

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

September 8, 2015
4:30 - 5:30 p.m.

Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

Welcome – Faculty Senate President Jennifer Richer, PhD. Introduction of New Board Members

Approval of Minutes from June 9, 2015, meeting. Motion to approve Kerrie Moreau, PhD, seconded by Tem Morrison, PhD. Approved as dispensed.

Announcement of Departmental Updates

Times are available for Faculty Senator from each Department to deliver a brief biennial update. The following departments have all delivered updates recently and have satisfied the requirement for the coming 2 year period: Immunology & Microbiology, Pediatrics, Surgery, Emergency Medicine and Ophthalmology.

Dean Reilly's Comments

Status of searches and affiliations

Interviews of candidates are ongoing for the Chair of Anesthesiology.

Impending opening in the position of Senior Associate Dean for Clinical Affairs, as Dr. Doug Jones plans to step down later this fall. Interviews continue to fill the new position of Associate Dean for Diversity. Search is ongoing to fill the chairs of the Department of Surgery and the Department of Medicine at Denver Health.

Discussion Items

At-Will Appointment Update – Cheryl Welch, Director of Faculty Affairs

A task force was assembled in 2014 to examine the state of at-will appointments in the SOM. The findings include the relative increase in the number of at-will appointments in the SOM despite this category of appointment being unusual in institutions across the US.

Given these results, the task force suggested changes to the SOM rules, and developed guidelines to assist departments in determining when faculty positions should be classified as at-will.

New faculty can hold any type of appointment, but if they are classified as at-will, they should be transitioned to limited status by the end of their first year.

New faculty hires currently demonstrate only modest improvement in the rate of at-will appointments, with current rates of at-will appointments covering a broad distribution across departments.

4 different types of appointments (At-will, Limited, Indeterminate, Tenured)

John Cohen MD, PhD: "Will this information be on line so that faculty can review this information specifically?"

Cheryl Welch: "Yes, the presentation will be included in the summary that is sent out, but it won't necessarily be posted on the website."

Tem Morrison, PhD: "Have the new guidelines been disseminated?"

Cheryl Welch: "They have, to the DFAs"

Steve Lowenstein, MD: "The rules change still needs formal approval, but the guidelines are available, and probably more useful, because this is all about changing practice. Cheryl, what do you think the Senators can do to help, because there are departments here that have not really changed, despite the work of the task force?"

Cheryl Welch: "They can remind faculty and leadership in their department of the increased attention and importance of the issue."

Jennifer Richer, MD: "That's an important point that faculty should be bringing the information from the Faculty Senate meetings back to their departments to improve communication with these issues."

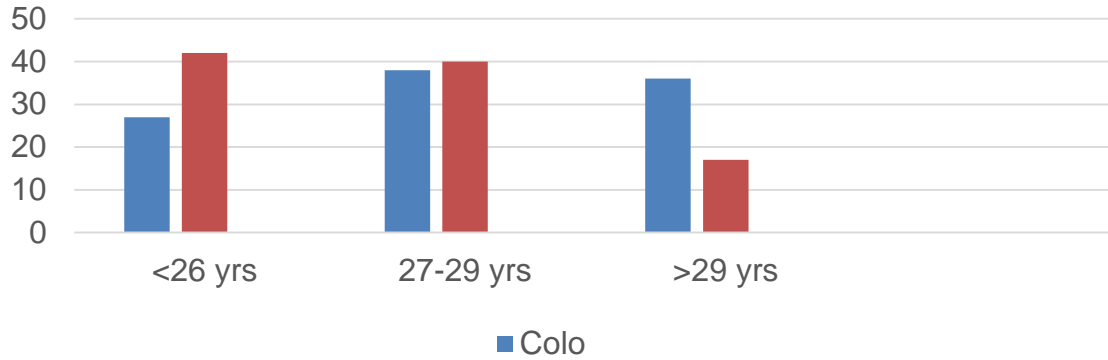
Graduation Questionnaire Survey Results – Robert Anderson, MD. Sr. Associate Dean for Education

Dr. Anderson reviewed the results of the Graduate Questionnaire Survey. This survey is completed by graduating senior medical students at the end of their fourth year, after they've matched and are typically certain they will be graduating. This survey is regarded as dependable and is often reviewed by the LCME as it provides individual school information compared to 13,000-15,000 graduating medical students nationally. Key findings for the UCSOM include:

Our graduates are typically older than the average graduating medical students in the US. National studies suggest that older students do not perform as well academically, in contrast to commonly held beliefs. We do not have internal

data to support this assertion.

% CUSOM and National students at age levels at graduation



Our students are satisfied with their medical education, and 93% either agree or strongly agree with the statement, “I am satisfied with my medical education.” Dr. Anderson suggests a goal of increasing the rating of “strongly agree” to over 50%. Additionally, the quality of education as endorsed by the students is very good, comparable to the national average.

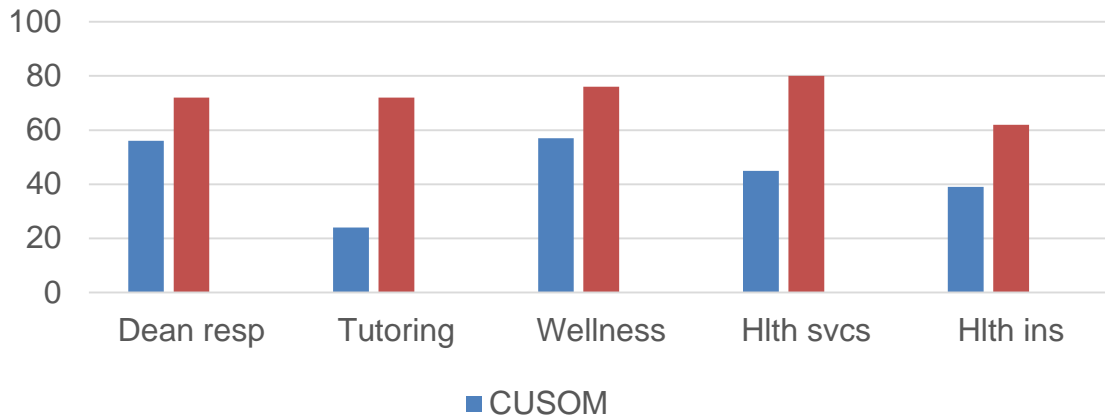
The LCME pays attention to improvements and Surgery and Obstetrics/Gynecology have made significant improvements.

Mid course feedback is an important attribute of high quality rotations and we strive to reach 100% in this category by giving constructive feedback in a nonthreatening manner.

Continued improvement in reported student mistreatment has again been demonstrated though we are only now approaching the national average, after falling short for several preceding years. This continues to be an important area for improvement for academic leaders.

Awareness and accessibility of the Dean’s offices, student financial counseling and in academics, such as tutoring, health care and mental health counseling, as well as diversity of the environment and programs to maintain student wellness all were regarded as areas in need of improvement. We will likely be cited by the LCME in 18 months if we do not improve in these areas.

% Satisfied or Very Satisfied



Senator: "What defines mistreatment?"

Robert Anderson, MD: "There is a long list of things that qualify as mistreatment."

Steve Lowenstein, MD: "Gender bias and racist comments are the main driver of this statistic. Public humiliation is the biggest one reported in these questions."

Senator: "What proportion of the infractions are due to resident interactions?"

Robert Anderson, MD: "It's both faculty and residents, about a 60/40 split."

Faculty Assembly Update – David Port, Chair, AMC Faculty Assembly

The AMC Faculty Assembly has membership that represents the CU system for shared governance across the 4 campuses in the CU system.

The SOM has 10 positions on the Faculty Assembly, whereas Dentistry, Nursing and others have 2 positions.

The Faculty Council subcommittees appoint members include Budget, Ethnic Minority Affairs, GLBTI, Personnel and Benefits, Communications, Educational Policies and Standards, Women's, Privilege and Tenure committees.

Current issues include treatment of tenured vs. non-tenured members. Benefits and tuition benefits are another issue being dealt with. Actively engaged in the constitution of search committees. Implementation of Title IX requirements. Input and deployment of the Healthcare Center and Health and Wellness facility delivering medical and mental health services to students.

Medical School Admissions Report

Nicole Zehnder, MD Assistant Dean for Admissions, Office of Student Life.

Dean Zehnder provided data for incoming class and observations, as well as updates on the recent changes to the interview process.

Demographics of incoming class of 2019

67% in state

46% women

30% underrepresented in medicine

When rural, economically disadvantaged, and alternate sexual identity/orientation students are included, this population represents well over 50% of the entering class

Mean GPA: 3.876

Mean MCAT: 34 (up from 32 last year)

MSTP 9 students

MD students 175

Average age entering 25 years old

12 presidential scholars

Changes to the interview process included semi-structured interviews reviewed by a stable executive committee to examine competencies set up by the AAMC. These and other changes contributed to an increase in interview scores of women and populations underrepresented in medicine.

Dean Reilly: How does the new interview structure impact the makeup of the incoming class, such as age, academic achievement (GPA, MCAT scores)?

Dr. Zehnder: It is a complex answer, but one of the things in favor of this interview process is that it levels the playing field for applicant groups we seek to emphasize. The additional impact of the executive committee, with a stable membership on this committee which can be more thorough, more systematic, and more consistent in a manner that was not a strength of the prior process.

Senator: What fraction of the applicants who are offered positions here actually accept and matriculate?

Dr. Zehnder: This year, we extended 316 offers for 184 positions.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Michael Overbeck, MD
Faculty Senate Secretary

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

October 13, 2015
4:30 - 5:30 p.m.

Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

The meeting was called to order by the Senate President. The minutes of the September 8th meeting were approved unanimously.

Dean Reilly outlined the progress of several ongoing searches. He reported that he is in the final stages of negotiations with the finalist for the position of Chair of the Department of Anesthesiology. The search for a new Senior Associate Dean for Clinical Affairs is also nearing completion, as finalists are being considered and interviewed. The Dean is also negotiating with a finalist for the position of Associate Dean for Diversity and Inclusion.

At Denver Health, searches are underway for new chairs for the Departments of Medicine and Surgery. These searches are in the early stages, and the search committees include representation by School of Medicine faculty. At the VA, the Interim Director has retired, and a newly appointed Director is expected to arrive in November. Of note, Congress did approve funding to bring the construction of the new VA Medical Center to completion. At timetable for completing construction is expected soon.

