

UIC COLLEGE OF MEDICINE AT CHICAGO
ANNUAL FACULTY MEETING
June 18, 2008
Minutes

Dean Flaherty announced that the business of the Chicago campus will be conducted first followed by the all-college meeting, rather than conduct two separate meetings.

Dean Flaherty called the annual faculty meeting of the UIC College of Medicine to order at 1 p.m.

I. APPROVAL OF CHICAGO ANNUAL FACULTY MEETING MINUTES

The minutes of the June 6, 2007 meeting were approved as written.

II. CHICAGO STANDING COMMITTEE ELECTIONS

There were no nominations from the floor. The election slate remains as recommended.

III. CHICAGO STANDING COMMITTEE REPORTS

A. Committee on Committees – James Lash, MD

There were no questions or comments.

B. Curriculum Committee – Conwell Anderson, MD

There were questions or comments.

C. Student Advancement Committee – Patrick Tranmer, MD

The Office of Student Affairs is doing an excellent job tracking students with academic difficulties or other issues. We will see fewer students in medical school for ten years. There are some operational concerns that are being addressed.

There were no questions or comments.

D. Continuing Medical Education Committee – Jay Goldstein, MD

There were no questions or comments.

All committee reports were accepted as presented.

IV. APPROVAL OF COLLEGE ANNUAL FACULTY MEETING MINUTES

The minutes of June 20, 2007 were approved as written.

V. CONSIDERATION OF ACTIONS OF THE COLLEGE OF MEDICINE EXECUTIVE COMMITTEE DURING THE PAST YEAR

A motion was made and seconded to accept the actions of the Executive Committee for the past year. Motion passed.

VI. COLLEGEWIDE ELECTIONS

A. ELECTION OF THE SECRETARY OF THE FACULTY

There were no other nominations and Dr. George Bordage was elected Secretary of the Faculty by acclamation.

B. ELECTION OF COLLEGE STANDING COMMITTEES

The recommended slate of candidates was accepted.

C. ELECTION OF OTHER COLLEGE STANDING COMMITTEES

The election is currently being held and the results will be posted at the College of Medicine's Faculty Affairs website.

VII. STANDING COMMITTEE REPORTS

A. Committee on Committees – James Lash, MD

There were no questions or comments.

B. Committee on Admissions – Leslie Sandlow, MD

There were no questions or comments.

C. Committee on Student Promotions – Leslie Sandlow, MD

There were no questions or comments.

D. Committee on Faculty Appointments, Promotion, and Tenure – Michael Blend, MD

There were no questions or comments.

E. Committee on Clinical and Adjunct Appointments and Promotions – Ergün Önal, MD

There were no questions or comments.

F. Committee on Faculty Awards – Jose Arruda, MD

There were no questions or comments.

G. Committee on Student Awards and Scholarships – Glenn Netto, MD

There were no questions or comments.

H. Continuing Medical Education – Leslie Sandlow, MD

The College received a four year re-accreditation until 2011.

There were no questions or comments.

VIII. OLD BUSINESS

None

IX. NEW BUSINESS

None

X. REPORTS FROM THE REGIONS

A. Peoria – Sara Rusch, MD

Dr. Rusch wanted to address some of the strengths and challenges faced at the Peoria site. The students are divided originally into Urbana and Chicago. Peoria gets 50 students in their 2nd, 3rd, and 4th year. This year 19% of the students chose to stay in Peoria for their residency. There are 10 residencies and 6 fellowships. The goal is to have more fellowships over the next five years and we have received support from the hospitals. There is a growing medical community and all the hospitals are adjacent to each other. Medicine is the second largest industry in Peoria. There is a new \$28.5 million physicians' office building on the University campus, which will open in September or October. There are commitments of about \$9.5 million of largely community donations, as well as some State and University money to build a cancer research facility.

The Peoria campus relies on volunteer physician services. Out of the 1,000 faculty members only 99 are salaried full time. Forty-three percent of all the hours of lab or lecture are taught by physicians who are not full-time and the majority of them are not salaried. Half of the organ-segment chairs are community-based faculty who are not salaried.

