Dean's Faculty Advisory Committee  
University of Tennessee, College of Medicine  
February 25, 2009  

Call to Order  

The meeting was called to order by the president, Dr. Len Lothstein, at 12:05 PM on February 24, 2009, in the Coleman building, Room A101.  

Attendance  

The following members were present:  

Louisa Balazs, MD, PhD, Martin A. Croce, MD, Maggie DeBon, PhD, Allen S. Edmonson, MD, Elizabeth Fitzpatrick, PhD, Bob Foehring, PhD, Elias A. Girado, MD, MS, Gary Keyes, PhD, Leonard Lothstein, PhD, E. Haavi Morreim, PhD, Linda K. Myers, MD, Edwards Park, PhD, Renate Rosenthal, PhD, Laura Sprabery, MD, Thad Wilson, PhD  

The following guest(s) was (were) present:  

Steve Schwab, MD, Polly Hofmann, PhD  

Approval of minutes  

The minutes of the previous meeting were approved as written. Minutes had previously been distributed by electronic means.  

Business  

Pres. Lothstein began by observing that the Chair Survey is now open. A few minor glitches on the first day have been corrected. He will send another reminder, a day or two before the Survey closes.  

Pres. Lothstein observed that Dr. Petersen will remain President until March 1, when Dr. Simek will become Acting President, then President on July 1, 2009.  

Dean Schwab then provided an update on the budget. As of that morning, the anticipated 20% reduction remained unchanged. We do not know what the stimulus package will do. Dr. Schwab also stated that one month ago the state had said it would make a 50% reduction in its support for GME, going forward. However, the Dean has recently heard that the state will pay its full amount for the fourth quarter of last year and first quarter of this year. It is not clear what will be the state's payment or any percentage of reduction, going forward. At this medical school, unlike others, we pay our GME money to the hospitals, whose use of the money can exert a magnifier effect.  

GME is funded partly through Medicare, as given to the hospitals that then give us both the money to pay residents, and the money for supervisory services. The amount is based on the number of Medicare patients actually cared for in that hospital. The Methodist system has large
numbers of Medicare patients, whereas the Med has high proportions of TennCare. The second source of GME money is TennCare. TennCare provides 20-30% of GME via a matching process, with the federal government making up the remainder. TennCare is additionally obligated to fund critical access hospitals. It is unclear whether the state will continue to fund its GME obligations in full, beyond this next quarter.

Dean Schwab also noted that our clinical practices are substantially down in revenue. All the practices are making major adjustments to address the reduced revenues. Some are private entities that can do so in "real time," while others must compensate via other avenues. UTMG is seeing a somewhat lesser downturn than some of our other partner groups, though that could change as the recession continues. Research revenues are likely to yield the same amounts of bonus this year as last. The stimulus package may provide at least some relief, though because that is not known, we still must proceed on the assumption that we will face 20% cutbacks.

The discussion then turned to various options for reducing expenditures throughout the College of Medicine. As the Trustees' meeting will occur this week, DFAC members were asked to inquire with their respective departments, as to which of the four cost-cutting strategies should receive priority: furlough/F, salary reduction/S, discontinuation of academic units/DC, increase in tuition/T. The Trustees will not tell a College or campus which ones they must or shall use, but rather will only determine which ones *can* be used.

Department representatives provided their members' preferences. Some were in descending order, though others mainly identified which were deemed acceptable and which were not.

Ortho: S, T, F, DC
Prev Med: DC, T, F, S
Surg: F, T, DC, S
Psych: F, S, DC, T
HVE: F, S, T, DC
Anat and Neurobio: F over S, DC, T
Pharmacology: T, F, DC, S
Path: DC, T, F, S
Ob-G: F, T, DC, S
Ophtho: DC, T, F, no S
Neuro: S was only one identified; don't discontinue staff
Biomed Eng'r & Imaging: DC, T, F, S
Radiology: T, F, DC, S
Pediatrics: F, T, S, DC
Molecular Science: T yes/separate; F, S, DC
Psych: F over S, T/mixed views, DC/mixed views
Medicine: F, mixed views re T, DC; S

