employee Benefits Office for the Graduate Assistant Dental Plan.*
- b) Expand Business Logic - The School has expanded patient appointment modules to include the Faculty Practice Clinic, Graduate Endodontics, Graduate Prosthodontics and a new Patient Admissions Unit. Only two clinical areas (Orthodontics and TMJ) remain to be added. The EDI has been converted to the new format and the School is seeking new clearinghouses that can provide claim service for a greater number of third-party carriers. All claims, patient predeterminations, and account summaries are now printed locally, avoiding overnight lag time for printed materials.*
- c) Expand and Improve Access Desktop and Off-site Access to Clinic Information - Considerable progress has been made. All persons and units requesting access have been accommodated, including off-site training locations, faculty practice, scores of students from their home computers, and many departmental faculty and staff. Seven public access stations have been provided for student dentists and hygienists to check their schedules and make appointments.*

- d) Develop Systems for Capturing "Point of Treatment Information" and the Electronic Record - A new analyst has been hired to begin development of this product. Systems software and hardware are in place to begin design.*

At 70 percent, the full-time to part-time faculty ratio continues to be a problem. Due to practice requirements and salary differentials, the effective ratio is 3:1. Plans for the addition of two internally funded faculty positions are under development at this time, but significant progress beyond this point cannot be made without AHC support. (See Academic Priorities Section).

4. Dental Research Institute will Develop and Submit an Application for a New NIDR Sponsored Program

Progress:

A grant entitled "Craniofacial Pain Research Center for Discovery" was submitted to the NIDCR in May. If funded, this grant will bring \$11.7 million dollars to the University over the next five years. In addition to this initiative, the neuroscience program in the School, with eight clinical and basic science investigators, will have more than \$1.4 million in sponsored research during FY1999.

5. Participate in AHC Interscholastic Programs in Research and Education

Progress:

Interdisciplinary programs in research and education are underway in Pain, Digital Technology, Neurosciences, Biomaterials, Pharmacology, Cancer, Orofacial Anomalies, Genetics, and several clinical areas. Many faculty work with the Intercollegiate Primary Care Education Council to identify interdisciplinary educational and service opportunities.

6. Develop and Implement an Expanded Outreach Program with Emphasis on Rural Minnesota

Progress:

Architectural drawing for clinics in both Fergus Falls and Hibbing have been completed. Funds in excess of \$120,000 have been committed by the AHC/School of Dentistry to MnSCU for architectural fees for the Hibbing clinic. The School is awaiting funding to complete the

DUTIES AND RESPONSIBILITIES OF THE AHC FINANCE AND PLANNING COMMITTEE

1. To consult with and advise the Sr. Vice President for Health Sciences and the Academic Health Center Chief Financial Officer on the development of legislative requests and the annual budgets and to review the implementation of the annual budget.
2. To consult with and advise the Sr. Vice President for Health Sciences on the financial aspects of all major proposals and policy initiatives.
3. To consult with and advise the Sr. Vice President for Health Sciences on planning.
4. To participate in the development and review of all physical facilities planning.
5. To advise the Sr. Vice President for Health Sciences and the AHC Facilities Management Director on questions of space allocation not restricted to the internal concerns of individual colleges and to monitor the consistency of physical plant and space allocation decisions with the Academic Health Center mission and educational policy.
6. To recommend to the AHC FCC such actions or policies as it deems appropriate.
7. To submit an annual report to the AHC FCC.

implementation process. Plans to begin on-site care in Fergus Falls in September, 1999 and in Hibbing in September, 2000 appear to be realistic.

Priorities for FY2000

The compact between the Senior Vice President for Health Sciences and the Dean of the School of Dentistry for 1999-00 includes the following:

1. Faculty Salaries

Goal: The top priority of the School of Dentistry is, and will continue to be, elevation of faculty salaries to at least the mean of our peer institutions

Data from the American Association of Dental Schools and the American Dental Association indicate that overall salaries for School of Dentistry faculty are 12 percent below the median of peer institutions. When compared to private dental practice, the deficiency for general practice dentists is 16 percent and for specialists is 36 percent.

2. Full-time Faculty Requests

Goal: Strengthen the DDS program by recruiting, promoting and retaining highly qualified faculty, and by providing opportunities for faculty development and scholarly activity

Accreditation and patient care standards require specific faculty-student ratios during clinic instruction. Due to sustained and significant retrenchments, the only way to maintain these standards has been through the use of Clinical Dental Specialist (P&A) appointments. Funding is required to return to an appropriate complement of tenure track positions in the school, especially in the clinical disciplines. Tenured and tenure track faculty must produce the research which will keep the School at the forefront. The School's strategic plan calls for the addition 13 new full-time faculty to bring the faculty student ratio to an acceptable level. The School plan to accomplish these additions over 3-4 years. A commitment from AHC of \$203,000 is required to assist the School in meeting its goal of adding two new tenure track faculty during FY2000.

3. Part-time to Full-time Clinical Faculty Conversions

Goal: Provide optimal patient care and clinical instruction by reducing the School's heavy dependence on part-time faculty; and progress toward matching peer institution benchmarks relative to F-T/P-T clinical faculty

To be on a par with the most successful dental schools, at least 75 percent of the clinical faculty effort must be provided by full-time faculty. Many of the strongest school in the country reflect ratios of 80 percent or higher. A combination of factors - including internal budget strategies - has contributed to the school's making headway in meeting the 75 percent target, but a minimum of six additional conversions will be needed to reach our goal. The School's internal budget calls for the conversion (i.e. addition) of 2.0 full-time positions in FY2000. The School is seeking funding from the AHC for 2.0 additional full-time conversions at a cost of \$126,500. The School believes this investment will provide significant improvement in the School's national ranking.

4. Resolution of P&A Compensation Issue

Goal: Implement compensation policies which support the recruitment and retention of highly skilled dental educators and meet the requirements of the School's educational and patient care programs.

At present, School of Dentistry Clinical Track faculty are listed in the P&A category. These persons are full-time faculty who perform all duties of tenured/tenure track faculty except to conduct research. A method must be found to compensate these persons as full-time faculty, including annual raises. Such action not only will treat these persons fairly, but also will remove from the School of Dentistry the necessity to supplement annual salary increases equal to the difference between P&A and tenured faculty appropriations, which in FY1999 amounts to \$31,000 plus fringe benefits.

5. Semester Tuition Attribution to Summer Session

Goal: Implement university mandated semester conversion and a revised schedule which decompresses the dental curriculum and expands available teaching time to meet the increased requirements for graduation and accreditation.

The School seeks funding to offset the tuition revenue loss of \$386,000 as a result of the implementation of semester conversion. This translates into a significant and permanent loss to our reserves. It results from the need to maintain the current number of instructional days to meet mandated university calendar, and accreditation standards. Semester conversion has necessitated including more courses originally scheduled within the three quarters being redistributed into two semesters plus the summer session, dramatically increasing the number of credit hours associated with the summer session. Since the University's reporting system records summer

session tuition in the following year, this change has the effect of moving a portion of the School's tuition revenues from FY2000 to FY2001. While revenues are being shifted to 2001, expenditures for the year 2000 will not decrease. A full summary of the reasons for this loss is described in our budget reports "Tuition Module," "Financial Strategy," and "Supporting Documentation for Semester Conversion."

6. Clinic Equipment Replacement

Goal: Maintain a Clinic Equipment Replacement Program which provides consistent, dedicated funding to replace 25 year-old "core" (operatory) equipment.

Among our highest priorities is replacement of our 25 year old clinical equipment. Replacement of the "core" dental units alone is estimated now at \$1.9 million (down from \$2.2 million last year.) This does not include all of the support equipment required for a modern dental care facility - ranging from dust collectors to x-ray film processors. In response to this goal, the School proposed a partnership with the AHC which would implement an eight-year replacement plan, with the School funding two-thirds (\$168,000/year) of the commitment and the AHC funding one-third (\$84,000/year) of the commitment. The School received \$25,000 from AHC in the current year towards this plan, the difference was covered by the School to maintain the targeted replacement schedule. The School is again requesting a one-third matching commitment of \$84,000 from AHC in order to maintain the program for the coming years.

7. Washer/Disinfecter Unit

Goal: Implement new technology and systems to meet current infection control standards in the patient care environment and significantly reduce Ethylene Oxide (ETO) emissions to the environment.

Technology and health care delivery requirements call for early replacement of the Instrument Management Program's 25 year-old central sterilization systems, based on Ethylene Oxide (ETO). The gas is heavily taxed by the Minnesota Pollution Control Agency to discourage its use, and many states have banned the use of ETO. Additionally, the present instrument delivery system is dependent on the students to clean all debris off the instruments. In the event that cement or blood is left on an instrument, present sterilization will not penetrate through the debris.

The School has investigated the acquisition of washer/disinfecter systems at both FUMC and St. Mary's hospitals, and is ready to move

forward in introducing these components to our sterilization facilities. The (fixed) equipment and facilities cost for such action will require an investment of \$300,000, which is being requested from the AHC. The School will commit up to \$150,000 in one-time costs to purchase instrument cassettes to use in the new washer and cover the additional salary costs which will be required for this investment.

8. Pre-Clinical Laboratory

Goal: Enhance the educational facilities and implement improved health and safety standards for the School's Preclinical Laboratories.

The fourth floor Moos Tower pre-clinic laboratories are in need of renovation for educational plus health and safety concerns. The facilities have not changed since the building was occupied in 1973. The current student benches lack any type of dust collection. However, the students spend much of their time at these benches working with materials which produce considerable dust and debris. A dust collection and central vacuum systems needs to be installed to meet present health and safety standards. The estimated cost is \$142,000. (Note: the School was cited for lack of compliance with this standard at its last Accreditation visit in 1992.) Additionally, the audiovisual equipment in these laboratories is over 25 years old and needs to be replaced with technology that will allow computer aided instruction, estimated at a cost of \$37,000.

9. Recover Moos Tower Room 5-125 for Dental School Use

Goal: Return scheduling priority for Room 5-125 for use by dental and dental hygiene students.

Several years ago the School of Dentistry entered into an agreement to make its classroom, 5-125, available to Pharmacy and Nursing as a location for originating distance education sessions. The agreement was that these programs would be scheduled primarily in late afternoon and evenings and the dental school would have first priority for this room, especially during the mornings, for dental and dental hygiene classes. The room is no longer being used for the purpose agreed to but has continued to be scheduled for regular Pharmacy and Nursing classes. As this room was designed and equipped specifically for dental and dental hygiene education, the School must reclaim our priority status in scheduling this room.

10. Outreach/Rural Activities

Goal: Increase exposure of dental and dental hygiene students to rural practice

Requests for AHC/University assistance in realizing our Rural Dental Programs in Fergus Falls and Hibbing have been submitted under separate cover, and are included in the University's request to the legislature.

External Factors: Status of Oral Health in Minnesota and the Region

The overall status of dental health in Minnesota and the upper midwest is good. The caliber of education of the population, and a reasonably strong economy have resulted in most citizens enjoying high quality dental care. However, there is cause for concern. Throughout the past several years access to dental care has become more difficult for certain segments of the population, especially low income rural and inner-city persons. To respond to this need, the School of Dentistry has developed creative methods of dental care delivery utilizing the expertise of undergraduate dental and dental hygiene students, residents in specialty programs, and faculty. The primary modality to date has been mobile clinics which can bring quality dental care to locations where the need is greatest. Most of these programs have been supported internally, although some derive limited support from various social service agencies. The success of these programs has resulted in proposals for permanent outreach clinics in underserved areas.

The need for well trained dentists, dental hygienists, dental specialists and dental scientists will continue for many years into the future. Demographic analyses point to an aging population of dentists, predictive of a shortage of dentists in the future. This is becoming acute in certain areas, notably northern Minnesota. Furthermore, rural communities throughout the entire region are experiencing increasing difficulty in attracting young dentists and dental hygienists.

Last but not least, the knowledge explosion, especially in technology and improved dental materials, has brought about a demand for many more dental teachers and researchers. Acquisition of new faculty is essential to maintain Minnesota's position at the forefront of dental education and research. Unfortunately, high student debt plus increasingly attractive opportunities in the private sector are decreasing the numbers of persons seeking academic and research careers.

Student Issues and Enrollment Management

1. Student Indebtedness

The average indebtedness of graduating dental students is approaching \$80,000. The School is attempting to ease this burden by increasing the availability of loans and scholarships, specifically through the 2000x2000x2000 campaign. Debt management counseling was initiated as part of the first-year DDS student orientation program. Financial Aid entrance interviews were mandatory for all first-year students. All incoming students were provided with the American Dental Association's financial planning guide, *Financial Planning Issues for Dental Students*. Fourth-year students are provided with the ADA packet *Managing Finances*, which addressed debt management and loan repayments.

Faculty, Staff, and Facilities Issues

1. Faculty Salaries

Faculty salaries are below the median of our peer-group schools. The School will place a very high priority on increasing faculty salaries to at least the mean level of these comparator schools.

2. Projected Retirements

Over the next three years the school expects 3-4 faculty members to retire. Competition with private practice is driving incomes up substantially which will have to be reflected in the salaries offered to replacements.

On average, replacement (and new) positions cost as much as 25 percent more than the vacated position, and in some specialties, e.g. endodontics and orthodontics, the figure is even higher.

3. Aging Infrastructure

Moos Tower was constructed primarily to house School of Dentistry. Facilities equipment and layout were state-of-the-art in 1973, but time, technology, and teaching have changed during the past quarter century. The School is dealing with an aging infrastructure which will require significant upgrading in the next several years. The School

request support to conduct a thorough analysis of the facility with the goal of projecting the needs for the next 25 years. This analysis should be conducted with the assistance of an architect and other professionals who can help determine not only what is needed, but more importantly, what is possible within present facility.

4. "State-of-the-Art Clinic," and "Esthetics Center"

The School of Dentistry is developing plans for two unique components which will contribute to improved education of dental and dental hygiene students and to Continuing Education and Research. The "State-of-the-Art Dental Clinic" will incorporate the latest concepts in clinical equipment, technology, dental materials and treatment in one location. The intent will be for the School of Dentistry to be ahead of the curve, and demonstrate to students and practitioners what is the future of the profession.

The "Esthetics Center" will conduct teaching and research, primarily on materials and techniques to improve the esthetic capabilities of dentists in orofacial restorations. This is a major "growth area" in dentistry with a high demand for the latest information. The School of Dentistry, working with manufacturers of dental materials (e.g. 3M) intends to be a forefront of this revolution.

Diversity Issues

1. Student body

Over the past five years the enrollment of persons of color in the School of Dentistry has ranged from 7-13 percent with an average of nine percent. The school has committed \$50,000 for student tuition waivers to help attract nonresident applicants of color and other high ability nonresident applicants for the 1999 entering first-year class. Admissions Committee members have assisted in recruiting applicants of color by contracting them individually during the admission process. In November, 1998, the school hosted a Careers Day program, with record attendance of over 500 participants. Identified applicants of color who had applied to the University of Minnesota, or who had applied for the Dental Admissions Test were sent personal invitations to attend this event.

2. Faculty/Staff

Although considerable effort is being expended toward ensuring diversity, attracting minorities to the faculty continues to be difficult.

Summary statistics on faculty hires in FY1999 are as follows:

- a) Tenure track faculty: 2 hires; 1 female/1 male (no minorities)
- b) Temporary faculty: 4 hires; 2 female/2 male (no minorities)
- c) Full-time Clinical Dental Specialists (P&A): 6 hires; 3 female/3 male (no minorities)
- d) Part-time faculty: 21 hires; 10 female/11 male (one Asian female)
- e) Postdoctoral Associates: 4 hires; 2 female/2 male (one Asian male)

3. Curriculum

The Educational Policy Committee is in the process of adapting the curriculum to address increasingly diverse populations, pathologies and dental care delivery systems.

Financial Issues

- 1. Tuition: The school estimates tuition revenue of \$4,024,343 in FY2000.
- 2. ICR Estimates: The School estimates indirect cost recovery revenue of \$1,152,195 in FY2000.
- 3. Funding for Patient Parking
This item has been a chronic problem for School of Dentistry budgetary planning. Subsidized parking is one of the major attractors of patients to the School of Dentistry clinics. This item must be regularized through a recurring appropriation.
- 4. Loss of Indigent Care Funding
The School is concerned regarding whether or not additions to the MERC Trust Fund beyond the current \$5 million base will be sufficient to meet the shortfall. In the event that it is not, the MERC funding committed for this purpose will only replace current costs and will not be available to meet program improvement requirements.

Consultation and Communication in the Compact Process

The School of Dentistry is comprised of four departments, each of which contains several divisions which represent the primary clinical and scientific disciplines within the profession. Divisional Directors are responsible to their respective departmental chairperson, who in turn is responsible to the dean.

1. Decision making process

Ultimate decisions of the School of Dentistry are made by the Council of the Faculty. The Executive Committee, consisting of the Dean, Associate Deans, Departmental Chairpersons, and the Chief Financial Officer meet every two weeks (more frequently if necessary) to hold preliminary discussions and to decide issues which fall under its constitutional realm. Chairpersons and other faculty officers are expected to receive and transmit issues, and receive input from persons in their areas of responsibility. Divisional and Program Directors participate in the Executive Committee sessions one time each month.

Early in the Fall Quarter, 1998, all faculty and staff were notified by their Departmental Chair, Divisional or Program Director, or their supervisor, plus an e-mail to all faculty and staff, that the Compact process was beginning. An announcement also was made by the Dean at the Fall Quarter Council of the Faculty meeting. All persons were requested to submit ideas, requests, etc. for items that might be included in this year's Compact. These items were reviewed and prioritized by the Executive Council and many are included in this Compact.

2. Description of consultative tactics used in forming the FY2000 compacts

The process described above was used, i.e., issues were discussed by the Executive Committee and at the monthly session with Divisional and Program Directors. Issues requiring a formal decision by the Council of the Faculty were acted upon at the quarterly faculty meeting.

3. Plan for initiating the use of compacts at the department and/or division level in each school

Departmental and divisional personnel have had input into the compact process throughout the entire development. These people are fully aware of, and have accepted, their share of responsibility for implementation of the items in the compact. Periodic evaluation of

progress toward meeting the goals of the compact will be conducted and the results of these evaluations will be acted upon.

Status of FY1999 Reports

1. Enrollment report: Due August 31, 1998

Status:

2. Programmatic and business plan for the outreach program (MnPride) to initiate request in next session of legislature

Status:

3. Review of information system plan for the School

Status:

4. Customer satisfaction survey and comparative data to evaluate the patient-focused admissions process

Status:

5. Plan for dental simulation laboratory with virtual dental patient

Status:

From: Feeney Daniel
To: churc001@tc.umn.edu, Kathryn E Dusenbery <dusen001@tc.umn.edu>,
CC: Muriel J Bebeau <bebea001@maroon.tc.umn.edu>,
Subject: 6/21/99 Meeting
Date: Mon, 14 Jun 1999 08:36:18 -0500

Hello AHC F & P,

As a follow-up to our last meeting, we will be addressing the Collegiate Compacts within the AHC at our meeting coming up on 6/21/99. When room and refreshment arrangements are finalized, I'll let everybody know. However, assume it will be in either 4-101 or 6-101 BSBE unless you hear otherwise. Our meeting time is 4:00 pm.

Please recall that we were to look at the Compacts from two perspectives.

First, the consultative process used and whether what was written fit what actually occurred as well as whether it was effective/representative/etc.. Second, a "big picture" approach to what has been requested across the AHC Units. We need to give Kathye some input on what is important from an "all-AHC perspective" and what things seem like fillers or cost-shifting by the AHC Units.

There will be some changes in how our committee operates next year.

Via this note, I'm asking Vickie Courtney to summarize the changes we can expect and send it out to us. In a brief discussion with her a few weeks ago, we will apparently have staffing (and minutes), specific help with scheduling/room arrangements/etc., and there may be some \$-incentive for people to serve as Chair (which might influence individual's consideration for serving as Chair). Vicki will be getting back to us with additional information. I think the meeting to follow the 6/21/99 meeting should address choosing the chair for next year and how we will operate with staffing. Depending on Vicki's schedule, she or another member of the Senate Staff may be able to join us and give us the new operating mode. Please give these items some thought (particularly be ready to nominate individuals for Chair for the 99-00 year).

Hope to see everybody on the 21st. Best wishes for a great Summer.

Dan Feeney
Daniel A. Feeney, DVM, MS
Professor of Radiology
College of Veterinary Medicine
University of Minnesota
408 Veterinary Teaching Hospital
1365 Gortner Avenue
St. Paul, MN 55108
(612) 625-9731 [office phone]
(612) 624-0751 [FAX]
feene001@tc.umn.edu [e-mail]
(612) 538-4487 [digital pager]

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.edu
CC: Muriel J Bebeau <bebea001@maroon.tc.umn.edu>
Subject: Re: Med Tech Program Funding
Date: Wed, 21 Apr 1999 10:45:38 -0500

>X-From_: cerra001@maroon.tc.umn.edu Mon Apr 19 13:35 CDT 1999

>X-Sender: cerra001@maroon.tc.umn.edu

>X-Mailer: QUALCOMM Windows Eudora Pro Version 4.0

>Date: Mon, 19 Apr 1999 11:34:25 -0700

>To: feeney <feene001@maroon.tc.umn.edu>,
> Gregory M Vercellotti <verce001@maroon.tc.umn.edu>,
> furch011@tc.umn.edu,
> Kathryn E Dusenbery <dusen001@tc.umn.edu>,
> kmjohnst@mailbox.mail.umn.edu,
> Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
> Carol L Wells <wells002@maroon.tc.umn.edu>,
> Daniel A Feeney <feene001@maroon.tc.umn.edu>

>From: Frank Cerra <cerra001@maroon.tc.umn.edu>

>Subject: Re: Med Tech Program Funding

>Cc: kmjohnst@mailbox.mail.umn.edu,
> Alfred F Michael <micha003@tc.umn.edu>,
> Kathryn E Dusenbery <dusen001@tc.umn.edu>,
> kmjohnst@mailbox.mail.umn.edu,
> Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
> Carol L Wells <wells002@maroon.tc.umn.edu>,
> Daniel A Feeney <feene001@maroon.tc.umn.edu>,
> Muriel J Bebeau <bebea001@maroon.tc.umn.edu>

>
>
>The funding for Medical Technology for 1999-2000 is secure at the 800K
>level. The formula will be worked out between the Medical School, AHC and
>the Dept of Lab Medicine and Pathology, pending determination of the base
>budget. The latter is in progress.

>
>
>
>
>At 01:24 PM 4/19/99 -0500, feeney wrote:

>>Hello,

>>
>>This is a follow-up to a note sent about a month ago to Dean Al Michael
>>inquiring about the funding decisions on the Medical Technology Program.
>>While it is not the of the AHC Finance & Planning Committee to delve into
>>the workings of individual AHC colleges or departments, we will be asked
>>to
>>consult on the upcoming batch of "College Compacts" covering a number of
>>issues. We have received information regarding the Medical Technology
>>Program and we're seeking administrative input to give us the picture
>>from
>>both sides.

>>
>>Below is the text of the letter to Dean Michael and his response. We in
>>the AHC-F & P would appreciate any insight you can provide.

>>

>>Thank,

>>

>>Dan Feeney

>>1998-99 AHC Finance & Planning Chair

>>

>>

>>*****

>>FROM DEAN MICHAEL TO DAN FEENEY(3/29/99):

>>This is a complicated issue. Med Tech is within the Dept of Lab Med and
>>Path under the headship of Leo Furcht but also reports to the Senior
Assoc

>>Dean for Education, Greg Vercelloti. I will refer your letter to them
>>and ask both of them to respond.

>>

>> Al

>>

>>FROM DAN FEENEY TO DEAN MICHAEL (3/24/99):

>>Dean Michael,

>>

>> For once we're not corresponding about the Veterinary Medicine Dean
>>Search. My purpose for contacting you is a letter the AHC Finance &
>>Planning Committee (AHC-F & P) received from the Director of the Division
>>of Medical Technology, Professor Karen Karni. While it is not the AHC F
&

>>P's charge to get involved with specific academic or funding decisions
made

>>within the AHC Colleges, we will be asked to give input to Sr. VP Cerra
>>through Associate VP Katherine Johnston on the "College Compacts" for the
>>Academic Health Center in April. As I read the information from
Professor

>>Karni, there have been several discussions at numerous levels of the AHC
>>Administration, some with the U-MN Central Administration, and apparently
>>with various individuals in the Mayo and MnSCU Organizations. From my
>>perspective, this is a potentially volatile issue that would not be in
the

>>best interest of the AHC or U-MN legislative requests, if it entered the
>>political arena at this time. Because all of these have financial
>>implications for the AHC, that is where we as the AHC F & P group fit in
>>and why we're asking for information.

>>

>> Professors Karni and Wells wrote a letter to Senior Associate Dean
>>Vercellotti in late February, 1999. A copy was sent to us. The letter
>>contained considerable documentation and a chronologic summary of
>>occurrences involving the budget cuts in the Med Tech Program. In an
>>effort to hear both sides and to be prepared to critically and
objectively

>>evaluate the Collegiate Compacts when Kathye Johnston brings them to us,
>>we'd appreciate a response from you or one of your associate
>>administrators. We are trying to avoid being judgmental without hearing
>>both sides. The best remedy for objectivity is a balanced perspective.
>>Your input on this matter will be very helpful in our achieving that
balance.

>>

>

>> This request is not for a detailed report. Instead, it is a
request for

>>your perspective on the matter of budget cuts in the Med Tech Program.

An

>>~~e-mail~~ response would be fine! If you need an additional copy of the
>>2/23/99 letter to Dr. Vercellotti and/or the documentation that went with
>>it, I can arrange for a FAX of that information to you.

>>

>> Thank you for your attention in this matter.

>>

>>Dan Feeney

>>1998-99 Chair, AHC F & P

>>Daniel A. Feeney, DVM, MS

>>Professor of Radiology

>>College of Veterinary Medicine

>>University of Minnesota

>>408 Veterinary Teaching Hospital

>>1365 Gortner Avenue

>>St. Paul, MN 55108

>>(612) 625-9731 [office phone]

>>(612) 624-0751 [FAX]

>>feene001@tc.umn.edu [e-mail]

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>>

>

>

>

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College of Veterinary Medicine

University of Minnesota

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St. Paul, MN 55108

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feene001@tc.umn.edu [e-mail]

(612) 538-4487 [digital pager]

3/29/99

TO: Professor Sara Evans
1998-99 Faculty Consultative Committee Chair
Professor Steve Gudeman
1998-99 Senate Finance & Planning Committee Chair

FROM: Academic Health Center finance and Planning Committee
[D. Feeney (1998-99 Chair), K. Dusenbery, P. Tomlinson, C. Wells
K. Johnston (ex officio)]

RE: Response to questions about Jackson Hall remodeling and Molecular
& Cellular Biology Building capacity

Sara & Steve,

Following your request for insight on this situation, the AHC-F & P Committee exchanged e-mail and phone calls with both Associate Vice President Katherine Johnston and Vice Provost Terry Bock. In addition, this topic was discussed at our regular meeting held 3/1/99. The points will be addressed individually.

Point #1:

The remodeling costs for Jackson Hall will substantially exceed the original estimates (and the funding?).

The costs will indeed exceed the original estimates. Several explanations are offered. The estimate on which costs for the Jackson Hall Remodeling was based was a "preliminary, predesign study". Because of the timing and legislative expectations for action, the next step was a "design and build" approach with planning and adjustments going on just prior to construction. There were several specific areas in which costs were underestimated or changes had to be made midstream.

- The gross anatomy lab was not supposed to be part of the remodeling. However, the state of that facility and the disruption caused by construction made adding it to the project a logical step. That increased the costs!
- The need to collocate the biological science/medical school basic science departmental offices was another facet that had to be added. That increased the costs!

Point #1: (continued)

- The predesign estimate assumed that existing heating, electrical, air conditioning and plumbing systems could be used, at least in part. However, when the project began, a host of code violations were uncovered. These had to be addressed or would have been mandated shortly anyway (and then at the retrofit costs). That increased the costs!
- The roof on the Jackson Hall part of the JOML complex turned out to be in much worse shape than originally expected. It had to be replaced. However, there were \$ available from the central building maintenance funds that covered the replacement instead of the estimated costs for just for repair as originally specified.

Other than the roof, these costs were apparently equally shared by the Academic Health Center and Central Administration. Associate VP Johnston indicated that a loan to the AHC was negotiated between Dr. Cerra (as CEO for the AHC) and Central Administration which is to be paid out of future operating incomes. The good news is that the cost for the project as it currently stands is still about \$158/square foot. This is not bad under the circumstances.

and

Point #2:

There may be insufficient space in the new Molecular and Cellular Biology (MCB) building to accommodate all the faculty (and their labs) who are supposed to occupy it.

This situation is, in part, true. The estimates for the faculty space needed are based on Minnesota Facilities Model calculations. When compared to the space that can be constructed for \$70M legislative allocation, there is some shortfall. But, that is life as we all know it. The MCB building was planned to house 60 principle investigators for offices and labs. With some modification and adjustments in the "facilities model", it will accommodate 70 PI's. We don't have the Minnesota Facilities Model calculations, but we assume they can be obtained from, Associate Provost Bock, AHC Facilities Management Director Wederstrom, or Associate VP Johnston if either of your committees wish to delve beyond this report.

The AHC F & P hopes this provides you with at least some perspective on the situation. To give you some additional insight, enclosed is the report given to the U-MN Board of Regents (in 2/99) as signed by Sr. VP Frank Cerra and Interim VP for University Services Eric Kruse. It does provide some dollar figures for the increased costs for the Jackson Hall project.

Best wishes!

cc: Senior Vice President Frank Cerra
Associate Vice President Katherine Johnston
Vice Provost Terry Bock

enclosure

**Jackson Hall Remodeling
Minneapolis Campus
Project No. 032-98-1705**

1. Basis for Request:

The recent successful Legislative session resulted in funding for the new Molecular and Cellular Biology Building, the number one priority for the University Academic Health Center. Following careful study of the location options available, the site of the present Jackson-Owre-Millard-Lyons (JOML) complex was determined to be the best site for the Molecular and Cellular Biology Building. The completion and occupancy of the Basic Science/Biomedical Engineering Building emptied approximately two-thirds of the JOML complex's 363,500 gross square feet. At present there are approximately 125,000 assignable square feet of space occupied within the JOML complex. It became evident during the pre-design phase of the Molecular and Cellular Biology Building that while a majority of the JOML complex would have to be demolished to make way for the new building, considerable space would be required to house those displaced. Jackson Hall and the adjacent Jackson-Owre Addition were deemed the logical choice for reuse and renovation for a number of reasons. First and foremost is that the building is sound and well suited for renovation to house lower intensity research programs such as Physiology and Neuroscience, present occupants of both Owre and Millard. The building is the most vibration resistant of the JOML complex, another important element for this type of research. The building, built in 1913, has historical importance as the original main facility of the University Medical School. Finally, it will provide a link between Basic Science and the new Molecular and Cellular Biology Building.

The Jackson Hall Remodeling project is the largest portion of the Jackson-Owre-Millard-Lyons (JOML) relocation effort. In addition, remodeling ranging from moderate to minor in scale is required in several other buildings. Included are several laboratory spaces on the 2nd floor of Moos Tower, several rooms on the 2nd floor of the Phillips-Wangensteen Building, numerous office spaces on the 6th and 7th floors of Mayo, several laboratory spaces on the 2nd floor of the Lions Research Building and rooms on several floors in the Basic Science/ Biomedical Engineering Building.

2. Scope of Project:

Sixty-eight thousand (68,000) assignable square feet (ASF) of Jackson Hall/Jackson-Owre Addition will undergo extensive remodeling. This project accommodates the following relocations: 33,000 ASF for the relocation of the Physiology and Neuroscience Departments, 10,000 ASF for the relocation of several departmental offices, 7,000 ASF for the relocation of the Mortuary.

Science and Gross Anatomy Departments within the building. The following programs will remain in their existing space: 9,000 ASF for Gross Anatomy and Mortuary Science Departments which will be extensively remodeled and 9,000 ASF of Research Animal Resource related space which will be subject to minimal remodeling.

The major components of the remodeling work to occur are:

- The systematic demolition of a majority of interior walls, mechanical and electric systems.
- Removal of the sixth floor exterior metal panel walls and the roof.
- Installation of new brick walls at the sixth floor, consistent with the existing building.
- Installation of a new sloped, standing seam, metal roof, similar to the Basic Science/Biomedical Engineering roof.
- Creation of new office space and mechanical room on the sixth and seventh floors.
- Development of new interior research spaces in response to the programmatic needs of the Physiology and Neuroscience Departments.
- Relocation of existing Gross Anatomy and Mortuary Science space within the building.
- Development of office space based on the administrative needs of the Physiology, Neuroscience, Bioscience and Pharmacology Departmental offices.
- Renovation of Gross Anatomy, Mortuary Science, and Research Animal Resource related space.
- Installation of new heating, ventilating, air conditioning, fire protection and plumbing systems.
- Installation of new power, lighting, communication and fire alarm systems.
- Replacement of all existing windows.
- Correction of existing building access and code deficiencies.

Scope Increases

- The overall costs of asbestos abatement and radiation surveys have increased over original estimates by approximately \$200,000.
- The overall costs of both roof and window replacement have increased over original estimates by approximately \$1,300,000.
- Numerous hidden conditions associated with an old building, poor existing record drawings, low pre-design square foot cost estimates resulting from establishing the cost estimate on typical remodeling rather than a total renovation with the building infrastructure being replaced, increase in building code requirements than recognized in the redesign, and more extensive remodeling than originally programmed have resulted in increasing construction costs by approximately \$3,000,000.
- Originally only those portions of Gross Anatomy that were directly impacted by building renovation were to be remodeled. However, over the

course of the project it became apparent that the impact on Gross Anatomy was greater than anticipated and estimated. This is due to code requirements and the vertical nature of mechanical and electrical building services required to pass through Gross Anatomy. Consequently, the decision was made to fund the total renovation of the Gross Anatomy and Mortuary Science spaces on 5th floor, approximately 9,000 square feet, increasing the project cost by approximately \$1,300,000.

- A fifth departmental office-Genetics/Cell Biology-has been added to the sixth floor. This requires an additional 1000 ASF of program space. To accommodate this, 6th floor mechanical space has been relocated to the 2nd and 7th floor mechanical spaces. These changes have added approximately \$1,200,000 to the project cost.

3. Environmental Issues:

Surveys conducted by the University Department of Environmental Health and Safety (DEHS) indicate the presence of a considerable amount of asbestos containing building materials in both Jackson Hall and the Jackson-Owre Addition. The asbestos exists mainly in the form of pipe insulation and floor tile and adhesive. The DEHS estimate for removal of all asbestos containing material is approximately \$650,000 and will be completed as part of this remodeling project.

In addition, because this project involves an extensive demolition effort of existing lab spaces, DEHS must conduct a demolition quality radiation survey. This is a new requirement of the Nuclear Regulatory Commission which is intended to insure that all potential residual radiation from past occupants is disposed of properly. The cost of this survey is estimated at \$35,000, is also part of the project cost. Any radiation discovered by the survey will be eliminated as a part of this project.

4. Master Plan: Project Impact Report:

The proposed remodeling of and additions to Jackson Hall relate to the Twin Cities Campus Master Plan as follows:

Guiding Principles:

This project's development is consistent with Principle #5 of the Campus Master Plan which would Promote optimization and rationalization of the campus facilities. The adaptation of this building to a compatible use will utilize the University's inventory of space efficiently, and in modernizing the building systems improve the value of the University's built assets.

Principle #8, which is to promote architectural integrity, calls for "an ensemble of buildings and landscapes that work in concert to create a collective image of place." As this Principle notes, "individual buildings are understood as off

important elements within comprehensive building ensembles". Therefore, this building should be understood within its comprehensive setting and its relationship to the proposed Molecular and Cellular Biology building (MCB). This presents a challenge to the designers of both projects to ensure that they relate harmoniously within the larger context.

Health Sciences and Housing Super Block Precinct Plan:

Policy 27.2 Existing academic and health facilities, student housing, and associated open spaces are to be enhanced and preserved.

That Jackson Hall will remain and represents a positive aspect of this project recognizing the early beginning of the Health Sciences, and contributing toward achieving this Master Plan policy. It is important that Jackson Hall fit harmoniously into the MCB building complex and into the Academic Health Center overall.

Policy 27.3 An open court yard fronting onto Washington Avenue should be created through the demolition of the Lyons Lab.

The development of the Molecular and Cellular Biology building project and the decisions to retain Jackson Hall have implications with respect to achieving the intent of this open court fronting onto Washington Avenue. With the removal of all of the JOML complex except for Jackson Hall, a new concept for accomplishing the objective must be explored. In fact Jackson Hall is an inseparable part of developing such a concept, defining the character of this building in relationship to the MCB project presents an interesting challenge.

The extent to which Jackson Hall is architecturally reconfigured through the introduction of a re-designed sixth floor and the addition of a penthouse area, effectively sets both an architectural tone for subsequent building modifications or new construction in the Academic Health Center area.

