

Minutes

UW Medical School Medical Education and Research Committee 5:00 PM July 21, 2004 – Room 4201 Health Sciences Learning Center

Members Present: Lynn Allen-Hoffmann, Sanjay Asthana, Paul DeLuca, Norm Drinkwater, Maureen Durkin, John Frey, Jeff Glassroth, Susan Goelzer, Jeff Grossman, Debra Hullett, Rick Moss, Javier Nieto, Greg Nycz, Layton Ridders, Joan Schiller, Susan Skochelak, Doug Smith, Jeff Stearns

Members Absent: David DeMets, Gordon Ridley

Guests: Philip Farrell, Patrick Boyle, Ken Mount, George Wilding, Pat Remington

Staff: Tracy Cabot, Tonya Paulson, Eileen Smith

The Committee was called to order by Vice Dean DeLuca at 5:04 p.m. Introductions followed. DeLuca presented an overview of the agenda.

1. The draft minutes from the June 2 MERC meeting were presented. Javier Nieto had a correction, to page 5, item #9, regarding the Wisconsin Population Health Research Network survey of Wisconsin residents. Nieto will draft a sentence to modify the minutes. With that modification, the minutes were approved unanimously.

2. Dean Farrell welcomed the committee to the new Health Sciences Learning Center. Farrell noted that the location of MERC meetings, the Harting-Mullins conference room, was created through a generous gift from Professor John Harting and his wife, Maureen Mullins.

DeLuca reported on a meeting with University Legal Counsel John Dowling regarding the open meetings/public records laws. MERC is covered by those laws. Each MERC meeting is open to the public, and meeting notices are posted at two locations and on the web. However, the committee can hold closed sessions in accordance with the law when voting on funding decisions, for example.

In accordance with the public records law, documents that are the work product of this committee are public records and will be posted on the Wisconsin Partnership website when approved. Documents that are works in progress between committee meetings are not considered to be public records until they have been discussed at a public MERC meeting. Once a document has been discussed publicly, it is considered a public record, even if still in draft form.

DeLuca indicated that as documents are being developed, they will be posted on a restricted website available to members and staff only. MERC members will forward documents to

DeLuca or Eileen Smith for uploading to the website, but all members will have the ability to download documents.

3. Ken Mount presented a review of the funds flow model discussed at the last MERC meeting. In general terms, the 65% portion of the Wisconsin Partnership fund totals approximately \$192 million. At an interest rate of 4.75%, the annual income for the 65% fund is approximately \$9 million. The costs of program administration will be split between the 65% and 35% funds.

Eileen Smith presented further details regarding the administrative budget. Smith showed a summary budget which runs on the calendar year, 2005. In addition to providing salary support for the current staff, the budget includes salary for 2 additional staff (outreach specialist and accountant) currently under recruitment. Grand total for administrative costs per year is \$453,000, which is only 3% of the total annual income. The portion of this total charged to the MERC is \$295,000. Nieto moved approval of this amount; the motion was seconded by John Frey and approved unanimously.

4. Sue Skochelak presented the MPH proposal. This has been a long planning process, including active participation from of the Schools of Nursing, Pharmacy, and Veterinary Medicine; the Departments of Biostatistics, Population Health, and Family Medicine; La Follette School of Public Affairs, and other MPH programs in state, including UW-LaCrosse and Medical College of Wisconsin. The creation of an MPH program was included as Goal 13 in the Medical School's 2004-06 Strategic Plan. Campus approval has been achieved for the creation of this program. Approval will be sought from the Regents in the fall, and the school will be ready to admit students in 2005.

This MPH program differs from other programs in state, in that the focus of the UW-LaCrosse program is community health education and the MCW program is limited to physicians only. The UW MPH program will initially target full-time students including students seeking dual degrees (MD/MPH as well as dual degrees with Nursing, Veterinary Medicine, Pharmacy, La Follette, Law School and other programs). It is not the goal of this program to admit students directly from bachelor's degree programs. The anticipated enrollment is 15-20 students in year 1, and up to 30 students in year 2. The program will work towards accreditation, which is expected 2 years after the first class graduates. The MPH administrative structure includes an Academic Advisory Council as well as a Community Advisory Committee. The program will initially be campus-based and will work to create a distance-education component in the future.

Pat Remington discussed his experience en route to his dual degree of MD/ MPH. Remington stated that the UW Medical School is in a strong position right now to implement an MPH program. We currently have on staff a number of faculty from schools of public health, and can tap into faculty in pharmacy, nursing, and social work.

