

MINUTES
University of Minnesota Medical School
Faculty Advisory Council

March 3, 2009

The meeting of the Medical School Faculty Advisory Council (FAC) was held on Tuesday, March 3, 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. Robert Acton, Sharon Allen, Bob Bache, Vivan Bardwell, Kumar Belani, Bradley Benson, Susan Berry, Peter Bitterman, Paul Bohjanen, Linda Burns, Colin Campbell, James Carey, Levi Downs, Sean Elliott, Karla Hemesath, Tina Huang, Dana Johnson, Dan Kaplan, Carol Lange, Tucker LeBien, Teresa Nick, James Nixon, James Pacala, Jose Pardo, Christopher Pennell, Teresa Rose-Hellekant, David Rothenberger, Yoji Shimizu, Brian Sick, Julie Switzer, Gregory Vercellotti, and Jo-Anne Young.

Dean's Office Staff Present: Dr. Roberta Sonnino and Ms. Allison Campbell Jensen.

Guests: President Robert Bruininks and Senior Vice President Frank Cerra.

Welcome

Dr. Lange called the meeting to order at 5:15 p.m.

Introductory Remarks

Dr. Peter Bitterman, member of the FAC, introduced a handout for discussion with President Bruininks and Dr. Cerra (attached). The handout shows the top 20 research schools (measured by R&D expenditures in science and engineering fields) in the country, with a focus on peer institutions. In the top 20, five of the schools are University of California schools, and five are Big 10 institutions. The University of Minnesota (all campuses) ranks 14th on this list, 9th overall for public schools.

Dr. Bitterman then posed the question to President Bruininks and Dr. Cerra: How many of these schools (peer institutions) combine the role of Dean of the Medical School and Senior Vice President for the Health Sciences? And additionally: How many have a complete Academic Health Center, including; Veterinary Medicine, Pharmacy, Nursing, Public Health, and Dentistry?

President Bruininks thanked the Council for allowing him to attend their meeting, and explained that over the last three years, the largest increase among public institutions has been at the University of Minnesota. During that time, the University has undertaken a process of restructuring many things, and he has welcomed open discussion throughout this process.

At the July 2008 Board of Regents meeting, the Board officially made the future of the Academic Health Center their top priority. The reputation of the University has a lot to do with the stature of the academic health sciences. The Board also expressed concern with the evolving relationship between the Medical School and the health care industry, and funding for medical education. They were additionally concerned about the changing relationships with the University, Fairview, and University of Minnesota Physicians (UMP). They asked President Bruininks to consider how we should position ourselves optimally for the future.

There was a complete consensus at that time that the future of the Medical School, the Academic Health Center, and the relationship with the clinical practice plan would be the top priority moving

forward, considering that the long-term future of the University is heavily reliant on the reputation of the Medical School and the work of its faculty. To take on this task President Bruininks studied the organizational models at many peer institutions and talked to many other CEOs, deans, and presidents at peer institutions. No model he found was without dilemma, but President Bruininks explained that it became more evident that the model being utilized at the University of Minnesota was not optimally organized to ensure the future of the Medical School. He then explained that this decision had nothing to do with Dean Powell's performance; the decision was based solely on long-term positioning of the School and University. President Bruininks then stated that the media put a very unfortunate spin on this decision, and he was apologetic about how it was handled. But, President Bruininks felt that this is the right direction to take because there was redundancy in the administrative overhead of the Medical School, and he promised the Board of Regents that reductions would be made. The details for these reductions would be worked out by Dr. Cerra, and the faculty and other AHC Deans would be engaged to make these decisions.

Dr. Tucker LeBien asked how the administration would evaluate how we are doing, and if we are meeting these objectives? President Bruininks said that metrics would be put in place to measure outcomes, and it will have to be assessed years from now to determine if operations have been streamlined. Productivity indicators will be part of these metrics. President Bruininks then discussed how this transition will work. He explained that a review of the Department of Medicine would take place in the next year, to make improvements to service and productivity. There will need to be an agreement about what the key indicators will be for these improvements.

Dr. Cerra then discussed the clinical enterprise. He explained that the mission of the Medical School and its private practice plan (UMP) should be reviewed to determine if they are aligned. Additionally, the Fairview/UMP/Medical School enterprise relationships should be reviewed. He explained that the Medical School is overextended in the number of residency slots it offers. The IME dollars are doing down while Medicare funding decreases.

