

Minutes

UW Medical School Oversight and Advisory Committee 9:00 AM October 23, 2003 – UW Foundation

Members Present:

Margaret MacLeod Brahm (by phone)
Philip Farrell
Pat McBride
Nancy Miller-Korth (by phone)

Doug Mormann (by phone)
Gregory Nycz (by phone)
Patrick Remington

Guests:

Pat Boyle
Linda Dietrich
Richard Reynolds

Staff:

Tracy Cabot
Carla Eakins
Eileen Smith

After a long delay due to technical difficulties with the teleconference system, the meeting was called to order by Phil Farrell at 9:45 AM .

1. Approval of Minutes of October 6, 2003 meeting

Farrell asked if there any changes to the draft minutes of the October 6 OAC meeting. Since no changes were suggested, Mormann moved to approve the minutes as distributed. The motion was seconded by Remington and passed by unanimous vote.

2. Announcements

Farrell announced that the first training session will be scheduled for January 15 from 2:00-5:00 PM in Wausau and a session in Green Bay is planned for January 22 or 29, with additional training sessions being planned for Milwaukee, Madison, La Crosse, and possibly Rice Lake. Farrell indicated that he will attend each of the sessions and would like to have one public member and one faculty member from the OAC at each session. He stated that Smith, Reynolds and Dietrich are developing the program for the training sessions and Karen Peterson, Executive Director of the Medical Alumni Association, is scheduling alumni events during the evenings after the training sessions. Farrell also announced that Dietrich is developing a general communications plan for the sessions. Materials for the training sessions will be shared with the OAC at the November and December meetings. It was agreed that either Nycz or Miller-Korth would cover the training sessions in Wausau, Green Bay and Rice Lake. And that either Margaret

MacLeod Brahm, Mary Lauby, or Doug Mormann will cover the La Crosse, Madison, and Milwaukee sessions.

3. Review of the October 8th Wisconsin United for Health Foundation Board Meeting and Discussion of Response to WUHF Board

Farrell briefly commented on the WUHF Board meeting which was held on October 8 and indicated that a written response to their concerns is required by October 31. He indicated that the Board does not want a revised plan; they want a supplement providing clarification of issues raised at the meeting. Farrell announced that since it was not possible to meet the deadline for the November meeting of the Board of Regents, the WUHF Board meeting scheduled for November 10 might be postponed. He indicated that the supplement and any agreements between WUHF, the UW Foundation and University required the approval of the Board of Regents.

Farrell stated that the WUHF Board is comfortable with the RFP and with the 35% component of the plan, which is an important milestone. Therefore, the response will concentrate on the 65% component. He also reported that the Board is concerned about continuing oversight and is contemplating a future role for WUHF after all the assets are transferred, but WUHF members expressed varying opinions. He indicated that in their afternoon session, they discussed the importance of transferring the cash and stock soon.

The letter of response will address six topics: 1) alignment of the 65% portion with the State Health Plan; 2) the oversight council for the 65% (which may be called the Council on Medical Education and Research); 3) annual reporting and assessment of the 65/35 allocation; 4) continued role of the WUHF Board; 5) annual distribution of endowment income; and 6) supplanting. In response to Nycz's comment about benchmarking, Farrell indicated it would be covered in the first topic and Smith added that benchmarking would also be covered in the second topic.

Farrell led a discussion on the outline of the letter of response.

1. Alignment with the State Health Plan

Farrell stated that alignment with the State Health Plan is the focus of both the 65% and 35% components. He reported that the Medical School is currently developing a Strategic Plan for 2004-2006 which identifies goals and objectives of the State Health Plan. Benchmarking will come with evaluation of outcomes of predetermined goals. Also, there will be benchmarks related to transformation of the Medical School into a School of Medicine and Public Health. He also indicated that alignment with the goals of the State Health Plan will be considered when proposals are evaluated. McBride pointed out that the Board had raised questions about specific issues such as improved access to regular health care coverage, improved health in rural areas, and increased screening for dental care. Farrell suggested that it would be better to avoid being too specific. Nycz suggested adding the five infrastructure priorities. Smith commented that advice has been received that the Board is most interested in understanding the process for establishing the criteria for the 65%. Remington suggested that one of the benchmarks be the likelihood that research will lead to health improvement in a short time, i.e., immediacy of return.

2. Oversight Council for the 65%

Farrell indicated that the 65% oversight council would ensure alignment with the 5 infrastructure priorities and 11 health priorities of the State Health Plan. This section of the response should include information on benchmarks, describe the competitive peer review process using predetermined criteria, and emphasize support of translational research and community-based research. The relationship of the Board of Regents and the Medical School Advisory Committee's role should also be described. Nycz suggested that this section could be strengthened by adding information on transformation of the Medical School to a School of Medicine and Public Health. In response to McBride's comment about benchmarking related to the MPH program, Farrell reminded the committee that the document presented at the WUHF Board meeting was not represented as the Board's document, but as a way to encourage discussion on a number of issues. Remington suggested that accreditation would be a benchmark for the MPH program and accreditation of a school of public health within the Medical School would be a major benchmark. Miller-Korth suggested that criteria for tenure be changed to include efforts in community health activities. In response to Nycz's question about an RFP for the 65%, Farrell indicated that there will not be such an elaborate RFP as that for the 35%, but there will be an "Annual Announcement of Availability of Funds for Projects Aligned with the State Health Plan," which will provide general guidelines. This procedure is used for other discretionary funds administered by the Medical School.

