

Morsani College of Medicine
Semi-Annual Faculty Council Meeting
Tuesday, March 22, 2016
5:30 p.m.
MDL 1037 A-C

Meeting Minutes

I. New MCOM Faculty Council Vice President

Faculty Council President Michael Schoenberg introduced Sri Bharadwaj as the new Vice President of the Faculty Council. Dr. Bharadwaj was recently elected as the new VP to replace Dr. Keith Pennypacker who recently resigned from USF Health.

II. Bylaws Proposed Amendments

Dr. Michael Teng, Chair of the MCOM Bylaws Committee, presented two proposed Bylaws amendments for vote by the Faculty Council. The proposed amendments bring the Bylaws into compliance with Liaison Committee on Medical Education (LCME) accreditation standards. The Faculty Council unanimously approved the amendments to the following bylaws. The proposed amendments will be presented to the Executive Council for a vote on May 18, 2016.

- Article VIII: Administrative Committees
- Section 2. Committee on Medical Student Selection
- Section 3. Academic Performance Review Committee

III. Update from USF Health Faculty Affairs

Dr. Parisi's presentation can be seen at: http://health.usf.edu/medicine/faculty_council/index.htm

Dr. Valerie M. Parisi gave a presentation on the Appointment, Promotion and Tenure process, and other Faculty Affairs issues. A faculty committee, including Faculty Council leadership, is being formed to review and provide input for making revisions to the current APT process. Dr. Parisi highlighted specific difficulties with the current system, including the multitude of career tracks, vague criteria that should be more specific and metric driven, and to provide a better understanding of the meaning of tenure. The Committee will review structures from peer institutions including, the University of Florida, Ohio State, and Harvard. Dr. Parisi said she would like to introduce the new APT structure possibly by the summer of 2017. Other issues to be reviewed and revised include the Letter of Offer process, the MCOM Diversity Plan, enhanced promotion mentorship, and a faculty development strategic plan.

IV. Dean's Update

Dr. Lockwood's presentation can be seen at: http://health.usf.edu/medicine/faculty_council/index.htm

Dr. Charles Lockwood, gave a presentation on the MCOM operating and financial updates, starting with thanking the faculty for cooperating and being diplomatic and graceful during the many changes that are taking place at MCOM. Dr. Lockwood addressed **finances, research, and education**.

Notes of accomplishment – 2016 medical school class - there were 6,200 applicants plus; MCAT scores are at an all-time high; Best US News Ranking improved with a score of 63.

Dr. Lockwood explained that MCOM does receive a significant amount of performance-based funding. However more opportunities will come in the future from preeminence funding set by the Legislature. Dr. Lockwood said that MCOM is very close to being eligible to receive full preeminence funding.

Dr. Lockwood commented on the need for increased development/endowment income and his commitment to make that happen – with a new hire of Development Specialist.

- **FINANCES**

Dr. Lockwood presented the MCOM Operating Budget Financial Summary for fiscal year 2015-2016 (the non-clinical operating budget). Total operating/academic administration budget is at \$83,704,503. He confirmed his commitment to transparency and has agreed to the possibility of providing faculty with a line-by-line item budget on a regular basis.

Highlights/comments regarding finances:

- **Tuition** – Relatively flat for past three years at \$39 million; with a \$5 million attributable growth of SELECT and BISK programs.
- **State and Governmental Expenses** – Increase of \$8 million over prior year partly due to spending freeze and spending cash reserves in 2014-2015 for CAMLS, Deans LOO, and Research Letters of Offers.
- **Grants and Contracts** - Remained flat over past several years despite NIH budget freeze.
- **Practice Plan PSR** – Was flat up until 2014-2014 with a \$13 million dollar increase due to growing cardiology group (6 to 32 doctors in 2 years), and improved patient access.
- **Hospital Support** – Remained relatively flat for 10 years until 2014-2015 when TGH made the EPIC investment and recorded \$16 million in additional support this year.
- **Gifts** - Flat
- **Endowment Income** – Flat
- **Other Revenues** – CAMLS losing \$3.5 million per year
- **Revenue and Expenses** – Increased for a small profit

- **RESEARCH**

Dr. Lockwood said MCOM is making slow and steady progress in securing grant funding. Blue Ridge Rankings (not including Moffitt Cancer Center) has improved from 88 in 2013 to 63 to 2014 to 48 in 2015. Working hard to improve clinical trials, doubled clinical trials in past two years. TGH agreement to merge clinical trials offices. Goal to increase number of physician scientists in clinical departments, vice chairs for research, and focus in NIH Funding in clinical departments.

MCOM has not yet received indirect funding; main campus has delayed distribution for one more year.

Association of American Medical Colleges (AAMC) Sponsored programs revenues over net available square feet - MCOM Research space is not fully utilizing lab space. The mean cost recovery is \$326 per square foot. MCOM's revenue is less than \$200 per square foot.

AAMC Sponsored programs salary support of all full-time faculty – again Dr. Lockwood said that MCOM is well below the mean and median range of 12.8% for the amount of research funded revenue for total salaries paid.

- **USF Physician's Group Operating Highlights**

Patient visits, new patient visits, and surgeries have all increased since 2014-2015. Growing at a 6 to 7% pace reported by Dr. Lockwood.

- **Operating Revenues vs. Operating Expenses.**

Dr. Lockwood reported that expenses are growing faster than revenues at this time. Several costly changes have been implemented – including the new EPIC system, hiring nurses, fixing doctor templates, hiring of consultants, and increasing the number of call center employees. Spent \$10 million in investments current year, and will show a deficit of about \$8 million this year and Dr. Lockwood predicts will break even next year.

