ATTACHMENT 1

School of Medicine Executive Committee
Meeting Minutes
Tuesday, July 16th, 2013
AO1 Building, 7th Floor Boardroom

Present

Members: John Cambier, Robert D'Ambrosia, Steve Daniels, Frank deGruy, Laurie Gaspar, Tom Henthorn, Randall Holmes, Herman Jenkins, Mark Johnston, Richard Krugman, Kevin Lillehei, Wendy Macklin, Naresh Mandava, Dennis Matthews, David Norris, Angie Ribera, Ches Thompson for Nanette Santoro, David Schwartz, Ann Thor, Andrew Thorburn, Ken Tyler, Richard Zane

Participants: Tom Blumenthal, Terri Carrothers, Mark Couch, James Hill, Ben Honigman, Doug Jones, Steven Lowenstein, Thomas Meyer (VA), Marian Rewers, E. Chester Ridgway, Carol Rumack, Jane Schumaker, Ron Sokol, Fred Suchy, Cheryl Welch, Nan LaFrance

Guests: Kim Benson, Richard Spritz

I. Approval of the Minutes – The June 18th, 2013 SOM Executive Committee Meeting minutes were approved as written.

II. Dean's Update and Discussion Items

A. Discussion Items:

1. ***Dean's Updates*** – in addition to the Dean's updates listed, Dean Krugman added two updates.
   a. **VA Badging -** Thomas Meyer, MD from the VA discussed a memo sent to Dean Richard Krugman from the Department of Veterans Affairs regarding Personal Identity Verification (PIV) Badging of Health Professions Trainees on July 3rd, 2013. The VA has an obligation to protect the Veterans and staff from harm that might come from unauthorized access to VA facilities and/or personal information. However, Facility Directors and Chiefs of Staff are directed to continue to process trainees for PIV credentials, but if a trainee cannot be badged before the start of their training rotation, they will be allowed to start their rotation providing they have completed required on-board process (application paperwork) and are listed on a signed Trainee Qualifications and Credentials Verification Letter (TQCVL) from the affiliate; have completed the online VHA Mandatory Training for Trainees (MTT) course (or the MTT refresher course) and have signed the online Rules of Behavior embedded therein; have a successfully adjudicated fingerprint - Special Agreement Check (SAC); and have a school-issued credential or, in the absence of a school credential, have been issued a facility based, non-smart-card credential. After completing the above steps, unbadged trainees will be granted access to enter the facility, work under supervision, access IT systems with a user name and password until such a time as the PIV badge has been issued.
   b. **National Jewish Affiliation Update** – a letter was received from National Jewish Board of Directors Chair addressed to Chancellor Don Elliman, EVC Lilly Marks and Dean Richard Krugman asking to preserve the affiliation and to not move the Department of Immunology back to the SOM campus. Once the lease is terminated (June 30, 2014), there are discussions about whether or not, and which parts of the Immunology Department will move back to this campus. There will be a fiscal and space impact. The School of Medicine is not ending the affiliation with National Jewish, the lease has ended. At the moment, there are no conversations between National Jewish and UC

Health and Children's Hospital Colorado. The Dean asked that the committee to think about how to move the SOM scientific and the Department of Immunology's faculty's needs forward by the end of the lease.

B. **Update on AMC Health and Wellness Center** – the AMC H&W Center Director, Dr. James Hill stated that the center has now been open for just over 1 year. One of the commitments made was the push to make the AMC 'very' healthy. At this time they are moving forward with this commitment, starting with the SOM. The benefits of doing this would go far beyond health, i.e., employee productivity, making a good place to work, retention, etc. Dr. Hill will be sending the department chairs a request to appoint one person in their department as their Departmental Wellness Officer. The H&W Center will work with the appointed individuals to come up with ideas and plans to take back to the departments. The appointed person must be someone the department chairs are committed to and who has passion for doing this. It may lead to having a wellness committee in each department and if it works for the SOM they would like to go to other organizations. They would like to start this process this summer. Dr. Hill will send out an email to all department chairs shortly. This will be a voluntary position.

C. **Strategic Planning Research Update** – Dr. E. Chester Ridgway, Sr. Associate Dean for Academic Affairs along with Dr. Wendy Macklin updated the committee on the strategic planning for research. There were 13 areas in the research strategic planning that were identified. Infrastructure was the highest rated item to be improved, the issues are mainly the processes of Grants and Contracts and IRB of which many 'fixes' have been tried over the years, but have failed. A discussion from downtown was to bring in a consulting group to review all G&C on all campuses. There will be a resurgence of energy to focus more on the issues of G&C. The second most important item identified was Personalized Medicine and Bioinformatics. This has moved in a positive way due to Dr. Mark Johnston and the committee developed the framework for this which led to CREW (Clinical and Research Enterprise-wide Warehouse) and has been championed by Dr. Michael Kahn. Dr. Kahn has presented the information to the hospitals for funding. The Dean stated that there is a $25M / 5 year commitment, which has been conceptually approved for the Data Warehouse. Dr. David Schwartz stated that in addition to the Data Warehouse, there will also be a critical mass of investigators that will be located in the Department of Medicine with secondary appointments across the school and DOM is in process of recruiting for a Division Head for Personalized Medicine and Bioinformatics.

