

Approved Minutes
College of Medicine Faculty Council Meeting
Friday August 26, 2016
12 noon – 1 pm
HEB 100

1. Call to Order by President Dr. Khaled Shahrour 12:08 p.m.
 - 50 people in attendance
2. Approval of the June 24th 2016 minutes
3. Introduction of new Faculty in 8 Departments:

Anesthesia

- Dr. Saebom Lee, M.D.
- Dr. Scott M. Pappada, Ph. D.

Emergency Medicine

- Dr. Michael Abrahams, M.D.
- Dr. Mindy M. Cheng, M.D.
- Dr. Michael L. Guinness, M.D.
- Dr. Mohamad A. Moussa, M.D.

Internal Medicine

- Dr. Annette Collier, M.D.
- Dr. Nicholas G. Horen, M.D.
- Dr. Qaiser Shafiq, M.D., M.Sc
- Dr. Geehan Suleyman, M.D.

Orthopedic Surgery

- Dr. Christopher G. Sanford, M.D.
- Dr. Vithal B. Shendge, M.D.

Pathology

- Dr. Jennifer A. Hipp, M.D., Ph.D.
- Dr. Hongliu Sun, M.D., Ph.D.

Physician Assistant Studies

- Mr. James Judkins, MSBS

Surgery

- Dr. Andrew V. Kriegel, M.D.
- Dr. Stephanie M. Pannell, M.D.
- Dr. Michael J. Cohen, D.D.S. (Dentistry)

Radiation Oncology

- Dr. Siddarth A. Saraiya, M.D.

Urology

- Dr. Puneet Sindhvani, M.D., M.S.

4. Chairman Introduction: **Dr. Puneet Sindhvani**, Department of Urology & Renal Transplantation, Kenneth A. Kropp Endowed Professor of Urology, University of Toledo College of Medicine.

Dr. Sindhvani shared his vision for the Department and introduced a number of goals he plans to implement over the next 12-24 months.

1. Male Infertility/Andrology Clinic
2. Reproductive Endocrinology/IVF Program
3. Integration of the OB/GYN infertility residency training requirement at UTMC via our services at both UTMC and with the ProMedica Affiliation.
4. Hiring a new IVF/Andrology Director
5. Identify a site for the new Clinic/Center
6. Development of the Pediatric Kidney Transplantation w/ the ProMedica Affiliation
7. Develop a program for minimally invasive prostate cancer treatment with ultrasound
8. Program for in office minimally invasive treatment of BPH under local anesthesia

5. **Dr. Christopher Cooper:** (see attached flow chart on new administrative structure)

Commented on the Mission of the College of Medicine including:

- 1) Research: New Grants including Marthe Howard, Josh Park, Eddie Sanchez and Mark Wooten.
- 2) Education: Curriculum Committee working hard and receiving great feedback from students on the lectures to date.
- 3) Patient Care: Practice plan increased revenue of 9.2%

Discussed the new organization chart, the Associate Dean of Research position and the responsibilities of the new Associate and Assistant Deans (see attachment).

6. **Mr. Bryan Pyles:** Report of the Compensation Committee

Discussed the Compensation Committee outcomes (see attached recommendations from the committee and ECG Management Consultant Group.)

Summaries of the 4 meetings with the compensation committee were addressed which include:

Assessment, Principals, Modeling and Performance Gaps.

