

Academic Senate Research Committee
Minutes of the Meeting of January 10, 2019

Members present: David Kessel, Chair; Alan Dombkowski; Lance Heilbrun; Sarah Lenhoff; Prahlad Parajuli; Izabela Podgorski; Berhane Seyoum; Noreen Rossi, AAUP-AFT Liaison

Dr. Rossi spoke about the research climate at the university especially as it affects the School of Medicine where 70% of our research is centered. One of the most problematic areas is morale, particularly in the clinical departments. Some departments have remained pretty stable. But 40 clinical faculty recently left the University Physician Group (UPG) for other institutions. The physicians who remain have less time to engage in research because they have to take over the duties of those who left. When physicians are on medical leave, other physicians have to cover their duties. The physicians, particular junior faculty, are under considerable distress, conflicted over doing scholarship and research with the need to generate revenue. There is a general sense that faculty also leave because of uncertainty. There is a lack of communication and when information is communicated it is often unclear and contradictory. With changes in policy, and perhaps fear about new initiatives, half of the neurosurgeons decided to transfer to the DMC and half stayed with the UPG. To find out why faculty are leaving, exit interviews should be conducted when faculty leave the UPG. The Office of Faculty Affairs could take on that task.

The School of Medicine is able to maintain about 65% of its funding. It was announced that Wayne State increased its research budget by \$100 million this year. That increase is attributed to two changes. The research funding that the Karmanos Cancer Institute received was not counted in the University's research funding until this year and clinical trials were counted in the accrual. Now the Research Office is reporting the total amount of an award in the first year even if the researcher gets none of the money. None of the money will be counted in subsequent years. There could be large fluctuations in the reported research funding based on the number of clinical trials awarded each year.

The clinical culture of Wayne State and Henry Ford are different. There is talk about having a clinical research center where all research would be carried out. Now the question is who would be in charge of that. The details have not been worked out.

The LCME requires medical students to be exposed to research, and the SOM is developing a research track. Our medical campus does not have enough space to accommodate the research activities of all our medical students. We need to use the DMC/UPG and Henry Ford Health System.

The facilities at the school are always an issue. There are 47 heaters.

This next issue was raised first in 1995. Wayne State leaves money on the table. If clinicians could use their whole salary on their grants for their effort instead of only their Wayne State salary it is estimated that we would have \$7 million more. When Rossi was an assistant dean she asked why the university could not use their whole salary and she was told by the General

Counsel that “it would take work.” She noted that UCLA counts the clinical salary, the university salary, and the salary from the VA.

In the past, faculty clinicians were hired 100% Wayne State and they also received a salary for their clinical work. Faculty would put 20% of their Wayne State salary on their grant. Clinicians still must fulfill their clinical duties. They cannot get relief from their clinical duty; this is a problem. As an example, if a cardiologist’s salary was \$200,000, \$100,000 of that salary would come from clinical duties. If \$20,000 was put on a grant they won’t get relief from their clinical duties. Henry Ford Health System has a different system. If a doctor is on duty five days a week and gets an NIH grant, they get 20% and get relief from the clinic one day per week. They buy out their time because they paid their salary.

Under the current policy all clinicians hired in the last 2 years were hired at 50%. An assistant professor’s salary is the lowest amount in the collective bargaining agreement. Currently it’s about \$60,000.

If a neurosurgeon is hired at \$200,000 a year, only \$30,000 of that salary is from Wayne State. \$170,000 is from clinical duties. If the physician puts in 20% of his effort, it’s 20% of that \$30,000, which is \$12,000. You still have to do all of your neurosurgery to make the rest of your salary. If all of the salary was included, the University would get \$40,000 instead of \$12,000. If you have 4 people at \$40,000 you could hire another faculty member. This is only because the legal process has to be put through so that all of the salary is included. Plus, the university would get the indirect from that, as well. The University of Michigan and the Henry Ford Health System have only one salary. The university doesn’t have to invent the legality; they can look at what other universities do. It would take a little effort on the part of the General Counsel’s office. The university is leaving 6, 7, 8 figures on the table. That is money we could use. Clinicians would be able to do scholarly work again. Now they can’t because their salaries are depended on their clinical revenue.

