

Academic Affairs Subcommittee of the  
Board of Directors

November 3, 2008

Minutes

Attendees: Mr. Droney, Dr. Galvin, Dr. Goldberg, Dr. Jacobs, Dr. Klobutcher,  
Dr. Koeppen, Dr. MacNeil, Dr. McNally, Dr. Maxwell, Dr. Mina,  
Dr. Nichols

Dr. Jacobs called the meeting to order at 9:00 a.m.

1. Public Comment

None

2. Approval of August 4, 2008 Minutes

The minutes of the August 4, 2008 meeting were unanimously approved.

3. Dr. Jacobs made the following announcements.

- a. The School of Dental Medicine recently underwent an accreditation site visit and received the full seven year approval. Provost Nicholls met with the accreditation team and added that the process went extremely well with no negative findings. Dr. MacNeil was congratulated on this major accomplishment.
- b. Dr. Jacobs is now serving as Chair of the Academic Affairs Subcommittee. He explained that in his view, the purpose of a University is to be academically excellent and, therefore, the Academic Affairs Subcommittee is a very important component of the Board of Directors. He briefly noted the University's Academic Plan, which lays out benchmarks and strategic directions for the institution and the finances that will help support the goals outlined in the Plan. He believes the Academic Affairs Subcommittee should try to achieve the same by defining their mission in very clear terms for the State legislature and the public in order to attain the financial resources needed to achieve our mission.
- c. He explained that the current meeting schedule of Monday mornings is often difficult for him because of other commitments, and a new day and time will be explored. The meetings will also be shortened to two hours.

4. Business Items

a. Graduate Medical Education Annual Report

Dr. Koeppen explained that the Accreditation Council for Graduate Medical Education requires the School of Medicine to make formal reports to its governing Board relative to the residency and fellowship programs sponsored by the institution. Dr. Nissen, Associate Dean for Graduate Medical Education (GME), presented the annual report on the state of our GME programs. Similar presentations will be made to the medical staffs at the various hospitals that serve as training sites for residents and fellows.

Dr. Nissen provided a brief overview of the following -- the GME mission; the relationship between the School of Medicine, its major affiliated hospitals, and the Capital Area Health Consortium; the functions of the GME Office; how GME is funded and how many programs are sponsored by UConn; the accomplishments of the GME office and future directions. The two major missions of graduate medical education are (1) to promote excellence in patient care and to insure the effectiveness of all GME training programs affiliated with the UConn School of Medicine, and (2) to help facilitate residents' professional, ethical, and personal development to guarantee that residents graduating from UConn-sponsored programs will be competent physicians in the following six general competencies -- patient care, medical knowledge, professionalism, interpersonal skills and communication, systems-based practice, and practice-based learning and improvement. The function of the GME Office is to provide centralized administrative oversight and support for all residency and fellowship programs sponsored by the School of Medicine. These activities are directed through the Graduate Medical Education Committee (GMEC) and its subcommittees. The School of Medicine has major affiliation agreements with five Hartford area hospitals -- John Dempsey, Hartford/Institute of Living, Connecticut Children's, St. Francis, and the Hospital for Central Connecticut. The Capital Area Health Consortium, which is the administrator of resident salaries and benefits, is made up of these five hospitals, plus two additional hospitals that are not major training sites for the School of Medicine's residents. Dr. Nissen explained that GME funding does not come from the School of Medicine, but rather through the Medicare system, which provides payments directly to the institutions that support residency training. There are two components of GME funding -- Indirect Medical Education (IME) and Direct Graduate Medical Education (DGME). IME is not based on any identified cost but is intended to support teaching hospitals and to compensate for the observed higher costs that

the presence of training programs generates in these hospitals. DGME is paid directly to hospitals to cover stipends for residents, supervisory personnel, and other associated costs for supporting a residency program. She then provided a breakdown of IME and DGME funding that went to our major affiliates in 2005-2006 and the numbers of residents trained at each site. She noted that each hospital that provides GME training has a cap on the number of residents Medicare will support. Some hospitals do exceed their cap, but receive no additional funding from Medicare. She explained that the cap was defined in 1998 by the Balanced Budget Act and was based on the number of Medicare beds available at that time. For the academic year 2007-2008, the School of Medicine sponsored 47 residency and fellowship programs and approximately 554 residents. She believes residents are very cost-saving to the institution, but an increase in funding would enhance the program. She also noted that the majority of graduates from our residency programs remain in the area, so support of graduate medical education is an investment in our State. Dr. Koeppen reiterated that the funding Dr. Nissen spoke about goes directly to the hospitals; none of it comes directly to the School of Medicine even though the School's faculty are responsible for ensuring that the programs are adequately structured, and there are certain costs associated with running the programs that are supported by the School of Medicine. He noted that this past year, a 15 percent indirect charge cost to the hospitals was proposed to cover those expenses. This would have resulted in a \$5.3 million net revenue stream for the Health Center, but the hospitals refused to pay it.