5. **Cost Estimate:**

	Original <u>Approved Total</u>	<u>Increase</u>	Revised <u>Total</u>
Construction Cost	\$11,000,000	\$7,300,000	\$18,300,000
Non-Construction Cost	<u>3,000,000</u>	<u>(\$300,000)</u>	<u>2,700,000</u>
Total Project Cost	\$14,000,000	\$7,000,000	\$21,000,000

Cost Per Gross Square Foot (133,000 Gross Square Feet):

Construction Cost	\$82.70	\$54.89	\$137.59
Non-Construction Cost	<u>22.55</u>	<u>(2.25)</u>	<u>20.30</u>
Total Cost Per Gross Square Foot	\$105.25	\$52.64	\$157.89

6. Capital Funding:

	<u>Original Approved Total</u>	<u>Increase</u>	<u>Revised Total</u>
Program Relocation Initiative Funds	\$12,565,000	\$ 435,000	\$13,000,000
Facilities Management Roof, Window and Wall Funds	1,435,000	1,265,000	2,700,000
HEAPR(pre 1998 balances)/R & R		1,500,000	1,500,000
Medical School Reserves		800,000	800,000
University Debt to be paid by Academic Health Center		<u>3,000,000</u>	<u>3,000,000</u>
Total	\$14,000,000	\$7,000,000	\$21,000,000

7. Capital Budget Approvals:

The original budget for this project was approved by the Board in June 1998 as a part of the Program Relocation Initiative funding included in the Fiscal Year 1999 Capital Budget.

8. Annual Operating and Maintenance Cost and Source of Revenue:

Operating and maintenance costs are funded by Facilities Management. The project involves the renovation of currently occupied space. It is anticipated that operating and maintenance costs will increase approximately \$500,000 per year.

This project is the renewal of an existing facility, therefore, it will have a significantly positive impact on the University's deferred renewal backlog.

9. Time Schedule:

Design-Build

Design-Build Request for Proposal sent	July 1998
Design-Building selected-Award contracts	August 1998
Start working Drawings	August 1998
Complete working drawings	January 1999
Begin Construction	October 1998
Complete construction	May 1999

10. Architect:

Pre-Design Architect: Rafferty Rafferty Tollefson
Design Builder Team: M.A. Mortenson/Architectural Alliance

11. Recommendation:

The above described project meets the priorities of the Office of the Senior Vice President for Health Sciences

Frank Cerra 2/1/99
Frank Cerra, Senior Vice President for Health Sciences

The above described project cost and funding is appropriate.

Eric Kruse 1/29/99
Eric Kruse, Interim Vice President for University Services

h\datasht.jackson4.wpd (1-27-99)

8

Dear Dan, Frank, and Kathye, Dan thank you for copying me on the note below. I share your concerns. The AHCSCFA is discussing post tenure review, including many of the issues you brought up, at its next meeting-July 1, 1998, 10:00-12:00, PWB, Dept. of Fam. Pract., Huffington Room. Mary Dempsey is attending and I would very much appreciate it if you could join us so as to keep our efforts coordinated. Please let me know.

Also, did Kent get a chance to respond to you about his task force? If not, please contact him again. He is chairing a joint FCC/SCFA/SCEP/P&A Advisory task force on the rising use of P&A and part-time personnel for faculty roles. This task force is working over the summer and plans to have a proposal to the Fall Senate meeting. This proposal will likely include recommendations for additional regular non-tenure track faculty appointments so that all personnel who do "faculty like" work will have faculty appointments. But, it will also recommend a specific limit on the proportion of faculty who are non-tenure track and recommend that P&A appointments not be used for personnel doing "faculty like" work. Both Carol Carrier and Bob Bruinicks have attending a meeting of this task force and are informed of their work. Carole

Daniel A. Feeney wrote:

>

>

6/19/98

> Frank B. Cerra, MD
> Senior Vice President for Health Sciences
> 410 Childrens' Rehab Center
> Minneapolis Campus

>

> Katherine M. Johnston
> Associate Vice President for Health Sciences
> 410 Childrens' Rehab Center
> Minneapolis Campus

>

> Dear Frank & Kathye,

>

> As a follow-up to a meeting of the Academic Health Center Finance and
> Planning Committee (AHC-FCC), This letter (authored by Dan Feeney) is being
> sent

> to you about a couple of issues raised that we believe need attention. The
> AHC-FCC views its charge in part to bring items of concern to your attention.
> You may well have addressed part of these already with the AHC Deans, but our
> discussion will emphasize their importance from a faculty perspective.

>

> First, there is the issue of the annual merit and post tenure reviews.

As

> you are aware, the Senate Faculty Affairs Subcommittee on Tenure issued
> interpretive guidelines for implementation of the post tenure review process
> approved by the Senate and the Board of Regents last year. This item came up
> in

> the AHC F & P meeting as a potential problem for both annual merit and post
> tenure review next year. If guidelines are not implemented and the faculty
> are

> not informed of how the game is to be played promptly, both processes are in
> jeopardy. It is our understanding that the merit review process is to be
> voted

> on annually by the faculty in each department. The options include elected
> merit review committee, deferral of review decisions to the Chair/Head, or a
> Department as the Merit Committee of the whole. If our understanding of the
> post tenure review guidelines are correct, that process is part of the annual
> review to meet the letter of the law for post tenure review. Should a problem
> arise with a faculty member wherein a full post tenure review should be
> conducted, apparently nothing can happen unless the process of annual
> review/merit salary review specified in the interpretive draft has been
> followed. Our concern rests with the high degree of variability observed for
> merit/annual review processes that were held this year and the concern that
the

> same may occur next year.

> The action we request is that this be addressed at the level of the AHC
> Deans' Council. We are aware that Professor Mary Dempsey came to the AHC
Deans'

> Council a couple of months ago. However, we don't know what the action
> following that discussion was. As we understand it, the respective department
> faculty throughout the AHC must be informed in advance about what specifically
> will happen regarding the reviews for next year and the related process must
be

> begun soon and approved by the involved Dean. Knowing that there are numerous
> items on the Deans' agendas, we are worried whether this will be put-off only
to

> surface too late to meet the letter (and spirit) of the policy. We see this
> item as one that is important to the faculty and one that is applicable to the
> "Compact Process" and annual Dean evaluations.

> Second, there is widespread concern among the tenured and tenure track
> faculty across the University of Minnesota about the declining number of
tenured

> and tenure track faculty and the increasing number of Professional &
> Administrative or Temporary/Contract personnel seem as "faculty replacements".
> The concern here is that there are no guidelines for what is a "ballpark"

RIGHT

> MIX of tenured and tenure track faculty compared to P & A staff or contract
> faculty doing the teaching, service, and even the research (e.g. post docs,
> research associates, or term/contract faculty). From our perspective, hiring

P

> & A staff or "term/contract" faculty limits the long-term fiscal liability for
> department chairs and deans. Unfortunately, this may occur at the expense of
> long-term, vested individuals providing continuity and credibility in the
> academic programs. Our request is that this be addressed either at the level
of

> the AHC, or, preferably, at the level of the President's Cabinet/Executive
> Council centrally.

> In the wake of the "Tenure Wars", the Faculty and the Administration are
> both trying to sort out how to handle all the fiscal, academic, and
operational

> concerns raised. However, we're concerned that the tendency is to hire fewer
> tenure track and more P & A's or term faculty without a long term plan of
where

> the institution should position itself. There is a need for guidelines which
> departments and colleges can follow in their hiring practices. This need not
be

> overly rigid, and it could allow for the flexibility needed across the various
> departments, colleges and centers/institutes. However, it must be recognized
> that the academic core of this institution cannot be a transient or itinerant
> population in the name of fiscal flexibility. We recommend some consideration

> of guidelines as to the ratio of tenured/tenure track faculty to P & A staff
> or
> term/contract faculty for the "average" department. This policy could allow
> for
> deviation under justifiable circumstances depending on the nature of the
> department/collegiate mission. However, there would at least be recognition
> of
> some plan for the future beyond just limiting long-term salary liability at
> the
> college and department level.
> It is our perception that these issues are not limited to the AHC. In
> fact, the concerns about T-faculty/P & A outnumbering tenured and tenure track
> faculty were raised by arts and language faculty speaking at the tenure forums
> held in Fall, 1995 and Winter, 1996. That is why we'd prefer this be
> addressed
> centrally. However, because our sphere of reference is the AHC and we are a
> group functioning only within the AHC, we're bringing this issue to your
> attention. Because of the depth of our concern and the recognition that these
> are all Campus issues, we're sending a copy of this to Professor Kent Bales,
> Chair of the Senate Committee on Faculty Affairs, to Professor Steve Gudeman,
> Chair of the Senate Finance & Planning Committee, and to Professor Carole
> Bland,
> AHC Faculty Affairs Chair. Issues of tenure, salary, and fiscal planning
> involve both the Faculty Affairs and the Finance and Planning aspects of
> faculty
> governance. We appreciate your willingness to listen to our concerns. We
> hope
> our role in the AHC is one that provides you the the input you need to address
> faculty concerns.
>
> Thank you for your interest.
>
> Academic Health Center Finance and Planning Committee:
> Dan Feeney [Veterinary Medicine], Interim AHC F & P Chair
> Katie Dusenbery [Therapeutic Radiology]
> Patricia Tomlinson [Nursing]
> Carol Wells [Laboratory Medicine & Pathology]
> Tim Wiedmann [Pharmacy]
>
> Daniel A. Feeney
> 408 Veterinary Teaching Hospital
> University of Minnesota, St. Paul Campus
> 1365 Gortner Ave
> St. Paul, MN 55108
> (612) 625-9731 (phone and voice mail)
> (612) 624-0751 (Fax)
> (612) 538-4487 (pager)
> feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: Alfred F Michael <micha003@tc.umn.edu>
CC: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.edu
Subject: Med Tech Program
Date: Wed, 24 Mar 1999 10:12:52 -0600

Dean Michael,

For once we're not corresponding about the Veterinary Medicine Dean Search. My purpose for contacting you is a letter the AHC Finance & Planning Committee (AHC-F & P) received from the Director of the Division of Medical Technology, Professor Karen Karni. While it is not the AHC F & P's charge to get involved with specific academic or funding decisions made within the AHC Colleges, we will be asked to give input to Sr. VP Cerra through Associate VP Katherine Johnston on the "College Compacts" for the Academic Health Center in April. As I read the information from Professor Karni, there have been several discussions at numerous levels of the AHC Administration, some with the U-MN Central Administration, and apparently with various individuals in the Mayo and MnSCU Organizations. From my perspective, this is a potentially volatile issue that would not be in the best interest of the AHC or U-MN legislative requests, if it entered the political arena at this time. Because all of these have financial implications for the AHC, that is where we as the AHC F & P group fit in and why we're asking for information.

Professors Karni and Wells wrote a letter to Senior Associate Dean Vercellotti in late February, 1999. A copy was sent to us. The letter contained considerable documentation and a chronologic summary of occurrences involving the budget cuts in the Med Tech Program. In an effort to hear both sides and to be prepared to critically and objectively evaluate the Collegiate Compacts when Kathye Johnston brings them to us, we'd appreciate a response from you or one of your associate administrators. We are trying to avoid being judgmental without hearing both sides. The best remedy for objectivity is a balanced perspective. Your input on this matter will be very helpful in our achieving that balance.

This request is not for a detailed report. Instead, it is a request for your perspective on the matter of budget cuts in the Med Tech Program. An e-mail response would be fine! If you need an additional copy of the 2/23/99 letter to Dr. Vercellotti and/or the documentation that went with it, I can arrange for a FAX of that information to you.

Thank you for your attention in this matter.

Dan Feeney
1998-99 Chair, AHC F & P
Daniel A. Feeney, DVM, MS
Professor of Radiology
College of Veterinary Medicine
University of Minnesota
408 Veterinary Teaching Hospital
1365 Gortner Avenue
St. Paul, MN 55108

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.edu
CC: ahcfcc@mailbox.mail.umn.edu
Subject: Senate Response & Next Meeting
Date: Wed, 24 Mar 1999 09:35:18 -0600

Hello F & P,

Our attempted meeting on Monday 3/22 was a bust. Therefore, we should try again. Because we did not get a chance to discuss the Med Tech Program issue, I'm preparing a request for information from Dean Michael that we can use at our next meeting. While it is not our scope to get directly involved with intraCollege (in this case Medical School) business, we will be discussing the College Compacts in April. Kathye Johnston will be bringing them to one of our April meetings. Therefore, we should have the Dean's side of this issue so we can judge the compacts objectively.

With that in mind, please consider the following possibilities for our next meeting. I did not include Monday 3/29 because there would be inadequate time for a response on the Med Tech Program issue.

- Wednesday 4/6 @ 7:00 am [I'm on vacation on 4/5]
- Monday 4/12 @ 4:00 pm
- Monday 4/19 @ 4:00 pm.

Please let me know and I'll get the meeting scheduled.

So far, I've heard from Katie, Carol, VP Cerra, and Terry Bock about the response to Sara Evans and Steve Gudeman regarding the JOML take-down/remodelling, and the AHC "space issue" even with the planned MCB Building. To avoid losing our credibility, I'd like to respond by Wednesday 3/31/99. If you haven't responded and you have problems with parts of the document, please let me know before then. Otherwise, I'll send it so the Senate Consultative Committee and the Senate Finance and Planning Committee will have something else to think about.

Best wishes,

Feeney
Daniel A. Feeney, DVM, MS
Professor of Radiology
College of Veterinary Medicine
University of Minnesota
408 Veterinary Teaching Hospital
1365 Gortner Avenue
St. Paul, MN 55108
(612) 625-9731 [office phone]
(612) 624-0751 [FAX]
feene001@tc.umn.edu [e-mail]
(612) 538-4487 [digital pager]

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Division of Medical Technology
 Department of Laboratory Medicine and Pathology
 Medical School

Box 609
 420 Delaware Street S.E.
 Minneapolis, MN 55455
 612-625-9490
 Fax: 612-625-5901

Offices at:
 15-170 Phillips-Wangensteen Bldg.
 516 Delaware Street S.E.
 Minneapolis, MN 55455-0374

2/24/99

Dan -

Carol Wells alerted you to this situation several months ago. I have made no progress, but this is certainly a "Planning/Budgeting" issue -- that has gone on for 21 months.

I'd appreciate your help, as well as that of the AHC Finance & Planning Committee.

Soren Soren

I will be out of the office March 1-5.

To: Vickie Courtney.

From: Dan Feeny.

Re: Items for Distribution
 to AHC-~~F&P~~
 AHC Chair & AHC-F&C

Thanks
 Feeny

UNIVERSITY OF MINNESOTA

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Division of Medical Technology

*Department of Laboratory Medicine and Pathology
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Box 609

*420 Delaware Street S.E.
Minneapolis, MN 55455*

612-625-9490

Fax: 612-625-5901

February 23, 1999

Offices at:

13-170 Phillips-Wangensteen Bldg.

516 Delaware Street S.E.

Minneapolis, MN 55455-0374

Greg Vercellotti, M.D.
Senior Associate Dean
Medical School
University of Minnesota
3-110 Owre Hall
Minneapolis, MN 55455

Dear Greg,

We have been reflecting on the conversation that we had with you on Thursday, February 8. Each of us appreciated the time you spent with us. However, it seems apparent that perceptions and misperceptions are driving administrative conclusions in the Medical School, some of which may be faulty.

- Leo Furcht's proposed cuts to the medical technology program, in the magnitude of 25 percent, have been agreed to by the Dean's office, without adequate consideration of the merits of the program, its faculty, staff and graduates. There is a perception that the current budget of \$800,000 is higher than "comparable" national programs. Yet, these schools (and we do not know which ones they are) have not been evaluated concerning faculty scholarship, graduates' success, and other parameters normally used to compare programs. Is our program then, being evaluated against mediocrity? I am sure the University's Medical School could also be judged against other national medical schools, and be found to be more expensive, for example, than the University of Mississippi, University of Arkansas or Loma Linda University on a cost-per-student basis. But are these medical schools comparable to ours in terms of reputation, scholarship, and the like? And, what is the importance of our program's value? If the difference between mediocrity and excellence is only \$200,000, should not that amount be provided to sustain value?
- It appears that departmental priorities and revenues are being switched from educational activities to "public service"--whatever that is. These changes have not been communicated to or discussed with LaMP faculty, although many are curious as to what constitutes public service.
- The medical technology budget has not changed over the past four years. This is remarkable, since the Medical School budget rose from \$261 million in 1994-1995, to \$350 million currently, with decreasing numbers of medical students. Dean Michael has also suggested that tuition should support one-third of our program. Yet, tuition for medical students (high as it is) does not support one-third of their educational activities. Moreover, whenever education requires laboratory sessions (like ours), it is more expensive than other forms of instruction.
- You noted that medical technology is not included in potential resource allocations, should the legislature and governor agree that \$37 million (or a portion of that amount) be provided to the AHC. Once again, it appears that the allied health programs have not been included in the planning process, despite demonstrated need.
- You talked about medical technology's "comparability" to other allied health programs even within the Medical School. In fall quarter of 1998, medical technology undergraduates numbered 74, clinical laboratory science graduate students, 20. This is about double the occupational therapy student numbers (25 first year, 25 second year). Nevertheless, how can the programs be compared, when the professions are so different?

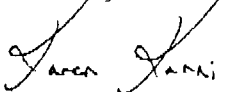
Vercellotti
February 23, 1999
Page 2

- Leo Furcht, Dean Michael, and you do not seem to understand the "core" faculty needed to teach in the medical technology (B.S.) and clinical laboratory science (M.S.) programs. The undergraduate program educates generalists who must be competent in: hematology, coagulation, clinical chemistry, urinalysis, body fluids, bacteriology, mycology, parasitology, virology, immunohematology, immunology, and management, together with having familiarity with emerging specialties such as molecular diagnostics, cytogenetics, flow cytometry and the like. Currently, we have most instructors teaching more than one subject; for example, I (Carol Wells) teach diagnostic bacteriology and mycology, in addition to carrying out a significant research program. Cheryl Swinehart teaches coagulation, hematology, and immunohematology. Our current "core" of 4.75 faculty and 3 civil service personnel (hired when other regular faculty left) is as lean as it can be, especially considering our commitments to research and scholarly creativity.
- Dr. Furcht's proposed cuts to medical technology started in May of 1997. We have had to endure repeated attacks on a program judged #1 in the nation. The duration of those activities and the lack of support from the Dean's office is wearying and wearing.
- Finally, we will be partnering with St. Cloud State University and Minnesota State University, Mankato to provide professional course work for up to 10 of their students (total), fall semester 1999. Through an HHS grant, we are also working with several medical laboratory technician programs in Minnesota to facilitate their graduates articulating to our university to earn a baccalaureate degree. As you know, there is an acute shortage of medical technologists in this state. Would it not seem logical then to foster and expand our efforts?

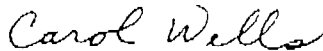
What appears paramount, then, in the Medical School/AHC financial support of medical technology/clinical laboratory science, is the "perception" or "misperception" of costs and value. If the Medical School and AHC truly value the programs, they will find the resources to sustain them, declining clinical revenues notwithstanding. (Please note the \$90 million increase in the Medical School's budget in just four years.) We urge you to support these programs of inestimable value, and in every way possible. An amount of \$800,000 is hardly great if the Medical School--housed in a land-grant institution--is to help support needed practitioners, who are currently exceedingly well educated by the oldest and finest medical technology program in the country.

We urge administrators in the Medical School to reconsider the proposed cutback and rightfully provide resources to continue the rigor and vigor that makes our program work at a level of excellence. We look forward to your reasoned response.

Sincerely,



Karen Karni, Ph.D.
Professor and Director



Carol Wells, Ph.D.
Professor

KRK:CLW/lms1.1.13

Enclosures

copies to: Alfred Michael
Frank Cerra
Dan Feeney ✓
Craig Swan

**MEDICAL TECHNOLOGY/CLINICAL LABORATORY SCIENCE
EXPENDITURES, 1994-95**

FACULTY SALARIES AND BENEFITS (23%)

7 Faculty.....\$480,000

STAFF SALARIES AND BENEFITS (29.8%)

4 FT, 4PT, 1 .75 secretarial staff, lab attendants..... 295,000

Total Faculty and Staff Salaries and Benefits.....\$775,000

TOTAL SUPPLIES/EQUIPMENT/DUPLICATION/POSTAGE, ETC..... 42,175

GRAND TOTAL.....\$817,175

**Medical Technology/Clinical Lab Science
FY 1998-1999**

SALARIES AND FRINGES

• Faculty

Hallgren, Karni, Wells (tenured) 2.75.....\$281,412

Lofsness, Swinehart (T-appt.) 2.0..... 123,973

\$405,385

• Civil Service

Solberg, Jechorek, George, Brunzel224,819

• Annual Contract/BU

(Teaching specialists and secretarial staff)

Cook, Yue, Bjorklund, Sarkinen..... 105,385

Total Personnel\$735,589

NON-WAGE EXPENSES

Supplies, services, telephone, postage 63,000 (est.)

GRAND TOTAL.....\$798,589

Area: 635 *LAMP*

Draft -- Fiscal Pages

SUMMARY: Current Non-Sponsored Funds Excluding Multi Year accounts	Actual 1996-96	Actual 1996-97	Current Budget Pd6 1997-98	Forecast Actuals (opt) 1997-98	Budget Plan 1988-89
RESOURCES					
a Carry Forward	\$2,614,748	\$2,134,687	\$2,149,206	\$2,149,206	\$0
Current Revenue - Total Revenue by Fund					
1003 Umt-General Operations & Maint	\$356	\$557	\$100	\$0	\$0
1043 Umt-Indirect Cost Recovery	\$0	\$0	\$0	\$0	\$0
1164 Umt-Other Internal Service Org	\$177,703	\$216,024	\$123,000	\$0	\$0
1198 Umt-Other Unrestricted	\$1,093,287	\$1,190,283	\$1,336,396	\$0	\$0
1544 Umt-State Spec-Health Sci	\$0	\$0	\$0	\$0	\$0
1546 Umt-State Spec-System	\$0	\$0	\$0	\$0	\$0
1570 Umt-Private Practice	\$3,531,952	\$2,561,415	\$2,500,000	\$0	\$0
1855 Umt-F/business & Industry	\$1,038	\$879	\$1,000	\$0	\$0
1856 Umt-F/u Of Mn Foundation	\$42,130	\$18,287	\$10,600	\$0	\$0
1857 Umt-F/mn Medical Foundation	\$147,343	\$282,135	\$126,200	\$0	\$0
1858 Umt-F/foundations	\$0	\$14,482	\$21,500	\$0	\$0
1859 Umt-F/individuals & Others	\$840,647	\$1,103,586	\$789,200	\$0	\$0
1898 Umt-Endowment Target	\$59,452	\$68,334	\$37,200	\$0	\$0
b Total Revenues	\$5,883,807	\$5,453,981	\$4,945,196	\$0	\$0
Transfers					
Central Allocations	\$2,412,224	\$2,412,224	\$2,800,464	\$0	\$0
Central Allocations Out	\$0	\$0	\$0	\$0	\$0
Mandatory Transfers In	\$0	\$0	\$0	\$0	\$0
Mandatory Transfers Out	\$0	\$0	\$0	\$0	\$0
Non-Mandatory Transfers In	\$5,372,103	\$4,200,846	\$3,096,085	\$0	\$0
Non-Mandatory Transfers Out	(\$2,815,416)	(\$2,426,790)	(\$2,224,880)	\$0	\$0
NM Transfer Out for Equipment Reserve	\$0	\$0	\$0	\$0	\$0
c Net Transfers	\$4,968,911	\$4,186,279	\$3,671,689	\$0	\$0
d TOTAL NET RESOURCES (a+b+c)	\$13,477,463	\$11,774,957	\$10,766,071	\$2,149,206	\$0
EXPENDITURES					
Expenditures by Function Type					
Instruction	\$8,506,245	\$8,758,052	\$4,481,030	Don't Enter These Values	
Research	\$1,195,073	\$1,188,483	\$1,072,827		
Public Service	\$130,617	\$227,878	\$1,100,596		
Academic Support	\$775,430	\$805,379	\$724,934		
Student Services	\$0	\$0	\$0		
Institutional Support	\$0	\$0	\$0		
Operation & Maint. of Plant	\$0	\$0	\$0		
Scholarships & Fellowships	\$735,401	\$647,983	\$641,800		
Auxiliary Enterprises	\$0	\$0	\$0		
Hospital	\$0	\$0	\$0		
Income Accounts	\$0	\$0	\$0		
Independent Operations	\$0	\$0	\$0		
TOTAL EXPENDITURES	\$11,342,768	\$9,625,752	\$8,021,187		
Expenditures by Object Class					
Salaries	\$7,746,514	\$8,147,477	\$5,440,564	\$0	\$0
Fringe Benefits	\$1,758,289	\$1,539,861	\$1,352,810	\$0	\$0
Student Aid	\$19,764	\$21,038	\$15,900	\$0	\$0
Consultant/Purchased Person.	\$32,549	\$29,603	\$224,673	\$0	\$0
Communications	\$262,948	\$224,126	\$246,628	\$0	\$0
Supplies, Serv. & Misc. Exp.	\$1,129,691	\$1,383,034	\$617,647	\$0	\$0
Materials for Resale	\$0	\$0	\$0	\$0	\$0
Equipment & Other Capital Assets	\$285,714	\$202,745	\$49,775	\$0	\$0
Rents, & Leases	\$18,052	\$15,649	\$13,600	\$0	\$0
Repairs, Maintenance & Supplies	\$81,373	\$50,135	\$59,100	\$0	\$0
Utilities	\$0	\$0	\$0	\$0	\$0
Facility Management IMG Charges	\$0	\$0	\$0	\$0	\$0
Hospital Patient care, Services & Supplies	\$0	\$0	\$0	\$0	\$0
Loan Activity	\$0	\$0	\$0	\$0	\$0
ICR/Subcontracts/Participants	\$7,872	\$12,283	\$500	\$0	\$0
e TOTAL EXPENDITURES	\$11,342,768	\$9,825,752	\$8,021,187	\$0	\$0
ENDING BALANCE (d-e)	\$2,134,697	\$2,149,206	\$2,744,884	\$2,149,206	\$0

Overview
Medical Technology (B.S. Program) and
Clinical Laboratory Science (M.S. Program)

B.S. Program

The baccalaureate medical technology program at the University of Minnesota is 4 1/2 years in length. Students usually are admitted at the junior year and complete biochem, physiology, statistics, etc. Medical technology courses are provided in 2 semesters of the senior year, followed by 23 weeks of clinical rotations in various laboratories in the Twin Cities and Rochester.

The 14 medical technology classes are taught by 4.75 FTE faculty members and 4 Civil Service/PA employees, assisted by part-time teaching specialists.

The following represents individuals who make up the unit in medical technology:

Faculty - 4.75 FTEs

Provides Instruction in

C. Wells.....	diagnostic microbiology, mycology (2 courses)
K. Karni.....	management, orientation, immunohematology (PT)
K. Lofsness.....	hematology (2)
H. Hallgren (.75).....	immunohematology, immunology and is the DGS of CLS master's program
C. Swinehart	hematology (2), coagulation, intro to CLS

Staff - 4 FT, 4 PT, Civil Service and P&A

N. Brunzel.....	clinical chemistry (4)
R. Jechorek, and assists with Wells' research	microbiology, parasitology (2)
P. Solberg	clinical chemistry (1), student advisor/education coordinator
J. George, Laboratory manager (1) ..	assists with all LaMP teaching laboratory scheduling, ordering, as well as teaching, e.g., bacteriology, immunohematology, medical students
Part-time teaching specialists (4)	all lab courses
Secretaries (1.75).....	staff support

In addition to instruction, faculty are involved in scholarly activities, e.g.:

- C. Wells in translocation of bacteria;
- K. Lofsness in the development of Hematography Plus;
- K. Karni has an HHS allied health training grant;
- C. Wells has a second NIH grant in an excellent position to be funded.

Our faculty also provide service, e.g.:

- C. Swinehart spends 25% of her time in the FUMC coagulation laboratory, for which LaMP is reimbursed.

M.S. Program in Clinical Laboratory Science

Helen Hallgren is the director of graduate studies for the CLS program, which is research-based. Approximately 20 students are currently enrolled. Graduates have been highly successful in academia and industry.

The curriculum primarily uses pre-existing courses given within the department (e.g., MIMP program), or the Medical School. There are no faculty devoted to this program exclusively; they come from within the Medical School, LaMP and the basic sciences.

A History of Medical Technology Proposed Budget Cuts

May 16, 1997. Troy McCulloch and Linda Kenny meet with Karen Karni to inform her that Dr. Furcht had eliminated \$358,000 from the medical technology budget for 1997-1998. This meeting occurs seven weeks before the fiscal year is to begin. They also provide names for a lay-off list, including two full-time faculty members on T appointments--one a Morse Alumni winner.

May 16-22. Karen Karni writes President Hasselmo, Provost Cerra, Dean Michael, and Dr. Furcht concerning this draconian cut.

May 29, 1997. Provost Cerra responds with \$358,000 for medical technology for fiscal year 1997-98.

October 30, 1997. Provost Cerra commits one-half of \$358,000 to medical technology for fiscal year 1998-99.

February 2, 1998. Karen Karni meets with medical technology program directors from St. Cloud State University and Mankato State University to discuss possible partnering of our programs, e.g., 5 students from each of their institutions spending 15 months (professional course work and clinical rotations) of their senior year at the University of Minnesota. They offer the potential to bring in \$60,000 if we are able to offer the program.

February 26. Karen Karni communicates this activity to Leo Furcht.

April 30. Karen Karni and Leo Furcht meet with Provost Robert Bruininks and others to discuss: (1) partnering in medical technology with these two schools in the MnSCU system and (2) initiating a program in cytotechnology at the University of Minnesota. (The latter would be in high demand since the sole Minnesota cytotechnology program at the Mayo Clinic graduates only five students each year.) Dr. Bruininks responds favorably to the conversation and suggests we write the Dean concerning these matters. In addition, Dr. Bruininks requests we look at a four-year medical technology program in Rochester, similar to that offered in the Twin Cities, and perhaps include MnSCU colleagues, e.g., Mankato State University or Winona State University.

June 1998. Karen Karni provides Leo Furcht with figures concerning costs for the above.

July 10, 1998. Leo Furcht and Karen Karni write to Dean Michael regarding the above, including budget figures.

August 13. K. Karni, L. Furcht, G. Vercellotti, P. Mitsch, and Dean Michael meet concerning the proposal. Dr. Michael talks of "poor financial resources" in the Medical School.

August 31. Dean Michael writes to L. Furcht and K. Karni, supporting proposals submitted/talked about. "Given our serious financial challenges, there is significant merit in a relationship with MnSCU. I urge you to proceed with your proposals."

August 31. Linda Kenny calls Karen Karni to state Dr. Furcht is requesting that she cut the current 1998-99 medical technology budget by \$100,000.

September 1. K. Karni and Bill vanEssendelft (U College) meet with Dean John Frey and Lois Anderson of Mankato State University regarding collaborative efforts in medical technology. They are very supportive and wish to cooperate in 1999.

September 30. Leo Furcht writes K. Karni regarding additional lay-offs of key civil service and bargaining unit employees within the Division of Medical Technology. Their salaries/benefits now total \$200,000.

February 9, 1999. K. Karni summoned to Dean's office, with A. Michael, G. Vercellotti, L. Furcht, T. McCulloch. She is told to cut budget by \$200,000 (25%).

February 1999
(Updated)

DIVISION OF MEDICAL TECHNOLOGY
DEPARTMENT OF LABORATORY MEDICINE AND PATHOLOGY
MEDICAL SCHOOL

BACKGROUND/GENERAL DESCRIPTION

The University of Minnesota's Division of Medical Technology is the oldest baccalaureate degree granting medical technology program in the nation, with its first two students graduating in 1923. Since that time, over 2,600 individuals have graduated, the largest number from a single program in the United States. The present senior class consists of 27 students; the junior class has 28 students, and there are occasional adult special (refresher) students.

The program's organization is the 2+2 curricular mode, i.e., two years of preprofessional prerequisites and two and one-third years of professional course work, including 23 weeks of clinical rotations in the clinical laboratories of FUMC, the Veterans Affairs Medical Center, Abbott-Northwestern Hospital, the North Central Blood Services, Memorial Blood Center of Minneapolis, and the Mayo Clinic in Rochester.

Approximately 60% of U of M medical technology graduates work in hospital laboratories, with the remainder employed in reference laboratories, HMOs, clinics, research, and industry. Surveys show more than 20% of Minnesota medical technology graduates have earned an advanced degree, such as the Masters, Ph.D. or M.D.

Faculty FTEs number only 4.75, including the director. They are responsible for teaching 14 undergraduate courses annually; 13 of these 14 courses include extensive "hands on" laboratory sessions. Medical Technology faculty also coordinate and teach in other courses, including classes in undergraduate programs such as the Honors Colloquium, and in graduate programs in the Department of LaMP, the MIMP program, and the Medical School. Several faculty serve as mentors in the MD/PhD program and are on the graduate faculty of other programs including Microbiology, Immunology, and Molecular Pathobiology, and Clinical Laboratory Science. Three staff personnel provide instruction and advising; another is a laboratory manager and various persons fill part-time positions as laboratory teaching specialists.

With only two other baccalaureate programs in Minnesota, the University will provide 66% of all new medical technology graduates in 1999.

Other pertinent data:

- Total No. Medical Technologists employed in MN approx. 3000-4000
- Projected No. Medical Technologist graduating in MN
in 1999 41 (27 from U of M)
- Yearly % of U of MN graduates who practice in MN 90%-100%
- Placement of U of M graduates 95-100% annually
- Average MT entry-level salary in MN \$34,000
- Minority enrollment the greatest percentage in the
University

Currently there are 3 accredited baccalaureate-level medical technology programs in Minnesota, with a student distribution as follows:

<u>Graduating Accredited Institution</u>	<u>No. of students enrolled in 1998-99</u>
U of MN	58 juniors and incoming seniors; 21 outgoing seniors
Hennepin County Medical Center	6 seniors
College of St. Scholastica (Duluth)	8 seniors

NOTE: Since 1983, 9 hospital-based medical technology programs have closed in Minnesota, due to PPS, budget restrictions, and hospital restructuring. Start-up costs (e.g., laboratory equipment and supplies) for medical technology programs preclude other programs from being initiated. There have been no new baccalaureate-level medical technology programs started in this state in the last 40 years.

Despite hospital mergers and closures in the past 15 years, the need for four-year graduates remains, as new laboratory subspecialty areas have emerged; e.g., molecular diagnostics, immunophenotyping, biochemical genetics, cytogenetics, etc. Several large independent laboratories in the Twin Cities have tripled their size since 1990. Older medical technologists are also retiring. By the year 2000, it has been projected that the vacancy rate may reach 20%. In Minnesota, an acute shortage currently exists.

Conclusion: U of MN is the greatest and best provider of medical technologists for the state and region.

RESEARCH:

Medical Technology faculty not only have their own research and scientific creativity programs, but actively collaborate with other research programs in the Medical School, e.g., small bowel transplant program, biomedical genetics, etc. Specific research interests of faculty include the following:

- translocation of bacteria from the intestines
- immunology of aging
- hematology; development of CAI
- faculty scholarship and productivity

Research support in 1998-99: Faculty members were awarded grants/contracts/awards from NIH (Wells), HHS--Allied Health (Karni), LAMP (Lofsness), MMF, the University, and industry.

Editorial responsibilities: Faculty serve on several review boards, as well as reviewers for 17 different journals: the *American Journal of Clinical Pathology*, *Applied and Environmental Microbiology*, *Archives of Surgery*, *Blood*, *Circulatory Shock*, *Clinical Infectious Diseases*, *Clinical Laboratory Science*, *Critical Care Medicine*, *Journal of Gerontology*, *Journal of Laboratory Clinical Medicine*, *Journal of Parenteral and Enteral Nutrition*, *Microbial Ecology in Health and Disease*, *Nutrition*, *Transfusion*, *Shock*, *Infection and Immunity*, and *Gut*.

OTHER PROFESSIONAL ACTIVITIES:

Faculty members hold offices in various professional societies, serve on University committees, and also on grant review boards, including NIH. Karen Karni, program director, recently completed a one-year term as president of the American Society for Clinical Laboratory Science (1997-98), a national organization of 15,000 laboratorians.

GOALS FOR MEDICAL TECHNOLOGY (Education component)

- Continue to do with excellence what we have always done with excellence. Maintain our No. 1 ranking in medical technology in the nation.
- Foster faculty development; reward excellent faculty in a meaningful way.
- Increase external funding, e.g., grants, contracts, alumni contributions.
- Support and encourage inter and intra-departmental efforts and activities, in education, research and service.
- Network with appropriate colleges/universities, e.g., Mankato State University and St. Cloud State University, to enhance educational opportunities.
- Educate University administrators regarding the unique features of this program and why its faculty and graduates are unique in skills, knowledge and abilities.