Our problems are our aging 30-year old building, outdated décor, decreasing reimbursement for patient care, substantial campus debt, mandatory raises and no new revenue. Things we can do are -- position our campus in the changing competitive market by emphasizing the value of education and what we can deliver to the community. We need to develop some specialty fellowships, look for ways to give appreciation to our volunteer faculty that is non-monetary, build our clinical and research enterprises by giving attention to activities that generate a margin, and seek philanthropic support.

B. Rockford – Martin Lipsky, MD

Our building expansion plan has a tentative ground-breaking for January 2009. We hope to have bid approval prior to the November 13, 2008 Board of Trustee's Meeting. Fundraising targets are \$12 million for the capital campaign and \$5 million for programs. The College of Pharmacy has partnered with us and has raised \$4 million for the capital campaign and \$1.25 million for programs. The College of Pharmacy program will not be receiving as much money as previously promised by the State, so their opening has been delayed to 2010. Five students have enrolled in the masters in bio-technology program for next year. We had 51 graduates who went into 13 different specialties across 18 states. Our rural medicine program graduated 14 students with 13 of them commitment to primary care and practicing in rural settings and 9 went into family medicine. Dr. Tim Durkee, alumni, from the University of Illinois accepted the position as Chairman of OB-GYN. The site chairman search will soon be concluded. Efforts have begun to start a new program and with the cooperation of regional hospitals to perform child and sexual abuse evaluations. The Office of Student Affairs will begin a search for an assistant dean.

Future challenges are -- initiating an electronic health record, which will cost much more and take much longer than originally perceived; budget shortfalls due to increased costs and no increase in State funding. Finding replacements for volunteer faculty is becoming increasingly hard which may be a potential crisis. A lot of the community- based faculty teach in the in-patient setting. Physicians are giving up their in-patient care to the hospitals and hospitals either want to charge a lot of money for teaching or do not want to do it at all.

There are 450 of our graduates practicing in Illinois; 85 of them practice in the Rockford area. There are 150 of the 300 family practice program graduates who still practice in Illinois.

C. Urbana – Bradford Schwartz, MD

The collaboration between the faculties at Urbana, Peoria, and Rockford has continued and we have yearly retreats at rotating sites. A faculty member has been assigned to spearhead research activity and literature reporting in the residencies. This year our residents took 1st and 2nd place in the oral presentations for the statewide American College of Physicians competition for internal medicine residencies and 1st and 3rd in poster presentations. The first place winners will go on to the national competition.

We have two hospitals at our site. One is very strong and the other is limping along but they are being investigated by the IRS for collusion. The college receives lucrative financial support from both hospitals and would not be able to maintain our clinical education program without them.

A number of faculty members that have been with us from the beginning are starting to retire. When the clinics recruit, they use the opportunity for an academic clinical appointment to the College of Medicine as a recruiting tool. The response has been very good. The physicians at the Carle Clinic want to teach. If there is going to be protected time for teaching, the hospitals have agreed to cover the costs.

Work on *Ben Ware*, a computer program. It should be ready to replace *My Evaluation* next year. It will be available for use by all sites and can be customized for each site and downloaded to Oracle for recordkeeping, etc.

The Head of Pathology, Dr. Gregory Freund, nucleated a group that studied the brain behavior and immunology. They have gained national prominence and their funding level continues to increase. Dr. Jim Morrissey, Professor of Biochemistry, has taken biological subjects and found people in the engineering and physical sciences who have a unique perspective and are able to apply technologies that other people do not have. He has been invited by the National Heart, Lung and Blood Institute to submit a program grant.

Future challenges are an internal discussion with our Provost who would like see the area of biomedical research grow on our campus. However, she is not sure the College of Medicine should participate.

D. Chicago – Dean Joseph A. Flaherty, MD

Some of the data included in this report will reflect the overall college and some will be Chicago. The essential issue over the past four years has been managing to keep the enterprise going in the face of three major financial assaults; medical malpractice, decreasing State money, and plateauing of the NIH. How do we maintain fidelity to the mission as a medical school when faculty is charged in all directions to bring in the necessary funds to operate the college?

