College of Medicine Annual Meeting, May 28, 2003

The annual meeting of the College of Medicine was preceded by live bluegrass music from Bob Waters and Friends, much to the surprise and enjoyment of the gathering faculty. Dean Herrod led a rousing round of "Rocky Top." By head count, nearly 100 faculty attended; of these, 72 signed sign-up sheets.

The meeting was officially called to order by Pres. Bob Waters at 5:09pm in the North Auditorium of the Coleman Building. Pres. Waters recounted some of the year's events, including the first annual Dean's Symposium, held in the fall of 2002 and featuring Drs. Karl Weber and Dom Desiderio. The objective of the Symposium was to emphasize some of the creative work being undertaken at UT College of Medicine by focusing on the work of two of the College's leading scholars. Pres. Waters presented a plaque to Dr. Weber in appreciation for his presentation of the keynote lecture. A similar plaque will be presented to Dr. Desiderio, who was unable to attend the meeting, for his keynote.

Pres. Waters then discussed the revising and updating of the DFAC Bylaws. Faculty were apprised in advance of these changes and, by a show of hands, accepted the revised bylaws. Pres. Waters indicated that the DFAC has been re-energised to become a stronger vehicle for communication between the faculty and the dean. He described the new DFAC web page, now available online at http://www.utmem.edu/Medicine/DFAC/. Faculty can use the DFAC web page to relay questions to the dean, who can then respond. Throughout the year, DFAC meetings featured discussions with many of the people who are making changes at UT. These included Dr. Bob Waller, who is spearheading major efforts to improve quality of care, safety, and efficiency of care throughout the UT/Methodist system.

Pres. Waters then turned to the DFAC officer elections. With no nominations from the floor, Dr. Chris Waters was elected president-elect by a show of hands.

Pres. Waters also thanked Dean Herrod for his vision and willingness to support DFAC.

Dr. Dick Peppler presented 164 members of the Class of 2003 for certification. He stated that graduation will be on Friday, May 30. Per Dr. Peppler's summary, this class has had the highest on-time graduation rate in the last 15 years. Also, there are 25 African Americans, with an 80% on-time graduation rate—the highest rate in the country. This class had a 95.2% Step 2 pass rate, a significant improvement after a much smaller pass rate for Step 1. By a show of hands the class was certified.

Dean Herrod then presented his remarks on the status of the college of Medicine. He summarised accomplishments from four perspectives: community, education, research, and service.

COMMUNITY:
The Center for Discovery is an information program that attempts to highlight UT faculty achievement for the Mid-South region. The concept was presented by a community member who introduced UT people to executives at Channel 3. The initiative resembles an earlier program featuring the University of Memphis. Channel 3 has now aired a half-hour program, which will be repeated May 30, highlighting UT achievements with special emphasis on research being undertaken by specific UT faculty members. These vignettes help to publicize activities and
accomplishments of the College. The concepts being emphasized are hope, discovery, and personality. It is further hoped that this effort will promote the "Seeds for Discovery" program, as a way of funding new research initiatives and new efforts for discovery.

Memphis-Tomorrow is another community-oriented program, established by CEOs of the 30 largest companies in Memphis. These were many of the same companies who conceived of the theme, "Memphis: America's Distribution Center" a number of years ago--a theme that has helped to provide energy and focus for Memphis' economic development. The group has created the concept of "BioWorks," with the subtitle "Where BioSciences come to life. And to market." Underlying the effort is the recognition that Memphis has both a medical center and an industrial base that supports the work of the medical center. Local industries include, for instance, several major orthopedic device manufacturers. This, together with the Biotech Foundation, provides a significant growth opportunity that these community leaders hope to nurture. Much of the activity will take place in the "Central Biomedical District," a designated region extending from UT to St. Jude, which will be marked with special signage. It is hoped that the BioWorks initiative will position UT with the community in ways not seen before.

EDUCATION:
Amidst the above-described efforts toward research and economic development in health care, education is UT's distinctive contribution. In the College of Medicine, major curricular modifications have been made during the last few years, such as in the Longitudinal Community Program (LCP). This will change further in August with an emphasis on case-based learning, featuring a focus on prevention as well as diagnostics and therapeutics. Other courses developed for the Class of 2006 include: Molecular Basis of Disease (integrating a number of prior classes, with a case-focus); Neuroscience (incorporating Neuroanatomy); Histology incorporated into Pathology and Physiology: Psychiatry (which will now be a 1-month psychiatric rotation, plus have a new emphasis on behavioral health throughout the curriculum, teaching students how to recognize and initially manage patients with common behavioral health problems such as depression and anxiety disorders in the other core clerkships of the third year). Across the board, the new curriculum will emphasize evidence-based medicine and the quality of care via "STEEEP" principles (Safety in Patient Care, Timely care, Effective care, Efficient care, Equitable care, and Patient-centered care). These principles will also be emphasized within our residency programs.

RESEARCH:
The College has markedly increased its research activities--expenditures and grants--during the past several years. With that growth have come changes in distribution of research funds. Historically, "Facilities and Administration" monies have stayed with the University as a whole, but since 1998 the Chancellor has been returning more of these monies to the colleges that generated them. The CoM has been investing its share of that money in equipment and facilities that are particularly promising for involving more than one department, in interdisciplinary work. Accordingly, the CoM is identifying specific focus areas to encourage interdisciplinary endeavors and making seed commitments to selected research efforts. For example, the Eye Institute will soon begin construction on the 7th floor in the 930 building as a research space. Much of the $49M in funding for this project has come from outside sources. As another example, the Neuroscience Institute has brought in substantial federal grants. The Institute for Women's Health has begun community outreach. The Center for Minority Affairs, under the current leadership of Dr. Robin Womedu, has begun a number of initiatives and has the opportunity to be a national leader. Finally, the Cancer Institute is beginning its work, currently searching for a director.

