AGENDA
ECU Board of Trustees
Health Sciences Committee
ECHI Conference Rooms
November 19, 2009

I. Approval of Minutes (April 16 & September 24, 2009)  Action

II. Health Sciences Division - Dr. Horns  Discussion

   A. College of Allied Health Sciences
      Update – Dr. Thomas

   B. Brody School of Medicine
      Update – Drs. Cunningham, Benson, Hardy, and Mr. Jowers

      1. Updates:
         • Integration of Cancer Services at Leo W. Jenkins Cancer Center and PCMH
         • Development of a Neurosciences Center with PCMH
         • Update on Construction Projects
            o Moye Medical II
            o Family Medicine Center
         • Indigent Care Funding Support
         • Expansion of the Medical Student Class Size

      2. Clinical Faculty Compensation Plan  Action

   C. General Health Sciences Division Overview – Dr. Horns

III. Health Sciences Informational Updates  Information

   A. College of Nursing

   B. BSOM (Attached articles)

   C. Health Sciences Library
Call to Order and Approval of Minutes:

Mr. Hill called the meeting to order at 1:00 p.m. Mr. Hill presented the motion to approve the February 26, 2009 minutes and was second. The minutes were unanimously approved.

ECHI Update:

Dr. Chitwood gave an update on ECHI. Their mission is to decrease the cardiovascular disease burden in North Carolina through clinical care, research, and education. Their vision is to be an internationally recognized cardiovascular center for leading edge technology, high quality care, education, and research. He shared their accomplishments:

- Additional 6 cardiologists; integration of services at PCMH and ECU
- Placement of physicians in key regional areas as part of ECHI
- 75% improvement in AMI mortality; 70% improvement in CT surgical mortality
- 10% clinic outpatient volume increase (since September 2008)
- 10% interventional cardiology increase (since January 2009)
- 4% hospital increase in CV volume (since January 2009)
- 12% cardiac and vascular surgery volume increase (since January 2009)

Dr. Chitwood also shared their research accomplishments:

- Architectural programming for 40,000 sq. ft. basic and clinical research area (4th floor) NIH-NCRR Grant for 4th floor construction in preparation for $12,000,000
- 2008-09 grants submitted with positive review $3,950,000
**PCMH Update:**

Brian Floyd gave an update from PCMH. They have a management agreement with Albemarle Hospital which has been executed. The agreement is for 3 years. Health Span (Electronic Medical Record) roll-out is going very well. The hospital’s profits continue to be strong. Last month’s revenues were up ~3% over budget. He reported that a JCAHO visit is anticipated at any time. These visits are unannounced and occur every 3 years. Preparation for the visit has been done, the staff is ready, and they expect a positive review.

**Brody School of Medicine Update:**

Dr. Cunningham and Mr. Jowers shared the performance indicators for the ECU Physicians Practice Plan. Improvements in all areas have been made in comparison to FYTD 2008 to FYTD 2009. New patient visits continue to increase. Emergency Med visits as well as Med Direct visits have also increased in comparison to FYTD 2008 to FYTD 2009. Dr. Cunningham noted that they are continuing to address with our legislators the critical need for indigent care funding. Right now there is $2 million dollars in the Senate Budget, recurring. The House budget is to come. Dr. Cunningham shared his concern that State budget cuts will impact the Practice Plan by approximately $1.2 million dollars. The BSOM performance improvements continue. Some of the improvements include: reduction in discretionary spending (2.5% reduction); vacant faculty positions; vacant staff positions; eliminating non-essential travel and international travel; eliminating salary increases; and eliminating non-essential purchases. We still continue to have a reduction in faculty fringe benefits – reduce SHERPA benefits (eliminate co-pays for services outside of ECU or PCMH). Dr. Cunningham shared the investments which include: Moye Medical II – plans are under investigation for an additional facility adjacent to Moye Medical I - proposed new three-story, 44,259 gross square foot, energy efficient clinical/office space building; proposed tenants would include: 1st Floor: - Pharmacy with drive thru services; Surgery and Bariatric Surgery; 2nd Floor - Adult and Pediatric Healthcare; Endocrinology; and Bone Densitometry; and 3rd Floor: - Plastic Surgery and Dermatology.

**Health Sciences Division Update:**

Dr. Horns reported on the enrollment and NCLEX passage rates for NC BSN Programs – ECU nursing program had 655 total 1st time test takers in 2006-2008 with a 96% passage rate; UNC-Chapel Hill had 520 1st time testers at a 96% passage rate. ECU had the largest number of 1st time test takers in the state. Dr. Horns shared an article about the ECU School of Dentistry published by Dr. Jim Hupp and Dr. Greg Chadwick in the Journal of the American College of Dentists. The article was about the history and development of the new dental school and how the school will impact rural and underserved areas in NC. Dr. Horns noted that there is still a great need to continue to work with our legislators in the House on obtaining operating funds for the ECU School of Dentistry. These operating funds are necessary in order to enroll students by 2011.

The meeting adjourned at 2:55 p.m.
Call to Order and Approval of Minutes:

Mr. Brody called the meeting to order at 1:30 p.m. He noted that Chairman Bob Greczyn and Board Member, Steve Jones, were unable to attend today’s meeting due to other commitments. Mr. Brody read the conflict of interest statement required by the State Government Ethics Act. No conflicts were identified. The minutes of the April 16, 2009 meeting were deferred until the next meeting since there was not a quorum.

