Interfaculty Council Meeting Minutes  
FY 2017 – April 19, 2017– UCT-1726

Present: Dr. Gurur Biliciler-Denktas, Dr. Lanny Ling, Dr. Jake Chen, Dr. Joseph Alcorn, Dr. Joan Bull, Dr. Marie-Francoise Doursout, Dr. Veronica Gonzalez, Dr. Syed Hashmi, Dr. Heidi Kaplan, Dr. Jessica Lee, Dr. Amber Luong, Dr. David Marshak, Dr. David Volk, Dr. Trevor Cohen, Dr. Amy Franklin, Dr. James Langabeer, II, Dr. Elmer Bernstam, Dr. Ashley Clark, Dr. Myron Arnaud, Dr. Stacy Drake, Dr. Allison Edwards, Dr. Rebecca Tsusaki, Dr. Craig Hanis, Dr. Linda Highfield, and Dr. Ross Shegog

Absent: Dr. Ryan Quock, Dr. Donald Molony, Dr. Cameron Jeter, Dr. Elizabeth Scott, Dr. Frances Lee Revere, Dr. Michael Blackburn, Ms. KoKo Tawaki Taylor, Ms. Brittany Jewell, Mr. Eric Solberg, and Ms. Yuliana Nunez

Guest: Dr. Giuseppe Colasurdo and Mr. Kevin Dillon

Ex-Officio Attendees: Dr. Kevin Morano and Dr. Anne Sereno

Administrative Personnel: Ms. Terrie Schade-Lugo

I. CALL TO ORDER

Dr. Gurur Biliciler-Denktas, 2016-2017 IFC Chair, called the meeting to order at 11:35 AM.

II. APPROVAL OF THE MINUTES

Dr. Denktas polled the members for any objections or corrections required to the minutes for February 15, 2017 and March 15, 2017. Upon motion made and seconded, the minutes for both meetings were unanimously approved, as amended.

III. NEW BUSINESS

Annual University Update

Dr. Giuseppe N. Colasurdo, President, UTHealth and  
Mr. Kevin Dillon, Sr. Executive Vice President,  
Chief Operating and Financial Officer, UTHealth

Dr. Giuseppe Colasurdo asked the IFC about Associate Vice Chancellor Anthony (Tony) A. Cucolo’s (AVC) visit with UTHealth in March 2017. Dr. Denktas advised that the AVC did not have a set agenda; however, UTHealth created the Agenda for the visit and it went very well. The other campuses governance organizations are contacting us now to ask how we organized the agenda for the AVC’s visit. Dr. Denktas advised that the AVC will provide the results of the visit after all campus visits are completed.

Dr. Colasurdo apprised the attendees on the following:

- He has been spending a lot of time in Austin. The first draft of the Senate Bill 1 and House Bill 1, were not favorable with the Senate Bill 1 indicating a $35 million deficit. Fortunately, the outlook is better, and while the bottom line is not known, we believe the deficit will be between $5-10 million.
- He traveled to Washington, DC, for the Association of American Medical Colleges (AAMC) conference. During this time, meetings were held at the White House for 1.5 days to discuss specific policies that pertain to higher education, university funding, etc. The funding for UTHealth is mostly from clinical services. Memorial Hermann and Harris County are relationships that are being challenge by the new health policies coming down from the state of Texas for Harris County. Memorial Hermann is relevant to all of us, for example, if you are with the School of Biomedical Informatics (SBMI), without the clinical dollars, we would not be able to offer start up packages or provide funding; it is the same for the School of Public Health (SPH). This money comes from the group practices and allows our schools to continue to thrive.
Memorial Hermann’s margins are decreasing -they are expected to deliver 4 - 4.5% margin, it is a $5 billion health system and currently, they are at 2-2.5%. Texas Children’s has been less than 1% margin for the last 3 to 4 years. CHI is experiencing rounds of layoffs, Memorial Hermann has a hiring freeze, and we have seen the layoffs at UT MD Anderson Cancer Center (UTMDACC).

UTHealth is preparing the September 1 budget amidst the challenges and Dr. Colasurdo advised that all efforts were being made to protect the people in our organization.

Another retreat is scheduled with UT System (UTS) in Austin.

The health related institutions has regular video conference meetings with the Chancellor and Executive Vice Chancellor Ray Greenberg.

UTMDACC now has an interim President, Marshall E. Hicks and they are carefully looking at their finances. We are trying to improve our relationship with UTMDACC and our Chancellor is encouraging collaborations; our challenge regards the subject of money.

Memorial Hermann are going to cut about $190 million out of their budget, per year.

Faculty Recruitment in our schools and departments is going very well. If people accept an invitation to interview at UTHealth and they see our trajectory, we can recruit and are able to offer competitive packages. Retention is another matter as we are under attack, especially for faculty who have made major contributions to their field. We are losing a few, but not many. Recruitment and retention is balance and we will continue to support all six schools with these faculty affairs.

Questions/ Discussions/ Information:

Now that University of Houston is building their own Medical School, it is rumored that University of Houston is looking to take over the county system; how will that affect us?

