

Faculty Senate Central Academic Offices Review—Office of the Vice President for Medical Affairs

Introduction

The University of Iowa Faculty Senate is charged to review each of the central academic offices and officials at least once every seven years, in collaboration with the Office of the President. These reviews are an important component of shared governance on our campus. This report summarizes the review of the Office of the Vice President for Medical Affairs. The review focuses on how the Iowa health system (“Iowa Health Care”) promotes research, practices, and teaching throughout the university. The review process examined the strategic goals of the Office of the Vice President for Medical Affairs: funding streams to support the academic and clinical service mission; the advancement of diversity, equity, and inclusion, and the health system’s facilitation of collaboration across the university.

Faculty

The number of faculty reporting to the Office of the Vice President for Medical Affairs is the largest of any academic unit at the University of Iowa. As a result, medical faculty play an enormous role in shaping the direction of research, teaching, and clinical practice as it is defined at the UI. The integration of the health system and the Carver College of Medicine (CCOM) under a single administrative office is designed in part to strengthen the influence of faculty in making strategic decisions, but it is unclear whether or not this potential has been realized. In addition, the merging of the VPMA and Dean positions allows for the academic mission of the college to be seen as essential to the success of the entire unit. The continued integration of these two entities is a key metric by which the progress of the Office VPMA will be evaluated over time. Among the most significant questions is whether or not the dual structure has rendered communication with faculty more transparent or more challenging.

As is the case at most academic institutions that support a health care enterprise and a College of Medicine, the composition of the faculty is evolving. At Iowa and nationally, the number of physician scientists, the vast majority of whom are Tenure Track faculty and thereby contribute greatly to the research mission of the unit, is in decline. Conversely, CCOM has seen explosive growth in the number of Clinical Track faculty. At the UI, the increase in Clinical Track faculty in the College of Medicine and across the health sciences in general, mirrors the significant rise in the number of Instructional Track faculty in Colleges such as Liberal Arts & Sciences, Engineering, and the Tippie College of Business. With respect to shared governance, a major challenge at the collegiate and university level will center on how to incorporate the voices, interests, and perspectives of Clinical and Instructional Track faculty into the decision-making processes of their respective administrative units.

In CCOM, larger numbers of Clinical Track faculty have led to greater profitability in the health system's practice plan. With respect to hiring, while clinical and research needs are not mutually exclusive, a balance should be struck between these criteria when recruiting physicians. Retention is a major issue, especially as it concerns tenure-track faculty. Because a huge administrative effort goes into hiring, enhanced commitment to keep faculty at Iowa would be welcome. Morale is at times tenuous because physician scientists in particular face increased pressure to apply for grant support while using their practice to cover overhead costs. Though overall conditions are supportive, some suggestions to improve morale include creating smaller groups to make decisions and clarify the direction in which the college is headed. In addition, increased resources and institutional support for junior researchers in applying for Career Development awards such as NIH K Awards would be welcome, as would enhanced mentoring programs within CCOM. More attention should also be paid to monitoring equity in terms of pay, promotion, and committee assignments/chairing to encourage broader participation in shared governance and to groom future leadership. The Office of the VPMA is urged to increase its commitment to bilateral communication to address these issues while demonstrating visible support for, and investment in, academic programs. We believe that Office of the VPMA should be encouraged and supported in its efforts to expand academic and research opportunities within the constraints of available resources, even as the ranks of clinicians grow at a faster pace.

Finance and Infrastructure

The budgetary condition of both UIHC and the College of Medicine is stable and finances within the Office of the VPMA are well-managed. At the same time, it is important to underscore to constituencies both within and beyond the University of Iowa that while the amount of gross income might appear to be impressive, the related costs, market volatilities, and financial risks associated with running such a large operation are enormous. The financial circumstances between the medical college and UIHC are closely intertwined, with the CCOM receiving 90% of its revenues from clinical operations, mostly in the form of professional fees. The major financial challenge these units face comes from the payor mix. Currently, UIHC is taking on a growing number of Medicaid and Medicare patients, where the reimbursement rates are low. It is also responsible for the medical needs of the state's prison population, as well as other indigent groups. This burden is increasing, and a difficult and honest look at the cost of satisfying statewide unfunded or underfunded clinical service expectations should be conducted. Among private insurance companies, Wellmark Blue Cross Blue Shield has a dominant (if not almost exclusive) market share within the state, and it pays less compared to its counterparts in other states. Absent new legislation that would render the insurance market within the state more competitive, the status quo will remain.

