Retired Faculty 2016-2017

Paul Bauling, MD
Assistant Clinical Professor
Surgery

Philip Freedman, MD
Clinical Professor
Family Medicine

John Moorhead, PhD
Professor
Immunology/Microbiology

David Shepard, DO
Sr. Instructor
Psychiatry

Edward Canham, MD
Assistant Clinical Professor
Medicine

Maureen Garrity, PhD
Associate Professor
Medicine

John Nagle, MPA
Sr. Instructor
Family Medicine

Dana Shepard, MS
Sr. Instructor
Pediatrics

Monica Carten, MD
Associate Professor
Medicine

Scott Hompland, DO
Assistant Clinical Professor
Family Medicine

Toan Nguyen, MD
Visiting Professor
Medicine

Elizabeth Stamm, MD
Associate Professor
Radiology

Sue Eckhardt, MD
Professor
Medicine

Lawrence Horwitz, MD
Professor
Medicine

James Oberheide, MD
Associate Clinical Professor
Family Medicine

Lucinda Tanner
Sr. Instructor
Pediatrics

Gregory Everson, MD
Professor
Medicine

Michael Iseman, MD
Professor
Medicine

Donald Penning, MD
Professor
Anesthesiology

Robert Tate, MD
Associate Clinical Professor
Medicine

Gina Feinsinger, MD
Clinical Professor
Family Medicine

Georgia Koch, RN
Senior Instructor
Pediatrics

Debra Schell-Frank, Ed.D
Sr. Instructor
Pediatrics

Lynn Taussig, MD
Visiting Clinical Professor
Pediatrics

Robert Low, MD, PhD
Associate Professor
Pathology

Claude Selitrennikoff, PhD
Professor
Cell & Developmental Biology

David Tinkelkman, MD
Professor
Pediatrics

2018 State of the School
In Memoriam
2016-2017

Our condolences to the families and friends of our former colleagues.

2018 State of the School
• Overview
• Trajectory
• Diversity
• Complexity
Multiple Choice

• The State of the School is:
  A. Complicated
  B. Inextricably intertwined with our hospital partners
  C. Colorado
  D. Good and getting better
  E. All of the above
We have issues but they are good issues to have.
Some notable leadership changes:

• New Senior Associate Dean for Education: Shanta Zimmer, M.D.
• New Associate Dean for Students: Brian Dwinnell, M.D.
• New Chair of Physical Medicine & Rehabilitation: Venu Akuthota, M.D.
• Continued high profile faculty recruits.
• We are now the ‘hunting grounds’ for others to look for talent.
  – A number of our faculty have been recruited for Department Chair and other leadership positions.
Education Milestones

• Successful LCME Reaccreditation
  – Thanks to all and a special thanks to Bob Anderson.

• Comprehensive Curriculum Review and Redesign is underway.

• 2\textsuperscript{nd} LIC group spending 3\textsuperscript{rd} year in Colorado Springs

• Conversations with CSU.
Research

- Successful competitive renewal of our Comprehensive Cancer Center Support Grant.
- Highly scored competitive renewal of CTSA grant that supports the CCTSI.
- Hosting/hosted ELAM, Doris Duke Fund to Retain Clinical Scientists meetings.
- Transformational awards making good progress.
- Continuing to recruit new talent to join our faculty.
- Good progress in improving the clinical research/trials environment.
  - OnCore
  - CHCO Master Services Agreement
  - Maturation of Health Data Compass
Clinical

• THE activity that differentiates us from the rest of the university.
• We are the largest physician practice in Colorado.
• Our reputation is spreading:
  – UC Hospital at Anschutz, CHCO at Anschutz are both nationally ranked.
  – Growth rate of 10-12% per year.
  – Objective data showing outstanding outcomes in a number of clinical programs.
• Commitment to the underserved
  – Agreement with Medicaid to expand specialty access to beneficiaries.
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
SOURCES OF FACULTY COMPENSATION
Fiscal Year 2016-17

Clinical Science Faculty
- 6.7% Unrestricted State + Tuition
- 14.5% UPI Clinical & Contract
- 7.0% Grants & Contracts
- 10.0% Other Revenue