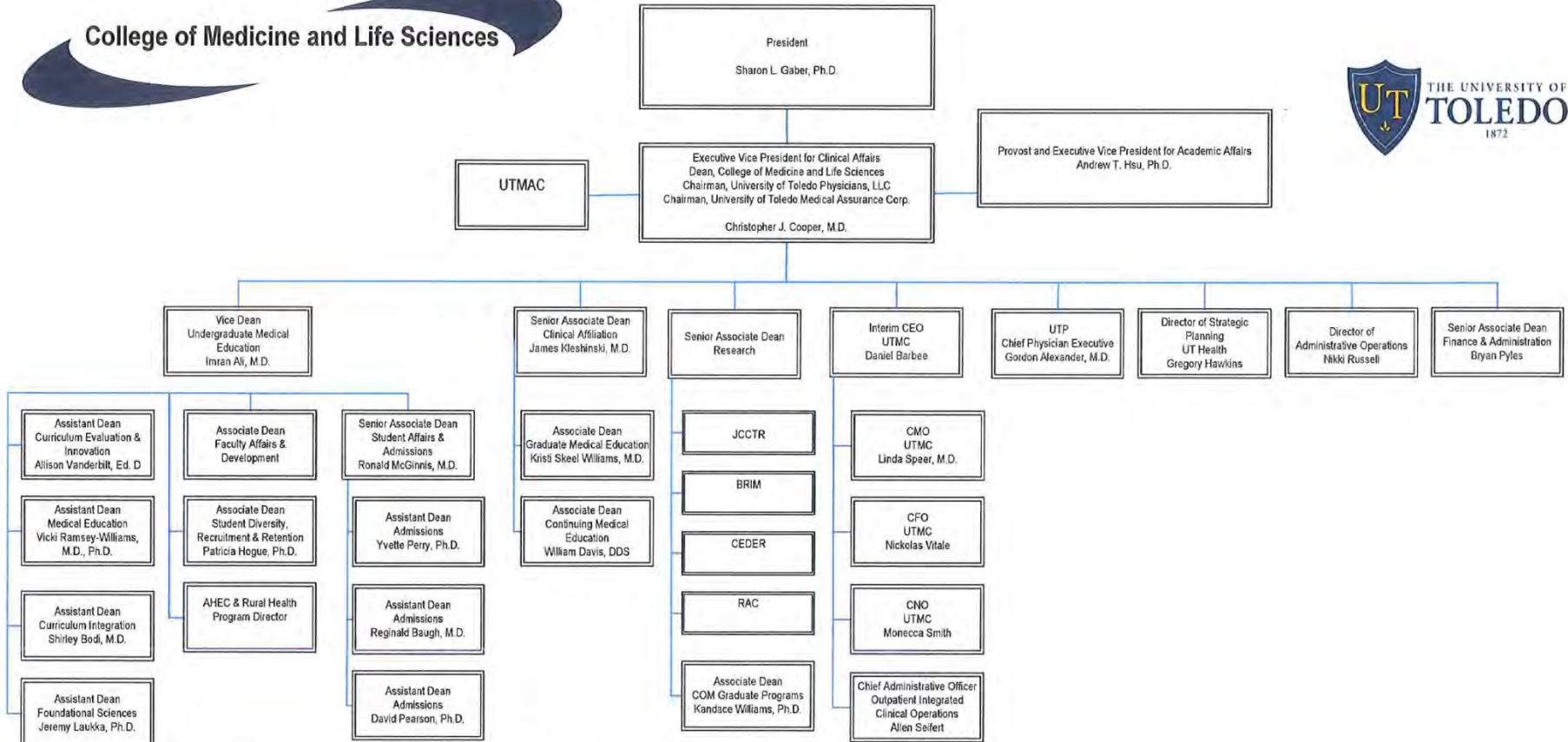
The next meeting with the ECG group will include an open meeting with COM Faculty.

7. Old Business

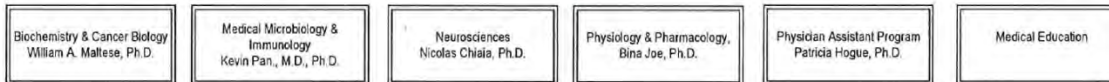
Next COM Council Meeting is October 28th, 2016 at noon in HEB 103