Moving forward, maintaining and growing the share of commercially insured patients will be crucial to the financial well-being of the health system. Iowa River Landing, the new Ambulatory Care Center, as well as recently opened community clinics provide examples of new

service outlets that have proven to be more efficient and more profitable. They could serve as models to be expanded. UIHC's primary care strategy has evolved, and part of the health system's future growth should be focused on this area as well as subspecialty areas that are usually associated with academic health centers. Growth rates ranging from 5-10% per year in primary care, cancer, gerontology, immunology, and cardiovascular treatment could enhance the financial outlook for the medical operation. Such growth entails not just getting bigger, but ensuring that the health system is seen as the preferred provider for a variety of constituents.

The university's new Children's Hospital has been operating well, but a few years ago, cost overruns and other issues related to the opening of the hospital caused the health system's bond rating to dip because of shortfalls in overall cash on hand. As a result, UI Physicians was called in to provide \$100 million to bring reserves back to the level needed to maintain high standing with Moody's. The matter was resolved, but some questions linger about reimbursement to the departments. Outside of some unfortunate problems with new construction management, UIHC does an excellent job of managing its resources. In terms of possible expansion, there has been some discussion concerning partnerships with Unity Point Health and Mercy Medical Center, but any immediate action in this realm is unlikely. Besides opening new care centers (which themselves require substantial capital expenditure and debt service), there is little the health system can do to adjust other than continue finding internal efficiencies. Some of these have included the centralization of key processes, such as clinical service coding, which may enhance efficiency and reinforce consistency in standards. Similarly, the Office of Legal Affairs in the College of Medicine is quite (if not dangerously) small given the enormity of the operation. In light of its overall budgetary circumstance, the Office of the VPMA has done an excellent job of managing its cost structure to live in a low-reimbursement environment.

The issue of indirect cost recovery (ICR or F&A—facilities and administrative costs) was raised repeatedly throughout the review process. The disbursement formula for ICR is a major issue not just at Iowa but all institutions of higher learning. Recently, the Provost's Office empaneled a university-wide committee of researchers to examine the matter, and the report could be useful in studying the problem as it relates to the Office of the VPMA. At many research-intensive public universities, the medical school/academic health center generates much of the extramural competitive research funding. At Iowa, the greater portion of this funding comes from the NIH. Institutions often depend on ICR to support campus infrastructure, including areas that may not clearly fit the intended uses. In an ideal situation, indirect cost recovery from research grants would be reinvested close to the sources that generated them, so that the research base can expand. A quandary presents itself, however, since moving from a more campus-wide distribution of F&A to one that largely recognizes the units that bring in the funds to begin with could destabilize the disciplines with no other sources of support. One solution is to consider a financial incentive model that would not affect the current flow of ICR funding, but would provide a greater proportional return to CCOM of the net increases in F&A that the College generates from NIH sources. These marginal increases could then be reinvested in CCOM, thereby promoting further growth in NIH support for research.

Issues regarding finances are crucial because the UIHC is dealing with a number of aging buildings that either need to be renovated or replaced. The classic scenario where the costs of maintaining an existing building outstrip those of constructing a new one is highly relevant in this case. The General Hospital is a prime example of the plant and equipment challenges facing the health system. This facility is among the oldest on campus and does not have the capacity to see and treat large numbers of patients without substantial and costly infrastructural changes. There have been some conversations around decommissioning the General Hospital, as well as Boyd Tower and the South Wing, though no plans have been decided upon. Many of the buildings constituting the Carver College of Medicine itself are close to needing renovations as well. Capital planning has become a priority, as many of the investments in medical infrastructure are needed to meet regulatory requirements. Within the next ten-to-fifteen years, it is estimated that another hospital building or critical care tower will need to be erected. The construction of an additional care center in North Liberty is also under consideration. Census numbers are very high, as current facilities operate at a capacity of 96-97%. Although UIHC keeps adding beds to deal with increased patient need, longer-term investment in additional buildings is essential. Within the profession, trends are moving away from centrally located acute care at the academic health center, as these needs will be increasingly managed more by telehealth, mobile health, and in-home options. Consequently, more of the very seriously ill will come to UIHC in the future, which will necessitate the building of a critical care tower to oversee treatment of these patients. There has been discussion of reappropriating the buildings/land now occupied by the Field House, Westlawn (Student Health), and the Hardin Library for the Health Sciences, but no definitive decision has been made in that regard.