Basic Science Faculty
- 78.7% Unrestricted State + Tuition
- 42.3% UPI Clinical & Contract
- 4.4% Grants & Contracts
- 11.3% Other Revenue

Total Faculty
- 75.8% Unrestricted State + Tuition
- 42.3% UPI Clinical & Contract
- 5.9% Grants & Contracts
- 11.3% Other Revenue

*Pathology PhD/MS/RS is included in Basic Science

Source: Table I 2016-17 Data
Trajectory:

- Past
- Present
- Future
  - What do we want?
*Represents a nearly three-fold increase in paid faculty from 2000 to 2017.
CU Medicine Income Trend
FY13 – FY 17

- Clinical Income - Adult Health
- Clinical Income - Child Health
School of Medicine Philanthropic Dollars Raised

*FY17 data includes gifts of $38M for the Marcus Institute for Brain Health and $20M for the interdisciplinary building
Figure 1: Institutional Research Expenditures by Subcategory—Breakdown of the $0.53

*Error bars represent 95% confidence intervals*
Health care spending has grown much faster than the rest of the economy in recent decades.

Center for American Progress
Changes in Annual Spending Associated With Each Factor in the 5-Factor Decomposition, 1996-2013

Data markers to the left of the black vertical line (no change) indicate factors associated with decreased spending; to the right of the line, factors associated with increased spending. Black square data marker indicates the total spending change between 1996 and 2013. Error bars indicate uncertainty intervals.
Figure 7. Colorado General Fund Budget, FY 1999-2000 and FY 2016-17

The Department of Health Care Policy and Financing, which administers Medicaid, makes up more than a quarter of the state's general fund spending.

**FY 1999-2000**
$5.3 Billion General Fund
- Human Services: 8.8%
- Health Care Policy and Financing: 17.1%
- Education: 38.4%
- All Others: 22.1%

**FY 2016-2017**
$10 Billion General Fund
- Education: 37.5%
- Health Care Policy and Financing: 26.5%
- Human Services: 8.3%
- All Others: 18.5%
### Table 1. Timeline Of Medicaid Expansion Spending

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<td>Traditional</td>
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<td>Welcome Mat</td>
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<td>Newly Eligible</td>
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**State General Funds**  **State Hospital Provider Fee Funds**  **Federal Funds**

- **5%**, **6%**, **7%**, **10%**
The dilemma:

- If research and education require subsidy and . . .
- The main economic engine that subsidizes this is our clinical practice and . . .
- The cost of health care in the US is likely to put downward pressure on clinical revenues. . .
- How big do we want to be?
  - Prioritize strength over size.
Diversity 3.0

• Not out of a sense of obligation but because of our shared aspirations.

• Well done studies demonstrating that performance in complex problem-solving is better with diverse groups.
  – Diversity in all of its forms
    • ’Traditional’ definitions: sex, gender, race, ethnicity, religion, SES, rural vs. urban
    • Diversity of thought

• Care delivery is more effective when done by teams that more closely resemble the spectrum of the patients that we seek to serve.
Groups of diverse problem solvers can outperform groups of high-ability problem solvers

Lu Hong and Scott E. Page

1Michigan Business School and 3Complex Systems, University of Michigan, Ann Arbor, MI 48109-1234; and 4Department of Finance, Loyola University, Chicago, IL 60611

Edited by William J. Baumol, New York University, New York, NY, and approved September 17, 2004 (received for review May 25, 2004)

Table 1. Result of computational experiments

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<th>Group composition</th>
<th>Performance</th>
<th>Diversity, %</th>
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<tr>
<td><strong>Ten agents and ( l = 12 )</strong></td>
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<tr>
<td>Best agents</td>
<td>92.56 (0.020)</td>
<td>70.98 (0.798)</td>
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<tr>
<td>Random agents</td>
<td>94.53 (0.007)</td>
<td>90.99 (0.232)</td>
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<tr>
<td><strong>Twenty agents and ( l = 12 )</strong></td>
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<tr>
<td>Best agents</td>
<td>93.78 (0.015)</td>
<td>74.95 (0.425)</td>
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<tr>
<td>Random agents</td>
<td>94.72 (0.005)</td>
<td>91.46 (0.066)</td>
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<tr>
<td><strong>Ten agents and ( l = 20 )</strong></td>
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<td></td>
</tr>
<tr>
<td>Best agents</td>
<td>93.52 (0.026)</td>
<td>73.69 (0.843)</td>
</tr>
<tr>
<td>Random agents</td>
<td>96.08 (0.006)</td>
<td>94.31 (0.089)</td>
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Numbers in parentheses are standard deviations.
GME Residents and Fellows
Under-Represented Minority Enrollment