8. New Business

9. Adjourn: 1:05 p.m.

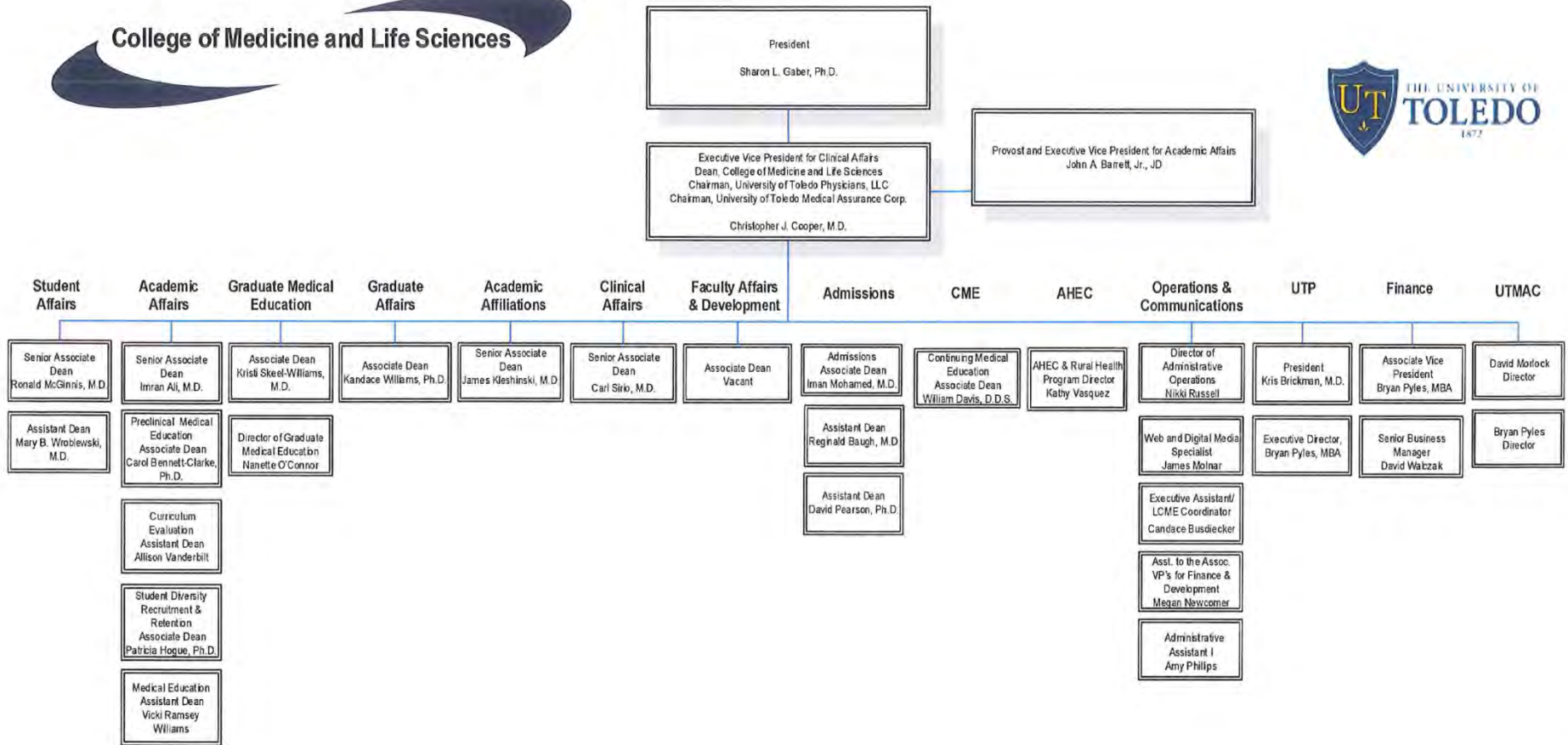


PreClinical and Basic Science Department Chairs reporting to Christopher Cooper, M.D.

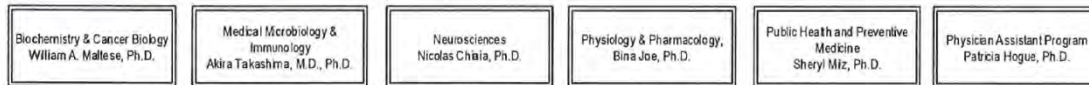


Clinical Science Department Chairs reporting to Christopher Cooper, M.D.

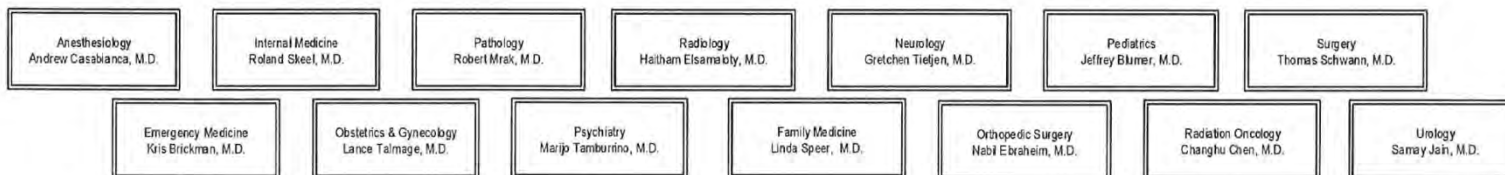




Basic Science Department Chairpersons reporting to Christopher Cooper, M.D.



