



## **Report on Activities of Medical Affairs Advisory Committee for 2025-2026**

### **Overview**

- *From:* John Magee, Chair, Medical Affairs Advisory Committee
- *Subject:* Report on Activities of Medical Affairs Advisory Committee for 2025-2026
- *Advisory to:* David Miller (CEO & Executive VP for Medical Affairs)
- *Committee Members:* John Magee (Chair), Keith Aaronson, Lindsay Admon, Nancy Allee, Rajiv Bapuraj, Sybil Biermann, Steven Buchman, James Carpenter, Katherine Gold, Naomi Laventhal, Shahzad Mian, Sara Pasquali, Jennifer Romano, Lauren Smith, Emily Stoneman, Patricia Tillman-Meakins
- *SACUA Liaison:* Soumya Rangarajan
- *Meeting Dates:* October 15, December 10, February 11, March 18

### **2025-2026 Committee Charge**

1. Review policies and procedures related to disciplinary proceedings and sanctions of faculty and offer recommendations for improving transparency and fairness.
2. Solicit faculty input regarding (1) how well criticism is received by students and (2) whether faculty are finding the current educational environment difficult for teaching. Develop recommendations that might be warranted, in light of the information obtained.
3. Consider opportunities for MM-developed AI models that might impact and/or guide vendor adoption and/or vendor partnerships. Locally AI-developed tools could offer MM more control of such systems while protecting data privacy.
4. Discuss the impact that renegotiated indirect cost rates and other federal actions will have on Michigan Medicine (MM) and develop plans to ameliorate such impacts where possible.
5. Consider emergent issues or topics brought forward by MAAC members or the Executive Vice President for Medical Affairs for discussion over the course of the year. The committee may also continue discussing any issues or topics raised in the committee's most recent annual committee report.

### **Overall Summary of Committee Work**

In 2025-2026, the Medical Affairs Advisory Committee (MAAC) had in-depth discussions with eleven guests on four major topics, 1) federal actions impact and planning, 2) AI in education at the Medical School and AI more broadly at Michigan Medicine, and 3) Overview of credentialing and peer review processes: The role of OCA, and 4) Faculty oversight – processes and safeguards: The role of the Office of Faculty Affairs. A key takeaway is there is need for further discussion around faculty oversight both within OCA and OFA. There is interest in additional conversations about many issues. One potential specific area was around the Michigan Medicine compliance hotline and other reporting pathways that are frequently anonymous, and how such processes impact the faculty (e.g. clinical credentialing and promotion).



**Committee Actions**

<b>Date</b>	<b>Meeting Topic</b>	<b>Guests</b>
10/15/2025	Federal actions impact and planning	<ul style="list-style-type: none"> <li>● <b>Thomas Wang</b>, Dean, Medical School; Josiah Macy, Jr. Professor of Health Professions Education; Professor of Internal Medicine; Chief Academic Officer, Michigan Medicine</li> <li>● <b>Steve Kunkel</b>, Executive Vice Dean for Research U-M Medical School; Peter A. Ward Distinguished University Professor of Pathology; Endowed Professor of Pathology Research and Professor of Pathology; Chief Scientific Officer, Michigan Medicine</li> <li>● <b>Karl Jepsen</b>, Associate Dean for Research; Professor of Orthopaedic Surgery; Professor of Biomedical Engineering; College of Engineering and Medical School</li> <li>● <b>Heather Offhaus</b>, Director of Grant Services &amp; Analysis, Michigan Medicine</li> <li>● <b>Kim Ross</b>, Chief Government Relations Officer, Michigan Medicine</li> <li>● <b>Matt Comstock</b>, Chief Operating Officer, Adjunct Lecturer in Learning Health Science, Medical School and Adjunct Lecturer in Health Management and Policy, School of Public Health</li> </ul>
12/10/2025	AI at Michigan Medicine & AI and education in the Medical School	<ul style="list-style-type: none"> <li>● <b>Dana Habers</b>, Chief Innovation Officer &amp; Chief Operating Officer, Pharmacy at U-M Health</li> <li>● <b>Karl Renius</b>, <i>Managing Director, AI at Michigan Medicine</i></li> <li>● <b>Louito Edje</b>, Inaugural David M. Wu M.D. and Bernadine E. Wu M.D. Endowed Professor; Senior Associate Dean, Medical Education; Professor: Family Medicine, Learning Health Sciences</li> </ul>
2/11/2026	Overview of credentialing and peer review processes: The role of OCA	<ul style="list-style-type: none"> <li>● <b>Mollie McDermott</b>, MD, MS, Chief of Staff, Office of Clinical Affairs, Clinical Associate Professor of Neurology, Medical School</li> </ul>
3/18/2026	Faculty oversight – processes and safeguards: The role of Office of Faculty Affairs	<ul style="list-style-type: none"> <li>● <b>George A. Mashour, MD, PhD</b>, Vice Dean for Faculty, Professor of Anesthesiology and Pharmacology, Medical School</li> </ul>



## Information Obtained

### **I. Federal actions impact and planning**

- The century-long partnership between government and academic institutions experienced abrupt changes in 2025 leading to uncertainty about multi-year funding awards, impacts on intermittent peer-review award timing, and less communication with federal agencies. Financial Accountability in Research (FAIR) is a [model](#) recommended by JAG (Joint Associations Group) on behalf of research institutions and universities.

