

School of Medicine Executive Committee
Meeting Minutes
Tuesday, May 21st, 2013
AO1 Building, 7th Floor Boardroom

ATTACHMENT 1

Present

Members: John Cambier, Timothy Crombleholme, Robert D’Ambrosia, Steve Daniels, Frank deGruy, Chip Dodd, Laurie Gaspar, Tom Henthorn, Randall Holmes, Herman Jenkins, Mark Johnston, Richard Krugman, Bruce Landeck, Todd Larabee, Kevin Lillehei, Wendy Macklin, Naresh Mandava, Dennis Matthews, Angie Ribera, Ches Thompson for Nanette Santoro, E. Chester Ridgway for 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, Richard Johnston, Doug Jones, Celia Kaye, Steven Lowenstein, Philip Mehler, Thomas Meyer (VA), William Neff, Chris Nyquist, Marian Rewers, Carol Rumack, Jane Schumaker, Ron Sokol, Fred Suchy, David West, Cheryl Welch, Nan LaFrance

Guests: Fred Grover, Cheryl Kisling, John Burtness, Kim Benson

I. Approval of the Minutes – The April 16th, 2013 SOM Executive Committee Meeting minutes were approved as written.

II. Dean’s Update and Discussion Items

A. Discussion Items:

1. ***SOM Strategic Planning Update*** – The expanded Clinical Governance group came to a consensus around the Executive Committee structure and how to organize UPI going forward. The process is for the UPI Board to approve and because of the new committees that are part of the new structure, charters for those committees need to be organized. The bylaws for UPI will need to be changed, which the membership will also need to approve. This process will likely take 3-4 months.

Dean Krugman would like an update during June’s SOM Executive Committee Meeting from the Research group. The University has engaged consultants for a review of the clinical trials enterprise and the Grants and Contracts mechanisms and how it can be improved. The Boulder campus opted out of the study at this point therefore, the consultants will focus on AMC starting within a month.

In October 2012 a request for the Clinical Practice series in which the SOM Executive Committee and Faculty Senate passed last year went to the Regents for review. The system-wide Faculty Policy Review Committee reviewed this and it generated some misunderstanding. This has yet to be brought before the Regents. Dean Krugman asked Provost Rod Nairn to try to get the first and second reading at the June Regent’s meeting so that it will be passed by the new fiscal year. Depending upon the June Regent’s meeting date, there will be an update during the June SOM Executive Committee meeting.

2. ***Light Rail Update*** – The light rail is currently considered a *suburban* rail line which heads north on I-225 and stops every mile which is encased by walls. An *urban* rail line stops at every light (similar to downtown). RTD had planned a suburban rail line for the Colfax stop at Potomac which would require Veterans to cross Colfax creating problems for those coming to the VA. Or they may separate Victor St. and Racine St. which would deter the

expansion to the north for the University. Efforts are being made to have RTD change the rail line to an urban mode, however, that may create problems for Montview Blvd. which is not wide enough to accommodate the traffic and the light rail. At the moment, the discussion is to have the light rail go around the campus on Fitzsimons Parkway and the campus develop a transportation hub at the north end such as a shuttle to take people around the campus. President Bruce Benson, Chancellor Don Elliman, and Exec Vice Chancellor Lilly Marks are in conversations with RTD.

