

School of Medicine Executive Committee
Meeting Minutes
Tuesday, January 15, 2013
AO1 Building, 7th Floor Boardroom

ATTACHMENT 1

Present

Members: John Cambier, Eva Burger for Robert D'Ambrosia, Steve Daniels, Frank deGruy, Chip Dodd, Robert Freedman, Laurie Gaspar, Tom Henthorn, Randall Holmes, Herman Jenkins, Mark Johnston, Richard Krugman, Bruce Landeck, Todd Larabee, Kevin Lillehei, Wendy Macklin, Naresh Mandava, David Norris, Angie Ribera, Nanette Santoro, Richard Schulick, David Schwartz, Steve Anderson for Ann Thor, Andrew Thorburn, Ken Tyler, Richard Zane

Participants: Mark Couch, Ben Honigman, Richard Johnston, Doug Jones, Celia Kaye, Steven Lowenstein, Thomas Meyer (VA), William Neff (UCHealth), Chris Nyquist, Marian Rewers, Chip Ridgway, Carol Rumack, Jane Schumaker, Ron Sokol, Fred Suchy, Richard Traystman, David West, Adam Williams, Nan LaFrance

Guests: Mollie Young, Robert McGranaghan, Kim Benson

I. Approval of the Minutes – The December 18th, 2012 SOM Executive Committee Meeting minutes were approved as written.

II. Dean's Update and Discussion Items

A. Discussion Items:

1. Introduction of Mark Couch, the Director of Communications for the SOM, replacing Dan Meyers, Director of Communications for the Anschutz Medical Campus reporting to EVC Lilly Marks.

B. Affiliates Update

1. Dr. Philip Mehler from DHHA had an emergency and was not able to attend.
2. Dr. Tom Meyer from the VA reported that the steel is going up on the new VA parking garage on this campus.

C. Strategic Planning Progress Report

1. Research Task Force – E. Chester Ridgway, MD
The Strategic Planning retreat on November 27th, 2012 conducted a poll in the morning session. The results of the poll are as follows:

How important is the following to improve the Research Mission of the SOM?

- Re-engineer Grants and Contracts and COMIRB to accurately and efficiently achieve 2-4 week turnaround:
 - ◆ 88% Strongly agree
 - ◆ 9% Agree
 - ◆ 1% Neutral
 - ◆ 1% Strongly Disagree
 - ◆ 0% Disagree
- Create a Neuroscience Institute with contiguous research space for clinical and research faculty:
 - ◆ 42% Neutral

- ◆ 27% Agree
 - ◆ 15% Strongly Disagree
 - ◆ 10% Disagree
 - ◆ 6% Strongly Agree
- Create Departments of Cancer Medicine and Cancer Biology with contiguous research space for clinical and research faculty:
 - ◆ 35% Neutral
 - ◆ 22% Disagree
 - ◆ 19% Strongly Disagree
 - ◆ 16% Agree
 - ◆ 7% Strongly Agree
- Create Cardiac-Pulmonary research institute encompassing adult and pediatric investigators with contiguous research space for clinical and research faculty:
 - ◆ 37% Neutral
 - ◆ 30% Agree
 - ◆ 14% Strongly Agree
 - ◆ 10% Strongly Disagree
 - ◆ 9% Disagree
- Create consolidated Bioinformatics, Data Warehouse, and Personalized Medicine Programs:
 - ◆ 61% Strongly Agree
 - ◆ 30% Agree
 - ◆ 6% Neutral
 - ◆ 3% Strongly Disagree
 - ◆ 0% Disagree
- Create a Translational Immunology program on the Anschutz Medical Campus:
 - ◆ 46% Neutral
 - ◆ 23% Strongly Agree
 - ◆ 17% Agree
 - ◆ 7% Strongly Disagree
 - ◆ 6% Agree
- Consolidate all Health Care Delivery Science researchers:
 - ◆ 31% Neutral
 - ◆ 28% Agree
 - ◆ 19% Strongly Disagree
 - ◆ 12% Disagree
 - ◆ 10% Strongly Agree
- Re-emphasize, strengthen, and financially support basic research:
 - ◆ 35% Strongly Agree
 - ◆ 25% Neutral
 - ◆ 23% Agree
 - ◆ 14% Disagree
 - ◆ 3% Strongly Disagree
- Support the Best Science, not all science. Strategic Identification of areas that have the most potential for growth and future funding:
 - ◆ 50% Strongly Agree
 - ◆ 30% Agree
 - ◆ 9% Disagree
 - ◆ 7% Neutral

