LSUHSC SOM Faculty Assembly Meeting Minutes

Meeting held Thursday, October 6, 2016

**Opening:** P. Winsauer called the regular meeting of the LSUHSC SOM faculty to order at 4:01 p.m. in Room 7 on the 6th floor of the Lions Building.

**Present:** Ali, M; Callahan, K; Campeau, L; Crabtree, J; De Silva, T; Delacroix, S; Engel, L; Foster, T; Gardner, J; Greiffenstein, P; Guillory, S; Happel, K; Holman, S; Houser, M; Hunt, J; Kamboj, S; Kapusta, D; Lentz, J; Levitzky, M; Mooney, J; Neumann, D; Prasad, P; Spieler, B; Sturtevant, J; Surcouf, J; Taylor, C, Winsauer, P

**Absent:** Hetzler, L; Kelly, B; Lee, O; Oge, L; Sherman, W;

**Proxies:** Ali, M for Neumann, D; Crabtree, J for Lentz, J; Holman, S for Polite, F; Winsauer, P for McGoey, R

1. **Approval of Minutes from the August:**  L. Campeau put forth a motion to approve the minutes for the September meeting, and this was seconded by M. Levitzky. Motion was approved unanimously.
2. **Invited guest - Dr. Richard DiCarlo**, Assistant Dean, Office of Medical Education, wanted to discuss proposed changes to the senior year curriculum with the Delegates prior to bringing them before the entire faculty for approval and prior to our upcoming LCME site visit.
   1. Aesculapian evaluations of the Critical Concepts course have been good. Additionally, the Secondary Acting Internship has been very well received. However, the students have complained that the requirements are confusing.
   2. Major goals of the senior year curriculum include providing sufficient flexibility, elective time, and a balanced schedule to allow for board preparation, interviews and discipline-specific experiences that keep students competitive when applying for residencies.
   3. Curriculum Steering Committee is, therefore, recommending the following changes:
      1. Remove required Ambulatory and Internal Medicine rotations, which the committee feels are satisfied in other years/ways,
      2. Reduce special topics to one week,
      3. Require 4 electives,
      4. Provide flexibility with up to 4 rotations for independent study, time for board preparation, and interviews,
      5. Increase counseling to help students explore their chosen area of interest and/or gain experiences in other areas that will enhance their overall clinical skill.
   4. Dr. DiCarlo anticipates these changes will be well received by students because it gives them more flexibility.
   5. Proposed changes will be presented at the next general Faculty meeting.
3. **Invited guest – Christian Winters**, CEO of the LSU Healthcare Network, provided an update of the recent activities of the Health Care Network:
   1. A Faculty Group Practice that includes LSUHSC physicians in BR, Laf, and NO, and is a cooperative endeavor between private entities and the State.
   2. HCN reports $84M in revenue annually.
   3. HCN returns $36M to SOM annually ($15M from clinics, $22M from contracts). The clinical enterprise supports the HSC educational mission. As the potential for contract dollars from the hospital partners decreases clinic revenue will become more important.
   4. HCN has done a number of things to evolve in the changing health-care environment, including:
      1. Changed the management scheme, and eliminated the call center, which distanced the patients from the nurses and physicians
      2. Established a prospective budgeting process,
      3. Talked with partners about changes in Medicaid payment schemes (MACRA, MIPS, APMs),
      4. Emphasized the need for the clinical staff to take more of a “Patient centric” approach,
      5. Realigned committee structure around fiduciary responsibility, staff engagement, policy/procedures, quality/safety, and strategy.
   5. HCN is focused on improving patient’s experience as it relates to care and satisfaction.
      1. Dr. Winters stated that according to Press-Ganey scores, the HCN is rated the lowest in many metrics, at the bottom among peers, and patients are not satisfied and view us as a fragmented care system.
      2. HCN implemented a “horizontal integration” approach approximately 6 months ago.
   6. Dr. Winters stated that to focus on patients and improve:
      1. HCN needs to become more integrated with the culture of our school, with an emphasis on clinical care aspects of our mission.
