

**To:** SACUA

**From:** Shahzad Mian, Chair, Medical Affairs Advisory Committee

**Subject:** Report on Activities of Medical Affairs Advisory Committee for 2024-2025

**Members:** Shahzad Mian (Chair), Lindsay Admon, Nancy Allee, Katherine Gold, Naomi Laventhal, Sara Pasquali, Jennifer Romano, Carol Shannon, Lauren Smith, Emily Stoneman, Patricia Tillman-Meakins

**SACUA Liaison:** Soumya Rangarajan

**Advisory To:** Marschall Runge, Executive VP for Medical Affairs

**Meeting Dates:** October 16, 2024, December 11, 2024, February 19, 2024, March 19, 2024.

**Committee Charge**

1. Faculty wellness, especially as related to the parent stress epidemic, childcare, financial stress (loans). Office space, and parking may also be discussed.
2. Vision and plan for new Michigan Medicine leadership; medical campus growth plans Vision 2035
3. The clinical faculty promotion process; due process with student evaluations
4. Michigan Medicine’s Central Nurse Triage (CNT), midlevel providers and other supports systems for care including inbox management
5. The committee may also consider emerging issues as meeting agenda planning proceeds.

**Communication Plans**

- Prior to each meeting, we will distribute the Medical Affairs Committee meeting topic via the Faculty Wire Newsletter with an invitation. The newsletter entry will also include an email address where faculty may send comments and/or questions.
- At the monthly Deans Advisory Council meetings, the MAAC agenda topics will be announced to all the Chairs that attend.
- At end of the year report will be presented at Medical School faculty meeting hosted by Deb Weinstein.

**Presenters & Guests**

- David C. Miller, MD, MPH, President, U-M Health & Executive Vice Dean of Clinical Affairs, Professor of Urology (10/16/2024)
- Quinta Vreede, MHSA, Chief Administrative Officer, MM, Chief of Staff, Office of VP for Medical Affairs (12/11/2024)
- Keith Gran, CPA, MBA, Chief Patient Experience Officer (12/11/2024)
- Charles Reuland, MHS, Chief Operations Integration Officer (12/11/2024)
- Scott Marquette, Associate Chief Operating Officer (12/11/2024)
- Elizabeth Harry, Chief Well-Being Officer, Associate Professor of Internal Medicine (12/11/2024)

- T. Anthony Denton, JD, MHA, Senior VP, Chief Environmental, Social and Governance Officer, U-M Health (guest on 12/11/2024)
- George A. Mashour, MD, Ph.D. Interim Executive Vice Dean for Academic Affairs, Senior Associate Dean for Faculty & Faculty Development, Professor of Anesthesiology & Pharmacology, U-M Medical School (2/19/2025)
- Michael Burns, MD, PhD, Associate Chief Medical Informatics Officer of AI, Chair of the Clinical Intelligence Committee, Assistant Director for Implementation Operations, Precision Health, Director of Informatics and Data Analytics (3/19/2025)
- Amy Cohn, Alfred F. Thurnau Professor, Depart. of Industrial and Operations Engineering, Director of the Center for Healthcare Engineering and Patient Safety (CHEPS), Professor of Health Management and Policy, Chief Transformation Officer of MM (guest on 3/19/2025)
- Raymond Yung, MD, Jeffrey B. Halter MD Collegiate Professor of Geriatric Medicine, Professor of Internal Medicine, Director, Geriatrics Center and Institute of Gerontology, Executive Vice Chair, Internal Medicine, Chief Clinical Officer, Ambulatory Care (3/19/2025)

### **Information Obtained & Topics Discussed**

#### 1. Medicine's (MM) future leadership and direction (10/16/2024)

- MM's mission is to serve Michigan and the world. The clinical enterprise is foundational and allows for financial sustainability, with both data and stories being important for measuring impact. Partnerships are essential to this mission and include a coordinated clinical statewide network, such as the Neuro Care Network in Lansing. Key metrics include access, safety, quality, length of stay, and faculty engagement. MM's goal is to provide the best clinical delivery system while also offering wider access to high-level care. This includes being intentional about the alignment of the clinical and academic mission and creating new opportunities in these areas (e.g. with NIH), while also celebrating MM's research contributions, such as biomedical research.

#### 2. Strategic Vision 2034 and Campus Plan 2050 (12/11/2024)

- U-M's plan is transformative and comprehensive (see [video](#)), with a goal of thinking of five campuses as one. For the Michigan Medicine plan, maps were shown (see [pg. 23](#)) with designated sites for development (in blue) and plans for automated driverless transit, walkways, and green spaces. North campus is the largest area for redevelopment, with development also planned for the Wall Street area and the Medical Center core.

#### 3. Update on the new Michigan Medicine childcare facility (12/11/2024)

- The extensive waitlist has demonstrated need, and U-M is building the facility with groundbreaking planned for spring 2025 and a target open date of summer 2026. U-M will partner a national company, Child Development Services (CDS), to run the facility. The center has been planned thoughtfully with the aim it will be less expensive to run in the long term and offer a model that could be replicated.