Finally, in response to a question, the Dean commented regarding the ongoing relationship between Denver Health and the SOM. The Dean emphasized that Denver Health has two important leadership openings (the chairs of Medicine and Surgery, as well as a newly created position of Research Director). It is a time of new priorities and strategic initiatives for Denver Health. Nonetheless, the dean emphasized that the relationship between the SOM and Denver Health remains critical to the School's research, education and clinical missions and that the SOM will continue to rely on, support and collaborate with Denver Health in all these areas.

Update on Center for Women's Health Research and Office of Women in Medicine and Science – Judy Regensteiner

Dr. Regensteiner began with an update on the Office of Women in Medicine & Science, which is supported by the Office of the Dean of the School of Medicine and promotes academic careers for women faculty of the University of Colorado School of Medicine. Dr. Regensteiner provided information from the most recent AAMC

report which indicated that the statistics about women's representation in the ranks of leaders in medicine nationwide are concerning. Dr. Regensteiner indicated that there needs to be growth in women's leadership positions throughout the healthcare industry.

The Office of Women in Medicine and Science provides the following support:

- Executive Leadership in Academic Medicine (ELAM), which is a year-long program for senior women faculty which provides intense training in leadership, including career development, finance, team building, negotiation, and networking.
- UCSOM Women's Leadership Training Program, which provides career development, CV review, negotiation skills, and MBTI/EQ evaluations. This program has grown from 12 to 42 participants, and is currently limited on resources to fund space for enrollment.

Additional AAMC programs that are available to women include:

- Early Career Women Faculty Professional Development Seminar
- Mid-Career Women Faculty Professional Development Seminar
- Minority faculty career development seminar, which is also supported by the Office of Diversity and Inclusion.

Dr. Regensteiner then provided an overview of the Center for Women's Health Research. The Center was created to focus on women's health, including the sex differences that occur in incidence, presentation, severity and response to treatment of many diseases. These differences are understudied with regard to prevention, diagnosis and treatment. The mission of the Center is to carry out groundbreaking research in cardiovascular disease and diabetes in women, mentor and train the next generation of women's health researchers, and to advance knowledge through educating the community and health care providers about the findings of research into women's health and sex differences. The vision for the Center is that it become the top source of research and top-tier researchers information and transforming women's health worldwide.

The Center was awarded its status by the Regents in 2004, and was launched with a \$300,000 private gift that was matched by the Advisory Board. Between 2005 and 2007, the Center received the NIH \$2.5 million BIRCWH grant, and awarded the first \$25,000 seed grants to junior researchers. In 2011, the Scientific Council was launched, which is comprised of nationally known scientists from around the country who help guide the Center scientifically. In 2014, a faculty development fund was developed, and 10 more seed grants were awarded. To date, 45 faculty have been funded either through seed grants or through the BIRCWH grant. An active Advisory Board is integral to the Center's success, and private or foundation support totally more than \$6 million has been raised. Additionally, an annual luncheon is attended by more than 700 community supporters. Support

from the institution includes opportunities for interdisciplinary research, financial support, and support from the CU Foundation.

The Center provides education to the community and their health care providers, as well as community outreach. Dr. Regensteiner indicated that the community likes to have a relationship with the Institution, and from the community, the Institution gains a broad perspective about health, advice about building programs, and strong philanthropic support.

The Center plans to expand their body of research, fuel the pipeline of future scientists in the field of women's health and sex differences, and become an authoritative national knowledge sources for the scientific and medical field for women, families and communities. Since the beginning of the Center, \$1,000,000 has been awarded to junior faculty in the form of research grants, and this same group of researchers have gone on to receive over \$36 million in external grant funding, mostly from the NIH.

The question was asked what the senior scientist research interests included, and she responded that they were mostly cardiovascular, diabetes and gaining. She added that when the Center grows, they will broaden to other areas.

The question was asked about how they can better foster community participation in research? Dr. Regensteiner responded that they are working on teaching people how to speak to the public about the research that is done here. She feels the key to this is Judy Wagner, who is very interested in women's health. She brought Dr. Regensteiner to the community, and helped build the center. She has worked hard at getting the word out about the funding of research.

Overview of Inworks – John Bennett

John Bennett provided an overview of Inworks, a new initiative at the University of Colorado Denver and Anschutz Medical Campus that draws together individuals from across the two campuses, as well as entrepreneurs and leaders of industry, government, education and the community to address problems of importance to human society. The Mission of Inworks is to build skills that allow people to collaborate and create solutions to problems. They are looking to create innovative solutions to some of the most challenging problems today. This is done by bringing together collaborative innovation and the necessary facilities to produce rapid prototyping.

While Inworks is primarily an educational initiative, they anticipate that innovations in healthcare, healthcare delivery, technology and policy, education and global development will likely develop.

Inworks is currently located on the Downtown Denver Campus, and the space that will be occupied by Inworks on the Anschutz Medical Campus is currently being planned. The downtown facilities offer teaching/workshop areas, digital

creative/prototyping areas, and large “analog” creative/prototyping areas. The proposed Anschutz Medical Campus facilities will be located in Bldg 500 on the 3rd Floor, as well as in the Health Sciences Library.

Inworks offers a comprehensive program that leads to a certificate or minor in Human-Centered Design and Innovation, which began in the Fall 2015, with new courses being introduced over the next year and a half. A speaker series is underway, and they are building partnerships with faculty, industry, K-12 educators and entrepreneurs.

Faculty can get involved with Inworks by getting on their mailing list (visit inworks.org), coming to visit their downtown facilities, responding to Inworks calls for interdisciplinary Course Proposals, or attending the workshops and talks that they offer.

The question was asked regarding whether any courses are available to those that are not in one of the graduate or certificate programs? Mr. Bennett replied that they are working on that; they have just started offering courses this fall. The question was also asked regarding whether they would be interfacing with Bioengineering, and Mr. Bennett answered that he anticipates that there will be some interface; however, not all of the machines are necessarily available to all students. The question was asked whether a prototype could be expected if they collaborated with Inworks? Mr. Bennett answered that yes, a prototype could be developed; however, the staff would not be building the prototype. Individuals could come to the workshop as there is open space available that is open to faculty, staff and the community. The question was asked whether there examples of products that were developed that came from the School of Medicine. Mr. Bennett responded that none had come from the SOM yet. There have been a lot of ideas, but no products yet. Mr. Bennett added that funding for Inworks had originally come from the University.

Contact John Bennett at jkb@ucdenver.edu, or go to <http://www.inWorks.org> for more information.

Office of CME Update – Brenda Bucklin

Dr. Brenda Bucklin provided an update on the Office of CME, which included an update on ACCME accreditation, current outreach, process improvement, CME Planning, and an update and progress report on MOC-PAP. CME Accreditation was achieved in July 2015 with Commendation awarded. Dr. Bucklin added that only 20% of US organizations receive commendation. The new term will expire July 31, 2021.

With regard to Outreach, the “Learning from Teaching” program was established to recruit and retain preceptors, who can earn up to 50 category AMA PRA 1 credits. The Office is also involved in the Family Medicine Review, which will

occur November 2-6 on the Anschutz Medical Campus. CME, along with the Office of Community Based Medical Education, is sponsoring 4 registrations for preceptors. Discussions regarding the levels of MOC-PAP sponsorship for volunteer faculty is ongoing. Process improvement for resolving conflict of interests for course directors and planners, along with systematic feedback to program directors regarding activity evaluations, and a new application to accommodate new ACCME criteria and to improve format are ongoing.

Dr. Bucklin provided an update on the number of CME activities that were sponsored through CME in 2013/2014, which included 89 activities, 11,772 hours of instructor, attended by 1,678 MD/DO learners and 5,389 Non-MD learners.

Dr. Bucklin displayed a new organization chart for MOC-PAP, highlighting that a new Physician Lead is being recruited for the MOC Portfolio Program, due to the retirement of Dr. Ronald Gibbs. Dr. Gibbs had served in that position, but Dr. Bucklin will not continue serving in that position.

The MOC-PAP Affiliate Pilot Program, which was implemented in April 2013, includes 53 projects that have been submitted since the start of the program, with 20 ongoing pre-reviewed projects in progress. One hundred sixty one MDs have been granted MOC part IV credit during this time.

Finally, Dr. Bucklin provided an overview of the changes that are needed, including closer alignment of CME activities with QI, joint accreditation “by and for the team,” aiding faculty in fulfilling licensure renewal requirements, CQI of needs assessments and gap analyses, use of interactive learning methods, improved evaluation processes, and the website.

There being no further business to discuss, the meeting ended at 5:45 p.m.

Respectfully submitted,

Cheryl Welch
Director, Faculty Affairs

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

November 10, 2015
4:30 - 5:48 p.m.

Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

Welcome – Faculty Senate President Jennifer Richer, MD, called meeting to order. Approval of Minutes from October, 2015, meeting. Approved as dispensed.

Dean Reilly's Comments

Coca Cola gift Global Energy Balance Denver returned, as it was determined by University leadership that the gift would not be able to achieve its intended purpose.

Senior Associate Dean for Clinical Affairs interview process ongoing and likely wrapped up soon.

Application deadline for grant Transformational Research Initiative due in December, 2015. More Information and responses to Frequently Asked Questions can be found at:

<http://www.ucdenver.edu/academics/colleges/medicalschoo/research/Transformational%20Research%20Funding/Pages/Frequently-Asked-Questions.aspx>

Discussion Items

Anne Libby, PhD

Dr. Libby described several career development programs that are aimed at improving the quality of the mentor-mentee dynamics and are provided to University faculty for free.

Colorado Clinical and Translational Sciences Institute (CCTSI)

<http://www.ucdenver.edu/research/CCTSI/Pages/cctsi.aspx>

Colorado Mentoring Training Program (CO-Mentor Program)

<http://www.ucdenver.edu/research/CCTSI/education-training/CO-Mentor/Pages/default.aspx>

Structured, evidenced-based, mentoring provides instruction to faculty members who have mentored others for years, but have not had formal training. Evidence-based strategies will teach mentor/mentee pairs the skills they need to get the most out of their mentoring relationships.

Most training occurs in mentor/mentee pairs; however, some activities will be for mentors or mentees separately. The goal is to help participants build practical, overarching skills for mentoring success.

Topics include career mapping and career plan development, CV review, personal statements, biosketch, letters of support, networking, and communications.