Dr. Macklin addressed the other basic science areas; neuroscience, cancer, immunology, microbiology, etc. and reorganization. The main purpose of the reorganization is to enhance CU SOM research programs. The strongest research areas are identified as:

- Immunology and Microbiology
- Neuroscience
- Cancer Biology
- Genetics/Genomics
- Structural Biology
- Developmental Biology

The Centers and Clinical Departments/Divisions that are strongly linked are:

- Infectious Disease (adult and pediatric)
- Transplantation
- Centers for Neuroscience, Neurology, Psychiatry and Neurosurgery

- Cancer Center, Medical Oncology
- Division of Biomedical Informatics

Four basic science departments are being proposed:

- Immunology & Microbiology
- Neurobiology
- Cell Signaling and Cancer
- Structural Biology and Molecular Genetics

Potential downsides are that some key areas feel they may be ignored, some faculty may feel they don't fit, the expense of the rearrangement and some feel that it is too minor of a change. The potential upsides are consolidation of strong basic science research areas, the focus to build more nationally recognized excellence, departments with critical mass, multi-investigator interdisciplinary grants, enhanced integrated activities of several centers, easier links to research in clinical departments, more efficient space utilization, opportunities for advantageous adjacencies, administrative efficiency and uniform academic and financial expectations. Dr. Suchy expressed a concern of 'locking' physicians into these four proposed departments. He asked where does cardio-pulmonary vascular disease fit into these four areas and what about Developmental Biology? Basically he's concerned about certain areas that are outstanding but not necessarily represented. Dr. Macklin stated that this is in the first stages and not all questions have answers as of yet. Dr. Thor has two major concerns, the first is budgeting. She would like to know what the cost would be, in a positive way, so it can be truly a plus-side to this process. Her second concern is that a great deal of research that occurs in the school actually occurs in the clinical departments and without pulling together the clinical, basic science and in-between interfaces which is where she believes the future of much of the funding mechanisms are going, would be detrimental. Dr. Thorburn thinks of this as an opportunity to create stronger interactions and feels that restructuring the basic science departments that would create stronger joint appointments and stronger interactions for specific faculty on a specific basis. He also feels that the PhD program should be their own entity that is governing training and joint appointments between basic science departments and laboratory focused scientists in the clinical departments that really need something. By this he means there should be a way of getting salary support from the Basic Science Department as well as the Clinical Department. Dr. David Schwartz believes this is a great start and it makes a lot of sense because basic departments need more critical mass than they have and if the infrastructure is to be changed, we should think about real changes that draw the basic and the applied sciences together in a much more meaningful way that are financially incentive driven. Dr. Richard Spritz said that the Grad School just went through reorganization. The Dean asked for a written report. The Dean stated that this is not an effort to squeeze administration out to make more money. This is the link to the academic enterprise that gives our clinical system a "leg up" on the other healthcare systems in this state. The case is that this can't be an academic health system unless there is an academic enterprise. There are positive conversations that are not done yet. There will be two open forums on July 22nd and 24th at 4:00pm in the Hensel Phelps West Auditorium. There is a hope that there will be a significant infusion of ongoing base dollars to the school that can facilitate this change. The two biggest opportunities the Dean sees for where ongoing support needs to go are the research enterprise, not just the basic sciences organization but the support of the investigators in clinical departments who do not have support other than clinical dollars. There needs to be support across the board. As an example, COHO has been funded since the beginning with AEF dollars. If there were an infusion of new base resources into the SOM, then centers like COHO and Effectiveness are deserving of ongoing support from the school. COHO has evolved over 18 years into something that is core to the functioning of the clinical, clinical research and academic enterprise. Some portion of whatever the new ongoing resources are, in

his view and still needs to be discussed around how clinical departments to a varying degree are willing or able to support MD and PhD scientists with their clinical revenue. This has been an incredibly positive place when it comes to generating clinical revenue. This kind of change regarding the research is precisely the kind of change that he believes UCHealth can support and get engaged in because it is saying we want to be sure we're here as an academic institution in the future, not just funding the status quo. In 1991 during discussion of the indirect cost recovery, the original proposal was to carve 30% out of the Chancellor's budget and give to SOM. However, the SOM created a proposal to work off the increment and create incentives to do better and he believes this is the kind of thing to do with both the ongoing base resources as well as the AEF that still will be used for one time resources to help everyone develop their research enterprise. There are going to be incremental resources. He just wants to reiterate that they are not talking about status quo with a budget but are talking about growth and how to use it wisely. Dr. Stephen Daniels believes that this proposal feels like it is just re-arranging and there might be some broader considerations. He feels this may be an opportunity to do things a little different, with possible consideration of having a combined basic science/clinical department focused on Genetics which other schools have but our SOM does not. His concern is that the conversations are too narrow focusing on current strengths and should possibly focus on not only what we have, but what we will need in the future. Dr. Macklin stated that discussions on reorganization are ongoing and not final. Dean Krugman stated that he has spoken with Chancellor Elliman and EVC Marks about how this campus needs to be extracted from the current funding formula that higher education and the rest of the University is involved with because this current funding formula does not work for the SOM. There will be further discussion.

