State of the School
University of Colorado School of Medicine
October 20, 2010

“Clinical Transformation: Our Next Challenge”

Richard D. Krugman, MD
Dean, School of Medicine
Vice Chancellor for Health Affairs
## Deceased Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department</th>
</tr>
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<tbody>
<tr>
<td><strong>Carter M. Ballinger, MD</strong></td>
<td>Professor</td>
<td>Department of Anesthesia</td>
</tr>
<tr>
<td><strong>John Biddinger, MD</strong></td>
<td>Clinical Professor</td>
<td>Department of Family Medicine</td>
</tr>
<tr>
<td><strong>S. Gilbert Blount, Jr., MD</strong></td>
<td>Professor Emeritus</td>
<td>Department of Medicine, Cardiology</td>
</tr>
<tr>
<td><strong>Yang Chen, MD</strong></td>
<td>Professor</td>
<td>Department of Medicine, Gastroenterology</td>
</tr>
<tr>
<td><strong>R. Neil Chisholm, MD</strong></td>
<td>Professor Emeritus Chairman</td>
<td>Department of Family Medicine</td>
</tr>
<tr>
<td><strong>John W. Cowee, PhD, LLB</strong></td>
<td>Chancellor</td>
<td>University of Colorado Health Sciences Center</td>
</tr>
<tr>
<td><strong>John DeLauro, MD</strong></td>
<td>Associate Clinical Professor</td>
<td>Department of Surgery</td>
</tr>
<tr>
<td><strong>F. Bing Johnson, MD</strong></td>
<td>Professor Emeritus</td>
<td>Department of Radiation Oncology</td>
</tr>
<tr>
<td><strong>Fred Kolhouse, MD</strong></td>
<td>Professor</td>
<td>Department of Medicine, Hematology</td>
</tr>
<tr>
<td><strong>Clayton K. Mammel, MD, DDS</strong></td>
<td>Clinical Professor</td>
<td>Department of Otolaryngology</td>
</tr>
<tr>
<td><strong>Thomas Petty, MD</strong></td>
<td>Professor Emeritus</td>
<td>Department of Medicine</td>
</tr>
</tbody>
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# Retired Faculty - 2010

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Robert Anderson, MD</td>
<td>Professor Emeritus</td>
<td>Department of Medicine</td>
</tr>
<tr>
<td>William Arend, MD</td>
<td>Distinguished Professor Emeritus</td>
<td>Department of Medicine</td>
</tr>
<tr>
<td>Richard Bakemeier, MD</td>
<td>Professor Emeritus</td>
<td>Department of Medicine/ Medical Oncology</td>
</tr>
<tr>
<td>Michael Browning, PhD</td>
<td>Professor</td>
<td>Department of Pharmacology</td>
</tr>
<tr>
<td>Robert Long, MD</td>
<td>Sr. Instructor</td>
<td>Department of Psychiatry</td>
</tr>
<tr>
<td>Catherine Romaniello, MPH</td>
<td>Sr. Instructor</td>
<td>Department of Pediatrics</td>
</tr>
<tr>
<td>Bruce Wallace, PhD</td>
<td>Professor Emeritus</td>
<td>Department of Physiology &amp; Biophysics</td>
</tr>
<tr>
<td>Margaret Neville, PhD</td>
<td>Professor Emerita</td>
<td>Department of Physiology &amp; Biophysics</td>
</tr>
</tbody>
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127 years of history in five snapshots!
Top Four Contributors to Making this Move a Reality

- 4 Discretionary SOM F/A return ($65.6M)
- 3 Philip Anschutz ($109 million)
- 2 State of Colorado Certificate of Participation Holders ($202 million)
- 1 SOM-UPIClinicians through the AEF ($226 million)
CU Foundation
School of Medicine

FYTD SOM results as of October 20, 2010: $32,474,787

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>FY 2010</td>
<td>$32,474,787</td>
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<tr>
<td>FY 2009</td>
<td>$26,515,097</td>
</tr>
<tr>
<td>FY-2008</td>
<td>$20,807,034</td>
</tr>
<tr>
<td>FY 2007</td>
<td>$49,872,618</td>
</tr>
<tr>
<td>FY 2006</td>
<td>$18,904,770</td>
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<tr>
<td>FY 2005</td>
<td>$17,506,961</td>
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Total Fundraising since 2005: $166,081,297
University of Colorado School of Medicine
Trend in Sources of Revenue
1982 – 2010

- Other
- Grants & Contracts
- Practice Plan
- Tuition & Fees
- State Appropriation

In Millions of Dollars

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<tr>
<th>Year</th>
<th>Other</th>
<th>Grants &amp; Contracts</th>
<th>Practice Plan</th>
<th>Tuition &amp; Fees</th>
<th>State Appropriation</th>
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<tbody>
<tr>
<td>1982</td>
<td>$900</td>
<td>$750</td>
<td>$450</td>
<td>$600</td>
<td>$300</td>
</tr>
<tr>
<td>2010</td>
<td>$900</td>
<td>$750</td>
<td>$450</td>
<td>$600</td>
<td>$300</td>
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</table>
Some Revenue Observations

- Two sources of revenue from the State:
  - State appropriation ($10.9 million)
  - Tobacco settlement dollars ($3.6 million)

- The total ($14.5 million) is what we had in state dollars in 1985.
Personnel Highlights of the Last Year

- **Searches Completed**
  - Dan Theodorescu, MD, PhD, Cancer Center Director
  - Andrew Thorburn, PhD, Pharmacology Department Chair
  - Ed McCabe, MD, PhD, Linda Crnic Institute Executive Director
  - James O. Hill, PhD, Health & Wellness Center Executive Director

