CU-SOM Faculty Senate Meeting Minutes (3/15/2022)
as noted by Amy Clevenger (Secretary 2021-2022)

February meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on April 19, 2022, from 4:30 to 5:30 P.M.

Updates from Dean Reilly:

- Anschutz Health Sciences Building is open
  - People / programs are moving in and will continue to move in over the next few months
  - If you have a badge, you can get in. Feel free to look around
  - "Christening" program this Friday (Match Day will be held there)
- Legislative:
  - Bill authorizing University of Northern Colorado to open an osteopathic school has moved through both houses of the Colorado Legislature and is now on the governor's desk. Dr. Reilly anticipates the governor will sign this soon.
- Leadership searches:
  - 5 Department Head searches are ongoing:
    - Pharmacology – final stages
    - Physiology and Biophysics – final stages
    - Radiology – first round interviews completed
    - Dermatology – first round interviews completed
    - Otolaryngology – new search is just getting underway
      - Dr. Herman Jenkins announced plan to retire
      - Chair of Committee is Dr. Kevin Lillehei (Chair of Neurosurgery)
      - Dr. Todd Kingdom will be Interim Chair of Otolaryngology
  - Director of Colorado Center for Personalized Medicine – second round interviews complete. We will be inviting 1-2 finalists back for a second visit.
  - Senior Associate Dean for Faculty and Chief Wellbeing Officer
    - Newly created position
    - Dr. Lotte Dyrbye, a general internist from Mayo Clinic, has accepted our offer for this position and will be joining us on April 27
- Spring Cleaning of wet lab space in research buildings
  - Original site assessment by Dr. Peter Buttrick and Dr. Dean Reilly
  - Space needs to be cleaned up and stuff thrown out, as appropriate
  - 7th floor of RC1-N is the beginning pilot region. This will then spread through remaining facilities over next few months.
  - Environmental services is bolstering their crews to remove heavy equipment and items that are no longer needed
  - We will also reclaim under/un-occupied space within the research footprint to be given to newly recruited faculty. We are actively working with department heads on this.
- Approx 2 months from now, Dr. Jeff Soohoo will come to update us on the incoming medical school class of 2026. Offers of acceptance have been sent, so students will have to narrow their choices to one in April. After this we will have a reasonable view of our incoming class.
- Questions
  - Regarding the Osteopathic School – what are the fiscal implications for the state and for our School of Medicine?
    - In terms of our state support, there should not be fiscal implications
    - Part of UNC's marketing campaign has been that they will not ask the state for support; it was not part of the bill
    - They estimate they will need $150 million to get the school started. A local foundation will supply some of the money, and there are some donors lined up. Dr. Reilly does think we will incur some additional expense as a result of this, as Dr. Zimmer will need additional

resources to line up community rotation sites for our students. We will need to do a better job with stewardship and expressing our appreciation for the sites that take our medical students.
    - Planned class size is 150 students. So by year 4 of operation, there will be 300 more students rotating through Colorado.
    - There are also two new osteopathic schools opening in Montana, and they may need to leave the state borders for some of the necessary clinical experiences. So some Colorado regions, especially in the north, will be a crowded clinical environment for student placement.

<u>COVID Update (Brian Montague, Medical Director, UC Denver/CU Anschutz Occupational Health; Michelle Barron, Senior Medical Director of Infection Prevention and Control, UCHealth)</u>

- The exciting news is that the census across the UC Health System is the lowest we have seen
    - 30 patients in total across the system, 6 at University of Colorado Hospital
    - Hospital numbers are downtrending
    - Positivity rates are 3-4% in the state, with some variability from day to day (less than 5% is low transmission as delineated by the CDC)
- Based on low community prevalence, effective Thursday, March 10th :
    - Ending universal pre-procedure and admission testing (positivity rate over last several weeks was 0.8% for asymptomatic patients)
    - No capacity restrictions in conference rooms and break rooms
    - Specimen collection centers will gradually reduce their hours, with increased testing in clinics and other sites (similar to the flu).
    - PPE
        - Masks are still required in all clinical locations. Based on our degree of transmission, we could remove this restriction based on the state, but we continue to be required to do so in clinical areas based on federal regulations. This is regardless of vaccination status.
        - In non-clinical areas, fully vaccinated individuals are no longer required to mask
        - Eye protection no longer required
    - Ambulatory operations and cleaning will follow normal protocols
    - Patient education and support classes can return to in-person at full capacity. Attendees must were masks
    - Student observers and learners welcome
- Please continue to use your best judgement
    - Follow PPE requirements for individual patients
    - Order COVID-19 testing when appropriate
    - Wear a mask if you have any cold / flu symptoms
    - N95 masks are allowed for those who are more comfortable with this
    - Managers of individual units and teams may require masks if patients or staff members have weakened immune systems
- Upcoming changes – effective later this month
    - We are actively working on visitation, as this changed with the pandemic. Watch for details in an upcoming COVID-19 update
    - Likely new rules include:
        - Visiting hours 6am – 10pm
        - Unlimited visitors / day, but no more than 2 at once
        - Exceptions for end of life, birthing center, NICU, and other areas
    - Moving to passive screening at entrances rather than active screening
        - Patients and visitors expected to screen themselves
        - Staff and providers should continue using oneSOURCE app
- Campus COVID Policies
    - Refer to the website, which our communications team works really hard to keep updated: https://www.cuanschutz.edu/coronavirus
    - You must follow rules at the individual clinical sites, which may be stricter than the general campus rules