Dr. Colasurdo advised that President Renu Khator, PhD of the University of Houston and Stephen Spann, MD, MBA, Planning Dean for the University of Houston Medical School, met with all the health systems. Being that most of the health systems were affiliated, they went to Mr. George Masi, CHE, FACHE, President and CEO at Harris Health System and executed a Memorandum of Understanding (MOU) for a 5-year agreement; UTHealth and Baylor were not aware of this MOU. We have an Affiliated Medical Services (AMS) agreement and a meeting is scheduled to allow UTHealth and Baylor better understand the MOU. The prediction is that in the next 4 to 6 years, they will have a medical school.

Some time ago there was talk about UT faculty going to VA, are there any discussions on the possibility?

When Dr. Kaiser was here, he began discussions, independently, due to having some relationship ties at the VA. We were able to bring in psychiatry and some internal medicine services and then we tried to talk about emergency medicine. Paul Klotman, MD, President, CEO, Baylor College of Medicine (BCM), asked that we respect the only relationship they have for their clinical programs. At this time, if there is some specialty that UTHealth can provide and BCM is unable to provide the services needed, we can consider it. If an opportunity arises, then UTHealth will give BCM the right of first refusal; if BCM passes on anything, then UTHealth can proceed. The main problem is the inability to get into the VA grants and we are talking with BCM about joint recruitments or joint appointments to allow open doors to that line of funding.

Dr. Colasurdo advised that we currently have a quarter of a billion dollars a year in research expenditures at UTHealth. About 60% of research expenditures come from federal funding and if you compare us to UTMDACC, they are 20% federal funded and UT Southwestern is at about 49%. We do well because we have a high ratio of federal dollars to research expenditures as compared to UTMDACC and UT Southwestern.
What effect does Bobby Robbins’ departure from TMC have on UTHealth and TMC3?

- Mr. Kevin Dillon advised that recently 2 of the 5 principals are gone: Dr. Robert (Bobby) Robbins was the CEO and President of the TMC, and Dr. Ronald DePinho was the President of UTMDACC.
- The TMC Board of Directors has named William (Bill) F. McKeon as the new TMC President and Chief Executive Officer.
- UTMDACC is the largest single participant proposed for TMC3, and the departure of Dr. DePinho will not help speed up the TMC3 project. The new interim President Dr. Marshall Hicks is evaluating TMC3 and trying to figure out if that is a priority. The three partners are UT, Baylor, and Texas A&M.

Looking forward five to ten years from now, where are we headed and what kinds of things do you see that you really want to have an imprint on?

- Primary mission is education. With the six schools that we have, we need to protect and grow the main human capital, which is the faculty. As you know with the exception of the SBMI, we are among the largest schools in the country, by enrollment. We must maintain high standards of education with the new challenges we have related to Title IX. Having a competitive accredited program in all six schools will remain our main goal.
- Research is the area where our $500 million campaign will be focused. Will we be able to contribute in all areas? On the clinical side, UTHealth will have to be good in all areas to be among top teaching hospitals in the country. On the research side, the focus area for UTHealth is the brain –inclusive of behavioral sciences.
- Women and Children’s Health is an important area as we have a very powerful platform having a large grant received by the SPH with BCM –this is an area we should be national leaders in the next five to ten years.

Do you know anything about the future of the Willowbend property?

- The Chancellor has advised that he will abandon that project and UTS will be selling the property, at an appropriate time.

How is the Executive Order going to affect the diversity of the residents and faculty who are on a work visa at UTHealth?

- There were a small number of individuals at our university that were affected and action was taken to ensure no hardship was endured.

The role of the clinical practice has been mentioned regarding sustaining the university. We have opportunities that other universities do not have because of the six schools and the diversity of expertise. What would you like to see the schools do differently to make that happen?

- UTHealth has to be very creditable. For example: (1) SBMI is able to secure grants but when it comes to true applications of the expertise that it has as it relates to quality and cost that can drive new health policy, the school does not quite have credibility, yet –it is still very virtual. (2) SPH believes that they can do data as good as or better than anyone. Both SBMI and SPH need to see how medicine is actually practiced and be very credible on the applied data science or biostatistical precision medicine on comparative effectiveness. They must dip into the clinical group practice in order to be credible.
- Our goal is for clinical group practice to be successful by remaining in the top ten on the Vizient ranking bracket.
- UTHealth has been considered very high-value. BCBSTX knows where the value is –which is all determined by cost. BCBSTX wants to send patients to us because of the high-value delivered.
- Would like to see the SBMI and SPH working shoulder-to-shoulder with our clinical faculty.
- Dr. Colasurdo briefed the attendees on a shared data server between UTHealth and Memorial Hermann System.
Is there any talk on the possibility for joint appointments for faculty from SBMI and SPH to be appointed at Memorial Hermann or Harris Health System? Will that potentially facilitate opening some doors for some of the challenges?

- Within UTHealth, we encourage joint appointments.
- Joint Appointments with Memorial Hermann is very difficult because there is a legal Metrix for employment.

Where do you see the School of Nursing fitting into all of this?

- The School of Nursing has a large teaching mission and they are the only school this year on formula funding that will go up because the enrollment has greatly increased.
- Would like to see students integrated in some programs but right now the school is struggling with rotation placement—which is the main priority.
- It is very difficult to hire NIH funded nursing faculty.

IV. UNFINISHED BUSINESS

AVC Visit Feedback: 

Drs. Anne Sereno and Denktas

Dr. Denktas provided some feedback on the AVC visit at UTHealth in March 2017. She advised that our campus was the first campus visit for the AVC and his team. We received feedback that the team was very happy with their time at UTHealth. They did advise that we are the most complicated campus. All campus visits should be completed by September 2017 and then the AVC and his team will provide the best practices, worst practices, etc., results. There will be a follow up visit in a year for the team to evaluate what has changed based on the recommendations provided.

UTFAC Report:

The Chancellor, a variety of Vice Chancellors, and a Regent, attended the meeting. Mr. Barry McBee, J.D., Vice Chancellor and Chief Governmental Relations Officer provided a legislature report.

Discussions included:

- Each campus reported on their Governance at their campus. The Chancellor talked about how to make the UTS great. He said that we need to take on the challenges of physician burnout, sexual assault, and shared governance.
- Our institutions need to prepare our students to be great citizens through discovery, debate, and respectful descent. He wants to move UTS forward to be a leader. He cautioned against overthinking problems because he does not want us to study problems; he wants us to take actions and do interventions to try to make changes.
- Chancellor advised that we need to be prepared to continue to justify research as a benefit of education.
- Chancellor believes that the Shared Governance Initiative will be adopted by the Presidents and managed at the campus level in ways that make sense for their campus. Chancellor does not want to run the initiative from UTS; however, he will continue to encourage it to move forward.
- Analysis regarding dual credit was provided that was very confusing and it did note that there are many issues.
- Workload Task Force discussion included the Regents’ Rule regarding 18 hours per semester undergraduate required teaching load and the large amount of paperwork involved with it. Now, they are getting rid of the paperwork requirement, which is being received well.
• Sexual assault:
  o Chancellor advised that UTS is going to address the sexual assault issue head on regardless of a recent report noting that we are at 15%, which put us under the national average.
  o Chancellor talked about the Women’s Leadership Initiatives that has been rolled out on some campuses for women faculty and staff to have a voice. He spoke about gender pay equality and the “Rooney Rule” and advised that these are key issues and we need to close the gap.

• Higher Education highlights:
  o Need to increase in-state funding, online learning, and graduation rates.
  o Community Colleges are becoming more important as they are supported by local taxes and they hire part-time faculty, which keeps their costs down.
    ▪ There are currently 60 bills in the legislature to permit Community Colleges to confer four-year baccalaureate degrees. UTS is trying to work with Community Colleges because of their access to additional funding from local taxes, which the University does not receive.
  o State universities are now in an international competition with universities around the globe who are trying to duplicate American academic programs. The state universities that will remain public, need to adopt practices of private schools by seeking private support. They know now that private support is very important there is need for more partnership with private businesses that can help fund scholarships.

• Vice Chancellor Barry McBee provided the FAC with budget priorities.

• Health Affairs Committee:
  o Dr. Denktas was elected co-chair of the committee for 2017-2018
  o Committee will continue to work on physician burnout
  o There is national symposium scheduled for September 25-26, 2017, at UTMDACC.

HOOP 192 – Academic Titles
Discussion tabled to the May IFC meeting.

V. ANNOUNCEMENTS

ASSOCIATE VICE PRESIDENT ANNOUNCEMENTS

Dr. Kevin Morano

No announcements.

VI. MISCELLANEOUS DISCUSSION

Academic Time survey had 569 responses to the survey, which represents approximately 33% of faculty. The survey had 4 open-ended questions with each receiving about 300 responses.

Academic Time Results Summary:
• Average hours per week – about 58 for administrators and non-administrators.
• Burnout:
  o 15% - No symptoms of burnout;
  o 40% - I am definitely burning out or feel completely burned out
  o 45% - Occasionally I am under stress
• Work life balance:
  o 37% - Agree/Strongly Agree that schedule leaves enough time for personal/family life
  o 44% - Disagree/Strongly Disagree
  o 21% - Neutral

• Fairness: 2 Questions
  o Indicate whether you feel that the percentage of time/effort is similarly expected across faculty in the same position as you; and
  o Indicate whether you feel that the value that your department places on each of the mission areas is similarly applied across faculty in the same position as you.
    ▪ About one-third responded “do not know” (note, one-third of the responses were from those hired less than 5 years); and
    ▪ The remainder of the responses where split about 50/50 with the slightly greater responses indicating that “it was fair.”

• Dr. Denktas advised these are only preliminary results and the finalized summary will be available in the next 2-3 months.
  o Dr. Denktas solicited volunteers from the IFC from each school to assist in the cleanup of the survey.

Dr. Denktas advised the IFC membership that there will be a May, June, and August meeting and no July meeting.

VII. ADJOURNMENT
A motion was made and seconded to adjourn the meeting. The meeting adjourned at 12:58 PM. The next IFC meeting is scheduled for Wednesday, May 17, 2017.