Leadership for Innovative Team Science (LITeS)

<http://www.ucdenver.edu/research/CCTSI/education-training/LITeS/Pages/default.aspx>

Leadership for Innovative Team Science (LITeS) is a year-long program designed for senior and mid-career faculty and academic administrators (typically at the rank of Associate Professor or higher) who aspire to improve their management and leadership skills. This program provides professional and executive training tailored to the needs of academics in the biomedical, clinical, and health sciences. An important goal of the program is to create and sustain a strong network of colleagues who, in addition to their own work, will train the next generation of clinical and translational scientists at the University of Colorado Denver | Anschutz Medical Campus. The selection process includes the nomination by a prior participant, your chair, or a dean.

Clinical Faculty Scholars

<http://www.ucdenver.edu/research/CCTSI/education-training/CFSP/Pages/default.aspx>

Structure mentored research training for junior faculty who want to do outcomes and clinical research.

To help emerging investigators obtain a career development award (K08, K23 or foundation equivalent), or a first independent, extramural project award (R21, R01 or equivalent) through guided project development, educational seminars, grant writing classes, and mentorship participants. Each Faculty Scholar will submit an individual career development plan and receive regular individual mentorship from four experienced senior researchers in clinical epidemiology, health services research, biostatistics, and health economics. Faculty from any department can participate, 5 faculty accepted per year. Prospective applicants must have tuition support from their home department/ division and obtain at least 50% protected time for research during the two years of enrollment.

Doris Duke Institutional Grant called the “Fund to Retain Clinical Scientists” grant. Junior Faculty Physicians who have external funding that can provide support to individuals who are struggling with family care issues, with an annual awards of \$33,000 each. Five candidates will be considered.

Michael Miller and Stefanie Emerson update on CU Doctors Website

<http://www.cudoctors.com>

Stefanie Emerson update

cudoctors.com is a site that you update your physician profile.

This information is fed to PRISM, UCH, Vitals, Children's, and Healthgrades.

The life cycle of the data is managed in this regard. In January, we will launch and the goal is for faculty to have an easier time of managing this data.

Michael Miller technical aspects of cudoctors.com

cudoctors is changing. Login with your typical account login. Reviewers are already working with your department to make accurate profiles of physicians. The site will be mobile compatible. Integrate UPI data with and other databases, so the data is consistent and integrated across other platforms, like (Internal) Childrens, (External) Vitals Healthgrades

This website is expected to have 30,000 visits per month, expect 350,000 visits annually. Yearly, 800 patients come to make an appointment.

Rita Lee Leadership in Educational Administration Program (LEAP)

[http://www.ucdenver.edu/academics/colleges/medicalschoo/education/academy/Pages/Leadership-in-Educational-Administration-Program-\(LEAP\).aspx](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/academy/Pages/Leadership-in-Educational-Administration-Program-(LEAP).aspx)

Housed in the Academy of Medical Educators, LEAP strives to develop a cadre of highly skilled educational leaders who will move education forward locally, nationally, and internationally. This program, combined with the existing faculty programs on campus, will position the CUSOM as a national leader in health professions education.

Candidates will be selected on a competitive basis, using the following criteria:

- Meets pre-requisite requirements
- Demonstrates commitment to the program
- Promise for future leadership potential
- A committee consisting of senior education and campus leaders will select participants from the pool of candidates

Deadline for Application is December 11, 2015

Senator Nurcio: "Could the Dean please comment on the expansion of UCHealth?"

Dean Reilly: "The focus is more of a population health focus away from fee for service. UCHealth has a small footprint in the market (9-10%) but aims to increase it over years. Implications for the school of medicine include coordinating the construction of a primary care network within UCHealth. UCHealth plans on building ambulatory care facilities throughout the Denver Metropolitan Area, so that

patients will have increased convenience for ambulatory visits. This will be a partnership between the SOM and UHealth and is designed to put us in a position to roll out a clinically integrated network in 2017.”

No New Business

Meeting Adjourned by Faculty Senate President Jennifer Richer, MD at 5:48 pm.

Minutes Faculty Senate 12/8/15

Call to order Jennifer Richer 16:35

Minutes

Moved Kerrie Moreau, second Natalie Serkova.

Approved by acclamation

Dean Reilly's Comments

1. We are in the midst of an External review of biostatistics capabilities, will provide better organization of biostatistical support on this campus. Results of this review will be available in December 2015.

2. We've recently selected a new Chair for Department of Anesthesia, from the University of Virginia, Dr. Vesna Todorovic.

3. Lori Sussel will be the new Chair of Research of the Barbara Davis Center

4. Responses to the RRP, 64 letters of intent received, 39 completed submissions for the grant. Report back in January with results

5. State Legislature "Provider Service Fee." Consideration for reclassification from "state" revenue to "enterprise revenue." The governor in his budget has included \$20M less to state colleges and Universities, which translates to \$1.2M -\$1.4M less to our medical school.

6. Change in Medicaid reimbursement in the new proposed budget, which will roll back to 2012 levels for primary care, which translates to \$13.5M less to practitioners in primary care likely making those providers in the community more likely to turn those patients away, resulting in demand for those services to increase on this campus. 20% of Colorado's population is on Medicaid, and this will reduce their access to care.

Curt Freed

On the Medicaid side, is it a discretionary budget item for the states individually?

Dean Reilly

Any changes in the payment/fee schedule needs to be approved by CMS. So technically, if CMS deems that this move reduces access to care for Medicaid patients, it could be invalidated on those grounds. A minority of state senators have threatened the leadership of the president of the senate to keep this issue alive.

GME Annual Report/Update

Carol M. Rumack, MD, ACGME Designated Institutional Official (DIO) provided an update on the progress, characteristics, and areas for improvement in the institution's GME enterprise.

General Characteristics

University of Colorado is the 23rd largest program in GME in US (of 676 Institutions)
Oversees 140 Program Directors and 1500 core faculty including 28 ACGME Residencies and Fellowships
1000 GME Enrollees in our ACGME residencies 2015-2016
Threats are those states that did not expand Medicaid, over 700 GME positions were lost nationally in the last year.
Primary care specialties are about 30% of our residents (320 people each year), including new program in Internal Medicine-Pediatrics
Minority enrollment has moved from 5 to 8 % from 2011-2015

Results of the GME exit survey reflect back success and areas for improvement
GME Exit survey – Mandatory exit survey garners 100% response rate
Graduate satisfaction is very high
Housestaff Report 95% Positive regarding quality of our programs
Reporting 91% positive interactions as reported by nursing

Characteristics of GME graduates
Primary care 61% stay in Colorado
Specialty care 43% stay in Colorado
Financial Debt: 39% report > \$200K

Areas of potential improvement (accreditation compliance)
Evaluation of Resident w/in 2 weeks of completion of rotation 54% (ACGME Goal 80-100%)
Duty Hour Violations are typically identified and addressed by adding additional staff, for example with hiring new APPs

CLER Clinical Learning Environment Review visit 2014

Evaluation of Major Teaching Hospital in 6 focus areas to be reevaluated in Aug 2016

Patient Safety. Safety event reporting introduced in 2015 Orientation.
Residents now are oriented in identification of patient safety issues and reporting. Root Cause Analysis exercises underway, with Internal Medicine as one example

Quality Improvement
Planned improvement in EMR Access. Enhance emphasis on resident involvement in IHQSE

Transitions of Care
IPASS mnemonic handoff system now a part of resident orientation to meet the ACGME requirement for standardized transitions of care

Supervision

Currently a strength of residents and fellows. Employing techniques, (e.g. AIDET Acknowledge, Introduce, Duration, Explanation, and Thank) to better explain the role of fellows and residents has a positive impact on the patient experience.

Duty Hours

Continue to monitor, currently successfully implemented

Professionalism

During orientation, behavioral and legal experts participate in interactive lecture to emphasize the importance of professionalism

Areas to Improve

Timeliness of turn around on resident evaluations. This is huge area emphasis for the next review.

Diversity emphasis. Continued efforts by the institution to develop a diverse resident cohort.

Comparative Pathology Core Overview

Linda K Johnson DVM, MS, MPH, DACVP

Linda.k.johnson@ucdenver.edu

Dr. Johnson provided an overview of the research resource for investigators utilizing animal models. Contact for help in research in live animal models to insure adequate controls, account for peculiarities in each strain or species, and anticipate limitations of individual animal models.

Dawn Clinic Overview (Dedicated to Aurora's Wellness and Needs)

Founders Kari Mader, MD, Kari.mader@ucdenver.edu and Joseph Johnson, MD, ldjohnson18@gmail.com provided a summary.

Primary Care Progress

Primary Care Progress is the parent organization founded several years ago at Harvard aimed at encouraging students and residents to take on leadership roles in primary care, and to empower those leaders to innovate and implement solutions to problems in primary care. Our local chapter of PCP was founded in 2013, and students here at the SOM who participated in this initial effort really desired a "real world experience." Locally DAWN Clinic started in Aug 2013, doors opened in March 2015.

Five Basic Tenets of the Effort Behind DAWN

1. *Serve the Uninsured.* DAWN's goal is serving uninsured residents of Aurora (Navigate those who meet criteria to medical homes)
2. *Partner with Community.* Many of the students saw the need in the community around Anschutz and wanted to address that need. The building where DAWN resides is owned and operated by the non-profit Fields Foundation and located at Dayton Street Opportunity

Center (at 1445 Dayton St Dayton and Colfax) in Aurora, which houses the largest amount of uninsured by zip code.

3. *Advisory Board* is comprised of participants represented by Internal Medicine, Family Medicine, leadership of UPI and the University Hospital, as well as community members all participate.
4. *Interprofessional Care*. An explicit goal of this effort is provide students with an interprofessional care experience that would extend the interprofessional care curriculum on campus to contextualize their skills and competencies in a real world setting.
5. *Leadership*. Raising leaders from students that are empowered to create change.

Funding

Student grass roots' efforts provide initial funding, including on-line fundraisers, subsequently partnership with the Fields Foundation enabled the start of DAWN. UPI made a very generous contribution to provide necessary renovations to the building. Contributions from the Chancellor's office annually assist with supply funding, and UCH provides lab funding and radiology support.

Patient demographics at DAWN from the first 6 months of operation

Average age 40, including 19-90 year age range

75% Hispanic

16% African American (comprised of relatives of refugee program families)

91% Have no insurance

92% have no Primary Care Provider

One in four patients stated they would have gone to the Emergency Department that day if they had not presented to DAWN clinic.

Jeff Druck - Congratulations. Is the demand being unmet given limited resources?

Joseph Johnson. It's difficult to say, because the capacity has not yet been exceeded. As the months have progressed, we've changed from an acute care to more longitudinal care. Also there is more space that we're building out to continue to meet the capacity needs. Obvious the comments by the Dean earlier in this meeting are concerning because DAWN is dependent on that critical funding that is threatened by revisions and reductions in reimbursement.