- Vaccination continues to be required (the primary series. Boosters are highly recommended but not required). This is also true for new hires.
- Masks
  - No longer required on campus for vaccinated and boosted individuals indoors or outdoors, unless in a clinical environment
  - Anyone who chooses to wear a mask is encouraged to do so at their discretion
  - Vaccinated individuals who have not received a booster are required to continue to wear a mask and maintain physical distancing.
  - Unvaccinated indivduals with approved exemptions are required to wear a mask and observe physical distancing. They also must take part in mandatory testing
- Events and meetings
  - To book an event or meeting, submit a request in EMS. COVID capacities are not in effect
  - Events and meetings of any size, on or off campus, are permitted
  - Event organizers are required to confirm that all attendees are fully vaccinated
    - Vaccinated and boosted individuals are not required to wear a mask
    - Vaccinated but not boosted individuals are required to wear a mask and observe physical distancing
  - Food and beverages may be served and consumed indoors

- Questions
  - What are your thoughts about the current COVID surge in several parts of the world?
    - This is not necessarily a surprise. Vaccination rates vary widely by country. Additionally, the vaccines used in different countries have varying degrees of coverage for the developing variants. Additionally, countries have variable population densities.
    - Degree of protection also varies based on duration of time from your last vaccine. As we get a larger population who are more distant from their vaccine, we may see an uptick in the number of cases. We have variable uptake of boosters and fourth doses.
    - This is a rapidly changing environment, so we are setting our rules based on our current levels but keeping an eye on everything so we can adjust policies as needed
  - Is there any plan to allow additional boosters for our employees at the 5-6 month mark?
    - We are not formally recommending it until we have further data, but if you set up an appointment it will not be denied.
    - This may develop into a situation like the flu, where there is an intermittent (e.g. annual) vaccination plan. However, this has not yet been developed.
  - My understanding is that employees are still required to self-report if they have any of the long list of symptoms. I had an employee who had only congestion, with a negative rapid test at home, but he was still required to stay home for formal (PCR) testing. Is there anything such as a normal sick day, or are we still required to self-report any and all symptoms and get formal testing?
    - The current policy is still self-reporting and testing. It shouldn't take 3 days as the University turnaround time is less than this (usually 24 hours or less).
    - The general policy is for 24-48 hours of symptoms prior to requiring testing, but this has not been established as a set rule yet.
    - It really comes down to what our suspicion is for COVID based on levels in the community. There is still some transmission in the community. If levels continue to decline, we will re-evaluate testing policies.
    - Other comment via chat: CHCO allows individuals to come to work with one symptom but mask required. Two symptoms gets a test.
    - Sensitivity of the rapid test is 70-75%, but better when the individual is particularly sick. So if you are early in the course with mild symptoms, it is recommended that you repeat the test. The PCR test has always been the campus policy for "return to work" due to the sensitivity issues
  - What defines a clinical area? Is it an area where there are actual patients, or does it include laboratories / pharmacies?
    - The CDC defines a clinical area as anywhere a patient can be encountered, so includes elevators, lobbies, etc.
    - Pharmacy and laboratories are considered mission critical areas, where the hospital couldn't function without them, so they were given the same rules.

- Have we moved forward with a centralized number where you call to determine what to do? People remain fairly confused about where to go to figure out what you should do for testing and coming to work.
    - If you are on the UC Health part of the campus, then you call Employee Health. This should be standardized. Outside of this area, it is just the self-report process to get guidance.
    - There has been a different standard for the clinical sites, reflecting the critical needs / infrastructure, staffing issues, etc.