SPECIFIC OBJECTIVES FOR MEDICAL TECHNOLOGY

- Develop new clinical affiliations, together with student rotations in new and emerging laboratory specialty areas, e.g., forensics, molecular diagnostics;
- Continue to develop innovative teaching strategies such as computerized tutorials;
- Develop experiences such that medical technology graduates will be increasingly involved in primary care (e.g., non-traditional sites and settings);
- Obtain "permanent" laboratory space for teaching professional course work, specifically for laboratory sessions;
- Replace old teaching equipment and instrumentation with improved models;
- Continue to recruit and retain minority students;
- Continue to enhance our student scholarship programs;
- Encourage qualified graduates to enroll in appropriate graduate and professional programs;
- Continue to assist our alumni in various professional activities.
- Influence federal/state legislation so as to enhance the competence of laboratory practitioners; to improve residents' health care; ensure the scope of practice of laboratory science; and improve the visibility of the profession.
- Strengthen our financial base.

CURRICULUM

See attached curriculum. This has been converted to the semester system for 1999-2000.

FACULTY

- Karen Karni, PhD, Professor and Program Director
- Carol Wells, PhD, Professor: Mycology, Bacteriology
- Helen Hallgren, MS (.75 FTE), Associate Professor: Immunohematology/Immunology
- Karen Lofsness, MS, Associate Professor: Hematology
- Cheryl Swinehart, MS, Assistant Professor: Coagulation/Hematology/Immunohematology

Also assisting in advising in advising/teaching/research activities are:

- Patricia Solberg, BA, Administrative Associate: Student advising/clinical rotations/chem T.S.
- Robert Jechorek, MS, Bacteriology/Parasitology instruction
- Nancy Brunzel, BS, Clinical Chemistry/Urinalysis instruction
- Stella Cook, BS (PT), Hematology
- Mary Jane Yue, MS (PT), Hematology

PT = part-time

Various LaMP faculty such as Alejo Erice, MD, and Bill Gleason, PhD, provide lectures.

- Joanna George, BS, serves as the manager of the Departmental teaching laboratories and teaches in a variety of Medical Technology and LaMP courses.

Accomplishments

The University of Minnesota is ranked among the top three programs nationally, as judged by peer program directors in the United States. The Division of Medical Technology is often referred to as "Mecca" by other faculty--many of whom have asked for copies of our curriculum, and purchased our lecture/laboratory class syllabi.

Over 95% of U of M graduates pass national certification examinations. In January 1998, our graduates scored at 119% of the national mean on the National Credentialing Agency exam.

Excellence in teaching. Three faculty members have won Morse Alumni Awards for excellence in undergraduate education: Karen Viskochil (1977), Verna Rausch (1984), and Karen Lofsness (1992). There are 3000 U of M faculty eligible, and only ten awards are made each year; thus to have three awardees attests to the teaching excellence within this program.

The opportunity for research experiences for students, through the Undergraduate Research Opportunities Program (UROP), a University-wide competitive program for those interested in completing small research projects with faculty. Since 1986, 27 UROP awards have been awarded to medical technology students. All have completed their research, and their projects have resulted in presentations, abstracts, and journal articles, as well as enhanced employment opportunities.

Scholarship and loan programs. In August 1998, \$27,000 in scholarships (\$1,000 to \$2,000 each) were provided to 19 students in the Medical Technology professional program. Since 1984, the scholarship program has grown by over \$300,000.

The only endowed professorship in Medical Technology in the country--the Mildred King Rohwer Professorship. Helen Hallgren is the current endowed professor.

Alumni support. For the past two years, over 400 alumni have contributed approximately \$18,000 annually to the program, the largest giving percentage rate of any unit in the University. These Special Funds have been used for the purchase of equipment, (e.g. computers and instruments for the teaching laboratories), student scholarships, travel support for faculty, and financial support of special student projects.

A refresher program for inactive technologists. Those technologists who have not been practicing in the field are eligible for the refresher program, which involves enrolling in preclinical and clinical courses of their choice along with regularly enrolled senior students. Refresher students pay full tuition and fees for this opportunity.

From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>
Date: Wed, 14 Jan 98 16:30:21 -0600
To: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>
Cc: courtney@mailbox.mail.umn.edu,
lweder@mailbox.mail.umn.edu,
kmjohnst@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
Fred L Morrison <morri001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu
Subject: AHC-Finance & Planning Charge

To: Professors Kathryn Dusenbery
Patricia Tomlinson
Carol Wells
Timothy Wiedmann

From: Dan Feeney

Re: Academic Health Center Finance and Planning Committee

Hello again,

This is a follow-up to a note I sent to you earlier this week. I didn't hear a resounding "NO" from anybody, but Vickie mentioned that there were a couple of people concerned about our charge. At the AHC Faculty Consultative Committee (AHC-FCC) meeting today, we received the following list of Duties and Responsibilities:

1. To consult with and advise the Sr. Vice President for Health Sciences and the Academic Health Center Chief Financial Officer on the development of legislative requests and the annual budgets and to review the implementation of the annual budget.
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will have an ex officio seat on the AHC-FCC.

Now that you know what our charge is, I assume if any of you are unwilling to serve, you will let me know ASAP. For your information, our terms are for the remainder of this academic year only. This Spring an election for an AHC-wide nominating committee (The AHC "Committee on Committees) who, once elected, will propose a slate of candidates to stand for election (staggered terms) on the AHC-FCC (this would have happened in 1997, but the transition from Provosts to Sr. VP's delayed it). The AHC Committee on Committees will also appoint (I presume in conjunction with the AHC-FCC) members to the AHC Finance & Planning and the AHC Faculty Affairs committees. The option exists that we can be appointed to continue service on this committee, but it is not a done deal. I hope you will all agree to serve.

With the hope that all of you will be willing to serve, I need some input on how we should structure our consultative efforts. I mentioned that frequent meetings just for the sake of getting together is a hardship for me being from St. Paul. I need to know which, if any, of the following options makes sense for most of us:

- a. Meet with a regular schedule (day of the week and time) on a monthly or biweekly basis.
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- d. Other [I'm open to suggestions???

While pondering these options or proposing others, keep in mind that we would probably want to schedule some time for discussion with Ms. Johnston (CFO) and/or Ms. Wederstrom (Facilities Management). This would allow them to bring us up to date on what's going on and give us a regular opportunity to give them our input. Also, please note that I am sending a courtesy copy of my notes to Professor Fred Morrison. As an experienced all-university Finance and Planning Chair, he may provide us some insight and alert us to topics we should be discussing.

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- 1) How, when, and by whom are Classroom Revitalization decisions and plans being made? An outside consultant group has been asked to render opinions on what is needed where, but this will have to have faculty input before decisions are made. As I understand it, there is about \$600K available and I've heard \$2M as a figure to do it right (at least as somebody sees it). If we think it necessary, we can ask for input from the AHC Faculty in whatever form we want before rendering an opinions.
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I'm sure that as the year goes on, we'll have plenty of issues to deal with. I look forward to hearing from you about any other issues you are aware of and how we should proceed. Once I get a sense of how our group wants to operate, I make a try at scheduling a meeting.

Best wishes,

Dan Feeney
1/98-7/98 AHC-FCC Chair

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.e
CC: courtney@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.e
Subject: AHC-FCC Meeting
Date: Mon, 9 Nov 1998 13:57:16 -0600

Hello AHC F & P,

It looks like Tuesday mornings will be the best based on the input so far.

Looking at the process we've been through to find a time, one might gather that we're a busy group! Therefore, can we schedule a meeting for Tuesday, 11/17/98 @ 7:00 am?? I'll ask Carol Wells to find us a room in BSBE like we did last year. I presume we can use the same budget number for coffee, tea, and rolls.

I'm asking Tim to come at least to this meeting. We can decide whether to ask the AHC Committee on Committees to appoint somebody to replace him depending on how things go.

Our agenda will focus on getting started with what we want to accomplish this year. However, the following will be food for thought:

- upcoming budgets and compacts
- legislative request
- liason with Senate F & P
- allied health professions issue(s).

Anybody have any other issues??

Please let me know if you CAN'T Make it on Tuesday 11/17/98.

Thanks,

Feeney

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.edu
CC: courtney@mailbox.mail.umn.edu, ahcfcc96-97@tc.umn.edu,
Subject: AHC F & P Issues and Schedule
Date: Mon, 23 Nov 1998 15:34:03 -0600

Hello AHC F & P,

At our last meeting (Tuesday 11/17/98) we had a series of discussions that resulted in some questions. Because Kathy Johnston was not there, I'm sending this out so everybody will know what we're asking and where we're heading. Listed in order of importance, these are questions to Kathy:

1. Where is the AHC in the process of budgets (and compacts, if applicable) for FY 99-00? The question relates to when should the F & P group get involved. Last year we didn't know much about the process and it was evolving to some degree. However, this year is a different story. We are charged to get involved and we need to know how and when.

2. We need to know about the allocation process for future "Strategic Initiatives". We are in somewhat of a watch dog position and we should check on what is going on.

3. We need to know about the application of and the variances among the AHC Colleges regarding the so-called "X, Y, Z" Salary Model. In our brief discussion, it seemed there was little consistency. Our concern is that inconsistent application of this model could lead to at best misconceptions and at worst inequities.

4. The question about support staff came up in three arenas. First, concerns were raised that the current course of the Medical School Plan which seemed to further separate faculty from support staff. Second, there is always the concern that what is tried in one AHC Unit will be implemented in others in short order, particularly if it saves money. Third, while faculty:staff ratios seem to be increasing, administration:staff ratios appear to be decreasing. We don't claim to have all the facts and we can't say whether these items are AHC-wide or focused only in some units. However, information is the best method of channeling energy. If the numbers don't support the concerns, we'll let it be known. If the numbers do support the concerns, then we'll go on record by asking further questions.

5. Where is the discussion going in the AHC regarding the relative numbers of tenured/tenure track faculty vs. "term" faculty and P & A staff in teaching and research positions within the AHC? The Senate is working on or reacting to what was the AAUP Stand on relative numbers for these various positions. We are aware that this is an AHC Faculty Affairs issue, but there is a fiscal side to this one as well. It seems that it is the fiscal concerns that drive the arguments about the need for "flexibility" (from Administration) and about "concerns for the core" (from the Faculty). Where does the AHC Stand in current actual numbers??

We need to try to set some kind of predictable schedule for the rest of the year. Katie Dusenbery can't attend if we hold the meetings on either the 1st or 3rd Tuesdays of the month. As I mentioned, my Tuesdays vary, but I should be able to make at least one of the 2nd or 4th Tuesdays each month. It seems everybody else is OK otherwise unless I missed something (except that Tim may be leaving us depending on the outcome of the AHC-FCC election). Therefore, let's schedule the following with the option to cancel them, if there is a conflict or we have no issues:

-Tuesday 12/8/98 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 1/12/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 1/26/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 2/9/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 2/23/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 3/9/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 3/23/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 4/13/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 4/27/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 5/11/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 5/25/99 @ 7:00-8:30 am 4-101 BSBE
-Tuesday 6/8/99 @ 7:00-8:30 am 4-101 BSBE.

We should confirm EACH meeting as we need it, but at least we can block out the time and the room.

Thanks for your continued interest. Hope to see everybody on 12/8/98. I did not book 12/22/98 because that is cutting it too close to the holidays, particularly if people are taking vacation or traveling.

Best wishes,

Feeney

Daniel A. Feeney, DVM, MS
Professor of Radiology
College of Veterinary Medicine
University of Minnesota
408 Veterinary Teaching Hospital
1365 Gortner Avenue
St. Paul, MN 55108
(612) 625-9731 [office phone]
(612) 624-0751 [FAX]
feene001@tc.umn.edu [e-mail]
(612) 538-4487 [digital pager]

AHC FINANCE & PLANNING COMMITTEE

1998-1999

List compiled on: 10/28/98

CHAIR

Daniel Feeney

SACS
408 Vet Teaching Hospital
St. Paul Campus
feene001@maroon.tc.umn.edu
fax: 624-0751
625-9731

REPRESENTATIVES, FACULTY

Kathryn Dusenbery

Therapeutic Radiology
Box 494 Mayo
East Bank
dusen001@staff.tc.umn.edu
fax: 626-7060
626-6700

Patricia Tomlinson

Nursing
6-101 Weaver-Densford Hall
East Bank
tomli001@maroon.tc.umn.edu
fax: 624-0751
624-6684

Carol Wells

Lab Med & Pathology
Box 609 UMHC
East Bank
wells002@maroon.tc.umn.edu
fax: 625-5901
625-5951

Timothy Wiedmann

Pharmaceutics
9-127A Weaver-Densford Hall
East Bank
wiedm001@maroon.tc.umn.edu
fax: 624-2974
624-5457

SENATE STAFF

Vickie Courtney

University Senate
428 Morrill Hall
East Bank
courtney@mailbox.mail.umn.edu
fax: 626-1609
625-4805

If you have any questions, please contact the University Senate Office at 625-9369

Daniel Feeney
SACS
408 Vet Teaching Hospital
St. Paul Campus

Vickie Courtney
University Senate
428 Morrill Hall
East Bank

Patricia Tomlinson
Nursing
6-101 Weaver-Densford Hall
East Bank

Timothy Wiedmann
Pharmaceutics
9-127A Weaver-Densford Hall
East Bank

Kathryn Dusenbery
Therapeutic Radiology
Box 494 Mayo
East Bank

Carol Wells
Lab Med & Pathology
Box 609 UMHC
East Bank

From: Tomlinson Patricia
To: courtney@mailbox.mail.umn.edu
CC:
Subject: Re: AHC Faculty Governance-
Date: Thu, 29 Oct 98 10:24:18 CST

On Mon, 26 Oct 1998 17:17:38 ,
Vickie Courtney <courtney@mailbox.mail.umn.edu> wrote:

>
>
>
>October 26, 1998
>
>
>

>TO: AHC Finance and Planning Subcommittee
> Daniel Feeney, Chair
> Kathryn Dusenbery
> Patricia Tomlinson
> Carol Wells
> Timothy Wiedmann
>

>FROM: Cynthia Gross, Chair
> AHC Faculty Consultative Committee
>

>RE: Continued Service on AHC Finance and Planning Subcommittee
>
>

>Last December the chair of the AHC FCC, David Hamilton, wrote to you
>regarding your willingness to serve on the AHC Finance and Planning
>Subcommittee. At that time we indicated that your term would be for the
>1997-98 academic year and after that the AHC Committee on Committees would
>be responsible for appointments to subcommittees. At that time we also
>thought that an election would be held to fill the vacancies on the AHC
>FCC. As many of you may know, the process was put on hold due to a
>recommendation made by a Governance Task Force that would have eliminated
>the formal link to the University Senate/Assembly structure. In August we
>were notified by Martha Kvanbeck, Senate Office, that the Twin Cities
>Faculty Assembly recommended that the AHC Committee on Committees serve as
>the nominating committee for the AHC FCC election. Vickie Courtney, AHC
>Governance Coordinator then began the election process. It is expected
>that new AHC FCC members will be identified by early December.

>
>I wanted to provide you with this background information to give you a
>basis for my request that you continue to serve on the subcommittee
>through
>this academic year. The current AHC FCC members believe that it is
>important to maintain as much continuity in our governance structure as
>possible. There will be little continuity on the AHC FCC beginning
>January, 1999 because of the number of members rotating off and the
>resignation of one of the members who's term would have expired at the end
>of this academic year. Six of the eight FCC members will be rotating off.
> We believe continuity of membership of the subcommittees would be
>beneficial during the upcoming transitional period.

>
>If you have any questions or decide that you CANNOT serve, please call
>Vickie Courtney, 625-4805, by November 4, 1998. Otherwise we shall assume
>that you are willing to continue to participate. If we do not hear from
>you, Professor Daniel Feeney, the current subcommittee chair, will be in
>contact with you regarding dates and agendas.
>

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.e
CC: courtney@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.e
Subject: AHF F & P 98-99
Date: Tue, 27 Oct 1998 17:08:00 -0600

Hello "Old" & "New" F & P,

It looks like we're back in the saddle again. Is everybody on board? We need to think about schedules and meeting times/days. My schedule is completely fouled-up because one of my colleagues suffered a cerebral bleed just after Labor Day so meetings will be even worse to schedule. This is compounded by a search for a new Dean for the College of Veterinary Medicine of which I will be co-chair with Dean Michael from the Medical School. This will be like the old days during the "tenure wars".

With that in mind, can we try some days and times on for size?

- Monday @ 12:00 pm
- Tuesday @ 9:30 am
- Wednesday @ 7:00 am
- Thursday @ 7:00 am
- Friday @ 12:00 pm

? any other suggestions? My Tuesday mornings will be a mess this next two quarters as will Monday and Friday mornings.

PLEASE LET ME KNOW IF ANY OF THESE WILL WORK. IF NOT, PLEASE SUGGEST AN ALTERNATIVE.

We have several issues already:

- upcoming budgets and compacts
- legislative request
- liason with Senate F & P
- allied health professions issue(s)
- ? others (please suggest)

Let me know.

Thanks,

Feeney

Daniel A. Feeney
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Received: from mhub1.tc.umn.edu (mhub1.tc.umn.edu [128.101.131.51])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id QAA23511;
Wed, 14 Jan 1998 16:37:53 -0600 (CST)

Received: from maroon.tc.umn.edu by mhub1.tc.umn.edu; Wed, 14 Jan 98 16:30:19 -0

Received: from x108-40.cvm.umn.edu by maroon.tc.umn.edu; Wed, 14 Jan 98 16:30:18

From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
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Daniel A Feeney <feene001@maroon.tc.umn.edu>

Cc: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
kmjohnst@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
Fred L Morrison <morri001@maroon.tc.umn.edu>,
ahfcc96-97@maroon.tc.umn.edu

Subject: AHC-Finance & Planning Charge

Message-Id: <34bd3c7b399d216@mhub1.tc.umn.edu>

Date: Wed, 14 Jan 98 16:30:21 -0600

To: Professors Kathryn Dusenbery
Patricia Tomlinson
Carol Wells
Timothy Wiedmann

From: Dan Feeney

Re: Academic Health Center Finance and Planning Committee

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From: Feeney Daniel
To: Sara M Evans <s-evan@maroon.tc.umn.edu>,*
CC: Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Subject: Next Steps in IMG
Date: Thu, 2 Jul 98 14:05:04 -0500

7/2/98

Professor Sara Evans, 1998-99 Chair
Faculty Consultative Committee
Social Sciences Building
West Bank

Professor Fred Morrison, 1998-99 Vice-Chair
Faculty Consultative Committee
Law Building
West Bank

Professor Steve Gudeman, 1998-98 Chair
Senate Committee on Finance & Planning
Ford Hall
East Bank

Dear Colleagues,

During the meetings of the Academic Health Center Finance & Planning Committee held 6/9/98 and 7/2/98, the topic of Incentives for Managed Growth (IMG) and its future phases came up. As you are well aware, there have been serious concerns within the Academic Health Center (AHC) about the so-called "revenue neutral swap" of state support dollars for indirect cost recovery (ICR) dollars that occurred in 1997-98. In our view, the net effect is an even "softer" funding base for the AHC. The decision was apparently made because the AHC can generate dollars (e.g. both fee for service income and ICR). This situation as a transition to the next phase of the IMG process may be tolerable, although uncomfortable. Our concern is that there seems to be little action on what we understand is the next (and potentially more equitable) step in the IMG process.

It is our understanding that phase 2 of the IMG process involves an analysis of what level of state funding is appropriate, equitable, and sustainable for EACH "organizational unit" (academic and administrative). Obviously, this would necessitate the assigning of priorities to units and their missions within the institution. In addition, some (hopefully) objective analyses would have to be performed to determine 1) what the respective academic and administrative support units SHOULD COST, what proportion of the available STATE SUPPORT should be assigned to them, and what kind of tuition/ICR/service INCOME MODEL would appropriately complement their state support. It is these follow-up phases that seem to be on hold unless we're misinformed???

From an AHC Finance & Planning faculty perspective, we fear contentment among middle-level financial management that things may go no further. If there

is no furthering of the process beyond the current circumstances, academic units outside the AHC as well as Central Administration have secured better stability for their funding base while the AHC has had to assume more recurring risk.

Admittedly, that is somewhat of a parochial view, but we hope that is not where the process stops. So-called, "right sizing" across the institution seems appropriate. This right sizing may be that academic units will be given state dollars (in conjunction with current tuition revenues) as a reflection of their priority (the need for their teaching, research and service to the State of Minnesota) based on an all-institution "big picture". Should those units wish to expand, continue at their current levels (if given a lower state support priority), or shift focus (while still keeping within the institution's grand plan), they would have to find the necessary money from other revenue streams. Similarly, depending on a unit's relative priority for state support, these units could institute programs to augment faculty salaries through revenue generation (e.g. enhanced tuition revenues; providing services purchased by students, industry, or the public; increased ICR dollars; etc.).

From our perspective, the idea that "all money is green" lacks a sense of reality. Everybody in Faculty Governance recognizes the difference between recurring state support and the unpredictable future of ICR. Several units within the AHC are already feeling the pinch of this swap because of the unrealistic ICR expectations thrust upon them in the infamous, "revenue-neutral (funding) swap". The case has been made for the School of Public Health that this amounts to nothing more than shifting the financial burden and the financial risk to those who have been successful with ICR-yielding research funding or those with the potential for income generation on a fee for service basis. Somehow, this seems to lack any sense of priority/need analysis which, we thought, was supposed to be part of the IMG process.

This is a request for clarification of what is to come and a statement of how the Senate Faculty Consultative Committee and the Senate Finance and Planning Committee will approach these issues. We look forward to your response and we hope this will prompt discussion with Central Administration about where the IMG process is going.

Thank you for your consideration.

Sincerely,

1997-98 AHC Finance & Planning:

- D. Feeney, Interim Chair [Veterinary Medicine]
- K. Dusenbury [Therapeutic Radiology/Medical School]
- P. Tomlinson [Nursing]
- T. Wiedmann [Pharmacy]
- C. Wells [Laboratory Medicine & Pathology/Medical School]

cc: Senior Vice President Frank Cerra
Associate Vice President Katherine Johnston
AHC Faculty Consultative Committee

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: ahcfcc96-97@maroon.tc.umn.edu
CC: courtney@mailbox.mail.umn.edu
Subject: Deans' Meeting 6/23/98
Date: Wed, 24 Jun 98 12:21:18 -0500

Hello,

This was not the most interesting meeting. It started out closed (which I knew in advance). That topic was legislative strategy for next year.

The open part of the meeting had the following topics:

The Biotherapy Program was to be discussed, but the presenter had to leave because the closed session lasted too long. There were handouts, however, and this will be on a subsequent agenda.

Discussed Topics:

1. Primary Care Clinical and Education Initiatives: [Thompson]
Update on the U-MN Physicians and the development of a primary care service that will apparently be available for Fall 1998 "open enrollment" in the STATE Health Plan. No handouts.
2. AHC Financial Oversight Model: [Johnston]
The trend is to a "Distributive Management" Model [prospective, helpful, includes staff development] Details were not provided, but a general overview was in the handouts. There is, however, a mandate for an "operational continuity plan" in every financial unit (presumably down to the department level). This means that if the regular \$ person is out, somebody else must be trained to take over. This came as a surprise to several Deans.
3. New Academic Search Guidelines & Peoplesoft (P/S): [Louden]
Usual Human Resources Bull S__t! This will be a recurring theme during the implementation of the P/S program on Campus. Apparently, all "regular" paid appointments will be on P/S effective 6/29/98, but payroll will not be on line until 1/1/2000. There were the usual details about changes in searches that seemed more appropriate for College EEO Officers than Deans, BUT... Handout was available.
4. Financial Management Report: [Johnston]
Katherine Johnston presented a brief summary of the financial management initiatives developing/operating in the AHC. She also presented a May, 1998 Financial Performance Report with Year-end projected balances for the AHC Colleges. Katherine is getting things together and making some sense out of what is going on financially in the AHC, at least from my perspective.

done 6.29

***NOTE: VICKIE SHOULD SEND THIS TO AHC-FCC AND AHC F & P MEMBERS WHEN SHE RECEIVES THE MEETING HANDOUTS FROM ME!!!!

5. Administrative Services Report: [Roberts]

Chris Roberts handed out the "annual review" of her group that was sent to Terry Bock. In addition, she handed out the new brochures for all AHC Units. Interested parties should contact her [4-5100]. The brochures were quite colorful and made a good impression on me. They also contained useful information (e.g. who to call about admissions info, etc.) at each college and what each college was about.

6. Administrative Services Report: [Deegan]

Ed Deegan was to talk, but he was busy installing and debugging the the next iteration of "Meeting Maker". The new version was to come on line on Wednesday 6/24/98. Apparently the AHC now has A 900 users of this software. This is considerably more than the rest of the U-MN combined.

Any questions, give me a call.

Feeney

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Carol L. Wells
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>,*
CC:
Subject: Direct vs indirect costs
Date: Thu, 2 Jul 98 09:33:52 -0500

Hello all --

After this morning's F&P meeting, I agreed to forward the following e-mails to the F&P committee. (I have omitted the address lists on these e-mails.)

The sender is Troy McCulloch, my departmental accountant. The Salary Savings account mentioned below refers to a new system in our department whereby those who receive salary support from NIH grants (or other sponsored funds, I believe), are to receive a certain amount of money to help support our individual research efforts. This amount of money varies according to a complicated formula. In my particular instance, I receive 10% salary from an NIH grant, and my department is setting aside approximately \$350 per year into an account which I had originally interpreted to be discretionary, but which I now interpret is to be used for Xeroxing, office supplies (file folders, pencils, etc.), FedEx, postage, etc.

Perhaps our committee should tackle the question of what constitutes basic support (postage, xeroxing, etc.) for a faculty member.

--- Carol

From: Troy McCulloch <Troy.J.McCulloch-2@tc.umn.edu>
Date: Tue, 30 Jun 1998 20:11:40 -0500
To:
Cc: Linda S Kenny <kenny001@maroon.tc.umn.edu>
Subject: Sponsored Projects Direct Expenses

We are receiving word that the ORTTA is going to monitor more closely the administrative costs being charged to federally sponsored projects this fiscal year. The following is summary from the June 1998 Research Review.

On June 28, 1996, the University of Minnesota was required to submit a disclosure statement, which resulted in issuance of the policy on charging of direct and indirect costs. The policy says administrative costs such as clerical staff salaries, general postage, meter mail, courier expenses (FedEx, UPS, etc.), recurring phone charges, office supplies, photocopying, etc. cannot be charged as direct costs to federally sponsored projects. For example, photocopying and mailing grant proposals are not allowable direct costs to sponsored projects. These types of costs were the basis behind establishing the Salary Savings accounts.

Exceptions may be made for major programs or those projects that meet special circumstances as defined in the policy. It is imperative, if including such costs in any federal proposal (prime contract or subcontract) that a complete budget justification defining the special circumstances be included with the budget submission. If these

"administrative" costs are awarded, they are subject to an audit. Therefore, a log justifying the charges must be kept on file with the grant in the accounting office. Please refer page 3 of the June 1998 Research Review for the complete article. If you have any questions, contact the LMP Accounting Department.

From: Troy McCulloch <Troy.J.McCulloch-2@tc.umn.edu>
Date: Wed, 01 Jul 1998 09:20:45 -0500
To:
Subject: Copier Codes for Salary Savings

Copier codes have been established to charge photocopying to your salary savings accounts. If you plan on using your salary savings account for photocopying, please let me know so that I can give you the code that has been set up for you.

Thanks,
Troy McCulloch
Laboratory Medicine and Pathology
Biomedical Engineering Center
Tel: 625-7401
Fax: 625-0617
Pgr: 818-5009

Carol L. Wells, Ph.D.
Professor, Departments of Laboratory Medicine & Pathology and Surgery
Box 609 UMHC
420 Delaware St. SE
University of Minnesota
Minneapolis, MN 55455
Telephone: 612-625-5951
FAX: 612-625-5622

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>,*
CC: courtney@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.e
Subject: Dean Michael's Response
Date: Wed, 17 Jun 1998 18:29:39 -0500

Hello again AHC F & P,

This came from Dean Michael. We'll discuss it at our next meeting. Don't forget to let me know about those proposed dates for the next meeting.

Thanks,

Feeney

From: Alfred F Michael <micha003@maroon.tc.umn.edu> (Michael, Alfred)
Date: Tue, 16 Jun 1998 17:55:25 CST
To: Daniel A Feeney <feene001@maroon.tc.umn.edu> (Daniel A. Feeney)
Cc: Dennis D Dykstra <dykst001@maroon.tc.umn.edu> (Dennis Dykstra),
Frank B Cerra <cerra001@maroon.tc.umn.edu> (Frank B Cerra),
Gregory M Vercellotti <verce001@maroon.tc.umn.edu> (Greg Vercellotti),
kmjohnst@mailbox.mail.umn.edu (Katherine M. Johnston),
Leo T Furcht <furch001@maroon.tc.umn.edu> (Leo Furcht)
Subject: RE: Allied Health Programs' Status

Dan We have met with the leaders of four programs(OT, PT,Med Tech, and Mort Science). We are establishing a Council of Allied Health within the Medical School. Since the dominant role of these programs is education I have appointed Greg Vercelloti as the Associate Dean to be responsible for the programs. He has met at length with each of the directors. It is our plan to develop a program-specific and conjoint strategic plan. Although for the future the programs will maintain their departmental affiliation, it is my intent to also develop a unified financial plan that is clearly linked to the individual and collective goals. The Council will meet regularly with Greg and myself. This plan will also be discussed with the Department Chairs and our Faculty Advisory Committee in the near future.

I do appreciate your recommendations. Clearly our prior structure was not appropriately respectful of these programs a situation that was exacerbated by the serious and ongoing financial problems in LMP, PM&R, and the Medical School. My sense is that we are on the right track but if you have additional views let me know.

Please share these words with the Consultative Committee.

Al Michael

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)

From: Sara M. Evans
To: Stephen F Gudeman <gudem001@maroon.tc.umn.edu>, #
CC: garye@umn.edu, Fred L Morrison <morrison@tc.umn.edu>,
Subject: Re: NEED YOUR AVAILABILITY; discussion group
Date: Thu, 18 Jun 1998 09:39:21 -0500

Dan and Steve,
I was so glad to see Steve's response to Dan's letter. We really must stay in close communication and avoid working at cross-purposes. When we disagree, we should deal with that as openly as we can and just work it through.
Sara

Responding to the message of <3589012942e5006@mhub1.tc.umn.edu>
from "Stephen Gudeman" <gudem001@maroon.tc.umn.edu>:

>
> Dan,
>
> Thanks for yours. Both you and your potential successor are certainly
> welcome to attend our meetings. I am certain that we will have before us
AHC
> issues during the yea, and your input would be truly valued. Don't worry
> about
> discomforts, we have room for lots of views, and want to hear them. So.
> let's
> stay in touch, and do inform us about central issues.

> Steve

>
>
> > Responding to the message of <35884a652a51023@mhub4.tc.umn.edu>
> > from "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>:

> > > Gary,

> > > Please let me know what, if any, expectations there are the Chair of
the
> > > Academic Health Center Finance & Planning Committee with regard to the
> > > Senate
> > > F
> > > & P Committee. I am assuming there are none. I am not a regular
member
> > > of
> > >
> > > the
> > > Senate F & P Committee so, I'm assuming e-mail notices are still
coming
> > > out
> > >
> > > as
> > > part of the ad hoc situation that Fred Morrison had in place (Fred
> > > extended
> > >
> > > me
> > > an invitation to attend in an unofficial, ex officio category).
Because
> > > of
> > >

> > > the
> > > discomfort I caused Professor Speaks (serving as Chair in Fred's
absence),
> > >
> > > and
> > >
> > > you the day Senate F & P had the "closed" meeting with the faculty
member
> > >
> > > from
> > > Public Health and (later) Frank Cerra, I thought it unwise to come
> > > thereafter.
> > > Has the arrangement changed? Am I neglecting some responsibility I
> > > wasn't
> > > sure
> > > I had?
> > >
> > > There will be new appointments for the AHC F & P and the AHC Faculty
> > > Affairs
> > > Committees in the Fall (probably not before the end of September,
> > > however).
> > >
> > > In
> > > an effort to hand off my current F & P Chair duties to whomever my
> > > successor
> > > may
> > > be, he/she will need to know who expects what from/of them. As far as
I
> > > know,
> > > there is nothing official regarding the AHC F & P Chair's role on the
> > > Senate
> > > F &
> > > P Committee. If that person chooses to attend the Senate F & P
Meetings,
> > >
> > > he/she
> > > will attend as a visitor and will have to be prepared to depart, if it
is
> > > a
> > >
> > > closed meeting. Please let me know if I will be passing on
> > > misinformation.
> > >
> > > Thanks,
> > >
> > > Dan Feeney
> > > Interim Chair
> > > AHC Finance & Planning
> > >
> > >
> > > *****
> > > In message <199806161847.NAA05917@mailbox.mail.umn.edu> Gary Engstrand
> > > > writes:
> > > > The 1998-99 members of the Finance and Planning Committee:
> > > >
> > > > At the request of Professor Gudeman, incoming chair of the Finance
and
> > > > Planning Committee, I have activated for you a committee discussion
> > > > list.
> > > >
> > > > If you send a message to scfp@mailbox.mail.umn.edu, it will
> > > > automatically
> > > >

> > > > go
> > > > to all committee members, to me, and (at least for now) to Fred
> > > > Morrison
> > > > (who
> > > > has agreed to work with the committee through the development of the
> > > > biennial
> > > > request) and to Marvin Marshak, the faculty's legislative liaison
(in
> > > > order
> > > >
> > > > that he can be kept apprised of thinking and events on your
committee).

> > > >
> > > >
> > > > You
> > > > should feel free to use this discussion group for any issue that is
> > > > coming
> > > > or
> > > > has come before the committee, to raise new issues, or to voice any
> > > > other
> > > >
> > > > concerns you may have about committee business that you wish to make
> > > > known
> > > > to
> > > > the entire committee.

> > > >
> > > > I shall follow up on this message with another, transmitting a list
of
> > > > "issues pending" that you may wish to look over.

> > > >
> > > > In the meantime, Professor Gudeman would like to have a half-day
> > > > retreat
> > > > in

> > > >
> > > > the fall. Please let me know your availability on these September
> > > > dates:

> > > >
> > > > 8,9,11,14,15,18,21.

> > > >
> > > > Thanks.

> > > >
> > > > Gary Engstrand

> > >
> > >
> > > Daniel A. Feeney
> > > 408 Veterinary Teaching Hospital
> > > University of Minnesota, St. Paul Campus
> > > 1365 Gortner Ave
> > > St. Paul, MN 55108
> > > (612) 625-9731 (phone and voice mail)
> > > (612) 624-0751 (Fax)
> > > (612) 538-4487 (pager)
> > > feene001@tc.umn.edu (e-mail)

> > >
> > > .

> >
> >
> >
> >
> > *****
> > * Stephen Gudeman *
> > * Department of Anthropology *
> > * University of Minnesota *
> > * 215 Ford Hall *

From: Feeney Daniel
To: Alfred F Michael <micha003@maroon.tc.umn.edu>
CC: kmjohnst@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.edu>
Subject: Allied Health Programs' Status
Date: Tue, 16 Jun 1998 08:47:27 -0500

June 16, 1998

Alfred F. Michael, M.D., Dean
Medical School
University of Minnesota
Box 293 Mayo
Minneapolis Campus

Dear Dr. Michael:

The Academic Health Center Finance and Planning Committee (AHC F & P) has initiated discussion on the status of various allied health units within the Medical School. We understand that Provost Cerra formed a Task Force on April 22, 1997, to review the status of AHC programs in allied health fields, to define their contributions to the University mission, to determine their national standing and accreditation, and to examine alternative AHC organizational structures to enhance their effectiveness. Specifically, the programs under consideration within the AHC were to include medical technology, physical therapy, occupational therapy, mortuary science, health informatics, and dental hygiene.

As we understand it, the Task Force considered a number of different models of reorganization and on September 11, 1997, recommended one of two structures:

1. A school or college initially encompassing the five existing allied health professions as individual departments (excluding dental hygiene), with a dean reporting to the Senior Vice President for Health Sciences. Other programs from within the Medical School and the wider University community could be added as appropriate.

Or

2. An "Institute" of these five programs located within the Academic Health Center, with a director reporting to the Senior Vice President for Health Sciences. Within that "Institute", five "departments" (? divisions) would be created which would include tenured and tenure-track faculty.

On April 2, 1998, Dr. Cerra responded to the Task Force. While very laudatory about the programs, he stated four allied health units (medical technology/clinical laboratory science, physical therapy, occupational therapy and mortuary science) should remain within the Medical School, with several organizational options. These included--centering the programs in the

Dean's
Office, creating a department, or forming a Dean's Allied Health Council.
On
April 10, Dr. Cerra also wrote you with his recommendations.

