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MEMORANDUM

To: Donna E. Shalala, President

From: Richard L. Williamson
Chair, Faculty Senate

Date: August 25, 2012

Subject: Faculty Senate Legislation #2012-04(D) – Report and Recommendations of the Ad Hoc Committee on Medical Issues

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At its August 22, 2012 meeting, the Faculty Senate unanimously accepted the preliminary report of the ad hoc committee on medical issues, as well as the four recommendations stated within the report. As noted in the report, the committee and the Faculty Senate regard this report as just the beginning of a process.

The report and recommendations are enclosed.

This legislation is now forwarded to you for your information.

RW/rh

Enclosure

cc: Thomas LeBlanc, Executive Vice President and Provost
Pascal Goldschmidt, Senior Vice President and Dean, Miller School of Medicine
Samuel Terilli, Professor, School of Communication; Chair, ad hoc committee

To: Faculty Senate Date: prepared for the 22 August 2012 meeting

From: Ad Hoc Committee on the Miller School of Medicine and Related Issues -- Preliminary Report

Over the course of the last seven months, the Committee met for nine three-hour sessions, attended meetings of the Medical School Council and the annual general faculty meeting at the Miller School of Medicine, reviewed financial and other reports prepared by the School of Medicine's administration, and interviewed ten senior faculty and high level administrators familiar with the issues facing the Miller School of Medicine and the UHealth System (collectively, the "UM Medical System"). The Committee initially focused on what it considered to be its charge – namely issues related to clinical medical services provided by the UM Medical System to University faculty and employees and their integration with our health care insurance – our efforts have been greatly affected by the deteriorating financial circumstances of the Miller School and the drastic measures taken by the University and Miller School administrations in response to this financial decline.

While close examination of these issues would exceed the mandate and competence of the Committee, we recognize that they are of momentous import, not only as regards the provision of clinical care to the University community, but also with respect to larger questions of University welfare and governance. Accordingly, we have chosen to address not only the initial questions posed to the Committee, but also to call to the Senate's attention issues arising from our work that we believe should concern the Senate and the entire faculty. We have arrived at the following preliminary conclusions regarding what we consider to be several of the major challenges facing the UM Medical System, and we provide some initial recommendations. We have chosen not to address the larger strategic and financial issues, not because they are unimportant – to the contrary, we regard them as vital to the continued existence of the University – but because we lack the information, expertise and resources to evaluate them in their entirety.

Major Challenges

1. Miller School Faculty Climate and Concerns: Fear of the administration was pervasive among Miller School faculty members who communicated with us and they were unanimous in asserting that such fear is widespread within the school. They cited instances in which someone suffered retribution for criticizing the school's administration or its strategies, or simply questioned decisions. The faculty feels intimidated and most will not speak publicly. Even tenured faculty members whom we interviewed insisted on confidentiality as a condition of speaking with us because they feared retaliation. Several identified department chairs and other faculty whom they believed had been punished for speaking out. We were cautioned by several medical faculty members against attempting any sort of faculty survey, even if conducted anonymously, because they did not believe any such effort would be truly confidential and they contend that this perception is widespread. Such a climate of fear makes it difficult to gather facts on how various issues are affecting faculty and staff. Nevertheless we were provided with many instances of the adverse effects of staff reductions on the Miller School faculty's ability to deliver care and to conduct both basic and clinical research. Further we strongly suspect the loss of staff support must inevitably increase the risk of malpractice. We also heard that the pressure to produce clinical income is compromising the academic environment by discouraging and devaluing research and, as a consequence, morale was exceedingly low. Faculty with alternatives are leaving. The apparent absence of effective oversight by faculty committees and bodies within Miller as well as by the Provost and by the Board of Trustees was relayed to us. We heard numerous complaints about the manner in which terminations and reassignments had been handled, characterized by various faculty members as "unprofessional," "graceless," and "heartless." The Miller school Faculty no longer believes major pronouncements by its Administration. Notably, at the Miller School's recent annual general faculty meeting attended by several members of this Committee, the Dean repeatedly and emphatically declared that under no circumstances would there be further layoffs for at least a year. Only a few days later, the Senior Associate Dean for Faculty Affairs announced a timetable for additional terminations in the near future.

2. Perceptions Among UM Employees As Patients of the UHealth System and Problems Inherent with its Facilities and Location: Any efforts to convince UM faculty and staff not based at Miller to use the UHealth system face the inherent problems associated with the "unfriendliness" of the location of most facilities including traveling time and parking. In addition, we heard frequent complaints that reflect administrative problems unrelated to

location, in particular difficulty in making and confirming appointments, inordinate delays in obtaining test results, irksome and labyrinthine procedures to speak with a clinician, inaccurate, untimely and uninformative bills, and an absence of mechanisms in place to help resolve these issues. The perception is widespread among Faculty and staff that these issues occur much more frequently within the UM Medical System than with other medical care providers, both local and elsewhere.

3. Mixed Mission: The Committee acknowledges, as well explained by Dr. Jack Lord, that there are bound to be tensions arising from the several missions of an organization that includes teaching, research, and health-care delivery. We recognize that the mixed mission of the Miller School poses problems in fairly treating the different interests of practitioner and research faculty with respect to such issues as how decisions are made and how the expenses of (shared) centralized services are allocated. While the Committee recognizes that shared governance, transparency and faculty consultation have their limits in the context of a health care delivery business, particularly one with important ties to a public hospital, we also recognize that there must be some fair way of balancing the interests of academic teachers and researchers with the demands of clinical practice. Consultation with the faculty has been limited at best and clearly inadequate.