With respect to funding streams for new facilities, multiple possibilities exist. Private partnerships and P3s are an option, contingent upon assurance from the legislature that the university and the health system would not be defunded by the dollar amounts these partnerships generate. Given that interest rates are low and will remain so for the foreseeable future, UIHC, in conjunction with the Board of Regents is exploring ways to issue bonds that ensure growth without saddling the system with unmanageable debt. Some academic institutions are even issuing 100-year bonds, given the current low cost of borrowing. The establishment of an advisory investment board is under consideration as the health system projects its long-term needs. The capital management and facilities planning team is looking to embed procedures of evaluation and approval that will systematize the master planning process within the Office of the VPMA. The aim of such regularization is to develop more precise delivery models based on strategic planning and goals.

Diversity, Equity, and Inclusion

Enhancing and promoting DEI is a chief priority of the Office of the VPMA. A new Associate Dean for Diversity, Equity and Inclusion was recently hired, and the office she runs

consists of a Director for DEI, a Program and Operations Coordinator, an Administrative Services Coordinator for the Summer Health Professionals Program and Community Outreach, as well as a Director of Educational Outreach. The Liaison Committee on Medical Education (LCME), i.e., the accrediting body for educational programs in most medical schools across the United States, requires strong pipeline programs for underrepresented and first-generation students both in high schools and undergraduate programs. The departure of the previous Associate Dean for DEI Director in CCOM led to intensified activity around diversity issues. CCOM has made consistent efforts to recruit not only diverse students, but diverse residents and faculty. With respect to student recruitment, the College of Medicine has been assisted by a sizable grant from the Robert Wood Johnson Foundation, with RWJF now sponsoring its fourth cohort at the UI. The Associate Dean does much of the recruiting herself, normally attending multiple national conferences per year for this purpose. CCOM's DEI Office also sponsors faculty travel for the purposes of student recruitment. The Associate Dean and CCOM's Director of Admissions communicate frequently, with the Admissions Director speaking regularly at CCOM's Diversity Day. In addition, DEOs and Division chiefs are enlisted in helping recruit medical students from underserved populations, as they lend disciplinary expertise as well as knowledge regarding unit culture. On a larger level, the Associate Dean's efforts would be enhanced by more DEI training of CCOM faculty, and by closer interaction with the University's Associate Vice President for Diversity, Equity, and Inclusion. More concerted efforts to recruit, retain diverse faculty and promote them to positions of leadership should also be prioritized.

DEI efforts in CCOM are substantially data-driven, but the data do not fully capture the complexity of the issues facing the College. Certain metrics focus attention on outcomes when equal attention should be paid to process. One example concerns MCAT scores. By setting a firm floor for acceptable MCAT scores, the school may unintentionally limit its ability to enroll otherwise talented underrepresented in medicine (URM) candidates and first generation students due to their limited access to MCAT test preparation services, and other unequitable challenges. CCOM has done a solid job of recruiting medical students from rural backgrounds, and should apply similar efforts to bring in a similar proportion of URM first year students. The Associate Dean's Office is responsible for implicit bias and anti-harassment training for faculty and residents, and these programs have been successful and could be expanded. Along these lines, there has been the development of a toolkit to ensure respectful treatment by residents and other clinical staff when dealing with patients. The toolkit relates not only to URM populations but also to the LGBTQ+ community. Within the College, an LGBTQ+ council is being developed to study and discuss priorities for this population. On a more general level, a DEI climate survey was conducted, but it received minimal response. A sustained effort to increase the response rate for future surveys is crucial if the unit is to move forward with its DEI strategy. Among the items that did stand out in the response data was the low score received for questions related to "a sense of belonging." Developing a sense of community is crucial not just to recruit and retain diverse faculty, students, and staff, but to underscore that the clinical and research mission reaches out to all segments of Iowa's population. Within CCOM, providing for the needs

