Annual Faculty Meeting  
University of Tennessee, College of Medicine  

May 23, 2002  

Call to Order  

The meeting was called to order by the president, Dr. Ron Pfeiffer, at 5:05 PM on May 22, 2002, in the North Auditorium of the Coleman Building.  

Attendance  

Sixty-eight faculty members signed in.  

Old Business  

There was no old business.  

New Business  

Dr. Peppler provided a list of the 158 medical students who will graduate from the class of 2002. Of 165 who matriculated in August of 1998, 136 are graduating on time, 25 are on track to graduate, 2 transferred, 2 left, and 22 were added to the class from other classes or transferred in. It was moved, seconded, and approved that this class be certified for graduation. 

As the second item of business, officers for the DFAC were elected. Dr. Fran Tylavsky from the Department of Family Medicine was identified as the nominee for president-elect, and Dr. Haavi Morreim from the Department of Human Values and Ethics was re-elected as secretary. 

During the major part of the meeting, Dr. Herrod provided updates regarding a number of items of interest. Noting that UT's mission is education, discovery (research) and public service, Dr. Herrod provided information about recent events in each category.  

EDUCATION:  

After identifying Dr. Bob Shreve as the new assistant dean for education, Dr. Herrod discussed the LCP program, which is now finishing its third year. The things that have worked best include bringing students into the clinical setting early, and getting students engaged in community-related activities. Some aspects are working less well and, on the whole, LCP can be considered a program that has considerable success but nevertheless needs ongoing refinement. 

Beginning in August, substantial curriculum changes will be implemented. A new course called "molecular basis of disease" will integrate several prior courses, and will cover most of the entire first year of medical school. It is hoped that this course will feature a clinically relevant focus on genomics and proteomics. As part of another major change, students will finish basic sciences in April 2004, beginning clinical rotations two months earlier than they currently do. This change will permit clinical exposure to begin earlier, because students in this sort of curriculum tend to do better in several respects, including on standardized exams. It also will
permit students to explore potential career paths and avenues for residency earlier, for better options in residency application.

Regarding medical school applications, Dr. Herrod noted that these are going down nationwide. Most recently UT admitted a class of 150, from about 1300 applications; most of our decline was in the number of out-of-state students applying to the university. Specifically with respect to minorities, UT is doing well in attracting and retaining minority students in its undergraduate curriculum. Plans are under way to focus particularly on under-represented minorities who are Tennesseans.

GRADUATE MEDICAL EDUCATION:

Dr. Gene Mangiante is now associate dean of GME/CME, succeeding Dr. Jerome Thompson. Discussions are ongoing with TennCare leadership regarding funding for graduate medical education. UT feels that the GME payments are maldistributed throughout the state. Dr. Herrod noted that when TennCare began, UT had $30M; by 2002 this is only about $22M. In East Tennessee, the figure has gone from $800,000 to $8M. UT is arguing that the greatest level of financial support should go to the institutions providing the largest portion of TennCare services.

UT is now undertaking internal reviews, prior to GME external reviews, so that departments can improve in whatever ways may be needed to meet the standards expected during GME reviews. Dr. Herrod noted that a national trend is emerging that will place major pressures on residency programs. For instance, Yale's surgery program may lose accreditation because of the number of hours residents are expected to work. Another focus will be directed toward clinical competence, and finding ways to document residents' clinical competence prior to their entry into practice.

FACULTY:

Mike Dockter, who already oversees research at the CoM, will become associate dean of administration when Chequita Allen leaves this summer. Joining these two functions may prove advantageous in that the two major sources of funding for UT state funding and research grants. With one person addressing both domains, it is hoped that added efficiencies may be realized.

Dr. Herrod reviewed the recent hiring of new department chairs: Dr. Jerry Thompson, ENT; Dr. David Smith, Anatomy and Neurobiology; Dr. Jerry Byrne, Molecular Science; Dr. Charles Handorf is interim chair of pathology. Active searches are under way for the departments of psychiatry and family medicine. In other administrative events, Dr. Dianna Johnson has become the new assistant dean for faculty development. She will identify ways to enhance faculty development, including but going well beyond the status of women. Dr. Johnson will also lead an evaluation of UT’s tenure and promotion procedures, including post-tenure evaluations. Dr. Herrod suggested that although annual reviews are useful and appropriate for junior faculty, and faculty who have problems, an annual evaluation of tenured faculty who are doing well may not be productive.

Regarding, faculty salaries Dr. Herrod indicated that, per Mr. Rice, the College of Medicine is slightly above the AAMC’s national mean. In recent years, faculty salaries have been augmented by 'cannibalizing' staff salaries and other support funding. For the future, an important goal will be to discern how to keep raising faculty salaries, but also to raise levels and payment for support staff.
NEW CENTERS:

Dr. Herrod introduced Dr. Nancy Hardt, director of the new Institute for Women's Health. Another center just recently created is the Center for Minority Health, led by Mr. Ken Brown. It will explore what UT should be doing for minority health. The goal for this center is to achieve first-rate basic science that will have a clinical impact on minority health. Dr. Herrod observed that UT may be ideally suited to make a real difference in minority health, and become a national leader in this area.