% of Total Enrollment

2013-14 67/1030
2014-15 76/1070
2015-16 87/1111
2016-17 93/1143
2017-18 111/1173

African American
Amer Indian/Alaskan Native
Hispanic/Latino
Hawaiian/Pacific Native
Mixed URM
GME Diversity

• SOM and GME co-sponsored second look program for residents continues and participation has expanded

• 2016-2017 recruitment season programs benefited from second look with URiM residents joining all second look participating programs

• This year’s second look day for residencies scheduled for February 2, 2018

• GMEC sessions have included holistic application review, implicit bias training

• Coordinators also participated in a separate implicit bias training session

• Expanded recruitment efforts at the national SNMA meeting in Atlanta 2017
Progress but a long way to go:

• Dean’s Office provides financial support for the recruitment of faculty who are underrepresented in medicine.

• Need to further develop a coherent strategy for GME and Faculty recruitment.
Complexity

• We are part of a complex ecosystem, with the Anschutz Medical Campus at the Center of our universe.

• Inextricably bound to our partners, most particularly
  – UCHealth
  – Children’s Hospital of Colorado

• Different but important relationships with:
  – Denver Health
  – Rocky Mountain VA Medical Center
  – National Jewish
UC Health Growth across the state

Key volume statistics (FY 2013 - FY 2017)

- **56% increase**
  - Admissions and Observation Visits
  - (122,000)

- **57% growth**
  - Outpatient Visits
  - (3.4 Million)

- **60% increase**
  - Lives Served
  - (1.4 Million)

- **412 new patients**

School of Medicine

UNIVERSITY OF COLORADO
ANSCUTZ MEDICAL CAMPUS
CHCO Footprint
Transformation from a campus to a hub:

- Faculty practice establishing a footprint in the community.
- UCHealth continuing down the road of transformation from a single teaching hospital to a system with a reach across the state.
- Children’s Hospital expanding to the north (Broomfield) and building a new dedicated hospital in Colorado Springs.
  - Regional 7 state strategy
- Our faculty are partnering with these systems to build programs that attract patients from around the country.
Prototypical University Interactome
The Mental Health Interactome of the CU SOM
Connections between authors in publications
Anschutz Medical Campus

• Originally a 40 year plan, we are way ahead of schedule.
• Contrary to projections, we are now facility limited on this campus:
  – We are out of faculty offices.
  – We have research space but we do not use it as well as we should.
  – We are reaching the limits of our vivarium, a critical resource for future research efforts.
  – Our clinical partners, particularly UCHealth, are out of space.
    • *Ambulatory practices full, although some opportunities for efficiency remain.*
    • *OR’s, inpatient beds full more often than not.*
    • *Demand likely to increase as complex referrals are generated by the expanding clinical systems.*
Plans for the upcoming year(s): [1]

- Continue to pursue world class talent in all of our spheres of activity.
  - *Emphasis on building a diverse faculty*

- Move ahead with a new building on campus to address some of our infrastructure needs.
  - Includes more vivarium space.

- Expand our clinical activities off of this campus
  - New locations with our hospital system partners
  - New locations to provide access to underserved populations
    - *Pursue an FQHC in Aurora*
Plans for the upcoming year(s): [2]

• Develop a coherent message to the community about Anschutz Medical Campus being THE place in the Rocky Mountain West to get clinical care for complex problems.
  – Translate this coherent message into a compelling opportunity for philanthropists to invest in our future.

• Partner to create clinical research footprint across the state, expanding outside of AMC.
  – Better integrate our outstanding Cancer Center into our cancer care delivery.

• Build the platforms that will allow us to visualize and manage our complexity.
Plans for the upcoming year(s): [3]

- Take an active role in:
  - Developing new care delivery models
  - Developing the policy framework that will guide Medicaid (and Medicare)
  - Developing the infrastructure that will support changing reimbursement models
Questions?