Farrell noted that June Osborne, who was Dean of the School of Public Health at Michigan, observed that she thought our model of an integrated School of Medicine and Public Health was the wave of the future.

Remington concluded that future medical students who are interested in primary care will want a 5 year program to get sufficient training in population approaches to health improvement. The Institute of Medicine has a goal of 40% of students trained in population health as indicated by receipt of the MPH degree. In an informal survey of his students, Remington has found that at least 25 students per year want to receive the dual degree.

Nieto provided further MPH details. The program will be 12 months, full-time, on site. Students must take a minimum of 36 credits, half of which are required in 5 core areas. Several new courses are being developed; others already exist, especially for electives. Summer orientation of new students will include presentation of final projects (Capstone experience) by graduating students from previous class.

Jeff Glassroth asked whether the epidemiology curriculum would be classical or molecular. Nieto replied that it would be classical, but will include lectures in genetics and can expand to include molecular epidemiology. Glassroth also asked about the logistics of accepting 20-25 students into the MPH program, and whether that would reduce number of non-MPH students in the medical school class. Skochelak answered that if students were interested in the dual MD/MPH degree, they would have to be accepted to both programs, and emphasized the need to keep the two admissions processes linked. Nieto added that not all MPH students would be enrolled in the MD program; in fact, some students may be in the School of Nursing or Pharmacy, for example.

John Frey asked what effect the MPH program would have on the community of practitioners in Wisconsin. Skochelak replied that this program in its current implementation won't meet the full needs of those who want an MPH. Many would want to take advantage of options such as distance education, that allows for asynchronous learning, online courses, etc. The decision has been made to develop the on-campus program first, and build to the distance education version later. Nycz reminded the MERC that the OAC views the MPH as very important, but there is a need for the distance education component as quickly as possible.

Skochelak presented an overview of the MPH program budget. Tuition funds flow into the state, and then come back to the university as program dollars; however, the rate of return isn't 100%. In discussions with the University, it became clear that the Medical School will not be able to recapture the tuition paid by students for the campus-based program, although if the program expanded to include distance education that portion of tuition could be recaptured by the Medical School. Skochelak presented a program budget that had been developed and approved by the MPH steering committee. Some courses for this program already exist on campus, while other courses would be developed. Credit for teaching in the MPH core courses would be outside the MAMA model, but electives would count for MAMA instructional credit. The full budget for instructional support is \$180,000 per year, with \$140,000 for faculty support and \$40,000 for TAs. The infrastructure cost is \$202,530, including support for a program administrator. The cost of development of new courses, as well as support for guest speakers totals \$40,000. Thus, the grand total for the MPH program is \$422,530 per year.

Maureen Durkin asked if MERC support of the MPH program could be considered supplanting. DeLuca explained that this program would not exist without the Wisconsin Partnership funds,

and thus this could not be considered supplanting. Glassroth asked if support of this program would be a recurring expense to MERC for the foreseeable future. Skochelak stated that it would be a continuing request for each year of this 5 year plan. Drinkwater asked about the need for new faculty. Skochelak replied that no new hires would be needed immediately, but Nieto cautioned that we may have to make strategic hires in the future, such as jointly hiring new faculty in health policy with LaFollette. Farrell emphasized that this budget does not include new faculty, rather, it shows the minimum funding needed to establish the program. Rick Moss pointed out that 24 of the curriculum credits are new or revamped. This budget is very modest, and implies cost sharing. He emphasized that we should include the real costs on this balance sheet to show how much we're sharing. Moss provided statistics from the College of Letters & Sciences that each academic credit requires .15 FTE; therefore the true budget would be well over \$400,000.

Nycz asked what the incremental costs would be to move this program from campus-based to distance education. Skochelak said she didn't have those figures and although the change in format could occur in the future, the costs should be considered at that time. Drinkwater observed that one-time costs for the distance-education component could be a future proposal to MERC.

Skochelak presented a transition budget for first (partial) year of the MPH, which includes costs for planning and course development of \$60,000, and infrastructure costs of \$185,000. George Wilding asked what is the cost to students for this program. Skochelak replied that it would be the cost of graduate student tuition, which is about \$400/credit hour.

Drinkwater made a motion to approve the MPH program budgets presented. Moss seconded the motion, and it was approved unanimously.

