

Faculty Senate Meeting Minutes June 14, 2011

- I. Welcome: Meeting called to order at 4:35 PM
- II. Minutes of May 10, 2011 meeting were approved.
- III. Dean's Comments:
 - a. Dean Richard Krugman and Associate Dean Steven Lowenstein were not in attendance at the meeting.
 - b. Cheryl Welch thanked the Faculty Senate, Dr Lowenstein and the Faculty Senate President Chesney Thompson for excellent work done this past year and the important discussions held over that time.
 - c. Cheryl Welch gave an update that the search for the Chair of Surgery has more than 12 candidates and is progressing well.
- IV. Discussion and Approval Items
 - A. **Update and Discussion with:**
 - a. **Jerry Wartgow, Chancellor, University of Colorado Denver.**
 - b. **Roderick Narain, Provost and Vice Chancellor, University of Colorado Denver.**
 - c. **Lilly Marks, Vice President for Health Affairs And Executive Vice Chancellor of Anschutz Medical Campus.**

There were no formal presentations. Excerpts of their comments and discussion with the senators are noted below.

**Chancellor Wartgow is in his 11th month of his position and reports that in general the future is very bright.

** Vice President and Executive Vice Chancellor Marks reports on several topics. **Sustainable budget discussion:** budgets will remain stable, with little growth due to the current state of the economy. Strategies to increase funding are being explored. State legislature is committed to continue supporting AMC campus. One problem that was identified and is being worked on is to support the now **100% NIH grant funded faculty** and bring them down so they can have time to perform other duties to be able to be promoted. As it stands now, even the work that is done to renew their grants for NIH are technically not supposed to be done during time that is paid for by NIH. **Strategies for space growth** are being looked at, including plans for a 3rd research building. On 6/23/2011 there is a meeting with all campus stake holders to re-engage the campus and site planning process and have collaborative discussions about **traffic and signage**. Another planned meeting is with **Fitzsimmons Redeveloping Authority** to

change the composition of the board members and add more biotech knowledgeable members.

** Provost and Vice Chancellor Nairn reports on the accreditation visit that took place recently. The visit went very well and there should be a recommendation for 10 years of accreditation after vote by the Accreditation Board at the end of August 2011. Final report was sent off today and Provost would like to thank all who participated. Thanks also to SOM promotion and tenure committee for the work done (see next presentation). Also reports that School of Public Health search is close to finalizing list of candidates.

Discussion and Questions Summary:

** Details on support for NIH supported faculty? The hope is to get financial support to decrease NIH funding to 95% to give those faculty members the opportunity to do other activities that NIH parameters do not allow them to.

** Is the NIH support problem a new one? No it is not, the NIH effort definition does not include teaching, serving on committees or even writing a new grant proposal. The current effort is an attempt to get everyone under tent of what is technically allowable.

** Teaching Faculty have felt like stepchildren since Educational Support Services have lost staff, Vice Chancellor for Education encouraged all to report deficits collectively to help correct this in the interest of all involved,

** Discussion about the health of the Enterprise in the current economic environment. Current thinking is that consolidation will improve matters, bundling of practices in Accountable Care Organizations (ACO's) comparable to HMO's of the 1990's. In the opinion of Lilly Marks, private practices will be extinct soon and hospital employment will be more widespread. UPI is thinking of a model to give private practices the infrastructure to remain solvent. Ms. Marks also believes that academic pricing of professional services will not continue to be sustainable.

B. Blue Ribbon Task Force on Promotion and Tenure Criteria Preliminary Findings. Co-Chairs: Harley Rotbart, MD and Nancy Zahniser, PhD.

Additional details of the presentation are available on the handout (Attachment 2) attached to the Agenda of today's meeting.

Discussion and Questions Summary:

** Major Promotion and Tenure Criteria: No changes. The definition of scholarship was retained: Something you can hold and touch, you have to produce a product.

** Expand examples of criteria and categories to recognize clinician educators and to retain "rising stars".

** Clarify “National Reputation” and recommendation made that SOM institute a more rigorous top down supervision of junior faculty, especially enforce midway evaluation.

** Clinical Criteria and Matrix – important to quantify excellence in clinical effort and also leadership as scholarship. There needs to be an enhancement of the Instructor/Sr Instructor track to add a higher level of “Distinguished Clinician” to recognize their long service in the community.

** Research Criteria – place emphasis on collaborative and team research and clarify 2 types of independence: intellectual (important for associate professors) and financial. For promotion to full professor it is important to have intellectual as well as financial independence.

** There is portfolio requirement for excellence in research (Investigator’s Portfolio) and research professor series has separate criteria.

** Education Criteria – not so many changes made by this committee. The scope of mentoring was clarified, examples of meritorious and excellent achievement were expanded and leadership will include serving as PI or Co-PI,

** In conclusion: the committee spent about 6 months talking about these changes and is asking for help from the departments in the form of feedback regarding these recommendations. The goal is to have a draft of these revised rules by September 2011, with approval of the revised rules by October 2011 and the hope is for approval by SOM by December 2011.

C. Clinical Enterprise Update: Presented by Sr Associate Dean M. Douglas Jones and Chair of the task force, Thomas Henthorn, MD.

Task Force put together objectives in September 2010:

- 1) **Clarify Academic value of science.** Promotions committee now uses criteria of clinical excellence for promotion, not just publications. Patient safety and QI count heavily in this.
- 2) **Enhance Science.** Mark Earnest et al. are preparing a proposal regarding this.
- 3) **Improve Data Collection.** Analysts needed to accomplish this and change focus to: What if..?
- 4) **Create coherent effective clinical administrative structure.** It is evident that quality and excellence through structural integration needs to be worked on as this is a national movement. David West is the “dynamo” in this regard, working on ACTI (Accountability, Clinical Transformation and Improvement). ACTI activities include exploring operational relationships between SOM, UPI and UCH and to identify the stakeholders in this:
 - a. Patients
 - b. Referring Physicians
 - c. Third Party Payors
 - d. Faculty

e. Hospital leaders and Staff.

Since work started in March 2011, Task Force has met with 200 people and found that a lot of QI is going on in the institutions, in pockets instead of in an overarching way. The plan is to undertake something that financially matter in order to gain the attention of all involved.

There is a long list of ideas and there is a need for champions if the different departments in order to effect any change. Patient care experiences can be disjointed and there needs to be better awareness.

Themes and Teams

- Transitions and Readmissions
- PSP Communications
- Appointment Access to Outpatient Clinics
- Passion for Change

Timeline: starting point March 2011, plan is for finalization of implementation July 2011. Meanwhile it is important to keep in mind that even though the enterprise is involved in 3 area's: Patient Care, Education and Research, the patients are only interested in one area: Patient Care. It is important to keep this in mind when paying attention to clinical structure and moving toward shared incentives.

Closing Remarks by President Thompson: thanks senators for thoughts, input and efforts over the past faculty senate year.

Meeting adjourned at 6:05 PM

Respectfully submitted,

Debra A. Bislip, M.D., FAAFP
Faculty Senate Secretary