

School of Medicine Executive Committee
Meeting Minutes
Tuesday, February 19, 2013
A01 Building, 7th Floor Boardroom

ATTACHMENT 1

Present

Members: John Cambier, Robert D'Ambrosia, Frank deGruy, Chip Dodd, Laurie Gaspar, Tom Henthorn, Randall Holmes, Herman Jenkins, Mark Johnston, Richard Krugman, Kevin Lillehei, Wendy Macklin, Naresh Mandava, Dennis Matthews, David Norris, Richard Schulick, David Schwartz, Mark Kochevar for Dan Theodorescu, Ann Thor, Andrew Thorburn, Ken Tyler, Richard Zane

Participants: Tom Blumenthal, Terri Carrothers, Mark Couch, Megan Dishop, James Hill, Ben Honigman, Richard Johnston, Steven Lowenstein, Ellen Mangione (VA), Chris Nyquist, Marian Rewers, Chip Ridgway, Jane Schumaker, Fred Suchy, Richard Traystman, Cheryl Welch, David West, Nan LaFrance

Guests: Ralph Giglioti (VA), Laura Simon, Fred Grover, Michael Kahn, Kim Benson

I. Approval of the Minutes – The January 15th, 2012 SOM Executive Committee Meeting minutes were approved as written.

II. Dean's Update and Discussion Items

A. Discussion Items:

1. Denver Post Article – the Denver Post incorrectly reported that the University of Colorado Health system was starting an HMO. It was discussed at the Strategic Planning meeting for UC Health, on how to proceed with a health plan for UC Health employees, which will be similar to, if it is not a part of the current health plan which has done a superb job at keeping the cost of our benefits down over the course of the last decade. Jane Schumaker stated that UCHealth is looking at a non-risk bearing product that may be offered to employees.
2. Strategic Planning Summit and Retreat information is available on the website regarding the Strategic Planning.
<http://www.ucdenver.edu/academics/colleges/medicalschoo/administration/strategicplanning/Pages/strategicplanning.aspx>
3. AAMC has now changed the governance adding faculty representation to the academic societies. By April 1st, the SOM must appoint 1 senior faculty person from the senior leadership ranks (such as a Chair, Division Director, Program Director, or Center Director) but no one who is encumbered by having the Dean title after their name. The second is a faculty member who is within 10 years of their first faculty appointment. Cheryl Welch and Steven Lowenstein, MD will organize the selection process. The initial term will be randomly staggered between 2 to 4 years with subsequent terms of 3 years. There will be two meetings a year to attend, paid by the AAMC. The Spring CFAS and the Annual AAMC Meeting.
4. Budget Update – Jane Schumaker stated that there may possibly be a 3.1% pool approved for Exempt Professional increases, 3.6% for Classified staff and 3.0% pool for faculty. These pools, if approved by the Regents in April, are unit funded, no additional dollars are received by the Schools. This is not confirmed as of yet.

B. Affiliates Update

1. VA Update – Ralph Gigliotti, the VISN Director from the VA, gave a presentation on the Veterans Integrated Service Network (VISN)19. Their core missions have three areas of concentration: Veterans Health Administration, Veterans Benefits Administration, and

National Cemetery Administration. This network consists of Colorado, Utah, Wyoming and Montana. 70% of patients come to the Denver VA and 30% go to Utah. The VA has expanded their vision footprint to include Telehealth. CBOC (Community Based Outreach Clinics) in rural Montana and Wyoming offer small 2000 sq. ft. clinics that provide Telehealth for mental health, dermatology, etc. Regarding 'self-referrals' - if faculty at the VA refers a patient to UCH, they must be referred to the specific department, not to a specific individual, especially if that individual is the one doing the referral.

The VA's strategic initiatives include eliminating veteran homelessness by 2015, creating an infrastructure aligned for women veterans, 30 minute/30miles access, Telehealth, and Mental Health (suicide prevention and PTSD). The VA is affiliated with 281 Universities and Colleges, has a strong congressional interest, a strong VSO interest and strong community relations. The research at the VA is focused on Veterans' health issues with 4 divisions; Biomedical, Clinical, Health Services, and Rehabilitation.

David Schwartz, MD, stated that he is working with Dr. Jim Beck at the VA to increase the research between the University and the VA and asked what recommendations he may have to increase the research portfolio between the VA and the University. Specifically, the flow of dollars that come back to the VA through the central headquarters once the VA merit or some other research program is funded. Mr. Gigliotti stated that in order to maximize the research dollars works two-fold; historical precedent for the funding and excellent communication between the ACOS for research, the medical center director, and the VISN director with the office of research and development on the direction of where we are heading. The OR&D wants good investment and we must be able to articulate a case that good research is occurring and that the research dollars will be positively spent. 90% funding is from congress and 10% from third party. VERA (Veterans Equitable Research Allocation) is the model, which rewards complexity and volume. Straight pass-throughs should be education and research dollars.

- C. Office of Clinical Research Project – Laura Simon, MD presented information on clinical trials, her understanding of the purpose of this project and the approach being taken. She has tried to meet with as many people as possible but still have quite a few she'd like to speak with. Clinical trials and clinical research on this campus have always been performed in a decentralized fashion. Clinical research has developed a series of silos and workarounds in order to make these trials happen. This approach is very costly to the organizations, the individual departments and divisions and only the larger departments can be cost effective. The major goal is to create an infrastructure which works that doesn't require additional work or work-arounds. There are concerns that due to our processes and the time lag, opportunities are being missed because we are perceived as being 'too painful' to deal with and many organizations no longer pursue us as a clinical trial site. Clinical trials are key in creating ties to the development across institutions and are important to our research and patient care enterprises. There are many investigators outside of the CCTSI and Cancer Center who could take advantage of the existing infrastructure and the development of a centralized support system.
- D. Clinical and Research Enterprise-wide Warehouse (CREW) – Michael Kahn, MD, presented CREW to the committee which would combine administrative, financial, clinical and research data from UCH, CHCO, UPI, CU-AMC and other useful data resources. It also works with EPIC on patient care workflow and ONCORE with regard to protocol management workflow. The Bioinformatics project has been ongoing for a year, starting in June 2011 with Dr. Mark Johnston's "Blue Ribbon" committee on biomedical informatics and personalized medicine, which led to the plan to create the campus-wide Center for Biomedical Informatics and campus-

wide data warehouse. Over the next year a number of meetings took place to discuss and educate leadership on the need. In February/March of 2012 three data warehouse vendors gave presentations to the committee, and in May 2012, they was a key presentation to the AMC Executive Committee, basically all CEO's, Vice Chancellors, and other members and leaders across this campus which resulted in a financial commitment to starting a planning engagement. Once funding is approved, the plan over the next 18 months is to establish data governance, roadmap, and services focused on core clinical and biological data elements as determined by a transparent priority-setting process. Three-four initial exemplar projects in full production. In five years to have a fully functioning clinical research data warehouse supporting multiple large scale translational projects, programs, and NIH studies across all AMC partners. In 10 years, they would like to have complete biological and clinical descriptions with community and patient based outcomes of all patients seen at any UCH-CHCO-UCD location that can be mined for optimal diagnostic and therapeutic decisions and optimal patient outcomes linked to EHR Decision Support. There is a consultant on site, and the kick-off was in November 2012.

EXECUTIVE SESSION

IV. Approval Items

- a. All Sr. Clinical Appointments and Promotions Committee actions were unanimously approved.
- b. All Faculty Promotions Committee Actions were unanimously approved. The award of tenure for Dr. David West and Dr. Linda vanDyk were unanimously approved.

The meeting adjourned at 9:40am