

**School of Medicine Executive Committee
Meeting Minutes
Tuesday, January 19, 2010
Denver Health, Pavilion C, Sabin Classroom**

Present: Bob Anderson, Terri Carrothers, Evalina Burger (for Robert D’Ambrosia), Steve Daniels, Frank deGruy, Chip Dodd, Robert Freedman, Laurie Gaspar, Fred Grover, Ben Honigman, Herman Jenkins, Richard Johnston, Richard Krugman, Joel Levine, Kevin Lillehei, Bob Low, Steve Lowenstein, Naresh Mandava, Thomas Meyer (VA), Dan Meyers, Bob Murphy, David Norris, Chris Nyquist, Nanette Santoro, Ann Thor, Ken Tyler, Brenda Bucklin, Patti Balodis, Nan Bumgardner

Guests: Denver Health: Patricia Gabow, Richard Albert, Holly Batal, David Brody, J. Chris Carey, Christopher Colwell, Richard Dart, Simon Hambridge, Robert House, John Lockrem, Lucy Loomis, Thomas MacKenzie, Philip Mehler, Paul Melinkovich, Ernest Moore, Steve Morgan, John Ogle, Ronald Townsend, Chris Urbina, Michael Wilson, Richard Zallen.

- I. **Greeting** – Dean Krugman welcomed everyone and was delighted to see the turnout. He thanked Dr. Gabow for the venue and breakfast. This is a joint meeting with Denver Health first and 15 minutes at the end for the SOM Executive Meeting.
- II. **Approval of Minutes**
- III. **Dean’s Comments** – The Denver Health Affiliation Agreement that was originally created by both Dean Richard Krugman and Dr. Patricia Gabow in 1995 and the agreement was revised and signed in 2001. All attending members were provided with a copy of the agreement in advance of the meeting.
- IV.
 - a. **Denver Health Presentation** – Dr. Gabow gave a presentation on Denver Health concentrating on the entire Denver Health and Hospitals system and collaborating with the School of Medicine and UCD. DHHA provides \$365M in uninsured care, and only receives \$27M from the city and county of Denver. DHHA has excellent patient outcomes in many areas, they have invested \$320M in information technology to tie their systems together and provide information needed for patient care. DHHA trauma mortality rates are ranked the lowest in the country, and they have engaged the Toyota production system philosophies into their processes which have been of benefit in many positive ways. (Presentation slides are attached.)
 - b. Dean Krugman asked for questions or comments. Prior to this meeting he had asked for all individuals to be prepared to discuss one or two issues that need to be identified in this joint forum. One of the goals that he hoped would surface from this meeting is identification of the barriers that keep us from collaborating as

well as we should, therefore he would like to reconstruct a joint committee in order to stay on top of issues and develop areas to collaborate going forward.

Dr. Robert Anderson – Chairman of the SOM Department of Medicine stated that DHHA is a remarkable success story. Dr. Anderson praised Dr. Gabow’s many successes and stated that she has worked tirelessly; ~~–S~~she and her staff are to be commended. Furthermore, he relayed that the educational component is a strength; and the residents and students love going to DHHA. What needs work are the shortages in subspecialty areas, with collaborative resolutions.

Dr. Richard Johnston, SOM Associate Dean for Research Development, reiterated that he believes the combined strength is education. An emergent item is collaborative interaction with a focus on service. In the pulmonary and cardiology division, several large multi-investigative grants have either come through DHHA or come through the UCD and shared equally to benefit both entities. Other divisions and departments should consider a model like this. He would like to see ground rules for interaction regarding short staffing issues, and how to handle care of patients by services not provided by UCH.

Dr. Fred Grover - SOM Chairman of the Department of Surgery stated that the department of surgery considers DHHA a tremendously important for the department and the UCD surgical residents. Dr. Ernest “Gene” Moore - Chief, Surgery and Trauma Service and his group from DHHA have been the core of the trauma research lab. Keeping the communication lines open is a challenge due to distance.

Dr. Ernest “Gene” Moore agreed with Dr. Gabow’s statements regarding collaborations, training and research which have really produced an outstanding product with multiple strengths ~~h~~we hopes will continue. Residency training requires enormous dedication and the demands on running the service with the existing RRC (Residency Review Committee) requirements have become trickier. The residents from UCD that come to DHHA are highly valued. The relationship with DHHA and UCD has worked well most of the time however; it seems to depend on personal relationships at times. He pointed out a challenge, involving the new campus at Fitzsimons (aka AMC) ~~w~~hich can be viewed as both an opportunity and a potential for disagreements.