As an overall college, the Illinois Bill of Health, Healthy Partners started two years ago. Trustee Ken Schmidt did not vote in favor of the University of Illinois budget last year to emphasize we are not acting on the Illinois Bill of Health. This bill essentially creates both capital and operating funds to increase the College of Medicine and the five other health science campuses. It specifically addresses the need for a new hospital in Chicago and the other capital programs in Rockford and Peoria. It also has an increase in operating revenue that would total \$40 million over four years to get us to the baseline of what is needed. Currently we are the single lowest funded public medical school in the United States per student funding. This issue is more complex because we operate at four different sites. Another \$22 million would be needed so we can begin to increase the entering class sizes by 20 percent from 300 to 360.

Accomplishments: Sara Rusch agreed to be Dean of the College of Medicine in Peoria, Larry Tobacman, Senior Associate Dean of Research, and Javette Orgain, Assistant Dean of the Urban Health Program. Congratulations were extended to all campus appointees for the last two years.

Education: 48 percent of our students matched programs in primary care. Approximately half of the students stay in Illinois for their residency. The class of 2011 has 307 students, on the Chicago and Urbana campuses. There is a 57 percent rate of acceptance to the number of offers compared to the national average of 50 percent. In Graduate Medical Education there are 820 residents, 75 residency and fellowships programs. In the Academic Support Services we have changed the advisory system to provide each student with a good academic advisor and made efforts to increase the study space. The Provost has finalized plans to set a bond issue of \$40-\$50 million for the renovation of the College of Medicine buildings, from Wolcott to Wood Streets along Polk Street.

Research: Due to the changes in the NIH, our ranking has gone up since there was no loss of money. We received a \$9.6 billion grant on autism over five years. The medical science training program is established. We submitted a very competitive application for a translational research center. Our score was three places below the funding line and we are in an excellent position for

resubmission. Direct and indirect research expenditures, grants, and contracts over the last eight years have plateaued but are not in a downhill trend.

Clinical: Every department has an incentive program and new customer service improvement initiatives. Dr. Sarah Kilpatrick is working with each department to see how fast we can get new patients their first appointment and how long do they wait for the first appointment. Our attention to customer service must be improved. Chicago's healthcare market is very competitive. One of our challenges is to get the faculty and staff on the east campus to use our services. We are exploring concierge methods to get patients scheduled and seen quickly from the east and the west campus.

The gain sharing between the College and Medical Center is being reviewed. The Medical Center had its most profitable year of approximately \$2 million. Differences are reflected in the percentage of Medicaid patients and the high cost of employee benefits.

Medical Service Plan: The MSP in Chicago cleared \$1 million in profit this year with record income of \$111 million. This was a \$9 million increase over last year and mainly due to service billings. Malpractice costs seem to be leveling off and may be attributed to the work of the Patient Safety Team.

Advancement: We currently have raised \$151 million, an additional gift of \$31 million from a southern Illinois supporter and \$8 or \$9 million for the Peoria Cancer Center. State of Illinois funding will be minimal. We will have to raise money through philanthropic gifts essentially because we offer excellent programs. We will continue to give personal attention to individual donors to show how their money was used. We want to expand our efforts to corporations and grateful patients.

The Future: Illinois is not the only State to face very difficult times in higher education. There is optimism to eventually receive appropriation from the State to increase basic funding for the medical school. We have to look at other sources of funding our research other than NIH and plugging in as many NIH grants as possible. We have to look into and get educated on intellectual property. Clinically, we will look at the realigning of services, expanding services, using the University-Related Organization (URO) to allow us to contract separately from the hospital, when needed. We want to expand our services, to develop a surgery center and other ambulatory sites, to look at how to advance our imagining technology. Finally, it seems the University will preserve the College of Medicine building. Dean Flaherty met with the incoming Chancellor Paula Allen Meares and her first interest is fundraising and recognition.

XI. ADJOURNMENT

The College of Medicine 2008 Annual Faculty Meeting adjourned at 2:07 p.m.