Following Dr. Cerra's assessment, the allied health program directors requested to meet with you at your earliest convenience. The meeting was, scheduled for June 9. Our concern as the AHC F & P is that four nationally recognized programs have not had any input to planning and budgeting for FY 1998-1999. For example, we understand the MS degree program in clinical laboratory science is currently accepting graduate students without knowledge of graduate stipends. Also, the occupational therapy and physical therapy MS degree programs (2+ year commitments) are accepting students for Fall, 1998.

With the stability (? future) of these programs in question and the continuity of these programs from the students' standpoint at least potentially in jeopardy, this appeared to us as a planning and finance issue within the AHC.

As a faculty-driven group providing input to the AHC Administration, we request prompt action on this issue in the name of the AHC's reputation and for the sake of the students and faculty in these programs. Based on our information about the national standing of these programs and the demand for the health care professionals trained by these programs, it seems to us that these programs should be aggregated, supported, and stabilized. The Task force suggestion #2, above seems the most cost-effective and would involve the least intra or inter-departmental strife. We realize the hesitancy to establish multiple departments, but one department containing multiple discipline-based divisions might solve the problem. We also raise the concern about the status of these faculty in their current home department(s). Whether things remain as they are or whether these faculty have a tenure home in an existing department but their activity base in some "center", "program", etc., the probability of split allegiance problems and/or a "starving out" within their home department is reasonably high in our opinion.

Our concern for the treatment and working environment of the faculty in these programs prompted some brainstorming in our group. Our sense is that under the current structure, these programs have been financially "trapped" because of the financial difficulties within their current parent department(s). While funding problems are a reality we all face, the scholarly and educational missions of these allied health disciplines must to be judged on their own merits. We respectfully request the allied health disciplines be given the consideration due them. We support these programs because of their reputation and connectedness to the missions of the AHC. We raise the concern that program uncertainty compromises both the educational and scholarly activities with in affected programs. The result may be the unnecessary tarnishing of these

programs' reputations and the associated negative impact on their recruiting of the best and the brightest.

Through this letter we are voicing our support for these programs. We also specifically request a prompt and equitable analysis of the funding for these programs independent of their current home department(s). The goal would be appropriate and predictable funding coupled with defined fiscal management expectations in the next and ensuing years.

Thank you for your consideration.

Sincerely,

AHC Finance and Planning Committee:

Daniel A. Feeney, DVM, MS, Interim Chair [Veterinary Medicine]
Kathryn Dusenbery, MD [Therapeutic Radiology]
Carol Wells, PhD [Laboratory Medicine and Pathology]
Patricia Tomlinson, PhD [Nursing]
Tim Wiedmann, PhD [Pharmacy]

cc: Senior Vice President Frank Cerra
Associate Vice President Katherine Johnston
AHC Faculty Consultative Committee

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.e
CC: courtney@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.e
Subject: 5/26/98 Meeting -->
Date: Tue, 26 May 98 10:58:54 -0500

Hello AHC F & P,

This morning we got our first look at the AHC College "Compact" DRAFTs.

Drs. Tim Wiedmann and Patricia Tomlinson were unable to attend.

*Kathye (Johnston), can you arrange to send a copy of the DRAFT Compacts to Tim and Patricia?

In our meeting, we discussed a number of topics.

1. We went over the Compacts for the Medical School and for Veterinary Medicine

to get a mindset so we can evaluate the rest (and further evaluate the Med School & CVM documents) on our own. We will be meeting in two weeks (6/9/98) to

discuss the Compacts and to get a sense of how the AHC Sr. VP's Office ("SVP-HS"

in the documents) is tending to fund (final decisions are still pending) the requests from the colleges (e.g. how much, recurring vs. nonrecurring, justification, sources) and what is being deferred for central funding.

Much of

the 6/9/98 Meeting will be devoted to understanding, questions, clarification,

and OUR INPUT. PLEASE REMEMBER, THESE "DRAFT COMPACTS" ARE CONFIDENTIAL!!!!

*Kathye, can you have somebody on your staff summarize the College requests to

the AHC-SVP's Office [the SVP-HS column under "Requested" and "Allocated" sections ACROSS the Compacts by Unit], including the amount requested compared to the amount funded, the sources of funding (e.g. central reserves,

AHC Budget(s), AHC New Initiatives, etc.) so the F & P Group can get a quick

overview of who MAY get what and how well each group did/may do on a comparative basis (e.g. compared to their request, compared to their peers)?

2. We again discussed the situation with the Allied Health Professions within

the Medical School. Concerns were again raised about their funding, the uncertainty for the next year in both the professional and graduate programs,

and the seeming lack of action or even information available. The AHC-F & P group present came to agreement that we (as the AHC F & P Committee) should write a letter to Dean Michael (with copies to Sr VP Cerra and other senior AHC

Administrators yet to be decided) requesting clarification/action on this item.

This was viewed as our "canary in the mine" role. Carol Wells will draft a letter to come from our committee. The draft will be circulated among our committee members (K. Dusenbery, D. Feeney, K. Johnston, P. Tomlinson, C. Wells,

& T. Wiedmann) via e-mail for comment and input. This will (once agreed upon)

go to the targeted parties as a letter from AHC F & P as a request for info and response. This will seed the ground for our successors on this committee.

3. Associate VP Katherine Johnston (Kathye) will bring a summary of the plan for AHC Administrative Processes "Redesign" to our next meeting. The intent here is to standardize financial processes across the AHC Units, minimize duplication of and variation in efforts, and improve efficiency while possibly better meeting the needs of both administration and faculty. This will be the second major topic (after the Compacts) of the 6/9/98 Meeting.

4. The final topic was that of the specifics in and the implementation of the Post Tenure Review Document. We are aware that the AHC Faculty Affairs Committee is working on this and that the majority of this is under their charge. However, there are specific salary allocation aspects of this document and the revised Tenure Code that address the mechanism of the merit review evaluation process. This seems to be a topic that should be addressed by F & P. We've discussed concerns on this issue in the past. It appears that about any permutation and combination of possibilities exists within the AHC (e.g. department head sole control --> all department faculty acting as a merit evaluation committee of the whole). The concerns are twofold. First, there is the issue of inequity across departments (particularly in some departments depending on how an individual is viewed by his/her Chair/Head and whether or not there are clinical, basic science, or both types of faculty). Second, for the Post Tenure Review Process to work and salary grievances to be minimized, there must be compliance across the AHC. This runs counter to the model of Chair/Head being an omnipotent ramrod which is apparently the standard in some AHC Units. Carol Wells has a file on the topic and will bring germane pieces (related to salary allocation and merit evaluation processes) to our 6/9/98 meeting with specific AHC F & P aspects highlighted. Depending on the time available, we may have to defer this to our next meeting, but we will at least have the documents in one place in OUR files for review and future discussion.

As usual, it seems we're not short of issues. We thank Frank Cerra and Katherine Johnston for their willingness to share the DRAFTS of the AHC Unit Compacts with us. Our learning curve will continue to be steep. We hope we can get some things into place so our successors can hit the ground running.

Hope to see you all on 6/9 @ 7:00 am in 4-101 BSBE.

*Carol (Wells), will you have your contact person make the usual arrangements?

Best wishes,

Dan Feeney
Interim AHC F & P Chair

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>,*
CC: courtney@mailbox.mail.umn.edu, kmjohnst@mailbox.mail.umn.edu,
Subject: Allied Health Draft
Date: Wed, 3 Jun 98 09:42:01 -0500

Hello AHC F & P,

Thanks to Carol Wells' initial draft, here is a draft with my spin on it. Please look it over and let me know what you think. Please be reminded that we have a meeting on Tuesday, 6/9/98 at 7:00 am in 4-101 BSBE.

****Again, I hope Carol Wells will follow up on the beverage arrangements.****

Our primary goal for that meeting will be reviewing and discussing the "Compacts". We also have the issue of "resource redesign" and this letter.

Depending on the amount of input I get on this, I'll try to have another draft ready for Tuesday's Meeting. Considering the meeting with the allied health directors and Dean Michael is for 6/9, our letter could be well placed if it immediately follows the meeting. I am assuming we are in agreement on these issues. If not, we'll know quickly.

I'M SENDING COPIES OF THIS TO KATHYE JOHNSTON AND TO THE AHC-FCC SO THEY WILL KNOW WHAT WE'RE DOING. THE "CC" ON THE DRAFT LETTER INDICATES THAT A COPY OF THIS WILL BE SENT TO SR. VP CERRA. THIS DRAFT HAS NOT BEEN SENT TO EITHER DEAN MICHAEL OR SR. VP CERRA. HOPE NOBODY IS CONFUSED????

Best wishes and see you on 6/9.

Feeney

*****DRAFT FOR REACTION*****

June 3, 1998

Alfred F. Michael, M.D., Dean
Medical School
University of Minnesota
Box 293 Mayo
Minneapolis Campus

Dear Dr. Michael:

The Academic Health Center Finance and Planning Committee (AHC F & P) has initiated discussion on the status of various allied health units within the Medical School. We understand that Provost Cerra formed a Task Force on April 22, 1997, to review the status of AHC programs in allied health fields, to define their contributions to the University mission, to determine their national standing and accreditation, and to examine alternative AHC organizational structures to enhance their effectiveness. Specifically, the programs under consideration within the AHC were to include medical

technology,
physical therapy, occupational therapy, mortuary science, health
informatics,
and dental hygiene.

As we understand it, the Task Force considered a number of different
models of
reorganization and on September 11, 1997, recommended one of two structures:

1. A school or college initially encompassing the five existing allied
health professions as individual departments (excluding dental hygiene),
with a
dean reporting to the Senior Vice President for Health Sciences. Other
programs
from within the Medical School and the wider University community could be
added
as appropriate.

Or

2. An "Institute" of these five programs located within the Academic
Health
Center, with a director reporting to the Senior Vice President for Health
Sciences. Within that "Institute", five "departments" (? divisions) would
be
created which would include tenured and tenure-track faculty.

On April 2, 1998, Dr. Cerra responded to the Task Force. While very
laudatory
about the programs, he stated four allied health units (medical
technology/clinical laboratory science, physical therapy, occupational
therapy
and mortuary science) should remain within the Medical School, with several
organizational options. These included--centering the programs in the
Dean's
Office, creating a department, or forming a Dean's Allied Health Council.
On
April 10, Dr. Cerra also wrote you with his recommendations.

Following Dr. Cerra's assessment, the allied health program
directors requested
to meet with you at your earliest convenience. The meeting is, apparently,
scheduled for June 9. Our concern as the AHC F & P is that four nationally
recognized programs have not had any input to planning and budgeting for FY
1998-1999. For example, we understand the MS degree program in clinical
laboratory science is currently accepting graduate students without
knowledge of
graduate stipends. Also, the occupational therapy and physical therapy MS
degree programs (2+ year commitments) are accepting students for Fall, 1998.

With the stability (? future) of these programs in question and the
continuity
of these programs from the students' standpoint at least potentially in
jeopardy, this appeared to us as a planning and finance issue within the
AHC.

As a faculty-driven group providing input to the AHC Administration,
we request
prompt action on this issue in the name of the AHC's reputation and for the
sake
of the students and faculty in these programs. Based on our information
about
the national standing of these programs and the demand for the health care

professionals trained by these programs, it seems to us that these programs should be aggregated, supported, and stabilized. The Task force suggestion #2, above seems the most cost-effective and would involve the least intra or inter-departmental strife. We realize the hesitancy to establish multiple departments, but one department containing multiple discipline-based divisions might solve the problem. We also raise the concern about the status of these faculty in their current home department(s). Whether things remain as they are or whether these faculty have a tenure home in an existing department but their activity base in some òcenteró, òprogramó, etc., the probability of split allegiance problems and/or a òstarving outó within their home department is reasonable high in our opinion.

Our concern for the treatment and working environment of the faculty in these programs prompted some brainstorming in our group. Our sense is that under the current structure, these programs have been financially òstrappedó because of the financial difficulties within their current parent department(s). While funding problems are a reality we all face, the òIncentives for Managed Growthó (IMG) model provides a tool for the scholarly and educational missions of these allied health disciplines to be judged on their own merits. We respectfully request the allied health disciplines be given the consideration due them in the IMG environment. We support these programs because of their reputation and connectedness to the missions of the AHC. We raise the concern that program uncertainty compromises both the educational and scholarly activities with in affected programs. The result may be the unnecessary tarnishing of these programsó reputations and the associated negative impact on their recruiting of the best and the brightest.

Through this letter we are voicing our support for these programs. We also specifically request a prompt and equitable solution using the IMG approach to analyze the funding for these programs independent of their current home department(s). The goal would be appropriate and predictable funding coupled with defined fiscal management expectations in the next and ensuing years.

Thank you for your consideration.

Sincerely,

AHC Finance and Planning Committee:

Daniel A. Feeney, DVM, MS, Interim Chair [Veterinary Medicine]
Kathryn Dusenbery, MD [Therapeutic Radiology]
Carol Wells, PhD [Laboratory Medicine and Pathology]
Patricia Tomlinson, PhD [Nursing]
Tim Wiedmann, PhD [Pharmacy]

cc: Senior Vice President Frank Cerra
Associate Vice President Katherine Johnston
AHC Faculty Consultative Committee

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>,*
CC: courtney@mailbox.mail.umn.edu, kmjohnst@mailbox.mail.umn.edu,
Subject: F & P Report to Assembly
Date: Fri, 15 May 98 08:57:37 -0500

Hello AHC-F & P,

At the AHC-FCC yesterday, the topic of (verbal) subcommittee reports to the assembly came up. It seems like a good idea so they know what we're doing.

I
may not be able to make the Assembly meeting on the 28th, I'm on clinic duty.

We will have another meeting on the 26th to look at the Compacts.

Would one of you who will be going to the assembly meeting be willing to give a brief verbal report on our activities? Please let me know.

See you at 7:00 am in 4-101 BSBE on the 26th. Carol (Wells), will you make the usual arrangements?

Have a good weekend!

Feeney

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.e
CC: courtney@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.e
Subject: 5/12/98 F & P Meeting
Date: Thu, 7 May 98 10:08:10 -0500

Hello AHC F & P,

We have a tentative 7:00 am Meeting on 5/12/98. Our agenda will be the AHC "College" Compacts. Both Frank and Kathe indicated that they thought a discussion of this sort was good within our group. Via this note, I'm asking Kathe if the "Compacts" are ready for our consideration????? That determined, I'll confirm our meeting for next Tuesday.

For your information, the items we sent to the AHC-FCC (e.g. cross over membership on Senate Finance & Planning & AHC F & P; our perception of our charge, etc.) will be discussed at the next AHC-FCC Meeting (I believe 5/14/98).

Best wishes,

Feeney

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: kmjohnst@mailbox.mail.umn.edu
CC: courtney@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.e
Subject: Compact Process
Date: Tue, 12 May 98 14:40:35 -0500

Kathye,

Hope you are feeling better! Just a short note to thank you for the information you provided to our F & P group this morning. We appreciate your candor and insight. We look forward to discussing the DRAFT COMPACTS from the AHC Colleges at our meeting on 5/26.

On a related matter, a couple of questions came up in the informal discussion after you had to leave.

1. When will the "compact process" begin for the 1999-2000 year? What is being

worked on now is only for the 1998-99 year, right??

2. How far down the administrative strata does the "official" compact process

go? We understand that the "Yudof" process stops with the Deans (or are

we mistaken)?? If the "Yudof" compact process does stop with the Deans,

will the Deans in the AHC have anything resembling a compact with their

respective Chairs or Heads?

Let us know when you can.

Best wishes,

Dan Feeney

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

From: Feeney Daniel
To: kmjohnst@mailbox.mail.umn.edu, Kathryn E Dusenbery <dusen001@tc.umn.ed
CC: courtney@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.e
Subject: Re: "Compacts"-->Finance & Planning
Date: Fri, 24 Apr 98 17:04:06 -0500

Kathye,

I'd suggest we hold off on the next meeting until we have the compacts in draft form. This is with the assumption that the discussions we have and questions we ask would still be able to influence what actually happens to these compacts (e.g. suggestions, revisions, etc.).

Although we have a meeting "in reserve" for 4/28, I don't think we have anything to discuss yet. We have a meeting in reserve for 5/12. Do you think the compacts will be in a format and ready to discuss by then?

Let me know. If we have to, we can try to schedule a meeting at a different time if a deadline occurs between these two dates.

Thanks,

Feeney

From: "Katherine M. Johnston" <kmjohnst@mailbox.mail.umn.edu>
Date: Fri, 24 Apr 1998 16:05:00 -0500 (CDT)
To: Daniel A Feeney <feene001@maroon.tc.umn.edu>
Subject: Re: "Compacts"-->Finance & Planning

Dan,

Frank has encouraged me to review the compacts with you. We have met with five schools so far -- and are in the process of revising those compacts. We expect several more iterations. My question: do you want to wait until all compacts are in draft form -- or were you anticipating a discussion at the meeting next Tuesday. Please advise. Thanks.

kathye

Katherine M. Johnston E-mail: kmjohnst@mailbox.mail.umn.edu
Chief Financial Officer for Health Sciences
University of Minnesota
Box 501 Mayo
420 Delaware Street S.E.
Minneapolis, MN 55455
Voice: 612-626-3700
Fax: 612-626-2111
Page: 880-3489

From: Feeney Daniel
To: Kathryn E Dusenbery <dusen001@tc.umn.edu>,
CC: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
Subject: 4/14/98 Meeting
Date: Thu, 9 Apr 98 14:04:10 -0500

Hello AHC F & P,

This is a reminder about the upcoming meeting of our Finance and Planning Group.

It will be held in 4-101 Biological Sciences/Biomedical Engineering @ 7:00 am on

Tuesday 4/14/98. If my recall is accurate, our primary agenda item was to be

what we are and what we do. I sent out some discussion items as a follow-up to

our last meeting. Our need to "find ourselves" and then "define ourselves" is

relevant because the AHC Assembly process is moving forward with a nominating

committee to generate a slate of people for election to the AHC Committee on Committees. As I understand it, that body (AHC Committee on Committees),

will

generate a slate of candidates to stand for election to the AHC-FCC for next year and they will also appoint members of committees such as ours. If, in

addition to just getting the ball rolling, we can pass on some direction to be

followed by our successors, we'll have accomplished something.

I hope everybody will come prepared to hash out some rules to live by for our

group. I'll provide a brief report on the AHC Facilities Strategic Planning Group's current and future activities. If Professor Morrison is able to

come,

he may have some insight on the Senate F & P's read in the AHC risk model for

tenured faculty salaries and general operation. I hope the follow-up I sent you

from Acting Human Resources VP Carol Carrier provided the answers to the questions about retirement options and policy.

Best wishes,

Dan Feeney

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

Received: from mhub1.tc.umn.edu (mhub1.tc.umn.edu [128.101.131.51])
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Received: from x120-53.cvm.umn.edu by maroon.tc.umn.edu; Mon, 16 Mar 98 14:44:19

From: "Daniel A. Feeny" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeny <feene001@maroon.tc.umn.edu>,
kmjohnst@mailbox.mail.umn.edu

Cc: Carol A Carrier <carrier@maroon.tc.umn.edu>,
Jeanette L Loudon <loude002@gold.tc.umn.edu>,
courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
Fred L Morrison <morri001@maroon.tc.umn.edu>,
ahcfc96-97@maroon.tc.umn.edu

Subject: 3/10/98 AHC Finance and Planning Meeting

Message-Id: <350d8f24332c570@mhub1.tc.umn.edu>

Date: Mon, 16 Mar 98 14:44:28 -0600

Hello AHC Finance & Planning Subcommittee:

First of all, thanks to everyone for their comments and their willingness to come to a meeting on AHC finances at 7:00 am. Our faculty group received the note below from Carol Wells after our last meeting. I am (with her blessing) distributing it to our regular e-mail group for their information. In addition, I'm sending a copy of this note to Ms. Jeanette Loudon, AHC Personnel Officer and to Professor Carol Carrier, U-MN Vice President for Human Resources, with the hope they will respond to some of the inquiries below (particularly those indicated by **). I think the Carol Wells' note accurately reflects at least part our 3/10/98 discussion. I know that as a fledgling committee, we're wading into a complex financial situation laden with suspicion (particularly following the AHC Re-Engineering Debacle), evolving policies (both within the AHC and the U-MN System as a whole), and historical "occurrences" (a faculty member from History once told me that "Policies and Laws evolve according to issues and occurrences rather than logic"). It will be a while before our group can provide much in the way of "knowledgable" consultation.

I appreciate Kathe Johnston's willingness to provide financial information to get us started. However, we have multiple roles including consultants to AHC Administration on the faculty perspective, to some degree faculty watch dogs (our AHC colleagues expect us to know what is going on and to comment where necessary), and initiators (to bring specific financial issues on the faculty's mind to the attention of AHC Administration). While we start out our meetings with an agenda, we do discuss additional issues germane to some (if not all) members of our group (possibly at the expense of some agenda item). I don't want to stifle our open discussions. Although I may be wrong, I think it will be through those discussions that we find our niche beyond the broad charge we were given. Our agenda for the next meeting (4/14/98 as scheduled now) will be to define our role as an AHC-FCC Finance-related Subcommittee.

Below is Carol Well's note about our last meeting which provides some food for thought.

*****Note from Carol Wells*****

Fellow F&P Committee Members --

I have been ruminating about our last meeting of March 10, 1998. I believe we are all quite frustrated in our inability to get a realistic understanding of AHC finances. To relieve some of this frustration, and to make me (us) feel like our meetings are not a waste of time, perhaps we should document what we have learned. At the very least, we should be able to pass this information on to those who follow us. With this aim in mind, below are several informational items from our last meeting. Perhaps we could get Kathryn Johnson to point out any inaccuracies in the items below.

1. Who decides how O&M is distributed in the AHC?

VP Cerra receives O&M money from Central Administration. To date, there are no stated criteria by which the VP's office distributes this money. VP Cerra has had the authority to distribute O&M money only in the last budget year, at which time O&M moneys were distributed by the VP based on historical precedent. The deans receive O&M money from VP Cerra. The deans individually decide how to divide this money among their various departments. VP Cerra has no knowledge or control over this distribution of O&M money by the deans.

2. Is it possible to understand specific departmental finances by reading the departmental budgets published on the Web (<http://budoff.umn.edu/TMED.html>)?

These budgets contain categories that describe where money comes from (Resources) and where money goes (Expenditures). The accountants in the various departments are not trained to understand the precise definitions of these budgetary categories. Thus, it is not possible to determine exactly where money comes from or where it goes, because these moneys are not uniformly assigned to a specific category in a uniform manner across the various departments. For example, an expenditure termed ~~ØPublic ServiceÆ~~ may have different items placed in that category by different accountants in different departments.

3. Is it possible to understand how the relative numbers of tenured faculty, non-tenured faculty, and P&A employees have been changing over time?

Accurate information is very difficult, if not impossible, to obtain. Data from the Human Resources Office contain many inaccuracies and many items are often out of date. In addition, Human Resources is about to install a new computerized program that will make it impossible to distinguish tenured faculty from other faculty.

Carol L. Wells, Ph.D.

In addition to Carol Wells' comments, I have a few issues on which we need follow-up. First, it appears that the so-called "Retirement Incentive Package" that has been rumored around the AHC is causing some distress across the AHC Colleges and within Central Administration. Based on our last discussion, this is apparently not yet a "done deal" and it is not being made available to anyone yet. Despite the initial discussion within an AHC-FCC Ad Hoc Subcommittee (between 2 and 3 year's salary being used as a carrot for retirement in conjunction with other internal creative financing), the plan under current consideration is as follows. There MAY be a supplement to the last working year's salary for those who choose the option. This would be in addition to the 1 year's regular salary paid out over 2 years beginning at termination (retirement) of that faculty member's academic (tenure) appointment. There is a variation among the AHC Deans willingness to participate in this plan (apparently only the Medical School is planning to use it, provided it gets central approval). Also, there is apparently a variable philosophy among the

AHC Deans regarding faculty access to and utilization of the generally available Terminal Leave and Phased Retirement Policies (The School of Nursing has, apparently, has been told that these are not options for them). Kathe Johnston was to mention this to VP Cerra for his response. Based on this, several questions came up which need to be addressed:

-Are the Terminal Leave and Phased Retirement Policies only applicable if the Deans/Chairs are willing to use them? My understanding of these is that while the terms of these policies are specified across the institution, availability depends on "negotiations" with the local/regional Administration. These are not policies that individual faculty members can have access to on demand, unless I am mistaken.

**Jeanette (Louden) or Carol (Carrier) will hopefully comment here.

-Is there any "appeal process" available to faculty (AHC or otherwise) if they feel they should be given the option of either Terminal Leave or Phased Retirement and their Chairs/Heads or Deans are unwilling to consider it?

**Jeanette (Louden) or Carol (Carrier) will hopefully comment here.

-There is (at least rumored to be) some policy within the AHC that HEADS of Departments are to retire at a certain age. I don't know of such a policy and I'd question its legality in light of the Age Discrimination Laws and the elimination of mandatory retirement.

**Jeanette (Louden) or Carol (Carrier) will hopefully comment here.

Answers to these questions will at least put that issue in a clearer light. Based on our discussion, it seems that as these issues are discussed and clarified, they might be material for a piece in "This Thursday" or a related AHC newsletter.

Once we refine our concept of the AHC Finance and Planning Subcommittee, we have the following items waiting on our agenda:

1. Input on and discussion on the AHC "position analysis" (e.g. where tenure/tenure track and clinical track (term/contract) appointments actually are in the AHC and how they will be reassigned in the emerging budget process in VP Cerra's Office?
2. Where are the O & M \$ going for the tenure/tenure track positions that are being vacated and then filled with clinical track (term/contract and presumably income-generating) faculty?
3. An overview on the costs of and the sources of funding for the AHC Strategic Initiatives. This has been discussed in pieces in the AHC-FCC, but our Subcommittee needs to understand how these came about and where the \$ are coming from.
4. Effective methods of AHC financial (or finance-related issue) information dissemination from our Subcommittee to our AHC colleagues. Do we write pieces for the Newsletters, do we set up a web site, do we send out blanket e-mails, etc. so people know what we're doing, what we have found, and how we're looking into issues?
5. Continued discussion of and update on the situation currently faced by the School of Public Health (SPH) regarding the switch between O & M \$ and ICR dollars. The analogy of the "canary in the mine" was used here and seems appropriate. While the SPH was hit the hardest, at least initially, this may be an indicator of what is in store for other AHC Colleges under Incentives for Managed Growth (IMG).

VICKIE COURTNEY PLEASE NOTE:

Under a separate cover, I'll have Vickie Courtney send out a copy of the AHC-FCC letter from Professor Cynthia Gross, Chair of the AHC-FCC, to President Yudof regarding the concerns registered about the substitution of O & M \$ with ICR \$.

6. The concerns registered within our group about the perceived lack of

"feedback" that was supposed to come from the recent round of AHC Seed Grants. If I am reflecting the concerns correctly, there were comments made by the reviewers intended for the authors of the Seed Grants. According to a couple members of our Subcommittee, these reviewer suggestions/comments/criticisms were apparently not available.

VICKIE COURTNEY PLEASE NOTE:

To start the clarification process, I will have Vickie Courtney send out copies of the 2/6/98 memo from Professor John Fetrow to the AHC-FCC explaining the process. Then we can discuss it further. The AHC-FCC reviewed the Fetrow response and found it adequate. Our group will have to come to some conclusion once we have the information.

7. The daunting task of understanding the Big Picture on AHC Finances. I think some of this will come about as Kathe Johnston brings budget issues to us for input as the year goes on. We're learning as well from the issues we bring up and request answers/information on them. I share the frustration that right now we're like "physically challenged (one-armed) paper hangers", but we must start somewhere! We have yet to discuss the info provided to us already by Kathe Johnston.
8. Further discussion on the evolving "risk management" model for the AHC. This was summarized in the report on the "School of Public Faculty Meeting with President Yudof and Sr. Vice President Cerra" held 3/2/98. This was sent to all members of the AHC Faculty Assembly from VP Cerra on 3/3/98. The risk model concept is on the last page. If you don't have one, I'm sure we can find additional copies.

Does anyone have any additions to this list?

Please let me know if this reflects our 3/10/98 discussion and gives you (as AHC-F&P Members) some idea of where we're headed. Please comment! By the time we meet again on 4/14, we should have all the information we can stand.

The AHC-FCC is working on putting together the 1998-99 nominating committee (? AHC Committee on Committees) for elected positions to be vacated on the AHC-FCC and for appointed positions on the AHC Faculty Affairs and Finance and Planning Subcommittees. I did put my 2 cents worth in at the 3/12/98 AHC-FCC meeting about limiting the change in these appointed committees (but they can feel free to replace me). These new Subcommittees are just getting going now and have a tremendous volume of information to grasp before they can become effective. These Subcommittees are not unlike their counterparts in the All University setting. It seems to take at least a year to get up to speed.

Thank you for your tolerance of this long note. However, it seemed wise to put it in writing so we can all think about it and be ready for our 4/41/98 discussion. Comments and suggestions welcomed!

Best wishes,

Dan Feeney
Interim ACH Finance and Planning Subcommittee Chair

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

Received: from mhub3.tc.umn.edu (mhub3.tc.umn.edu [128.101.131.53])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id LAA16093
for <courtney@mailbox.mail.umn.edu>; Mon, 23 Mar 1998 11:17:56 -0600 (CS
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Received: from x120-53.cvm.umn.edu by maroon.tc.umn.edu; Mon, 23 Mar 98 11:08:23
From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>
To: ahcfcc96-97@maroon.tc.umn.edu, Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>
Cc: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
kmjohnst@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
Fred L Morrison <morri001@maroon.tc.umn.edu>
Subject: Classroom Development
Message-Id: <351697086b76035@mhub3.tc.umn.edu>
Date: Mon, 23 Mar 98 11:08:26 -0600
Status: U

Hello AHC-FCC & AHC F & P,

The note (below) from Lorie Wederstrom came last week and I'm only now getting around to responding (it was a bad week). I noticed in her note that she wants to have a representative from the AHC-FCC on the Classroom Development Project. In late January, the AHC-F & P group met with Lorie, Terry Bock, and Terry Margo to provide our input on the "process" being followed and "our take" on what were the important aspects and priorities being considered. At that meeting, Lorie asked for a couple of names suggested by or from our group who might be consulted by the design team (and maybe even added to it). We suggested several names including Professor Stan Erlandsen, Dr. Laura Duckett and Leonard Lichtblau (Research Associate, Pharmacology). There may have been others (if anybody from F & P remembers them, please let us all know).

My question now is how to handle the current request. I think this involves the FCC and possibly the F & P before a name is forwarded. However, we don't want to delay, we appreciate Lorie's request for our input. My questions are:

- Should somebody from FCC be on that team?
- Instead, should somebody from F & P be on that team?
- Another spin, should we ask one of those listed above (if they are available and willing) or somebody else from outside FCC or F & P to serve on the team?
- Who should make the appointment or formally ask an individual to serve?

All I want is to be sure everybody is comfortable with what we do. I don't want to jump the gun (because the note came to me) and turn what should be a cooperative process between our recently organized AHC faculty governance system and our AHC administrative colleagues into something that could be questioned from within our governance group.

I'm sure we can find the appropriate person from the AHC governance group to help Lorie's group quickly, provided we all agree on who will make the appointment (I think the AHC-FCC should do it unless they direct F & P to run with it) and where the input on the appointment will come from. It seemed better from my perspective to ask questions first.

PLEASE ADVISE.

Thanks,

Feeney

From: "Lorelee A. Wederstrom" <lweder@mailbox.mail.umn.edu>
Date: Tue, 17 Mar 1998 16:52:06 -0600
To: Daniel A Feeney <feene001@maroon.tc.umn.edu>,
armstron@lenti.med.umn.edu,
Gregory M Vercellotti <verce001@maroon.tc.umn.edu>
Cc: bock@mailbox.mail.umn.edu,
margo003@tc.umn.edu
Subject: Classroom Project

Dan, Mike and Greg - We are putting together a design team for the classroom project. There are seven centrally scheduled classrooms that we will take through the design process. Even though we will probably only be able to do about four of them, I am directing FM to finish design documents on all of them so that we can complete all of them when funds do become available. The general recommendations developed from the ten focus groups I conducted are as follows:

1. Delete Todd, Eustis, and 2-585 Moos since these are not centrally scheduled rooms
2. Do refurbishing first
3. Select by highest use across most schools
4. Make sure each room has microphones that work, seating and slide projectors
5. Showcase one room with technology upgrades
6. Develop improved room maintenance and technology support services.

According to our room utilization data, the highest use rooms across most schools are ranked as follows:

- #1 - 2-650 Moos
- #1 - 2-650 Moos
- #2 - 2-620 Moos
- #3 - 2-690 Moos
- #4 - 2-470 PWB
- #5 - 2-530 Moos
- #6 - 2-520 Moos
- #7 - 2-580 Moos

We will be using internal resources to specify the technology requirements for these rooms - Jean Magney, Tony Pangborn and Rick Pfeiffer will help with this part of the project and are already on the design team.

I am needing ONE representative from each of you to participate on the design team. One faculty from the FCC (Dan), one faculty from Med School (Greg) and one member of the SCC (Mike). In addition Patrick Testerman (Med School student) and Christian Calaguas (Public Health student) have shown interest in participating so we will be inviting them to participate. We need to keep this design process efficient if we are to begin construction by June 15 - therefore, the smaller, yet most representative, the group - the better. Please forward your name to Terry Margo - Owner Rep from Zone Facilities Management office and he will call the first design team meeting. Thanks very much. Let me know if you have any questions.

Lorie

Lorelee A. Wederstrom, Director
Office of Facilities Management
Academic Health Center
551 Boynton
Phone: 626-7088
E-mail: lweder@mailbox.mail.umn.edu

Received: from mhub3.tc.umn.edu (mhub3.tc.umn.edu [128.101.131.53])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id MAA18732;
Mon, 23 Mar 1998 12:32:18 -0600 (CST)
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Received: from x120-53.cvm.umn.edu by maroon.tc.umn.edu; Mon, 23 Mar 98 12:22:47
From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>
To: garye@UMN.EDU
Cc: Fred L Morrison <morri001@maroon.tc.umn.edu>,
Victor A Bloomfield <Victor.A.Bloomfield-1@tc.umn.edu>,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
kmjohnst@mailbox.mail.umn.edu, courtney@mailbox.mail.umn.edu,
kvanbeck@mailbox.mail.umn.edu,
Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>, bland001@tc.umn.edu,
dempsey@brain.biochem.umn.edu, ahcfcc96-97@maroon.tc.umn.edu
Subject: Re: Special Meeting
Message-Id: <3516a8786b76197@mhub3.tc.umn.edu>
Date: Mon, 23 Mar 98 12:22:50 -0600
Status: U

Gary,

Thanks for the message about the joint Central Administrative, FCC, and Finance & Planning Meeting coming on 4/29. I appreciate Professor Morrison's courtesy in inviting me as an "unofficial", ex officio participant in the Senate Finance and Planning Committee meetings. However, during the "closed" Senate Finance and Planning Committee meeting (held about 6 weeks ago and Chaired by Professor Speaks in professor Morrison's absence), I sensed that my unofficial presence caused some discomfort and confusion among the regularly appointed members. In the best interest of smooth functioning of the Senate Finance and Planning Committee and to minimize any real or perceived unfair advantage for the AHC because my presence (or even perceived interference in the Committee's deliberations), it seems best for me not to attend future regular Senate Finance & Planning meetings or this recently scheduled special joint meeting.

The Governance Task Force report presented at the Senate a couple of weeks ago (and supported by most of the FCC) made it clear that there was a desire to separate the Senate-based Committees from the remnants of the Provost-related Consultative Groups, partly out of concern about unfair advantage by the Academic Health Center. I don't know where that issue stands in light of the Senate's failure to support the provisions of the report. However, until it is resolved (and, obviously, depending on the final resolution), it seems wise that I not attend any of the Senate Finance & Planning Committee deliberations.

I would appreciate it if you would continue to send me the Senate Finance and Planning agenda so I can inform the Academic Health Center Finance and Planning Group of issues germane to us. Also, Professor Morrison, in his capacity as Chair of the Senate Finance & Planning Committee, is a welcomed participant in the AHC Finance and Planning deliberations at our invitation.

Best wishes,

Dan Feeney
Interim Chair, AHC Finance and Planning Committee

There is no established appeal process.

Re: AHC policy that Department Heads retire at a certain age

There is no such policy and I am not aware that one has ever been consid

Thank you very much for giving me an opportunity to respond to your concerns. Every other month beginning with May, I will be putting together an HR Questions and Answers column for AHC Community News. Please let me know what questions need to be addressed from your perspective.

Jeanette Louden

Jeanette L. Louden
Director of Human Resources
Academic Health Center
612/624-6627
612/626-3181 (fax)
612/625-5161 (confidential fax)
Box 23 Mayo; 554 BHS

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

Received: from mhub3.tc.umn.edu (mhub3.tc.umn.edu [128.101.131.53])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id KAA05133;
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Received: from x120-53.cvm.umn.edu by maroon.tc.umn.edu; Wed, 25 Mar 98 10:32:54

From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>,
lweder@mailbox.mail.umn.edu, kmjohnst@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>, bock@mailbox.mail.umn.edu

Cc: courtney@mailbox.mail.umn.edu,
Fred L Morrison <morri001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu

Subject: Classroom Development....