D. **New Clinical Practice Series –** the Regents have approved the new Clinical Practice Series and the SOM is prepared to implement it. Associate Dean, Dr. Steven Lowenstein presented a high level review. The new series is to help continue expansion of the clinical enterprise, keeping clinicians increasingly focusing on direct patient care, increasing system-wide focus on quality, patient safety and value and help recruit and retain talented clinicians. These clinicians are increasingly focusing on direct patient care often have clinical and administrative responsibilities that are too large to justify a uniformed requirement for scholarship. The clinical earnings account for more than 50% of the SOM budget. Most medical schools offer at least one clinical promotion track to specifically help recruit and retain talented clinicians. The emphasis will be on the majority of the faculty with different balances of authority and responsibilities can and should remain in regular series (Clinician-teachers, Clinician-scientists, Basic scientists), the difference is that meritorious scholarships is required for all faculty members in a regular series and is no longer required (however, encouraged) for faculty in the new clinical practice series. This series is for faculty members who focus on direct patient care, their titles will be Associate Professor or Professor of Clinical Practice and at every rank they will have to demonstrate excellence in clinical practice and at least meritorious teaching. Scholarship is not required and for that reason they are not tenure-eligible. They can hold limited and rarely at-will appointments, they will have the same promotion time-clock and eligible for sabbatical and basically given the same rights and privileges as other faculty. It is a title available only at the associate and full professor rank which is intentional. Instructors and Assistant Professors will remain undifferentiated and not be eligible for these types. The rules state: 'Prior to undergoing departmental review for promotion from Assistant Professor to Associate Professor, all faculty members, in consultation with their chair and mentors, must choose whether to seek promotion to Associate Professor in the regular or clinical practice series.' Normally and ideally, they will make this election after they have explored career options after undergoing their mid-course comprehensive review, based on the probationary period, their accomplishments, their interests and how they succeed in clinical work, service, teaching and scholarship. The criteria for

Associate Professor of Clinical Practice is excellence in clinical practice; meritorious performance in teaching; a local or regional reputation; clinical scholarship is encouraged and will strengthen the clinician's portfolio. The criteria for **Professor of Clinical Practice** is excellence in clinical practice; meritorious performance in teaching; substantial, significant and continued growth and achievement in areas of expertise; a national or international reputation for excellence in clinical care; at least one of the following – excellence in teaching or leadership of structured projects that have assessed and improved the quality, value and efficiency of clinical care (greatest weight is given to scholarly projects that advance the science and practice of health care quality, efficiency and patient safety,); Clinical scholarship will strengthen the clinician's portfolio. The implementation plans for year 1 are focused on promotions to full professors; promotions to Associate Professor who met the criteria of assistant professors with 5+ years in rank who have undergone a comprehensive (mid-course) review; Instructors and Sr. Instructors those who will qualify for advance in new series should be promoted to Assistant Professor and undergo comprehensive review at appropriate time. The implementation data is requested by the Provost and Regents – how many faculty members are being promoted in this pathway, their degrees and accomplishments. There is an obligation to track this data to provide to the Provost and Regents. Dr. Stephen Daniels pointed out that promotion to an Assistant Professor is not a promotion but is a shift in track and while he understands the need to prioritize, there may be some who have been Sr. Instructors who have been in that position for 5 to10 years or more doesn't seem to make sense. Dr. Lowenstein said that he would be available to talk to any department chair about this and how to do it properly. Dr. Ken Tyler asked if the department could, at its discretion, place them at Associates instead of starting at the bottom of the track. Dean Krugman stated that if you have individuals who have been Sr. Instructors for an extended period of time and who meet the criteria for Associate, should be considered. The Dean asked if there will be a separate promotions committee and Dr. Lowenstein explained that a meeting is being held later in the day to determine this. Dean Krugman suggested that an adhoc committee be put into place for a year or two to be able to deal with the volume which would then over time reduce. Dr. Mandava asked about clinicians who are in satellite locations who do not have the opportunity to teach, would they go the Instructor/Sr. Instructor route or which series would they go through? Dr. Lowenstein responded that there are opportunities to teach and without that they will not be considered for promotion. Dean Krugman reminded everyone who have faculty who have no opportunities to teach that there are opportunities to teach in small groups in Phase I and II of the curriculum. If anyone is in search of teaching, please contact Dr. Celia Kaye and/or Faculty Affairs. Dr. Ridgway commented that he was worried about matrix for excellence and how a department chair can evaluate for excellence. Dr. Lowenstein explained that there are no changes to the current matrix currently used and the accomplishments are outlined in the clinician's portfolio.

EXECUTIVE SESSION

IV. Approval Items

a. The approval for Emerita Appointment for Dr. Celia Sladek was unanimously approved.

The meeting adjourned at 9:23am