We are concerned that the administration of the Miller School has increasingly come to resemble that of a traditional clinical practice in derogation of the mission and values of an academic institution, and this tendency is exacerbated by the increasing emphasis on clinical revenues to address current financial difficulties. This tendency is manifest in the allocation of sacrifices that are being exacted from the research and teaching faculty and it poses the likelihood of a decline in the activities that distinguish us as a University.

If any additional management decisions with the potential to affect centralized or shared services or cuts in staff occur without input from and regard for affected faculty, particularly given that much of the decision-making appears to have been relegated to outside consultants, we believe that not only we are inviting potentially catastrophic errors but we are also setting the stage for a very public and ugly rebellion and/or additional losses of key clinical and research faculty.

Recommendations

1. Miller School Faculty Climate and Concerns: The Senate should **by formal resolution** urge the Miller School and its Faculty Council to work together on an urgent basis to address the highly destructive influence of the absence of a collegial environment. It is essential to establish a mechanism by which faculty can systematically be involved and valued in the decision-making processes without fear of reprisal. We also urge that the Senate consider expanding this ad hoc Committee's charge to serve as a liaison with the Council in achieving this goal. We urge the Senate to consider expanding this Committee's role through cooperative efforts with the Miller School of Medicine and University administration to one that monitors performance at Miller so as to include a) receiving from the Miller School's administration a clear view of its structure, lines of authority, and areas of responsibility, b) identifying performance goals for units and administrators, c) establishing a timetable to meet the goals, and d) receiving at least quarterly detailed quantitative progress reports on achieving the goals.

To this end, we suggest that the Senate extend the period of activity of the Committee for three additional years.

2. Patient-Centric Management and the UM Employee as a Patient of the System: We must assume that competition for patients, both those in southern Florida and in the larger national and international markets, is necessary now that UM is in part a health care delivery enterprise. The importance of valuing and serving patients (i.e., having patient-centric management) appears to be practically a truism in the health care business. But the UHealth system is not attracting and maintaining the loyalty, let alone the enthusiasm, of a large portion of our own faculty and staff either as patients or as people who recommend routine services by UHealth to their relatives, friends, and neighbors. Under these circumstances, the likelihood of being successful in our efforts to compete for patients in the larger marketplace is extremely problematic.

To improve significantly, we recommend the following set of specific actions as a start:

a.) Improve the appointment-making system by moving toward what currently exists as the Executive Medicine model. This system should include an online component and means of checking on delays to avoid needless and wasteful trips to the UHealth offices. It should also include a single telephone number in which calls are to be handled without transfer and list of responsible individuals for quick resolution of questions.

b.) We should seek to make our stated goal of coordination of care among multiple providers and services a reality when such coordination is essential both for effective treatment and also for patient comfort and an overall positive experience. Again, a model such as Executive Medicine, or assigned site disease specialists (nurses) or clinical concierges (or a patient and disease-specific mixture of all three) would improve our reputation, competitiveness, and patient satisfaction and probably clinical outcomes as well (by improving patient compliance).

c.) Create one-stop or one-call or online clinical test reporting. Also create a billing dispute resolution system for all employees. These could all be incorporated as initial options in the appointment system so that (to the extent permitted by law) there is a "one phone number" system in place.

d.) Build in a system that solicits regular systematic feedback from employee-patients regarding all aspects of their experiences with UHealth ranging from the ease of appointments to the appearance of facilities to the timeliness and accuracy of bills.

e.) Nobody with a UM parking permit should be required to pay for parking at any UM medical facility. (We note that no patient need pay for parking at Baptist Hospital, for example.)

f.) Until the UHealth System improves dramatically in all of these elements, we urge the Senate to inform the administration that it is highly inadvisable and wholly inappropriate to further modify our medical insurance to incorporate incentives to use UHealth and/or disincentives to go elsewhere.

We recommend that openly discussed and evaluated benchmarks be established for all of these elements of patient care (and any others subsequently adopted) and these benchmarks be among the subjects addressed by this Committee in the future. Every bonus-eligible employee of the UHealth system should have a significant part of that bonus dependent on patient satisfaction measurements generally and UM employee-patient satisfaction specifically

3. Mixed Missions and Clear Financial Explanation to Faculty Who are Not Experts in Finance and Accounting: While we cannot begin to vet the strategic or financial decisions currently being made by the administration based on the information currently available to us, we can and should insist on greater transparency and accountability to the university as a whole and to the Senate in particular. For example, we note that in the last fiscal year a number of executives and administrators apparently became eligible for bonuses on top of compensation packages that were already extraordinarily rich by wider university standards. In some instances, that eligibility seems to have been attained by the slimmest of margins, leading to the question of whether accounting practices and subjective decisions regarding cost allocations might have been manipulated to protect the bonuses of a few at the expense of the many. As we recommend for the patient care benchmarks discussed above, the financial issues, both strategic planning and decision-making processes, should also be among the subjects addressed by this Committee in the future.

In addition, the committee intends to examine the School's table of organization with special attention to the use of various decanal titles and the implications of their proliferation.

The Committee regards this report as just the beginning of a process. We recommend that the Faculty Senate fully involve itself in the critical decisions now being undertaken with respect to the Miller School.