Clinical Science Department Chairpersons reporting to Christopher Cooper, M.D.



I. Review

Compensation Philosophy and Principles

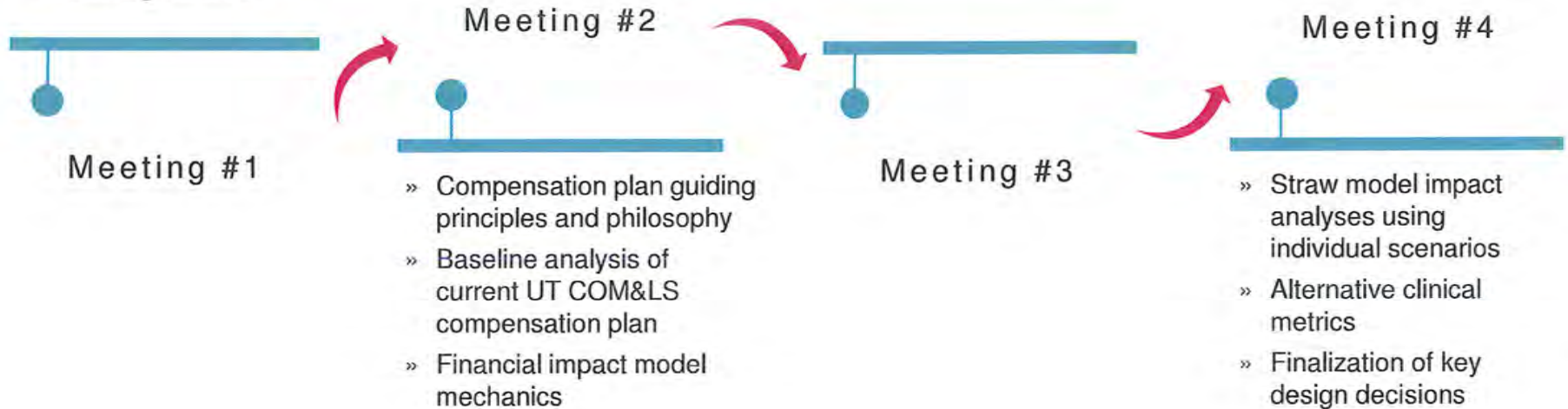
At our last meeting, we discussed guiding principles and goals. Below are revised statements based on that discussion.

UT COM&LS compensation plans will:	Implications
Align compensation with organizational priorities.	<ul style="list-style-type: none">» Result in economically sustainable aggregate compensation levels.» Link faculty compensation to individual, department, and organizational performance and identified metrics.» Reward performance contributing to high-quality, patient-centered care.
Emphasize teaching excellence.	<ul style="list-style-type: none">» Drive learner satisfaction and success through excellence in education.
Recognize distinctive research performance.	<ul style="list-style-type: none">» Increase externally funded research to advance the human condition.
Provide fair market value compensation levels.	<ul style="list-style-type: none">» Attract and retain outstanding, productive, and highly desired faculty members who advance all missions of the institution.» Inform compensation levels with market benchmark sources.
Increase consistency across enterprise.	<ul style="list-style-type: none">» Ensure equitable and performance-driven compensation across departments while accommodating major department/division differences.» Minimize intra-organizational competition.» Facilitate a team mentality and department cohesion.
Be transparent and relatively simple.	<ul style="list-style-type: none">» Develop a straightforward method for defining clinical and nonclinical FTEs.» Improve enterprise-wide understanding of the compensation framework through measurable, transparent, and equitable clinical and nonclinical incentive methodologies.» Encourage a culture of faculty loyalty and organizational trust.

Project Update

Steering Committee Meeting Summary

- » Overview and assessment of current and proposed UT COM&LS compensation arrangements
- » Key plan considerations and design criteria



Project Update

Plan Assessment

The UT COM&LS compensation plan is well aligned with contemporary plans. However, as value-based reimbursement continues to evolve, the plan will need to be updated accordingly.