- **Access Data: No Shows, Cancellations and Bumps.**

Dr. Lockwood presented information to show the percentages of no shows, cancellations, and bumps; too high, yet there is the expectation for improvement due to the new scheduling systems and addition of newly trained staff. The abandon rate, average speed to answer calls are being tracked as of August with the data showing significant improvement.

- **Medicare Access and Chip Reauthorization Act (MACRA)**

The anticipated annual baseline payment rate summary was presented.

- **Press Ganey Data**

Have not measured Press Ganey rankings for 10 years.

October 2015 – March 2016 Rankings show patients perception on care as follows for USFPG:

- Office Staff Quality 43rd percentile
- Overall Doctor Rating 39th percentile
- Recommend this provider office 30th percentile
- Care Coordination 27th percentile
- Physician Communication Quality 26th percentile
- Access to Care 3 Month 10th percentile

- **Summarization of USFPG**

Dr. Lockwood’s goal is to fix the broken faculty practice and make it the best in Tampa Bay. He believes this cannot be done alone; must be done with partnerships. USF Health is a part of **Tampa Bay Health Alliance (TBHA):** Clinically Integrated Network with the following partners:

- Florida Medical Clinic
- Women’s Care Florida
- Florida Orthopaedic Institute
- Pediatric Health Care Alliance, PA

- Dr. Lockwood reported that TBHA may be the largest partnership in West Florida, but not large enough for capitation. Single TIN number fully financially and clinically integrated to take risk contracts. The following is a breakdown of projected providers:

○ USF Health	36 PCPs/Peds	316 Specialists	Total 352
○ Florida Medical	52 PCPs/Peds	130 Specialists	Total 182
○ Women’s Care	0 PCPs/Peds	147 Specialists	Total 147
○ Florida Orthopaedic	0 PCPs/Peds	49 Specialists	Total 48
○ Pediatric Health	42 PCPs/Peds	0 Specialists	Total 42

- Dr. Lockwood presented the following unique opportunities of the Tampa Bay Health Alliance partnership:

- Brings together all of the region’s premier providers across the care continuum
- Is positioned to coordinate clinical care delivery across the care continuum to improve quality and reduce cost
- Is governed and managed by practicing clinicians in the community
- Openly assesses and selects the necessary supporting infrastructure to manage the health of the local population

- Dr. Lockwood presented the Implications of **Population Growth** as a reason for optimism. Tampa’s population growth will result in an increase demand for healthcare services with the projections as follows from the Nielsen Population Estimates, Dartmouth Atlas of Healthcare:

- 9,222 additional inpatient admissions for the 0-64 age group by 2021

- 32,770 additional inpatient admissions for the 65+ group by 2021
- 41,992 total additional inpatient admissions by 2021
- **Maximizing USF Assets Downtown**
At CAMLS, Dr. Lockwood presented the following plans to be implemented:
 - Launch a new PA program
 - Expand nursing programs, especially CRNA
 - Explore installing an Anatomy lab
 - Free up learning space by consolidating medical student simulation
 - State important MCOM components for the move Downtown
- **MCOM Heart Institute Downtown Projected Project Timeline – on target**
 - July 2016 Programming and Schematic Design Complete
 - November 2016 Design Documents Complete
 - July 2017 Construction Documents Complete
 - August 2017 Construction Begins
 - Fall/Winter 2019 Building Construction Complete/Occupancy Begins

● **EDUCATION PRESENTATION**

● **MD 2016 Entering Class (as of 3/10/2016)**

	2015	2016	% Increase
Primary Applications	5235	6174	16
Secondary Applications	2920	3774	23
Interviews	569	570	0
Acceptances	270	TBD	TBD
Matriculates	177	TBD	TBD
GPA	3.7	TBD	TBD
MCAT	33	TBD	TBD

- **United States Medical Licensing Examination (USMLE)**
Dr. Lockwood is concerned with Board scores because he said it is the only method that residency programs are using now to screen students. Must raise the Board scores of students or College is not doing its job. Dr. Lockwood said his strategy to increase Board scores is to raise the MCAT score criteria.

● **National Resident Matching Program (NRMP) Class of 2016 Results**

Anesthesiology	8	Physical Medicine & Rehab	5	Graduates	172
Deferred Residency	4	Plastic Surgery	4	Male	92
Dermatology	1	Preventative Medicine	1	Female	80
Emergency Medicine	10	Psychiatry	7		
Family Medicine	13	Radiation-Oncology	2		
Internal Medicine	38	Radiology-Diagnostic	15	Number staying at USF for PGY-1	41 (24%)
Internal Medicine-Pediatrics	4	Radiology-Interventional	1	Number staying in FL for PGY-1	64 (37%)
Neurological Surgery	1	Research	1	Number in Primary Care Areas*	83 (42%)
Neurology	4	Surgery	10		
Obstetrics/Gynecology	10	Surgery-Preliminary	1		
Orthopaedic Surgery	9	Urology	4		
Pathology	2	Vascular Surgery	1		
Pediatrics	16	Total	172		

* Internal Medicine-Categorical, Family Medicine, Pediatrics

V. Honors College Collaboration with USF Health

Dr. Shawn Bingham, PhD, Assistant Dean, Honors College

Honors College comprised of 2,300 students with 1330 SAT scores, classes are capped at 19 students, liberal arts setting; general education classes. Students do undergraduate research with community organizations, such as Tampa Museum of Art, mental health organizations, and other Colleges at USF. There are a high number of pre-med students in the Honors College interested in working with faculty in College of Medicine, in labs, CAMLS, research settings. Dr. Bingham asked faculty to propose courses, offer undergraduate research placements, partnering on Study Abroad trips, etc.

VI. Meeting adjourned at 7:20 p.m.