involving work/family balance, i.e., opening more lactation stations, increased child care, and additional mental health counseling, would enhance the sense of belonging, as would celebrating the accomplishments of women and URM faculty in venues such as the Wall of Scholarship. More dedicated efforts in the selection of key awards are both beneficial and necessary. Time to promotion is another issue that merits further attention given the increase in both professional and domestic responsibilities for faculty.

Medical Education

The Office for Consultation and Research in Medical Education is a major asset for the Office of the VPMA, but this resource is underdeveloped. Compared to research, attention to teaching and education is lagging. There is potential to make a large difference in the field of medical education with a small amount of investment, but there must first be an interest in coordinating a college-wide effort to promote teaching. A promising recent development included the Office of the VPMA making available otherwise cost-prohibitive USMLE (United States Medical Licensing Examination) materials to help medical students pass licensure exams. In addition, the Office for Consultation and Research in Medical Education received an AAMC (American Association of Medical Colleges)-CDC grant to train physicians in leadership skills. The work associated with the grant involves simulations, role-playing and interpersonal education. Other Big 10 institutions such as Michigan and Wisconsin have a long history of supporting the teaching mission of their medical colleges. UW-Madison, for example, hired a specialist in interprofessional education across the health disciplines, and has distinguished itself in this capacity as a result. Collaborations with the UI College of Education also present opportunities in this realm. Given the outstanding personnel in the UI College of Medicine, the return on investment for providing additional support to medical education would far outweigh the costs.

Conclusion and Recommendations

The UI health system has achieved a remarkable level of integration, and is making dramatic progress in reversing downward trends in several key mission metrics, with increased NIH funding and research rankings being the most prominent indicators. The health system has engaged, thoughtful faculty and administrators who are committed to the overall excellence of the organization. The following recommendations are intended to reinforce what is already a strong and effective operation on campus.

1. Maintain the focus on research and faculty productivity as it relates to scholarship and the academic mission of the College of Medicine

2. Develop a long-term strategy to balance the hiring of Tenure Track and Clinical Track faculty that advances the research mission of the health operation while ensuring the needs of the practice plan
3. Involve Clinical Track faculty more directly in the shared governance mechanism of CCOM
4. In the face of chronic financial challenges, enhance clinical practice in areas such as cardiovascular, cancer treatment, and immunology
5. Create an incentive model that would provide a greater proportional return to CCOM of the net increases in ICR that the College generates from NIH and other sources
6. Seriously consider decommissioning older buildings while exploring new forms of financing in order to build a new critical care tower in the near future
7. Advance telehealth, mobile health, and in-home options in order to help contain costs while enhancing outreach and access
8. Reassess current criteria for MCAT scores in the admissions process
9. Enhance efforts to promote the accomplishments of women and faculty of color; provide services that support these faculty
10. Hire at least two additional attorneys in the Legal Affairs Office

Supplement to the Review of the Office of the Vice President for Medical Affairs: The Response to COVID-19 and Social Unrest on Campus

The supplement is based on replies to a query from the review committee to summarize both the VPMA's response and that of the health system to these major events, both of which occurred subsequent to the review but before the draft report was finished. Those queried were the VPMA himself, the DEO of the Department Internal Medicine, the DEO of the Department of Surgery, and the Associate Dean for Diversity, Equity, and Inclusion.

University of Iowa Hospitals and Clinics and Carver College of Medicine Response to COVID-19

The rapidly evolving situation that began last spring required many decisions that impacted patient care, faculty, and staff. Senior leadership maintained broad institutional awareness about the pace of the pandemic and the response of the institution to this unprecedented crisis. Communication emphasized not only infection and hospitalization rates, but also information regarding the financial impact of the pandemic, reductions in compensation, redeployment of staff, reorganization of clinical services and modification of the medical student curriculum. UIHC deserves to be commended for its participation in clinical vaccine trials and

for its thoughtful rollout of vaccine distribution to the frontline staff at UIHC and ultimately to the eligible population of Johnson County.

