

The University of Texas Health Science Center at Tyler
Faculty Senate Meeting
6th Floor B Bldg. Conference Room
May 17, 2018
2:00-3:00 PM

Attendees:

Vijaya Lella, Ph.D.

Kirk Calhoun, MD, Ph.D.

Pattie Olusola, MD

Hua Tang, Ph.D.

Torry Tucker, Ph.D.

Barbara Elliott – MS, MT

Leo Holms, MD

Anna Kurdowska, Ph.D.

Others Present:

Paula Austin - Secretary

Approval of Minutes:

Minutes from April's meeting were approved as written.

Ardent Update from Dr. Calhoun:

Dr. Lella explained to the committee that he had invited Dr. Calhoun to come and give an update regarding Ardent and hopes that it would help with communication as well as resolve any confusion.

Dr. Calhoun stated that in the 16 years that he has been with this campus we have limped along mainly because of two critical issues that are generally needed for success from an education and healthcare point of view and those two issues are location and size. Neither of these two issues was good for us because our location limited the growth of our clinical practice despite our good clinical reputation. Dr. Calhoun also stated that he understands that the reasonable answer for us was to link up with one of the two big hospitals downtown. When ETMC was for sale last year, Dr. Calhoun spoke with UT System administration and expressed his interest in acquiring ETMC. There was no money available from the system for such transaction. It led to a search for other options and found Ardent as a suitable partner. Ardent is privately held company, mostly in real estate business, but they also run about 20 hospitals around the country. After a few discussions and negotiations, a joint bid was submitted to purchase ETMC, and the ETMC board accepted the bid.

Dr. Calhoun stated that this partnership has been very impactful to our medical staff as they try to figure out how to economically switch the services between the two hospitals. It has been about 60 days since the deal was finally closed and they have had two board meetings. It may take about two years to consolidate the partnership and see any tangible benefits. The profits will be split between Ardent and our institute 70 and 30 percent ratio.

Dr. Calhoun went on to say regarding the future, that he has a lot of specific things he wants to accomplish. They are, to grow the physician and academic faculty; to grow our student body population to 5-7 hundred and this could be physically on campus or online thru degree programs; and he wants to grow and push budgetary authority and authority in general further down into the organization and not have it so concentrated on the sixth floor. This means empowering faculty leadership from the Provost to Deans to Chairs and pushing more of the decision making down to a level that is closer to where the actual work is.

Dr. Calhoun also noted that on the physician side, the challenge has been to change your allegiance and support a hospital system that you have previously been at “war” with and now you have become allies. Since the new name went up, business has gotten busier. There are plans to close some of our medical units here and move downtown ETMC. The plan is to have 200-300 medical residents thru medical education programs here and downtown over the next five years. This expands our physician training program to a very significant degree.

There are definite plans to expand the Behavioral Health program here. Much of the laboratory testing that ETMC was sending out is going to be referred here. There are also plans to grow the MD Anderson Cancer Center here. Dr. Calhoun stated that the plan is not to have a ghost town here. The plan is just to figure out how best we can look at the entire system and not just one particular campus.

Finally, Ardent has no control over the Research or Academic side. Their responsibility on the academic side is to pay for our new residence program; beyond that, they don’t have a role in any decision making.

Question: Will our physicians still be UT employees?

Dr. Calhoun:

Our physicians are still part of UT employees. This has not changed. However, there may be some changes as some of the physicians may have switched to Ardent and signed a contract with them.

Question: Early in the process, you tasked our faculty with bringing our culture to ETMC. As we were doing this, we are running into an issue as we do not see a structured chain of the command at the ETMC as we have here at the Health Center. If we are going to bring our culture to them, we need to know whom to talk to in case we need to resolve disputes or escalating issues.

Dr. Calhoun:

Dr. Calhoun agreed it is a real issue. For most parts, ETMC has been set up as individual private practice physician system and designed for the one and two doctor practices as opposed to working with a group or a team. The most important thing about our culture is that we have our chain of command and that has to be respected. It does make us unique (compared to ETMC), but it is common to academic medical centers to have such structure while it is not common in private practice hospitals. Hiring new CEO, CFO, and other key staff, things are beginning to fall in place. Moody got here as the head of the Health System. Since then, he has Eric Roach, CFO and most recently Vickie Briggs, CEO of the downtown hospital. They are working hard to bring order but may need a little bit more time. Vickie Briggs has been working closely with Steve Cox and Julie Phillely. They meet regularly and have been going over things and working this out smoothly.

Question:

From the Research and Academic standpoint, we may need some revisions to the language in our policies as they do not pose unnecessary burden following policies that were specifically written for patient care (a simple example is “latex glove” issue). It may seem incredibly minor, but it could be the embodiment of a bigger problem. Having a line denoting “not applicable” to Research or Academic or patient care only would be helpful.

Comment: If we build exclusions, exclusions have to be managed carefully as they are not to violate Joint Commission as there was no “wall” between the Health Care and Research. Before we could say it was okay to treat all different components (Research, academics, and clinical) as one because we were small; but now we have ten hospitals, and we can imagine the number of policy changes that are coming our way. We would like for the people making these decisions to consider Research before the policies are made.

Dr. Calhoun:

There are two big agreements, there is the LLC which is the Limited Liability Company agreement, and it spells out how our board is composed and what each side can do. Concerning our hospital, there is something called COMA, it is the Common Operation and Management Agreement and in that there are some things Ardent can do with our clinical operation and somethings that they can't. A lot of the policies are driven by patient care, which is appropriate. But, some times these policies makes work harder for you in Research and I know it's important to you and I intuitively have no problem with as long as it does not interfere with patient care. There are two entities now. NUCO, which is UT Health East Texas which is the clinical enterprise. We have the governance and the managing partner of NUCO is Ardent. Then there is the University of Texas Health Science Center at Tyler and we call it Remainco, so there is NUCO clinical enterprise and then there is the University, it is everything that remains it is all the academics, research buildings and grounds, PHLET lab, it's a number of things other than the hospital and clinics. What we do and how we do things in Remainco does not have to mirror exactly how we do things in NUCO. Maybe now is a good time to look at Remainco and the clinical elements of Remainco and what needs to be done there and what are the academic or research elements and what needs to be done differently. Hopefully, this was helpful in explaining where we are now.

No other issues discussed because of scheduled time for the meeting was over.

Meeting adjourned

3:15 PM

Lella/PA