I. Call to Order

The meeting was called to order by the president, Dr. Fran Tylavsky, at 5:02pm on May 24, 2004, in Room A-102 of the GEB.

II. Attendance

The meeting was attended by about 60 faculty of the College of Medicine.

III. Business of the meeting.

In the first order of business, Pres. Tylavsky called upon Dr. Bob Shreve, who presented the class of 2004. He provided the following information:

The class of 2004 matriculated in August, 2000, with 167 members. Of that, 21 (13%) were African American. 83% of the class have completed all requirements for the MD degree on time; of these, 81% (17) of the African Americans entering with the class will graduate on time. One student transferred, 6 left the school, and 16 were added from other classes or transferred in.

The total number graduating this year is 155, of which 151 will graduate this weekend, and 4 next December; 14% (22) are African American, which is among the highest percentage of all traditionally non-minority medical schools in the country. There are 22 (13%) of students on track to graduate with later classes, including 3 African Americans.

The Class had a mean USMLE Step 1 score of 215, with a national mean of 216. there was a 90% first-time pass rate, with 91% as the national mean
The USMLE Step 2 mean score was 218, for a 95% first-time pass rate; 215 (est.) is the national mean.

146 students participated in the National Residency Match Program; of these, 133 (91%) matched; 13 were unmatched, but all of these successfully completed the scramble. Three students matched with the Military; 1 matched with the Early Match program, and 6 deferred residency

37% (55) matched in the UT system; 3% (4) students matched with residency programs in Tennessee, but outside the UT system; 60% (90) matched outside of Tennessee
36% (54) matched in Primary Care; 12% (17) in Internal Medicine; 9% (13) in Pediatrics; 7% (10) in Ob-Gyn; 22% (33) in Surgery (14 in General, and 10 in 1-year programs). Beyond this, 10% (15) matched in anesthesiology, 10% (14) in diagnostic radiology, 5% (7) in psychiatry, and 3% (5) in emergency medicine.
The motion was made, seconded, and passed to certify the graduating class of 2004

Turning to the next topic, Pres. Tylavsky then explained the system for electing DFAC officers. This year's president-elect will be elected from a clinical department, while on alternating years the president is elected from a basic science department. Dr. Stanley Kaplan was elected as President-Elect for the 2004-2005 year, while Dr. Chris Waters will be President.

In the next order of business, Dr. Hank Herrod, Dean of the College of Medicine, then spoke to the faculty. He spoke of several issues he regards as critical to the College.

Education:
Dr. Herrod recalled the substantial changes made recently in the CoM's curriculum, and noted that these changes did not adversely affect students' test scores. In the Part I NBME, UT students achieved a 92% pass rate, consistent with the national mean. Most recently, the Introduction to Clinical Service course has been moved from July back to May, so that M-2 students begin their third year earlier than in the past. This earlier start date will permit students to finish core materials earlier, which in turn will enable them to begin exploring subspecialties earlier. Dr. Herrod noted that other medical schools across the country are interested in UT's approach. Additionally, UT is committed to continuing the STEEP principles, improving as well as providing care, and using inter-professional team models that include nursing, pharmacy, and other fields. Students need to understand how to measure and improve care, using a systematic approach.

Research:
Dr. Herrod indicated that NIH funding continues to rise for UT, from 2002's level of roughly $55M; he expects that final figures for 2003 will exceed $60M, which will include UT's NIH grant to build a BioDefense laboratory. This will involve considerable expense, including for security (in this case, the necessity for 24/7 security, special building codes, and the like). UT hopes that within the next year, NIH will make additional funding available for those added expenses. The facility is expected to attract senior scientists.

Mr. Rice is now trying to create a single research incentive plan that can be used across the campus, not just for the College of Medicine. For the last 3 years UT has had an incentive plan that has helped to attract high-quality investigators. Mr. Rice believes this should be modified to fit across the campus. At this time, it appears there may be a requirement that the researcher secure at least 15% of his salary as grant-covered, before incentives will be added at the rate of 50%. Several issues have not yet been resolved, e.g. which faculty will be covered (tenure vs non-tenure track, etc).