Curt Freed. Given that your main patient population is predominantly undocumented people, what are other big institutions in the area, like the University or Denver Health doing to meet that need?

Joseph Johnson. Statute 1055 states that undocumented residents cannot get service in the University or clinics here at the University. It prevents care at government

institutions. Denver Health does have a discounted plan to help undocumented residents with medical care.

Consider volunteering at the clinic as we to grow. Your contribution of time will be rewarded with valuable student experiences and patient care that tryly makes an impact. Liability can be extended to cover providers who volunteer.

Meeting adjourned 17:50 hrs by President Jennifer Richer.

Respectfully Submitted,

Michael C. Overbeck, MD

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

January 12, 2016
4:30pm – 5:30pm

Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

Called to Order 4:34pm by Faculty Senate President Jennifer Richer, MD

Minutes from Meeting December 8, 2015 Moved, Seconded, and Approved

Lauren Frey, MD (Lauren.Frey@UCDenver.edu) of the Peer-to-Peer Network Steering Committee discussed this effort of the Resilience Council at the UCSOM

Peer Support Program Created in recognition of:

- Physician surveys at academic hospitals have identified perceived appreciation and peer support as two critical factors for high job satisfaction/fulfillment.
- The emotional impact of errors on providers can be severe and is not well-addressed by existing programs on this campus.

The PTP Network is:

- Volunteer-based peer support program
- Modelled on successful programs at other academic institutions
- Will match campus providers who have experienced a negative clinical event with a peer supporter
- Confidential, non-punitive space to discuss the experience
- Providers will learn about the “second victim” syndrome and resources that are available

The PTP Network is NOT:

- Behavioral health counseling
- Risk management
- Systematic problem-solving
- Punitive

PTP provides support to providers:

- Can be self-referred.
- Near-misses or adverse events can also be reported to the network by peers, QI programs or risk management. These reports will only state that an adverse event has occurred and will not contain additional clinical or personal details.
- Will be stratified by type of provider to ensure that an appropriate PTP Network representative is available and trained.

Currently, the PTP Network looks like this:

Number of peer supporters trained so far:	32
Number of faculty peer supporters:	20 (18 MDs and 2 PhDs)
Number of fellow or resident peer supporters:	12
Number of departments involved:	15

Next, Dr. Steve Lowenstein (steven.lowenstein@UCDenver.edu) presented an update on Student Mistreatment with Data from the AAMC Graduation Questionnaire (GQ)

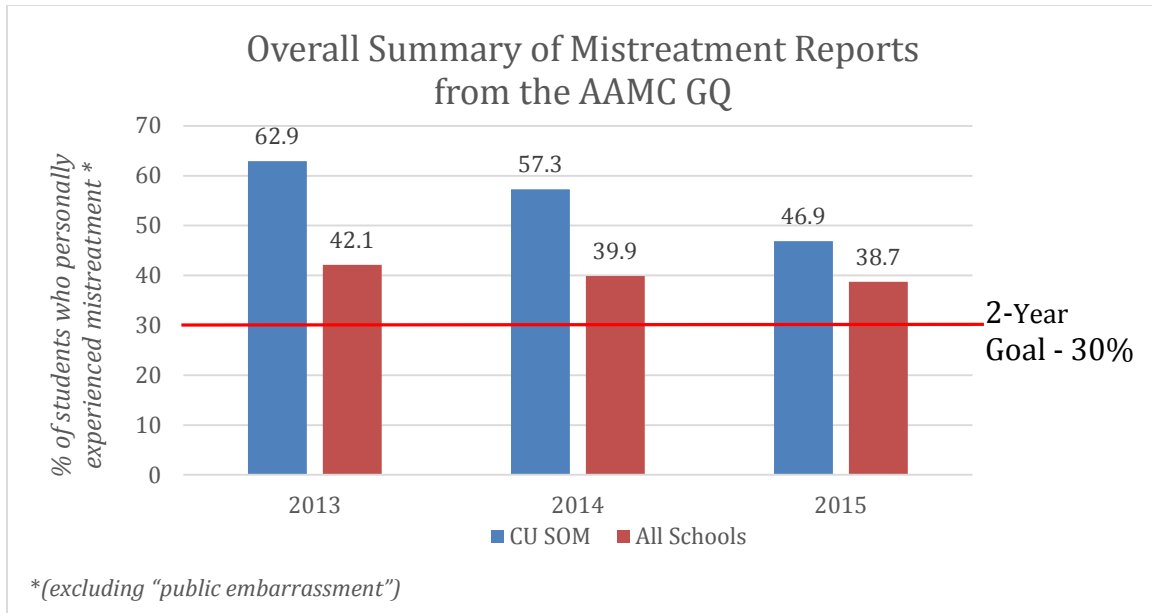
- Provides school-specific data
- Provides comparative aggregate data from 134 accredited U.S. medical schools
- Not only source of data (clerkship evaluations also utilized)
- GQ domains: curriculum, basic sciences and clinical experiences, support services, debt, career plans, diversity

Characteristics of the GQ

- In 2015
 - Distributed to 18,696 graduates in 2015
 - Response rate: 80 percent (14,939)
 - CU SOM: 138 students participated
 - ~ 85% response rate

Table and graphic format of Students reporting that they “experience mistreatment.”

	2013	2014	2015	Improvement	
				Since 2014	Since 2013
CU SOM	62.9%	57.3%	46.9%	18%	25%
All Schools	42.1	39.9	38.7%	3%	8%



Two year goals:

- Re-direct reporting to the Office of Professionalism
 - Outreach, marketing, building trust
 - Student-centered FAQ
- Decrease “nothing would be done about it”
 - 43 % → 25%
- Decrease “fear of reprisal”
 - 29.5% → 0%
- Increase “satisfaction with the results”
 - 33% → 66%
- Outreach to Colorado Springs Branch
 - Videos developed by medical student leaders
- Stronger messaging to faculty and residents
- 5-minute Clinical Block Orientation
 - Improve communication and build trust
 - Affirm shared commitment to patient care and a respectful learning environment
 - Reinforce authentic roles for students
 - Clear expectations for students
 - Help teachers understand “humiliation” (and the appropriate place for hard questioning)

Next, Dr. Steve Lowenstein (steven.lowenstein@UCDenver.edu) updated the Faculty Senate on the UCSOM Malpractice Coverage for Community Volunteer Activities.

A commonly asked question is: Do I have malpractice coverage when I volunteer clinically in the community?

- Response: The Colorado Government Immunity Act (CGIA) provides malpractice coverage for employees of the University of Colorado, including faculty members. However, the CGI only protects clinicians and other faculty members against claims or lawsuits arising out of acts or omissions that occur *during the performance of that employee's duties and within the course and scope of the employee's employment*. Similar protections for students and other trainees

This is further interpreted,

- Employees of the University of Colorado who participate in community-based clinical volunteer activities will be covered by the University of Colorado Self-Insurance and Risk Management Trust ("Trust"), *if two conditions are met:*
 - Approval by chair: Written MOU or email or other document signed by faculty member's chair, setting forth that the volunteer work is within course and scope of job responsibilities
 - Volunteer clinical work performed at a site approved by UPI Sites of Practice Committee
 - NOTE: If activities performed during work week, *vacation should not be taken*

Formal wording is available upon which to model the Chair's letter to support this activity.

- Also extremely helpful if there is a formal "affiliation agreement" or contract between the volunteer entity and the University - Examples:
 - Stout Street (Colorado Coalition for the Homeless)
 - DAWN clinic
 - Great Western Stock Show

Volunteer Activities that are unlikely to be covered:

- Participating at a community health fair that is not a CU activity;
- Acting as the physician for a charity bicycle event;
- Providing medical supervision for a high school sports team

Further information can be found at

- Given the multiple fact situations and nuances, especially around "volunteering," all faculty members, administrators, students and residents should contact the Professional Risk Management Office (303-724-RISK [7475]) or the Office of University Counsel (303 315-6617), before assuming that CGIA and Trust insurance coverage apply.
- Employees of VAMC, NJH, DHH or other affiliated institutions should contact their respective legal offices.
- **FAQ:** Faculty Affairs Website (*Do I have malpractice coverage when I volunteer in the community?*)

Attendee: Does the survey of graduates exhibit any time lag?

Dr. Lowenstein: There probably is a time lag, as the efforts have accelerated recently. The Office of Professionalism is itself only two years old, and we may have further improvements in the next iteration of the survey.

Attendee: Have you considered surveying locally, possibly earlier, such as annually?

Dr. Lowenstein: One such survey is the ISA. It has a tremendous response rate and does give us a glimpse of some of these aspects of student life.

Meeting adjourned at 5:30pm

Respectfully submitted,

Michael Overbeck, MD

Faculty Senate Minutes
February 9, 2016

I. Approval of minutes - Minutes from January 12, 2016, meeting approved.

II. Dean's Comments – Dean Reilly attended the URM Resident Applicant dinner, which was a wonderful event and thanked Dr. Jeff Druck for organizing. The Research Space Allocation Methodology will be released at the Executive Committee next week, and the actual process will begin in the Spring. The recipients of the Transformational Research Funding awards were announced at the State of the School address, and each recipient group will be asked to come to the Faculty Senate to provide an overview of their projects. The State Legislature is considering reclassifying the Provider Service Fee, the outcome of which will affect the State Budget this year. The first budget that was prepared, which was based on the Provider Service Fee not being reclassified, indicated a reduced state allocation of \$1.4 million for the School of Medicine.

III. Discussion Items

1. Department of Family Medicine Update – Drs. Dan Burke and Jodi Holtrop provided an update of the Department of Family Medicine.

- The SOM Department of Family Medicine is the largest in the family medicine department in the nation, with 232 regular faculty and 625 affiliated faculty across the state.
- The department currently has over \$52 million in supported funds for research, innovation, contracts and education.
- Clinical earnings exceeded \$10 million in 2015, and are projected to exceed \$11 million in 2016.
- The department supports five primary care clinics, including AF Williams, Boulder, Westminster, Lone Tree and the WISH clinic.
- Additional clinical programs include Sports Medicine Clinic, Addiction Medicine Fellowship, Integrated Behavioral Health, and a Hospital Service.
- The Rural Training Track is very successful and includes 1st year training here, and the 2nd year and beyond training in Ft. Morgan.
- The department's educational programs include three residency programs, and fellowships in sports medicine, palliative care, addiction, research, and rural.
- Medical student education includes the rural track, rural & community care, foundations of doctoring, and electives/sub internships.
- The current US medical student recruitment into family medicine is about 8.5%; the UCSOM medical student recruitment into this program is approximately 9%. The department is working on ways to better support medical student recruitment.
- The department's primary care research has a close integration with the community; the department's transforming care delivery program has a close integration with clinical practice; and the behavioral health integration program has a close integration with policy.