Just prior to Jack Sobel’s appointment as dean, the SOM hired many faculty. They were needed immediately for general medicine. It was urgent of get them on board because of the university’s process or because of visa issues. It is difficult to explain to immigration that someone with an H-1 visa has two employers. To expedite the hiring process, they were hired only for the UPG with the promise that once they got their green card they could become **(some kind of faculty – I don’t know what she said.)** faculty. Now the school is trying to convert some of these. However, because of equal opportunity the job has to be posted. **(This next part is not clear to me.)** If only one person applies they are not converting them. It’s too frustrating. This is another reason some are leaving. They were hired 100% clinical duties yet they are teaching students when students come to the wards. They were given verbal assurance they would be transferred and that is not being done. A promise broken is not a good thing. Some of the faculty have gone to the VA Hospital. They got a boost to their grant, getting \$25,000 for which they had not budgeted. It has to be spent immediately.

There were some problems. Some students who did a rotation in the VA Hospital did not have a card and therefore they could not see or touch patients. That problem has been fixed.

Problems with facilities at the VA Hospital are repaired quickly. That does not happen in Scott Hall or in the Elliman building.

Physicians will not have the time to implement translational research. When faculty at the major research institutions that have separate practice plans do their research it's the whole thing. If it were 60% of one's whole salary you could hire another physician. That would grow the whole enterprise. They talk about areas of excellence but then hire someone because they need a warm body. It is in the sciences where you need more teaching. New curriculum takes a lot of time. You can't put all of your salary on grants, but if you don't how do you hire more people.

There are 240 some faculty in all of the departments in the UPG. They are nephrology, internal medicine, neurology, obstetrics and gynecology, dermatology, physical medicine and rehabilitation.

A committee member asked if a person has 50% clinical and 50% research if it was misleading to submit a grant application to the NIH saying that you will allocate 20% effort. Is it 20% or is it really 10%? It is 10% it is misleading to grant reviewers. Dr. Rossi answered that if you say you will be 20% it is two different ways. If you are 100% Wayne State, you are .1 FTE. If you are 50% and 50% and you make \$200,000 you could put only 20% on the grant and your salary is 10%. That is all it can be. Dr. Rossi believes it should be 40 because that is your whole time if you are taking a 20% effort.

Now all clinicians are hired at 50% FTE. If 50% is \$50,000 you still put \$20,000 there. People forget they are .5. If you have 50% and you say you'll be 20% effort, it's still 40% of the 50%. It is still not correct. If your budget is adjusted and you don't realize it, they'll take the \$40,000 out of your supplies. **(There was talk about 4 months and 30 day months.)** It's disingenuous, probably illegal, and self-defeating.

Mr. Kessel said that once you lock yourself into 10% on your grants it is hard to increase it because the NIH won't let you go more than 10%. You can only ask 10% of the money you got the last time in a renewal. The problem needs to be fixed for new grants for new faculty.

Another committee member pointed that it is not feasible to do an RO1 study at 10%. The reviewer will say that the principal investigator underestimated the time. However, Dr. Rossi said that people do it.

Dr. Rossi said that some clinicians have not been billing for all the work they do. They are leaving money on the table.

Dr. Rossi ended by saying that our faculty are very dedicated. They are bright and eager. We need to look at things in a more integrated fashion. The administration needs to anticipate what could go wrong and develop alternate methods. What are the challenges? Physicians and scientists do this.

We have to anticipate what will happen. What are the challenges? Physicians and sciences are good at that. You have good consequences but there can be bad fallout. If you can anticipate them, you may be able to mitigate them.