      2. He recommends the development of a “Clinical Track” for academic advancement, and more incentives for MDs to become engaged.
      3. There is a need for more MD engagement, because we cannot innovate while in a survival-mindset.
      4. Inefficiencies need to be eliminated to reduce waste.
      5. Access to our physicians needs to be increased.
   7. Dr. Winters reported that:
      1. The number of visits is up, collections are up (Medicaid & aggressive insurance), and expenses are up
      2. Revenues are flat
   8. Dr. Winters stated that forward progress will require:
      1. Optimal geographic locations that stress primary care and that refer to the subspecialties,
         1. Kamboj, S. concern - not all of the subspecialties are represented at St. Charles; ENT and Dermatology, for example, are not there and patients are not likely to travel to see our physicians.
         2. Dr. Winter – that is a concern, as there is no ENTs currently in network and this is bad for continuity of care; the same is true for Derm, but we are in negotiations with the VA and others.
         3. Prasad, P. also mentioned the need to incorporate some of these same changes at Children’s and to enhance their academic affiliation with the SOM.
      2. Strengthening relationships with clinical partners, particularly LCMC
      3. More MD engagement and strategic development from administration to assist faculty growth.
   9. Dr. Winters discussed space considerations and possibilities for consolidation, including:
      1. Moving some services (e.g., Behavioral Health) from St. Charles to UMOB,
      2. Deciding whether to move out MDs who are only at St. Charles occasionally (42% work ≤ 0.5 days at the clinic),
      3. Considering opening earlier (more 7:00 a.m. appointment slots) on Monday through Thursday, and closing on Fridays for academic pursuits, and
      4. Renegotiating the current lease so that we are not charged for under-utilized or unused space.
   10. Dr. Winters also discussed the possibility of aligning all our cancer services within LCMC to form an Academic Cancer Center, which would require:
       1. Combined management structure for integrated cancer care
       2. Combined board with Service Line Director form all participating facilities, LSU and LCMC-UMC non-UMC appointees
       3. Director for Surgical Oncology, Medical Oncology, Radiology Oncology and SSS, and Clinical Trials.
       4. Hoping to use an NCI consultant.
4. **Reports**
   1. **Executive Committee**
      1. No meeting in September, 2016.
   2. **SOM Administrative Council (M. Ali)**
      1. Dr. Nelson stated that, although not final, we will not receive any budget cuts (this is on top of $75M cut for HSC over past 8 years).
      2. Dr. Hollier has approved moving forward with equity raises and is open to discussing merit-based raises. He will revisit this issue in January/February, 2017.
      3. There is no hiring freeze, if revenues justify the position.
      4. There are no restrictions for travel, but caution is recommended for international travel.
      5. The search for Dr. Letourneau’s successor is ongoing; 3 finalists (2 external, 1 internal). All will be coming for a 2-day visit in the next 2-3 weeks, which will include meeting with faculty and chairs/center directors.
      6. Dr. Moerschbacher is chairing the ongoing search for Vice Chancellor for Finance and Administration.
      7. Test pilings for animal care expansion building will begin in 6 months.
      8. Test pilings have been placed in the T-Lot in preparation for the construction of an auxillary power station that will supply the campus with emergency power and it will have armored living quarters on the top floor for emergency personnel.
      9. $250K in internal funding is available through the Research Enhancement Program for clinical grants, clinical faculty have to be PI.
      10. The ILH renovation, a $36M project, is ranked as the top priority for LSU and Board of Regents.
      11. Scott Delacroix has been selected to serve on the NCI Malignancy Committee.
   3. **Faculty Senate**
      1. Report tabled due to time.
5. **Old Business** – none.
6. **New Business**
   1. All remaining agenda items were tabled because of time.

**Adjournment:** Move to adjourn by K. Happel, seconded by S. Holman; meeting adjourned at 5:20 p.m.

Minutes submitted by Jennifer Lentz.