Message-Id: <351931b70f82210@mhub3.tc.umn.edu>

Date: Wed, 25 Mar 98 10:32:57 -0600

Hello AHC F & P and Administrative Colleagues,

So far, I've received only one faculty response (but I have received acknowledgments from Administration) on how to handle Lorie Wederstrom's request for a nonadministrative faculty member on the Classroom Development Group. To foster thought on this issue, I think Professor Gross' thoughts about "We also may not personally be the expert teachers that we feel they need to have" parallels our (F & P) thoughts following the first meeting with Lorie at which we were introduced to the topic. I interpret Professor Gross' note (enclosed below) that there was no specific action to be taken on the part of the AHC-FCC on this and that the buck stops with F & P to find a name for Lorie. With that understanding, we'll move on.

Including follow-up from Carol Wells (supporting my inability to find the last name), we had 4 names we considered as potential "consultants" to the earlier process. They were:

- Professor Stan Erlandsen,
- Dr. Laura Duckett,
- Leonard Lichtblau (Research Associate, Pharmacology), and
- Professor Chris Honda

in no order of preference and without insight as to their willingness or availability to serve and with no specific order of preference.

It is my understanding from Lorie that the design process will initially be more of a "restoration" process based on the input received from faculty and student groups. Basically, this means paint, carpet, fixing seats, and generally getting the rooms so that they have the basics (e.g. something to write on, something to write with, functional microphones, projectors (overhead and 35 mm) that actually work, and some support to keep them that way). Parallel to that first "restoration" will be planning of technology upgrades and faculty support for technology access. As I understand it, this will probably come from the current AHC Media Resources Group (I've got the wrong name, but it is the group that facilitates distance learning, computer-based education development, etc. that is apparently lacking a full charge and optimum utilization (my interpretation of discussions)). Comments fro Terry Bock or Lorie would be helpful here. As I understand it, classroom renovation (paint, carpet, seats, etc.) will begin shortly after Spring Quarter ends for two of the large classrooms, so we don't have a long time line.

My suggestion is that the AHC F & P ask Professor Honda (if willing and able) to

represent the AHC Faculty on Lorie's Classroom Development Group. I throw this out as a place to start. My suggestions is based on 1) the support for Professor Honda from Professors Wells and Erlandsen, 2) the fact that Professor Honda is an Associate Professor (presumably tenured) whereas Dr. Lichtblau is a Research Associate, and 3) that I recall from Professor Tomlinson, when suggesting Dr. Laura Duckett, that Dr. Duckett would be out of the country until Summer. If I am mistaken on any of these assumptions, please let me know. Once we've kicked this around, I hope to give Lorie a name before the end of next week. The next question is one of protocol. Instead of just suggesting a "name", I think we should determine if the suggested person is willing and available to serve on our behalf. ?? Anyone disagree?? Unless told otherwise, once we have settled on a name, I'll ask the individual who suggested that name to contact that person on our behalf. It will be somewhat of a sales job and would probably be best coming from someone they know. That way, when Lorie contacts that person, they will know what is coming. ?? Any other ideas??

Please let me know your wishes on this issue. We have a request for faculty input and we should take advantage of it. I will be out of town 3/29 through 4/1. Because it is Spring Break and several of our group are out of town now, we'll finalize our recommendation on Thursday or Friday of next week (4/2 or 4/3).

Thanks,

Feeney

Dan

I think we need to be very cautious about having members serve on multiple committees and task forces. We want to review their deliverables not be responsible for their report - We also may not personally be the expert teachers that we feel they need to have. If these committees get big and never have all the members attend each meeting, they end up being administrative task forces without faculty.

Basically, it seems we (AHC-FCC) are being asked to serve on too many groups when we need to focus on commentary and review, and not even give the appearance of endorsing a group's report/plans until after the AHC-FCC get a chance to review them.

Cynthia

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

Received: from mhub1.tc.umn.edu (mhub1.tc.umn.edu [128.101.131.51])
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Received: from x120-53.cvm.umn.edu by maroon.tc.umn.edu; Wed, 4 Mar 98 17:06:18

From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.edu,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>

Cc: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
Fred L Morrison <morri001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu

Subject: Next Meeting

Message-Id: <34fdde6b3248397@mhub1.tc.umn.edu>

Date: Wed, 4 Mar 98 17:06:20 -0600

Hello AHC-F & P,

To date we have received two documents from Assoc VP Katherine Johnston. We asked for the "Big Picture" and this seems like the kind of information we requested. Now that we have something to discuss, I suggest we meet. We have a date set aside for 3/10/98 [Next Tuesday] @ 7:00 am. We have the room booked. How is everybody's schedule????

Unless I get an overwhelming NO from a majority of our group, let's plan on meeting next Tuesday. Carol, will you have your secretary make the same arrangements for coffee, TEA, and some rolls/doughnuts/etc.??? We'll touch base again later in the week to be sure we've got a quorum.

EVERYBODY, please confirm whether or not you will be able to make it by returning a reply to this note. That way we'll get an idea of what turnout we can expect. It is particularly important that Katherine Johnston be able to attend. We'll need insight on the figures and I'm sure we'll have questions.

Looking forward to everybody's reply.

Thanks,

Feeney

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

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Fri, 6 Mar 1998 08:33:41 -0600 (CST)

Received: from maroon.tc.umn.edu by mhub2.tc.umn.edu; Fri, 6 Mar 98 08:24:39 -06

Received: from x120-53.cvm.umn.edu by maroon.tc.umn.edu; Fri, 6 Mar 98 08:24:38

From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@tc.umn.edu>, kmjohnst@mailbox.mail.umn.edu,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>

Cc: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
Fred L Morrison <morri001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu

Subject: It's A Go!

Message-Id: <350007270f05643@mhub2.tc.umn.edu>

Date: Fri, 6 Mar 98 08:24:41 -0600

Hello AHC F & P,

We will have a full house next Tuesday. All of our group can make it. Based on the input I've received and my own assessment of the situation, we have the following items to discuss:

- 1) The "Big Picture" of AHC Finances: (2 items provided by K. Johnston)
 - what are the sources of \$?
 - how are they distributed ?
 - what has changed across the AHC in light of IMG (incentives for managed growth) and the ICR \$ "shift"
- 2) The developing "risk management" model of AHC Operations:
 - what are the details ?
 - what kind of response can we expect across Washington Avenue ?
 - how vulnerable are we ?
- 3) The status of the retirement "incentives" in the AHC
 - review the terms/provisions
 - assess the source(s) of the \$
 - look at which AHC units are participating and the effect that is having on units who are not participating
- 4) What role do we want to play in the School of Public Health Situation ?

If anyone has additions or corrections, please let me know. Otherwise, see you on Tuesday @ 7:00 am in 4-101 BSBE.

Thanks,

Feeney

Daniel A. Feeney
408 Veterinary Teaching Hospital
University of Minnesota, St. Paul Campus
1365 Gortner Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

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for <courtney@mailbox.mail.umn.edu>; Wed, 28 Jan 1998 11:38:51 -0600 (CS
Received: from maroon.tc.umn.edu by mhuh3.tc.umn.edu; Wed, 28 Jan 98 11:30:48 -0
Received: from x108-40.cvm.umn.edu by maroon.tc.umn.edu; Wed, 28 Jan 98 11:30:47
From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>
To: lweder@mailbox.mail.umn.edu
Cc: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu
Subject: Re: Student "Classroom" Response
Message-Id: <34cf6b480fa6399@mhuh3.tc.umn.edu>
Date: Wed, 28 Jan 98 11:30:49 -0600

Lori,

Thanks for the follow-up. So our group knows where things are, I'm forwarding your info. I'll get you at least one or two names or renowned teachers on or before Friday.

Best wishes,

Dan Feeney

In message <2.2.32.19980128132652.006a2ce4@mailbox.mail.umn.edu> Lorelee Wederstrom writes:

> Great minutes, Dan - thanks! Also, just to keep you posted, I met with the
> Student Consultative Committee last night and their input - in a nutshell -
> was to stick to refurbishing, basically, and add the technology as more
> funds become available and instructors are better trained at how to use it.
> I think after I get through this first round of input meetings and focus
> groups - I will pull all of the comments together and get a decision making
> group convened so that we can resolve the differences in input from various
> interest groups. Thanks for getting the Faculty Group together.
> Lorie

> Lorelee A. Wederstrom, Director
> Office of Facilities Management
> Academic Health Center
> 551 Boynton
> Phone: 626-7088
> E-mail: lweder@mailbox.mail.umn.edu
>

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

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Received: from mc5-168.bsbe.umn.edu by maroon.tc.umn.edu; Wed, 4 Feb 98 07:45:39
From: "Carol L. Wells" <wells002@maroon.tc.umn.edu>
To: Daniel A Feeney <feene001@maroon.tc.umn.edu>,
Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
kmjohnst@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu
Cc: courtney@mailbox.mail.umn.edu, ahcfcc96-97@maroon.tc.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
Fred L Morrison <morri001@maroon.tc.umn.edu>
Subject: Meeting place AHC-F&P
Mime-Version: 1.0
Content-Type: text/plain; charset="us-ascii"
X-Mailer: POPmail 2.3b7
Message-Id: <34d8710311e9004@mhub1.tc.umn.edu>
Date: Wed, 4 Feb 98 07:45:41 -0600

AHC F&P:

In response to Dan Feeney's memo, I have reserved the following conference room on the 4th floor of the Basic Sciences & Biomedical Engineering Building.

TIME: 7:00 AM to 8:30 AM

PLACE: 4-101 BSBE

DATES: 2/10, 2/24, 3/10, 3/24, 4/14, 4/28, 5/12, 5/26, 6/9 & 6/23

Dan -- If we have a budget number, we can have coffee and tea routinely delivered from Campus Catering which located next door in Coffman Union (Phone: 4-7173). It might even be possible to have pastries routinely delivered -- budget permitting.

See you all on 2/10/98 at 7:00 AM.

Carol

Carol L. Wells, Ph.D.
Professor, Departments of Laboratory Medicine & Pathology and Surgery
Box 609 UMHC
420 Delaware St. SE
University of Minnesota
Minneapolis, MN 55455
Telephone: 612-625-5951
FAX: 612-625-5622

Received: from mhub2.tc.umn.edu (mhub2.tc.umn.edu [128.101.131.52])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id IAA12525;
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Received: from x108-40.cvm.umn.edu by maroon.tc.umn.edu; Wed, 4 Feb 98 08:43:53
From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>
To: kmjohnst@mailbox.mail.umn.edu
Cc: courtney@mailbox.mail.umn.edu
Subject: RE 2/10
Message-Id: <34d87eaa4e57158@mhub2.tc.umn.edu>
Date: Wed, 4 Feb 98 08:43:54 -0600

Katherine,

So far it looks like 2/10 @ 7:00 am is a go. I haven't heard anything yet as to "NO's" from our members and apparently Professor Fred Morrison, Chair, Senate Finance & Planning Committee will try to make it as well. It looks like we have dates (and a room booked thanks to Carol Wells) as far as the eye can see. I hope we'll use only about 1/3 of those times.

This note is a follow-up to see if you can still do the "Intro to AHC Finances" with the Executive Summary/Overview format that you discussed you use for nonfinance AHC folks. I think our subcommittee is interested and will use the info wisely. Please let me know if there is a problem.

One last question. Is there a budget number for parking for AHC visitors. I usually try to take the bus, but at 7:00 am I'll be coming from home. When I was on the Search Committee for the PRSSO Director, Ms. Susan Jackson gave me a budget number to use for parking (usually the Washington Avenue Ramp). Because we're going to be doing this about every 4-6 weeks (depending on the issues and the need for meetings vs e-mail), I'd appreciate not having to use the Senate Parking Budget Number.

Thanks,

Dan Feeney

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

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Received: from x108-40.cvm.umn.edu by maroon.tc.umn.edu; Tue, 3 Feb 98 11:02:39

From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Fred L Morrison <morri001@maroon.tc.umn.edu>

Cc: Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>,
courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
kmjohnst@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu

Subject: F & P's

Message-Id: <34d74db0226e002@mhub2.tc.umn.edu>

Date: Tue, 3 Feb 98 11:02:46 -0600

Fred,

Thanks for your interest and the follow-up. I'll put the Senate F & P on my calendar.

Best wishes,

Dan Feeney

In message <34d739ba66f5628@mhub1.tc.umn.edu> "Fred Morrison" writes:

> Thanks for the invitation to your AHC-F&P meeting. I will try
> to come on the 10th, if there really is a meeting, because I think
> that the overall AHC financial situations impacts the University
> generally. We may want to have a presentation before the U-F&P
> committee on the same subject.

> I hope that you can attend the U-F&P committee meetings on a
> reciprocal basis. Come if there is something on the agenda that you
> think is of interest to the AHC and your group. Informed input from
> the AHC is particularly welcome.

> Note that we have a meeting scheduled with Frank Cerra and
> others about the IMG/ICR issues around tenure positions. It will be
> on Tuesday, Feb. 17, from 3:15 to 5:00 in the Regents' Room. I hope
> that you can come. (I'll unfortunately be out of town at that time;
> Chuck Speaks will be presiding.)

>

Fred Morrison

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

Received: from mhub1.tc.umn.edu (mhub1.tc.umn.edu [128.101.131.51])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id JAA13733;
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From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
kmjohnst@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
Daniel A Feeney <feene001@maroon.tc.umn.edu>

Cc: courtney@mailbox.mail.umn.edu, Frank B Cerra <cerra001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu,
Fred L Morrison <morri001@maroon.tc.umn.edu>

Subject: ? A Meeting Time

Message-Id: <34d7311d66f5182@mhub1.tc.umn.edu>

Date: Tue, 3 Feb 98 09:00:47 -0600

Hello AHC-F & P,

Thanks for your follow-up. If I've got things straight, Katie Dusenbury can't meet on Wednesday or Thursday as well as the 1st and 3rd Tuesday of each month; Pat Tomlinson can't do Wednesdays, Carol Wells is OK from 7-8 daily, Tim Weidmann would prefer Tuesday, Thursday or Friday with reasonable notice, Katherine Johnston is OK early mornings, and Monday, Wednesday and Friday can be bad for me. It looks like setting the 2nd and 4th Tuesday of the month aside for a 7:00 to 8:00 (possibly 8:30 ??) meeting might just work. As the old saying goes, "If you want something done, find busy people to do it!" Please check you schedules and block 2/10, 2/24, 3/10, 3/24, 4/14, 4/28, 5/12, 5/26, 6/9 & 6/23 @ 7:00 am. Don't Panic! We're not going to use all of these, but it is nice to have time available, if we need it on a few days notice.

Carol Wells suggested a room in the BSBE (Basic Sciences & Biomedical Engineering) Building. That seems like a good central location and I appreciate the proximity to the bus stop and parking ramp. CAROL, WILL YOU FIND US A ROOM FOR 2/10?? I think we need to meet and get a jump start on the AHC Financial Picture. As I mentioned last week, Sr. VP Katherine Johnston is willing to give us a brief AHC Financial overview and then we can discuss where to go from here. KATHERINE, IS THAT STILL OK ????

Please let me know if this will work for everyone??? If it does (e.g. most of us can make it, Carol gets a room, & Katherine can give us a presentation) we'll meet @ 7:00 am on Tuesday 2/10/98 in BSBE Bldg. Our last problem is COFFEE/TEA/ETC.!!!! I'll bring doughnuts or pastries, if somebody can figure out the drink situation. Suggestions are welcome!

One last item, please add Lori Wederstrom's e-mail to your list of "cc's". Because much of what we talk about may in some way impact facilities, we need to keep Lori in the loop and give her access to us on an as needed basis. LORI, IF THE TOPIC OF OUR MEETING(S) ARE OF INTEREST TO YOU OR IN THE EVENT YOU RUN OUT OF MEETINGS TO ATTEND, WE WELCOME YOU TO OURS! Just let us know if you need input from us.

>Regular Communications:

- > dusen001@maroon.tc.umn.edu [Professor Katie Dusenbery]
- > feene001@tc.umn.edu [Professor Dan Feeney]
- > tomli001@maroon.tc.umn.edu [Professor Pat Tomlinson]
- > wells002@maroon.tc.umn.edu [Professor Carol Wells]
- > wiedm001@maroon.tc.umn.edu [Professor Tim Wiedmann]
- > kmjohnst@mailbox.mail.umn.edu [Assoc VP Katherine Johnston]

- > lweder@mailbox.mail.umn.edu [Ms. Lori Wederstrom,
AHC Facilities Management Director]
- > courtney@mailbox.mail.umn.edu [Ms. Vickie Courtney, University Senate Office]
- > ahcfcc96-97@maroon.tc.umn.edu [our AHC-FCC colleagues]

Also, I'm extending an open invitation to Professor Fred Morrison, Chair Senate Finance and Planning Committee, to come at his discretion. FRED, YOUR INSIGHT AND SUGGESTIONS ARE WELCOME ANYTIME!

Thanks,

Dan Feeney

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

Received: from mhub3.tc.umn.edu (mhub3.tc.umn.edu [128.101.131.53])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id IAA12097;
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From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: lweder@mailbox.mail.umn.edu

Cc: Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>,
courtney@mailbox.mail.umn.edu, ahcfcc96-97@maroon.tc.umn.edu

Subject: Another Name

Message-Id: <34d726d12e30170@mhub3.tc.umn.edu>

Date: Tue, 3 Feb 98 08:17:17 -0600

Lori,

We have a from Professor Pat Tomlinson to add to your list. She suggests Dr. Laura Duckett. Apparently Dr. Duckett is on single quarter leave. I assume she will be back for Spring Quarter. Depending on your timeline and her willingness to be involved, this may give you another option (if not now, I'm sure we'll need input from someone of this caliber again).

Hope this gives you some people to get some leading edge faculty input on the classroom revitalization.

Best wishes,

Dan Feeney

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

krjohnst@mailbox.mail.umn.edu [Assoc VP Katherine Johnston]
courtney@mailbox.mail.umn.edu [Ms. Vickie Courtney, University Senate Office]
ahcfcc96-97@maroon.tc.umn.edu [our AHC-FCC colleagues]

If Necessary:

morri001@maroon.tc.umn.edu [Professor Fred Morrison, Chair, All-University
Finance and Planning Committee]
cerra001@maroon.tc.umn.edu [VP Frank Cerra]

We have two issues that we must deal with relatively quickly. The first is meeting times. We'll try to get by with a minimum of meetings and use e-mail when possible. However, if you agree, I'd like to set a time (e.g. a couple of times a month) that we hold out of our calendars SHOULD we need a meeting. That MIGHT limit the usual schedule meshing problem. Knowing that busy people usually are the ones who get on committees, I suspect we'll have to get outside of the regular work day (the mix of administrative, clinic, research, and teaching commitments for 5-7 people will probably be a nightmare!). Would there be an objection to having a 1 hour time set aside every other week from 7:00 - 8:00 am say midweek???? We can arrange an AHC (obviously, Minneapolis Campus) conference room and probably even get some coffee. I mentioned this to VP Johnston and she indicated that it would work for her, if we thought we could live with it. Make no mistake, I'd prefer not to use the time, but we'll have it just in case. If that (or any other alternative proposed by anyone in our group) can fall into place, we can get on with business. PLEASE LET ME KNOW!!!!!!!

VP Johnston and I discussed topics wherein this Subcommittee should be involved. I noted that we all come from different backgrounds and I suspect none of us has a grasp of AHC finances. She indicated a willingness to prepare and discuss with us the "big picture" on AHC dollars and budgets down to as much detail as we can stand. That seemed to be a good place to start. Once we agree on a meeting time that we can all live with, I'll schedule that for our first meeting. Other topics we discussed as potential topics for future e-mail exchanges or meetings included:

- The concept of risk management in an academic institution wherein much of what goes on is funded by Indirect Cost Recovery (ICR) and clinical income instead of so-called hard state dollars (e.g. Operations and Maintenance or "0100").
 - What should O & M dollars pay for and what could/should come from the other "softer" sources, including the relative advantages and disadvantages of each in the arena of Incentives for Managed Growth (IMG) previously known as Responsibility/Resource Center Management (RCM)?
 - How much and what kind of reserves should the units in the AHC have for contingencies in ICR or tuition \$ flows?
 - What is the process and the roles of the various players (including our Subcommittee) in the Budget and Planning process and how are the Budgets and Plans integrated into the overall Strategic Plan(s) of AHC and its various units?
 - Actual Budget and Planning discussions immediately relevant to the AHC.
- This is just the beginning. VP Johnston asked me to encourage anyone to ask any question they want. The best process is to e-mail the question to her, and she'll respond to us via our little network. THEREFORE, IF YOU HAVE QUESTIONS ABOUT THE BUDGET PROCESS, EXPENDITURES, REVENUE SOURCES, ETC., LET KATHERINE KNOW AND COPY EVERYBODY WITH THE QUESTION.

Speaking of business, the second item we have come to my attention from a couple of sources. There are rumors about an impending retrenchment in the AHC, purportedly to fund interdisciplinary programs. Apparently it has already been mentioned to the deans. I heard something at the AHC Deans' Council earlier

this week during the informal discussion around the table. TO GET THE BALL ROLLING ON OUR E-MAIL NETWORK, I'LL ASK VP JOHNSTON TO COMMENT ON THAT. Watch for the reply.

VP Cerra mentioned the Finance and Planning Subcommittee to the Deans' Council, so that group is aware of our existence. VP CERRA ALSO ASKED FOR OUR FACULTY GOVERNANCE GROUPS TO WATCH FOR OPPORTUNITIES TO INFLUENCE THE LEGISLATIVE PROCESS. I am conveying that message to you all. I'm looking forward to your input on my meeting time idea and to the response from VP Johnston on the retrenchment issue.

In closing, I don't think we'll lack for topics to discuss or information sources. I think we're off to a good start with Katherine Johnston and Lori Wederstrom so we can expect requests for consultation. I indicated that we would provide whatever we could. Because of scheduling, some of it by necessity will be e-mail "round robin". The good news is that we'll be playing to people interested in our opinion.

Best wishes,

Dan Feeney

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

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Fri, 30 Jan 1998 12:30:31 -0600 (CST)

Received: from maroon.tc.umn.edu by mhub1.tc.umn.edu; Fri, 30 Jan 98 12:22:29 -0

Received: from x108-40.cvm.umn.edu by maroon.tc.umn.edu; Fri, 30 Jan 98 12:22:28

From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>

Cc: kmjohnst@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
courtney@mailbox.mail.umn.edu, ahcfcc96-97@maroon.tc.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>

Subject: Next Steps

Message-Id: <34d21a65614b870@mhub1.tc.umn.edu>

Date: Fri, 30 Jan 98 12:22:30 -0600

1/30/97

To: Professors Kathryn Dusenbery
Patricia Tomlinson
Carol Wells
Timothy Wiedmann

From: Dan Feeney

Re: Academic Health Center Finance and Planning Committee

You haven't buried me with names of teachers to give to Lori Wederstrom for the Classroom Revitalization Group. Carol Wells gave me a name other than (? to replace) Stan Erlandsen. That name is Chris Honda (Assoc Prof, CBN). I don't know our colleagues' teaching endeavors except in Vet. Med. Because of the physical separation and because of the \$ spent on renovation of a Vet. Med. classroom last Summer, it seems inappropriate to have someone from Vet. Med. providing input on Minneapolis Campus teaching facilities. On that note, I'll forward both Professor Honda's and Professor Ehrlandsen's names to Lori. If any of you come with other thoughts, please send them directly to Lori.

Ms. Katherine Johnston, AHC Associate Vice-President and Chief Financial Officer, asked to meet with me to convey her interest in working with our Subcommittee, to let us know that she welcomes (in fact solicited) faculty input, and to confirm that whatever information we need, we'll get. The meeting gave me the sense that we, as an AHC-FCC Subcommittee, can get as involved as we care to in the planning and budget process. VP Johnston described a group used to get faculty and student input when she was at Virginia Tech. It sounds like our AHC Faculty Governance Structure will fit that bill nicely. Katherine indicated her willingness to attend any of our meetings and asked that she be included in our e-mail exchanges. That was my plan so it looks like we're off and running. To help with our e-mail exchanges and to keep everybody informed, I've listed below the e-mail numbers of the folks with whom we'll be working closely in addition to ourselves. Because we are an AHC-FCC Subcommittee, we'll "cc" the FCC so they know what we're doing.

Regular Communications:

dusen001@maroon.tc.umn.edu [Professor Katie Dusenbery]
feene001@tc.umn.edu [Professor Dan Feeney]
tomli001@maroon.tc.umn.edu [Professor Pat Tomlinson]
wells002@maroon.tc.umn.edu [Professor Carol Wells]
wiedm001@maroon.tc.umn.edu [Professor Tim Wiedmann]

To: minutes@mailbox.mail.umn.edu
Subject: FCC 1/15

[In these minutes: report of the health care task force
recommendations;sabbaticals; AHC issues]

MINUTES

Faculty Consultative Committee
Thursday, January 15, 1998
1:00 - 4:00
Room 238 Morrill Hall

2. Committee Reports

Professor Bloomfield turned now to the committee chairs for reports.

Professor Kuhi reported that the Research Committee is dealing with ICR funds and the impact of IMG thereon and will also meet with Senior Vice President Cerra to discuss grants management.

Professor Gardner maintained that the impact of IMG, and directing funds directly to colleges, depresses interdisciplinary research. Professor Kuhi agreed, and said that the issue extends beyond interdisciplinary research; if a department wants to do something that needs additional funding, those who had those funds to distribute no longer have them. Professor Bloomfield commented that the President is sensitive to these issues and will look at them.

Professor Bloomfield at this point asked that this discussion be ended and the Academic Health Center issues be taken up.

3. Executive Session

At the request of Professor Bloomfield, it was moved, seconded, and unanimously voted to close the meeting for a discussion of issues related to the Academic Health Center (AHC). Those present at the closed session included FCC members, staff, and, by invitation, Associate Professor Carolyn Williams, School of Public Health (and President, Twin Cities Chapter, AAUP).

Professor Bloomfield explained that the focus of the discussion would be on faculty rights and how the problems in the AHC can affect the University as a whole (and are thus of concern to this Committee). In his view, he said, there are big issues in the AHC that require attention, and that may require a number of discussions with the central administration, if the Committee believes action is required. He noted that President Yudof would be joining the discussion in an hour, and suggested the Committee focus upon the issues it wished to raise with him when he arrived. President Yudof joined the meeting after the Committee had discussed the issues for an hour.

The Committee had received earlier a copy of a memo from Senior Vice President Frank Cerra concerning funding of faculty lines in the School of Public Health. Professor Hamilton reported that the AHC Faculty Consultative Committee had discussed the memo and had grave concerns about it.

Professor Williams explained the background of the memo. State (0100) funds for the School of Public Health have been cut in half, and ICR funds have been substituted for 0100 funds in paying the salaries of tenured faculty. In addition, the memo from Dr. Cerra provides that Public Health faculty will be expected to raise sufficient grant money to pay their own salaries, plus more, which would significantly increase the amount of research funding each faculty

member must obtain. Professor Williams told the Committee that there had been no consultation on these arrangements, and the faculty were alarmed at both the substance and the process.

In the ensuing hour, Committee members touched upon a number of related issues:

- the requirements of circular A21 governing the use of ICR funds, and issues associated with effort certification
- the wisdom of allowing tenured faculty salaries to be funded by non-recurring (e.g., ICR) funds, the implications of doing so in the event there were insufficient such funds available in the future, and whether FCC should consider recommending to the administration and regents a policy requiring that all tenured and tenure-track faculty be paid only on recurring (0100) funds (recognizing at the same time that there would be a significant problem in providing such funds to many tenured faculty already in place)
- the question of whether faculty should be expected to raise through grants all the money required to pay their salaries, and what that would mean for demands on faculty time for teaching, advising, and so on
- how IMG has had a sharply adverse impact on the School of Public Health, and whether or not adjustments in the ICR system should be made to accommodate the needs of units that are harmed by it (i.e., whether the assumption of risk implied by IMG could be spread more evenly across colleges, rather than placing some units at much greater risk of funding fluctuations than others)
- the management style in the AHC
- whether the pressure to produce revenues in the clinical departments has affected the ability or willingness of those units to carry out their academic mission
- whether department heads in the Medical School should presumptively hold their positions indefinitely, and whether turnover at some interval would not help to reinvigorate departments
- the need to identify leading academic medical centers around the country and to obtain advice from people in comparable situations, in part to respond to President Yudof's question about whether the University of Minnesota's medical center is any worse off than its peers; this could include reviewing data assembled by the Association of American Medical Colleges about funding and tenured faculty; Professor Bland agreed to obtain and provide the information to the President
- the need to involve Provost Bruininks in these issues

Carol L. Wells, Ph.D.
Professor, Departments of Laboratory Medicine & Pathology and Surgery
Box 609 UMHC
420 Delaware St. SE
University of Minnesota
Minneapolis, MN 55455
Telephone: 612-625-5951
FAX: 612-625-5622

Received: from mhub1.tc.umn.edu (mhub1.tc.umn.edu [128.101.131.51])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id OAA13474
for <courtney@mailbox.mail.umn.edu>; Fri, 30 Jan 1998 14:35:45 -0600 (CS
Received: from maroon.tc.umn.edu by mhub1.tc.umn.edu; Fri, 30 Jan 98 14:27:43 -0
Received: from mc5-168.bsbe.umn.edu by maroon.tc.umn.edu; Fri, 30 Jan 98 14:27:4
From: "Carol L. Wells" <wells002@maroon.tc.umn.edu>
To: Daniel A Feeney <feene001@maroon.tc.umn.edu>
Cc: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
kmjohnst@mailbox.mail.umn.edu, courtney@mailbox.mail.umn.edu,
ahcfcc96-97@maroon.tc.umn.edu
Subject: Topics for AHC F&P
Mime-Version: 1.0
Content-Type: text/plain; charset="us-ascii"
X-Mailer: POPmail 2.3b7
Message-Id: <34d237bf614b178@mhub1.tc.umn.edu>
Date: Fri, 30 Jan 98 14:27:43 -0600

Dan --

Because you are not buried with faculty names for the Classroom Revitalization Group, I will forward one to Lori and copy you on the e-mail.

I am available to meet 7-8 AM any day of the week. You might want to consider scheduling a conference room in my building, BSBE. The building is somewhat centrally located by Coffman, and the bus stop (to and from St. Paul Campus) is right here. I am anxious to meet with VP Johnston to get a grasp of AHC finances.

Concerning issues our committee should be considering, portions of the latest FCC minutes are enclosed below. It appears that FCC is already dealing with (or at least is aware of) potentially serious financial situations in the AHC. I believe our committee should also be considering these issues but I am not certain we want two faculty committees dealing with the same issues in isolation from each other. I welcome your thoughts here.

NOTE: Pertinent to the FCC minutes below regarding diversion of state appropriations (0100 funds) from faculty salaries, this is likely happening in a major way in my own department. In the 1995-96 calendar year, 76% of my salary was paid from state appropriations, which seemed reasonable. In the 1996-97 calendar year, approx. 90% of my salary was paid from a "Dean's Commitment" fund entitled ØSupport of activity in training of residents and/or students in Allied Health Programs. Although I teach Allied Health students, I do not spend 90% of my effort teaching. I signed this form with reluctance and enclosed a memo stating that the form did not accurately reflect my effort. (KATHERINE: Dan Feeney stated we should ask you any questions about the budget process, and I would appreciate any insight on the above situation. There could be serious and far-reaching consequences in diverting faculty salary money from 0100 funds to other accounts.)

Keep up the good work, Dan!!

Carol

----- Forwarded Message begins here -----
From: "Gary Engstrand" <garye@mailbox.mail.umn.edu>
Date: Mon, 26 Jan 98 16:46:43 CST

Received: from [128.101.235.86] (x101-235-86.ejack.umn.edu [128.101.235.86])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id HAA11477;
Mon, 2 Feb 1998 07:52:04 -0600 (CST)
Date: Mon, 2 Feb 1998 07:52:04 -0600 (CST)
Message-Id: <199802021352.HAA11477@mailbox.mail.umn.edu>
From: "Katherine M. Johnston" <kmjohnst@mailbox.mail.umn.edu>
To: dusen001@maroon.tc.umn.edu, feene001@tc.umn.edu,
tomli001@maroon.tc.umn.edu, wells002@maroon.tc.umn.edu,
wiedm001@maroon.tc.umn.edu, courtney@mailbox.mail.umn.edu,
ahcfcc96-97@maroon.tc.umn.edu
Subject: No Subject
Mime-Version: 1.0
Content-Type: text/plain; charset="us-ascii"
X-Mailer: POPmail 2.3b4

Good morning,

I am writing to respond to the question in Dan Feeney's e-mail note sent last Friday. The question follows:

Speaking of business, the second item we have come to my attention from a couple of sources. There are rumors about an impending retrenchment in the AHC, purportedly to fund interdisciplinary programs. Apparently it has already been mentioned to the deans. I heard something at the AHC Deans' Council earlier this week during the informal discussion around the table. TO GET THE BALL ROLLING ON OUR E-MAIL NETWORK, I'LL ASK VP JOHNSTON TO COMMENT ON THAT. Watch for the reply.

My response:

In the budget development process for FY 1998, a redirection of funds was planned to finance strategic investments in the AHC. The target level of funding for the Strategic Investment Program was set at \$3 million in FY 1998. Based on advice from several different sources (as I recall, Deans Council, AHC FCC, and individual faculty), SVP Cerra decided to phase the redirection over two years. Accordingly, the Strategic Investment Program fund for the current year is \$1.5 million, and a competitive process is currently underway to allocate the money to faculty initiatives.

Part 2 of the redirection was planned for the 1998-99 fiscal year. But, no final decisions for FY 99 have been made. Currently, the SVP and the Deans are reviewing school compacts, as part of the new planning and budgeting process that was introduced for FY 99 for the entire university. Final decisions on FY 99 allocations will not be made until at least May.

Please let me know if you have additional questions.

Katherine Johnston

Katherine M. Johnston E-mail: kmjohnst@mailbox.mail.umn.edu
Chief Financial Officer for Health Sciences
University of Minnesota
Box 501 Mayo
420 Delaware Street S.E.
Minneapolis, MN 55455

Received: from mhub1.tc.umn.edu (mhub1.tc.umn.edu [128.101.131.51])
by mailbox.mail.umn.edu (8.8.5/8.8.5) with SMTP id MAA04223;
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From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>

Cc: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
kmjohnst@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu, margot@fm.facm.umn.edu,
bock@mailbox.mail.umn.edu

Subject: 1/26/98 Finance/Planning Meeting

Message-Id: <34celf9e102e346@mhub1.tc.umn.edu>

Date: Tue, 27 Jan 98 11:55:43 -0600

Hello,

As we agreed at the end of our "Classroom Revitalization" meeting, I'd get out a summary of the major discussion items. The goal is to be sure that all who were there left with the same understanding and that those who weren't would be up to speed. If there are any errors, under/over statements, or oversights, please let me know.

The discussion centered around the information garnered by Lori Wederstrom's Office to date regarding the needs for classroom upgrades, refurbishing, etc. on 10 AHC "centrally-scheduled" classrooms. [A list was distributed at the meeting and will be sent to Professors Dusengery (absent) and Tomlinson (had to leave promptly at 11:30 and did not get one) directly from Lori's Office. In a nutshell, the estimated costs from the classroom consultants and from U-MN Project evelopment to renovate and equip the 10 clarrsrooms with "Technical Standard" plus videodate projectors would be é \$2.2M and there is \$600K available.

The first issue discussed is how to best use the \$600K. After some discussion, it seemed wise to the participants that one large lecture room (capacity é 200) and one medium lecture/teaching room (capacity é 100) be given the full treatment. Issues surrounding the discussion were:

- 1) avoidance of favoritism to Medical School-utilized rooms at the expense of other AHC units,
- 2) do a room or two "right" and then learn from our mistakes,
- 3) there were insufficient \$ to refurbish (e.g. carpet, seating, paint, etc.) all the rooms even without technology replacement or upgrades,
- 4) the ability to stage students elsewhere during the construction,
- 5) seek other faculty input, particularly respected teachers, regarding appropriate technology (e.g. fiber optics, internet, projection equipment, interactive key pads, etc.), faculty friendly layout, etc..

Regarding additional input, Lori indicated that there will be student focus groups to get the student perspective on what is important. Faculty teacher input was deemed of the utmost importance. We need to hear from expert teachers. The AHC-F&P will develop a list of 3 names of respected/recognized faculty teaching experts from the Minneapolis-based AHC units. Vet. Med. (the St. Paul-based AHC unit) has already received a classroom upgrade during the Summer/Fall of 1997 so further input should be confined to Minneapolis Campus users. It was agreed that names would be provided to Lori by Friday 1/30/98.