- The department's fourth mission area is community, and they are focused on population-based health, where they are developing care teams and accelerating technology.

2. Legislative Update – Jerry Johnson, CU Office of Government Relations, provided an update on the current initiatives.

- The proposed budget for higher education reflects a proposed \$20 million statewide cut. CU's share of that cut would be about \$4 million
- Because the state budget includes a reduction, the Governor is recommending tuition setting authority be retained by higher education governing boards, including the CU Board of Regents, and not be limited by state law or CCHE policy.
- There is no funding in the budget for new construction projects. The request funds continuation projects (of which CU has none in FY 2016-17) and only a portion of what is needed to pay for the most critical controlled maintenance projects throughout the state.
- Mr. Johnson update the Senate on Hospital Provider Fee Enterprise status. The Hospital Provider Fee is matched with federal Medicaid funds, and proceeds from the fee and the federal match are used to expand health care access, increase funding for hospital care for Medicaid and uninsured clients, and to reduce cost shifting to private payers. However, these funds count toward the TABOR revenue limit and will result in significant TABOR refunds. However, the Hospital Provider Fee revenue cannot be refunded because the revenue must be spent as indicated above. This results in the State cutting other parts of the budget to pay for the TABOR refund. If the Fee is categorized as an Enterprise, the Fee would no longer count toward the TABOR limit.
- Other health care legislation in 2016 includes:
 - HB 16-1142 Rural & Frontier Health Care Preceptor Tax Credit, which would create a state income tax credit for licensed Colorado health care professionals who provide personalized instruction, training and supervision to medical students in a rural county.
 - HB 16-1101 Medical Decisions for Unrepresented Patients, which would allow an attending physician or his or her designee to act as a patient's proxy decision-maker for health care treatment when the patient or their family are unable to.
 - UPI – Out of Network – this legislation has been in a mediation process with the health plans for the last four months. Recent discussions ended with the health plans walking away from the table. This issue is still in discussion.
 - Athletic Trainers Sunset Extension – this bill died last year, and the goal is to continue regulation. This bill affects CU Sports Medicine Clinics. Proponents of the bill are preparing a letter to send to the legislature.
 - Medicaid Reimbursement – last year, Colorado gave a Medicaid bump to all health care providers, paralleling the federal bump. This was designed to be short term, and was extended to six months. The governor is recommending a 1% cut, and the JBC rejected the governor's recommendation.

- Mr. Johnson also commented on the outreach program that they have developed whereby legislators are visiting the CU Anschutz Medical Campus. The program was started to educate legislators on the work that is being done on this campus. Last year, they brought 35 legislators to this campus with 60 individual visits. They now would like to expand the program and take the campus to the State Capitol. Mr. Johnson added that you never know when the payoff for this type of program is going to come.

There was then discussion regarding a possible grassroots campaign to get the word out about the legislative issues that affect our campus. Since CU employees are prohibited from lobbying on behalf of the School or Campus, that becomes difficult. There was also discussion about the importance of the end of life issues, with the two bills addressing this issue containing very heart-breaking testimony. The question was asked, What is the role of the Medical School in these issues? The Dean commented that taking a position is complicated. We have one of the most reputable palliative care programs, and we have an active dialogue with the Bioethics Program. He explained that it likely not our place to take a political stand; our place is to inform the public on the implications of the legislation and to emphasize our role. Dean Reilly added that the clinical care we provide hopefully reduces the situation.

3. Campus Update – Neil Krauss provided an update on the campus. The roll out of Elevate didn't go exactly as planned, with several problems being identified. They are putting funds towards the problems. They have not yet been able to close on December books, and grants administration has been delayed. Consultants were hired from the company that developed the products, and they are on campus to fix the problems and provide training. The 17th Place closure will be opened on February 22nd, at the latest. There is a lack of parking on this side of campus, and it is hoped that Light Rail will alleviate the demand for parking. There are currently 5,000 parking spaces on campus, and all are full except the east overflow. They are looking for places to put asphalt and build parking lots. Once Light Rail is started, they will see what the demand is. The plan is to build a new parking lot about 2-3 years down the road. Another plan is to encourage Light Rail ridership, which may involve a subsidy for the EcoPass, possibly resulting in an increase in parking fees.

The Chancellor's Office is working with the Community and Aurora Public schools on a new contextual learning opportunity. With the Affordable Care Act, hospitals are responsible for showing how they are improving community health. We are determining how schools are helping with mental health. And finally, AHEC provides professional development on a limited basis, and we are doing everything we can to improve the partnership.

With there being no further business, there was a motion and second to conclude the meeting.

Respectfully submitted,

Cheryl Welch
Director, Faculty Affairs

Faculty Senate Minutes
March 8, 2016

I. **Approval of minutes** - Minutes from January 12, 2016, and February 8, 2016, meetings approved.

II. **Dean's Comments** – Neurosurgery department is close to having a solution for DHHA for April 1, 2016. The Associate Dean for Diversity & Inclusion will start in June, and will be on-site in two weeks. The Senior Associate Dean for Clinical Affairs position is in the final stages of the recruitment process, and there are no unfilled Department Chair positions. Terri Blevins, the Assistant Dean for Student Life, has accepted another position, and the search for her replacement will begin soon, with the option of appointing two half-time positions. If anyone has an interest in the position, please let the Dean's Office know.

III. **Discussion Items**

1. Light Rail Shuttle Update – Neil Krauss provided an update on the parking situation on campus. Approximately 2-3 months ago, there was increased concern regarding the low availability of parking spaces. A reassessment of the parking lot master plan occurred, and it was determined that a new parking lot would be built in 2020. In order to alleviate the current situation, the area to the south of the Henderson Parking Lot will be turned into a parking lot, adding 192 spaces. A new location for the SmartCars will be found, which will likely be behind Research 1. These changes will be funded out of the parking budget and will be completed by the end of the year. It is unsure who will get these new spaces.

Light Rail will be completed by the end of this year, according to Kewitt. The Light Rail will begin operation on December 31, 2106. To accommodate the campus use, a Light Rail Shuttle will run from the northern station, which is the main stop. There will be three shuttle buses coming onto campus, with the first stop behind the staff garage for CHCO. The second stop will be behind CHCO, and the third stop will be on the other side of AO1. The fourth stop will be at the Health and Wellness Center. The fifth stop will be to the east of the library for the FRA area and UPI. To help improve utilization of options other than parking on campus, the University will be subsidizing the Ecopass. There was then discussion regarding the length of the ride on the Shuttle, and it was estimated to be 12 minutes to go the entire loop. It will be faster to walk from the Light Rail station, in many cases. A sidewalk will be built to walk to the Light Rail Station from the library. It is the intent that every train will be met by a shuttle bus.

2. Introduction of Sallie Hanfelder, Director, Eastern Colorado VA Healthcare System – Dr. Hanfelder provided an update of issues related to the VAMC. The Army Corp of Engineers will be taking over construction of the new VA buildings on campus, and it is anticipated that they will be finished in January 2018. There will be soft openings of the buildings to begin with, which will occur when the diagnostic buildings are opened. Two areas of the current VA complex will not be included in the new campus, the Community Living Center and the PTSD program. The Community Living Center is looking into shared services. There will be a new spinal cord injury program, with current patients being sent to California for care. The new campus will cover a 45,000 square mile area, with a large clinic in Colorado Springs. The problems that had been identified at the clinic in Colorado Springs have been corrected.

There are three main areas of the VA that will be addressed in the coming months, including the Project Eagle (the campus development project), Increased Access to Care for Vets, and Employee Engagement. The Employee Engagement project will be focused on leadership development. There was a question regarding whether the equipment from the current VA campus will be moving to this campus. Dr. Hanfelder commented that most of the large equipment will be brand new; they may be bringing smaller equipment to this campus, but not the large equipment. The packages for the equipment is already in procurement.

There was a question regarding how many additional people will be hired when the campus is opened? Dr. Hanfelder answered that they are working on that right now; however, not the entire campus will be moving here. She estimated that not more than 100 people will be coming here. Most of the increase in workload will be at the Colorado Springs clinic. The question was then asked whether there will be an increase in the number of veterans that will be provided care here in Colorado? Dr. Hanfelder answered that yes, they will see more veterans. They have seen an 8.2% growth rate each of the last three years, which is one of the largest growth rates in the country. The CHOICE program will expect to see an increase.

Dr. Hanfelder also commented on the current issue related to UPI not being paid in a timely manner. They are in the process of “de-linking” the requirement that the record must be seen before they can get paid. This should help with payment of providers. They have asked HealthNet to imbed 10 people in their facility to help with HealthNet. The question was asked regarding what will happen to the space at Clermont when they move here? Dr. Hanfelder answered that originally, the entire campus was going to move here. However, since the CLC and PTSD program will not be moving here, they are looking at keeping part of it open. And finally, the question was asked, once they are up and running on this campus, how many people will be trying to get onto campus? Dr. Hanfelder wasn't sure, but she will provide those numbers once she knows. The parking garage will hold 2,000. She added again that not all of the current VA employees in the area will be coming here.

3. Transformational Research Funding Recipient – Dr. Sean Colgan presented the project that was awarded funding by the Transformational Research Funding Program. This project relates to GI and Liver Innate Immunity, with the goals to develop the Anschutz Medical Campus as a preeminent place to do GI and liver innate immune research in the United States, and to translate research discoveries and innovations into new personalized therapies and cures for patients with GI and liver diseases. GI and liver-related diseases are increasing in incidence and carry high morbidity and mortality, with few therapeutic options offered. No focus of innate immunity and microbiome exists currently in the United States. On this campus, there are unique pediatric to adult collaborations, as well as basic to translational collaborations. The aims of this project are to: 1) develop five biomedical sub-programs focused on innovation, discovery, and translation of new information related to GI and liver innate immunity; 2) provide pilot funding to drive GI/liver innate immunity on the AMC campus; 3) establish an enrichment program for education and dissemination of new research from AMC; and 4) retain and recruit new investigators to fill voids in innate immunity in the liver and GI tract.