Dr. Cerra explained that the move towards competency-based education (MED 2010) in the Medical School would continue, but may not be ready at its currently projected timeframe. He explained that the Medical School must continue to move towards attaining more interdisciplinary and inter-health professional grants, and that cost reduction and efficiency gains must be made. He also explained that the Medical School has a recurring deficit through 2010, and that a new approach to the economic model needs to be made.

During this transition, Dr. Cerra will operate as Dean of the Medical School and Senior Vice President for the Health Sciences. He will retire from this position in December 2010. President Bruininks explained that this will basically be a two year transition period, with sufficient time to be methodical and plan appropriately for this transition. During this transition, the Medical School will need a clear strategic view and a financial plan that will work. In the current model, there is not enough being yielded from the clinical enterprise back to the University. The budget gaps cannot be closed without the State; the State needs to be a steadfast partner.

Dr. James Carey then commented that there seems to be something missing from this plan. It feels like faculty are being left out of the equation, and being treated more like "employees". Faculty are being bypassed with these decisions, when in fact, they are the most important resource at the University. Faculty don't work for the University; faculty are the University. President Bruininks explained that the decision to combine the roles of the Dean and the Senior Vice President is an executive decision; the decision of the President. But now is the time for faculty engagement to determine how we get to where we need to go. The faculty must be involved in how we plan and shape the future and which leaders are chosen to do so, and the President will be asking for them to be highly engaged in this process. President Bruininks stated that the decision isn't the priority, the

organizational structure isn't the issue, but how we choose to align ourselves for the future is the priority, and the faculty will be asked to remain engaged in that process.

Dr. David Rothenberger then asked; How are we going to have these discussions? Dr. Cerra explained that the first priority will be to look for a Chief Operating Officer or "Vice Dean" who will manage day-to-day activities in the Dean's Office, but not make executive decisions. Next, Dr. Cerra said that a closer review of the infrastructure and staffing would need to take place, and that cost reductions would occur. Dr. Cerra is meeting with the Clinical Sciences Council and the Basic Science Council to review this issue. Finally, faculty will need to participate in the discussion about the strategic plan and the direction. None of this will work without faculty engagement.

Dr. Cerra repeated that the core issue is how Fairview, UMP, and the Medical School can work together to grow. Mark Eustis, CEO of Fairview Health Systems, Roby Thompson, CEO of UMP, and Dr. Cerra will be meeting to establish a set of principles that will develop and fulfill the academic mission, set operating principles, and develop a financial model.

Dr. Susan Berry commented that the faculty have chosen to be at the Medical School because they are academics. She commented that these decisions and plans focus solely on business, but the set of faculty who have chosen to work in academia have chosen to do so because they value the ability to do research and contribute to the intellectual community of the University. In particular, the faculty in the Medical School, if driven by business models, could work in private practice and make a much higher salary. Dr. Cerra explained that the reason to make these changes is to support education and research in the Medical School.

Dr. Peter Bitterman said that the job of Dean of the Medical School and Senior Vice President of the Health Sciences is a big job. While Dr. Cerra will assume this role, he has decades of service to the University, with leadership within the Department of Surgery, the Medical School, and finally the AHC. Is it realistic to expect that someone else can actually do this job? In particular, can anyone do this who will also provide proper leadership to the other AHC Schools that fall under the Senior Vice President's leadership? Dr. Cerra explained that it is a big job, but that a search would begin approximately six months into the transition to find a good match. Additionally, this person will have the proper preparation because this transition will last approximately two years before Dr. Cerra retires.

Dr. James Boulger commented that the decision of who will be the Chief Operating Officer (COO) or Vice Dean will be critical, and asked how this person will be selected. Dr. Cerra explained that he is looking for interested people. This will be an internal Medical School person from a clinical department, who is viewed positively as a leader. The daily operations of the Medical School will be for the COO, while budget, strategic direction and executive decisions will be made by the Dean of the Medical School/Senior Vice President for the Health Sciences.

The meeting was adjourned at 6:20 p.m.

Respectfully submitted,

Jeni Skar
Staff to the FAC