



MEMORANDUM

To: Donna E. Shalala, President

From: Richard L. Williamson *R.L. Williamson / RH.*
Chair, Faculty Senate

Date: January 31, 2013

Subject: Faculty Senate Legislation #2012-21(D) – Second Report and Set of
Recommendations of the Ad Hoc Committee on Medical Issues

At its January 30, 2013 meeting, the Faculty Senate unanimously accepted the second report of the ad hoc committee on medical issues and endorses the recommendations stated within the report. For this reason, the Senate requested the committee to continue its work.

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: General Welfare Committee
From: Ad Hoc Committee on the Miller School of Medicine
Subject: Second Preliminary Report

Jan. 14, 2013

In August 2012, we submitted a preliminary report on the Miller School of Medicine and UHealth System (collectively, the "UM Medical System"). The first report focused on three subjects: the state of faculty morale; specific recommendations for improving the experience of UM faculty and staff as patients of the system; and, the accessibility and transparency of financial reporting. After accepting the report, the Faculty Senate expanded the Committee's charge as follows:

The committee shall examine and report to the Senate its findings and recommendations regarding the following items and the relationships among them:

(a) Miller School of Medicine finances, including revenues, expenditures, and progress toward a resumption of financial health;

(b) plans for and operations of medical facilities serving the public, including the prospects for a major out-patient care facility on the Coral Gables campus;

(c) the performance of UHealth on matters other than the caliber of medicine practiced by our physicians (such as long delays in obtaining appointments; unresponsive or unpleasant practice answering the telephone; crowded, unpleasant waiting rooms; difficulties with referrals and follow-up visits; problems with bills, receiving results of tests, etc.);

(d) the requirements of our own health plans; and

(e) the organization and structure of the School, including the current designation of administrative responsibilities. The committee should also investigate whether changes in the legal form and status of UHealth are desirable.

In investigating these matters, the committee should:

- closely coordinate with the Medical School Council;
- continue to investigate morale at the School. The committee should be particularly alert to evidence of any adverse action taken against an employee who questions the School's administration or expresses opinions contrary to those of the School's leadership;
- determine the extent to which the faculty has meaningful opportunities for input into major changes being considered for the School;
- monitor compliance with the recommendations of the Senate and its committees;
- prepare additional reports as the committee sees fit; and
- notify the Senate of any changes the committee may recommend in this charge.

As a consequence of additional investigation, including meetings with leaders of the UM Medical System and numerous faculty and staff, we have made additional findings. In view of well-known recent developments at the School of Medicine, the Committee has focused its recent efforts on issues related to financial health (category (a) above) and the continuing concerns related to morale and the execution

of the teaching, research and clinical missions of the school. The Committee defers to its next report a substantive discussion of issues related to facilities, legal organization of the UM Medical System, the patient experience, and university employee health plans. These are very important issues that deserve a separate analysis. With regard to the current issues, our findings to date include:

1. Faculty/Staff Morale; Research and Clinical Practice: Morale has continued to deteriorate since our preliminary report. The now well-known petition signed by a substantial number of faculty members demonstrates the seriousness of the loss of confidence in the senior leadership of the medical school. The committee also continues to hear of faculty members who are planning on leaving the medical school as a result of low morale and their loss of confidence in the leadership.

The Committee acknowledges and appreciates the significant recent steps by the university administration to address this issue. The Committee believes the university administration welcomes constructive input, respects dissent, and remains committed to academic freedom. However, we are aware of deep and worsening skepticism among many medical school faculty and staff concerning whether leaders of the medical school share these values. The fear of retribution persists; in fact, committee members have continued to hear serious expressions of concern and fear among medical school faculty even after the announcement of the recent changes. We hope that recently announced changes to the leadership of the medical school are accompanied by meaningful changes to the management culture, and that additional changes in personnel and culture will continue as necessary to ensure elimination of the culture of fear that was identified by the Committee in its preliminary report.

The Committee is also concerned with the support for research and clinical practice. The recent email from the Provost to medical school faculty addressing problems in research operations and support is promising, and we are optimistic that the steps outlined will lead to significant improvements in support for research in the near future. The Committee is also concerned that changes in staff support for the clinical practice have caused a similar potential problem in the administration of clinical services and believes that an analogous initiative should be undertaken with respect to the staffing of clinical support positions.

2. Financial Health: Although interim financial reports show substantial improvement, the Committee remains concerned that these results may not be sustainable. The essence of the concern is that short-term improvements may merely reflect cutbacks and reductions in spending on staffing with the adverse consequences yet to be realized.

In sum, while the committee is hopeful that the recent steps undertaken by the university administration will significantly improve morale and support for research, we remain sufficiently concerned that we recommend that the Faculty Senate and this Committee continue to closely monitor developments at the School of Medicine in these areas. Unfortunately, lasting and positive change in every aspect of the UM medical system is unlikely to occur as long as the medical school faculty fears that criticism will be viewed as an attack that must be squelched. We expect to continue to provide feedback on these issues, as well as to examine practice and patient experience issues more fully in our next report.