- ◆ 4% Strongly Disagree
- Create a Mentoring Institute for career development and provide scientific pre-review of ALL grants submitted by junior faculty:
 - ◆ 41% Agree
 - ◆ 28% Strongly Agree
 - ◆ 12% Strongly Disagree
 - ◆ 10% Disagree
 - ◆ 9% Neutral
- Reorganize fund raising and tech transfers on the Anschutz Medical Campus:
 - ◆ 43% Strongly Agree
 - ◆ 29% Agree
 - ◆ 26% Neutral
 - ◆ 1% Disagree
 - ◆ 0% Strongly Disagree

Comments:

Dr. Thorburn stated that moving forward is absolutely essential for teaching and clinical care. It is attractive to the community. Is it possible to move forward in the current structure? The faculty needs to engage in research and big changes need to happen.

Is there a plan in place? Traditionally, areas have been picked and jumpstarted with funding for 10-15 years. This was done with cancer and molecular biology. Can this be afforded? An assessment of how much and where to get the money needs to be done.

The dangers of philanthropy are that sometimes philanthropists become over-engaged and drive you to areas you don't need to go. Clearly more endowment is needed.

The conceptual approach in the way research is supported needs to be restructured. The direction of the NIH is taking a different direction which is big science. If the SOM is going to be one of the top 30 or better, than we will need to think of the pillars of excellence that need to be supported and have the resources behind that support.

There are medical schools in the surrounding states that are going through the same. The SOM should capitalize on this as this campus is designed for research.

A nucleus must be established, proactive and can integrate into 'teams'.

The different answers on the poll questions are because of the different focuses. Fundamental questions need to be asked.

2. Community Engagement Task Force – Robert McGranaghan, MD

The vision of the Community task force is to improve the health of the population of Colorado by:

- Establishing community health work as a priority for faculty
- Developing enabling structures for community work
- Continuously and comprehensively measuring community health
- Supporting community-campus partnerships with real resources
- Ensuring that community-based work figures into the school's other missions

The goals are:

- Establish community engagement as a formal SOM priority
- Works with community partners to learn their health and healthcare needs

- Develop a local neighborhood and also a statewide workforce plan that addresses these needs. Research to it, teach to it, practice to it.
- Develop a structure and resources for an enduring local neighborhood health partnership
- Integrate community initiatives into all other SOM missions, and monitor these to assure they retain priority status within these missions

The progress has been:

- Confirm leader of the program
- Survey campus and community for active partnerships. Facilitate coordination and support, and expand as needed
- Secure commitment and participation from leaders of schools, programs and centers on campus
- Secure commitment and participation from leaders in surrounding neighborhoods.
- Conduct a community-campus advisory meeting to gain consensus on vision and purpose of the partnership; confirm process for developing leadership structure, guiding principles, priorities, budget, data collection. (Scheduled for January 25, 2013)
- Secure initial infrastructure budget

Comments:

It is an academic partnership, community relations are important to get specific grants.

One of the challenges is that it is very difficult for the SOM alone to engage in the community, it needs to be broader.

Through this engagement, it is opening up and raising the health status in the area.

Community leaders do not understand that there's more to the campus than the two hospitals.

3. Clinical Task Force – M. Douglas Jones, Jr., MD

- There are two phases of the Clinical Task Force
 - Phase I – work groups defined the guiding principles
 - Phase II – work groups will develop straw proposals for implementation of guiding principles.
- There will be two clinical retreats – April 9th and May 7th, 2013 to synthesize the recommendations and finalize the plan.

Phase I Guiding Principles

- Central integrated practice governance is funded through shared assessments
- Leadership roles
 - ◆ Accomplishments and collaboration
 - ◆ Expectations will be annually defined and measured
- Institute a central structure and discipline of quality, safety and process improvement.