In response to Miller-Korth's request for clarification of discretionary funds, Farrell briefly described the grant the Medical School received from the Howard Hughes Medical Institute and asked Tracy Cabot to elaborate. Cabot reported that an announcement of availability of funds is made twice a year and that applications are reviewed by a standing committee and awards are made based on scientific merits of the proposals. She described the process as being similar to that used by NIH. Farrell suggested naming the 65% oversight council the Medical Education and Research Committee (MERC) and after a brief discussion, the committee agreed.

3. Annual reporting and assessment of the 65/35 allocation

Farrell indicated that in assessing the 65/35 allocation, it would be important to not only review expenditures of funded proposals but also to review the strengths of proposals which were not funded to determine if there were inadequate funds available. Also consideration will be given to whether funds from the 65% have led to other sources of funding. Farrell stated that although this review will be a top priority annual objective of OAC, it might be difficult to change the allocation because of 2-3 year funding commitments. Miller-Korth suggested that a decision could be made to change the allocation in two or three years. Smith indicated that the WUHF Board is looking for evidence of a deliberative process for reviewing information and whether funded proposals are moving toward achieving our vision of advancing the State Health Plan.

4. Continued role of Wisconsin United for Health Foundation

Farrell stated that the continued role of the WUHF Board needs to be clarified and ideally will be limited to advice. It would be appropriate for them to continue to comment on progress and compliance with the Insurance Commissioner's Order. The committee members supported this clarification of the Board's continuing role.

5. Annual distribution of endowment income

Farrell asked Ken Mount, Assistant Dean for Fiscal Affairs at the Medical School, to review this issue. Mount reviewed three options: 1) pure perpetual endowment (none of the principal would be spent); 2) maintain perpetual endowment but allow some expenditures from the principal; and 3) no guarantee of perpetual endowment (principal spent as needed). Mount indicated that there appear to be differing opinions among the WUHF Board members on perpetuity. He proposed that the best management practice would be to guarantee perpetuity of the fund but allow expenditure of a small percent of the principal. He stated that MCW is planning to limit expenditure of the principal to 10%, but UW is looking at a model of spending up to 15% of the principal. It was suggested that UW and MCW should be identical in terms of the issue of spending a portion of the principal. After discussion, the committee agreed to move forward with the management plan outlined by Mount.

6. Supplanting

Farrell indicated that the WUHF Board seemed comfortable with the language in the RFP and with the comments by Helen Madsen at the October 8 meeting. Nycz asked if funds could be used for faculty salaries. Farrell replied that no faculty salaries would be paid from the 35% and that it would be considered on a case-by-case basis for the 65%. While there is concern about recruiting faculty for partnerships without a contribution to salary, it is absolutely necessary to avoid any appearance of supplanting. Remington suggested that it would not be so much an issue for senior faculty but might be problematic for junior faculty. Boyle suggested that changing criteria for promotion to include outreach activities would be helpful. Farrell indicated that UW Extension guidelines are being reviewed.

Farrell stated that the draft letter of response will be sent to OAC members for review early next week. He asked whether committee members would be comfortable with having him sign the letter on behalf of the committee since there isn't enough time to circulate the final letter for individual signatures. No objections were expressed. Remington suggested adding a statement regarding alignment with the Department of Health and Family Services as well as with the State Health Plan. He also suggested consideration of adding a representative from Health and Family Services as an ex officio OAC member to serve in a role similar to that of Pat Boyle. Further discussion on that question occur at a later meeting.

4. Appointment of Nominee from the Wisconsin Public Health Association to the Public Health Education and Training Workgroup

Mormann reported that candidates for membership on the Public Health Education and Training Workgroup are being considered by Ken Baldwin of the Department of Health and Family Services. Three nominations have also been received from the Wisconsin Public Health Association. He indicated that Ken Baldwin expects to make a decision early next week. Mormann asked the committee if there would be any objection to asking WPHA to make a selection from their nominees; the committee members agreed with that plan. Mormann was given authority to accept WPHA's appointment and to

work with the Ken Baldwin on the Division of Health's appointment. Meetings of the workgroup should occur as soon as possible.

5. Review of RFP Forms

This was deferred until the next meeting because of time limitations.

6. Faculty database for Community-Academic Partnership Fund

Farrell reviewed issues to be considered in developing the reference database of faculty who could become the academic partner for community agencies. Issues include: a) who to list; b) what information should be included such as department, specialty, interests, contact information; c) should academic staff, such as researchers, lecturers, and administrators be included; d) a process for faculty who may not wish to be listed in the database. Reynolds reported that a comprehensive database already exists which includes paid and volunteer Medical School faculty members. This list could be modified to meet our needs. Nycz suggested using a layered approach— to list everyone, but highlight those faculty who express a particular interest in working with a community organization on a particular health initiative. Remington suggested that the survey of faculty could ask for areas of interest, contact information, and a webpage link if applicable. McBride and Mormann agreed with this approach. Mormann suggested including information on how physicians not currently on the Medical School faculty can participate in these projects. Farrell indicated that information will be posted on the website and included in the training programs.

Farrell reminded committee members that the next OAC meeting will be November 24 at 1:00 PM at the Fluno Center.

The meeting was adjourned at 11:20 AM.

Carla Eakins
Recorder

Douglas Mormann
Secretary