



**Medical Affairs Advisory Committee
Meeting Minutes**

Meeting Date: January 17, 2024

Circulated: 03/13/2024

Approved: 03/20/2024

Present: Analisa DiFeo (Chair), Ruth Carlos, Katherine Gold, Mujaba Hameed, Ann Marshall (FSO, Coordinator), William Meurer, Shahzad Mian, Zack Ouellette (Office of EVPMA, Admin), Sara Pasquali, Marschall Runge (Executive Vice President for Medical Affairs), Carol Shannon

Absent: Nancy Allee, Aadit Bhausar, Michal Olszewski

Guest Presenters:

- David Miller, MD, President, University of Michigan Health System, Executive Vice Dean for Clinical Affairs, Professor, Urology
- Paul Lee, MD, JD, F. Bruce Fralick Professor of Ophthalmology, Professor of Ophthalmology and Visual Sciences, Executive Director, UMMG, Senior Associate Dean of Clinical Affairs, Medical School

Topic: Impact of hospital mergers on faculty workload and ongoing issues of access to care.

1. Chair Analisa Difeo called the meeting to order and the minutes from the last meeting were approved.

2. Dr. David Miller presented on U-M health strategic priorities:

- The mission of Michigan Medicine is to advance health to serve Michigan and the world.
- BASE+ priorities are: Belonging and inclusion, Access, Safety and quality, Experience + strategic growth and partnerships. BASE includes to address burnout, the new Kahn Health Care Pavilion, the specialty pharmacy in Ypsilanti, and Sparrow in conjunction with the statewide network. Strategic growth and partnership initiatives include the southeast MI ambulatory care expansion, UMMH ASC joint venture, Acute Care at Home, Access & Payer partnerships (primary care, urgent care), AI and expanded virtual care, investment in alternate PBM.
- Innovations to support BASE include zipline partnership, Sophie's Place, Capacity Management Center Access
- Additional issues include fixed costs (e.g. contracts) during inflation; how to handle cognitively complex cases (kidney transplant, chemotherapy) with partners (Sparrow) and the time needed to build collaboration.
- Addressing access issues has included 1) recruiting new clinical faculty 2) focusing on key diagnoses that are U-M strengths and also cost effective.

3. Dr. Lee shared initial data on patient access and scheduling. Additional updates and discussion are planned on this topic for the April MAAC meeting.

4. Discussion

- Physician E-consults can be an effective option and all specialties might consider offering e-consults.
- There are benefits and challenges of being on-call, e.g. faculty can plan for being on-call, but the number of patients to be seen when on-call is uncertain.
- The solution to access-to-care issues is not to ask faculty to do more, but to identify the drivers of the gaps.
- UM is not paid as well as in other states, e.g. UM paid at roughly \$175% of Medicare standard cost, while other states pay, for example, \$375% of Medicare. Lower pay in MI due in part to consolidation of BCBS. Chairs have discretion about how to structure compensation.
- Sparrow partnership offers U-M a strong savings account (for equipment, etc.) and there is added patient access at Sparrow. The partnership is also advantageous for Sparrow.
- There is interest in a culture change that is 1) less "us versus them," and instead brings everyone together to



hear all perspectives, and 2) better communication about how to address issues, including sharing ideas between faculty and department chairs and using MAAC as forum for new initiatives.

5. Action Item

- MAAC member/s will draft a brief proposal in relation to second-opinion requests. For example, Cleveland Clinic offers an out-of-pocket pay option for second opinions while also working with donors for access from an equity perspective.

Upcoming Meetings:

Wednesday, March 20, 7:30-8:30 am

Wednesday, April 17, 7:30-8:30 am

Respectfully submitted,

Ann Marshall, Faculty Governance Coordinator