Faculty Senate Minutes  
February 9, 2016

I. Approval of minutes - Minutes from January 12, 2016, meeting approved.

II. Dean’s Comments – Dean Reilly attended the URM Resident Applicant dinner, which was a wonderful event and thanked Dr. Jeff Druck for organizing. The Research Space Allocation Methodology will be released at the Executive Committee next week, and the actual process will begin in the Spring. The recipients of the Transformational Research Funding awards were announced at the State of the School address, and each recipient group will be asked to come to the Faculty Senate to provide an overview of their projects. The State Legislature is considering reclassifying the Provider Service Fee, the outcome of which will affect the State Budget this year. The first budget that was prepared, which was based on the Provider Service Fee not being reclassified, indicated a reduced state allocation of $1.4 million for the School of Medicine.

III. Discussion Items

1. Department of Family Medicine Update – Drs. Dan Burke and Jodi Holtrop provided an update of the Department of Family Medicine.

   - The SOM Department of Family Medicine is the largest in the family medicine department in the nation, with 232 regular faculty and 625 affiliated faculty across the state.
   - The department currently has over $52 million in supported funds for research, innovation, contracts and education.
   - Clinical earnings exceeded $10 million in 2015, and are projected to exceed $11 million in 2016.
   - The department supports five primary care clinics, including AF Williams, Boulder, Westminster, Lone Tree and the WISH clinic.
   - Additional clinical programs include Sports Medicine Clinic, Addiction Medicine Fellowship, Integrated Behavioral Health, and a Hospital Service.
   - The Rural Training Track is very successful and includes 1st year training here, and the 2nd year and beyond training in Ft. Morgan.
   - The department’s educational programs include three residency programs, and fellowships in sports medicine, palliative care, addiction, research, and rural.
   - Medical student education includes the rural track, rural & community care, foundations of doctoring, and electives/sub internships.
   - The current US medical student recruitment into family medicine is about 8.5%; the UCSOM medical student recruitment into this program is approximately 9%. The department is working on ways to better support medical student recruitment.
   - The department’s primary care research has a close integration with the community; the department’s transforming care delivery program has a close integration with clinical practice; and the behavioral health integration program has a close integration with policy.
The department’s fourth mission area is community, and they are focused on population-based health, where they are developing care teams and accelerating technology.

2. Legislative Update – Jerry Johnson, CU Office of Government Relations, provided an update on the current initiatives.

- The proposed budget for higher education reflects a proposed $20 million statewide cut. CU’s share of that cut would be about $4 million
- Because the state budget includes a reduction, the Governor is recommending tuition setting authority be retained by higher education governing boards, including the CU Board of Regents, and not be limited by state law or CCHE policy.
- There is no funding in the budget for new construction projects. The request funds continuation projects (of which CU has none in FY 2016-17) and only a portion of what is needed to pay for the most critical controlled maintenance projects throughout the state.
- Mr. Johnson update the Senate on Hospital Provider Fee Enterprise status. The Hospital Provider Fee is matched with federal Medicaid funds, and proceeds from the fee and the federal match are used to expand health care access, increase funding for hospital care for Medicaid and uninsured clients, and to reduce cost shifting to private payers. However, these funds count toward the TABOR revenue limit and will result in significant TABOR refunds. However, the Hospital Provider Fee revenue cannot be refunded because the revenue must be spent as indicated above. This results in the State cutting other parts of the budget to pay for the TABOR refund. If the Fee is categorized as an Enterprise, the Fee would no longer count toward the TABOR limit.
- Other health care legislation in 2016 includes:
  - HB 16-1142 Rural & Frontier Health Care Preceptor Tax Credit, which would create a state income tax credit for licensed Colorado health care professionals who provide personalized instruction, training and supervision to medical students in a rural county.
  - HB 16-1101 Medical Decisions for Unrepresented Patients, which would allow an attending physician or his or her designee to act as a patient’s proxy decision-maker for health care treatment when the patient or their family are unable to.
  - UPI – Out of Network – this legislation has been in a mediation process with the health plans for the last four months. Recent discussions ended with the health plans walking away from the table. This issue is still in discussion.
  - Athletic Trainers Sunset Extension – this bill died last year, and the goal is to continue regulation. This bill affects CU Sports Medicine Clinics. Proponents of the bill are preparing a letter to send to the legislature.
  - Medicaid Reimbursement – last year, Colorado gave a Medicaid bump to all health care providers, paralleling the federal bump. This was designed to be short term, and was extended to six months. The governor is recommending a 1% cut, and the JBC rejected the governor’s recommendation.
Mr. Johnson also commented on the outreach program that they have developed whereby legislators are visiting the CU Anschutz Medical Campus. The program was started to educate legislators on the work that is being done on this campus. Last year, they brought 35 legislators to this campus with 60 individual visits. They now would like to expand the program and take the campus to the State Capitol. Mr. Johnson added that you never know when the payoff for this type of program is going to come.

There was then discussion regarding a possible grassroots campaign to get the word out about the legislative issues that affect our campus. Since CU employees are prohibited from lobbying on behalf of the School or Campus, that becomes difficult. There was also discussion about the importance of the end of life issues, with the two bills addressing this issue containing very heart-breaking testimony. The question was asked, What is the role of the Medical School in these issues? The Dean commented that taking a position is complicated. We have one of the most reputable palliative care programs, and we have an active dialogue with the Bioethics Program. He explained that it likely not our place to take a political stand; our place is to inform the public on the implications of the legislation and to emphasize our role. Dean Reilly added that the clinical care we provide hopefully reduces the situation.

3. Campus Update – Neil Krauss provided an update on the campus. The roll out of Elevate didn’t go exactly as planned, with several problems being identified. They are putting funds towards the problems. They have not yet been able to close on December books, and grants administration has been delayed. Consultants were hired from the company that developed the products, and they are on campus to fix the problems and provide training. The 17th Place closure will be opened on February 22nd, at the latest. There is a lack of parking on this side of campus, and it is hoped that Light Rail will alleviate the demand for parking. There are currently 5,000 parking spaces on campus, and all are full except the east overflow. They are looking for places to put asphalt and build parking lots. Once Light Rail is started, they will see what the demand is. The plan is to build a new parking lot about 2-3 years down the road. Another plan is to encourage Light Rail ridership, which may involve a subsidy for the EcoPass, possibly resulting in an increase in parking fees.

The Chancellor’s Office is working with the Community and Aurora Public schools on a new contextual learning opportunity. With the Affordable Care Act, hospitals are responsible for showing how they are improving community health. We are determining how schools are helping with mental health. And finally, AHEC provides professional development on a limited basis, and we are doing everything we can to improve the partnership.

With there being no further business, there was a motion and second to conclude the meeting.

Respectfully submitted,

Cheryl Welch
Director, Faculty Affairs