b. Change in Senior Appointments and Promotions Process

Dr. Casey Jacob provided an update on the senior appointments and promotions process for the Schools of Medicine and Dental Medicine. With the changes in the University's organizational structure, the Deans of the Schools of Medicine and Dental Medicine now report to the Provost. As a result, the Provost is now involved in the promotion and tenure process for both Schools. She explained that the criteria used by each School for appointment, promotion, and tenure will remain unchanged. Nominations for appointment or promotion to senior rank and/or tenure will go to the Senior Appointments and Promotions Committees (SAPC), who will operate according to their usual custom. They will make their recommendations to their respective Deans with justification. After reviewing the recommendations, the Deans will forward their recommendations to the Provost, who will forward his recommendation to the Board of Directors, where final authority rests. The department chair and faculty member will be kept informed at each step. She also noted that under the new process, a faculty member will

now be allowed to withdraw a nomination at any time prior to a recommendation by the Provost. The SAPC Chairs of both Schools were actively involved in this process, and the new procedures have been posted on the websites of both Schools. Dr. Goldberg noted that when nominations for appointment, promotion, and tenure are brought to the Academic Affairs Subcommittee for action, an explanation is provided when a nomination was initially unfavorable but then overturned. He asked that this practice be continued.

c. Change in Grievance Process

Dr. Casey Jacob also provided an update on changes to the grievance processes for the Schools of Medicine and Dental Medicine which have resulted with the new organizational structure. The Health Center has two grievance committees -- the Faculty Review Board (FRB) and the Health Center Appeals Committee (HCAC). The FRB considers initial appeals regarding appointment at senior rank, promotion, and tenure and is advisory to the Provost. The HCAC serves multiple functions, which include appeals of FRB decisions; first level appeals of complaints that do not have a specific appeals procedure; and second line considerations of any complaints heard elsewhere, such as space or compensation appeals. Under the current University Bylaws, the HCAC is also advisory to the Provost. However, Provost Nicholls has delegated to the President all HCAC recommendations regarding appointment, promotion, and tenure. He has delegated to Dr. Laurencin, in his role as Vice President for Health Affairs, recommendations regarding all other appeals and grievances. The University Bylaws will be revised to reflect these changes. Dr. Jacob was asked whether, under these new procedures, appeals can still reach the level of the Board of Directors (BOD). Dr. Wetstone explained that the BOD is the final appellate body for appeals. However, when an appeal is brought to the Board of Directors, the Chair may decide to act on it in one of the following ways -- to bring the appeal to the full Board or to the Academic Affairs Subcommittee; to act on the appeal himself; or to decide there is not enough merit to warrant review. It was noted that in the past, appeals were brought to the BOD based on both process and content, and the Board sometimes lacked the necessary expertise to address appeals based on content. As the Bylaws are revised, Dr. Jacob was urged to consider this step of the process very carefully.

d. University of Connecticut Academic Plan

Provost Nicholls provided an overview of the University's Academic Plan. The plan outlines areas of strength for future investment in the institution. It also provides a series of metrics to measure progress in each of the areas. The University's various units and constituencies have been asked to modify their plans so as to be in accordance with the University's academic plan. The deadline for receipt of their plans is January 1, 2009. Provost Nicholls will be working with Drs. Laurencin and MacNeil to get the Schools' plans into alignment with the Academic Plan. Each unit will be asked to carefully select realistic goals which can be achieved by 2014 and will help advance the University. The Academic Plan will serve as a guide for future decision-making. He noted that issues and questions raised by PricewaterhouseCoopers will also be incorporated into the plan.

e. Tuition and Fees

The proposed tuition and fee increases were presented for information. Dr. Wetstone explained the process for approving the proposed increases for the Schools of Medicine and Dental Medicine. In addition to the Academic Affairs and Finance Subcommittees, both the Board of Directors and the Board of Trustees must approve the proposal. However, action cannot be taken at today's meeting because the proposal has not yet been presented to the full student body for their reaction and comment. This will occur on November 6.

Dr. Wetstone explained that tuition and fees are set by the Board of Governors of Higher Education and are between the 70<sup>th</sup> and 75<sup>th</sup> percentile of public schools of medicine and dental medicine. The proposed increases for the School of Medicine are 5 percent for resident and regional tuition and fees, and 3.55 percent for non-resident. The School of Dental Medicine increases are higher -- 9.81 percent for residents, 5.89 percent for non-residents, and 10.53 percent for regional. He explained that the regional tuition rate is dictated by a formula based on the resident rate. The increases would be for fiscal year 2010 only. The proposed increases were arrived at by taking the data set for fiscal year 2009 and factoring in a five percent inflation rate to project what the 70<sup>th</sup>-75<sup>th</sup> percentile will be in 2010. Dr. Koeppen explained that in arriving at the proposed tuition and fee rates, regional public schools are looked at for comparison purposes, but students are lost to private schools which have a much higher tuition and fee rate. However, he further noted that for the Medical School, the Liaison Committee for Medical Education is very cognizant of student indebtedness, so it is important

that the School not be above the national average for student indebtedness. It was also noted that the number of non-resident students impacted by the increase is quite small for both Schools because most students become State residents after their first year.

Dr. Koeppen explained that the Academic Affairs Subcommittee may have a more in-depth discussion and vote on this issue in one of two ways -- they may call a special meeting of the Subcommittee to deal with this issue only, or the members may join the November 24 Finance Subcommittee meeting, either in person or by phone, to hear the full presentation and then vote. The members agreed to join the Finance Subcommittee. Meeting information and call-in instructions will be provided.

5. Informational Items

The School of Medicine promotion to Assistant Professor and terminal appointment were presented for information only. Dr. Koeppen noted that Dr. Furneaux chose not to appeal his terminal appointment to the Board of Directors.

There being no further business, the meeting was adjourned at 11 a.m.

Respectfully submitted,

Bruce M. Koeppen, M.D., Ph.D.