- **Searches Under Way**
  - Department of Medicine (negotiating)
  - Department of Emergency Medicine (interviewing)
  - UPI Executive Director (interviewing)

- **Personnel changes**
  - Celia Kaye, MD, PhD, for Rob Feinstein, MD, Senior Associate Dean Education
  - E. Chester Ridgway, MD, MACP, Interim Chair Medicine
  - Robert Fries as interim for Lilly Marks, Senior Associate Dean Finance & Administration
  - Joel Levine, MD, MACP, Senior Associate Dean Postgraduate Medical Education
  - Doug Jones, MD, Senior Associate Dean Clinical Affairs
Changes at the Top

- M. Roy Wilson, MD, MS to Chancellor Emeritus
- Lilly Marks to CU Vice President for Health Affairs and AMC Executive Vice Chancellor
- Jerry Wartgow, PhD to Interim Chancellor UCD
- Barry Shur, PhD, UCD Dean Graduate School
  - School of Medicine made major commitment to assure that the Graduate School would have resources for its mission.
Research Highlights of the Past Year

• Infusion of ARRA awards ($54 million)
• Research retreat areas of focus
  – Obesity, Vascular Biology, Neuroscience, Microscopy, Research Imaging, Personalized Medicine
• All received SOM funding to move ahead
• CCTSI in third year
• Successful bridge funding program
AEF Bridge Funding Results 2006-2009

- $2.2 million in bridge funding awarded to 43 faculty, most awards $50,000
  - 32 faculty (74%) successfully obtained grant funding within a year
  - 27 faculty received 58 major grants >$100,000 (20 RO1 and 2 R21)
  - $30.7 million ($21.8 direct) total research funding obtained by these faculty

- Thanks to the SIRC members and Dick Johnston, MD, for their work on this program.
Education Highlights of the Past Year

• Diversity
  – President’s scholarship funding led to doubling of numbers of diverse students entering the class of 2014.
  – Should erase LCME citation from 2009 visit.
  – Lack of state funding for education a worry then, still a worry!

• Clinical Branch Campus Development
  – No real possibility of opening the Grand Junction campus until either state funding improves or major donor comes forward (but several blocks through AHEC are open).
  – Interest in developing a branch campus in Colorado Springs without state funding.
Challenges

• Affiliations are more important than ever
  – We have completed and signed the Children’s Hospital/SOM/UPI affiliation agreement.
  – We are in the final stages of a revision of the Denver Health/SOM affiliation agreement.
  – We are beginning the process of revising the National Jewish/SOM affiliation agreement.

• Many health policy observers believe that there will be significant consolidation of hospital systems in the United States in the future.
The Challenges Ahead
(from 2009 SOS)

• While the research and undergraduate medical educational programs are now very interdisciplinary and collaborative, the clinical practice has not yet attained this status.

• The School, in UPI, has a fabulous business enterprise; the clinical practice is not yet as interdisciplinary and collaborative as it needs to be.

• To attain “Mayo” or “Cleveland Clinic” like service, we will need to work closely with UCH and TCH.

• The future of the research and educational missions depends on our being able to do so.
The Work Group identified several key success factors critical to achieving this goal:

1. Full commitment to clinical medicine in every clinical Department and Division
2. Consistent delivery of high levels of service to patients and referring physicians
3. Increased clinical capacity and availability to ensure access and high service to patients and referring physicians
4. Consistent approaches to faculty compensation that reward clinically productive faculty
5. Significant coordination and collaboration among faculty in diagnosing and managing patients
6. A number of changes to governance and oversite of the clinical enterprise will be needed

The remainder of this document describes the initiatives required to begin realizing these key success factors.
The combination of complexity, professional fragmentation, and a tradition of individualism, enhanced by a well-entrenched hierarchical authority structure and diffuse accountability, forms a daunting barrier to creating the habits and beliefs of common purpose, teamwork, and individual accountability for successful interdependence that a safe culture requires.

Leape and Berwick, 2010
Clinical Transformation: Implementation

• Coherent, effective clinical administrative structure.
• Improved data collection and retrieval.
• Enhanced learning of science and practice of interdisciplinary clinical excellence.
• Clear academic value of science and practice of systems-level clinical excellence.
Implementation

- Task force met for nine months and created vision statement (www.medschool.ucdenver.edu).
- We have agreement from the AMC Executive Council, the UPI Board and the Executive Committee on our need to take on the task.
- Implementation will be designed by a task force led by Tom Henthorn with clinical chairs, faculty, UPI, UCH and TCH staff.
Implementation

• Commit to the proposition that clinical care needs to be superb and first among equals of the tripartite obligations of clinical departments.
  – Adjust the Chartis 2008 draft mission statement and ratify it at Executive Committee and Faculty Senate.

• Decide what commitment means:
  – What administrative structure within the school and its departments, and
  – What processes do we need to develop in order be sure we will be successful?

• Devise monetary and non-monetary incentives to increase the likelihood that the change will be enduring.
Necessities for Large-Scale Change

- Conviction that change is required
- Agreement that change is possible
- Motivated more by ‘want to’ than ‘ought to’
- Clear vision and purpose
- Internal examples of the desired change
- Powerful guiding coalition
- Effective implementation
- Urgency, also patience and respect
Summary: Why It’s Important

• The clinical enterprise is what fuels every part of our mission.
• We practice clinical medicine in a predatory health care environment.
• Health care reform will inevitably put more pressure on revenue and squeeze those not practicing safely and effectively.
We can do this....
Questions or Comments?

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