The meeting began at 4:40 pm in the North Auditorium of the Coleman building, with over 60 faculty members present.

Pres. Waters began by calling on Dr. Peppler to present the class of 2005 to be certified. Dr. Peppler stated that 143 students are in the class, of which 141 will graduate in May and another 2 in December. UT students taking the Step 1 board exam had a 91% pass rate and for the Step 2, had a 98.6% pass rate. The motion was made and passed to certify the class.

Pres. Waters then turned the meeting over to the new president, Dr. Stan Kaplan. Dr. Kaplan presented the nomination of Dr. Art Geller to be President-Elect. Further nominations were not forthcoming from the floor, and Dr. Geller was elected.

Dean Hank Herrod then presented his annual State of the College report. He began with a summary of UT's three-part mission of education, research, and public service, with an emphasis on improving the health of Tennesseans. He noted that these missions are sometimes in tension with each other, as it is sometimes difficult, e.g., to fulfill strong clinical responsibilities while maintaining an active research agenda.

Education:

Dr. Herrod reviewed the STEEP principles (safety, timeliness, effective care, efficient care, equitable care, and patient-centered care). He noted that UT is increasingly emphasizing interdisciplinary work, currently emphasizing connections with pharmacy and nursing. He also reviewed some of the curricular changes. Undergraduates have a new curriculum and have now added MUH rotations. For graduate medical education, residencies now merged include radiology and medicine, in addition to surgery. For CME we are working toward joint programs with Knoxville and Chattanooga.

Dr. Herrod also noted the emergence of hospitalists at MUH. The use of hospitalists has shortened length of stay, reduced inpatient mortality, and led to other important improvements. This, in turn, enhances the education of residents.

In another curriculum change, every 4th year medical student will soon be required to have a clerkship in patient safety and quality improvement. At the conclusion of their respective projects, students will report on their findings and recommendations at the system-level. It is hoped that through this, students will emerge with some sense of how systems affect health care delivery, and how to improve health care through systems-level modifications.

Another curriculum change involves inter-professional education. For M1s, every student will be required to undertake an online inquiry as to what other professions do (e.g., what is the role of occupational therapy, physical therapy, etc). The second component is a series of films depicting the roles of various professions in providing care in a case study. Third, Chancellor's Hours have now begun. No classes may compete with these sessions, to ensure that students from various schools will be able and encouraged (or required) to participate.

In these curricular matters, faculty face a number of challenges. Information is more than can be delivered or absorbed. Decisions need to be made regarding what to teach--preferably not necessarily the same thing one has taught over the past two decades. An important component
now is to add instruction on how to engage in lifelong learning, and how to find information when and where one needs it.

Further curriculum changes:

STEEP is being integrated with core competencies that are now required for residents.

Residencies are being 'right-sized' to discern whether perhaps some resident slots should be shifted from one department to another. Residency Review Committees now have far more demanding standards, and they will not hesitate to place programs on probation or end them--for instance, UT has lost its anesthesia residency. Therefore, it will be important to discern which residencies do an especially good job and should perhaps be boosted, and which should perhaps be scaled back. An initial step will be to identify objective quality measurements, e.g., for pass rates on specialty boards.

Research:

UT's NIH funding continues to rise, though it is expected that this will level off as NIH funding itself levels off. Current NIH funding is $60M. Another $50M comes from nongovernmental sources.

New research space will emerge in the next few years, including the new cancer research building, a bio-containment laboratory, and a pharmacy building. Given the relative deficit of current cancer funding money, some non-cancer research may occupy some of the new cancer building, at least initially. As pharmacy moves out of its current quarters, that space is likely to fall to the CoM.

Centers of Excellence: Because of state funding limits, the Centers have not have money for the promised 5-year period, but only for 3 years. The CoM now must find funds for continuing the best work, a goal with which Chancellor Owen agrees.

UTMG and CoM financial issues

UTMG continues to face challenges regarding profitability. Some 37% of its patients are TennCare, and another 17% are self-pay. The main reason for this is UT's commitment to service, and the fact that many of the Med's patients are medically indigent. Although UTMG is much improved in its billing and financial operations, it needs to improve its payor mix. It is hoped that more MUH patients will be insured in the future. The Germantown building will be increasingly emphasized. Methodist has now placed a breast diagnostic center there, which has enhanced the traffic patterns and use of the Germantown building. It is expected that much of the 3rd floor will be rented out in the near future, which will further improve the building's economics.

Dr. Herrod also indicated that in July UTMG will begin an incentive pay plan based on relative value units, to reward those who are most productive. Some physicians may be hired who will not focus on all 3 missions, but rather will mainly care for patients and do some teaching.
Dr. Herrod then discussed the changes in TennCare. At this time, no one is sure what will happen. The projected widescale disenrollment will create more self-pay patients, which will likely increase the proportion of indigent patients at the Med and LeBonheur. The Med may lose between $7-20M, while UTMG may lose $7-10M.

The Med may begin making payments to physicians via Relative Value Units, which will more clearly document precisely what services UT physicians provide. The Veterans Administration is placing more stringent guidelines on whom they can contract with, precisely how the money is spent, and the like. Nevertheless, the Memphis VA is an important partner, supporting 115 residencies.

Other Developments:

With MUH, the transplant program is now up and running. The GCRC has just been moved there. There are still some problems in moving patients between the 920 building and MUH. It is not as yet clear just what it means to be a "university hospital," to do educatin in an "atmosphere of discovery." LeBonheur continues to be aggressive in recruiting new faculty-physicians, and is collaborating closely with UT.

New leadership:

Chancellor: Bill Owen
Chief of Staff: Ken Brown
Chair, Ob/Gyn: Veronica Mallett
Chair, urology: Bob Wake.

Dr. Herrod indicated that these new people are bringing great energy and thoughtfulness to help meet UT's challenges. Knoxville has now given permission to hire a full-time attorney here, and a chief information officer, both of whom will report to him rather than to Knoxville. Ray Colson will be in charge of special projects.

Dr. Herrod pointed out several areas in which UT has received special recognitions for excellence:

Hamilton Eye Institute: Top 10 clinical programs
Neuroscience Institute: Top 10 in NIH funding
MUH: Top 50 Leapfrog facilities
Telehealth: 3rd largest network in the nation

Dr. Herrod then completed his report with some remarks on UT's commitment to the future. Key challenges include:

* fiscal stability of hospital partners;
* TennCare uncertainty;
* selecting areas we can excel in;
*sustaining research growth;
*excessive demands on clinical faculty, potentially compromising the educational mission.

Dr. Kaplan concluded the meeting by noting that the Dean's Symposium will be held in October at the Peabody Hotel in conjunction with the annual alumni meeting. He also invited departments to encourage submissions for the poster session.

The meeting ended at 5:30pm.

Respectfully submitted,

E. Haavi Morreim, PhD
Secretary