Dean Krugman explained that because some chairs are new, it may not be well understood how the school may be trying to survive in an environment where at least two of the funding streams - the state revenue and research - are under attack. UCD does not have a “hospital”, thus there is not an integrated system. For the SOM to survive, this requires that the SOM and UPI have positive relationships with UCH and TCH. These are two places ~~a~~re where SOM physicians practice and generate UPI revenue that in fact runs the school. The clinical margins are used to subsidize both the education and the research missions of the school. He added that 60% of salaries are on clinical revenue, and

this same UPI money is subsidized for both research and education. This leads to additional issues as CEO's of the other hospitals have limited knowledge of our history because they have only been in their positions only 3-4 years. In addition, the CEO's report to their differentrespective boards and ~~that~~ have their own visions of what their hospitals should be; sometimes this has included the SOM. The clinical revenue significantly drives the SOM mission and the work with the hospitals that provide the administrative support ~~that~~ helps cover some portion of the UCD salaries. If the board of UCH decides they will have a level one trauma center (and if they don't - Aurora will) there is an opportunity for conflict. While UCD has influence, there is no control over any of the hospital's decisions.

Dr. Patricia Gabow emphasized that it is the SOM and the faculty that should be the glue that holds together all the affiliated hospitals in a meaningful manner. It should be the glue that creates the logical resources from the state, maintain highest quality and make us competitive against everybody else. When there is no collaboration as a single faculty, the door is open for competitors to be more successful. If this opportunity is missed, everything will be less optimal than it should be.

Dr. Robert Freedman – SOM Chairman of the Department of Psychiatry acknowledged and thanked Dr. Gabow for standing up for mental health services. He stated that DHHA has the only adolescent unit in Colorado and those services are no longer offered at UCH and TCH. He informed the committee that the hiring and recruiting of physicians is problematic due to Kaiser paying more than most faculty at UCD earn. The salaries offered to faculty recruitments for the continuance of excellent services has become an issue.

Dr. Robert Murphy – SOM Interim Chair of the Department of Pharmacology stated that one of the things Dr. Freedman has done is set up monthly meetings for vice-chairs which has been helpful in keeping common goals. He reiterated that the distance between DHHA and UCD continues to be a factor. He feels that for the last 5 years the area of healthcare has been in a state of evolution, which creates challenges, and it reinforces the importance of working as a collaborative system.

Dr. Brenda Bucklin attending for Dr. Thomas Henthorn – SOM Chair of the Department of Anesthesiology ~~stated~~ added that the greatest challenge is inclusion, communication and community relations.

Dr. Evalina Burger, ~~was~~ sitting in for Dr. Robert D'Ambrosia, Chairman of the SOM Department of Orthopedics. ~~Dr. Burger~~ stated that DHHA is the backbone of their orthopedic teaching because there is a unique opportunity to be able to send the residents and patients to the trauma service at DHHA. While there is a major goal to enhance research and collaboration – time constraints seem to be the biggest problem.

Dr. Steve Morgan – DHHA and Orthopedic Surgeon expressed a need to be able to transfer some of DHHA patients to UCH. He stated that there is a need for collaborative support for the SOM, however he feels the UPI fiscal reimbursement for service at UCH, which faculty need to support themselves, may be a cause of the consternation.

Dr. Nanette Santoro, Chairman of the SOM Department of ObGyn shared with the attendees that she is the newest member of the Executive Committee ~~and~~ ~~She~~ noted that there is an educational advantage by having two places to train, and feels that DHHA and the SOM have a good relationship that works well.

Dr. J. Chris Carey – DHHA Director of ObGyn stated that DHHA’s ability to contract with UCD has been a good thing. Speaking as the Education Director at the department level and on an institutional level, the assignments are made and at times have not percolated up throughout the program. DHHA is often not aware of training program changes in rotations and that can affect work. He noted that curriculum changes are made without informing DHHA and the evaluation of/by students are not consistent and are often incomplete.

Dr. Ann Thor – Chairman of the SOM Department of Pathology commented that the department has been very successful in hiring over 30 new faculty. She noted that the key issues are turnover of approx. 15% / year and disparity of salaries with external counterparts. New physicians develop their expertise, then go out and get 3-4 times more salary elsewhere. She also feels that the distance between facilities is a barrier to the process and that additional communication methods need to be explored such as conference calls, etc. This is an issue for students as well. Other challenges are the constant pressure to communicate, ~~and~~ standardize our processes and to learn new expectations and new protocols.

Dr. Michael Wilson – DHHA Department of Pathology stated that during the last few years and for the first time the Department of Pathology has become a cohesive partner. By standardizing the training, the department has developed a way of operating well. The physical distance continues to be an issue and will remain an issue as well as the limits with the current technology. There has been serious thought ~~to~~in ~~achie~~veing this cohesive feeling.