<u>Planned Expansion and Collaboration with DPT Program and Colorado Springs Branch (Michael Harris-Love, Program Director, Physical Therapy Program)</u>

- This is a proposal to start a hybrid DPT program that is an extension of a currently existing partnership between the School of Medicine and University of Colorado, Colorado Springs (UCCS)
    - Best to think about it as an integrated University of Colorado PT program with a residential branch at Anschutz and a hybrid branch established at UCCS.
    - Cohort size = 40 students (decreased from the 80 students proposed in 2019)
    - Shared curriculum, admissions process, and clinical education system with CU Anschutz
    - 50:50 revenue / expense share agreement
    - SOM would continue to confer the degree
    - First cohort would start 6/2023 (if proposal approved)
- Current approvals already obtained: CU Anschutz and UCCS chancellors, Deans of CU SOM and UCCS College of Nursing and Health Sciences, Senior Associate Dean of Medical Education, Associate Dean of PT Education, PM&R Chair, UCCS Health Sciences Department Chair, CU PT and UCCS Health Sciences Faculty.
- Memorandum of Understanding built through multiple consultations and via Steering Committee Model
    - Input from community leaders in CO Springs, alumni, campus leaders, clinical partners, online education experts, and operations (registrar, bursar)
    - Reviewed by legal counsel
- Recent evolution of CU PT Program
    - We've been underdeveloped for the past 10 years. Among top 10 programs, there are multiple residency / fellowship training programs associated with an institution (e.g. #1-ranked U. Delaware has 4 training programs).
    - CU PT only has 1 residency program but is working to develop PT residency in Orthopedics and Faculty Development residency
    - DPT-MPH Joint Degree Track approved earlier this year in the Colorado School of Public Health
    - DPT Hybrid Degree Track has been embraced by leading programs and R1 universities
- Rationale for Partnership with UC Colorado Springs
    - We were not planning to start a new program during a pandemic, but this has been being planned since 2017 and there were external factors that affected timing
        - Colorado Springs started their own program in 2019 without discussing with us. We felt it was better to work together rather than in opposition
        - Three programs had plans to enter CO hybrid DPT market prior to COVID-19, including Evidence in Motion (EIM), AHU Orlando-Denver, and Regis-Hybrid
        - Changes in leadership on both campuses allowed us to reinvigorate some of these conversations in 2020
    - Arizona has three programs within the state that are not part of Arizona's University system, so this is a cautionary tale
- Benefits of a Partnership with UC Colorado Springs
    - We have tremendous resources that we are able to leverage between the two campuses (e.g. UCCS Hybi Center and CU SOM curriculum, faculty, reputation)
    - We currently underutilize our sites, so this collaboration will better allow us to address the rural healthcare needs in Southern Colorado
    - We avoid a legislative conflict regarding the exclusive authority statute for PT education
    - Mitigate risk through a shared revenue / expense model
    - Unlike the state program in Arizona, this hybrid model will allow us to counter for-profit companies entering Colorado
    - We caputure the "first mover advantage"

- Risk / Reward
    - The mountain region has been traditionally underdeveloped in terms of accredited program by region
    - We are turning away qualified candidates that want to study in Colorado, so this is not due to lack of qualified candidates (current CU PT acceptance rate is 7%)
    - Colorado Mesa University in Grand Junction, CO, is developing a PT program along the Western slope, with plans to open in 2023. We believe this will pose more of a risk to Utah rather than CU but we are keeping an eye on it
    - There is discordant data on the national employment outlook
        - APTA is estimating a surplus of PT between 2022 to 2030
        - The U.S. Bureau of Labor Statistics is anticipating 25,116 new job need over next 5 years
        - If you look at regions of need, the rural population definitely has need
- This program fits well with the current goals for intercampus relationships that make sense
- Making this relationship work
    - Executive Committee structure will have shared staff and distributed leadership across both faculties, including Dean Reilly and Dean Laudner.
    - Joint decision-making in multiple areas
        - Infrastructure decisions
        - Program expansion or contraction
        - Decisions relating to intercampus finances
        - Operational efficience
        - Curricular cohesion
- We will ultimately be stronger for developing this partnership
- The value proposition of an integrated CU PT program
    - This will help us maintain our reputation as a #1 ranked PT program in the mountain region and in the top 15 nationally
    - Among the lowest residential and out-of-state tuition among the top 25 PT programs. (we are 58% lower in tuition than Regis University, for example)
    - Positions CU PT and CU Anschutz to address obvious and significant digital education trends in professional education
- What's next?
    - Review of application for program expansion at the spring accreditation meeting
    - Secure all required approvals by May/June 2022
    - Initial faculty hires June – December 2022 (10 faculty at 7.5 FTE)
    - If approved, initial cohort would start June 2023
- Questions
    - With this increased capacity for training, what does the job market look like?
        - We saw some of the job market growth, at least for Colroado, being positive. But we did see some mixed data from the APTA, so we are careful. With the local numbers in Colorado and the gap we see in rural care, we believe building this program is worthwhile
        - We are a national program, so we have applicants from both in-state and out-of-state. We believe we will be able to continue to meet the Colorado need while addressing the national market
    - You mentioned the rural market. Do you have success in placing people in the less populous areas of the state?
        - We have had some success, primarily with people who come from rural areas who are then willing and interested in returning to these areas.
- Vote: 19 approve, no one against

<u>Other issues brought to attention of Senate</u>

- None