5. Farrell made a presentation on the requested strategic initiatives allocation, which would be available to the Dean. He reported that initiatives supported by these funds would be aligned with the 5 focus areas and the Medical School Strategic Plan, and would be used to form linkages to the OAC and transform the school. Farrell commented that these funds would be aligned with the mission and vision of the Wisconsin Partnership Fund.

Farrell presented examples of projects that might be considered for support from the Strategic Initiatives Allocation, such as support for OAC-related community-based opportunities. The Medical School will have linkages to OAC funded initiatives, and a specific example is the WI Alzheimer's Institute. The director of the institute, Mark Sager, approached the Medical School in 1999 about developing a statewide program for early detection of Alzheimer's disease, the development of memory loss clinics, and setting up a comprehensive way to enroll patients in clinical trials. He presented an opportunity to partner with the Helen Bader Foundation, wherein the foundation would provide a 2:1 match of funding provided by the Medical School. The Strategic Initiatives fund would have facilitated the ability to leverage this opportunity.

Another possible area would be funding for hiring new faculty aligned with the focus areas. We have missed Cluster Hire opportunities especially targeted to our 5 focus areas, because we can't provide the levels of support necessary.

Farrell provided further examples of items that could be supported from the Strategic Initiatives Allocation by citing a number of initiatives aligned with the Wisconsin Partnership goals of support for research and educational activities, such as the MPH program.

Farrell made a request that up to 1/3 of the annual income from the funds in the 65% category be put into this strategic initiatives fund. This fund would include annual support for the MPH program because it is anticipated that there may be a need for some flexibility in funding for the MPH.

Drinkwater stated that 1/3 of the available income seemed like a reasonable amount, but questioned how the MERC would learn about Strategic Allocations. Farrell stated that he would make reports to MERC on a quarterly basis. DeLuca stated that using the Strategic Allocation for rapid response to opportunities would require the reporting to be retrospective.

Nycz reminded the group that any expenditure from the 65% funds must have accountability equal to that provided for expenditures from the 35%. Mount stated that each account will be coded to 35/65, and also coded as to specific focus area. All requirements regarding the uses of the funds would apply to the Strategic Allocation.

Frey asked how the Dean would decide which initiatives to fund. Farrell reiterated that he would be guided by the Wisconsin Partnership Plan, Medical School Strategic Plan, the State Health Plan, and OAC actions, and would address programs linked to communities. He anticipates that any awards made will be one-time strategic expenditures. Drinkwater also noted that these types of strategic funding decisions are made with input from the Medical School leadership, department chairs, and other campus leaders, and are not made in a vacuum. Ridders observed that these funds wouldn't keep the Medical School on even funding levels, and Farrell said that was correct, because of expansion into new areas. Durkin objected to the use of the term "strategic" to describe this allocation, because all MERC funds will be strategic. Farrell agreed to re-title this funding. Jeff Glassroth sought assurance that this allocation would not cause budget cuts elsewhere (such as from the state), and Farrell provided that assurance. Mount reminded the group of the non-supplanting policy, and emphasized that the State can't cut the Medical School's budget just because we have this source of funding.

Moss noted that it is appropriate for a Chief Executive to have these kinds of funds. However, because the Medical School will also be developing the infrastructure of the five focus areas, this level of support may be constraining. He suggested that it might be necessary to use part of the principal that was set aside as start-up funds for focus area infrastructure. Drinkwater moved that up to 1/3 of the income from the 65% portion be used as a Strategic Allocation, including funding for the MPH program, with quarterly reports to the MERC. Doug Smith seconded the motion, and it was approved unanimously.

At 6:55 the group took a brief recess for dinner.

6. The discussion was reconvened 7:10 p.m. DeLuca lead a discussion of MERC operating procedures as outlined in the draft functionality proposal. He proposed that the 5 focus area leaders would serve as an executive subgroup. DeLuca asked for input from the Focus Leaders.

Glassroth said that this was consistent with his vision of how the group would operate. DeLuca asked for assurances that every MERC member would have the opportunity to be involved in decision making. Glassroth stated that the executive subgroup would become an arena for idea development, but that final decisions must be approved by the MERC. Lynn Allen-Hoffman asked if the functionality proposal could be considered a working document, and if changes be made to it in the future. DeLuca agreed.

DeLuca asked for discussion regarding the draft RFP/RFA process document. It is likely that the MERC will have an allocation for investigator-driven initiatives aligned with the focus areas. This would be accomplished by a request for proposals in a general area of research. We could also have a request for responses in a targeted area.