#### 4. Parking update (12/11/2024)

- With the new Pavilion, 700 new employee spots will likely be needed at peak times. Data

was provided showing the need and the times that lots fill up. A new Zina Park Structure will be located next to the Pavilion. The [MGoPark App](#) was recommended. Parking cost, shuttles, and remote work was briefly discussed.

5. Office of Well-Being update (12/11/2024)

- The Office of Well-Being works to change organizational systems and culture to reduce stress and burnout and works in partnership with mHealthy, [MM counseling](#), and 45 additional partners. Recent projects have included the creation of a data-based Thriving Together project focused on teamwork, a number of data gathering and engagement efforts (Vital Voices, Micro Pulse, among others), a physician coaching pilot, and other research efforts (ambient AI, NIH grant, PWAC survey, Ross collaboration).
- MAAC discussed the following topics: the challenge of wellness becoming yet another to-do item; the need to address cognitive load; evidence that when physician well-being goes up, patient well-being also goes up; opportunities to reduce administrative burden; efforts to reduce the burden of mandatory items.

6. Clinical faculty promotion process (2/19/2025)

- MM has offered recent programming to support clinical faculty with promotion, including a January 2025 town hall and follow-up virtual office hours. There is some built-in ambiguity about promotion for clinical faculty that allows for flexibility and comprehensive review.
- In some divisions, time constraints can impede clinical faculty from pursuing promotion. Some faculty have been clinicians for years, and investments that support clinical faculty with publication are one possible strategy. There is also differentiation across divisions regarding salary and promotion rates.
- Some departments have worked to build structures where clinicians can be engaged in research without jeopardizing their clinical practice. Such structures could include curated datasets, studies focused on questions raised by clinical faculty, and a reorganization of the research enterprise to include domains of excellence that clinical faculty can easily plug into.
- Rank and promotion are conferred on central campus, and processes that work for central campus may not always work well for Michigan Medicine. At both the department and provost-level, promotion is dependent on the criteria provided. Possible alternative criteria could include a greater emphasis on national speaking engagements and/or serving as a medical director. Clinicians bring in funds, work directly with patients, and may be short staffed. MM accounts to close to two thirds of all promotions. There is a growing demand overall for clinicians, and a clinical perspective on promotion is important.

3. Impact of U.S. policy developments (2/19/2025)

- Proposed federal changes to indirect costs are a departure from a decades-long tradition to help recover costs for research infrastructure. These rates are negotiated contracts and decreases in the indirect cost rate could significantly impact hospitals and patients. Guiding principles in responding are to support our team members, promote



excellence across the tripartite mission, affirm interdependence, and use resources judiciously. It was noted that teams are already tapped out from the COVID era, that some faculty may be impacted more than others, and that communicating the value of Michigan Medicine's work is crucial.

#### 4. Implementation of Operational AI Models (3/19/2025)

- MM is working to develop AI solutions, internally and potentially with both new and existing vendors. Goals include developing 1-2 key AI projects with potential for scale, with possible co-development and co-investment opportunities. Initial 2025 focus areas relate to ambulatory surgery scheduling, specialty pharmacy prior authorizations (ChartLens), and ambient clinical documentation. There are over 90+ AI health care startups to watch. AI is already built into Epic, with new AI-assisted workflows being added frequently. There was MAAC discussion about data privacy in AI systems, including whether data (without identifying info.) collected with AI could be sold to third parties and whether there are risks of data leaks. Social determinants of health in AI models were also discussed. A benefit of building systems locally is the ability to better control AI systems.

### **Recommendations**

#### **Discussion Topics for Potential Future Action Items**

1. Interest was expressed in how MM might increase investments in communities, i.e. work with seriously ill patients within contexts based upon a non-profit model. Current models and/or examples include Packard Health, Marygrove Learning Community, MC3, Survival Flight, and expanded access to EPIC. There was interest in Federally Qualified Health Care Systems (FQHC) and models that emphasize annual wellness visits and better support for patients with high pharmacy and hospital costs.
2. There was a discussion on the need for a strategic plan for the children's hospital to address insufficient hospital capacity due to high occupancy for acute in-patient pediatric care, pediatric cardiac surgery care. One of the options being considered includes partnering with Sparrow and Trinity Health.
3. Interest was expressed in providing childcare within the hospital, e.g. that would allow breastfeeding and childcare for ill children.
4. MAAC faculty expressed support for taking advantage of Michigan Medicine opportunities to reduce administrative burden and the time required to complete mandatory items.
5. There is interest in MM-developed AI models and how opportunities to develop such models might impact and/or guide vendor adoption and/or vendor partnerships. Data privacy and social indicators of health were discussed, and locally AI-developed tools could offer MM more control of such systems.
6. MAAC members discussed the impact that renegotiated indirect cost rates and other federal actions could have on Michigan Medicine. Guiding principles for moving forward are to support MM team members, promote excellence across the tripartite mission, affirm interdependence, and to use resources judiciously.