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

September 15, 2009

Call to Order

The meeting was called to order by the president-elect, Dr. Elizabeth Fitzpatrick, at 12:03 PM on September 14, 2009, in the Coleman building, Room F302.

Attendance

The following members were present:

Louisa Balazs, MD, PhD, Maggie DeBon, PhD, Allen S. Edmonson, MD, Elizabeth Fitzpatrick, PhD, Bob Foehring, PhD, Elias A. Giraldo, MD, MS, Gary Keyes, PhD, Stephen King, MD, Leonard Lothstein, PhD, E. Haavi Morreim, PhD, William R. Morris, MD, Linda K. Myers, MD, Edwards Park, PhD, Lynn Patterson, MD, Renate Rosenthal, PhD, Parker Suttle, 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

President-Elect Elizabeth Fitzpatrick opened the meeting on behalf of Pres. Martin Croce, who is out of the country.

Dr. Schwab discussed his new role as Interim Chancellor, effective October 1, 2009. UT Pres. Jan Simek has agreed to expedite the search process for a permanent chancellor. Although Dr. Schwab will continue as Executive Dean, a Memphis-campus interim dean will be named in the near future, likely to take office October 1. As executive dean, Dr. Schwab will continue to have oversight over the various practice plans, such as UTMG. For the long term (following the appointment of a permanent Chancellor), it is likely that the Executive Dean will, as in the past, be the same person as dean at the Memphis campus.

Issues facing UTHSC in the next few years will arise in part because the ARRA stimulus dollars will be gone in about a year and a half, at which point UTHSC must rely on state dollars and any funding it earns. In the meantime, the goal will be to utilize funds wisely and to develop new sources of revenue. Nationwide, there appear to be many vacant positions for Chancellors and Deans of medical schools—likely related to current nationwide funding difficulties and the challenges they present.
On a national level, it is unclear what effects will emerge from health care reform, in whichever of its various current iterations. On the state level, during the next two years UT must either reduce our expenditures or find new sources of revenue (or both). It is doubtful that state revenues will return to pre-recession levels for at least another 2-3 years, if ever. Some new revenues are now coming from our hospital partners, and other revenues have been coming through research grants.

UT's practice plans are bringing in smaller revenues than previously, largely because of higher unemployment and because some employers have reduced health care benefits. At this point about 65% of UT physicians are not meeting their revenue targets. Part of the plan for improving this is to create a direct relationship between work effort and compensation—unlike a salary situation in which there is no financial incentive to increase patient services and their attendant revenues. It was additionally noted that, even at private clinics, many people have unable to keep appointments, e.g. because of transportation problems. Faculty physicians who serve high numbers of TennCare and uninsured patients may potentially be unfairly penalized, whether because such patients do not generate much revenue or because the patients are not always able to keep their appointments. Additionally, elective procedure rates are now considerably reduced in comparison with the past. As a result, the clinical practices are not able at this time to produce the revenues they once did, for the College of Medicine.

It was also pointed out that, in some cases, problems on the campus level can impede progress. If flow cytometry is available only on an essentially part-time basis, for instance, this can interfere with any activities that rely on flow cytometry. It was suggested that the Dean discuss such issues directly with faculty, and not just with supervisors and department heads.

Dr. Schwab also noted that as UT's involvement at the Med decreases, faculty who traditionally have worked in that setting will be transitioning to a more private-practice type of focus. The Med has great value to UT as a teaching venue, but to the extent that the Med's resources shrink, UT's involvement there will downsize accordingly. We are now three years into cementing a major relationship with the Methodist system, and that is the main future direction for the CoM, along with the Memphis-east private practice facility.

Regarding selection of the permanent chancellor, Dr. Schwab noted that the Trustees have become a strong body in recent years, very active and knowledgeable. It can be anticipated that they will be exercising a real influence on the process.

Next Meeting

The next meeting of the committee will be held on October 5, 2009, at 12:00 noon in the Coleman building, Room A101

Adjournment

There being no further business, the meeting was adjourned at 1:02 PM.

Respectfully submitted,

E. Haavi Morreim, PhD
Secretary