The list below provides highlights of the health system's COVID response:

- Hospital epidemiologists began monitoring the coronavirus for weeks prior to the first patient admission at UI Hospitals & Clinics
- A telemedicine program as well as a special influenza-like illness (ILI) clinic for patients suspected of having COVID-19
- Seven-days-a-week access to coronavirus testing through the ILI clinic that delivered results within six hours on average—one of the best turnaround times in the country
- Implementation and promotion of safe practices—social distancing, personal protective equipment, policies limiting visitors to facilities, remote working and learning, and other steps to slow the spread of the virus
- A Home Treatment Team that follows higher-risk patients at home in order to monitor progression and prevent hospitalization
- COVID-19 treatments such as convalescent plasma, remdesivir, and monoclonal antibody infusions
- Participation in clinical trials for the Pfizer-BioNTech and Novavax COVID-19 vaccines
- Establishment of a special clinic to treat patients following an infection of Covid-19 and study the long-term effects of the virus

Health System Response to Social Unrest of the Past Year

In June 2020, UI Health Care faculty and staff gathered on the health care campus and at other locations for a national “White Coats for Black Lives” event to protest police brutality and discrimination which has disproportionately affected African-Americans, and to demonstrate a commitment to DEI principles. UI Health Care leadership also hosted a series of listening posts for underrepresented faculty, staff and students to hear about their experiences working and learning at Iowa. The listening sessions involved students, staff, faculty, and trainees who spoke about the challenges they face because of their identity at UI Health Care. The resulting discussions sparked efforts to strengthen UI Health Care as a place to learn and work for people of all backgrounds and identities. Upon creation of a task force charged with assessing inequity throughout UIHC and CCOM, three subcommittees were then established with the goal of creating plans to improve diversity, inclusion, and health disparities throughout the organization. These subcommittees were co-chaired by the system's most senior leadership, including the Executive Dean, the CEO of UIHC, as well as the Executive Director of UI Physicians. Senior leadership is committed to taking principled stands in the face of the political and social volatility surrounding these issues.

Future Focus—Statement from the Office of the VPMA

The ability of our academic medical center to continue to perform at very high levels under the tremendously challenging conditions of the pandemic has been remarkable. Looking forward, UI Health Care's continued success is predicated on growth, especially in the research and patient care areas. A few highlights:

- Research faculty have achieved a 24.2% year-over-year increase in total grant awards year to date through January, amounting to more than \$153 million. Eleven of our departments rose in the 2020 Blue Ridge Rankings, which measures National Institutes of Health (or NIH) funding levels. Overall, Carver College of Medicine also jumped a couple of spots from 43rd in 2019 to 41st in 2020, when our faculty were awarded nearly \$150M in grants.
- For the first six months of fiscal year 2021, the organization is running a preliminary 4.7% operating margin for the hospital and 5% for the practice plan. CARES Act support and temporary compensation cuts for faculty and staff contributed to these percentages. We anticipate steady positive margins moving forward, which will allow us to invest more in research, education, and our facilities.
- UI Health Care is pursuing a Certificate of Need application for a proposed second academic medical center campus in North Liberty that will expand capacity in ambulatory, inpatient, and surgical care; boost clinical education and research capabilities; and create a patient-friendly care experience. Although the State Health Facility Council denied our initial application (Feb. 2021) in the face of fervent opposition by community hospitals, this outcome was not unexpected. UI Health Care plans to appeal the decision later in 2021 in order to make good on its commitment to meet the health care needs of all Iowans.

'Unprecedented' doesn't begin to describe what UI Health Care experienced over this past year, and we will continue to face challenges in 2021, but we have extraordinary faculty, staff and students who are deeply dedicated and have performed at extraordinary levels. We remain confident that we will continue to find ways to work together to advance our health system and the greater university while serving the best interests of our patients and our communities.

Respectfully submitted,

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