Allen-Hoffman commented that the RFA/RFP process would work well for some areas, such as emerging opportunities, but may not be the best way to allocate funding for all areas. Drinkwater noted that the Medical School Research Committee already exists, and he would be concerned if a large amount of the Wisconsin Partnership fund were committed to a small grants program. Perhaps it would be possible to use the existing MSRC to solicit applications. Glassroth said that this was more a question of should we implement a grants program, not how much the grants should be. Obviously we don't want to replace other existing resources.

Nycz reminded the MERC of the primary objective of showing leadership and stewardship to use the Wisconsin Partnership funds to maximize the health of the people of the state. It is important to use these funds for the benefit of public health, not just to maximize the Medical School's interests. He also urged the committee to remember to use a very inclusive definition for faculty, in order to allow those with primary appointments in other schools on campus to apply for these funds and to participate in partnerships with Medical School faculty. DeLuca stated that the use of these funds will be transformational in terms of the health of the people of Wisconsin, the methods of health care delivery, and the types of interventions possible. Funded proposals must also be aligned with the School's strategic plan, and must have a Medical School PI.

Jeff Stearns asked if this RFP process would apply only to initiatives funded by MERC directly, and not to the Dean's Strategic Allocation. DeLuca said that was correct; however, some funding allocations would be made by vote of full MERC based on priorities; but there is room available for an allocation for a competitive process. Skochelak cautioned the group to be sure to include educational proposals as possible items for funding; not only research proposals. Also, she was concerned that investigator-initiated proposals may not be transforming. DeLuca reiterated that the bulk of initiatives funded by the MERC would be the result of a planning process approved by the MERC, and would not be competitively awarded. However, it is also likely that there would be some areas where investigator input would be sought.

Ridders asked about the relative percentages that would be supported in each way, and DeLuca stated that would be decided by MERC. Drinkwater urged the group to use a larger portion of the available funds for broad opportunities developed by MERC, and a smaller portion for investigator-initiated proposals, since we already have that mechanism in MSRC to hand out small funds in small increments. DeLuca described a grants program that would support proposals in the range of \$50,000-\$200,000.

There was some discussion of eliminating the RFA process completely. Eileen Smith reminded the group that the 5 year plan included a competitive process. Glassroth asked if there was a requirement for all funds to be awarded competitively, and DeLuca answered no. Schiller suggested that we consider the RFA process a work in progress, and follow up with future discussion. Grossman stated that MERC must decide on a comprehensive strategy for the use of the funds, and urged the focus leaders to develop an integrated strategic plan for presentation and discussion. Moss reminded the MERC that this group must look for work that is visionary. Grossman suggested that we need a definition of what it means to improve the health of the public as a yardstick for judging proposals. Sanjay Asthana reminded the group to look at large theme areas. The RFA/RFP process was tabled for further discussion at a future meeting.

7. Moss presented an initial proposal from the Focus leaders designed to take advantage of initiatives that address the spirit of the Wisconsin Partnership program. It would be better to make substantial investments in a few related areas, rather than smaller investments in a wide variety of areas. He proposed a number of principles and guidelines for MERC to consider. Moss gave 2 examples of broad areas for funding. First, the statewide network / clinical trials covers all 5 focus areas, but could have substantial expenses and might have continuing infrastructure costs. However, it would also generate a lot of extramural support. Another example is disease proteomics. We're in a position to be leaders in this field, and it could have a transforming effect on the Medical School.

8. Glassroth noted that these opportunities will take some time to develop. As each area came on line, a supporting RFP could be issued. Doug Smith asked if there are other proposals we should consider. Each of these examples could be so expensive in initial costs that choosing to fund only one would exclude the others. DeLuca urged the focus leaders to develop an integrated strategic plan. These examples are only a sample of what might be done. Glassroth summarized that we will have to pick and prioritize. Frey asked for a yardstick for measuring ideas, and said that we need to define the yardstick. Allen-Hoffman suggested that we keep in mind our goal and Schiller again stated that we think in terms of broad, overarching, ideas that transform the Medical School and the citizens of Wisconsin. Nycz reminded the group that it has been entrusted to use the funds and talent pool of the Medical School to engage communities, build on what has already been done, train new leaders and forge new tools.

DeLuca suggested that agenda items for the next meeting would include development of a comprehensive strategic plan and of broad stroke criteria to be applied to proposals.

Meeting was adjourned at 8:12 p.m.

Tracy Cabot
Recorder