Overall: faculty accept the idea of foregoing income, albeit with a strong preference for furloughs (which are not permanent) over permanent salary reductions. Tuition raises seemed to have acceptance and to be placed in a somewhat separate category, although some departments expressed concern. Departments varied regarding discontinuance of units, with major questions arising over what constitutes a "unit." In the final analysis the DFAC consensus found that, although restructuring with the possibility of discontinuing units may be a reasonable option, the details are important, and the DFAC is not assured that the process is yet acceptable.
Further discussion concerned the question how a "unit" will be defined. Drs. Schwab and Hofmann indicated that these are defined at upper echelons, not on this campus. DFAC members emphasized that this is a growing concern on campus, e.g. where a single basic science person has in some instances been deemed a "unit" within a clinical department. When a basic science person is in a clinical department—in some cases, placed there via a mandate issued at an earlier time—these personnel have little opportunity to teach students. Dr. Schwab stated that chairs in this situation were invited to shift GME money to support their basic science people. Thus far, no such chairs have opted to do so. It was pointed out that many clinical departments have been required to have resources and instruction for conducting basic research, particularly for fellowship training but also to some extent for resident training.

Another question concerned whether, during a furlough (unpaid vacation) period, it would be acceptable for faculty to earn money on-the-side.

Dean Schwab said we all have missions. Some shoulder large burdens of teaching medical students, and he said that state money must be used to fund student education. For resident education, GME money is the funding support. Nevertheless, departments are free to use their GME money as they wish within the policies provided by GME.

Discussion then turned to the Formula by which the Dean has been identifying departments for discontinuation. Some questions arose regarding the time spent educating students who are in other colleges. As Dr. Schwab noted, currently we are absorbing PhD students from the College of Graduate Sciences. However, this does not address the issue regarding other instances of teaching students in other colleges.

The formula calls for computing how many hours a unit spends teaching students, as compared with the monies that unit brings in and how much state money is spent on that unit. One major question concerned it is decided how many hours a particular department teaches. M-1 and M-2 are established on the website, via their classes and the syllabi provided by course directors. For clerkship years, in part the class of M3s and M4s were asked how many hours they spent in various rotations. Additionally, Dr. Hofmann talked to clerkship directors. Ultimately, if it were, e.g., a four week surgery clerkship, then the teaching was credited to surgery. If it were an 8 week clerkship in Family Medicine, then Family Medicine was credited. Corrections were then made to accommodate instances in which, although a particular division did not directly host a clerkship, its faculty nevertheless taught in that department's general clerkship.

A related problem for some departments is that their time with students, including M4s as well as M3s, has been cut during recent years. This applies, for instance, to Orthopedics. The department's time with students has been significantly cut, and not by the department's request. The Dean responded that the Curriculum Committee makes these decisions.

Another question concerned how the Formula factors in service and clinical care, since these are not in the Formula. Dean Schwab explained that clinical care is included as a "subsequent analysis"; some faculty do enough clinical work to offset Orange Dollars. In that case, the unit will be examined according to clinical revenues generated that can offset the orange dollars. This particular discussion ended before there was an opportunity to describe how service and non-revenue-generating clinical care are addressed by the Formula.

Further DFAC discussion opined that, if we can restructure and get savings without discontinuing units, this is best. Dr. Schwab noted that a huge number of groups made changes and got off the list. He still has to take 20% off his budget, and can not do this from depts that do a lot of
teaching, or that bring in a lot of grant funding. The goal, he said, is to restructure. He added that whatever moves can save us real dollars are a good thing.

The March 2 meeting will be cancelled, given that it would only be one week hence.

Next Meeting

The next meeting of the committee will be held on April 6, 2009, at 12:00 Noon in the Coleman building, Room F302.

Adjournment

There being no further business, the meeting was adjourned at 1:19 PM.

Respectfully submitted,

E. Haavi Morreim, PhD
Secretary