

SCHOOL OF MEDICINE EXECUTIVE COMMITTEE MEETING
TUESDAY, MAY 17, 2016
10 AM – 11:30 AM MDT
ACADEMIC OFFICE ONE, 7TH FLOOR BOARDROOM

MINUTES

COMMITTEE MEMBERS

Present: *John Cambier, Stephen Daniels, Robert D'Ambrosia, Chip Dodd, Herman Jenkins, Kevin Lillehei, Angie Ribera, Fred Suchy, Andrew Thorburn, Ken Tyler,*

Other Attendees and Non-Voting members: *Bob Anderson, Steve Anderson (for Ann Thor), Scott Arthur, Peter Buttrick, Sean Colgan, Mark Couch, Steven Lowenstein, Ellen Mangione, Tim McKinsey, Sarah Miller, Jennifer Richer, Connie Savor Price, Jane Schumaker, Chris Smith, Ron Sokol, Robert Schwartz, Cheryl Welch, Mary Werser-Evans,*

Call to Order

A quorum was present and the meeting was called to order at 10:00 a.m. MDT.

I. Greeting

II. Approval of Minutes-The April 19, 2016, meeting minutes were unanimously approved as written.

III. Dean's Updates: 1. William Burman, MD, Professor of Medicine, has been named the interim CEO at Denver Health. Dr. Burman has a long history with the institution. He is the Director of the Department of Public Health and served as President of Denver Health medical staff for past several years. 2. Legislative updates: Governor Hickenlooper signed HB16-1408 into law, creating a new formula for the allocation of state payouts as part of the Tobacco Master Settlement Agreement. The bill includes nearly \$2 million in support for the CU Cancer Center, the first time the State of Colorado is allocating cancer research funding specifically for the CU Cancer Center. 3. The Colorado Title Setting Board has reviewed a measure on the November ballot that calls for a large increase in cigarette taxes. Should this measure pass, a significant amount of the additional revenue would be designated for health research for ailments caused by tobacco use, as well as educational loan repayments. The School of Medicine could benefit if this ballot measure is approved by voters. 4. Robert Freedman, MD, Chair, Department of Psychiatry, announced his retirement, effective Aug. 31, 2016. Dr. Freedman has been a faculty member in the Department of Psychiatry for almost 40 years and has chaired the department since 2000. The School offers Dr. Freedman its gratitude for developing a modern psychiatry department that is a source of great pride for the institution.

IV. Discussion Items

A. Transformational Research Presentations:

- a. *Sean Colgan, PhD: GI and Liver Innate Immune Program*: Goal to develop Anschutz Medical Campus and the University as the preeminent place to do GI and liver innate immune research in the U.S, as well as to translate research discoveries and innovations into personal therapies and cures for patients with GI and liver diseases.
 - i. Why GI and liver? Significant unmet needs:
 - 1. GI and liver-related diseases cost the US healthcare system > \$500 billion/year- high morbidity/mortality diseases, and increasing incidence
 - 2. Many patients have few therapeutic options
 - 3. Innate immunity and the microbiome is timely
 - 4. No such focus exists in the U.S.
 - ii. Why target innate immunity? The innate immune system- non T cell pathway (non-specific response to disease) vs. Adaptive (specific) part of immune system. The vast majority of genes are not within adaptive immune system, and most fall within innate immune system. The program hopes to partner with John Cambier, PhD, Chair, Department of Immunology and Microbiology
 - iii. Why innate immunity at CU?
 - 1. Significant GI/liver innate immunity history at CU-
 - a. 1958-Ben Eiseman performed 1st fecal transplant.
 - b. 1963-Tom Starzl performed 1st liver transplant.
 - c. 1966-Kimishige Ishizaka discovered IgE
 - d. 1983-Kappler and Marrakc discovered T cell receptor
 - e. 1984-Charles Dinarello discovered interleukin-1
 - f. 1985-Norman Pace 1st to use 16S microbiota sequencing
 - g. 1996-1st adult-adult live liver transplant
 - h. 2008- Identification of new eosinophilic esophagitis phenotypes
 - 2. Recruited 57 faculty on campus to become involved in programs that account for \$15 million in NIH funding. The hope is to take these programs from good to great in near future.
 - iv. Unique opportunities on campus to combine forces between pediatric and adult populations. Such collaborations already exist:
 - 1. Mucosal Inflammation Program
 - 2. CU Liver Transplantation Program
 - 3. Gastrointestinal Eosinophilic Diseases Center
 - 4. UCHospital Crohn's and Colitis Center
 - 5. Children's Hospital Pediatric IBD Center
 - 6. CCTSI
 - v. Aims:
 - 1. Develop five biomedical sub-programs focused on innovation, discovery and translation of new information