Professor Stan Erlandsen was suggested at the meeting so, unless I hear otherwise, he will be one of those forwarded to Lori. These individuals will be asked to serve on a joint faculty-administrative planning group for this project.

To determine which two rooms should be selected for the makeover, classroom utilization schedules were suggested as a basis for judgment. Selected rooms should have broad AHC utilization and should provide at least some benefit to all Minneapolis-based AHC units. The topic of equipping a medium-sized room for teleconferencing was discussed in light of available facilities (e.g. facility on 5th floor, Moos; available facility in ACH Learning Resources). While necessary, the group thought that in light of currently available (although probably not optimal) facilities, core teaching room renovation for use within the AHC should have a higher priority for the limited funds.

Other considerations germane to the renovation discussion focused on indirect issues. These included:

- 1) The need to help faculty become familiar with the facilities and get their materials in digital form to make use of the upgraded facilities. It was recognized that the \$ for such endeavors could not come from the \$600K legislative allocation for classrooms. However, if something were not done in that regard, the upgraded rooms would be underutilized and could be perceived as a waste of \$. Faculty need the skills and ongoing support (e.g. Powerpoint, Internet, Graphics) and readily available equipment (e.g. laptop computers, office-based computers, compatible software, etc.) to effectively use the "high tech" classrooms.
- 2) Concerns were raised about scheduling priority and management. Apparently there is a priority assigned to requests for room scheduling. The perception is that the Medical School gets first priority and that others may be "aced out" of the renovated rooms.
- 3) There is a need for promptly available technical assistance in all rooms, but particularly in those with sophisticated technology if things are to be optimally used. Faculty need help if problems arise or if they are unfamiliar with a specific piece of equipment. Somebody/some group needs to be designated for that purpose.
- 4) There needs to be ongoing (e.g. daily) inspection of the rooms for availability of basic teaching needs (e.g. markers, chalk, flow chart paper, etc.) and equipment operation (e.g. microphones, remotes, slide projectors, video projectors, VCR's, etc.) so faculty do not have to worry about what does and doesn't work in addition to preparing and delivering their materials.
- 5) Designated space where students with computers can get group access to Internet/WWW connections for group learning outside lecture and lab time is also necessary (Crookston Model).

If you have any comments or corrections, please send them to me. I'll revise and resend this summary. ALSO, PLEASE PROVIDE NAMES OF SKILLFUL, TECHNICALLY ADEPT, AHC TEACHERS THAT WE CAN FORWARD TO LORI BY 1/30/98.

Thanks,

Dan Feeney

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108

Received: from mhub2.tc.umn.edu (mhub2.tc.umn.edu [128.101.131.52])
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From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>

Cc: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
kmjohnst@mailbox.mail.umn.edu,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu

Subject: Welcome

Message-Id: <34ba7f08005a475@mhub2.tc.umn.edu>

Date: Mon, 12 Jan 98 14:37:35 -0600

To: Professors Kathryn Dusenbery
Patricia Tomlinson
Carol Wells
Timothy Wiedmann

From: Dan Feeney

Re: Academic Health Center Finance and Planning Committee

First allow me to welcome you to what will hopefully be and interesting and productive committee operating within the faculty governance structure of the Academic Health Center (AHC). We will be given a formal charge by the AHC Faculty Consultative Committee (AHC-FCC) at their meeting of 12/14/98. Vickie Courtney informed me that there was some concern about what our charge will be. That should be clarified shortly.

The AHC-FCC asked me to serve as chair for the remainder of this academic year. As you may or may not know, I am from the St. Paul Campus so numerous meetings are a problem for me. Once we get on track, I hope to conduct much of our business via e-mail (or voice mail, if necessary). We are all busy, but we were asked to serve on this committee based on our reputations and affiliations within the Academic Health Center. Because of the numerous new initiatives as well as the periodic financial crises facing the AHC, our consultation role will be important.

Our consultation role may be off to a quick start. The "Classroom Revitalization" initiative has been briefly discussed within the AHC-FCC and with Sr. VP Cerra. Our committee will be the one with the responsibility for the faculty consultation on this issue. Once we're formally charged, I'll try to schedule a meeting and initiate discussion on how we approach that issue.

As former Chair of the Senate Committee on Faculty Affairs (during the infamous Tenure Crisis), I learned that things work better when we work with our Administration on an open and communicative basis. Therefore, I hope we can quickly establish a collegial consultative relationship between our committee and Ms. Kathryn Johnston, AHC Chief Financial Officer, and between our committee and Ms. Lorelee Wederstrom, AHC Facilities Management Director. There may be other people with whom we should build a relationship and I am open to suggestions. I think we have an open relationship with Sr. VP Cerra and I feel he is a believer in the positive aspects faculty consultation.

I'll be getting back to you once we have a formal charge from the AHC-FCC.
Thanks for your willingness to consider serving on this committee.

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

Received: from mhub2.tc.umn.edu (mhub2.tc.umn.edu [128.101.131.52])
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From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>

Cc: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
Virginia S Garcia-Velez <garci006@maroon.tc.umn.edu>,
Frank B Cerra <cerra001@maroon.tc.umn.edu>,
ahcfcc96-97@maroon.tc.umn.edu

Subject: Scheduling

Message-Id: <34c642e827ad339@mhub2.tc.umn.edu>

Date: Wed, 21 Jan 98 12:48:10 -0600

Hello,

Just wanted to let you know that despite all attempts to get a full quorum at the meeting with Lori Wederstrom, we could find no common time next week. Because we will be having more meetings on this and related subjects, I tried to strike a balance between Lori's need to get this rolling and whether or not we could accomodate everybody's schedule. Unfortunately, Katie Dusenbery was the only person who could not make it from 10:30 - 11:30 am on Monday 1/26/98. Virginia called me with the situation and I told her to go ahead and schedule the meeting. We'll all communicate with Dr. Dusenbery about what went on and we'll forward any handouts to her. Virginia will send us all an e-mail about the place for the meeting now that we're compromised on the timing issue. Our thanks to Virginia for the quick scheduling and her efforts to accomodate us.

I suspect that with a group of busy health scientists, scheduling times when everybody can make it (and when our timely consultation is needed) will periodically be a problem. We'll have a follow-up meeting among ourselves to get to know each other. We appreciate being brought right in to the consultation circle with Lori and I'm sure we'll be seeing more of her as the year goes on.

Best wishes,

Dan Feeney

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

contribution from the State of Minnesota (0100), a proportion of the unit-generated indirect cost recovery \$, and an apparent rent allocation at the rate of \$5/square foot (which is then given right back because it is a cost as well as an allocation???). As you can see, this has the potential to be quite contentious. AHC Faculty input will be very important to assure that the needs and expectations of the faculty don't get lost in the shuffle!

I'm sure that as the year goes on, we'll have plenty of issues to deal with. I look forward to hearing from you about any other issues you are aware of and how we should proceed. Once I get a sense of how our group wants to operate, I make a try at scheduling a meeting.

Best wishes,

Dan Feeney
1/98-7/98 AHC-FCC Chair

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

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Received: from x108-40.cvm.umn.edu by maroon.tc.umn.edu; Fri, 16 Jan 98 13:39:29
From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>
To: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>
Cc: courtney@mailbox.mail.umn.edu, lweder@mailbox.mail.umn.edu,
ahcfcc96-97@maroon.tc.umn.edu
Subject: Request for Our Consultation
Message-Id: <34bfb77258fd578@mhub2.tc.umn.edu>
Date: Fri, 16 Jan 98 13:39:31 -0600

To: Professors Kathryn Dusenbery
Patricia Tomlinson
Carol Wells
Timothy Wiedmann

From: Dan Feeney

Re: Classroom Revitalization Discussion

It appears we must move quickly to determine our first meeting. Shortly after I sent you the last note, Ms. Lorie Wederstrom (AHC Facilities Director) sent me the e-mail below. Since I don't know your schedules, I will try to enlist some help in building a scheduling grid. My first approach is to contact Lorie and see if somebody from her staff can try to coordinate our schedules with hers. Then, maybe we can get this first meeting off the ground with minimal fuss.

To minimize the false starts, I am including my schedule openings for the weeks of 1/26-30 and 2/2-6. Hopefully we can find a common time among ourselves that will work with Lorie's schedule as well.

Feeney Options:

- 1/26 9:30 - 11:30am
- 1/29 11:30 am to 5:00 pm
- 1/30 9:30 am - 5:00 pm
- 2/2 7:00 am - 5:00 pm
- 2/3 7:00 am - 10:00 am; 3:00 pm to 5:00 pm
- 2/4 7:00 am - 10:00 am; 3:00 pm to 5:00 pm

Please expect to hear from somebody about scheduling shortly and we'll try to get things started. In addition to our discussion with Ms. Wederstrom, we can brainstorm our approach to future meetings.

Thanks,

Dan Feeney

*****Wederstrom Note 1/15/98*****

Dan,

Your message has perfect timing. I just received the presentation notes

on the Classroom Development Project which, by next week or so, I need to start sharing with Faculty groups and student groups for input. I would like to meet with your group first, so as soon as you have a meeting time, please let me know and I will do the presentation (it's a 10-15 minute PowerPoint presentation with input questions at the end.) The other information I will need from your group is some idea about how else to get faculty input. The Deans are being asked to set up student focus groups to review the classroom plans and provide input. I'm really looking forward to working with your group. I also have lots of information to share about the Project Management tracking process we have set up, Strategic Facility Planning and other facility related activities I'm working on. Please let me know when we can meet. Thanks very much.

Lorie Wederstrom

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

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Received: from x108-40.cvm.umn.edu by maroon.tc.umn.edu; Fri, 16 Jan 98 13:48:18

From: "Daniel A. Feeney" <feene001@maroon.tc.umn.edu>

To: lweder@mailbox.mail.umn.edu

Cc: Kathryn E Dusenbery <dusen001@maroon.tc.umn.edu>,
Patricia S Tomlinson <tomli001@maroon.tc.umn.edu>,
Carol L Wells <wells002@maroon.tc.umn.edu>,
Timothy S Wiedmann <wiedm001@maroon.tc.umn.edu>,
Daniel A Feeney <feene001@maroon.tc.umn.edu>,
courtney@mailbox.mail.umn.edu, ahcfcc96-97@maroon.tc.umn.edu

Subject: AHC F & P Meeting

Message-Id: <34bfb98358fd934@mhub2.tc.umn.edu>

Date: Fri, 16 Jan 98 13:48:20 -0600

Lorie,

Thanks for the follow-up on the Classroom Revitalization. Just before this note, I sent one to the AHC Finance and Planning Committee members to begin the process. If possible, may I impose on you to ask one of your staff to integrate the schedules of my colleagues and me with yours so we can get this meeting scheduled promptly. We are a fledgling committee and have not had our first meeting yet. However, I am also aware that you need consultation soon.

Please let me know if you have a staff person who could facilitate scheduling this meeting. I sent my schedule to you in the "cc" of today's note to the committee. I'm afraid if I try to schedule a meeting by juggling our committee members' schedules, it won't mesh with yours. If we start by pegging to yours and eliminating times when I'm not available, that should narrow the choices.

Please let me know. Thanks for your interest.

Dan Feeney

Daniel A. Feeney
C-350 Veterinary Hospitals
University of Minnesota, St. Paul Campus
1352 Boyd Ave
St. Paul, MN 55108
(612) 625-9731 (phone and voice mail)
(612) 624-0751 (Fax)
(612) 538-4487 (pager)
feene001@tc.umn.edu (e-mail)

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Academic Health Center
Office of the Senior Vice President
for Health Sciences*

*Box 501 Mayo
420 Delaware Street S.E.
Minneapolis, MN 55455-0374*

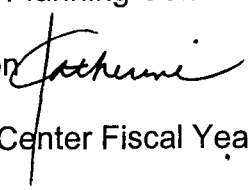
*612-626-3700
Fax: 612-626-2111*

*Offices located at:
410 ChRC
426 Church Street S.E.
Minneapolis, MN 55455-0374*

August 27, 1999

MEMORANDUM

TO: AHC Finance and Planning Committee

FROM: Katherine Johnston 

SUBJECT: Academic Health Center Fiscal Year 1998-99 Financial Performance

Attached are the final FY 1998-99 financial performance reports for the schools and units of the Academic Health Center. I will be pleased to answer questions about these reports. Also, you will find more detailed revenue and expense information for the schools and units in the finance section of the Academic Health Center web page.

Enclosure

Cc:  Vickie Courtney
Muriel Bebeau

ACADEMIC HEALTH CENTER
University of Minnesota
A Report of Financial Performance
For Fiscal Year 1998-99

Financial performance for the Academic Health Center for the 1998-99 fiscal year is summarized and analyzed in the attached reports. On Schedule 1, total revenues and expenses recorded in 1998-99 are shown for the total Academic Health Center and individually for each of the schools. On Schedule 2, final FY 1999 revenue and expense data for both sponsored and non-sponsored programs are detailed and compared with the adjusted FY 99 budget. On Schedule 3, final FY 1998-99 revenue and expense data for both sponsored and non-sponsored programs are detailed and compared with the actual data from FY 1998. This report highlights year to year changes in revenue and expenses in non-sponsored and sponsored programs by school and major operating unit. Full reports of monthly performance for all units in the AHC can be viewed on the AHC Finance Office website (<http://www.ahc.umn.edu/finance/>).

A brief overview of the financial performance in both non-sponsored and sponsored programs follows:

- In total, expenditures in non-sponsored programs exceeded revenues by \$2.3 million. The following is a listing of the amounts added to or drawn from the fund balance at the end of FY 99 for our areas.

<u>School/College</u>	<u>Amount (in thousands)</u>
Duluth Medicine	\$589
Dentistry	-69
TC Medical School	-6,355
Nursing	+323
Public Health	+330
Pharmacy	+2,197
Vet Med	<u>+285</u>
Subtotal Schools/Colleges	-\$2,700
AHC Shared Activities	-541
SVP-HS Office	<u>+929</u>
Grand Total	-\$2,312

- The units of Academic Health Center received a total of \$476.9 million in revenue during the 1999 fiscal year, and spent \$474.0 million.
- Revenues in non-sponsored programs in FY 1999 were \$7.2 million, or 2.4 percent, higher than in FY 1998.
- In total, the combined state allocation and tuition collection increased by \$9 million, or 7.3 percent. The two funds are combined because the year-to-year comparisons are not yet 'pure' due to the swap between O&M and tuition for summer school.
- In total, the indirect cost recovery revenue was down by \$541,000. All AHC schools had less indirect cost recovery income year-to-year. Public Health had the largest decrease, both in dollar and percentage terms, as their ICR revenues decreased \$599,000.
- Some very big swings were experienced in some of the other categories such as generated income, other income, and net transfers. Most of the net transfer change can be explained by the non-recurring allocations from the hospital balances for the loss of private practice income at the end of FY 1998.

- Expenditures in non-sponsored programs were up \$11.9 million over last year, or a little more than 3 percent. The bulk of the change was in salary expense, which increased by \$8.997 million, or 5.2 percent.
- In total, grant and contract income is up \$6.3 million, which is a year-to-year increase of approximately 3.8 percent.
- In sponsored programs, revenues exceeded expenses by \$5.188 million in FY 1999.
- Shown below are recorded changes in the fund balances for non-sponsored programs at the end of FY 99. These numbers are unreconciled but likely very accurate.

	FY 98 Balance	FY 99 Change	FY 99 Balance
Duluth	\$2,345	\$589	\$2,934
Dentistry	5,656	-69	5,587
Medical School	34,869	-6,355	28,514
Nursing	1,161	323	1,484
Pharmacy	5,370	2,197	7,567
Public Health	7,382	330	7,712
Vet Med	5,853	285	6,138
Subtotal Schools	<u>\$62,636</u>	<u>-\$2,700</u>	<u>\$59,936</u>
SVP and Shared	<u>\$13,812</u>	<u>\$389</u>	<u>\$14,201</u>
Total AHC	\$76,448	-\$2,311	\$74,137

As shown, the SVP account contains \$14.2 million. The major components of the \$14.2 million are the approximate \$8 million remainder in the hospital state special account (and due for medical education and research in the clinical setting), the \$2 million appropriation for research and education grants, and the \$1.8 million balance in the AHC strategic investment pool account. The latter two amounts will be distributed now that the Deans' Council has decided the allocation of those grant funds.

- The composite variances between actual and budget were considerable. Private funds, for example, were understated by \$12 million. It is clear that the AHC units can do a better job of budgeting. A primary objective for improving financial management in the AHC will be the development during FY 2000 of better projection techniques. A subcommittee of the AHC fiscal officers has been formed to lead an effort to develop budgeting tools and rules so the schools in the AHC have a common set of principles to follow in constructing all-funds budgets. The first phase of the project will be completed in time for the preparation of FY 2001 budgets. Further, these new tools will be used to adjust FY 2000 budgets, if appropriate.

Prepared by: Katherine Johnston
CFO, Academic Health Center

Academic Health Center

Summary of Financial Performance for the 1998-99 Fiscal Year

Dollars in Thousands

	<u>Duluth</u>	<u>Dentistry</u>	<u>TC Medical</u>	<u>Nursing</u>	<u>Pharmacy</u>	<u>Public Health</u>	<u>Vet Med</u>	<u>Total Schools</u>	<u>Total AHC</u>
NON-SPONSORED PROGRAMS									
Revenue	\$9,225	\$27,472	\$166,825	\$6,703	\$13,297	\$16,834	\$34,563	\$274,919	\$304,468
Expense	8,636	27,541	173,180	6,380	11,100	16,504	34,278	277,619	306,780
Net	<u>\$589</u>	<u>-\$69</u>	<u>-\$6,355</u>	<u>\$323</u>	<u>\$2,197</u>	<u>\$330</u>	<u>\$285</u>	<u>-\$2,700</u>	<u>-\$2,312</u>
SPONSORED PROGRAMS									
Revenue	\$2,885	\$4,586	\$106,988	\$2,247	\$3,680	\$38,383	\$4,447	\$163,216	\$172,435
Expense	2,734	4,813	103,728	2,486	3,755	34,819	5,318	157,653	167,247
Net	<u>\$151</u>	<u>-\$227</u>	<u>\$3,260</u>	<u>-\$239</u>	<u>-\$75</u>	<u>\$3,564</u>	<u>-\$871</u>	<u>\$5,563</u>	<u>\$5,188</u>
TOTAL									
Revenue	\$12,110	\$32,058	\$273,813	\$8,950	\$16,977	\$55,217	\$39,010	\$438,135	\$476,903
Expense	11,370	32,354	276,908	8,866	14,855	51,323	39,596	435,272	474,027
Net	<u>\$740</u>	<u>-\$296</u>	<u>-\$3,095</u>	<u>\$84</u>	<u>\$2,122</u>	<u>\$3,894</u>	<u>-\$586</u>	<u>\$2,863</u>	<u>\$2,876</u>

ACADEMIC HEALTH CENTER, UNIVERSITY OF MINNESOTA
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget

Dollars in Thousands
Total AHC

	FY 99 Actual			FY 99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$100,948	\$0	\$100,948	\$100,948	\$0	\$100,948	\$0	\$0	\$0
Tuition	32,132	0	32,132	32,242	0	32,242	-110	0	-110
Subtotal	\$133,080	\$0	\$133,080	\$133,190	\$0	\$133,190	-\$110	\$0	-\$110
Indirect Cost Recovery	17,164	0	17,164	16,418	0	16,418	746	0	746
Generated Income	119,172	0	119,172	117,301	0	117,301	1,871	0	1,871
Private Funds	32,614	0	32,614	20,180	0	20,180	12,434	0	12,434
Other Income	4,847	0	4,847	2,359	0	2,359	2,488	0	2,488
Net transfers	-2,409	0	-2,409	-88	0	-88	-2,321	0	-2,321
Grant & Contract Income	0	172,435	172,435	0	171,142	171,142	0	1,293	1,293
Total revenues	\$304,468	\$172,435	\$476,903	\$289,360	\$171,142	\$460,502	\$15,108	\$1,293	\$16,401
Expenses									
Salaries	\$180,067	\$69,618	\$249,685	\$175,230	\$68,508	\$243,738	\$4,837	\$1,110	\$5,947
Employee Benefits	38,226	15,973	54,199	41,041	16,488	57,529	-2,815	-515	-3,330
Student Aid	3,865	1,299	5,164	2,952	1,437	4,389	913	-138	775
Other Operations	84,622	80,357	164,979	73,037	85,920	158,957	11,585	-5,563	6,022
Expenses	\$306,780	\$167,247	\$474,027	\$292,260	\$172,353	\$464,613	\$14,520	-\$5,106	\$9,414
+/- Fund Balance	<u>-\$2,312</u>	<u>\$5,188</u>	<u>\$2,876</u>	<u>-\$2,900</u>	<u>-\$1,211</u>	<u>-\$4,111</u>	<u>\$588</u>	<u>\$6,399</u>	<u>\$6,987</u>

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
Duluth Medicine

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$4,696	\$0	\$4,696	\$4,696	\$0	\$4,696	\$0	\$0	\$0
Tuition	1,577	0	1,577	1,579	0	1,579	-2	0	-2
Subtotal	\$6,273	\$0	\$6,273	\$6,275	\$0	\$6,275	-\$2	\$0	-\$2
Indirect Cost Recovery	0	0	0	0	0	0	0	0	0
Generated Income	726	0	726	1,582	0	1,582	-856	0	-856
Private Funds	112	0	112	254	0	254	-142	0	-142
Other Income	76	0	76	65	0	65	11	0	11
Net transfers	2,038	0	2,038	1,195	0	1,195	843	0	843
Grant & Contract Income	0	2,885	2,885	0	2,763	2,763	0	122	122
Total revenues	\$9,225	\$2,885	\$12,110	\$9,371	\$2,763	\$12,134	-\$146	\$122	-\$24
Expenses									
Salaries	\$5,849	\$1,128	\$6,977	\$6,556	\$1,168	\$7,724	-\$707	-\$40	-\$747
Employee Benefits	1,213	272	1,485	1,419	304	1,723	-206	-32	-238
Student Aid	21	122	143	19	127	146	2	-5	-3
Other Operations	1,553	1,212	2,765	1,775	1,225	3,000	-222	-13	-235
Expenses	\$8,636	\$2,734	\$11,370	\$9,769	\$2,824	\$12,593	-\$1,133	-\$90	-\$1,223
+/- Fund Balance	\$589	\$151	\$740	-\$398	-\$61	-\$459	\$987	\$212	\$1,199

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget

Dentistry

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$9,778	\$0	\$9,778	\$9,778	\$0	\$9,778	\$0	\$0	\$0
Tuition	4,382	0	4,382	4,267	0	4,267	115	0	115
Subtotal	\$14,160	\$0	\$14,160	\$14,045	\$0	\$14,045	\$115	\$0	\$115
Indirect Cost Recovery	555	0	555	548	0	548	7	0	7
Generated Income	11,086	0	11,086	10,840	0	10,840	246	0	246
Private Funds	1,033	0	1,033	791	0	791	242	0	242
Other Income	160	0	160	1,092	0	1,092	-932	0	-932
Net transfers	478	0	478	372	0	372	106	0	106
Grant & Contract Income	0	4,586	4,586	0	4,382	4,382	0	204	204
Total revenues	\$27,472	\$4,586	\$32,058	\$27,688	\$4,382	\$32,070	-\$216	\$204	-\$12
Expenses									
Salaries	\$15,325	\$2,263	\$17,588	\$15,625	\$2,308	\$17,933	-\$300	-\$45	-\$345
Employee Benefits	3,690	501	4,191	3,686	549	4,235	4	-48	-44
Student Aid	304	92	396	231	67	298	73	25	98
Other Operations	8,222	1,957	10,179	7,978	2,082	10,060	244	-125	119
Expenses	\$27,541	\$4,813	\$32,354	\$27,520	\$5,006	\$32,526	\$21	-\$193	-\$172
+/- Fund Balance	-\$69	-\$227	-\$296	\$168	-\$624	-\$456	-\$237	\$397	\$160

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
TC Medical School

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$34,929	\$0	\$34,929	\$34,929	\$0	\$34,929	\$0	\$0	\$0
Tuition	15,162	0	15,162	15,570	0	15,570	-408	0	-408
Subtotal	\$50,091	\$0	\$50,091	\$50,499	\$0	\$50,499	-\$408	\$0	-\$408
Indirect Cost Recovery	11,320	0	11,320	11,051	0	11,051	269	0	269
Generated Income	74,348	0	74,348	73,025	0	73,025	1,323	0	1,323
Private Funds	23,940	0	23,940	14,380	0	14,380	9,560	0	9,560
Other Income	3,760	0	3,760	434	0	434	3,326	0	3,326
Net transfers	3,366	0	3,366	6,005	0	6,005	-2,639	0	-2,639
Grant & Contract Income	0	106,988	106,988	0	109,152	109,152	0	-2,164	-2,164
Total revenues	\$166,825	\$106,988	\$273,813	\$155,394	\$109,152	\$264,546	\$11,431	-\$2,164	\$9,267
Expenses									
Salaries	\$107,168	\$42,389	\$149,557	\$99,194	\$42,329	\$141,523	\$7,974	\$60	\$8,034
Employee Benefits	20,752	9,416	30,168	21,998	9,830	31,828	-1,246	-414	-1,660
Student Aid	1,871	569	2,440	902	564	1,466	969	5	974
Other Operations	43,389	51,354	94,743	36,081	55,906	91,987	7,308	-4,552	2,756
Expenses	\$173,180	\$103,728	\$276,908	\$158,175	\$108,629	\$266,804	\$15,005	-\$4,901	\$10,104
+/- Fund Balance	-\$6,355	\$3,260	-\$3,095	-\$2,781	\$523	-\$2,258	-\$3,574	\$2,737	-\$837

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
Nursing

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$2,810	\$0	\$2,810	\$2,810	\$0	\$2,810	\$0	\$0	\$0
Tuition	2,126	0	2,126	2,156	0	2,156	-30	0	-30
Subtotal	<u>\$4,936</u>	<u>\$0</u>	<u>\$4,936</u>	<u>\$4,966</u>	<u>\$0</u>	<u>\$4,966</u>	<u>-\$30</u>	<u>\$0</u>	<u>-\$30</u>
Indirect Cost Recovery	57	0	57	60	0	60	-3	0	-3
Generated Income	166	0	166	115	0	115	51	0	51
Private Funds	445	0	445	335	0	335	110	0	110
Other Income	5	0	5	0	0	0	5	0	5
Net transfers	1,094	0	1,094	937	0	937	157	0	157
Grant & Contract Income	0	2,247	2,247	0	2,745	2,745	0	-498	-498
Total revenues	<u>\$6,703</u>	<u>\$2,247</u>	<u>\$8,950</u>	<u>\$6,413</u>	<u>\$2,745</u>	<u>\$9,158</u>	<u>\$290</u>	<u>-\$498</u>	<u>-\$208</u>
Expenses									
Salaries	\$4,051	\$1,178	\$5,229	\$4,117	\$1,159	\$5,276	-\$66	\$19	-\$47
Employee Benefits	1,014	296	1,310	1,109	282	1,391	-95	14	-81
Student Aid	166	138	304	170	166	336	-4	-28	-32
Other Operations	1,149	874	2,023	1,043	943	1,986	106	-69	37
Expenses	<u>\$6,380</u>	<u>\$2,486</u>	<u>\$8,866</u>	<u>\$6,439</u>	<u>\$2,550</u>	<u>\$8,989</u>	<u>-\$59</u>	<u>-\$64</u>	<u>-\$123</u>
+/- Fund Balance	<u>\$323</u>	<u>-\$239</u>	<u>\$84</u>	<u>-\$26</u>	<u>\$195</u>	<u>\$169</u>	<u>\$349</u>	<u>-\$434</u>	<u>-\$85</u>

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
Public Health

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$4,512	\$0	\$4,512	\$4,512	\$0	\$4,512	\$0	\$0	\$0
Tuition	2,076	0	2,076	2,142	0	2,142	-66	0	-66
Subtotal	\$6,588	\$0	\$6,588	\$6,654	\$0	\$6,654	-\$66	\$0	-\$66
Indirect Cost Recovery	3,389	0	3,389	3,389	0	3,389	0	0	0
Generated Income	4,353	0	4,353	4,266	0	4,266	87	0	87
Private Funds	733	0	733	539	0	539	194	0	194
Other Income	64	0	64	42	0	42	22	0	22
Net transfers	1,707	0	1,707	1,813	0	1,813	-106	0	-106
Grant & Contract Income	0	38,383	38,383	0	37,244	37,244	0	1,139	1,139
Total revenues	\$16,834	\$38,383	\$55,217	\$16,703	\$37,244	\$53,947	\$131	\$1,139	\$1,270
Expenses									
Salaries	\$9,638	\$14,699	\$24,337	\$9,502	\$15,005	\$24,507	\$136	-\$306	-\$170
Employee Benefits	2,398	3,581	5,979	2,710	3,843	6,553	-312	-262	-574
Student Aid	50	307	357	29	392	421	21	-85	-64
Other Operations	4,418	16,232	20,650	4,038	19,197	23,235	380	-2,965	-2,585
Expenses	\$16,504	\$34,819	\$51,323	\$16,279	\$38,437	\$54,716	\$225	-\$3,618	-\$3,393
+/- Fund Balance	\$330	\$3,564	\$3,894	\$424	-\$1,193	-\$769	-\$94	\$4,757	\$4,663

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
Pharmacy

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
<u>Revenues</u>									
General (incl State)	\$3,859	\$0	\$3,859	\$3,859	\$0	\$3,859	\$0	\$0	\$0
Tuition	3,209	0	3,209	3,139	0	3,139	70	0	70
Subtotal	\$7,068	\$0	\$7,068	\$6,998	\$0	\$6,998	\$70	\$0	\$70
Indirect Cost Recovery	491	0	491	477	0	477	14	0	14
Generated Income	2,884	0	2,884	2,562	0	2,562	322	0	322
Private Funds	2,044	0	2,044	1,550	0	1,550	494	0	494
Other Income	400	0	400	260	0	260	140	0	140
Net transfers	410	0	410	226	0	226	184	0	184
Grant & Contract Income	0	3,680	3,680	0	3,217	3,217	0	463	463
Total revenues	\$13,297	\$3,680	\$16,977	\$12,073	\$3,217	\$15,290	\$1,224	\$463	\$1,687
<u>Expenses</u>									
Salaries	\$6,345	\$1,641	\$7,986	\$6,983	\$1,398	\$8,381	-\$638	\$243	-\$395
Employee Benefits	1,588	363	1,951	1,757	328	2,085	-169	35	-134
Student Aid	247	9	256	248	0	248	-1	9	8
Other Operations	2,920	1,742	4,662	3,329	1,732	5,061	-409	10	-399
Expenses	\$11,100	\$3,755	\$14,855	\$12,317	\$3,458	\$15,775	-\$1,217	\$297	-\$920
+/- Fund Balance	\$2,197	-\$75	\$2,122	-\$244	-\$241	-\$485	\$2,441	\$166	\$2,607

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
Vet Medicine

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$12,088	\$0	\$12,088	\$12,088	\$0	\$12,088	\$0	\$0	\$0
Tuition	3,600	0	3,600	3,389	0	3,389	211	0	211
Subtotal	\$15,688	\$0	\$15,688	\$15,477	\$0	\$15,477	\$211	\$0	\$211
Indirect Cost Recovery	390	0	390	354	0	354	36	0	36
Generated Income	16,035	0	16,035	15,061	0	15,061	974	0	974
Private Funds	2,105	0	2,105	1,778	0	1,778	327	0	327
Other Income	384	0	384	464	0	464	-80	0	-80
Net transfers	-39	0	-39	457	0	457	-496	0	-496
Grant & Contract Income	0	4,447	4,447	0	5,032	5,032	0	-585	-585
Total revenues	\$34,563	\$4,447	\$39,010	\$33,591	\$5,032	\$38,623	\$972	-\$585	\$387
Expenses									
Salaries	\$17,887	\$1,833	\$19,720	\$18,105	\$1,856	\$19,961	-\$218	-\$23	-\$241
Employee Benefits	4,170	414	4,584	4,458	461	4,919	-288	-47	-335
Student Aid	209	0	209	156	0	156	53	0	53
Other Operations	12,012	3,071	15,083	9,697	2,611	12,308	2,315	460	2,775
Expenses	\$34,278	\$5,318	\$39,596	\$32,416	\$4,928	\$37,344	\$1,862	\$390	\$2,252
+/- Fund Balance	\$285	-\$871	-\$586	\$1,175	\$104	\$1,279	-\$890	-\$975	-\$1,865

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
Subtotal Schools

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$72,672	\$0	\$72,672	\$72,672	\$0	\$72,672	\$0	\$0	\$0
Tuition	32,132	0	32,132	32,242	0	32,242	-110	0	-110
Subtotal	\$104,804	\$0	\$104,804	\$104,914	\$0	\$104,914	-\$110	\$0	-\$110
Indirect Cost Recovery	16,202	0	16,202	15,879	0	15,879	323	0	323
Generated Income	109,598	0	109,598	107,451	0	107,451	2,147	0	2,147
Private Funds	30,412	0	30,412	19,627	0	19,627	10,785	0	10,785
Other Income	4,849	0	4,849	2,357	0	2,357	2,492	0	2,492
Net transfers	9,054	0	9,054	11,005	0	11,005	-1,951	0	-1,951
Grant & Contract Income	0	163,216	163,216	0	164,535	164,535	0	-1,319	-1,319
Total revenues	\$274,919	\$163,216	\$438,135	\$261,233	\$164,535	\$425,768	\$13,686	-\$1,319	\$12,367
Expenses									
Salaries	\$166,263	\$65,131	\$231,394	\$160,082	\$65,223	\$225,305	\$6,181	-\$92	\$6,089
Employee Benefits	34,825	14,843	49,668	37,137	15,597	52,734	-2,312	-754	-3,066
Student Aid	2,868	1,237	4,105	1,755	1,316	3,071	1,113	-79	1,034
Other Operations	73,663	76,442	150,105	63,941	83,696	147,637	9,722	-7,254	2,468
Expenses	\$277,619	\$157,653	\$435,272	\$262,915	\$165,832	\$428,747	\$14,704	-\$8,179	\$6,525
+/- Fund Balance	-\$2,700	\$5,563	\$2,863	-\$1,682	-\$1,297	-\$2,979	-\$1,018	\$6,860	\$5,842

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
AHC-Shared Activities

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$24,579	\$0	\$24,579	\$24,579	\$0	\$24,579	\$0	\$0	\$0
Tuition	-	0	-	-	0	-	0	0	0
Subtotal	\$24,579	\$0	\$24,579	\$24,579	\$0	\$24,579	\$0	\$0	\$0
Indirect Cost Recovery	423	0	423	-	0	-	423	0	423
Generated Income	8,684	0	8,684	9,140	0	9,140	-456	0	-456
Private Funds	2,115	0	2,115	553	0	553	1,562	0	1,562
Other Income	-2	0	-2	2	0	2	-4	0	-4
Net transfers	-15,252	0	-15,252	-14,254	0	-14,254	-998	0	-998
Grant & Contract Income	0	9,059	9,059	0	6,329	6,329	0	2,730	2,730
Total revenues	\$20,547	\$9,059	\$29,606	\$20,020	\$6,329	\$26,349	\$527	\$2,730	\$3,257
Expenses									
Salaries	\$8,949	\$4,446	\$13,395	\$10,312	\$3,162	\$13,474	-\$1,363	\$1,284	-\$79
Employee Benefits	2,168	1,120	3,288	2,680	859	3,539	-512	261	-251
Student Aid	982	0	982	1,197	0	1,197	-215	0	-215
Other Operations	8,989	3,904	12,893	7,471	2,188	9,659	1,518	1,716	3,234
Expenses	\$21,088	\$9,470	\$30,558	\$21,660	\$6,209	\$27,869	-\$572	\$3,261	\$2,689
+/- Fund Balance	-\$541	-\$411	-\$952	-\$1,640	\$120	-\$1,520	\$1,099	-\$531	\$568

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY99 Actual Compared With FY99 Adjusted Budget
SVP-HS Office

	FY 99 Actual			Fiscal Year 1998-99 Adjusted Budget			FY 99 Actual Higher/(Lower) FY 99 Budget		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$3,697	\$0	\$3,697	\$3,697	\$0	\$3,697	\$0	\$0	\$0
Tuition	-	0	-	-	0	-	0	0	0
Subtotal	\$3,697	\$0	\$3,697	\$3,697	\$0	\$3,697	\$0	\$0	\$0
Indirect Cost Recovery	539	0	539	539	0	539	0	0	0
Generated Income	890	0	890	710	0	710	180	0	180
Private Funds	87	0	87	0	0	0	87	0	87
Other Income	0	0	0	0	0	0	0	0	0
Net transfers	3,789	0	3,789	3,161	0	3,161	628	0	628
Grant & Contract Income	0	160	160	0	278	278	0	-118	-118
Total revenues	\$9,002	\$160	\$9,162	\$8,107	\$278	\$8,385	\$895	-\$118	\$777
Expenses									
Salaries	\$4,855	\$41	\$4,896	\$4,836	\$123	\$4,959	\$19	-\$82	-\$63
Employee Benefits	1,233	10	1,243	1,224	32	1,256	9	-22	-13
Student Aid	15	62	77	0	121	121	15	-59	-44
Other Operations	1,970	11	1,981	1,625	36	1,661	345	-25	320
Expenses	\$8,073	\$124	\$8,197	\$7,685	\$312	\$7,997	\$388	-\$188	\$200
+/- Fund Balance	\$929	\$36	\$965	\$422	-\$34	\$388	\$507	\$70	\$577

