

## Minutes of the McGovern Medical School Faculty Senate

Thursday, July 18, 2019 4:30 p.m.  
MSB 2.103 & LBJ UT Annex 217 Auditoriums

**Dr. Carlin brought the meeting to order at 4:34 p.m.**

### **ELECTIONS**

**Senate Officers.** The nomination period for Senate Officers ended on July 12, 2019. Nominees included Dr. Catherine Ambrose for Chair-Elect and Dr. Zi Yang Jiang for Secretary-Elect; both were unopposed so they are elected by acclamation.

**IFC Representatives.** This year we have 7 spots to fill. Current nominees include Meenakshi Bhattacharjee, Nachum Dafny, Joseph Alcorn, Bethany Williams, Elaheh Ashtari, and Donald Molony. Nominees please submit photo, department, title, and clinical/non-clinical status to Dr. Carlin. The nomination period will end on August 16, 2019.

### **ANNUAL REPORTS**

**Graduate Medical Education (GME) Committee.** Dr. Uthman described the demographic characteristics of the 1,072 MMS residents and fellows. Of the 75 ACGME accredited programs, 24 are residency programs and 51 are fellowship programs. Fifty additional fellowship programs are Texas Medical Board approved, while 12 others are accredited through other agencies. Funding sources for residency and fellowship programs are varied, with the majority of funding received from Memorial Hermann Hospital-TMC, Harris Health, MD Anderson, and MMS Departments. For the award year 2018-2019, the GME Expansion Grant was renewed and funding increased for most programs. The activities and initiatives of GME for the past fiscal year included the transition of residents and fellows to UTHealth employment, the initiation of resident wellness programs, and presentations at GME Committee meetings. GME wellness initiatives included enhanced services for residents and fellows through EAP, wellness toolkits for programs, house staff association meetings, reimbursement for cab/Uber/Lyft for residents and fellows too tired to drive home, MyWellbeingIndex.org, and the Art in Medicine Program. Site visits were completed for several programs, including radiology and its subspecialties, neonatal perinatal medicine, and epilepsy. Planned initiatives for fiscal year 2019-2020 include implementation of new ACGME requirements, particularly in the areas of diversity and faculty development, identification of common program issues, and continued work on the learning environment.

### **REGULAR REPORTS**

**Faculty Affairs.** Dr. Morano provided an update on the physician faculty burnout and resilience initiative at MMS since the launch of the initiative by the UT System in 2016. According to the UTHealth InterFaculty Council burnout survey, approximately 40% of MMS faculty experience burnout symptoms. The MMS Burnout & Resilience Task Force established in 2018 offered several recommendations to improve faculty resilience, including improved faculty recognition and advancement, improved Faculty Assistance Program awareness and offerings, creation of a school/university faculty ombuds office, and departmental leadership positions focused on wellness (currently being piloted in several departments). Solutions to enhance clinical

operations were also recommended, including improved EHR management and creation of Provider Advisory Committees (PAC)/SuperPAC as a conduit for considering operational issues and efficiency suggestions and addressing this with departmental and MMS leadership. Starting September 1, 2019, the Office of the Academic Ombuds (OAO) will be open to all UTHealth faculty, medical students, medical graduates, and postdoctoral fellows. The OAO will provide a confidential, informal, independent, and neutral place to discuss concerns, resolve disputes, manage conflicts, and increase skills regarding communication, negotiation and problem solving. Robin Dickey, PhD, is the academic ombuds. The OAO will be located in the University Center Tower (UCT) in suite 165-A. The email address for the office is [ombuds@uth.tmc.edu](mailto:ombuds@uth.tmc.edu). The campus phone and private ombuds line will be announced at a later date. In line with UT System policy, UTHealth has incorporated a non-tenure Instruction track that allows for promotion at the ranks of assistant professor, associate professor, and professor for instructors engaged in scholarly activity. This will be a third non-tenure track, adding to the existing non-tenure clinical and research tracks.

#### Questions/Comments

*A barrier to utilization of the ombuds may be the location of the OAO. Will provision of services be by appointment only or also walk-in? Will services also be available at the MSB?* The OAO will serve a broad population spread across the campus. The UCT is a central location. The ombuds will travel to meet faculty, fellows, and students/graduates and also be available by phone. Additional resources will be allotted for more services if OAO services are heavily utilized. Dr. Dickey will visit with various MMS groups.

*The PAC is important. Individuals have brought myriad concerns to the leadership over the years without change. A barrier may be limited resources. Is the leadership aware and ready to potentially provide additional resources?* Yes, but they need to see good business models, increased productivity, and revenue neutrality or gains with the provision of additional resources. The timeline for establishing PACs is unknown at this time.