4. Transformation Research Funding Recipient – Dr. Tim McKinsey presented the project that was awarded funding by the Transformational Research Funding Program. The project relates to the Center for Fibrosis Research and Translation (CFRT). Fibrosis contributes to approximately 45% of deaths in the Western World. The two FDA-approved drugs for fibrosis have poor efficacy, leaving a major unmet

need. More than 300 companies worldwide are targeting fibrosis. There is a significant strength at the AMC, but it is not unified. The CFRT is a hybrid between academic science and biotechnology. A team of investigators will be formed, consisting of both basic and clinical scientists. They will be innovative, nimble, transparent and data-driven, focusing on improving human health. This will be the first center that will be internationally recognized as focusing on fibrosis. The Center will consist of four groups: 1) Pre-Clinical Discovery Group; 2) Fibrosis Innovation Group (FIG); 3) Clinical Discovery Group; and 4) Clinical Efficacy Group. External funding opportunities that will available include industry sponsorship, multi-investigator grants and programs, and philanthropy. The Center will include a Scientific Advisory Board, a Fibrosis Fellows Program, Graduate Student Awards, a Fibrosis Seminar Series, and a CFRT Retreat. Faculty in the Center will include three traditional faculty, with excellence in fibrosis research, highly energetic, and collaborative. There will also be one FIG director with a biotech background, project management skills and an industry liaison. The five-year goals of the Center are to develop new internal collaborations, unique industry partnerships and philanthropy, an exciting and productive training environment, and develop at least one novel, nodal effector of fibrosis.

With there being no further business, there was a motion and second to conclude the meeting.

Respectfully submitted,

Cheryl Welch
Director, Faculty Affairs

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

April 12, 2016
4:30pm – 5:30 p.m.

Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

Welcome – Faculty Senate President Jennifer Richer, MD, called meeting to order. Approval of Minutes from March, 2015, meeting. Moved, seconded, and approved by acclamation.

Dr. Buttrick's Comments (in Dean Reilly's absence)

1. Searches New director of health and wellness center
2. Dr. Fuhlbrigge from the Brigham and Women's Hospital is the new associate dean for clinical affairs, replacing Doug Jones.

Update to the Faculty Senate on School of Medicine and UPI Finances
Jane Schumaker, Senior Associate Dean for Administration and Finance
Jane.schumaker@ucdenver.edu

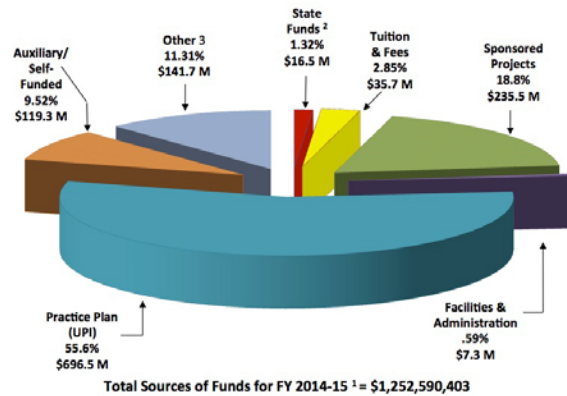
Organizational Relationships

The School of Medicine is a unit of the University of Colorado Anschutz campus. Organizationally, it is one of two campuses within the University of Colorado Denver University Physicians, Inc. UPI is an organization that supports the clinical practice of the School of Medicine.

University of Colorado Hospitals, University of Colorado Health (the system of hospitals), Children's Hospital Colorado are our two major teaching hospitals. They do not employ our faculty. Denver Health is also a significant Affiliate. Physicians at Denver Health are faculty of the School of Medicine but are employed by Denver Health.

School of Medicine funding

School of Medicine Sources of Revenue FY15



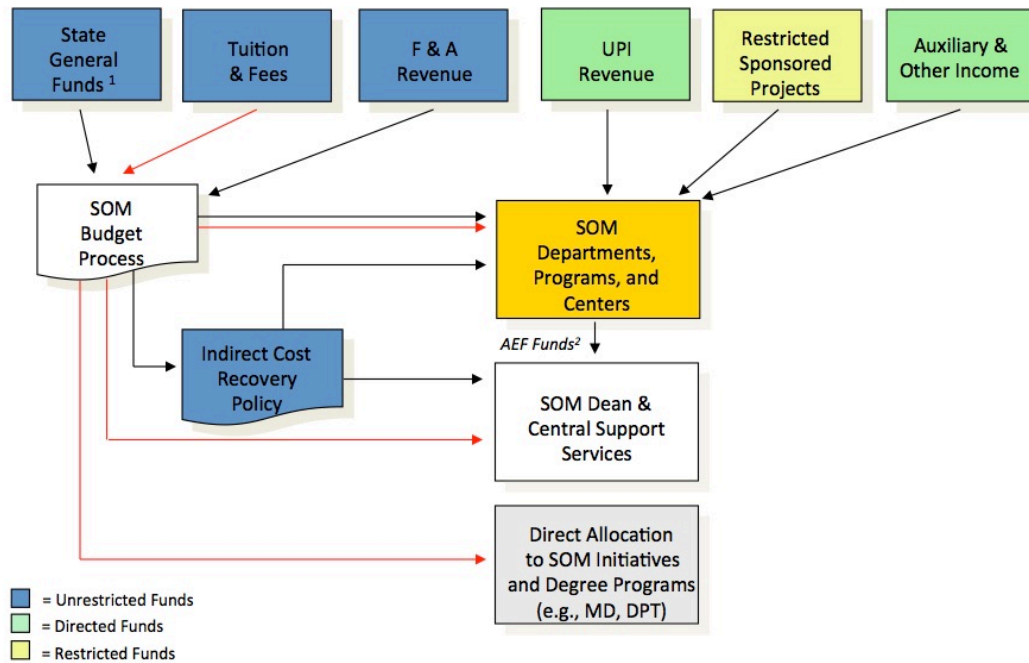
These are the sources of revenue and their relative contributions. As you can see clinical and research revenue – directly related to the work of the faculty – comprise the largest contribution.

State General Fund Revenue

These are the funds that come to us via the legislature

- State Appropriations
- Tobacco Settlement Funds
- Tuition and Fees
- Indirect Cost Return (F&A)

Overview of School of Medicine Funds Flow



Research funds

- Federal and non-federal grants and contracts

Direct Costs

Personnel, supplies, subcontracts, etc.

Indirect cost recovery

aka ICR, IDC or F&A (Facilities and Administration)

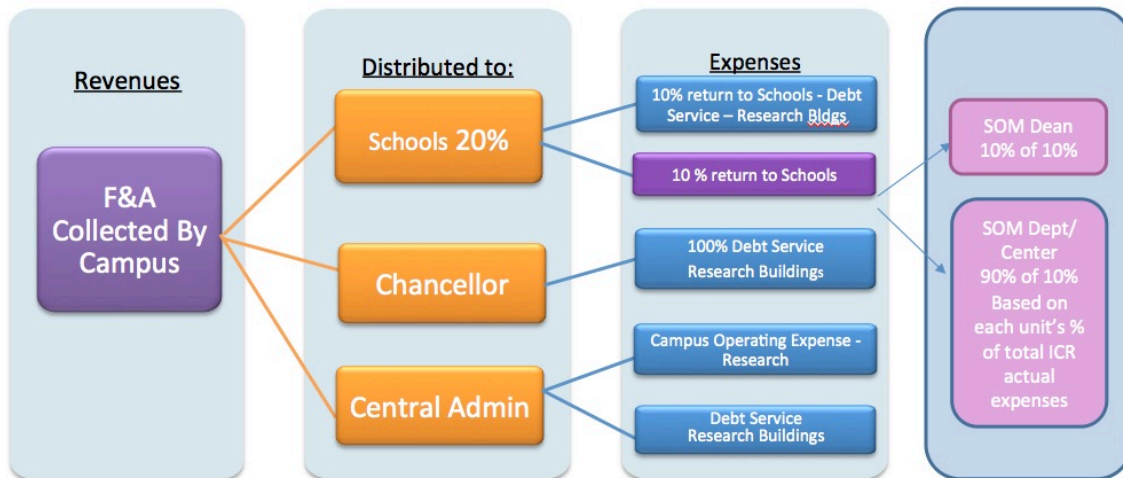
Percentage of most grants and contracts

- Used to support research infrastructure/overhead
- Portion of ICR distributed to school and departments based on formula

Current federal on-campus rate: 55.5%

Other rates for industry, foundations, etc.

Facilities and Administration Policy Distribution Methodology



F&A policy

Question from Senate Member: *What actual fraction of ICR is devoted to debt service?*

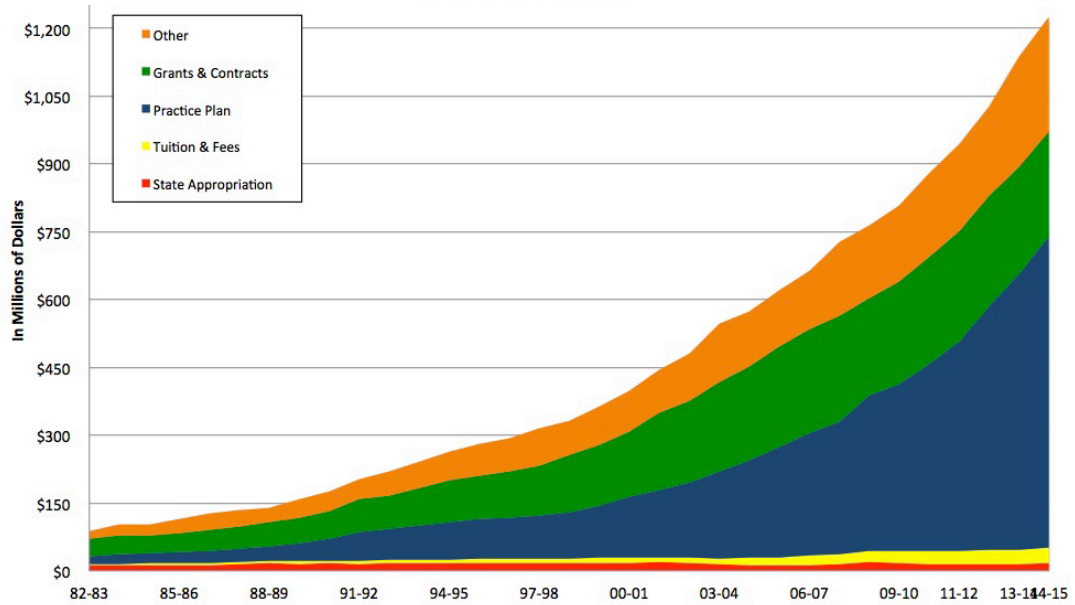
Dean Schumaker: *Likely 60-70, or possibly 80%.*

Question from President Richer: *What is the projected date when it will be paid back?*

Dean Schumaker: *A Schedule for repayment exists and is available for review.*

Practice Plan: Clinical Revenue

SOM Trend in Sources of Revenue FY 1983- FY 2015



What is University Physicians, Inc. (UPI)?