Clinical Practice Governance

- Risks and benefits are shared with hospital partners
 - ◆ Develop a transparent strategic planning process to align priorities, expectations and incentives
 - ◆ Continuous refinement
- Create governance that leverages strengths and manages distinctions between the pediatric and adult practices

Data Capabilities

- Provide for robust centralized data collection, management and analysis

Assessments and Budgets

- Financial contributions from hospital partners, affiliates and stakeholders are transparent and allocated according to a central methodology to facilitate alignment of roles and streamline processes.

Compensation & Incentive Plans

- Faculty compensation is competitive and externally benchmarked
- Productivity, performance, profitability and accessibility are defined, measured and reported in a standardized and transparent manner
- Guidelines for incentive plans are transparent and standardized within and across the departments.
 - ◆ Plans address all facets of the School's mission
 - ◆ Reward behaviors valued by the individual program, the overall practice and the enterprise

Clinical Practice Management

- Success of our practice is directly linked to measurable performance
- We will apply standardized, evidence-based approaches in a cost-efficient manner

The IHI Triple Aim

- Improving the patient experience of care
- Improving the health of populations
- Reducing the per capita cost of health care

Implementation of Guiding Principles

- Phase IIa – Evaluate administrative relationships between and among clinical departments, centers, UPI and the SOM – and make recommendations
- Phase IIb – Evaluate administrative relationships with partners and make recommendations (UCH, CHCO, UCHHealth, DHHA, VA, NJH)

Comments:

There doesn't seem to be a balance in each of the workgroups, pediatrics is under-represented. 45% of revenue comes from CHCO.

The list is not inclusive, can add others.

4. Education Task Force – Celia Kaye, MD PhD

- Reorganization
 - ◆ Establish an Education Superstructure that unifies education programs among health care-related schools
 - ◆ Optimize learner and faculty wellness and productivity (learning communities, decrease learner mistreatment, establish lifelong learning expectations, etc.)
 - ◆ Develop campus wide infrastructures, e-learning, and educational technology
- Synergistic
 - ◆ Align educational expectations and clinical priorities and outcomes (promote population based/Triple Aim education; establish Education Clinical Advisory Group)
 - ◆ Develop external innovative educational relationships (e.g., Colorado Springs, Fort Collins, Grand Junction, etc.)
 - ◆ Actively engage in community education (expand lay community programs, CME offerings, GME role, appoint regional representatives, etc.)
- Accretive
 - ◆ Develop a new Education Model sustaining long-term financial viability (opportunities for learners to shorten UME/GME; e-learning; novel/ revolutionary curricular design, etc.)

- ◆ Build the nations premier inter-professional education program that attracts the best-qualified learners and generates grant income
- ◆ Prioritize educational productivity and develop an effective eVU system to measure educational activity and productivity and attribute financial value

D. Faculty Evaluations – Steven Lowenstein, MD, Associate Dean for Faculty Affairs

A reminder that the season is upon us for faculty evaluations and they must be carried out through DOMINO. All new DF&A's and new staff members need to learn how to do the faculty evaluations and all the specifics for learning and completing the evaluations will be sent out shortly.

E. Mistreatment/Student Abuse Data

Dean Krugman would like for the Department Chairs, particularly the Clinical Chairs, to share this data with their faculty and staff. He would like a discussion on whether the Department Chairs/Faculty/Staff have made a contribution to this problem and what contributions will be made toward a solution. The data will be sent to all the Department Chairs for their discussions. AAMC is doing a study on this area. Dr. Schwartz suggested that Dr. Celia Kaye and/or Dr. Maureen Garrity present this to some departments, that it would have more impact. Dr. Kaye agreed.

Dean Krugman stated that he'd like solutions by the end of this academic year.

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 Richard Schulick, MD was unanimously approved.
- c. The Professor Emeritus appointments for Pamela Fain, PhD and Jeff Wagener, MD were unanimously approved.
- d. Interim Chair for the Department of Physiology and Biophysics, Angie Ribera, PhD was unanimously approved.

The meeting adjourned at 9:42am