### **II. AI at Michigan Medicine & AI and education in the Medical School**

- MM's AI guiding principles, in brief: 1) mitigate for AI bias, 2) leverage AI to solve real problems, 3) align with data not hype, 4) focus on substance, 5) move with pace and purpose and, 6) work as a multi-disciplinary team. AI updates: 1) as of 12/2025, [U-M GPT](#) may be used with protected health information (PHI), 2) expanded use of DocuLogic for fax processing, 3) pilot study of [DAX ambient clinical documentation](#).
- Potential AI in education applications: 1) accreditation compliance -- scheduling residents (max is 80 hours per week), 2) review of 11,000 applications for 170 positions, 3) assessing learner's skills, 4) student self-assessments – Anki intelligent flashcards, 5) instructor assessments, 6) curriculum development, and 7) compile learner assessments with Precision Learning Platform (PLP) pilot in eight residency programs.

### **III. Credentialing and Peer Review Processes: the role of Office of Clinical Affairs (OCA)**

- Medical Staff governance involves the [U-M Health Board](#), the [Executive Committee on Clinical Affairs \(ECCA\)](#), [67 Service Chiefs](#), [Medical Staff Bylaws](#), and service-level peer review approved by the Medical Staff Quality Committee (MSQC). Deviations from standards are initially managed with collegial “cup of coffee” conversations (Vanderbilt Model and [CORS](#)), training, letters, mentoring, and Focused Professional Practice Evaluation (FPPE). Persistent patterns of concern involve roles for ECCA, U-M Health Board, and Fair Hearing Panel. [SPG 201.96 Professional Standards for Faculty](#) applies.

### **IV: Faculty oversight, processes and safeguards: the role of Office of Faculty Affairs (OFA)**

- A "Faculty Professionalism Overview" handout was discussed. Three inputs to faculty oversight are: 1) Office of Clinical Affairs, 2) compliance hotline reports, and 3) direct reports from departments, as well as roles for a multidisciplinary review group, performance review plans, and confidential ombuds conversations. The OFA works with the OCA, and there was discussion about processes for handling complaints (see below).

## Recommendations

- **Support for MM grant funding:** As part of discussions on federal actions, MAAC members talked about the use of terminology in grants (including use of AI), federal agency staffing, and potential loss of datasets. Faculty expressed support for MM's efforts to preserve the faculty pipeline and to offer grant application support. The MAAC was appreciative of efforts in this space to maximize funding and support researchers. This area deserves monitoring, but no specific new opportunities were identified.



- **AI:** MAAC members expressed interest in the following AI topics: 1) AI at MM -- AI cost savings with billing and insurance, strategies for mitigating environmental impacts, clarity about patient consent with AI, and potential AI tools for medical conditions (e.g. heart failure), and 2) AI and education – the timing of introducing AI is important, concerns about the potential loss of physician expertise, use of data to assess if AI education tools are effective, and a potential AI champion in each division. AI has enormous potential in healthcare and the MAAC was appreciative of the thoughtful leadership in this domain, The MAAC offered to be a conduit as needed for messaging around AI efforts.
- **Faculty oversight: The role of the OCA and OFA:** The MAAC met the leaders from the Office of Clinical Affairs (OCA) and the Office of Faculty Affairs (OFA) to discuss procedures around faculty oversight and faculty protections. With respect to clinical care and credentialing, MAAC members raised questions about faculty engagement with revisions to the Medical Staff Bylaws and about whether critical faculty protections had been lost through this process. There was discussion about faculty privacy during internal peer reviews in smaller specialty areas. There is a desire to keep processes internal to avoid inappropriate external disclosure, but peer expertise internally may be limited in high complexity, subspecialty care. There are risks of underlying issues that may affect peer review. MAAC members suggested the need for better processes with managing complaints received about physicians and patient care, e.g. challenges with patients making race and gender-based complaints and complaints aggravated by the current political environment. It was suggested that a campus-wide conversation on such issues (anonymous versus confidential feedback, and how complaints are substantiated and parsed) might be helpful. A smaller group may meet to consider next steps. It was suggested MAAC might have a meeting to jointly discuss OCA and OFA concerns. MAAC members also brought forward concerns voiced by faculty regarding romantic relationships between faculty and learners, staff, and other faculty. While some relationships may be permitted in specific circumstances under current policy, there is concern that relationships in the workplace could create seen and unseen power imbalance. There is no formal disclosure of these relationships to faculty who might be impacted by these relationships. The MAAC recognizes the complexity around addressing these issues and plans to continue dialogue regarding this issue.