Minutes Faculty Senate 12/8/15

Call to order Jennifer Richer 16:35

Minutes
   Moved Kerrie Moreau, second Natalie Serkova.
   Approved by acclamation

Dean Reilly’s Comments

1. We are in the midst of an External review of biostatistics capabilities, will provide better organization of biostatistical support on this campus. Results of this review will be available in December 2015.
2. We’ve recently selected a new Chair for Department of Anesthesia, from the University of Virginia, Dr. Vesna Todorovic.
3. Lori Sussel will be the new Chair of Research of the Barbara Davis Center
4. Responses to the RRP, 64 letters of intent received, 39 completed submissions for the grant. Report back in January with results
5. State Legislature “Provider Service Fee.” Consideration for reclassification from “state” revenue to “enterprise revenue.” The governor in his budget has included $20M less to state colleges and Universities, which translates to $1.2M - $1.4M less to our medical school.
6. Change in Medicaid reimbursement in the new proposed budget, which will roll back to 2012 levels for primary care, which translates to $13.5M less to practitioners in primary care likely making those providers in the community more likely to turn those patients away, resulting in demand for those services to increase on this campus. 20% of Colorado’s population is on Medicaid, and this will reduce their access to care.

Curt Freed
On the Medicaid side, is it a discretionary budget item for the states individually?

Dean Reilly
Any changes in the payment/fee schedule needs to be approved by CMS. So technically, if CMS deems that this move reduces access to care for Medicaid patients, it could be invalidated on those grounds. A minority of state senators have threatened the leadership of the president of the senate to keep this issue alive.

GME Annual Report/Update
Carol M. Rumack, MD, ACGME Designated Institutional Official (DIO) provided an update on the progress, characteristics, and areas for improvement in the institution’s GME enterprise.
General Characteristics

University of Colorado is the 23rd largest program in GME in US (of 676 Institutions)
Oversees 140 Program Directors and 1500 core faculty including 28 ACGME Residencies and Fellowships
1000 GME Enrollees in our ACGME residencies 2015-2016
Threats are those states that did not expand Medicaid, over 700 GME positions were lost nationally in the last year.
Primary care specialties are about 30% of our residents (320 people each year), including new program in Internal Medicine-Pediatrics
Minority enrollment has moved from 5 to 8 % from 2011-2015

Results of the GME exit survey reflect back success and areas for improvement
GME Exit survey – Mandatory exit survey garners 100% response rate
Graduate satisfaction is very high
Housestaff Report 95% Positive regarding quality of our programs
Reporting 91% positive interactions as reported by nursing

Characteristics of GME graduates
Primary care 61% stay in Colorado
Specialty care 43% stay in Colorado
Financial Debt: 39% report > $200K

Areas of potential improvement (accreditation compliance)
Evaluation of Resident w/in 2 weeks of completion of rotation 54% (ACGME Goal 80-100%)
Duty Hour Violations are typically identified and addressed by adding additional staff, for example with hiring new APPs

CLER Clinical Learning Environment Review visit 2014
Evaluation of Major Teaching Hospital in 6 focus areas to be reevaluated in Aug 2016

Patient Safety. Safety event reporting introduced in 2015 Orientation.
Residents now are oriented in identification of patient safety issues and reporting. Root Cause Analysis exercises underway, with Internal Medicine as one example
Quality Improvement
Planned improvement in EMR Access. Enhance emphasis on resident involvement in IHQSE
Transitions of Care
IPASS mnemonic handoff system now a part of resident orientation to meet the ACGME requirement for standardized transitions of care
Supervision

Currently a strength of residents and fellows. Employing techniques, (e.g. AIDET Acknowledge, Introduce, Duration, Explanation, and Thank) to better explain the role of fellows and residents has a positive impact on the patient experience.

Duty Hours

Continue to monitor, currently successfully implemented

Professionalism

During orientation, behavioral and legal experts participate in interactive lecture to emphasize the importance of professionalism

Areas to Improve

Timeliness of turn around on resident evaluations. This is huge area emphasis for the next review.