The Cancer Center is one of UT's most important initiatives. Its progress has dramatically slowed in recent months because of funding constraints. The initial intent had been to get the money from state revenues and from practice surpluses. State revenues were not forthcoming (instead, UT was required to cut its spending by 9%), and federal Medicare has now substantially cut the payments for infusion therapy. Hence, the two main sources of anticipated funding have substantially changed. The effort continues, however, albeit with smaller funding. The primary need at this point is for investigator-initiated research, and for NCI funding. As of last week the process for revenue bonds had been undertaken, and construction is hoped to begin in September.

For the future, there are plans to create an Outreach Center to extend UT's contacts well beyond the Memphis area. One part of this will include expanding and coordinating tele-health technologies.
Service:
UTMG is in the best financial health it has experienced in the past decade. Part of this improvement is due to technologies that enhance the efficiency of collecting revenues. The organization is attempting to create geographically-based sites of care, related to various hospital facilities. It is hoped that physicians at each center will spend much of their time at these respective centers. Because there is wide variability of revenues, e.g., between the Germantown site and the Med, means for ensuring equity among salaries must be identified. The UTMG building, which initially appeared "overbuilt," has elicited close scrutiny by its financing bank. By next January, however, it is possible that the entire building will be utilized. Methodist will be installing its breast health center on the ground floor, and the UT Cancer Center will occupy the third floor, while UTMG will practice on the first and second floors.

State Budget:
Dr. Herrod indicated that this year's budget is expected to be neutral, with neither cutbacks nor increases in state funding. However, a 2% raise for faculty must come from UT funds; the state will provide another 1%; another 2% will be based on longevity, yielding a total of up to (for some faculty) 5%.

The pharmacy building, which has been planned for many years, was approved in the state budget. The state will pay for the entire building, rather than just a portion as initially planned.

Gov. Bredeson seems genuinely interested in making higher education a priority.

The DFAC meeting ended at 5:30pm

The DFAC/CoM meeting was immediately followed by a Town Hall meeting for the entire campus, featuring Mr. Rice, Dr. Herrod, Mr Gary Shorb, and others from UT and Methodist.

Dr. Herrod began by recounting some of the history of the UT/Methodist growing consolidation. The LeBonheur/UT relationship stood as a paradigm of a high-quality hospital that could attract private physicians alongside UT physicians. UT's relationship with the Med, St. Jude, Baptist, and the VA Medical Center have all evolved substantially in recent years.

Shortly after Dr. Herrod became dean, Baptist Hospital had been the U.S.'s largest hospital under one roof, but Baptist administration decided that it would be best to diversify its operations geographically. UT considered building a smaller hospital, but the local Memphis/Shelby County government officials did not support this plan. Thereafter, efforts began in 2002 to forge a new relationship with Methodisd, whose board takes very seriously the mission of the Methodist Church in the area of health care. Accordingly, Methodist made a commitment to stay in the downtown area, which opened the possibility for a stronger relationship with UT.

Stronger affiliation has made sense for both UT and Methodist.

For UT: the CoM needs access to a variety of patients, including those with commercial insurance. It needs to bolster key programs, incl transplants, nursing, pharmacy, neurosurgery, surgery and cancer. Also, it needs more adult inpatients with an improved pay mix. Finally, by affiliating with Methodist, UT will have access to more teaching and research patients at the Methodist University Hospital (MUH).

For Methodist: nationwide, the highest-performing hospitals are affiliated with medical schools. Methodist is committed to a strong university medical center and thus is supportive of UT, wanting to avoid duplicating clinical services, in favor of collaboration. LeBonheur and its success have provided a model for the possibilities of UT/Methodist affiliation, with hopes that a similar experience can be created for adult medicine.
Strategic planning members for this collaboration include:

for Methodist:
CEO
COO
Executive VP
CFO
MUH Administrator
SVP-HR
President-LeBonheur

for UT:
Dean
UTMG Chair
Chair, Internal Medicine
UTME Board representative
CEO-UTMG
CFO-UTMB

Observers: Mr. Bill Rice (Acting UT Chancellor)
Mr. Gene Cashman (LHS Foundation)

Major landmarks have included:
3/02: agreement signed
7/02: MUH surgical teaching pgm
11/02: UMC Alliance strengthens ties; Methodist will manage UT Bowld
7/03: Internal Medicine residency pgms merged
8/03: Nursing schools affiliate
1/04: OB consolidation at the Med
6/04: UTMG expands Eastmoreland offices, across the street from MUH
7/04: transplant and related services go to MuH; radiology residencies start working together

Further Opportunities for Collaboration:
interventional radiology, surgical oncology, anesthesiology, hospitalist pgm, cardiovascular surgery, minimally invasive surgery, weight management and bariatric surgery services, neonatology (new unit to be created at LeBohneur, to complement what is provided at the Med)

Further Collaboration:
UT Cancer Institute, University Patholoth, Nursing Schools, Orthopedics, Pathology, etc

Challenges:
Get quick, affordable membership and privileges for UT MDs at MUH and in Health Choice
Get more UT and UTMBG physicians physically at Methodist on a daily basis
Get trust and buy-in from all UT and UTMG faculty and staff, and a warm welcome from other Methodist doctors
Develop educational and research opportunities for UTHSC colleges
Goals for 2004-2005:
- Move transplant program to MUH: Transplant patients will be admitted to MUH after July 22; outpatient transplant offices will move sometime around mid-autumn.
- Develop an integrated approach with structure and processes for UT/MUH affiliation
- Physician and staff deployment plan (how to arrange to have physicians at the locations where they are needed)
- Further enhance OB services at the medical center; part of this will be to enhance the Med's ability to provide these services, so that they can attract a diversity of patients in maternal-fetal high-risk medicine
- Clinical services improvement at MUH, including publicly revealing both the problems and successes
- Consolidate clinical research infrastructure, to permit efficient cooperation with private industry research as well as governmental grants
- Develop a plan for a consolidated and high-quality CME program
- Develop a high-powered joint government relations effort on all levels; help government officials to understand UT's needs

Dr. Herrod stated that he expects dramatic progress in the next six months, and within the next several years to achieve a stronger, more vibrant collaborative institution

Mr. Gary Shorb then spoke, first introducing a number of Methodist system executives. He indicated that there is not a strategic priority more important, nor has there been in his 14 years, than this University alliance. Mr. Shorb agreed that there have been missteps and frustrations, but observed that this is a complex process that ordinarily takes decades to achieve. Thus, this initiative attempts to do something in just a few years that other organizations take many years to achieve. Mr. Shorb stated that he has high optimism for the success of this venture. He also affirmed that Methodist considers this an important part of its mission as an institution.

He agreed that blending the University medical staff with the private medical staff is fraught with hazards and hesitation, and that this needs to be addressed with frequent and open discussion. Mr. Shorb emphasized the importance of the move of the transplant services. MUH is spending $9M to create the appropriate facilities. Other special foci, with comparable effort, will be Cancer and Neuroscience. NCI status is a likelihood in the future, and MUH is one of the top 5 institutions in the number of brain tumors it treats.

Dr. Herrod then discussed forthcoming changes in the joint nursing education programs, and introduced Dr. Donna Hathaway of UT and Donna Herring of MUH. Dr. Hathaway observed that in recent years, UT has focused on graduate level nursing education through its masters and PhD programs, placing the baccalaureate program in abeyance. However, the need for RN-level training has now dramatically increased. Quality of patient care is directly tied to the quality and quantity of nursing care, and a significant shortage of nursing personnel now affects health care nationwide. Accordingly, in 2002, Methodist began to reevaluate its diploma program, regarding a partnership with UT as a natural evolution. Methodist still runs a diploma program, which is at full capacity this year. Next year the last diploma class will graduate, as the emphasis shifts to a baccalaureate program. UT now has official authorization to re-open its baccalaureate program, to admit its first class in July 2005. Students will take all electives and prerequisites before entering the program, which will last 18 months. It will also be open to nurses who already have diplomas, who wish to advance to the bachelor's degree.

Other areas of collaboration for nursing: UT nursing personnel are now undertaking education, patient care and research at MUH. This will increase as the transplant services move to MUH. Additionally, faculty and staff are devising model interdisciplinary units at MUH, to
explore ways of bringing nurses, physicians and other health care staff together in collaborative
care and education.

IV. Adjournment

The meeting was adjourned at 6:20 PM.

Respectfully submitted,

Haavi Morreim, PhD
DFAC Secretary