ACADEMIC HEALTH CENTER, UNIVERSITY OF MINNESOTA
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual

Dollars in Thousands
Total AHC

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$100,948	\$0	\$100,948	\$97,604	\$0	\$97,604	\$3,344	\$0	\$3,344
Tuition	32,132	0	32,132	26,409	0	26,409	5,723	0	5,723
Subtotal	\$133,080	\$0	\$133,080	\$124,013	\$0	\$124,013	\$9,067	\$0	\$9,067
Indirect Cost Recovery	17,164	0	17,164	17,705	0	17,705	-541	0	-541
Generated Income	119,172	0	119,172	104,491	0	104,491	14,681	0	14,681
Private Funds	32,614	0	32,614	30,854	0	30,854	1,760	0	1,760
Other Income	4,847	0	4,847	13,089	0	13,089	-8,242	0	-8,242
Net transfers	-2,409	0	-2,409	7,165	0	7,165	-9,574	0	-9,574
Grant & Contract Income	0	172,435	172,435	0	166,156	166,156	0	6,279	6,279
Total revenues	\$304,468	\$172,435	\$476,903	\$297,317	\$166,156	\$463,473	\$7,151	\$6,279	\$13,430
Expenses									
Salaries	\$180,067	\$69,618	\$249,685	\$171,070	\$66,512	\$237,582	\$8,997	\$3,106	\$12,103
Employee Benefits	38,226	15,973	54,199	38,985	16,008	54,993	-759	-35	-794
Student Aid	3,865	1,299	5,164	3,495	1,396	4,891	370	-97	273
Other Operations	84,622	80,357	164,979	81,375	83,418	164,793	3,247	-3,061	186
Expenses	\$306,780	\$167,247	\$474,027	\$294,925	\$167,334	\$462,259	\$11,855	-\$87	\$11,768
+/- Fund Balance	<u>-\$2,312</u>	<u>\$5,188</u>	<u>\$2,876</u>	<u>\$2,392</u>	<u>-\$1,178</u>	<u>\$1,214</u>	<u>-\$4,704</u>	<u>\$6,366</u>	<u>\$1,662</u>

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
Duluth Medicine

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$4,696	\$0	\$4,696	\$4,550	\$0	\$4,550	\$146	\$0	\$146
Tuition	1,577	0	1,577	1,284	0	1,284	293	0	293
Subtotal	\$6,273	\$0	\$6,273	\$5,834	\$0	\$5,834	\$439	\$0	\$439
Indirect Cost Recovery	0	0	0	0	0	0	0	0	0
Generated Income	726	0	726	52	0	52	674	0	674
Private Funds	112	0	112	199	0	199	-87	0	-87
Other Income	76	0	76	852	0	852	-776	0	-776
Net transfers	2,038	0	2,038	1,992	0	1,992	46	0	46
Grant & Contract Income	0	2,885	2,885	0	2,682	2,682	0	203	203
Total revenues	\$9,225	\$2,885	\$12,110	\$8,929	\$2,682	\$11,611	\$296	\$203	\$499
Expenses									
Salaries	\$5,849	\$1,128	\$6,977	\$5,332	\$1,134	\$6,466	\$517	-\$6	\$511
Employee Benefits	1,213	272	1,485	1,188	295	1,483	25	-23	2
Student Aid	21	122	143	27	124	151	-6	-2	-8
Other Operations	1,553	1,212	2,765	1,937	1,189	3,126	-384	23	-361
Expenses	\$8,636	\$2,734	\$11,370	\$8,484	\$2,742	\$11,226	\$152	-\$8	\$144
+/- Fund Balance	\$589	\$151	\$740	\$445	-\$60	\$385	\$144	\$211	\$355

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
Dentistry

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$9,778	\$0	\$9,778	\$9,475	\$0	\$9,475	\$303	\$0	\$303
Tuition	4,382	0	4,382	3,733	0	3,733	649	0	649
Subtotal	\$14,160	\$0	\$14,160	\$13,208	\$0	\$13,208	\$952	\$0	\$952
Indirect Cost Recovery	555	0	555	607	0	607	-52	0	-52
Generated Income	11,086	0	11,086	9,545	0	9,545	1,541	0	1,541
Private Funds	1,033	0	1,033	870	0	870	163	0	163
Other Income	160	0	160	1,243	0	1,243	-1,083	0	-1,083
Net transfers	478	0	478	1,599	0	1,599	-1,121	0	-1,121
Grant & Contract Income	0	4,586	4,586	0	4,254	4,254	0	332	332
Total revenues	\$27,472	\$4,586	\$32,058	\$27,072	\$4,254	\$31,326	\$400	\$332	\$732
Expenses									
Salaries	\$15,325	\$2,263	\$17,588	\$13,945	\$2,241	\$16,186	\$1,380	\$22	\$1,402
Employee Benefits	3,690	501	4,191	3,416	533	3,949	274	-32	242
Student Aid	304	92	396	205	65	270	99	27	126
Other Operations	8,222	1,957	10,179	7,904	2,021	9,925	318	-64	254
Expenses	\$27,541	\$4,813	\$32,354	\$25,470	\$4,860	\$30,330	\$2,071	-\$47	\$2,024
+/- Fund Balance	-\$69	-\$227	-\$296	\$1,602	-\$606	\$996	-\$1,671	\$379	-\$1,292

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
TC Medical School

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$34,929	\$0	\$34,929	\$34,211	\$0	\$34,211	\$718	\$0	\$718
Tuition	15,162	0	15,162	11,988	0	11,988	3,174	0	3,174
Subtotal	\$50,091	\$0	\$50,091	\$46,199	\$0	\$46,199	\$3,892	\$0	\$3,892
Indirect Cost Recovery	11,320	0	11,320	11,343	0	11,343	-23	0	-23
Generated Income	74,348	0	74,348	67,637	0	67,637	6,711	0	6,711
Private Funds	23,940	0	23,940	24,335	0	24,335	-395	0	-395
Other Income	3,760	0	3,760	9,267	0	9,267	-5,507	0	-5,507
Net transfers	3,366	0	3,366	15,659	0	15,659	-12,293	0	-12,293
Grant & Contract Income	0	106,988	106,988	0	105,972	105,972	0	1,016	1,016
Total revenues	\$166,825	\$106,988	\$273,813	\$174,440	\$105,972	\$280,412	-\$7,615	\$1,016	-\$6,599
Expenses									
Salaries	\$107,168	\$42,389	\$149,557	\$106,254	\$41,096	\$147,350	\$914	\$1,293	\$2,207
Employee Benefits	20,752	9,416	30,168	22,815	9,544	32,359	-2,063	-128	-2,191
Student Aid	1,871	569	2,440	1,683	548	2,231	188	21	209
Other Operations	43,389	51,354	94,743	36,156	54,278	90,434	7,233	-2,924	4,309
Expenses	\$173,180	\$103,728	\$276,908	\$166,908	\$105,466	\$272,374	\$6,272	-\$1,738	\$4,534
+/- Fund Balance	-\$6,355	\$3,260	-\$3,095	\$7,532	\$506	\$8,038	-\$13,887	\$2,754	-\$11,133

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
Nursing

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$2,810	\$0	\$2,810	\$2,754	\$0	\$2,754	\$56	\$0	\$56
Tuition	2,126	0	2,126	1,860	0	1,860	266	0	266
Subtotal	\$4,936	\$0	\$4,936	\$4,614	\$0	\$4,614	\$322	\$0	\$322
Indirect Cost Recovery	57	0	57	95	0	95	-38	0	-38
Generated Income	166	0	166	90	0	90	76	0	76
Private Funds	445	0	445	305	0	305	140	0	140
Other Income	5	0	5	6	0	6	-1	0	-1
Net transfers	1,094	0	1,094	548	0	548	546	0	546
Grant & Contract Income	0	2,247	2,247	0	2,665	2,665	0	-418	-418
Total revenues	\$6,703	\$2,247	\$8,950	\$5,658	\$2,665	\$8,323	\$1,045	-\$418	\$627
Expenses									
Salaries	\$4,051	\$1,178	\$5,229	\$3,792	\$1,125	\$4,917	\$259	\$53	\$312
Employee Benefits	1,014	296	1,310	942	274	1,216	72	22	94
Student Aid	166	138	304	131	161	292	35	-23	12
Other Operations	1,149	874	2,023	933	916	1,849	216	-42	174
Expenses	\$6,380	\$2,486	\$8,866	\$5,798	\$2,476	\$8,274	\$582	\$10	\$592
+/- Fund Balance	\$323	-\$239	\$84	-\$140	\$189	\$49	\$463	-\$428	\$35

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
Public Health

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$4,512	\$0	\$4,512	\$4,219	\$0	\$4,219	\$293	\$0	\$293
Tuition	2,076	0	2,076	1,811	0	1,811	265	0	265
Subtotal	\$6,588	\$0	\$6,588	\$6,030	\$0	\$6,030	\$558	\$0	\$558
Indirect Cost Recovery	3,389	0	3,389	3,988	0	3,988	-599	0	-599
Generated Income	4,353	0	4,353	4,768	0	4,768	-415	0	-415
Private Funds	733	0	733	946	0	946	-213	0	-213
Other Income	64	0	64	0	0	0	64	0	64
Net transfers	1,707	0	1,707	1,328	0	1,328	379	0	379
Grant & Contract Income	0	38,383	38,383	0	36,159	36,159	0	2,224	2,224
Total revenues	\$16,834	\$38,383	\$55,217	\$17,060	\$36,159	\$53,219	-\$226	\$2,224	\$1,998
Expenses									
Salaries	\$9,638	\$14,699	\$24,337	\$7,782	\$14,568	\$22,350	\$1,856	\$131	\$1,987
Employee Benefits	2,398	3,581	5,979	2,053	3,731	5,784	345	-150	195
Student Aid	50	307	357	22	381	403	28	-74	-46
Other Operations	4,418	16,232	20,650	4,027	18,638	22,665	391	-2,406	-2,015
Expenses	\$16,504	\$34,819	\$51,323	\$13,884	\$37,318	\$51,202	\$2,620	-\$2,499	\$121
+/- Fund Balance	\$330	\$3,564	\$3,894	\$3,176	-\$1,159	\$2,017	-\$2,846	\$4,723	\$1,877

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
Pharmacy

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$3,859	\$0	\$3,859	\$3,615	\$0	\$3,615	\$244	\$0	\$244
Tuition	3,209	0	3,209	2,589	0	2,589	620	0	620
Subtotal	\$7,068	\$0	\$7,068	\$6,204	\$0	\$6,204	\$864	\$0	\$864
Indirect Cost Recovery	491	0	491	505	0	505	-14	0	-14
Generated Income	2,884	0	2,884	767	0	767	2,117	0	2,117
Private Funds	2,044	0	2,044	1,511	0	1,511	533	0	533
Other Income	400	0	400	1,317	0	1,317	-917	0	-917
Net transfers	410	0	410	568	0	568	-158	0	-158
Grant & Contract Income	0	3,680	3,680	0	3,123	3,123	0	557	557
Total revenues	\$13,297	\$3,680	\$16,977	\$10,872	\$3,123	\$13,995	\$2,425	\$557	\$2,982
Expenses									
Salaries	\$6,345	\$1,641	\$7,986	\$5,291	\$1,357	\$6,648	\$1,054	\$284	\$1,338
Employee Benefits	1,588	363	1,951	1,381	319	1,700	207	44	251
Student Aid	247	9	256	308	0	308	-61	9	-52
Other Operations	2,920	1,742	4,662	2,484	1,681	4,165	436	61	497
Expenses	\$11,100	\$3,755	\$14,855	\$9,464	\$3,357	\$12,821	\$1,636	\$398	\$2,034
+/- Fund Balance	\$2,197	-\$75	\$2,122	\$1,408	-\$234	\$1,174	\$789	\$159	\$948

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
Vet Medicine

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$12,088	\$0	\$12,088	\$11,818	\$0	\$11,818	\$270	\$0	\$270
Tuition	3,600	0	3,600	3,144	0	3,144	456	0	456
Subtotal	\$15,688	\$0	\$15,688	\$14,962	\$0	\$14,962	\$726	\$0	\$726
Indirect Cost Recovery	390	0	390	395	0	395	-5	0	-5
Generated Income	16,035	0	16,035	13,384	0	13,384	2,651	0	2,651
Private Funds	2,105	0	2,105	1,731	0	1,731	374	0	374
Other Income	384	0	384	300	0	300	84	0	84
Net transfers	-39	0	-39	287	0	287	-326	0	-326
Grant & Contract Income	0	4,447	4,447	0	4,886	4,886	0	-439	-439
Total revenues	\$34,563	\$4,447	\$39,010	\$31,059	\$4,886	\$35,945	\$3,504	-\$439	\$3,065
Expenses									
Salaries	\$17,887	\$1,833	\$19,720	\$15,851	\$1,802	\$17,653	\$2,036	\$31	\$2,067
Employee Benefits	4,170	414	4,584	3,894	447	4,341	276	-33	243
Student Aid	209	0	209	104	0	104	105	0	105
Other Operations	12,012	3,071	15,083	10,973	2,535	13,508	1,039	536	1,575
Expenses	\$34,278	\$5,318	\$39,596	\$30,822	\$4,784	\$35,606	\$3,456	\$534	\$3,990
+/- Fund Balance	\$285	-\$871	-\$586	\$237	\$102	\$339	\$48	-\$973	-\$925

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual

Subtotal Schools

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$72,672	\$0	\$72,672	\$70,642	\$0	\$70,642	\$2,030	\$0	\$2,030
Tuition	32,132	0	32,132	26,409	0	26,409	5,723	0	5,723
Subtotal	\$104,804	\$0	\$104,804	\$97,051	\$0	\$97,051	\$7,753	\$0	\$7,753
Indirect Cost Recovery	16,202	0	16,202	16,933	0	16,933	-731	0	-731
Generated Income	109,598	0	109,598	96,243	0	96,243	13,355	0	13,355
Private Funds	30,412	0	30,412	29,897	0	29,897	515	0	515
Other Income	4,849	0	4,849	12,985	0	12,985	-8,136	0	-8,136
Net transfers	9,054	0	9,054	21,981	0	21,981	-12,927	0	-12,927
Grant & Contract Income	0	163,216	163,216	0	159,741	159,741	0	3,475	3,475
Total revenues	\$274,919	\$163,216	\$438,135	\$275,090	\$159,741	\$434,831	-\$171	\$3,475	\$3,304
Expenses									
Salaries	\$166,263	\$65,131	\$231,394	\$158,247	\$63,323	\$221,570	\$8,016	\$1,808	\$9,824
Employee Benefits	34,825	14,843	49,668	35,689	15,143	50,832	-864	-300	-1,164
Student Aid	2,868	1,237	4,105	2,480	1,279	3,759	388	-42	346
Other Operations	73,663	76,442	150,105	64,414	81,258	145,672	9,249	-4,816	4,433
Expenses	\$277,619	\$157,653	\$435,272	\$260,830	\$161,003	\$421,833	\$16,789	-\$3,350	\$13,439
+/- Fund Balance	-\$2,700	\$5,563	\$2,863	\$14,260	-\$1,262	\$12,998	-\$16,960	\$6,825	-\$10,135

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
AHC-Shared Activities

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
<u>Revenues</u>									
General (incl State)	\$24,579	\$0	\$24,579	\$23,403	\$0	\$23,403	\$1,176	\$0	\$1,176
Tuition	-	0	-	-	0	-	0	0	0
Subtotal	\$24,579	\$0	\$24,579	\$23,403	\$0	\$23,403	\$1,176	\$0	\$1,176
Indirect Cost Recovery	423	0	423	528	0	528	-105	0	-105
Generated Income	8,684	0	8,684	7,517	0	7,517	1,167	0	1,167
Private Funds	2,115	0	2,115	942	0	942	1,173	0	1,173
Other Income	-2	0	-2	101	0	101	-103	0	-103
Net transfers	-15,252	0	-15,252	-14,966	0	-14,966	-286	0	-286
Grant & Contract Income	0	9,059	9,059	0	6,145	6,145	0	2,914	2,914
Total revenues	\$20,547	\$9,059	\$29,606	\$17,525	\$6,145	\$23,670	\$3,022	\$2,914	\$5,936
<u>Expenses</u>									
Salaries	\$8,949	\$4,446	\$13,395	\$8,464	\$3,070	\$11,534	\$485	\$1,376	\$1,861
Employee Benefits	2,168	1,120	3,288	2,171	834	3,005	-3	286	283
Student Aid	982	0	982	1,015	0	1,015	-33	0	-33
Other Operations	8,989	3,904	12,893	14,989	2,125	17,114	-6,000	1,779	-4,221
Expenses	\$21,088	\$9,470	\$30,558	\$26,639	\$6,029	\$32,668	-\$5,551	\$3,441	-\$2,110
+/- Fund Balance	-\$541	-\$411	-\$952	-\$9,114	\$116	-\$8,998	\$8,573	-\$527	\$8,046

ACADEMIC HEALTH CENTER
Summary of Financial Activity for Fiscal Year 1998-99
FY 99 Actual Compared With FY 98 Actual
SVP-HS Office

	Fiscal Year 1998-99			Fiscal Year 1997-98			FY 99 Higher/(Lower) FY 98		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
Revenues									
General (incl State)	\$3,697	\$0	\$3,697	\$3,559	\$0	\$3,559	\$138	\$0	\$138
Tuition	-	0	-	-	0	-	0	0	0
Subtotal	\$3,697	\$0	\$3,697	\$3,559	\$0	\$3,559	\$138	\$0	\$138
Indirect Cost Recovery	539	0	539	244	0	244	295	0	295
Generated Income	890	0	890	731	0	731	159	0	159
Private Funds	87	0	87	15	0	15	72	0	72
Other Income	0	0	0	3	0	3	-3	0	-3
Net transfers	3,789	0	3,789	150	0	150	3,639	0	3,639
Grant & Contract Income	0	160	160	0	270	270	0	-110	-110
Total revenues	\$9,002	\$160	\$9,162	\$4,702	\$270	\$4,972	\$4,300	-\$110	\$4,190
Expenses									
Salaries	\$4,855	\$41	\$4,896	\$4,359	\$119	\$4,478	\$496	-\$78	\$418
Employee Benefits	1,233	10	1,243	1,125	31	1,156	108	-21	87
Student Aid	15	62	77	0	117	117	15	-55	-40
Other Operations	1,970	11	1,981	1,972	35	2,007	-2	-24	-26
Expenses	\$8,073	\$124	\$8,197	\$7,456	\$302	\$7,758	\$617	-\$178	\$439
+/- Fund Balance	\$929	\$36	\$965	-\$2,754	-\$32	-\$2,786	\$3,683	\$68	\$3,751

From: Tomlinson Patricia
To: courtney@mailbox.mail.umn.edu
CC:
Subject: Re: Meeting with the Directors of Allied Health Programs
Date: Wed, 10 Nov 1999 20:01:23

Vickie:

Just a note that I will be in Portland and unable to attend the meeting.
Please let Dan know. Thanks, Patricia

At 11:50 AM 11/10/99, you wrote:

>Hello:

>

>The following program directors for Allied Health will meet with you on
>Thursday, November 18, 4:30 - 6:00, 406 Child Rehab.

>

>*Karen Karni (Med Tech)
>.Stan Finkelstein (Health Informatics)
>.Jim Carey (PT)
>.Judith Reisan (OT)

>

>John Kroshus (Mortuary Science) is unable to attend.

>

>VC

>

>Vickie Courtney

>U Senate

>427 Morrill Hall

>625-4805

>courtney@mailbox.mail.umn.edu

>

>

>

>

>

*Kate
Deisenberg
Can't attend
either.*

From: Feeney Daniel
To: Susan Berry <berry002@maroon.tc.umn.edu>
CC: churc001@tc.umn.edu, Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Subject: Re: Fwd: AHC-FCC Finance and Planning Subcommittee Minutes
Date: Fri, 12 Nov 1999 17:15:46 -0600

Hello,

We're not sharing the questionnaire until VP Cerra, Assoc VP Johnston and the Finance & Planning Committee are happy with it. VP Cerra has not seen the questionnaire yet, although he knows about it. Mickey Bebeau shared it with the AHC Consultative Committee for information, but not distribution. We're sampling chairs/heads from a couple of different departments as test cases to see if it makes sense. That way we don't have multiple versions of the questionnaire around.

The questionnaire will be made available on a web site once we're happy with the final draft. All AHC Faculty will be directed to that site, if they are interested. Results of the questionnaire will be published in the AHC Newsletter.

Dan Feeney
1999-00 AHC Finance and Planning Chair

At 11:16 AM 11/12/99 -0600, you wrote:

>Dan, could I see draft of survey??

>

>Sue Berry

>

>>Sue: I saw a copy, but don't have one. Dan Feeney drafted it and

>>circulated

>>and presented it at the Finance and Planning meeting. Dan is doing some

>>revisions and will be sending it to all department chairs. I'd bet he

>>would be

>>willing to show you a copy

>>_____

>> The sole agenda item for the October 21 meeting was the discussion about

>> the draft questionnaire on the merit process drafted by Professor

Feeney.

>>

>> The purpose of developing such a questionnaire is to get a better

>> understanding about how annual merit evaluations are conducted across

the

>> AHC.

>

>

>

Daniel A. Feeney, DVM, MS

Professor of Radiology

College of Veterinary Medicine

University of Minnesota

408 Veterinary Teaching Hospital

From: Feeney Daniel
To: Frank B Cerra <cerra001@maroon.tc.umn.edu>, kmjohnst@mailbox.mail.umn.edu
CC: churc001@tc.umn.edu, Kathryn E Dusenbery <dusen001@tc.umn.edu>
Subject: F & P Questionnaire
Date: Fri, 12 Nov 1999 17:22:36 -0600

Frank and Kathye,

I reworked the AHC F & P Questionnaire regarding merit salary deliberations. It will go into the campus mail on Monday for your review. This draft includes input from one of the 3 AHC chairs to whom it was sent.

We may want to make some refinements based on your input and that from the other two test chairs, but this is about how it will look. I'll send the original to Vickie Courtney and she can send copies to both of you and to the rest of the AHC F & P group for another look.

Earlier today, I was asked to give out a copy to an interested party outside the AHC F & P and AHC FCC groups. I declined on the basis that it was not ready for general viewing and we didn't want multiple versions of the questionnaire floating around.

Best wishes,

Dan Feeney
Daniel A. Feeney, DVM, MS
Professor of Radiology
College of Veterinary Medicine
University of Minnesota
408 Veterinary Teaching Hospital
1365 Gortner Avenue
St. Paul, MN 55108
(612) 625-9731 [office phone]
(612) 624-0751 [FAX]
feene001@tc.umn.edu [e-mail]
(612) 538-4487 [digital pager]

From: Courtney Vickie
To: feene001@maroon.tc.umn.edu, dusen001@staff.tc.umn.edu,
CC:
Subject: Meeting with the Directors of Allied Health Programs
Date: Wed, 10 Nov 1999 11:50:07

Hello:

The following program directors for Allied Health will meet with you on Thursday, November 18, 4:30 - 6:00, 406 Child Rehab.

- *Karen Karni (Med Tech)
- ..Stan Finkelstein (Health Informatics)
- ..Jim Carey (PT)
- ..Judith Reisan (OT)

John Kroshus (Mortuary Science) is unable to attend.

VC

Vickie Courtney
U Senate
427 Morrill Hall
625-4805
courtney@mailbox.mail.umn.edu

AHC FINANCE & PLANNING COMMITTEE

1998-1999

List compiled on: 5/12/99

REPRESENTATIVES, FACULTY/ACADEMIC PROFESSIONAL

Tim Church

Environmental & Occupational Hlth
1161 Mayo
East Bank
churc001@tc.umn.edu
fax: 626-0650
626-1494

Kathryn Dusenbery

Therapeutic Radiology
Box 494 Mayo
East Bank
dusen001@staff.tc.umn.edu
fax: 626-7060
626-6700

Daniel Feeney

SACS
408 Vet Teaching Hospital
St. Paul Campus
feene001@maroon.tc.umn.edu
fax: 624-0751
625-9731

T. Michael Speidel

Orthodontics
6-320 Moos Tower
East Bank
speid001@tc.umn.edu
fax: 626-2653
625-5678

Patricia Tomlinson

Nursing
6-101 Weaver-Densford Hall
East Bank
tomli001@maroon.tc.umn.edu
fax: 624-0751
624-6684

Carol Wells

Lab Med & Pathology
Box 609 UMHC
East Bank
wells002@maroon.tc.umn.edu
fax: 625-5901
625-5951

SENATE STAFF

Vickie Courtney

University Senate
428 Morrill Hall
East Bank
courtney@mailbox.mail.umn.edu
fax: 626-1609
625-4805

If you have any questions, please contact the University Senate Office at 625-9369

AHC FINANCE AND PLANNING COMMITTEE

1997-1998

List compiled on: 1/7/98

CHAIR

Daniel Feeney

SACS

C350 Vet Teaching Hospital

St. Paul Campus

feene001@maroon.tc.umn.edu

fax: 624-0751

625-9731

97-2001

REPRESENTATIVES, FACULTY

Kathryn Dusenbery

Therapeutic Radiology

Box 494 Mayo

East Bank

dusen001@staff.tc.umn.edu

fax: 626-7060

626-6700

97-2000

Patricia Tomlinson

Nursing

6-101 Weaver-Densford Hall

East Bank

tomli001@maroon.tc.umn.edu

fax: 624-0751

624-6684

97-2001

Carol Wells

Lab Med & Pathology

Box 609 UMHC

East Bank

wells002@maroon.tc.umn.edu

fax: 625-5901

625-5951

97-2000

Timothy Wiedmann

Pharmaceutics

9-127A Weaver-Densford Hall

East Bank

wiedm001@maroon.tc.umn.edu

fax: 624-2974

624-5457

97-99

FCC
NOW SERVING
ON AHC-FCC

SENATE STAFF

Vickie Courtney

University Senate

428 Morrill Hall

East Bank

courtney@mailbox.mail.umn.edu

fax: 626-1609

625-4805

If you have any questions, please contact the University Senate Office at 625-9369

From: Courtney Vickie
To: feene001@maroon.tc.umn.edu, dusen001@staff.tc.umn.edu,
CC:
Subject: Meeting Reminder
Date: Wed, 20 Oct 1999 10:59:40

This message serves as a reminder that the AHC F&P Subcommittee meets on Thursday, October 21, 4:30 - 6:00, 406 Child Rehab Center.

The agenda item will be how to approach the merit evaluation/salary equity issue.

Vickie Courtney
U Senate
427 Morrill Hall
625-4805
courtney@mailbox.mail.umn.edu

From: Feeney Daniel
To: courtney@mailbox.mail.umn.edu
CC:
Subject: Re: Letter to F Cerra
Date: Tue, 19 Oct 1999 14:17:00 -0500

Vickie,

I sent a letter directly to Frank. I didn't want to send things via e-mail due to attachment incompatibilities. All you need to do is send out the copies to the committee and the "cc's".

The agenda item will be how to approach this merit evaluation/salary equity issue. I hope to get a questionnaire drafted before then and send it out. However, the way things have been going, I'm not sure.

Thanks,

Feeney

At 10:54 AM 10/19/99, you wrote:

>Hey Dan. Did you send your letter to Frank? I assumed you wanted me to do

>that, but wanted to check on it.

>

>Also, do you have any specific agenda items for the F&P Committee on the
>21st? Frank is scheduled to meet with the group on November 4 to discuss
>the letter.

>

>VC

>Vickie Courtney

>U Senate

>427 Morrill Hall

>625-4805

>courtney@mailbox.mail.umn.edu

>

>

>

>

Daniel A. Feeney, DVM, MS
Professor of Radiology
College of Veterinary Medicine
University of Minnesota
408 Veterinary Teaching Hospital
1365 Gortner Avenue
St. Paul, MN 55108
(612) 625-9731 [office phone]
(612) 624-0751 [FAX]
feene001@tc.umn.edu [e-mail]
(612) 538-4487 [digital pager]

From: Carol L. Wells
 To: courtney@mailbox.mail.umn.edu
 CC: feene001@maroon.tc.umn.edu, churc001@tc.umn.edu, dusen001@tc.umn.edu,
 Subject: Meeting with AH
 Date: Fri, 05 Nov 1999 10:28:31 -0600

Vickie

Below are the names of the program directors for Allied Health. After thinking about this overnight, and after discussing this with Karen Karni, we both believe it would be better to invite these program directors to a single meeting of F&P (rather than two meetings). (This would also save time.) If one of the directors cannot attend, that would be OK.

Dan -- Is this OK with you?

- Med Tech (Karen Karni, Program Director -- PD) *5-5136 up Mat 18 1999 Karni@maroon.tc.umn.edu*
- Health Informatics (Stan Finkelstein, PD) *6406 VM Stan@email.labmed.umn.edu*
- ~~OT (J. Reisman, PD) *reism001@tc.umn.edu*~~
- ~~PT (J. Carey, PD) *carey007@maroon.tc.umn.edu*~~
- ~~Mortuary Science (J. Kroshus, PD) *Krosh001@tc.umn.edu*~~

Carol

Carol L. Wells, Ph.D.
 Professor, Departments of Laboratory Medicine & Pathology and Surgery
 Box 609 UMHC
 420 Delaware Street, SE
 University of Minnesota
 Minneapolis, MN 55455
 Telephone: 612-625-5951 (office); 612-625-9155 (lab)
 FAX: 612-625-5622

*Mat Science
 Al - medical school
 Greg Vercellotti*

*Med Tech
 Al Michael
 Leo Surchat*

*Health Informatics
 Al Michael
 Leo Surchat*

*OT
 Al Michael
 Dennis Dylora*

*PT
 75*

*For Nov 18 (1999)
 11:30 am
 406 Cl...
 Email...
 .../ec
 ...can
 ...discuss...
 ...discuss...)*

10/15/99

Dr. Frank B. Cerra
Sr. Vice President for Health Sciences
Children's Rehabilitation Center
University of Minnesota
Minneapolis Campus

Dear Frank,

The Academic Health Center Finance & Planning Committee (AHC-F&P) has discussed the problematic situation of the Allied Health Professions Training Programs (Occupational Therapy, Physical Therapy, Medical Technology, Mortuary Science, and Health Informatics) within the AHC. We discussed this in light of the report from the Task Force on the Allied Health Professions delivered to you on 9/11/97. The problem, including letters from at least two of the Directors to other senior administrators or to outside constituents (possibly legislators), will only tend to make the problem worse by eroding confidence that the AHC can solve its own internal problems. For that reason, we assumed a consultative role in this dilemma.

Based on the information we have, these professions seem to have high demand for their graduates and a good applicant pool, but the funding dedicated to these programs is progressively decreasing. We suspect that because these programs are not primary missions for their respective departments, they are considered of lower priority. This situation is made worse when clinical revenues are down and departmental teaching funds are limited. While we can't state that the dispersion of these programs among several departments (e.g. Laboratory Medicine and Pathology, Physical Medicine and Rehabilitation, etc.) is the only problem, having these programs at the mercy of departmental priorities is a significant factor in the current problem. We solicited input from Dean Vercellotti, but we had to discuss this as a committee before making any recommendations.

As we understand the recent situation, there was to be an oversight group formed to assure that the needs of these programs were addressed at some level beyond the department heads, presumably the Medical School Dean. From our perspective, that approach is not working. We understand that the oversight group (Program Directors and Dr. Vercellotti) has not been meeting, let alone addressing the problems. As we see it, there are two possible approaches. In no particular order, a) the oversight problem could be fixed with appropriate reporting to and accountability by the Medical School Dean; or b) these programs could be made into a separate AHC academic entity with funding separate from the other AHC departments.

Dr. Frank Cerra
10/15/99
(page 2)

We are aware that there are some dollars that may be associated with a "joint venture" with the Rochester Group from the recently acquired "endowment funds". We also understand that there may be a difference in the expectations of such a joint program by the parties involved, particularly regarding the use of students in clinical endeavors and the granting of certificates vs. degrees. The central issues to the seeming survival of these programs can be summarized as follows:

1. The programs need control of their own budgets, not subject to the priority assigned to them within highly varied and seemingly cash depleted clinical departments.
2. The programs need budgetary stability so plans can be made and there won't be this apparent "annual uncertainty" about what will be funded and who will teach what (which is exacerbated by retirements without replacements based on departmental priorities).
3. The programs need control over their academic missions. If they are to produce health professionals for the State of Minnesota as their primary priority, they can operate with that as the primary (if not the only) goal. If these programs are expected to maintain research visibility as well as train students, they can at least identify their missions and allocate resources (including human resources) accordingly.
4. The programs could address what their appropriate size should be based on applicant and job market demands. The dollars generated by tuition could then be allocated to get the most "bang for the buck".
5. We acknowledge one of the issues involved here is the need for an academic department in order to grant degrees (e.g. BS, MS, etc.). This begs the question of which of the current departments (or an additional department) would rise to that cause. Our concern is that, if spread among the current Medical School Departments, the problem will not be solved because of the low priority coupled with the shortage of flexible revenues from clinical income.

Dr. Frank Cerra
10/15/99
(page 3)

Once you have had the opportunity to think about this, the AHC F&P Committee would like to invite you to one of our meetings (or we can meet with you at some other mutually convenient time) to discuss this with us. Our intent here is to give an outside viewpoint on the problem which may foster a solution. We are particularly concerned about the possibility of constituent groups including alumni being activated to bring visibility to the plight of these programs and how such action may reflect on the AHC. We appreciate the opportunity to address this problem and we hope we can work with the system to bring about an equitable and hopefully permanent solution. The possibility of program closure has been discussed as one of the potential downside risks of bringing this issue forward. However, we hope there is a less drastic solution that can be achieved which will serve the State's needs for the graduates of these programs and which will be fiscally predictable and possible under the current circumstances.

Sincerely,

Academic Health Center Finance & Planning Committee:

- T. Church
- D. Feeney, Chair
- K. Dusenbery
- K. Johnston
- T.M. Speidel
- P. Tomlinson
- C. Wells



- cc:
- J. Carey ✓
 - D. Dykstra
 - S. Finkelstein ✓
 - L. Furcht
 - K. Karni ✓
 - A. Michael
 - J. Reisman
 - G. Vercellotti

Franks Directive:

It's time to see where the schools are in the processes of post-tenure review. I have devised the following questionnaire. Please evaluate. Does it do the job in determining if the processes are in place. Whether or not the processes are used would be the next task to assess.

General Questions: Who fills out this Questionnaire?
What do we want to accomplish?
Would it be helpful to collect copies of the documents for review by the Faculty Affairs subcommittee?

Survey questions:

PART I

Does the school have a policy and procedures for annual review of department/division (unit) heads? ___yes ___no

How are faculty involved in the review of department/division (unit) heads?

Please attach the questionnaire and any available description of the policy description and the process for implementation. If the description does not address the following questions, please provide a description here:

Development:

How was the policy developed and who participated in the development?

Was the policy ratified by the department heads as a whole?

Was the policy approved by the Senior Vice President?

Implementation: What is the process for implementation?

Who sees the results?

What is done with the results?

Part II

Does each department (unit) have a policy for:

- 1) Annual review of faculty performance? ___ yes ___ no

If all departments (units) do not, how many do? ___ do not? ___

List below the departments that have a policy and attach a copy of the policy for review as well as any description of process that might accompany it. If the description does not address the following questions, please provide a description here:

Development: For each department (unit) policy answer the following questions:

How was the policy developed and who participated in the development?

Was the policy ratified by the faculty as a whole?

Was the policy approved by the Dean?

How does the effectiveness and impact get reviewed? How has the policy changed?

When is the last time it came up for review and reaffirmation?

Implementation:

What is the process for implementation? Who sees the results?

What is done with the results?

- 2) Policy for faculty Compensation?

If all departments (units) do not, how many do? ___ do not? ___

List below the departments that have a policy and attach a copy of the policy for review as well as any description of process that might accompany it. If the description does not address the following questions, please provide a description here:

Development: For each department (unit) policy answer the following questions:

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How does the effectiveness and impact get reviewed? How has the policy changed?

When is the last time it came up for review and reaffirmation?

Implementation:

What is the process for implementation? Who sees the results?
What is done with the results?

3) Policy for Post tenure review?

Same questions as above.

Franks Directive:

It's time to see where the schools are in the processes of post-tenure review. I have devised the following questionnaire. Please evaluate. Does it do the job in determining if the processes are in place. Whether or not the processes are used would be the next task to assess.