For the UT Cancer Institute, the goal is to improve cancer care via education, research, and clinical services, via an affiliation between UT and the Bostin-Baskin Cancer Group. This
could, by volume, be one of the top 5 cancer centers in the U.S. It is hoped that by early this summer, ground will be broken for an 80,000 sq.ft. research center, adjacent to a 120,000 sq.ft. clinical center. A P20 grant was submitted to the NCI, to obtain designation as a comprehensive cancer center. It was not successful, but the process was very instructive in identifying what needs to be done to launch the Institute successfully. The cancer center will have regional connections, with 10 sites, and some emphasis on the East Memphis area.

The CoM now has new chairs in four departments: Family Practice, Molecular Science, Anatomy/Neurobiology, and ENT.

The University Medical Center (UMC) Alliance includes Methodist University, the Med, the VA, LeBonheur, and the Bowld hospital. The objective of UMC is to improve the quality of care and reduce its cost. Dr. Bob Waller is leading this effort, partly by consulting with national leaders in these areas. On Nov 13-14 the Norfleet Symposium will focus on quality of care by bringing together Dr. Donald Berwick and a number of other national figures.

Regarding UT relations with Methodist, Dean Herrod indicated that the surgery residencies have merged, that medicine will merge this July, and that discussions are under way to merge the residency programs for radiology as well. The transplantation program will move to Methodist, and then the Bowld will close--ideally by December 31 because it is losing large amounts of money. That date may not be met, but the closure will be as soon after that as possible.

SERVICE:
Economic conditions for UT face significant challenges at this time. The national economy is not good. Additionally, there is a malpractice crisis in the nation, and it has become a serious problem in Tennessee in the last year, and especially for UT faculty in the last 6 months. Previously we enjoyed a 40% rate reduction; this will disappear in July 2003. The state budget has required UT to accept a 9% budget cut. Each department has been asked to consider how it would cut 9%. Although state funding accounts for only 15% of UT's budget, the effect of TennCare seriously exacerbates the impact of the budget cuts on the CoM. The Med has seriously inadequate funding because the county cannot fund it without state help, and the state is not sufficiently willing to help. TennCare has posed significant problems, including to make it less attractive for students to stay in Tennessee for their residency. From an earlier figure of 50%, this year only 39% of UT's medical students have remained in Tennessee for residency.

UTMG faces serious financial issues. Professional liability costs have risen markedly, from $1.9M in 2001, to $4.7M in 2003. Additionally, payor reimbursement has declined 30% over the last 8 months. This amounts to $4.5M. Another problem with UTMG is that it did not respond quickly enough to the changes necessitated by TennCare. However, in 1998-99, changes in billing cycles and collection procedures led to important improvements. UTMG is already doing many of the most important things for fiscal efficiency, and its largest problem is its payor mix. In terms of payor source, UTMG's revenues are: Commercial=27%, TennCare=34%; Self-pay=17%, Other=22%. In terms of percent of revenue, UTMG's revenues are: Commercial=41%, TennCare=30%; Self-pay=10%, Other=19%.

Regarding salaries in the CoM Dr. Herrod indicated that, as of January 2003, the median salary for the basic science faculty was 99% of the AAMC's national median for 2001/2002. For Clinical faculty, as of January 2003 UT's median was 99.5% of the median for AAMC 2001/2002.

Dean Herrod identified several challenges:
[1] Keeping it all together
[2] Minority recruiting (from students through faculty) will be more difficult with less scholarship money available
[3] Sustaining enthusiasm for the future
Status of The Med: the Med has been very effective in bringing in federal money for the state--$50M--but they have received back only $6M this year, as the state distributes that money across the state to 100 hospitals. The Mayor is now consulting with those who rebuilt Cook County Hospital, hoping to take substantive recommendations to the state. For UT, the Med covers 137 residents, supplying nearly $19M for residency training. Last week the Med won a major victory by being considered as a state institution for liability purposes, a change that will reduce their liability costs. However, this means that in litigation, UT will become the "deep pocket". This in turn will require some restructuring of relationships between UT and the Med to avoid causing UT's liability premiums to rise even more dramatically.

Moving into University Hospital: this is UT's long-term future.

Right-sizing. UT needs to right-size its clinicians and residents to meet our basic needs and preserve forward movement on research and community service.

For the future, Dr. Herrod listed these concrete goals:
* Introducing STEEEP principles into the entire curriculum
* Move to University hospital
* Continued growth of research enterprise (NIH funding will be $50M next year, the same as last year)
* Continued involvement in the community at ever more visible levels, so the community will realise that its success requires UT's success;
* Alignment of MD practices with hospital partners; increasingly, individual practices need to be based at individual hospitals.

Dr. Herrod also made several observations about the people in leadership positions that affect the CoM. He noted that Methodist-UT leadership has a real commitment to making the UT/Methodist alliance work well. The new LeBonheur President, Peggy Troy, wants an increased involvement of UT. A new chancellor will soon be added, at the conclusion of the search. County Mayor Wharton has a background of having served on the Board of Directors at the Med and at Methodist, and has a sound understanding of the challenges that face us.

Discussion followed, particularly focusing on UT-Methodist relations.

There being no further business, the meeting was adjourned at 6:25 PM.

Respectfully submitted,

E. Haavi Morreim, PhD
Secretary