Call to Order

The meeting was called to order by the president, Dr. Ed Park, at 12:05 PM on April 1, 2013, in the Coleman building, Room A101.

Attendance

The following members were present:

Maggie DeBon, PhD, Denis DiAngelo, PhD, Bob Foehring, PhD, Scott Jackson, DVM, Haavi Morreim, JD, PhD, William R. Morris, MD, Linda K. Myers, MD, Edwards Park, PhD, Kaushik Parthasarathi, PhD, Fruz Pourmotabbed, PhD, Larry Reiter, PhD, Renate Rosenthal, PhD, Claudette Shephard, MD, Laura Sprabery, MD

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

J. Lacey Smith, MD, Polly Hofmann, PhD, Susan Senogles, PhD

Approval of minutes

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

Business

Pres. Park began by informing the DFAC that Dr. Fruz Pourmotabbed will be DFAC candidate for President-Elect, with write-in nominations invited.

Lacey Smith, MD, CEO of UTMG presented information on the emerging partnerships between UTMG, the Methodist system, and the Med. He explained that, as state funding has dropped, UT has sought alternative ways to fund and continue the medical school's clinical mission. It is no longer feasible to run stand-alone medical practices without significant hospital affiliation, because the fundamental economics of health care now require that physician practices be linked with hospitals. For the past five years UT has explored hospital affiliations, and Methodist has emerged as a clear leading candidate. Between this partnership and a newer one being formed with the Med, UTMG now will have a more viable practice model, plus financial support from Methodist and the Med. The need to modernize into contemporary structures, and to ensure the survivability of the medical practice, have driven this move. One major change that has already taken place is the shift to an collaboration with the West Clinic as our cancer affiliate. Last fall the Med also proposed a relationship similar to that being planned with Methodist, and which has already been created with LeBonheur.
In late Feb/early March 2013 the Methodist Board approved a plan, to which UT Board also has given its approval, and other key developments occurred that together gave rise to the plan announced by Dr. Stern a few weeks ago.

UTMP with Methodist will begin in July, while discussions are still ongoing with the Med (UTMA). The conversion with the Med will likely begin sometime between next Sept – January. Pursuant to these developments Dr. Stern is now engaging in numerous conversations, not just with chairs but also at the division-level and even in one-to-one conversations. It is expected that approximately 50-70 physicians will go with Methodise, and over 100 physicians will likely go with the Med.

UTMG will still exist for now, though it will be smaller and eventually may be dissolved entirely. Several departments' physicians - - including those from ophthalmology, plastic surgery, nephrology, psychiatry, surgery, and dermatology - - will likely stay with UTMG or a successor entity. These are smaller, segregatable entities that can survive without hospital support, or which use so many hospitals that it would not work for physicians to align with a single hospital. The business functions of UTMG will operate as a consortium across Methodist, the Med, and UT.

Office personnel will not change much, as nurses and other allied personnel will simply go with whichever physicians they currently serve. If the UTMG office building in east Memphis is purchased (perhaps by the West Clinic), various practices currently located there, such as general internal medicine, may have to be relocated in the next 6-9 months.

Traditional academic arrangements will have a smaller role in clinical affairs. Departments' roles thus will focus more on research and faculty development. Faculty benefits will not change.

DFAC members were then invited to ask questions.

One issue concerned funds from clinical practice that currently support research and academic programs, eg CME activities. Dr. Smith indicated that this question will be discussed, because these benefits can not simply be dropped. UTMG had an allowance for these things and distributed surplus revenues. These arrangements will evolve as the transitions are made into UTMP and UTMA.

No faculty members will be dropped, but in most cases each faculty physician will have 'citizenship' with only one hospital.

Two further questions concerned [1] how it will be decided how many physicians of any particular specialty a given hospital will have, and [2] how it will be decided which faculty members will go to which hospital.

Re. [1], the hospitals have the largest say in how many physicians of what kinds they want, although the department chair and the dean will have a significant voice. If a hospital wants to develop a special program, such as a neuro or endocrine specialization, then that hospital will have a strong voice in hiring new faculty/clinical personnel.

Re. [2] : The assignment of a practice site remains the responsibility of the chair and the dean. To some extent this will be the product of the hospital, e.g. if the hospital wants to emphasize a particular program. The individual faculty member has the opportunity to voice concerns and objections, but the decisions will be largely made on the basis of institutional needs and goals.
Yet to be decided are other questions, such as the extent to which UT will maintain a strong outpatient practice out east.

The focus of faculty research may evolve, given that hospitals will likely have a greater voice in which projects will receive emphasis, especially to the extent that such choices are influenced by their funding. At the same time, the CoM will have some control over funds that go from hospitals to the medical school budget. For instance, the new affiliation with the West Clinic will bring in $5 million/year for the next 5 years. This is currently not widely known, but further discussion indicated that a substantial portion of the money will be directed toward cancer research, particularly translational research.

Each affiliation will evolve over time. Initially, the focus will be on clinical activities. Ongoing, however, those hospital affiliations will be able to increase their emphasis on research.

At this time it is not clear what will be the effects on students. The negotiations have tried to emphasize that clinicians will have sufficient time to provide interactions with students. If a faculty member who is 80% clinical, for instance, UT's job is to ensure that the remaining 20% is protected for its other missions. Still, hospitals want high-quality clinical service and, although they are willing to accept students and allot time for teaching, they want to emphasize clinical quality.

Pres. Park then turned to revisions in the CoM's Bylaws. Dr. Senogles explained that many changes are necessitated by the administrative changes UT has made over the years, e.g. to create an Executive Dean, and to update the document's description of the CAAP committee's membership.

A second issue concerned the need to update pp. 16-18 in the draft update. Currently it looks like the Faculty Organization of the College is a separate entity from the DFAC, with its own officers and separate meetings. This will be revised and sent out for DFAC review.

**Next Meeting**

The next meeting of the committee will be held on May 6, 2013, at 12:00 Noon in the Coleman building, Room A101.

**Adjournment**

There being no further business, the meeting was adjourned at 1:00 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary