

Minutes of 27 March 2017
Circulated 31 March 2017
Approved 3 April 2017

THE UNIVERSITY OF MICHIGAN
Senate Advisory Committee on University Affairs (SACUA)
Monday, March 27, 2016 3:15 pm
Regent Conference Room, Fleming Building

Present: Atzmon, Lehman (Bluejeans), Ortega, Schultz (chair), Smith, Wright: Potter, Schneider, Snyder

Absent: Carlos, Szymanski, Weineck

Guests: Executive Vice President for Medical Affairs (EVPMA) Marschall Runge, members of the press

3:15 Call to Order/Approval of Agenda and Minutes/Announcements

The agenda and minutes of March 13 were approved.

3:22 Discussion about SACUA Chair and Vice Chair Election Process, Past Chair Position

Chair Schultz asked for members who would be interested in the chair or vice chair position to identify themselves to the SACUA office before the next SACUA meeting (April 3); the election will be on April 10 if all SACUA members can be in attendance.

Professor Lehman said there was no provision for remote voting. Professor Potter said it would be preferable to have all members vote. Tom Schneider and Chair Schultz recalled that SACUA chair Masten had arranged remote voting for SACUA elections. Professor Wright observed that SACUA member Szymanski is out of the country but eligible to run for either position and, accordingly, should be afforded the opportunity to vote should he choose to run.

Professor Lehman suggested new SACUA members vote for chair. Professor Smith said he preferred the current system.

Chair Schultz said there will be further discussion of procedures if the election was contested.

Chair Schultz raised the issue of having the immediate past chair remain as a (non-voting) member of SACUA if he/she was not a continuing member of SACUA. He said his concern is SACUA's corporate memory is shorter than that of the administration and it would be better to have an additional veteran.

3:30 Guests: EVPMA Marschall Runge

EVPMA Runge offered an overview of the Medical School and Medical Center. He identified the three core missions as research, education and the delivery of clinical care. He believes the unification of the previously separate directorship of the University Health System with the Medical School fosters collaboration and observed that in places where the two administrations were separate there tended to be lack of alignment between Health System and Medical School. Within the joint structure the Medical School focuses on research and education (both for medical

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doctors and for some post-doctoral students), while the focus of the Health System is clinical care.

EVPMA Runge identified the strategic framework of the Health System/Medical School as covering a spectrum of activities which included: 1. discovery/science—2. basic research—3. translational research—4. clinical research—5. health care delivery—6. population health. He said his definition of “discovery” research was the effort to understand a mechanism, while “basic” research takes the understanding of a mechanism and looks for its application to a disease problem.

Professor Smith said inventing a molecule is discovery, engaging with pharmacologists, basic research is getting to understand the molecule better. EVPMA Runge agreed this was a good way of stating the difference between “discover” and “basic” research.

EVPMA Runge discussed the strategic vision for each of the three areas in the Health System/Medical School. For research, the goals are to bring discovery to health, a broad spectrum of research, and increased extramural funding. For education, the goals are to prepare tomorrow’s doctors and scientists, to further curriculum evolution, and to improve graduate medical education. For clinical care, the goals are an enhanced network strategy for providers, successful competition in the market place and education, and secure financial performance.

To assist in developing research, EVPMA Runge is currently searching for a Chief Scientific Officer (a new position) who will guide strategies with respect to the National Institute of Health (NIH), and promote collaborations between Medical School and other University units. His goal is for Michigan to be among the top five in receiving NIH support (the top five are currently the University of California San Francisco, Johns Hopkins, Stanford, the University of Pennsylvania and the University of Washington). NIH funding for the University of Michigan is currently \$369,000,000. The Health System will be focusing on three strategic priorities in the coming years: data sciences (projected expenditure \$100,000,000); biosciences (projected expenditure \$150,000,000) and precision health (\$400,000,000).

EVPMA Runge discussed his goals for education, where Carol Bradford, the Executive Vice Dean for Academic Affairs is leading an effort to transform the curriculum, with three primary goals: earlier exposure to clinical practice, deeper training in sub-specializations and “leadership and change management training.” The four-year curriculum will focus on foundational science (year 1), patient care and clinical practice (year 2); rotations to choose clinical practice (year 3) and the development of physicians as leaders (year 4).

EVPMA Runge introduced the strategic priorities in the clinical area, where Dr. Dave Spahlinger (in position since January 2016) provides leadership. The priorities are clinical network reorganization, the acceleration of partnership opportunities, and enhanced capacity. The mission is to provide care for a significant proportion of patients in the Ann Arbor area, to develop the Health System’s network across the state (there is concern that the Health System is at risk of losing some of its referral base), and to enhance the value of care. To increase local and state-wide presence the Health System will expand facilities and partnerships. Goals include the optimization of quality and safety, the redesign of clinical pathways, the reduction of unnecessary care and an improved patient experience. The patient experience is enhanced by excellent clinical outcomes, high quality personal interactions, operational efficacy and attractive facilities. To realize these goals new facilities are being developed at the East and West Ann Arbor Health Centers and the Brighton Health Center. The goal is to move ambulatory care out of the hospital.

Professor Wright asked if physicians in these facilities have links with the central hospital. EVPMA Runge responded that this will be the case for most faculty, but some will spend all their time at the east or west Ann Arbor facilities.

EVPMA Runge then addressed Diversity, Equity and Inclusion (DEI), which he regards as very important in health care since people who are ill are comfortable with health care providers

who understand where their cultural background. He noted while the Medical School classes were quite diverse ,60% of faculty come from residency programs, which are less so.

In terms of the overall financial health of the Heat System (the Health System supports the Medical School), EVPMA Runge noted efforts to raise money through philanthropy has exceeded the \$1,000,000,000 goal in 2017, that \$158,000,000 had been raised in 2016 and that a major goal of the campaign was to improve facilities. Financial performance—medical school is supported by the health system. He also praised the Medical Affairs Committee for its help.

Professor Smith asked about the fourth-year goals in the new curriculum for fourth-year medical students. EVPMA Runge said there are seven areas in which student can concentrate (e.g. business, researching global health, population health). Fourth-year students are given the opportunity to develop interests in one of these areas more deeply and combine general areas with clinical specialties.

Professor Smith asked about the status of the clinician scientist, wondering how they can be helped to be more involved in the university culture, while protecting the integrity of tenure track appointments. EVPMA Runge said the largest group of Medical School faculty is on clinical tracks, including clinical educator/physician, scientist/master clinician and are expected to achieve excellence at the regional and national level. He feels clinical faculty would like to feel like they are more part of the mainstream, noting that while the Medical School has more than 3,000 faculty fewer than 1,000 are tenure track.

Chair Schultz asked when a person be counted as a faculty member. EVPMA Runge said people are eligible to be faculty when they complete their residency.

Chair Schultz asked why, if the University is 10th in NIH funding, it is ranked 2nd in overall federal funding. EVPMA Runge attributed the University's ranking to strength across campus (he and Professor Lehman noted the Institute for Social Research has several large grants), and there are some very large Department of Defense contracts with the College of Engineering. In terms of NIH finding the University is \$40,000,000 behind the University of Washington.

Chair Schultz asked about the combination of position of EVPMA with that of the Medical School Dean. EVPMA Runge said this is a common model among peer universities owning their own hospitals (e.g. Johns Hopkins University, the University of Washington and the University of Pennsylvania) because it aligns decision making in the deployment if resources. When the positions were separate, the Medical School and the Health System would develop funding priorities independently; the current system eliminates tension, which have gotten worse as margins have tightened, between the units. The disadvantage is that the job is too big—hence the need for close coordination between the three vice deans, who set the priorities for the units.

Professor Ortega asked how the hospital promotes DEI. EVPMA Runge responded that while the medical school class is diverse, and the cadre of non-physician health care providers is quite diverse, there was still need for more diversity in clinical areas, which would coincidentally have the effect of making the system more accessible to people from all different backgrounds. He said David J. Brown (<https://medicine.umich.edu/medschool/leadership/david-j-brown-md>) is leading DEI programs, and indicated all search committees receive diversity training. He said the Health System had robust programs to provide health assistance to people who do not have health insurance or have programs with high deductibles.

Professor Lehman asked about the Medical School's tenure and promotion process.

EVPMA Runge said the process is faculty driven, starting in departments (<http://faculty.medicine.umich.edu/appointments-promotions/promotion-process>). A promotion begins with discussion between a faculty member and a chair or division chief. A file is then assembled with rigorous criteria which stress on peer review. The file goes to the elected faculty Advisory Committee on Appointments, Promotion, and Tenure (ACAPT), or, for a clinical faculty member to the Advisory Committee on Clinical Track Appointments and Promotions

(CLINACAP). Files, including those with mixed or negative votes, are then presented to the elected faculty executive committee (12 members). The decision of executive committee is determinative, though a chair who does not agree with the decision can come to the committee to appeal. Decisions (positive and negative) are then transmitted to Associate Provost Lori Pierce, who oversees final approval at the provost level. In the last year, two cases were turned back at the provost level, and there was one where the provost's office questioned why a person was not getting tenure. The vast majority of people who are hired on to tenure track are hired as assistant professor, though there are some associate professors hired without tenure.

Professor Lehman asked if there is a rigorous third year review. EVPMA Runge said yes.