- B. **Graduate School Gap** – after the last SOM Executive Meeting a small group met to discuss the Grad School gap in funding. Dr. Thorburn attended the meeting and stated that a decision was for Dr. Shur to attempt to gain funding from somewhere other than the SOM. The Dean stated that there are two paths that the can go down; the first path is to obtain funding from somewhere else and this is possible, and the second path is to shrink the size of the graduate school from 50+ students making the gap approximately \$500K to 40 students which would make the gap \$0. It has been suggested that given the environment and potential futures for jobs for graduate students, shrinking from 50 to 40 makes sense at this time. Dr. Thorburn said that those who would suffer the most from lowering the number of graduate students would be the young faculty who are starting out and drive/grow the research program and personally feels it would not be a good idea. Multi-discipline research across the departments would also be affected. Dr. Cambier suggested that a one-time \$2000 charge for each student that could be passed along to the department in which they eventually will be working in. . The issue is that the \$2000 cannot be taken from NIH funding because it is essentially used for students who have not entered labs, which means Basic Science departments would have difficulty paying these fees. He feels that the best source for these funds must come from ICR – Central Administration. Another possibility is to set up a Masters’ Program for each existing graduate program for admittance to students which would actually pay tuition, which could possibly be a money-making proposition. Dean Krugman suggested that this becomes a strategic planning process for the graduate school. Dr. Thor feels more conservative and doesn’t think maintaining 50 grad students is the answer, she feels that that post-docs should receive more opportunity. Grad students come with a long term liability. If all departments have to maintain and are asked to bridge 50 students, we are not in a financial climate to do so. She is in favor of pulling back to 40 grad students. Dr. Blumenthal feels that cutting back on the graduate program would be a dangerous step as he feels it is the lifeblood of the research enterprise here. The research enterprise will suffer shrinkage from cutting back to 40. Dr. Ridgway agrees with Dr. Blumenthal and feels the program is an incubator for the research enterprise, ICR should not be used. Dean Krugman stated that the ICR is the institutionalized ICR, the core budget of central administration. Dr. Daniels believes this should be a topic for the strategic planning as it is a critical decision. The idea of a master’s program is interesting, but wonders what career path would it create for the students? Dr. Thorburn stated that PhD programs are associated with the departments whereas Master’s programs are not. Dr. Blumenthal feels the graduate program is so important to the SOM that AEF Funds should be used at least on a temporary basis until an alternative funding source becomes available. Dr. Thor stated that the departments commit money to the grad school for travel funds and stipends, she has quantitative data that shows the graduate students are disproportionately likely to be first authors of data generated from the department above the percentage of personnel in the department who are graduate students with post-docs. Dean Krugman reiterated that the question is who supports the overhead in the first year program and how big should it be however, it’s not quite supported enough. Dr. Cambier stated that it is much easier to get a good population of graduate students than it is to get good post-docs. Young people will not be able to get grad students if we cut back that will cause tenure denials and shrinkage of the research enterprise.

C. Affiliates Update

1. *VA Update* – Thomas Meyer, MD

- a. Two faculty from VA won outstanding teaching awards
 - i. Outstanding Contributions to Adult Ambulatory Care Clerkship, Specialty Care-Geriatrics – Larry Robbins, MD
 - ii. Hospitalized Adult Care Clerkship – Cliff Zwillich, MD
- b. Continuing trouble with access at the VA. This places them as the 3rd worst in the nation. Right now the priority is to get patients in the system. Access will be addressed at a later date.
- c. The number of patients seen at the VA has grown from last year.
- d. VA Research Days 2013 are May 29th (Clinical) and May 30th (Basic Science).
- e. The new VA Hospital is 18% built
- f. There are VA Clinics opening, one in Golden in the Fall, followed by Pueblo and Colorado Springs. The Colorado Springs clinic will be involved in the teaching program.
- g. Critical Care staff is being brought in, hopefully in June 2013, to improve SICU coverage.

2. *Denver Health Update* – Philip Mehler, MD

- a. The new Director of Oncology, Dr. Rappaport is starting in July 2013. Chief of Vascular Surgery, Dr. Charles Fox is starting June 15th.
- b. Dr. Gene Moore is receiving a very prestigious award from the Academy of Critical Care Medicine and Dr. Chris Thurstone, an Addiction Psychiatrist for adolescents was part of the President's task force on adolescent substance abuse and spent a few days at the White House.
- c. Denver Health has been rated by University Healthcare Consortium and continues to be in the top 5 in the country.
- d. "Sports Rounds" monthly conferences at Denver Health have begun
- e. DHHA is moving away from straight-base salary for the faculty and have engaged a national firm and consultant from the Univ. of Minnesota to set up an incentive base pay and hope to present a plan to the board which will go into effect in 2014.
- f. Dr. Brenda Bucklin came to DH's Director Service Meeting to inform them of issues of medical school student treatment and to discuss the evaluation process.
- g. DHHA has formed a formal affiliation agreement with Boulder Community Hospital which is going to Level 2 trauma status. A full-time surgeon from DH has been sent there to assist.
- h. Westside health center which is their largest QHC center, is out of space. They are building a 2nd health center about 2 miles south located at Evans and Federal, and will be open in about 2 years.
- i. Under Dr. Chris Colwell's leadership (head of ER Leadership), has markedly reduced ER divert over the last 3 years.
- j. The 24/7 Interventional Cardiology program is moving ahead, exceeding their goals for the first 3 months of the year.
- k. The IT roll out of the Siemen's product, creating a lot of consternation for the residents, students, faculty and administrators. There will be a big announcement about their moving forward in the next 25 days. Recommendations were presented to the board.
- l. In the attempt to bridge the gap between Clinical Directors and the Administrative Executive Staff at DH. Joint meetings are starting and added two committees; MOC (Medical Operations Committee) and Joint Strategic Planning Committee.