Contemporary Compensation Plan Characteristics	UT COM&LS Plan	Discussion
Define an overarching compensation philosophy and principles and align compensation with organizational priorities.	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> » The committee has developed a list of guiding principles (refer to APPENDIX A). » Principles are based on the UT COM Organizational Imperatives.
Include performance-based components and provide a consistent methodology for rewarding performance across mission/funding categories.	<input type="checkbox"/>	<ul style="list-style-type: none"> » 25% of UT and UTP salary is variable and contingent on meeting certain performance targets. » Performance targets: <ul style="list-style-type: none"> › Span all mission activities. › Will need to be further defined for clinical departments in which WRVUs aren't a good measure.
Utilize comparator data to inform decisions about market rate compensation and faculty performance targets.	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> » Proposed plan utilizes historical data to inform decisions. » Incorporating comparator data would begin to correct existing compensation and performance misalignment.
Include a methodology for appraising faculty efforts and targeting total compensation (e.g., economics, market comparisons).	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> » Department economics is the primary driver of compensation. » There is some funds flow to help support structurally underfunded departments. » A detailed methodology for tracking faculty deployment has recently been developed.
Recognize differences across specialty types.	<input type="checkbox"/>	<ul style="list-style-type: none"> » UT COM&LS prefers a standard compensation plan across all departments to simplify administration.

Project Update

Plan Assessment *(continued)*

Contemporary Compensation Plan Characteristics

Acknowledge changing reimbursement reality from fee-for-service (FFS) to value.

Employ a more progressive payment structure that segments compensation elements from the traditional structures (i.e., clinical, administrative, research, teaching, and strategic) and attempts to create a clear line of sight between physician deployment, funding allocations, and compensation distribution mechanisms.

Encourage financial stewardship among faculty members/physicians, incentivizing expense management and budget performance.

Match compensation to the current state of contracting, such that incentive elements mirror reimbursement contracting phases and financial risk that the organization assumes over time.

UT COM&LS Plan



Discussion

- » UT COM&LS contracts are primarily still FFS, but the plan is adaptable to future changes in reimbursement.
- » Variable performance metrics include aspects of quality and patient satisfaction.

- » Proposed plan segments compensation between clinical, administrative, research, and teaching activities.
- » Those segments include some level of performance-based compensation or incentive.
- » Opportunity exists to further define what constitutes baseline expectations versus exceptional faculty performance.

Proposed plan does not include expense management or budget performance in relation to a physician's level of compensation.

- » UT COM&LS contracts are primarily FFS, which the proposed plan reflects.
- » The plan will need to be updated to align with risk-based contracts in the future.

Project Update

Modeling Overview

ECG prepared three models to understand current and proposed compensation plan mechanics and outcomes.

- » Determined the degree of alignment between compensation and performance
- » Analyzed the consistency in base salary levels for clinical and nonclinical faculty
- » Evaluated the distribution of total compensation across UT, UTP, administrative stipend, and bonus components

Baseline Assessment



- » Modeled impact of proposed specification plan
- » Introduced market-based scenarios using comparator data
- » Analyzed the impact of adjusting fixed and variable compensation components

Impact Analysis



- » Incorporated additional performance metrics in modeling scenarios
- » Analyzed impact of changing key plan variables at the individual level for the following specialties:
 - › Primary care
 - › Medical or office-based specialty
 - › Coverage-based specialty
 - › Surgical or procedural-based specialty
 - › Basic science researcher

Straw Model Scenarios



Project Update

Steering Committee Recommendations

- ✓ New compensation plan should be performance-based and acknowledge faculty efforts across all mission categories.
- ✓ Clinical performance metrics need to expand beyond WRVUs for some departments.
- ✓ There is a need to focus on higher levels of performance in order to sustain targeted compensation levels.
- ✓ Clinically focused faculty should be required to cover UT salary stipend through nonclinical work or a reduction in UTP compensation.
- ✓ Funded research is the most appropriate performance metric for research faculty.
- ✓ The specified education metrics are consistent with best practices, but a better system is needed to track performance across departments.
- ✓ Compensation should be capped to adhere to fair market value regulatory guidelines.
- ✓ Variable compensation components should incorporate both upside benefit and downside risk.