Dr. Robert Murphy, MD – Interim Chair of the SOM Department of Pharmacology stated that there is no one commensurate counterpart at DHHA. However, Dr. Gene Moore has come to Pharmacology faculty meetings for 6 years. His participation in lab work and meetings is of great value to UCD. Dr. Murphy extended an invitation to others who would like to get involved.

Dr. Richard Johnston – Associate Dean of the SOM Department of Research Development commented that he feels there is good interaction between UCD and DHHA and the faculty works s well with the fellows. He stated d that the concerns are with education in which the residents do not have access to resources that are

needed ~~and the issue of not making tuition. (Residents do not pay tuition and this statement makes no sense. This whole paragraph makes no sense do you have the tape????).~~

Dr. Frank DeGruy – Chairman of the SOM Department of Family Medicine stated that within the last couple of years there have been dozens of programs making new partnerships, which have worked out well. The residents at DHHA and the residents at UCH work together for 30 of 36 months, which has helped the residency program become a superb training program.

Dr. Lucy Loomis – DHHA Director Family Medicine, Community Health ~~has led a plan that has been awarded providing a scope of what is offered with the SOM program. (Read the previous sentence—it makes no sense—“has lead a plan? That has been awarded—awarded by who, what?) There is a need to work with the residency program and the RRC needs in the department of family medicine as well as optimism that the RRC requirements can be finessed. (Again—this makes no sense—maybe—→) There is optimism that the RRC requirements can be finessed to assure that the residents can engage optimally in both locations while remaining compliant to RRC policies.~~

~~Dr. Lucy Loomis~~ commented that the strongest relationship is around the residency program and the importance of cohesiveness in each department ~~needs to~~.

Dr. Chris Urbina – Director of Denver Public Health noted that the community relationship of DHHA compares to any in the country. The role of the CCTSI – can help enhance these activities.

Dr. Ben Honigman - Interim Chair of the Department of Emergency Medicine noted that Emergency Medicine is the newest department as of 2 ½ weeks ago. He stated that the unique relationship with faculty at DHHA is not only desirable but necessary; ~~as~~ the strengths between DHHA and UCD are the residency program, research collaboration and all faculty development. The biggest challenge is on the clinical side – the issue about trauma services and how to anticipate the future.

Dr. Steve Daniels – Chairman of Pediatrics noted that the relationship with DHHA works well in Pediatrics as well. There is a lot of interaction – and interest in hearing each other’s concerns. He agreed that the strength is education with residents spending 1/3 of their time at DHHA. The experience at DHHA is what makes our residency one of the best in the country. He stated that research is good but it can get better. The Pediatrics relationship is a bit more complicated ~~because of~~ due to the relationship with The Children’s Hospital.

Dr. Joel Levine – Sr. Associate Dean for Clinical Affairs noted that there are many elements in the affiliation agreement of 2001 that need to be revisited.

There are some conflicts, and they relate to processes and some substantial opportunities have been lost. Dr. Levine said there should be no difference between those who work at DHHA, UCH and VA. The school's option is trying to minimize the practicality – the leadership with the SOM has to grapple with this issue. UCH, DHHA, VA and TCH are all big players in the environment.

Dr. Gabow thanked all for participating. 1995 was the start of the original formal relationship. The document is not based on individual personalities, but the organization. The relationship has started to drift. We should harness all the strengths.

Dean Krugman said that a meeting would be planned to figure out the makeup the committee to continue improve the relationship with DHHA.

V. Executive Committee Meeting

- a. Dean Krugman stated that Dr. Ned Colange (of the Colorado Health Department) is looking for help for the medical marijuana bill. He is seeking physicians who provide care for patients with chronic pain, MS, etc. who will testify for the State Health Department regarding this bill. Please forward any names of those interested to Dean Krugman.

VI. Approval

- a. All Senior Clinical Appointments were unanimously approved.
- b. ~~9 promotions that were unanimous— all in favor— yes~~ All Faculty Promotions were unanimously approved.

VI. Announcements

- a. Dr. Nanette Santoro made a brief announcement regarding the many studies that will utilize pregnant women and those in labor. This is a sensitive issue and they are running into problems because of the number of studies and the multiple attempts to recruit this patient population. She is working out a mechanism organize these activities going forward. She wanted to make the committee aware of it and will notify of progress made.
- b. Dr. Robert Low – Associate Professor, Pathology Department state that at the Faculty Senate Meeting, there is a proposed new faculty reporting system that will report any exceptional professionalism or unprofessionalism. A new task force will review each issue. Steve Lowenstein commented that there have been a number of issues where students have sought to have some way to report without fear of retribution. It was unanimously approved. The next step is to put together a committee to review at the student level.
- c. Electronic vote – move ahead with Domino – would like affirmation. Affirmation confirmed.

- d. Peggy Neville is retiring – would like to make her Professor Emeritus - unanimously approved.

VII. Adjournment - the meeting adjourned at 9:45am.