Members and guests in attendance noted below.

MEMBERS:
John J. Reilly, Jr., MD, Dean, School of Medicine and Chair
Venu Akuthota, MD; Jamie Arruda, MD; Leslie Berg, PhD; Gregary Bocsi, DO, MS; Evalina Burger, MD; Julie Cooper, PhD; Stephen Daniels, MD, PhD; Frank DeGruy, MD; Gerald Dodd, MD; Nicole Draper, MD; Brian Kavanagh, MD, MPH; Michael Kilmer; Kevin Lillehei, MD; Wendy Macklin, PhD; Naresh Mandava, MD; David Norris, MD; Connie Savor Price, MD; Angie Ribera, PhD; Nanette Santoro, MD; Ron Sokol, MD; Andrew Thorburn, DPhil; Vesna Todorovic, MD, PhD; Richard Zane, MD

GUESTS:
Leslie Appiah, MD; Philip Asamoah, MD; Suzanne Brandenburg, MD; Peter Buttrick, MD; Thomas Campbell, MD; Karen Chacko, MD; Jessica Cordova; Mark Couch; Barbara (Genet) D’Arcy, MD; Mark Dell’Acqua, PhD; Anne Fuhlbrigge, MD, MS; Carolyn Goble; Casey Greene, PhD; Michael Harris-Love, PT, MPT, DSc; Alma Juels, MD; Allison Kempe, MD; Alison Krebs; Steven Lowenstein, MD, MPH; Sarah Miller; Chanthy Na; Michael Narkewicz, MD; L. Clifford Parmley, MD; David Pollock, PhD; Judith Regensteiner, PhD; Marian Rewers, MD, PhD; Suzann Ruedeman; Carol Rumack, MD; Brian T. Smith; Christopher Smith; Alexander Stein; Duncan Wilcox, MD; Shanta Zimmer, MD

I. GREETINGS

II. APPROVAL OF MINUTES

The April 20, 2021, meeting minutes were adopted unanimously as presented.

III. DEAN'S UPDATES

The School was able to host a group of first year medical students on campus for dinner and a movie on Monday May 17, which was the first time most of the students had met each other in person. A special thanks to Brian Dwinnell, MD, associate dean, Office of Student Life; Jeffrey Druck, MD, assistant dean for student affairs; Shanta Zimmer, MD, senior associate dean for education, and the Office of Student Life, for organizing this event.

The School has changed policies for the upcoming medical school graduation ceremonies to be held on Friday May 28 and will allow each student to invite two guests to attend in person. A special thanks to the Office of Student Life for organizing what would have been an all-virtual event.
On the CU Medicine Board of Directors call today, Tuesday May 18, Zach Zaslow, senior director of government affairs, Children’s Hospital of Colorado, discussed the status of the state of Colorado’s public option bill, which underwent another hearing and was passed to the State Senate Committee, who adjourned without taking a vote and the bill is still under negotiations.

Colorado Governor Polis signed the state’s budget yesterday, which includes footnote language to secure more matching funds for the Medicaid Upper Payment Limit program. The school now has the resources to advance its partnership with Salud Family Healthcare, Inc., on the Aurora Community Health Commons. Last Friday, May 14, the school signed a legal agreement officially forming the Aurora Community Health Commons as a joint venture between CU Medicine and Salud Family Healthcare, Inc. A special thanks to Anne Fuhlbrigge, MD, senior associate dean for clinical affairs, and Kimberly Spiering, associate university counsel for the University of Colorado, for finalizing the negotiations.

The University made an announcement that President Mark Kennedy is stepping down. The Board of Regents will be meeting this week and will announce an approach to the transition. It is likely that the board will appoint an interim president and will then initiate a search for a new president.

IV. DISCUSSION ITEMS

A. Approval of 2021 medical student graduate candidates: The 2021 medical student graduates were unanimously approved.

B. State Funding Methodology change: Dean Reilly discussed the state funding methodology change and how state funds are distributed to departments in the school year to year.

The Anschutz Medical Campus receives an appropriation from the Colorado state legislature every year. A portion of those funds are kept centrally for campus administration and then a portion is distributed to each of the schools on campus. The purpose of the money is to support the educational missions and advancement of the school which include advancing the research agenda.

There will be two buckets of money for the school moving forward. The first bucket will go directly to departments. Historically, basic science departments receive a higher level of support than clinical departments, reflecting that the basic science departments do not have access to direct clinical revenue. The allocation of money will now be based on dollars per FTE of faculty in each department. The two variables that will determine this are state funding appropriation and how many faculty FTE’s are in each department.