- 501(c)3 (IRS code) not for profit corporation
 - Management services organization serving the faculty of SOM to support the clinical practice
 - Operating Agreement with CU Board of Regents
 - Mandatory Faculty Membership
- Member Practice Agreement
Assignment of clinical income
Delegation of billing/contracting
- Governed by Board of Directors – clinical chairs and elected faculty
 - Employer – but not of physicians or other providers

What Does UPI Do?

Billing and collecting – fees generated by faculty, Compliance, Commercial and third party contracting (Managed care credentialing), Office of Value Based Performance, Legal Review and Administration for Faculty Consulting and Speaking contracts, Health Plan Management (U of Colorado Health and Welfare Trust), Business Development (Joint Ventures, Practice Acquisition), and Financial Reporting/Investing.

In providing these services, Assessments or “taxes” on clinical revenue as a percent of revenue are detailed here (total 13.9%)

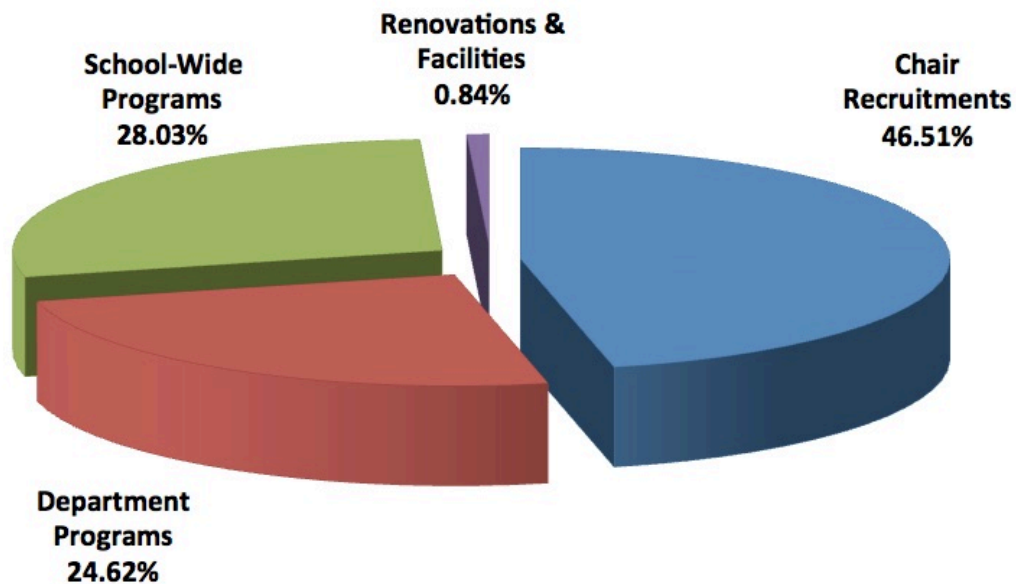
Presentation

- 100.0% Total Revenue
- (6.6%) SOM Academic Enrichment Fund (10% Dean's Assessment)
- (5.9%) UPI Administrative Fees (8.5% Clinical/2.0% Contract, net of rebate)
- (0.7%) Direct Charges (Fee Coordination, Worker's Comp)
- (0.5%) University Allocations (Malpractice Premiums, Operating Agreement)
- (0.1%) Board Approved Allocations (PCP Support, Medical Director)

Academic Enrichment Fund

Academic Enrichment Assessment on clinical revenue (10% on collections, some exemptions for technical components) that is subsequently invested by the Dean (Recruitment, Facilities, Programs).

Academic Enrichment Funds Expenditures FY 2015



Total AEF Expenditures: \$384,469,206¹

**Transformational Research Funding Recipient – Discussion of Funded Project
John Cambier, Ph.D., Chair, Department of Immunology & Microbiology
discussed the Human Immunology and Immunotherapy Initiative (HI³).**

Why is this important?

Cancer Immunotherapy was chosen as the breakthrough of the year in 2013 by the *Journal Science*. Cancer Immunotherapy embodies methods to enhance or suppress activity of immune system to control cancer. Three strategies were discussed.

Checkpoint blockade: seeks to remove the brakes on the immune system toward better elimination of the tumor. Checkpoint inhibitors remove the tumor's ability to defeat the typical attack by Tcells. We have a million Tcells per milliliter, with different specificities for different antigens. This diversity can be focused to attack a single antigen or single tumor.

Chimeric antigen receptors to homogenize the antigen specificity of killer Tcells. *Ex vivo* modification of Tcells reintroduced to patient in cases of B-Cell lymphoma and chronic lymphocytic leukemia. Some collateral damage to normal B-cells occurs, but the feasibility and effectiveness is well established.

Bispecific Tcell Engager (BiTE), antibodies redirects Tcell specificity; currently being tested clinically.

Given the little activity on this campus in these three approaches, a cross-specialty effort to become more involved in clinical trials to address cancer utilizing these methods, treat patients and train young physicians in these techniques of treatments and strategies.

Question from President Richer: *Are these Investigator initiated trials, or more commercial ventures?*

Dr. Cambier: *As scale up occurs, we will be bringing in commercial entities.*

Question from Faculty Senator: *Three approaches only?*

Dr. Cambier: *Whole set of immunotherapies exist and provide a much broader potential for augmenting and suppressing the immune system.*

Question from Faculty Senator: *Can others be involved?*

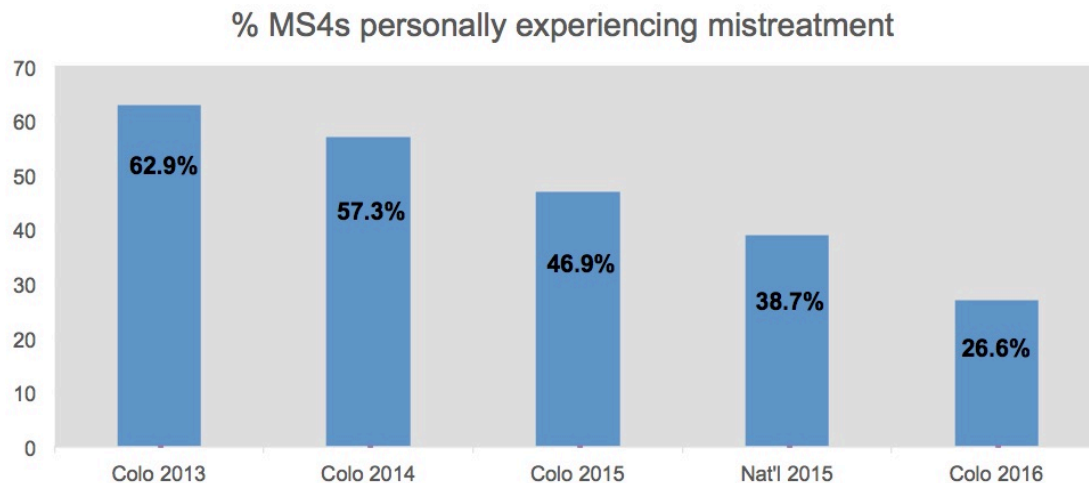
Dr. Cambier: *As we grow and implement the program, there are plans for recruiting other contributors across the campus.*

Associate Dean Faculty Affairs Steve Lowenstein: *Are the plans for incorporating graduate students already here or will new graduate students be brought in?*

Dr. Cambier: *Both outside recruiting and internal students can be incorporated.*

Results of the Independent Student Analysis (ISA) for the LCME. Senior Associate Dean for Education, Robert Anderson, MD

As one of four requirements for LCME accreditation, an Independent Student Analysis was recently completed. Overall satisfaction throughout the 4 years was demonstrated. Mistreatment has been the focus of medical school initiatives and has seen gains, though some progress can still be made.



Overall, the ISA had the following positives:

- Overall quality of education perceived to be high
- Mistreatment is declining
- Improvements in communication with administration and perception that administration is responsive to students concerns
- Improvements in IPE
- Improved satisfaction with health and psychiatric student services

Reviewing the ISA, several opportunities for improvement exist:

- Biostatistics and evidence-based medicine
- Meaningful mid-course feedback and direct observation required
- Diversity of student body and faculty a priority
- IPED into the clinical realm
- Improve cultural competency, medicine and society and health disparities education
- Continued efforts to eliminate mistreatment

Meeting adjourned 5:30 pm by President Jennifer Richer.

Respectfully submitted,

Michael Overbeck MD.

Michael Overbeck, MD
Secretary, Faculty Senate.

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

May 10, 2016
4:30pm – 5:30 p.m.

Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

Welcome – Faculty Senate President Jennifer Richer, MD, called meeting to order. Approval of Minutes from April, 2016, meeting. Moved, seconded, and approved by acclamation.

Dean Reilly's Comments

Department of Psychiatry Chair is opening up and a search committee is forming.

Presentation for Approval of New Division of Hospital Medicine – *David Schwartz, Chair, Department of Medicine; and Steven Lowenstein, Associate Dean for Faculty Affairs*

Dr. Schwartz provided a history of the Hospitalist Program here in the Department of Medicine. First hospitalist hired 12 years ago, now over 50 employed; provide care for 40-50% of patients on the medical service. When first hired, hospitalists functioned as general hospitalists. Over these 12 years, general hospitalists are now the majority of the inpatient physicians, whereas general internal medicine typically works in the outpatient environment.

Training programs have distinct attributes when comparing general internal medicine and hospitalists. Examples include: general internists have primary care residency, whereas hospitalists typically train in a specific training track; both disciplines typically have separate grand rounds within the educational framework of the hospital, and; each group has a separate academic meeting nationally.

Several programs around the country have hospitalist programs, and care may extend to neurology, orthopedics, and will likely include care extending to the cardiology service. A natural progression would suggest that, as a division is founded, fellowship will follow.

Finances are in evolution. “Break even” was the prior goal, but the increasing proportional volume of the hospitalists’ patient population means the effort requires a larger revenue stream for the hospital.

Steve Lowenstein, MD Associate Dean for Faculty Affairs described potential benefits and drawbacks of a separate division.

