MINUTES
University of Minnesota Medical School
Faculty Advisory Council

January 6, 2009

The meeting of the Medical School Faculty Advisory Council (FAC) was held on Tuesday, January 6, 2009 at 4:00 p.m. in Room B646 Mayo Memorial Building and 146 School of Medicine Duluth (via ITV). Carol Lange, Chair of the FAC presided.

Members Present: Drs. Aviva Abosch, Robert Acton, Sharon Allen, Bob Bache, Vivan Bardwell, Peter Bitterman, Paul Bohjanen, Jim Boulger, Joseph Brocato, Linda Burns, James Carey, Levi Downs, Esam El-Fakahany, Sean Elliott, Kalpna Gupta, Gwen Halaas, David Ingbar, Dana Johnson, Gerhard Johnson, Dan Kaplan, Carol Lange, Tucker LeBien, James Nixon, James Pacala, Christopher Pennell, Teresa Rose-Hellekant, David Rothenberger, Yoji Shimizu, Gregory Vercellotti, and Carol Wells.

Dean's Office Staff Present: Dean Deborah Powell, Dr. Roberta Sonnino, Ms. Allison Campbell Jensen, and Ms. Patricia Mulcahy.

Welcome
Dr. Lange called the meeting to order at 4:05 p.m.

Questions and Discussion related to Medical School Finances
Questions were gathered from the FAC members with regards to Medical School finances, for the December FAC meeting. This discussion was continued using the same hand out (attached).

6) The RVU payments for UMP clinicians in most departments is significantly less than what colleagues receive at other hospitals. The higher rate is in part due to hospital support. How can this be addressed?
The Dean explained that RVUs are standardized. As a teaching institution, there is a different payment mechanism. Salaries are lower in academic institutions than in private practice. Salaries for clinicians are set within the departments, and we cannot compare what colleagues in private practice make. In private practice, clinicians make more money because they own the ancillaries, but each institution is very different. Calculating RVUs is very complicated.

9) Medical student tuition dollars should be utilized to support their education. Departments are using these funds for covering all educational expenses. How can medical student education by faculty especially with a new 2010 initiative be supported under this reality?
All tuition dollars received go towards supporting educational activity, which is the teaching of graduate students, undergraduate students, and medical students. Additionally, the infrastructure in the Office of Education must also be supported. Department budgets are composed of multiple sources of revenue, and while the tuition dollars are not specifically assigned the money is being used to support educational activities. The goal of the mission based management analysis was to find a more rational way of allocating tuition and State dollars. But, this project had to stop before an analysis could be done of the Clinical Departments.

MED 2010 will have an expensive start-up, but will not be of extra expense after the methods and programs are in place. There will be a different way to evaluate and assess students, but once those methods are decided upon, the program will not be extraordinarily expensive. For a few years there will be a cost of running two curricula concurrently.

3) In clinical departments, there are no funds to support graduate students in basic science programs. Can clinical departments compete for graduate student stipends?
Dean Powell worked very hard with Dean Elde (College of Biological Sciences) to get resources to support graduate student stipends, so basic science departments could be more competitive for training grants. Faculty in clinical departments can apply for stipends through the Graduate School, but after the first year, the students must be listed on the grants (which is the same as in the basic science departments).

11.) How can we sustain educating residents and fellows without CMS GME support from Fairview?
The Dean explained that the GME issue is very complicated. Most but not all of resident payments come through Medicare. These dollars are given to hospitals for education. Medicare comes in two different forms: DME and IME. DME supports stipends and benefits, and supports faculty teaching. IME provides for medical education infrastructure. The RRCs set the standards for approved residency and fellowship training requirements, which includes requirements for research training, but the issue is that Medicare will not pay for research training. To cover the full cost of graduate medical education, there must be money for teaching, stipends, infrastructure and RRC requirements. We need different sources of money that aren't all Medicare dollars to support research and education. In the past, clinical dollars were used, but clinical revenues are getting tighter.

The GME infrastructure costs $10M; this does not include teaching. The Medical School is currently trying to make a case with our affiliates to provide more support. The VA is an exception. They pay for research and are the second biggest provider of residency education dollars. They are an underutilized resource and are supportive of residency training.

Members of the FAC asked if a reduction in the Medical School class size would be appropriate if we cannot sustain a proportionate number of training positions. The Dean informed the FAC that there is a national physician shortage that is getting worse, and decreasing class size would not be allowed.

Members of the FAC suggested that the Medical School will need to take a close look at the training programs that we have, decide what we can afford, and try to make those existing programs as great as possible. But the Medical School cannot give up training programs. If you don't train fellows, you are not an academic medical center. The Dean emphasized that she does not believe we are training too many residents and fellows, but we have been covering too much of the cost for their training, which is creating the challenge. We need to keep trying for more resources from MMCGME hospitals, and train as many as we can afford.

The meeting was adjourned at 5:00 p.m.

Respectfully submitted,

Jeni Skar
Staff to the FAC