The second bucket of money will be controlled by the senior associate dean for education and will support salaries of faculty who have a significant role in the new medical student curriculum.

The changes will not go into effect this fiscal year starting July 2021. However, departments will be given reports for what it would look like had the changes gone into effect by July 1 so that departments can start planning for the next fiscal year in July 2022 when the new model will be implemented. It should be assumed that the state appropriation will be roughly the same size for the next fiscal year (2023) as it is now.

The new model will provide higher support per FTE for basic science departments compared to dollars per FTE in clinical departments. If the state legislature increases appropriation, this will be reflected in
the dollar per FTE amount which will allow the school to adjust distribution based on areas of relative growth within the school.

By creating a separate education allocation, the senior associate dean for education will be able to provide support to those who have a significant role in implementing the new medical student curriculum and will also develop a sense of accountability from those faculty to the senior associate dean for education.

Andrew Thorburn, D Phil, chair, department of Pharmacology, asked if state funds will effectively go down for each unit. Dr. Reilly said that if state funding remained level and the FTE goes up and that growth was symmetrically distributed to departments, the total amount of money to each department would stay the same but the dollars per FTE would drop.

Mark Dell’Acqua, PhD, director of the Center for Neuroscience, asked where revenue from medical and graduate school tuitions fit into the model. Dr. Reilly noted that medical school tuition goes into the pool, however graduate school tuition goes into a separate pool. The total amount of money from the state is around $24 million and medical school tuition is around $32 million, totaling to approximately $55-$58 million for the overall size of the pool.

Dr. Reilly plans to maintain a significant differential so that faculty in the basic science departments receive a higher level of support to reflect the lack of clinical revenue stream to those departments. The amount of money put into the education bucket controlled by the senior associate dean for education can be adjusted. The new medical school curriculum is more expensive than the previous curriculum. Having a year to model what the new allocations will look like will allow the school to adjust before departments are involved.

Connie Savor Price, MD, chief medical officer, Denver Health and Hospital Authority, asked about faculty who are not paid directly by the School of Medicine. Dr. Reilly noted that those faculty, such as faculty who are on payroll at the VA or Denver Health, are not counted in the department head count in this model. If those faculty have a significant teaching role, then they would get salary support out of education bucket controlled by the senior associate dean for education.

C. Research Personnel Reclassification Initiative: Chris Smith, associate dean for administration and finance, School of Medicine, discussed how research personnel will be reclassified from faculty positions to university staff positions. This will allow PRA’s to define a career path and will allow the school to retain PRA’s in a challenging external marketplace. Years ago, there were only faculty and state classified positions. PRA’s could not be listed as state classified positions because when grant funding ended and there was no more financial support for those positions, the research personnel could not be let go because they were in a classified position. There was also the issue of bumping rights. If a person had bumping rights in a classified position, then they would bump anyone regardless of qualifications. The university staff system has replaced this. There are now challenges of moving research personnel through the system to help them with their career progression.

The School needs to be able to recruit and retain research personnel in the three categories of laboratory sciences, clinical sciences, and informatics/computational sciences.

There are various committees that will be managing the reclassification process going forward- a leadership committee, principal investigator committee, PRA/SPRA committees, and an administrative/HR committee. The committees include a cross-section of informatics, clinical research
and lab research groups, as well as representatives from various departments and school leadership positions, in order to understand different perspectives while going through the process.

Mr. Smith explained the three phases of the process. Phase 1, reclassification, will require going back through every PRA job description to determine how those positions should be classified. This should be done by early fall of 2021.

Phase 2 involves an internal equity analysis and where applicable, an external market analysis.

Phase 3 will involve partnering with department chairs, PI’s, and school leadership, to decide how to implement based on results from the internal equity and external market analysis.

Questions?

Dr. Reilly first congratulated Mr. Smith on his new role as vice chancellor for information systems and services. This will be his last month attending the executive committee meeting as associate dean for administration and finance for the School of Medicine.

Ron Sokol, MD, director, Colorado Clinical and Translational Sciences Institute, asked when Phase 3 will be implemented and completed. Mr. Smith said that Phase 1 is the biggest phase and should be done by the Fall of 2021. Phase 2 will follow Phase 1 and will depend on the number of market matches that need to be done.