Given the divergence of educational focus, research, and clinical responsibility, it makes sense to have a separate division. Two divisions would

create organizational efficiency and allow each to benefit and compete for research and educational dollars.

Unanswered questions as to the potential drawbacks of two divisions include: Whether general internal medicine attendings can continue to teach on the inpatient services; What is the impact on resident teaching, and experience on inpatient service? and; How would salaries be impacted? and; What would be the impact on research efforts?

Question from Senator: Do hospitalists make money, or are they disadvantaged by their payer mix?

Dr. David Schwartz: The hospital is committed to making this work, but the exact balance sheet is not available. If we go forward, that will be a big part of the success. Financing will be similar to other divisions in Department of Medicine, rather than just subsidies from the hospital. Transparency is important.

Comment from Senator: What makes sense about this is the division of labor. But realize we are contributing to the demise of 'generalism.' General surgery is going away for example. We are, with this step, making it difficult for medical students to see an example of a generalist.

Response from Dr. David Schwartz: The future of general internal medicine faculty will still attend on general medicine and on the 'Acute Care of the Elderly' service. This will also allow general medicine establish a greater identity in research and clinical care.

Question from Dr. Rebecca Sands Braverman: Any concern about the quality of care in this (new arrangement)?

Senator's response: Some evidence suggests no difference in care, but there are upsides to having outpatient physicians come into the hospital to care for their patients.

Response from Dr. David Schwartz: This is why we created the physician-scientist's ward, so there will be exposure to these physicians caring for patients in the hospital.

At this point, Faculty Senate President Jennifer Richer, MD, called for a motion to vote on approval of the issue under discussion to move to the executive committee for further approval, which was seconded. A vote was taken by a show of hands. Vote: For 25 Against: 1 Abstain 0
Motion approved, this issue will move to the executive committee for further approval.

Ethic's Team Role in Patient Care

Jean Abbott, MD, Professor Emerita, Department of Emergency Medicine.

Ethics Consultation Service has value to the hospital in moving treatment decisions forward, typically shortens ICU and hospital stays, and can assist in clarifying decision points in patient care.

Two committees exist on this campus, at Children's Hospital and University Hospital. Both committees have similar makeup with an emphasis on diverse membership, led by trained consultants who provide consultation services.

As an example of the volume of work completed by the committee, last year 80 consults were completed, averaging about 5 hours per consult. Characteristics of University and Children's consult topics include shared decision making in shaping the plan of care, religious or cultural differences, or in instances of care that is not indicated.

Both hospitals have noted the significant impact of moral distress. Staff may feel their moral integrity is being threatened, and they cannot feel they can perform their job as they were trained to do. The tempo of clinical care, uninsured patients and vulnerable populations can all take a toll on providers and the Ethics Team is a resource to help with this.

Goal of Ethics Consultation is for outreach, support 24/7, and training and ultimately to be recognized as THE Ethics Committee resource in the state and region. The expertise that the committee brings is not only in core competencies but in quality and performance improvement. This exists in a collaborative way between the University Hospital and Children's.

Roles include rounding in the MICU and providing considerable education on ethics questions that frequently arise, advising programs, and program review.

A specific example was provided by Dr. Abbott. The Unrepresented Patient Initiative (those who have no family or proxy and who cannot speak for themselves) was developed to assist in this population and developed a white paper. After a lengthy process, a proxy law was brought about. The proxy laws have been changed to allow physicians to be the proxy of last resort. This is one way an ethics consultation can evolve at the policy level to improve the clinical setting for providers.

Research Interest

What are the quality domains of a good ethics consult? Provider satisfaction or patient satisfaction as potential markers of a quality ethics consult are the objects of investigation.

Senator question: The distribution of problems seems to underweight psychiatric illness.

Dr. Jean Abbott: The overlap of psychiatric illness often underlies many of the other problems, and psychiatric challenges are often longitudinal.

Dr. Steve Lowenstein: I'd imagine that there are many overlaps and that psychiatric illness often underlies and permeates many of the consults.

Question from Senator: Will it be the treating physician acting as a proxy of last resort?

Abbott: It is often a second physician, under the oversight of the Ethics Committee.

Senator question: In the experience where a son wants to keep a patient alive, but the patient desires to die, how does the ethics team help?

Dr. Jean Abbott: The Ethics Team would try to discern what the patient's voice would be, and what the clinical course would dictate. The solution being developed is the "non-beneficial treatment" plan. We strive to hear all concerned parties, consider appropriate and inappropriate alternatives, and advise the team accordingly.

Senator question: Is there a potential for outpatient consults?

Dr. Jean Abbott: Yes, checking AMION can reveal the on call ethics consultant. Monthly and quarterly rounds may occur and also help disseminate the skill and insights to hospital services.

Senator question: What about those in moral distress?

Dr. Jean Abbott: The appropriate place or care for the patient is a challenging concern of the hospital and staff.

Dr. Steve Lowenstein: In the legislation, who appoints the proxy?

Dr. Jean Abbott: The provider asks for a volunteer.

Senator: Would volunteers tend to have a similar bend?

Dr. Jean Abbott: It is understood that they are standing in as a proxy, not as a physician

Senator question: What about a guardian ad litem

Dr. Jean Abbott: Hard to get, and good for one decision only and must be a lawyer, and because of these constraints, is not workable.

Dr. Steve Lowenstein: The first effort is to get a court-appointed guardian, but that was not a timely or helpful solution. Additionally there were no funds or careful

and quick turn around. Concerns included that physicians would not have the best interest of the patient in mind.

Dr. Jean Abbott: The role of public guardianship is not nimble enough to meet the need over time. These patients present challenges, but we will see if this can succeed.

Department of Psychiatry Update

Dan Savin, Associate Professor, Department of Psychiatry

Integrated care across the US where psychiatry is integrated with internal medicine and primary care. The hope and advantage is that addiction and mental health care can be delivered more effectively and be reimbursed more favorably.

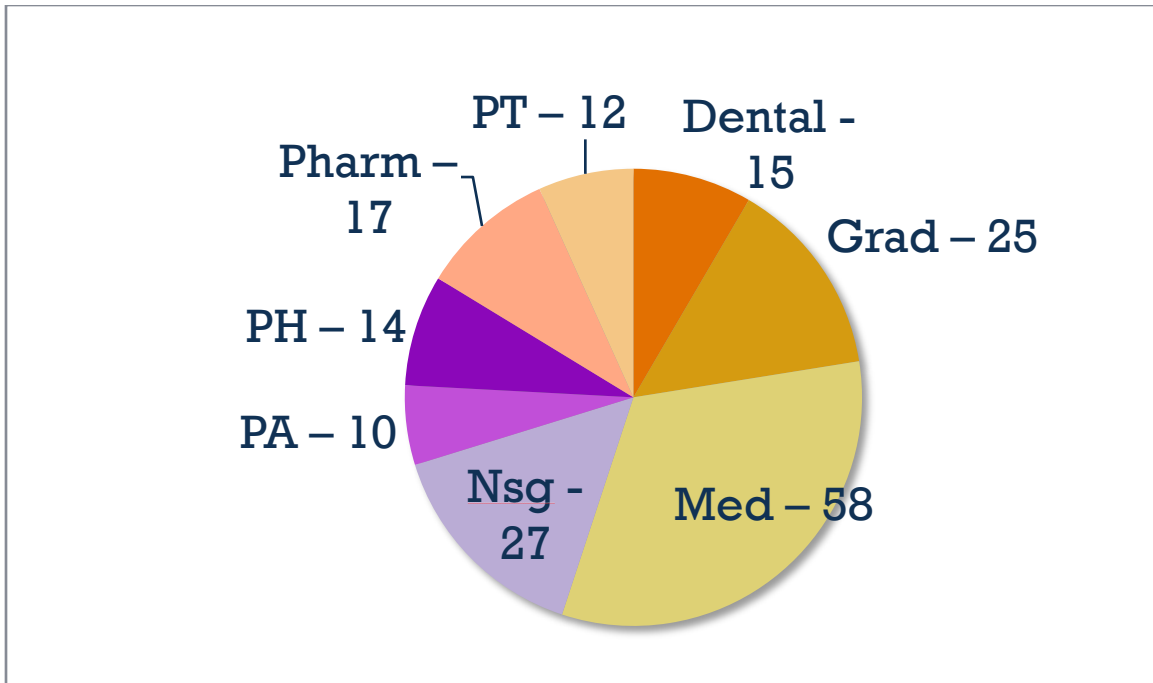
6 Initiatives in the Behavioral Health Service Line

1. Psychiatry has typically been isolated from other departments, particularly due to carve-outs for mental health benefits. Integration of psychiatry and substance abuse treatment is a goal.
2. Integrate psych with primary care, neurosurgery, infectious disease, and neurology (nonepileptic seizure clinic, for example)
3. Build better consult liaison teams.
4. Reduce the length of stay in the Emergency Room. The goal through adding more staff to improve the care for individuals, rather than just housing patients.
5. Telebehavioral Health to help with consultation load begins with neurology in 2017. This type of consultation may be covered by Medicare, making patient consultation easier.
6. Improve access to outpatient care in psychiatry, including addition of new social workers. However, access to psychiatry still will likely be insurance dependent in the near term.

Student Mental Health Service

Two locations including: Campus Health Center at Anschutz Health and Wellness Center and the sStudent Mental Health at Building 500, 2nd Floor. Services include: Acute stress management (including anxiety or depression), Counseling or triage, assessment, treatment or referral of mental health disorders, Medication prescription, monitoring and support, Domestic violence, sexual assault, trauma (in coordination with the Advocacy and Support Center)

178 new evaluations for students in 2014-2015 Academic Year



President Jennifer Richer question: Who can initiate a student evaluation? What's the best way to get a student the help they need?

Dr. Savin: It's best if the student comes on their own, but faculty can support the student in seeking care. We do work with a faculty member's recommendations to have a student get the help they need, but typically this is on a case-by-case basis.

Senator question: Is there a similar model to medicine where there are psychiatrists seeing outpatients and teaching all the time?

Response by Dr. Savin: Combination approaches 60% that sees patients and teaches. We work with VAMC, DHMC, Children's, and about 20% of our faculty work exclusively inpatient.

Next Meeting

June 14, 2016 4:30pm

Anschutz Medical Campus – Academic Office 1 Building, Room 7000

Meeting adjourned 5:30 pm by President Jennifer Richer, MD.

Respectfully submitted,

Michael Overbeck, MD

Secretary, Faculty Senate.