- related to GI and liver innate immunity
 - 2. Provide pilot funding to drive GI/liver innate immunity on the AMC campus. Set aside \$200k for recruitment for year 1.
 - 3. Establish an enrichment program for education and dissemination of new research from AMC.
 - 4. Retain and recruit new investigators to fill voids in innate immunity in the liver and GI tract.
- vi. Org chart (see attached).
- vii. Role of individual sub-programs:
 - 1. Provide subsidized access to immunologic technologies
 - 2. Develop and optimize innate immunity assays
 - 3. Develop and facilitate testing of animal models
 - 4. Facilitate and prioritize microbiome analysis
 - 5. Develop human/mouse liver & GI stem cells
 - 6. Foster collaborations w/pediatric and adult tissue biorepository
- viii. Milestones/metrics/outcomes:
 - 1. Recruit and retain the best faculty talent. Areas of need to include:
 - a. Liver/GI cancer biology
 - b. Fatty liver disease
 - c. Immunometabolomics
 - d. Gut-liver axis biology
 - e. GI motility
 - 2. Extramural support:
 - a. P30 NIDDK Silvio Conte Digestive Diseases Center
 - b. Other Cancer Grants
 - c. PO1's/UO1's
 - d. Multi-PI RO1's
 - e. Industry Collaborations
 - 3. Steer local talent toward digestive diseases and innate immunity
- ix. P30 grant application
 - 1. -July 30th deadline
 - 2. - establish core center grants and centers on campus.
- x. Pilot grants
 - 1. \$200k available in year one.
 - 2. Letter of intent due June 1.
- xi. Year 1 priority: recruiting an assistant or associate professor faculty that have an interest in GI/liver track.
- xii. Timeline for milestones and metrics (see attached).

- b. *Timothy McKinsey, PhD: Consortium for Fibrosis Research and Translation (CFReT):* Multidisciplinary consortium focusing on fibrosis across organ systems.
- i. Why fibrosis? Contributes to 45% of deaths in the Western world. There are only 2 FDA approved drugs that treat fibrosis with poor efficacy. There is a huge medical need- over 300 biotec and pharmaceutical companies worldwide are targeting fibrosis.
 - ii. CFReT concept: The goal is that CFReT will be an internationally recognized center of excellence after five years.
 - iii. What will science do? Discover molecular regulators of fibrosis; discover blockers of pro-fibrotic regulators.
 - iv. CFReT structure- first of its kind-composed of four groups: Pre-Clinical Discovery Group; Fibrosis Innovation Group (FIG); Clinical Discovery Group; Clinical Efficacy. Fueled by internal pilot grants; first awards begin July 1.
 - v. External funding opportunities: Over 300 companies are working on fibrosis. The University has only approached two companies so far, and both have expressed an interest in working with this group.
 - vi. Other unique components:
 1. Scientific Advisory Board made up of many of the world's leading experts in fibrosis research (internal and external). Will have annual meeting with the board to present research findings.
 2. Fibrosis fellows program; external applicants
 3. Graduate student awards- First 2 awards were announced last Friday and the trainees will begin July 1
 4. Fibrosis seminar series-many excellent speakers have committed
 5. CFReT retreat
 - vii. Recruitment: Goal to recruit top-tier talent of researchers to the University. Plan to recruit 3 additional faculty that have high energy, are collaborative, and have excellence in fibrosis research
 - viii. CFReT has recruited 1 FIG Director-Keith Koch, PhD, from the University of Michigan. Dr. Koch has a background in biochemistry as well as project team leadership. Dr. Koch will play an essential role in managing collaboration with industry.
 - ix. 5-year goals:
 1. New internal collaborations:
 - a. Enhanced extramural funding
 - b. NIH P50 specialized center grant
 2. Unique industry partnerships and philanthropy:
 - a. Sponsored research agreements and alliances
 3. Exciting and productive training environment

- a. High energy and passion
4. At least 1 novel, nodal effector of fibrosis
 - a. Phase IIa Proof-of-concept in Humans

B. New Division of Hospital Medicine Proposal: *Robert Schwartz, MD, Professor of Medicine:* Proposal to create a new Division of Hospital Medicine. A large proportion of residents go into hospital medicine for the long term. The first hospital medicine residency track was developed at CU. One part of the program is inpatient-oriented and while the other part of the program is outpatient-oriented (detailed on Table 1). The program continues to grow and includes 150 faculty in the department. Since hospital medicine is becoming more of a specialty in medicine, the University is now competing with other facilities and many of those facilities have already developed separate divisions of hospital medicine. Table 3 reflects direct competitors. Hospitalists here at CU are currently paid separately by the hospital and the pay structure is separate from the Department of Medicine. The University is losing faculty because they can get paid more by the hospital. Mark Earnest, MD, and Read Pierce, MD, who is the acting Program Director for hospital medicine, drew up the proposal. The leadership of both groups feel it is time to separate them.