D. Faculty Senate – Todd Larabee, MD stated that the Faculty Senate devoted their entire meeting to conversations with Lilly Marks, Don Elliman and Roderick Nairn. Discussions surrounded budgeting issues, how to fund the research efforts, OGC, fundraising and how to separate the

medical campus from fund raising efforts from the hospitals. Also discussed was how things work with the legislature.

- E. **CU Foundation** – John Burtness and Cheryl Kisling discussed the endowed chairs in the School of Medicine. They provided information about the endowed chairs and professorships for each of the departments, divisions, centers and institutes. Cheryl Kisling discussed the idea of changing the minimum amount for endowed chairs and professorships. Currently the minimum amount is \$1.5M for endowed chairs and \$500K for professorships. Overall, there are 61 fully funded endowed chairs in the SOM, 21 partially funded. There are 10 fully funded professorships at \$500K and 3 partially funded. Overall, the foundation has approximately \$158M for the SOM. Clinical departments have the most endowed chairs – 38 fully funded endowed chairs and 8 fully funded professorships. Basic Science chairs don't have as many endowed chairs and there are strategies they are working on to increase the number. There are 20 fully funded chairs in the centers and institutes. The Cancer Center, Barbara Davis Center and Stem Cell Center have the most funded endowed chairs. If updates are needed based upon the information given, please contact the CU Foundation office. The proposed amounts to raise the minimum are \$2M for endowed chairs and \$1M for professorships. This will be discussed with EVC Lilly Marks. Another item to think about is the flexible endowment, which is up to the department and school to decide. It gives the opportunity to provide income over the course of their lifetime. For under-funded chairs, they are looking at combining them, however this would be up to the donor or the paperwork from a deceased donor.

With regards to the GG&A report, they will be moving the fundraisers into the University. One of the main items is the priorities set by the campus leadership on what the foundation will be spending their time on. There are 23 employees of the foundation who raise them money for the foundation, all are full-time. They would like to increase that number and have discussion with Dean Krugman, EVC Lilly Marks and Chancellor Elliman to look at what areas resources are needed.

A question was raised regarding differentiating between the fundraising for the hospitals and the SOM. The foundation is trying to make it as easy as possible by trying to eliminate the need for any donor to have to worry about where the donation will end up. Dr. Mehler asked if the numbers shown on endowed chairs and professorships included the affiliated hospitals and Cheryl stated that none of the numbers were associated with any of the affiliated hospitals, just the SOM.

John Burtness reiterated that most schools are raising their minimum amounts for endowed chairs and professorships.

Dr. Lillehei asked what happened to the money from UPI that was to be forwarded into some of these endowments? Jane Schumaker stated that there are not enough funds to support and endowed chair as of yet. He asked about the corpus of money that UPI received. Dean Krugman said there was \$3.5M that came to the school which was overage from the building and as the lease revenue reached \$1.5M, than the SOM would fund that chair. Jane Schumaker said that hopefully by the end of next fiscal year, there may be enough to do so.

With the realignment of the CU Foundation to AMC, the core budget decisions will be more aligned with the University. This will enhance their efforts overall.

- F. **Announcements** – Friday, May 24th is graduation. Dr. Philip Mehler from Denver Health will be the recipient of Florence Rena Sabin Award and Drs. Steven Lowenstein, Robert D'Ambrosia

and Jean Kutner will receive the Joseph Sewall awards. Darryl Kirsch from AAMC will get an honorary degree.

Ron Sokol announced that CCTSI has received their closeout funding from NCATS. NIH agreed to and committed to providing close-out funding at 90% with a no cost extension. The grant renewal and funding score will be reviewed at the end of May.

- G. Action Item** - Approval of the 2013 Medical Student Graduation Candidates – a motion to approve was made by Chip Dodd, MD and seconded by E. Chester Ridgway, MD and unanimously approved.

EXECUTIVE SESSION

IV. Approval Items

- a. All Sr. Clinical Appointments and Promotions Committee Actions were unanimously approved.
- b. Faculty Promotions Committee Actions – all recommendations were unanimously approved.

The meeting adjourned at 9:18am