Welcome – Faculty Senate President Jennifer Richer, MD, called meeting to order. Approval of Minutes from March, 2015, meeting. Moved, seconded, and approved by acclamation.

Dr. Buttrick’s Comments (in Dean Reilly’s absence)
1. Searches New director of health and wellness center
2. Dr. Fuhlbrigge from the Brigham and Women’s Hospital is the new associate dean for clinical affairs, replacing Doug Jones.

Update to the Faculty Senate on School of Medicine and UPI Finances
Jane Schumaker, Senior Associate Dean for Administration and Finance
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Organizational Relationships
The School of Medicine is a unit of the University of Colorado Anschutz campus. Organizationally, it is one of two campuses within the University of Colorado Denver University Physicians, Inc. UPI is an organization that supports the clinical practice of the School of Medicine.

University of Colorado Hospitals, University of Colorado Health (the system of hospitals), Children’s Hospital Colorado are our two major teaching hospitals. They do not employ our faculty. Denver Health is also a significant Affiliate. Physicians at Denver Health are faculty of the School of Medicine but are employed by Denver Health.

School of Medicine funding
These are the sources of revenue and their relative contributions. As you can see clinical and research revenue – directly related to the work of the faculty – comprise the largest contribution.

**State General Fund Revenue**
These are the funds that come to us via the legislature
- State Appropriations
- Tobacco Settlement Funds
- Tuition and Fees
- Indirect Cost Return (F&A)

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**Overview of School of Medicine Funds Flow**

![Diagram of School of Medicine Funds Flow]

- = Unrestricted Funds
- = Directed Funds
- = Restricted Funds

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The diagram illustrates the flow of funds within the School of Medicine, detailing how different sources of revenue are used to support various departments, programs, and services.
Research funds
- Federal and non-federal grants and contracts

Direct Costs
Personnel, supplies, subcontracts, etc.

Indirect cost recovery
aka ICR, IDC or F&A (Facilities and Administration)
Percentage of most grants and contracts
- Used to support research infrastructure/overhead
- Portion of ICR distributed to school and departments based on formula

Current federal on-campus rate: 55.5%
Other rates for industry, foundations, etc.

Facilities and Administration Policy Distribution Methodology

F&A policy

Question from Senate Member: What actual fraction of ICR is devoted to debt service?
Dean Schumaker: Likely 60-70, or possibly 80%.

Question from President Richer: What is the projected date when it will be paid back?
Dean Schumaker: A Schedule for repayment exists and is available for review.

Practice Plan: Clinical Revenue

SOM Trend in Sources of Revenue FY 1983- FY 2015
What is University Physicians, Inc. (UPI)?
- 501(c)3 (IRS code) not for profit corporation
- Management services organization serving the faculty of SOM to support the clinical practice
- Operating Agreement with CU Board of Regents
- Mandatory Faculty Membership
- Member Practice Agreement
- Assignment of clinical income
- Delegation of billing/contracting
- Governed by Board of Directors – clinical chairs and elected faculty
- Employer – but not of physicians or other providers

What Does UPI Do?
Billing and collecting –fees generated by faculty, Compliance, Commercial and third party contracting (Managed care credentialing), Office of Value Based Performance, Legal Review and Administration for Faculty Consulting and Speaking contracts, Health Plan Management (U of Colorado Health and Welfare Trust), Business Development (Joint Ventures, Practice Acquisition), and Financial Reporting/Investing.

In providing these services, Assessments or “taxes” on clinical revenue as a percent of revenue are detailed here (total 13.9%)
100.0% Total Revenue
(6.6%) SOM Academic Enrichment Fund (10% Dean's Assessment)
(5.9%) UPI Administrative Fees (8.5% Clinical/2.0% Contract, net of rebate)
(0.7%) Direct Charges (Fee Coordination, Worker's Comp)
(0.5%) University Allocations (Malpractice Premiums, Operating Agreement)
(0.1%) Board Approved Allocations (PCP Support, Medical Director)

*Academic Enrichment Fund*
Academic Enrichment Assessment on clinical revenue (10% on collections, some exemptions for technical components) that is subsequently invested by the Dean (Recruitment, Facilities, Programs).

**Academic Enrichment Funds Expenditures FY 2015**

![Pie chart showing expenditure distribution]

**Total AEF Expenditures: $384,469,206¹**
Why is this important?
Cancer Immunotherapy was chosen as the breakthrough of the year in 2013 by the Journal Science. Cancer Immunotherapy embodies methods to enhance or suppress activity of immune system to control cancer. Three strategies were discussed.

Checkpoint blockade: seeks to remove the brakes on the immune system toward better elimination of the tumor. Checkpoint inhibitors remove the tumor’s ability to defeat the typical attack by Tcells. We have a million Tcells per milliliter, with different specificities for different antigens. This diversity can be focused to attack a single antigen or single tumor.

Chimeric antigen receptors to homogenize the antigen specificity of killer Tcells. Ex vivo modification of Tcells reintroduced to patient in cases of B-Cell lymphoma and chronic lymphocytic leukemia. Some collateral damage to normal B-cells occurs, but the feasibility and effectiveness is well established.

Bispecific Tcell Engager (BiTE), antibodies redirects Tcell specificity; currently being tested clinically.

Given the little activity on this campus in these three approaches, a cross-specialty effort to become more involved in clinical trials to address cancer utilizing these methods, treat patients and train young physicians in these techniques of treatments and strategies.

Question from President Richer: Are these Investigator initiated trials, or more commercial ventures?
Dr. Cambier: As scale up occurs, we will be bringing in commercial entities.

Question from Faculty Senator: Three approaches only?
Dr. Cambier: Whole set of immunotherapies exist and provide a much broader potential for augmenting and suppressing the immune system.

Question from Faculty Senator: Can others be involved?
Dr. Cambier: As we grow and implement the program, there are plans for recruiting other contributors across the campus.

Associate Dean Faculty Affairs Steve Lowenstein: Are the plans for incorporating graduate students already here or will new graduate students be brought in?
Dr. Cambier: Both outside recruiting and internal students can be incorporated.
Results of the Independent Student Analysis (ISA) for the LCME.  
Senior Associate Dean for Education, Robert Anderson, MD

As one of four requirements for LCME accreditation, an Independent Student Analysis was recently completed. Overall satisfaction throughout the 4 years was demonstrated. Mistreatment has been the focus of medical school initiatives and has seen gains, though some progress can still be made.

Overall, the ISA had the following positives:
- Overall quality of education perceived to be high
- Mistreatment is declining
- Improvements in communication with administration and perception that administration is responsive to students concerns
- Improvements in IPE
- Improved satisfaction with health and psychiatric student services

Reviewing the ISA, several opportunities for improvement exist:
- Biostatistics and evidence-based medicine
- Meaningful mid-course feedback and direct observation required
- Diversity of student body and faculty a priority
- IPED into the clinical realm
- Improve cultural competency, medicine and society and health disparities education
- Continued efforts to eliminate mistreatment

Meeting adjourned 5:30 pm by President Jennifer Richer.

Respectfully submitted,
Michael Overbeck, MD
Secretary, Faculty Senate.