Dr. Reilly noted that the reclassification system will allow the school to define meaningful career ladders for research staff and allow the school to adjust to market forces instead of losing research staff to other employers because of differences in compensation. The school will never pay at the top of the market but it needs to be in the market to be competitive and become an employer of choice based on types of jobs and people who are hired. If departments decide that an individual needs to be compensated at a higher level because of an outside job offer, they need to look at similar job descriptions in other departments. Under Colorado’s Equal Pay for Equal Work Act, they would need to raise the compensation for everyone under that job description.

Dr. Sokol asked if the reclassification will extend to the entire campus beyond the School of Medicine. Mr. Smith noted that the model is easily adaptable to other schools and campuses.

Dr. Reilly noted that the central university HR system has a hard time understanding the nuances of a medical campus. Individuals with same titles can make different salaries because of their specialty practice, which is a novel concept for central HR. Under leadership from Brian T. Smith, senior associate dean for administration and finance, School of Medicine, and executive director, CU Medicine, and Chris Smith, the school has moved the market review and salary setting from central HR into a School of Medicine HR operation. The school will focus on remaining a competitive employer and will craft job descriptions and set salaries that are appropriate for an academic campus.

Dr. Reilly mentioned that the three classifications of the PRA’s will give the school a more granular view of the data to identify areas to reduce staff turnover.

**D. Faculty Senate Updates:** Jaime Arruda, MD, Associate Professor of Clinical Practice, Department of Obstetrics and Gynecology; Director of Robotic Surgery; Assistant Program Director of Minimally Invasive Gynecologic Surgery (MIGS); and Faculty Senate President, reported on the April 2021 Faculty
Senate meeting. The Dean’s updates included a call for applications for senior associate dean for faculty development, an update on the recruitment for the four department chair positions in the School of Medicine, as well as an update on the new Anschutz Health Sciences building. The Dean also gave a legislative update regarding the state public option and labor bills as they impact the university. Tyler Anstett, DO, assistant professor of Hospital Medicine, and Faculty Senate representative for the Curriculum Steering Committee, outlined the new medical school curriculum and how the changes impact the faculty. Faculty can still participate in student curriculum and will still be able to interact with students at different intervals. Lisa Schilling, MD, professor of Internal Medicine, discussed value-based performance at the University. Mandy Doria, LPC, instructor, Department of Psychiatry, gave a presentation on recognizing signs of mental health distress and burnout and strategies for combating stress. Chris Gessner, President and CEO of University of Colorado Hospital, will be presenting at the May 2021 Faculty Senate meeting.

Dr. Reilly mentioned that there are currently forty-two applications for senior associate dean for faculty development, roughly three-quarters of the applications are external and one-quarter are internal. The Anschutz Health Sciences building is still on track and under budget and should anticipate moving in the last week of August 2021.

E. Affiliate updates from VA and Denver Health

Veterans Affairs Eastern Colorado Healthcare System: Barbara (Genet) D’Arcy, MD, associate chief of staff for education, reported on onboarding of residents and medical students. The badging system changed nationally which has short term impacts on new software and new machinery and getting everyone on board. Some individuals still need to get fingerprints and Dr. D’Arcy asked for direction from other departments on the fingerprinting process for residents. The VA recently held a presentation on the new medical student curriculum and is looking into space and faculty at the VA to support the program. Mr. Michael Kilmer, director of the VA, proposed a discussion between the VA and the School of Medicine to consider combining HR efforts to do joint hiring and recruitment packages.

Denver Health and Hospital Authority: Connie Savor Price, MD, Chief Medical Officer, noted two director of service searches. Nineteen candidates were identified for director of anesthesia, eleven of those were presented to the search committee, and six of those were selected to be interviewed. Denver Health will keep the position open to encourage a greater and more diverse pool of candidates for the interview round. Thirty-one candidates were identified for director of pediatrics, seven of those were presented to the search committee and those interviews should be done by the end of the month. Fredric Pieracci, MD, is the interim director of surgery. The search for a new director of surgery will begin once the other searches are finalized. Enid Wade was appointed new chief legal counsel. A subcommittee of medical staff was established to address provider engagement and wellness issues. The committee created initiatives to address well-being for front line medical workers such as team building and social activities.

EXECUTIVE SESSION

I. APPROVAL ITEMS

   A. Faculty promotions committee actions were unanimously approved.
B. Sr. clinical appointments and promotion committee actions were unanimously approved.