Chair Schultz asked about the MD/PhD program.

EVPMA Runge said he believes there are 12 people admitted to the track each year. It is an eight-year track, that some people from that track go on to a residency, others go into a post-doc positions. He said it is a difficult program to get into and its students are highly recruited.

Professor Atzmon asked if students on this track were funded like other PhD students. EVPMA Runge said they have tuition and a stipend (medical school tuition is covered). Chair Schultz observed that the PhD is technically granted by Rackham.

Chair Schultz asked about interaction between the Health System and the rest of the university. EVPMA Runge said that the health System had very good relationships with Pharmacy, Public Health and the relationship with the Ross School is developing.

Chair Schultz asked about Health System's financial health.

EVPMA Runge replied that the State of Michigan had developed the Healthy Michigan Program in conjunction with the Affordable Care Act, which offered above-average coverage, ensuring a million people, which was good for the Health System, which had provided care to those in need without reimbursement. He hopes Healthy Michigan will stay in place, and said the proposed block grants for Medicaid, which were capped, would have been a problem.

Chair Schultz asked about MCare, the University health insurance plan that was sold to Blue Cross/Blue Shield. EVPMA Runge said that the sale occurred when medical systems were getting out of the insurance business, though now medical systems are getting back into insurance—the University's health system provides tertiary and quaternary care for plans that do not provide complicated care.

Chair Schultz asked about the connection between the health system and two high inflation areas (health care and education). EVPMA Runge said that costs for health care are flattening (rate of increase has slowed, the result of demographics and downward pressure—efforts to find most cost-effective processes). He pointed out that the system provided more care an ambulatory as opposed to hospital environments. On the education side, the Medical School must continue to be innovative and not drive up the cost of education—it is in the bottom 20% in terms of cost, and the bottom 10% in terms of debt. Robust scholarship program (mostly need based, though the MD/PhD is merit based), help, and admissions are need blind.

Professor Atzmon asked about waiting times for specialists. EVPMA Runge said it remains a critical issue. The Health system is trying to improve the situation and regents have been concerned. There is a team working on the problem, but there is more demand than can be dealt with simply by increasing efficiency. The system has space issues, but it has experimented with allowing people to schedule their own appointments electronically.

4:30 EVPMA Runge left the meeting

4:30 Liaison Reports

Professor Atzmon said the Information Technology committee met today and the sentiment was that the University should provide support for high performance computer service.

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Professor Ortega said the Tri-campus task force was at work locating governance documents, and will prepare an update on progress thus far. The committee will not meet the April 17th deadline for a complete report.

Chair Schultz said the Communication, External Relations Advisory Committee (CERAC) was struggling with whether it should be divided up (Communications, Development/Government). The Vice Presidents have a lot to say and there has not been enough time for question and answer sessions. It would be better to meet more often, to establish sub-committees or to break the committee back up.

The Secretary Advisory Committee has had a problem finding a time to meet.

4:35 Matters Arising

Chair Schultz has asked Professor Carlos to consider an initial discussion of the interaction between the faculty senate and clinical faculty. He favors having clinical faculty organize themselves. Professor Smith said SACUA should consider what level of interaction is desired by clinical faculty (this could vary widely). Professor Lehman said that groups of clinical faculties have asked to participate in the Administrative Evaluation Committee (AEC) process. These groups could be contacted to see if they would like to form an overarching organization for clinicians. Chair Schultz asked Professor Lehman to reach out to those groups.

4:42 Executive Session

[clinical faculty]
[tri-campus task force]
[AFLF] [Grievance]

5:05 Adjournment

Respectfully submitted,
David S. Potter
Senate Secretary

University of Michigan Bylaws of the Board of Regents, Sec. 5.02:

Governing Bodies in Schools and Colleges

Sec. 4.01 The University Senate

"...[t]he Senate is authorized to consider any subject pertaining to the interests of the university, and to make recommendations to the Board of Regents in regard thereto. Decisions of the University Senate with respect to matters within its jurisdiction shall constitute the binding action of the university faculties. Jurisdiction over academic policies shall reside in the faculties of the various schools and colleges, but insofar as actions by the several faculties affect university policy as a whole, or schools and colleges other than the one in which they originate, they shall be brought before the University Senate."

Rules of the University Senate, the Senate Assembly and the Senate Advisory Committee on University Affairs:

Senate: "In all cases not covered by rules adopted by the Senate, the procedure in Robert's Rules of Order shall be followed."

Assembly: "The Assembly may adopt rules for the transaction of its business. In appropriate cases not covered by rules of the Assembly, the rules of the University Senate shall apply."

SACUA: "The committee may adopt rules for the transaction of its business."