NIH RESEARCH AWARDS:

Reviewing some figures from the past decade, Dr. Herrod pointed out that from 1995 until about 1998, UT's NIH research awards were in the range of the low $20M figures; in 2000 the figure approached $40M, and in 2001 it approached $45M. For the future it may be important to note that support for research on bioterrorism is expected to rise significantly, and that important opportunities for grant-funded research are likely to emerge.

CENTERS OF EXCELLENCE:

As of February 2001, 9 centers were approved throughout the state, in a 5-year program. Since their creation, UTHSC's centers have brought in $94M, from the $4M they received; thus, the four centers at UTHSC are providing a strong "return on investment" compared with the considerably lesser return generated by the UTK centers. UTHSC's centers of excellence are: Connective Tissue; Neurobiology of Brain Disease; Center for Genomics and Bioinformatics; and Vascular Biology.

TRANSLATIONAL RESEARCH:

Dr. Malak Kotb is the director of translational research, to promote ways in which basic research can eventuate in clinical projects. It is anticipated that clinical trials will be a major focus of the translational research efforts. UT has made substantial efforts to bring in community support and venture capital for BioTech research and entrepreneurial activities. In conjunction with that effort, the demolition of Baptist is anticipated to cost up to $12M, and it is hoped that ground breaking might start on the new BioTech research facility by the end of 2002. The first occupants are hoped to be UT faculty, but the only way that UT can pay for the research space in such a building is through grant revenues, which introduces an element of unpredictability.

SERVICE:

Through the Regional Medical Center, UT delivers an enormous amount of service to the community, simply by staffing the Med. UT also is a major provider of TennCare services; in fact, 31% of the charges UTMG makes (1/3) are for providing TennCare services. Because of this factor, a major element in UTMG's strategy in moving East is to remain fiscally solvent while still providing this heavy load of minimally or uncompensated care. Thus, the objective is to develop a large enough practice among populations whose health care coverage is better, in order to continue to support UT's community mission.

ENVIRONMENTAL FACTORS

The Tennessee state budget remains a problem. TennCare remains a major problem, with the "MCOs" serving largely as administrative services providers rather than as risk-bearing entities. Part of the problem is that, throughout health care, much of the financial structure is tied to Medicare payments. The federal government is making significant cuts at this time, and this precipitates a ripple-effect throughout private payers, who base their payments on Medicare rates.

FUTURE TRENDS:
The Methodist affiliation may be the most important thing that happens for UT's CoM over the next decade; the leadership of Methodist is committed to forging a successful relationship, and making their central hospital the main hospital for Methodist Health Systems. Methodist has aggressive plans for growth in the UT medical center area. Dr. Steve Miller has been named vice president for education and research, and Dr. Herrod has named him the associate dean for the Methodist campus. Dr. Herrod noted that integration of training programs is proceeding; for instance, as of July 1, UT's internal medicine program will be a truly combined program.

In addition, the University Medical Center Coordinating Council has members from Methodist, UT, the Med, and other major institutions in the area. Dr. Bob Waller, former President and CEO of the Mayo Clinic, is leading a quality initiative under the auspices of the Coordinating Council. As part of that effort the Bowld and the Med will now enter into a common purchasing agreement, which is expected to save significant funds. In addition, the Council is investigating other ways to improve quality and enhance patient safety, with special focus on improving systems by which care is provided. One of the partners in this effort is the Juran Institute, a leading institute in quality improvement.

UTMG:

As with other large practice groups, UTMG has its problems. Some issues come from outside, such as legislative funding and health plans' reimbursement policies. Internally, UTMG will begin to focus more on programs such as child health, special projects, and the like.

Q&A:

*Regarding the 910/920 buildings: as of last week, blueprints were available, allocating space. The intent is to move some things into these buildings in June and July. Another major emphasis is on the 930 building, where the eye institute will be housed. Among these buildings, one major question concerns paying for the moves and for the upkeep, which could be a challenge under current funding. Many of the moves into these buildings will not concern the CoM. For instance, the School of Allied Health will move into the 930 building; many who are now practicing in the Dudley building will move into 910/920. At one time the hope had been to move academic and administrative offices from Coleman into that space, but that is now unlikely to happen any time soon.

*Regarding research incentives: a formal policy has been in effect for 3 years; it is hoped that this will soon become more generous. As part of that expansion it is also hoped that co-PIs in addition to PIs will participate in the incentives. If UT is fully funded this year, the broader policy may be implemented; if not, implementation may be later.

*Regarding the Bowld Hospital, one possibility is that Methodist may provide management services that will help the hospital to be more efficiently run.

Adjournment

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

Respectfully submitted,

E. Haavi Morreim, PhD