*Clinical practice is often hindered by clinical practice guidelines. PACs would be the conduit for addressing this.*

*Will those on the non-tenure Instruction track have the option of switching to a tenure track?* Not on the Instruction or Education-only track. The instructor would have to change to the Clinician-Educator or Scientist Educator track.

**Approval of Minutes.** A quorum was present at 5:17 pm, and the minutes from June 2019 were approved unanimously.

#### **NEW BUSINESS**

**Epic Implementation.** Mr. Amar Yousif provided an update on the upcoming implementation of Epic. The Board of Regents approved the adoption of Epic. It is early in the project; so the information provided at the meeting may change over time. Licensing and hosting contracts are expected to be finalized in September. It is estimated to take 18-24 months for the first group of physicians to go-live with the new product, as it will take time to put a governance structure in place, determine how best to configure current clinic workflow into Epic modules, and adequately train users. Consultants and other partners with considerable experience implementing Epic will be relied on heavily throughout each phase of the project. The first RFP has already been awarded to Impact Advisors, which will provide the strategic direction of the Epic implementation and manage other contractors. A second RFP will be awarded to a consultant group that has implemented Epic multiple times before and can help understand our workflow, build modules in Epic, and roll them out one at a time. A third RFP will be awarded to consultants with ample experience training users.

#### Questions/Comments

*The Methodist successfully implemented Epic, whereas St. Luke's did not. It is suggested that UTHealth considers how The Methodist and other hospitals/clinics achieved a seamless adoption of Epic.* UTHealth has contracted Impact Advisors, which worked with The Methodist and other hospitals/practice plans to

transition to Epic. The implementation is physician led. Physicians will advise throughout the process and drive the clinical design. Dr. Martin Citardi is leading the effort to seek input from the physician community. We are also onboarding Chief Medical Information Officer Babatope Fatuyi, MD, MPH. He has implemented Epic multiple times in his career.

*Will the Epic interface with Harris Health and MHH-TMC? Yes.*

*Will embedded dictation software be included in Epic and be available to all clinicians? I do not know, but it is possible. This will be addressed by the team.*

*Our current archived medical records are an important resource. Will these records be accessible in Epic? It must be decided if all records will be transferred, but archived records will be moved over.*

*A workgroup would be a good source for gathering physician input. Each department will designate a physician to represent that department, and other processes for obtaining feedback can be considered.*

## **OLD BUSINESS**

**Parking.** Dr. Alcorn reported that there are frequent complaints about the small size of the parking spaces, damage to vehicles, and lack of sufficient spaces in the garages in the TMC. Garage 3, UTPB, and Lot B are in compliance with city regulations, as are restricted lots/garages. Lot A and Garages 4, 7, and 15 are not in compliance with city code. Dr. Alcorn offered several possible solutions, including a request that spaces be withdrawn to meet city code, create a “compact” with TMC about minimum expectations from faculty given the cost of parking contracts, and pay additional money for a reserved space or section for faculty.

### Questions/Comments

*The amount of available parking is very limited. The Faculty Senate should join forces with Faculty Senates and entities from other organizations to discuss with the parking issues with TMC. It will only get worse as hospitals and clinics are expanded. This is an ongoing issue that the Faculty Senate and IFC have been continually addressing. Dr. McNiel has emphasized off campus parking is available, although it may not be convenient. A working group to address this might be formed through the Senate.*

*The City of Houston might cite TMC for violating parking code. It has been difficult to reach anyone from the City of Houston by phone.*

*Are the spaces in the UTPB garage larger? The size is small, but the 1 inch space between the spaces puts them in compliance.*

**Resolution.** George Williams asked for unanimous consent to approve a resolution in support of the OAO. It was moved and seconded that the resolution be accepted. The vote was passed unanimously. *See Appendix A for the text of the approved resolution.*

The meeting adjourned at 5:39 p.m

Next meeting August 15, 2019, 4:30 pm

Dr. Nate Carlin – Chair

Dr. Kenya Parks – Chair-Elect

Dr. Bethany Williams – Secretary

Dr. Rashedah A. Ekeoduru – Secretary-Elect

Dr. Monica Verduzco-Gutierrez – Past Chair 2017-2018

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Respectfully submitted by Bethany R. Williams, PhD

Appendix A

**A Resolution in Support of the Office of Academic Ombuds**

Resolved, that the Faculty Senate of McGovern Medical School enthusiastically supports, appreciates and applauds the creation of an Ombuds office at UTHealth; and be it further:

Resolved, that the Faculty Senate of McGovern Medical School stands ready to strengthen this effort as deemed needed by the Office of Faculty Affairs.