Diversity emphasis. Continued efforts by the institution to develop a diverse resident cohort.

Comparative Pathology Core Overview

Linda K Johnson DVM, MS, MPH, DACVP
Linda.k.johnson@ucdenver.edu
Dr. Johnson provided an overview of the research resource for investigators utilizing animal models. Contact for help in research in live animal models to insure adequate controls, account for peculiarities in each strain or species, and anticipate limitations of individual animal models.

Dawn Clinic Overview (Dedicated to Aurora’s Wellness and Needs)

Founders Kari Mader, MD, Kari.mader@ucdenver.edu and Joseph Johnson, MD, Jdjohnson18@gmail.com provided a summary.

Primary Care Progress

Primary Care Progress is the parent organization founded several years ago at Harvard aimed at encouraging students and residents to take on leadership roles in primary care, and to empower those leaders to innovate and implement solutions to problems in primary care. Our local chapter of PCP was founded in 2013, and students here at the SOM who participated in this initial effort really desired a “real world experience.” Locally DAWN Clinic started in Aug 2013, doors opened in March 2015.

Five Basic Tenets of the Effort Behind DAWN

1. **Serve the Uninsured.** DAWN’s goal is serving uninsured residents of Aurora (Navigate those who meet criteria to medical homes)

2. **Partner with Community.** Many of the students saw the need in the community around Anschutz and wanted to address that need. The building where DAWN resides is owned and operated by the non-profit Fields Foundation and located at Dayton Street Opportunity
Center (at 1445 Dayton St Dayton and Colfax) in Aurora, which houses the largest amount of uninsured by zip code.

3. **Advisory Board** is comprised of participants represented by Internal Medicine, Family Medicine, leadership of UPI and the University Hospital, as well as community members all participate.

4. **Interprofessional Care.** An explicit goal of this effort is provide students with an interprofessional care experience that would extend the interprofessional care curriculum on campus to contextualize their skills and competencies in a real world setting.

5. **Leadership.** Raising leaders from students that are empowered to create change.

**Funding**

Student grass roots’ efforts provide initial funding, including on-line fundraisers, subsequently partnership with the Fields Foundation enabled the start of DAWN. UPI made a very generous contribution to provide necessary renovations to the building. Contributions from the Chancellor's office annually assist with supply funding, and UCH provides lab funding and radiology support.

**Patient demographics at DAWN from the first 6 months of operation**

- Average age 40, including 19-90 year age range
- 75% Hispanic
- 16% African American (comprised of relatives of refugee program families)
- 91% Have no insurance
- 92% have no Primary Care Provider

One in four patients stated they would have gone to the Emergency Department that day if they had not presented to DAWN clinic.

**Jeff Druck** - Congratulations. Is the demand being unmet given limited resources?

**Joseph Johnson.** It’s difficult to say, because the capacity has not yet been exceeded. As the months have progressed, we’ve changed from an acute care to more longitudinal care. Also there is more space that we’re building out to continue to meet the capacity needs. Obvious the comments by the Dean earlier in this meeting are concerning because DAWN is dependent on that critical funding that is threatened by revisions and reductions in reimbursement.

**Curt Freed.** Given that your main patient population is predominantly undocumented people, what are other big institutions in the area, like the University or Denver Health doing to meet that need?

**Joseph Johnson.** Statute 1055 states that undocumented residents cannot get service in the University or clinics here at the University. It prevents care at government
institutions. Denver Health does have a discounted plan to help undocumented residents with medical care.

Consider volunteering at the clinic as we to grow. Your contribution of time will be rewarded with valuable student experiences and patient care that truly makes an impact. Liability can be extended to cover providers who volunteer.

Meeting adjourned 17:50 hrs by President Jennifer Richer.

Respectfully Submitted,

Michael C. Overbeck, MD