Questions- is there a fellowship program for the hospitalists? There is not a fellowship program plan but there is already a separate residency program track for hospitalists and they have different rotations.

The New Division of Hospital Medicine Proposal was unanimously approved.

C. Approval of Medical Student Graduates: All students were unanimously approved.

D. Road to Resilience Conference: *Jennifer Reese, MD, Medical Director, Associate Professor of Clinical Pediatrics, and Chair and Director, Resilience Program, Children's Hospital Colorado:* Sept. 14, 2016-Goal to raise awareness and promote education on the topics of burnout prevention and resilience promotion among health care providers. The conference will involve two nationally renowned key note speakers: Lisolette (Lotte) N. Dyrbye, MD, MHPE, Professor of Medicine, Professor of Medical Education, and Consultant in the Division of Primary Care Internal Medicine at the Mayo Clinic in Rochester, Minnesota; and Aviad (Adi) Haramati, PhD, Professor of Integrative Physiology in the Departments of Biochemistry, Molecular and Cellular Biology, Director of

the Center for Innovation and Leadership, and Co-Director of the CAM Graduate Program at Georgetown University Medical Center. RSVP by Aug. 1.

E. Affiliate Updates from VA and Denver Health:

- a. *Connie Savor Price, MD, Chief Medical Officer, Denver Health and Hospital* – Dr. William Burman has been quickly transitioning to the interim CEO role to allow a smooth transition. Denver Health has also been tackling recruitments, including a new chief of surgery, which should be finalized by the end of week, in addition to a new chair of medicine, which should also be finalized by the end of June. Dr. Chris Colwell is transitioning out of the Department of Emergency Medicine. Denver Health also announced its new Chief Education Officer, Abraham Nussbaum, MD, Associate Professor of Psychiatry. Dr. Nussbaum is working on a major initiative of assessments for GME training programs and is scheduled to attend a meeting with Dean Reilly on June 23 to discuss training issues. Recruitment for a new Chief Resource Officer is also starting this week.

- b. *Ellen Mangione, MD, Chief of Staff, Denver VAMC*: The VAMC is moving forward with the new facility. Research programs will be moving in first, expected in next 12 months, with clinical services following shortly thereafter. There is also limited clinical presence in the former University Physicians, Inc., building focusing on mental health patients. There are 60 teams being formed to have discuss and coordinate the transition to the new facility. The VA hired experts used by Children’s Hospital Colorado to assist with transition. The Denver VAMC will learn from the VA in New Orleans and Tampa regarding their experiences with setting up new facilities. Sallie Houser-Hanfelder, recently appointed Director of the Denver VAMC, has extensive experience with setting up new facilities. There are a number of open positions at the VA and they have narrowed down the search for a new chief of mental health. The VA also needs to reinitiate discussions regarding a new emergency room director that the VA would like to hire in coordination with the University. There were two unsuccessful recruitments for the new chief of the spinal cord injury unit. If the search is unsuccessful for a third time, the VA will consider reorganizing the SCI unit. The Denver VAMC is also focusing on patient access to care as it is ranked as one of the worst VA facilities in country with 30 days access to care.

F. Faculty Senate updates: *Jennifer Richer, PhD, President of the Faculty Senate, Professor of Pathology*

1. Dr. Robert Schwartz, Professor of Medicine, provided updates on the new Division of Hospital Medicine Proposal. The proposal was approved at the May 10 meeting.
2. Dr. Jean Abbot, Professor Emerita, Department of Emergency Medicine, discussed ethics team's role in patient care, with 24 hour consultation service given to first responders.
3. Updates on the Department of Psychiatry: The announcement of Dr. Freedman's retirement, as well as the two aspects of the Department of Psychiatry, depression services and student mental health services, located in Building 500 and the Anschutz Health and Wellness Center.

EXECUTIVE SESSION

I. APPROVAL ITEMS

- I. Sr. Clinical Appointments and Promotions Committee Actions were approved unanimously.
- II. Faculty Promotions Committee Actions: The faculty promotions committee actions were approved unanimously.

II. FYI ITEMS

- A. Personnel Action FYI Reports

III. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:30 a.m. MDT.

Minutes submitted by SOM Dean's office