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When is the last time it came up for review and reaffirmation?

Implementation:

What is the process for implementation? Who sees the results?
What is done with the results?

- 2) Policy for faculty Compensation?

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How does the effectiveness and impact get reviewed? How has the policy changed?

When is the last time it came up for review and reaffirmation?

Implementation:

What is the process for implementation? Who sees the results?
What is done with the results?

3) **Policy for Post tenure review?**

Same questions as above.

11/18/99 Program in Occupational Therapy

The issues of concern for the Program in Occupational Therapy are not separate from those of other health-related professions within the Medical School. Since a college, institute or department of health-related professions has been denied, I would like to propose a "consortium" of health-related professions which would have direct reporting responsibilities either to the dean of the Medical School or the vice president for health sciences of the AHC. Here are some of the reasons for this proposal:

1. Non-physician programs in the Medical School have lower priority than physician programs. Departments housing non-physician programs give administrative effort, focus, and/or priority to physician programs. There is little time left to deal with non-physician programs. A consortium shifts administrative focus to issues specific to the health-related professions.
2. Non-physician programs in the Medical School have little voice. A separate consortium will provide a more direct communication channel and provide increased opportunities for advocacy for the unique needs of each program.
3. Small programs in the Medical School have small visibility and are easily ignored. A consortium of health-related programs will gain some weight in numbers.
4. The infrastructure services among the Medical School, its departments, and its individual health-related programs are murky. Budget information is difficult to get, the budget decision-making process is obscure, and budget decisions are late in coming. A consortium would provide a central locus for streamlining budget principles and services for the health-related professions.

There is great value in remaining within the AHC, as each health-related program bases its educational and research missions on the resources offered by this Research 1 institution:

- networking with colleagues across departments,
- interdisciplinary research and scholarship,
- inter-institutional research within our metropolitan community
- access to medical lecturers for our students,
- access to a diversity of clinical education opportunities,
- opportunity for junior faculty growth through doctoral study in related fields,
- and access to one of the top biomedical libraries in the country.

Furthermore, the education of scientist-practitioners (the model used by the Program in Occupational Therapy) depends upon access to the full resources of a scholarly community. In this time of focus on efficacy and outcome, our educational programs cannot afford to be simply 'training' programs; they must span the full breadth of scholarship, so that graduates can assume their place in the clinical and basic research arenas as well as a multitude of expanding practice arenas. Helping to end the time-consuming budgetary, voice and visibility problems that plague us will free time and effort for even greater alignment with the missions of research, teaching and service.

A Snapshot of the Program in Occupational Therapy
www.med.umn.edu/ot

The Program	began as a baccalaureate program in 1946. It is now an entry-level MS program: 2 years of didactic coursework with several short clinical education experiences throughout (long term care, mental health, physical disabilities, industrial rehabilitation, school system work, well elderly), followed by 6 months of full time clinical education.
The alumni	1400 alumni who actively support the program through the General OT Fund (aids program operations) and the 50 th Anniversary Fund (funds student research)
The faculty	6 full time faculty (3 with doctoral degrees and 3 with master's degrees)
The grants	\$150,000 this year from national, state and foundation sources.
Faculty research	<ul style="list-style-type: none">• Educating community workers and parents about fetal alcohol syndrome.• Determining autonomic nervous system responses to sensation in persons with sensory processing disorders.• Comparing efficacy of occupational therapy treatment approaches for persons with stroke.• Assessing fatigue management after patient education in persons with multiple sclerosis.• Assessing impact of hand splints on quality of life and function in persons with rheumatoid arthritis• Determining the validity of a driving simulator for persons with head injury
Admissions	25 admitted per year from a pool of approximately 75
The students	Average undergraduate GPA > 3.6 with baccalaureate degrees in psychology, biology, child development, education, and others.
Graduation	100% on time graduation (with rare exceptions due to medical and personal issues)
National exam	In 52 years, only 6 U of MN students have failed the national certification examination on the first attempt (national failure rate > 10%).
Employment	Feedback from employers routinely positive about depth of preparation and level of professional skills.

A History of the Medical Technology Budget Situation

- *May 16, 1997. Troy McCulloch and Linda Kenny meet with Karen Karni to inform her that Dr. Furcht had eliminated \$358,000 from the medical technology budget for 1997-1998. This meeting occurs seven weeks before the fiscal year is to begin. They also provide names for a lay-off list, including two full-time faculty members on T appointments--one a Morse Alumni winner.
- May 16-22, 1997. Karen Karni writes President Hasselmo, Provost Cerra, Dean Michael, and Dr. Furcht concerning this draconian cut.
- *May 29, 1997. Provost Cerra responds with \$358,000 for medical technology for fiscal year 1997-98.
- *October 30, 1997. Provost Cerra commits one-half of \$358,000 to medical technology for fiscal year 1998-99.
- February 2, 1998. Karen Karni meets with medical technology program directors from St. Cloud State University and Mankato State University to discuss possible partnering of our programs, e.g., several students from each of their institutions spending 15 months (professional course work and clinical rotations) of their senior year at the University of Minnesota. They offer the potential to bring in \$50,000 to \$60,000, annually. Karen Karni communicates this activity to Leo Furcht.
- April 30. Karen Karni and Leo Furcht meet with Provost Robert Bruininks and others to discuss:
(1) partnering in medical technology with these two schools in the MnSCU system and (2) initiating a program in cytotechnology at the University of Minnesota. Dr. Bruininks responds favorably to the conversation and suggests we write the Dean concerning these matters. In addition, Dr. Bruininks requests we look at a four-year medical technology program in Rochester, similar to that offered in the Twin Cities, and perhaps include MnSCU colleagues, e.g., Mankato State University or Winona State University.
- August 13. K. Karni, L. Furcht, G. Vercellotti, P. Mitsch, and Dean Michael meet concerning the proposal. Dr. Michael talks of "poor financial resources" in the Medical School.
- August 31. Dean Michael writes to L. Furcht and K. Karni, supporting proposals submitted/talked about. "Given our serious financial challenges, there is significant merit in a relationship with MnSCU. I urge you to proceed with your proposals."
- September 1. K. Karni and Bill vanEssendelft (U College) meet with Dean John Frey and Lois Anderson of Mankato State University regarding collaborative efforts in medical technology. They are very supportive and wish to cooperate in 1999. (Note: collaborative agreements are now signed. Six MnSCU students are currently in 1999-2000 program.)
- *September 30. Leo Furcht writes K. Karni regarding additional lay-offs of key civil service and bargaining unit employees within the Division of Medical Technology. Their salaries/benefits total \$200,000.
- *February 9, 1999. K. Karni summoned to Dean's office, with A. Michael, G. Vercellotti, L. Furcht, T. McCulloch, P. Mitsch. She is told to cut budget by \$200,000 (25%).
- *April 2, 1999. L. Kenny informs K. Karni the 1999-2000 budget is \$448,000 (\$350,000 less than 1998-99).
- *May 3, 1999. K. Johnston and P. Mitsch meet with K. Karni and C. Wells to state 1999-2000 funding will be at the same level as the current year, and a permanent solution will be made thereafter.
- May - June 1999. L. Furcht proposes J. White, M.D., replace K. Lofsness in teaching hematology. Dr. White replies, "No."
- October 6, 1999. K. Karni writes to L. Furcht (4th time) concerning replacement for K. Lofsness who retired September 30. To date, no response.
- October 13, 1999. Linda Kenny refuses again to go forward for a teaching specialist position in hematology (\$12,000 annually), stating med tech has a program budget deficit.
- November 2, 1999. Provost Cerra, Dean Edwardson, Sr. Associate Dean Vercellotti, Acting Provost Heltsley and Karen Karni meet with administrators from Mayo Clinic concerning establishment of second campus programs in nursing and medical technology in Rochester.
- *November 15. K. Karni receives 1999-2000 budget. While "promised" to be equal to last year's, it is \$20,000 less and a replacement for K. Lofsness is not included. Instead Mike Tsai, director of the FUMC biochemical genetics lab, is included at 75%. His salary and fringe benefits equal \$69,354.

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Office of the Dean
Medical School

Box 293
420 Delaware Street S.E.
Minneapolis, MN 55455
Office at C-607 Mayo
612-626-4949
Fax: 612-626-4911

October 14, 1999

MEMORANDUM

TO: Frank B. Cerra, M.D.
Senior Vice President of Health Sciences
Academic Health Center

FROM: Alfred F. Michael, M.D. *al*
Dean of the Medical School
Regents' Professor of Pediatrics

SUBJECT: Physical Therapy

I have attached a financial summary of the Department of Physical Medicine and Rehabilitation – including Physical Therapy (PT), Occupational Therapy, and physician-allocated expenses.

Physical Therapy is allocated:

all of the generated tuition	\$552,000
29 percent of the O&M given to PM&R	\$261,000
24 percent of the allocated tobacco endowment	\$60,000

It is true that PT previously had more O&M funding, but that allocation was only possible because in the past O&M dollars for the medical and administrative/research part of the Department was offset by clinical dollars.

They clearly would prefer additional resources – either from O&M or private practice.

AFM:ms

Enclosure

cc: Mr. Peter J. Mitsch
Gregory M. Vercellotti, M.D.

Post-it* Fax Note	7671	Date	114	# of pages	3
To	KATHY	From	MARY		
Co./Dept.		Co.			
Phone #		Phone #	69949		
Fax #		Fax #			

P. 1/2

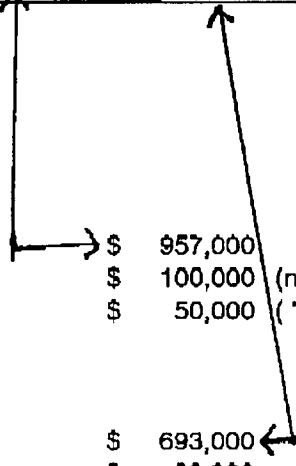
Medical School
Department of Physical Medicine & Rehab
Financial Summary

Budget Distribution....FY 2000

	PT	OT	Admin & Research	MD's & Resident Prog.	Total
O & M Base	\$ 261,000	\$ 130,000	\$ 167,000	\$ 341,000	\$ 899,000
Tuition	552,000	436,000	-	11,000	999,000 P.2
ICR	2,000	2,000	3,000	2,000	9,000
Total Centrally Allocated	815,000	568,000	170,000	354,000	1,907,000
Dean's Commitments	-	-	96,000	4,000	100,000
Private Practice	-	-	32,000	64,000	96,000
Affiliated Hospitals				401,000	401,000
Sponsored Research	45,000	37,000	51,000	-	133,000
Program Generated Funds	15,000	25,000	-	-	40,000
Foundation Gifts	20,000	20,000	-	-	40,000
Tobacco Endowment	60,000	40,000	-	-	100,000
Total Funding	\$ 955,000	\$ 690,000	\$ 349,000	\$ 823,000	\$ 2,817,000 P.2

~~Base Budget for Program~~

Physical Therapy	
-Annual Operating Budget	\$ 957,000
-New Faculty salary line	\$ 100,000 (not needed until July 2000)
-New Faculty start-up funding	\$ 50,000 (" " " " " ")
Occupational Therapy	
-Annual Operating Budget	\$ 693,000
-New Faculty salary line	\$ 80,000
-One-time recruitment & furnishings	\$ 22,000



P-1/2

Medical School
 Department of Physical Medicine & Rehab
 Financial Summary

<u>Funding Sources</u>	<u>FY 2000 Projected</u>	<u>FY 1996 Actual</u>	<u>Difference</u>
O & M Base	\$ 899,000	\$ 1,380,000	
Tuition	999,000	-	
ICR	9,000	-	
	<u>1,907,000</u>	<u>1,380,000</u>	\$ 527,000
Dean's Commitments	100,000	267,000	(167,000)
Private Practice	96,000	666,000	(570,000)
Affiliated Hospitals (residency programs)	401,000	595,000	(194,000)
Sponsored Research	133,000	192,000	(59,000)
Program generated funds	40,000	84,000	(44,000)
Foundation Gifts	40,000	62,000	(22,000)
Other	100,000	100,000	0
Total Funding Available	\$ 2,817,000	\$ 3,246,000	\$ (429,000)

Note: expenses moved to UMP also

P-1

<u>Tuition Summary</u>	<u>PT</u>	<u>OT</u>	<u>Total</u>
Tuition @ BS rates	\$ 261,000	\$ 306,000	\$ 567,000
Medical Residents	11,000	0	11,000
Medical Residents	-	-	11,000
Total Tuition Revenues in FY 2000	\$ 552,000	\$ 436,000	\$ 999,000

P-1

UNIVERSITY OF MINNESOTA

University Senate

*427 Morrill Hall
100 Church Street S.E.
Minneapolis, MN 55455-0110
612-625-9369
Fax: 612-626-1609
E-mail: senate@mailbox.mail.umn.edu*

November 16, 1999

TO: Frank Cerra, Senior Vice President
Academic Health Sciences

FROM: Dan Feeney, Chair
AHC Finance & Planning Subcommittee

RE: Questionnaire about annual merit salary determination

Frank, per my earlier email message to you, I am enclosing the draft questionnaire about annual merit salary determination for your review. I look forward to receiving your input.

Thanks.

Cc: Members of the AHC F&P Subcommittee
Katherine Johnston, CFO

11/15/99

TO: Department Chairs/Heads, U-MN Academic Health Center

FROM: Academic Health Center Finance and Planning Committee:
T. Church, K. Dusenbery, D. Feeney (Chair),
K. Johnston (ex officio), M. Speidel, P. Tomlinson, C. Wells

RE: Questionnaire about annual merit salary determination processes
in your department

In an effort to determine how merit salary awards are calculated across the individual departments in the Academic Health Center (AHC), the AHC Finance & Planning Committee are asking for your cooperation. We have designed a questionnaire which we hope addresses the issues brought to us by the faculty. Concerns have been raised about how salary increase dollars are distributed including things described as inequities, delays, favoritism, incomplete information, and obfuscation. To avoid undue speculation, there is no substitute for the facts. It is in the interest of truth that this questionnaire was developed and is being sent to you.

We're asking that the questionnaire be returned to

Ms. Vickie Courtney, 427 Morrill Hall,
100 Church Street, SE
Minneapolis, MN 55455

before December 15, 1999. The information received will be collated and the results will be published in the "Academic Health Center Newsletter". If no response is received, you will be contacted ONCE to be sure there has been no unintentional oversight. All AHC Departments will be listed with their responses to each of the enclosed questions displayed. For those chairs/heads who do not respond, a "no response" will be placed next to that question for that department in the published materials. This issue has the attention of both Senior Vice President Frank Cerra and Associate Vice President Katherine Johnston. Our investigative endeavor has their support. Dr. Cerra sent a letter to the AHC Deans on 10/21/99 informing them this process was occurring.

Thank you for your cooperation.

cc: AHC Deans

AHC MERIT PROCESS QUESTIONNAIRE

from
the Academic Health Center Finance and Planning Committee

This questionnaire is an inquiry regarding the processes involved with merit evaluation and annual salary determination across the Academic Health Center (AHC). Concerns about 1) the processes of individual faculty merit evaluations 2) the determination of annual faculty merit salary awards, and 3) the timeliness of implementation of faculty raises have been brought to the attention of the AHC Finance & Planning Committee. Questions below are grouped by related issues and are intended to assess the status of compensation policy compliance within the AHC.

1. Does your department use an elected, peer evaluation group to conduct the faculty merit evaluations? _____ Yes _____ No

If you answered "no", please explain your process(es).

2. Does the department chair/head participate in the deliberations of the elected, peer evaluation group during faculty merit evaluations? _____ Yes _____ No

If you answered "no", please explain your process(es).

3. Does the department chair/head collate scores from the elected, peer evaluation group during the faculty merit evaluations? _____ Yes _____ No

If you answered "no", please explain your process(es).

AHC Faculty Merit/Salary Questionnaire
AHC Finance & Planning Committee
(page 2)

4. Does the department chair/head render an evaluation during the faculty merit evaluations?

_____ Yes _____ No

If you answered "no", please explain your process(es).

If you answered "yes", please explain the relative weighting of the chair's/head's score to that of the faculty peer review committee.

5. Does the department have a formal compensation/merit evaluation policy?

_____ Yes _____ No

If you answered "no", please explain your process(es).

6. Does your department **annually** vote on the process(es) and criteria for faculty merit evaluations?

_____ Yes _____ No

If you answered "no", please explain what you do.

AHC Faculty Merit/Salary Questionnaire
AHC Finance & Planning Committee
(page 3)

7. Who makes the final decision on the actual amount of merit pay awarded in faculty merit evaluations?

_____ Faculty peer _____ Chair/Head _____ Other
_____ Merit Committee (please define)

If you answered "Chair/Head" or "Other", please explain how merit evaluation scores from the faculty peer evaluation group are used in your process(es).

8. Does the available pool (not the source) of dollars available for annual faculty merit distribution vary depending on how a faculty member's appointment is funded? [e.g. state \$, grant \$, clinic income \$, other \$]

_____ Yes _____ No

If you answered "yes", please explain what occurs.

9. Are the faculty aware of the available pool of money to be allocated to merit salary increases in this department? [e.g. dollars as a % of current pay, gross dollars, etc.]

_____ Yes _____ No

If you answered "no", please explain what they are told about available \$.

AHC Faculty Merit/Salary Questionnaire
AHC Finance & Planning Committee
(page 4)

10. Does the presence of a research grant containing salary dollars influence what might be available for awarding to individual faculty at annual merit distribution deliberations? [e.g. 3% average increase suggested by central administration, but grant contains 2% or 4% increase on that portion of the involved individual's salary]

_____ Yes _____ No
If you answered "yes", please explain what occurs.

11. Does the presence of a practice plan influence what might be available for awarding to individual faculty at annual merit distribution deliberations? [e.g. Is the % of an individual's appointment that is assigned to clinical practice/service treated similarly to what has been suggested by central administration (? 3%) or are practice dollars awarded strictly on the basis of income generation?]

_____ Yes _____ No
If you answered "yes", please explain what occurs.

12. Do monies generated from clinical practice endeavors go into the academic department and potentially into a merit pool involving those faculty not engaged in clinical practice?

_____ Yes _____ No
If you answered "yes", please explain what occurs.

AHC Faculty Merit/Salary Questionnaire
AHC Finance & Planning Committee
(page 5)

13. Do the faculty in the department get a report on how available merit pool dollars were distributed (obviously not specifically to whom, but in the anonymous sense "how many faculty got what % raise)?

_____ Yes _____ No
If you answered "no", please explain what occurs.

14. Is the goal to award an "average" of the annually specified percent (as determined by Central Administration) to an individual's total faculty salary [e.g. (? % state \$) + (? % grant salary \$) + (? % contract \$) + (? % practice plan\$) = 100% merit increase]?

_____ Yes _____ No
If you answered "no", please explain your process(es).

15. Do you have any "incentive pay" or annual productivity bonuses that are awarded to faculty?

_____ Yes _____ No
If you answered "yes", please explain how these work.

16. Are you aware of the Faculty Compensation Policy and what it says about how annual merit evaluations and salary determinations are to be conducted?

_____ Yes _____ No

AHC Faculty Merit/Salary Questionnaire
AHC Finance & Planning Committee
(page 6)

17. Do you as Department Chair/Head meet with your faculty individually to explicitly discuss their merit evaluation and to agree upon mutual expectations for the following academic year?

_____ Yes _____ No

If you answered "no", please explain how merit scores are explained and how expectations, workloads, etc. are agreed-upon in your department.

18. Do you as Department Chair/Head use a criteria-based formula to calculate merit scores for individual faculty?

_____ Yes _____ No

a. If you answered "yes", please indicate the scoring system and explain whether or not it is weighted by % effort in specific areas (e.g. teaching, research, service, outreach, administration...).

b. If you answered "yes", please indicate whether the scoring system is weighted by faculty rank (e.g. merit points are worth proportionally more at higher ranks).

c. If you answered "no", please indicate how you handle merit scores.

AHC Faculty Merit/Salary Questionnaire
AHC Finance & Planning Committee
(page 7)

19. Are merit \$ awarded on a % of salary basis, a raw dollar basis (e.g. dollars from the available pool regardless of annual salary), some combination of % and raw \$, or some other method other?

_____ % of _____ raw \$ _____ raw & % _____ Other
salary from pool

Please explain your process(es).

20. When and how do you communicate the faculty member's annual salary incremental increase (or the lack thereof) to individual faculty in your department?

21. When did the merit salary increases for your tenured and tenure-track faculty become effective in your department this year?
(e.g. When did your faculty see the difference in their gross pay?)

Specify month and year the raises for 1999-2000 FY became effective.

AHC Faculty Merit/Salary Questionnaire
AHC Finance & Planning Committee
(page 8)

22. Are there any problems with the Faculty Compensation Policy that you feel should be addressed by the Senate Committee on Faculty Affairs and/or the Faculty Senate?

Thank you for your cooperation!

Please return this questionnaire to:
Ms. Vickie Courtney, 427 Morrill Hall,
100 Church Street, SE
Minneapolis, MN 55455

By 12/15/99

FACT SHEET

Data from the University of Missouri, The Ohio State University, and University of Minnesota
(U of MO and OSU are allied health departments within a medical school):

University	# of Programs	# of Faculty	# of Students	Annual # of Graduates	Current Annual Budget
University of Missouri	4	28	703	135	\$3.1 million
The Ohio State University	8	30	526	208	\$3.3
University of Minnesota	6 (dental hygiene, health informatics, medical technology/clinical laboratory science, mortuary science, occupational therapy and physical therapy)	34	350	200	\$3.8
	5 (without dental hygiene)	24	275	171	\$3.0

Data from ten independent allied health schools or colleges:

University	# of Programs	# of Faculty	# of Students	Annual # of Graduates	Current Annual Budget
Louisiana State University	10	169	571	280	\$14.5 million
University of Alabama at Birmingham	20	93	779	331	NA
Medical University of South Carolina	14	91	850	300	\$14.0
University of Illinois at Chicago	8	85	853	320	\$16.5
Virginia Commonwealth University, Richmond	10	81	908	245	\$11.0
Thomas Jefferson University	6	78	1063	396	\$16.0
University of Kansas Medical Center	10	72	451	206	\$7.6
University of Florida	11	76	390 under 578 grad	200	\$12.2
University of Oklahoma	11	61.5	508	206	\$7.0
University of Kentucky	11	55	550	220	\$7.3

What might be the message from this short analysis? First, the three allied health units housed within medical schools are small, particularly in faculty numbers and budgets. In contrast, freestanding AH schools predominate in the U.S. and are considerably larger. This might suggest that medical schools, with primary loyalties "to their own (physicians)," such as those in Missouri, Ohio and here at the University of Minnesota, have impeded the growth of allied health programs. Independent schools of allied health, however, have more programs, faculty, and money.

From: Maureen Lally
To: courtney@mailbox.mail.umn.edu
CC:
Subject: e-mail lists
Date: Fri, 17 Dec 1999 13:35:03 -0600

Vicky,

I have e-mail addresses for the AHC deans and the Medical School Department Heads. I do not have separate addresses for the other schools department heads. Hope this helps!

Maureen

AHC Deans:

leyasmey@mailbox.mail.umn.edu
mspeedie@mailbox.mail.umn.edu
micha003@maroon.tc.umn.edu
rziegler@d.umn.edu
tillx001@maroon.tc.umn.edu
edwardso@mailbox.mail.umn.edu
rzeigler@d.umn.edu

Medical School Department Heads

First Name	Last Name	Email Address
George	Adams, M.D.	adams002@tc.umn.edu
Linda	Carson, M.D.	carso001@tc.umn.edu
Mark	Dahl, M.D.	dahlx003@tc.umn.edu
Joseph	Di Salvo, Ph.D.	disal001@tc.umn.edu
David	Dunn, M.D., Ph.D.	dunnx002@tc.umn.edu
Kathryn	Dusenbery, M.D.	dusen001@tc.umn.edu
Dennis	Dykstra, M.D., Ph.D.	dykst001@tc.umn.edu
Timothy	Ebner, M.D., Ph.D.	ebner001@tc.umn.edu
Anthony	Faras, Ph.D.	faras@gene.med.umn.edu
Leo	Furcht, M.D.	furch001@tc.umn.edu
Ashley	Haase, M.D.	ashley@lenti.med.umn.edu
John	Hulbert, M.D.	hulbe001@tc.umn.edu
William	Jacott, M.D.	jacot001@tc.umn.edu
David	Knopman, M.D.	knopman@tc.umn.edu
Jay	Krachmer, M.D.	krach001@tc.umn.edu
Horace	Loh, Ph.D.	lohxx001@tc.umn.edu
Charles	Louis, Ph.D.	louis003@tc.umn.edu
Robert	Maxwell, M.D., Ph.D.	maxwe001@tc.umn.edu
James	Moller, M.D.	molle002@tc.umn.edu
Richard	Palahniuk, M.D.	palah001@tc.umn.edu
Dennis	Polla, Ph.D.	polla@tc.umn.edu
Jonathan	Ravdin, M.D.	ravdi001@tc.umn.edu
S. Charles	Schulz, M.D.	scs@umn.edu
Marc	Swiontkowski, M.D.	swion001@tc.umn.edu
William	Thompson, M.D.	thomp003@tc.umn.edu

From: Feeney Daniel
To: Frank B Cerra <cerra001@maroon.tc.umn.edu>
CC: churc001@tc.umn.edu, Kathryn E Dusenbery <dusen001@tc.umn.edu>,
Subject: Allied Health proposal
Date: Wed, 15 Dec 1999 09:35:57 -0600

12

Dr. Frank B. Cerra
Sr. Vice President for Health Sciences
Children's Rehabilitation Center
University of Minnesota
Minneapolis Campus

Dear Frank,

As a follow-up to our discussion with you about a month ago, the Academic Health Center Finance & Planning Committee (AHC-F&P) has again discussed the Allied Health Professions Training Programs (Occupational Therapy, Physical Therapy, Medical Technology, Mortuary Science, and [if interested/willing to participate] Health Informatics) problem. We have reviewed the recent proposal from Dean Michael and Associate Dean Vercellotti. Our intention was to develop our own proposal and we have defined that below. Our proposal is in some ways similar to the Michael/Vercellotti proposal, but it has some notable differences.

The proposal from the AHC F & P is as follows:

1. An Institute/Center for Allied Health be created within the Medical School. This Institute/Center should answer directly to the Dean of the Medical School because funding allocation decisions will be made by the Dean.
2. That this Institute/Center for Allied Health Professions have a "recurring" budget that is independent from any of the Medical School Departments.
3. That initial budget allocation decisions be based on the following:
 - What it takes to operate these programs in the current environment and at their "right size" for the needs of the State.
 - What can be garnered from tuition revenues (which should be distributed directly to these programs according to institutional policy).
 - An historic viewpoint of these groups as they are now and were up to 15 years ago. It is our suspicion that these programs have been subjected to differential budget suffering depending on he department in which they have resided and we do not want to see these program inequities frozen in

the Institute/Center budget.

-What can be requested from the legislature in support of the allied health professions training within the State.

4. a. The Institute/Center for Allied Health Professions should be managed by a FACULTY DIRECTOR who would most likely be one of the current program directors. The Institute/Center for Allied Health Professions could decide from within who should be recommended for this appointment, but appointment be made formally by the Medical School Dean for a predetermined term. Rotation among the program directors as Institute/Center for Allied Health Professions Director is an option, provided the programs want to do it this way and the Dean is in agreement.

th

This Director would be the representative for budget negotiations with the Medical School Dean and he/she would spearhead a legislative proposal as well as coordinate any Institute/Center-based fund raising endeavors.

This Director would continue his/her role as a program director, but would have the option to delegate some Institute/Center for Allied Health Professions Director responsibilities among the other program directors.

b. We see no need for additional administrative structure with the exception of a staff person to take care of the office and facilitate Director's tasks.

th

5. The Director of the Institute/Center for Allied Health Professions would have a seat on one of the Dean's Advisory Councils (e.g. the Council of Clinical Sciences, ? other) wherein he/she could participate in educational and, where applicable, clinically-related deliberations.

This would give this Director first-hand insight into the funding situation affecting the other Medical School operations.

6. The Institute/Center for Allied Health Professions would be a critical mass of individuals with similar goals and similar problems. They could be made visible for a legislative request to foster their endeavors once free of their individual departments and in possession of an identity.

7. The faculty comprising the Institute/Center for Allied Health Professions would maintain their current departmental "tenure homes" until such time as a better system can be developed (e.g. move everybody to one department as an option).

8. In addition to the possibility for inclusion as the Institute/Center for Allied Health Professions in a legislative request, these programs within the Institute/Center for Allied Health Professions could exercise creativity to enhance their funding using tuition revenues from additional

course offerings, contract research, adult education, etc. which could directly impact their bottom line.

9. The Institute/Center for Allied Health Professions should contain the following programs:

- Health Infomatics (if this group is interested in being included in this group),
- Medical Technology,
- Mortuary Science,
- Occupational Therapy, and
- Physical Therapy.

These programs share a common need for visibility and could develop funding and research strategies that may be mutually beneficial. They share an educational mission, they all may have the opportunity for research, and they may develop methods for enhancing their revenues via service endeavors. We don't believe in the "cherry picking" approach wherein some programs are left within selected Medical School Departments (e.g. those with current potential for ICR \$) while others are gladly given up as drains on departmental revenues. For this proposal to work, there must be a core of programs included, but each program must decide individually.

We hope this proposal is something that will help solve the Allied Health Professions Programs' problems and at least give them the autonomy (fiscal as well as programmatic) to exercise creative options for generating and saving dollars while controlling their own destinies. We did not make specific budget proposals because we do not have the data. This should be a process negotiated once the group is formed and decides what it needs and what it can live with to accomplish their "collective mission". In #3, above, we outline what we consider to be relevant considerations is developing budgets.

If you wish to discuss this with us further, please let us know.

Ms.

Vickey Courtney from the U-Mn Senate Office will send copies of this proposal to the program directors, deans and department chairs involved. We appreciate the opportunity to provide this input.

Sincerely,

Academic Health Center Finance & Planning Committee:

- T. Church
- D. Feeney, 1999-2000 Chair
- K. Dusenbery
- K. Johnston
- T.M. Speidel
- P. Tomlinson
- C. Wells

Daniel A. Feeney, DVM, MS
Professor of Radiology

An Update on the Development
of the
Bucket Cost Accounting System

Presentation to the
Research and Education Committee
of the Fairview System Board
May 19, 1999

Background

The bucket cost accounting system is:

- A requirement of the Affiliation Agreement
- A joint development of the Academic Health Center and Fairview-University Medical Center
- Intended to identify the costs incurred for education and research in the hospital and clinics on the two campuses of Fairview-University Medical Center

The Agreement: Shared Support of Medical Education and Research

“The Bucket”

Revenues

- Transition Support (first 32 months)
- Research (direct and indirect revenues)
- Medicare Direct and Indirect Medical Education Payments
- All other sources

Expenses

- Education (Direct and Indirect)
- Research (Direct and Indirect)

Variance

Surplus → 100% to AHC

Deficit → 50% to AHC
→ 50% to F-UMC

Expected Deliverables

- An accounting methodology that identifies, tracks and measures medical education and research expenses and appropriate revenues on the consolidated Fairview-University Medical Center
- An auditing process to ensure that state funds are not used for clinical services
- A decision support system for managing research and education costs
- A mechanism to support the analysis of future funding initiatives
 - ⇒ Market place competition
 - ⇒ Enhanced public funding
- An oversight and accountability structure

Getting Started: ***Developing the Methodology***

Fall 1997

- Appointed a Research and Education Task Force
- Ernst & Young selected as consultant to assist with the development
- Developed definitions and principles to guide cost accounting system development
- Began conceptual design and methodology development
- Performed prototype modeling of methodology components
- Assessed system needs and existing capabilities
- Developed facilitation tools and system documentation

May 19, 1999

Slide 5

Current Form of the Methodology: ***Defining Education and Research Costs***

- What are medical education costs?
 - ⇒ Tasks and resources incurred in F-UMC departments that support university of Minnesota programs for interns and residents, fellows, and medical students, as well as students in allied health, dentistry, nursing and pharmacy programs
- What are research costs?
 - ⇒ Activities or services that relate to sponsored and unsponsored research projects
 - ⇒ Sponsored projects include research sponsored by federal agencies (e.g., National Institutes of Health), industry sponsored research (e.g., clinical drug trials or projects testing surgical devices), and other agency and foundation projects
 - ⇒ Unsponsored research, includes patient care and non-patient care projects

Current Form of the Methodology: ***Agreement on Framing Principles***

- Optimal balance of precision and utility should guide development of the methodology
- “Flashlight approach” to use of comparative data
- Routinize methodology and make systematic, wherever possible
- Use existing system capabilities, where possible
- Minimize cost of ongoing maintenance
- Start with one level of sophistication and improve over time

Current Form of the Methodology: ***Overview of Conceptual Design***

- Costs are incurred for medical education and research in five major areas:
 - ⇒ Core activities
 - ⇒ Ancillary utilization
 - ⇒ Length of stay
 - ⇒ Research activities (not identified in other components)
 - ⇒ Indirect costs (overhead units)
- Distinct components of the methodology will be formed to compute costs in these areas

Current Form of the Methodology: ***Identifying Costs in Core Activities of the Hospital***

- Two types of expenses for medical education and research:
 - ⇒ Discrete -- expenses that can be directly related to teach and/or research programs
 - ⇒ Commingled -- expenses that are inherent to an academic medical center but ingrained in the core departmental or hospital activities such that they are not identified as separate account entries
- Cost accounting techniques
 - ⇒ Facilitated interviews
 - ⇒ Identify core activities or functions of the department
 - ⇒ Estimate impact of education and research on the core activities

Current Form of the Methodology: ***Incremental Costs in Ancillary Utilization***

- Incremental costs for ancillary procedures related to medical education and/or research
- Costs will be identified through structured interviews and surveys intended to isolate extra procedures used for medical education
- Surveys will be organized by representative patient populations
- Representative patient populations will serve as surrogates for other patient populations where staff and resident interaction are similar
- Panel of physician and non-physician providers will validate reasonableness of findings

Current Form of the Methodology:
Incremental Costs from Added Length of Stay

- Incremental costs that can be attributed to education and/or research
- Occur when patients extend hospital stay
- Costs will be identified as a function of the structured interviews and surveys
- Questions will target resident involvement in discharge process and additional days required for participation in research studies

Current Form of the Methodology:

Research Activities (not identified in other components)

- Construction of method for identifying research costs still in discussion stage
- Identifying research costs is incorporated into the department and utilization components of the methodology, but the two partners agree that another filter is required
- Current thinking about alternative approaches:
 - ⇒ The Research Services Organization has been designated as the “front door” to F-UMC for sponsored research
 - ⇒ All AHC research projects that require hospital resources will be processed through the RSO
 - ⇒ A mechanism for funneling revenue and expense budgets to the bucket through the RSO will be considered as the primary approach for identifying research revenues and expenses (not counted in other components)

Current Form of the Methodology: ***Indirect (or Overhead) Expense***

- Construction of method still in early stages of development
- Current thinking about alternative approaches
 - ⇒ Evaluate applicability of core activity component for overhead departments
 - ⇒ *Or*, develop separate component using a step-down allocation model
 - ⇒ Two step-down models under consideration:
 - A-21 formulas used by Federal agencies to determine university indirect cost rates
 - Medicare cost reports

The “Arithmetic” in the Model

- Objective
 - ⇒ Translate the findings in each of the components of the methodology to a set of formulae that, when combined, will compute the total expenditure for medical education and research
- Infrastructure for the cost model:
 - ⇒ Fairview General Ledger
 - ⇒ Fairview TSI System
 - ⇒ Excel Spreadsheet software

Timeline for Completing the Cost Accounting System

Phase I August 31

Critical tasks that must be completed before the cost model can be run for the first time.

Phase II September 1 to December 31, 1999

Modifications to Phase 1 applications to correct deficiencies identified in the first runs of the cost model.

Phase III January 1, 2000 and forward

Continuous improvements in the methodology and the cost model.

Remaining Work in Phase I

- Develop a comprehensive communication plan for informing AHC and Fairview communities
- Complete conceptual design and resolve methodology issues
- Complete departmental interviews and departmental profiles
- Complete Phase 1 LOS and Utilization studies
- Complete modeling of methodology (including reporting strategies)
- Identify corrections and improvements for Phase II
- Begin to collect ideas for maximizing the application of the cost accounting system in supporting decisions and in learning more about the education environment in clinical settings
- Conclude Ernst & Young consulting engagement

Risk List

- Insufficient resources assigned to project
- Lack of faculty accord with the methodology
- Overstatement or understatement of actual research and education expenditures
- Performance of the software application ... will it work on August 31?
- Double counting of expense from the multi-dimensional cost accounting system

Potential Policy Implications

- On-going role of the Research and Education Bucket Task Force
- Role of the Research and Education Committee of the Fairview System Board
- Managing revenue and costs streams and aligning with the budget cycles of the two partners
- Financing unfunded education and research