Dean's Faculty Advisory Committee
University of Tennessee, College of Medicine

September 11, 2017

Call to Order

The meeting was called to order by the secretary, Dr. Haavi Morreim, at 12:04 PM on September 11, 2017, in the Coleman building, Room A101.

Attendance

The following members were present:

Julio F. Cordero-Morales, PhD, Terry Cooper, PhD, Denis DiAngelo, PhD, Mary Peyton Gupta, MD, Haavi Morreim, JD, PhD, Linda Myers, MD, Lawrence Pfeffer, PhD, Fruz Pourmotabbed, PhD, Burt Sharp, MD

The following guest(s) was (were) present:

Steve Schwab, MD

Approval of minutes

> The minutes of the previous meeting were approved as written. Minutes had previously been distributed by electronic means.

Business

Pres. Thompson was unable to be present, so the meeting was informally chaired by DFAC Secretary Haavi Morreim.

At the suggestion of Dr. Terry Cooper, the meeting began with a moment of silence to honor the people who lost their lives on September 11, 2001, as well as the first responders and service members who have suffered injury or death since then.

Dr. Steve Schwab, Chancellor and now also Interim Executive Dean of the COM, joined the group.to discuss issues that the DFAC might pursue this year.

DFAC members expressed interest in revisiting an issue partly discussed last year, namely the slowness of UT's wi-fi and internet, as well as actual loss of connection. The slowness and interruptions are largely due to security systems.

Dr. Schwab endorsed the idea of inviting Jan Van der Aa, ITS Chief Information Officer, to join us again to discuss these and related issues. As Dr. Schwab informed the DFAC, more layers of security will be added, which will likely add to the log-on time. About 8 months ago the entire UT system experienced a major hack. UTHSC suffered far less damage than other UT sites, including Knoxville. Security upgrades will continue, and at an increasing pace, to ensure maximal confidentiality for documents and data banks. Hackers' sophistication is increasing, and usually their entry is through faculty, because

faculty have access to more data than staff. Research, including patient-based research, must be behind the firewall.   It is likely that staff and faculty will be required to take additional training to prevent security breaches.

It was observed that the length of time required to log on is also a function of each computer's age. Indeed, students often can get online faster simply because their computers are newer. Dr. Schwab indicated that we are steadily replacing UT-provided desk computers in an upgrade cycle that is supposed to be 6 years. However, some computers become outdated quicker, because the faculty member's security needs exceed the computer's capacity.

Although the University provides the framework and structure, the Colleges populate the content of their own respective websites. Nevertheless, UT's Communications office must approve any such content, which can add a step and thereby draw out the timeframe.

The discussion shifted to issues concerning UTHSC's clinical and research revenues. Clinically, we are now in a position where the CoM can invest revenue in patient-focused research. Specifically, the clinical enterprise is now doing very well, gathering $400M in revenue and yielding $25 - $30M for investment. However, we have not had the same level of growth in the research enterprise. If the clinical side creates $400M, the research side creates perhaps $85M. In many of the best institutions the ratio is closer to a 50/50 ratio between clinical versus research revenues. A key challenge thus is to figure out how to grow research revenues to match clinical revenues.

In the past we have been limited by infrastructure. At this point, however, new buildings and facilities are coming online that make wet-lab research more readily available. Patient-based clinical research currenly runs through hospital foundations. Efforts are now under way to revise this structure so that the UT faculty who are leading the research will receive greater credit, financially and otherwise, throughout the process. At some point in the not-too-distant future, when these arrangements are more firmly set, DFAC will invite Vice-Chancellor Steve Goodman to bring DFAC up to date.

It was noted by DFAC memebers that a number of leading UTHSC investigators have either left or retired over the past two decades. Dr. Schwab noted that discretionary "orange dollars" have largely disappeared. Hence, funding for clinical research must now come out of clinical revenue, at least in part. As noted, we now have $400M per year in our practice groups. That will enable greater opportunities to identify good research projects among our patient population by analyzing data over the patient groups we care for, identifying what their key medical problems and challenges are, and what kinds of research projects look most promising and useful. Private universities, all along, have used clinical revenues to fund clinical investigations. Going forward, we need to develop a core patient base with an associated core clinical research, that will lead to the kind of recognition for UT that will bring us "to the table" for larger, nationwide clinical trials. We have the patient population, but what we don't yet have is a strong history of enrolling those patients, and keeping them in the trials to completion.

On another note, a recent change for the medical practice groups is that they, instead of the hospitals, now manage their own budgets. The results have been positive.

Regarding the search for a new Executive Dean at the COM: Dr. Schwab has empaneled the committee, chaired by Drs. Evans and Brown. They are in discussions with Witt-Kiefer to pursue the search and expect to have their first meeting when concrete information is gathered. Dr. Schwab will not have further involvement until finalists have been identified.

Going forward, DFAC asked Dr. Schwab how he envisions DFAC's role. He responded that the Dean is advised by two groups: the Council of Chairs, and also the grass-roots faculty organization – the DFAC.

The DFAC brings a separate, distinctive source of advisory that should represent the needs and wills of the faculty. DFAC has value if it truly represents the will of the faculty. If the DFAC did not represent faculty views, then some other structure would be needed. DFAC has had highly respected faculty among its members, faculty who broadly reflect the views and moods of their colleagues, and thereby it becomes a very valuable addition to, and sometimes counterpoint to, the views expressed by the Chairs. Accordingly, departments need to elect DFAC representatives who truly reflect the views of the faculty.

Finally, the new, revised version of UTMG ("UCH") is another topic we need to understand. It is comprised largly of departments/services that are not attached to any particular hospital – eg pathology, derm, plastic surgery – then they as the "go anywhere,, do anything" services now fit into UCH. UCH's role is now the "go anywhere,, do anything" services that cover any hospital. Drew Boschner is CEO of that practice group, and can be invited to discuss these changes with DFAC.

Next Meeting

> The next meeting of the committee will be held on October 2, 2017, at 12:00 Noon in the Coleman building, Room A101.

Adjournment

There being no further business, the meeting was adjourned at 1:00 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary