

The University of Texas Health Science Center at Tyler
Faculty Senate Meeting
6th Floor Conference Room
January 18, 2017
2:00-3:00 PM

Attendees:

Vijaya Lella, Ph.D.

Pattie Olusola, MD

Hua Tang, Ph.D.

Pierre Neuenschwander, Ph.D. (guest)

Torry Tucker, Ph.D.

Vijay Boggaram, Ph.D.

Leo Holms, MD

Jeffrey Matthews, Ph.D.

Julie Philley, MD

Dr. Rao called the meeting to order at 2.05 P.M. He informed the Senate that the minutes of December 2017 Faculty Senate meeting were not ready because of unexpected closure of the campus for two days due to severe weather. These minutes will be placed for the approval in the next Faculty Senate meeting.

Update on FAC team visit

Dr. Rao has informed the Senate that the visit went very well and he attended all the sessions with them. The team members thought it was well organized. There was no formal report. But the impression of the team was that the administrators that they met were very co-operative and open to the shared governance. They did not see any push back. They encouraged the Faculty Senate to do their job by taking necessary initiatives.

ARDENT Update-Dr. Levine

Dr. Levine gave the committee an update regarding the ARDENT proceedings. He explained that there would be a series of legal agreements, at least 12-15, that will eventually need to be signed. It is a very complex process. Part of the complexity comes as we are dealing with nine other hospitals that are all part of the ETMC system but not all of these hospitals have operated uniformly like it is part of a system. He also stated that these nine hospitals come with 130 additional properties that have to be dealt with as part of this merger. He further explained that two fundamental agreements would get things started. One is called an LLC or Limited Liability Company, and essentially this is like a marriage license that unifies the two entities and allows the development of this healthcare system which is still referred to as NUCO. There are many provisions in this document that will handle problems going forward. There is also the issue of governance of the new health system. The new health system will have a governing board, and critical decisions will be made by the governing board regarding the clinical operations of the new health care system. The second agreement called COMA, the Clinical Operations Management Agreement. Once the investor, aka ARDENT, buys ETMC

and its facilities, ARDENT will end up being the organization that manages the clinical operations of this new healthcare system. Once these two agreements are signed, the pace, regarding how operations will be taking place on the clinical side, should increase.

Dr. Levine mentioned that the other agreement that affects faculty directly is the Academic Affiliation Agreement. This agreement is about 95-98% complete, and it is essentially an agreement that spells out the faculty who have full-time appointments here will essentially remain in their current faculty positions at UT Health Northeast. The agreement provides for preservation of the faculty to operate under essentially under its current rules.

Dr. Levine also talked about the Graduate Medical Education programs. Without specifying, he said there would be a lot of potential for increasing graduated medical education programs because of this new partnership.

A member asked what the most important thing that the Senate should be doing right now as we approach the merger? Dr. Levine answered by saying that we need to continue to forge relationships. We need to work hard as a team internally and administratively with the faculty and clinicians downtown. Dr. Levine also stated that although there is a lot of uncertainty at this point, there are a lot of opportunities to look forward to.

Tuition increase proposal

Dr. Neuenschwander formally asked the Senate about a two percent rise in tuition costs for the program. It was stated that this proposal would have to be approved by the Board of Regents and a written proposal to justify the fee increase would have to be submitted. The Faculty Senate thought that the request is well justified.

Library Budget Cuts

The medical library has suffered a 12% decrease in their budget, and the existing funds that are available are only enough to pay for the electronic journal subscriptions. A representative from that committee wanted suggestions from the Senate on how they could offset these costs. After much discussion, two avenues were considered viable. First, although you cannot budget these costs into NIH grants, writing into industry-funded research protocols for "x" number of dollars for the library was suggested. Second, one of the proposals was to roll or allocate money into the library budget from the MSRDP funds which were not always utilized. The committee was also asked for suggestions regarding the library and where do you want it to be in the next five years.

Because of lack of time, other items on the Agenda were not discussed. The meeting was adjourned at 3.10 P.M.