**PCMH Update: Mr. Lawler**

Mr. Lawler reported that PCMH is working collectively with the Health Sciences Division (BSOM, College of Allied Health Sciences, and College of Nursing) on health care reform. Most importantly they are looking for positive change and what is important to the academic community. They are also working collaboratively with the BSOM on ways to improve the physician deficit in eastern NC. Also, they will be working to build up the GME program and are looking for new program opportunities so they can add additional residencies in the next several years. PCMH is also reviewing new models of care that incorporate the BSOM, College of Allied Health Sciences, and the College of Nursing programs. They are also working collaboratively with the BSOM and their partnership with the Cancer Center to develop opportunities and enhance patient care. A groundbreaking ceremony was held at Onslow Memorial Hospital for a new LINAC (Linear Accelerator). This is a joint venture with Onslow, PCMH and the BSOM. The BSOM will be providing the professional component of the partnership. UHS is continuing to work on physician recruitment. They have recruited more physicians in the community of eastern North Carolina than in the past 10 years. This success is due to the partnership with the BSOM. Recruitment has been successful in surgical oncology, transplant surgery, and plastic surgery; it is still active in pediatric surgery. Mr. Lawler announced that the new Children’s Hospital will break ground in 2011.
**School of Dentistry Update - Dr. Hupp**

Dr. Hupp reported that the mission of the Dental School is to produce professionals with outstanding clinical skills, ethical bearing and a strong desire to serve the un- and underserved, provide oral health services to the un- and underserved of NC, and conduct research to help guide future clinical practice and dental education. He reported that the site selections for the community service learning centers are ongoing. An announcement for the first 3 sites will be held on October 19th at 11:00 a.m., and invitations will be coming out to the Board. Site development begins in 2010 and future potential sites are being explored. Their plan is to have 10 community service learning centers around the state. They are beginning to work on faculty recruitment and have three offers out and two searches underway. They will need faculty on board to work on the curriculum development. The curriculum must be together before they can be accredited. The biggest need for the Dental School is funding. The funding for their facility was cut by $7.4 million. Funding for the operating budget for the next two years is not fully secure. They had requested $6 million for 2009-10 and received $3 million. They needed an additional $8 million for 2010-11 but due to the cut the need has increased to $11 million. Before the school can begin to recruit students or open for business they must be accredited by the Commission on Dental Accreditation. Operating funds must be in place prior to opening of the school. He reported that temporary trailers are on the way. One trailer will be moved in November and an additional trailer will be moved in the fall of 2010. The design phase of the building will be completed by the end of the month and will be ready to go forward for DOI and construction bidding. Construction is to begin hopefully next spring. Some of the major changes to the facility include a special care suite to care for patients with significant physical disabilities, a clinical research center, rooms for advanced forms of anesthesia for children and adults needing more complex procedures, improved simulation capabilities for students, improved student support area, and space for expansion. The school is anticipated to open in August 2011 and plans are to admit 50 students.

**Brody School of Medicine Update: Dr. Cunningham, Dr. Benson, Dr. Hardy & Mr. Jowers**

Dr. Cunningham reported that the BSOM received 2 million dollars (reoccurring) in Indigent Care Funds. Most of the money will go toward medical student support and the rest of the money will offset some of the costs that have been coming out of the practice plan for medical education. He also announced that the BSOM tuition increase passed ($1000 increase).

Mr. Jowers gave an update on the finances for FY 2009 year end for the Practice Plan. He reported that improvements in all areas have been made in comparison to June FYTD 2008 to June FYTD 2009. New patient visits continue to increase – close to 4100 new patients visit this past year. Emergency Medicine’s Emergency Department visits as well as Med Direct visits have also increased. The BSOM had a net loss last year of $4.1 million but there were new projects that were not budgeted for FY 08-09. These new projects will pay off in the long run so in reality the BSOM broke even in normal operations. Mr. Jowers reported on the investments which include Moye Medical II which has been approved by the Board of Trustees. This will be an additional facility adjacent to Moye Medical I. Tenants would include on the 1st Floor: - Pharmacy with drive thru services; Surgery and Bariatric Surgery; 2nd Floor - Adult and Pediatric Healthcare; Endocrinology; and Bone Densitometry; and 3rd Floor: - Plastic Surgery and Dermatology.

Dr. Cunningham reported that a search for the Director of the Leo Jenkins Cancer Center has been established. Dr. Peter Kragel is chairing the search committee and plans are to have the search completed by Spring 2010. In conjunction with this the BSOM is formulating plans to create a new Department of Oncology. This new organizational structure will allow the BSOM to provide the most effective cancer services to meet the needs of the citizens of eastern North Carolina. Cancer is the State’s number one cause of death. Dr. Cunningham has spoken with
leaders around the country and there are many successful models that bring all the expertise of oncology under one structure.

Dr. Cunningham reported that this fall they had the largest class ever with 78 new students. Plans are to increase to 80 students and eventually the plan is to increase to 120 students. An expansion of 120 students would require increased state support since the current facility can only accommodate up to 80 students. Dr. Hardy gave background information on the plans to increase the medical school class size. At the request of UNC General Administration, about 18 months ago the BSOM in concert with UNC put together plans and a budget for medical school expansion and the goal was to create more physicians for the state of NC. AAMC and the NC Institute of Medicine both noted that there were going to be physician shortages. Plans and a tentative budget were put forward for both schools and were approved by administration and the UNC Board of Governors but the expansion plans were postponed due to the current economic situation. Both schools did receive planning money for the medical school expansion in FY2009 and the BSOM used those dollars to obtain outside consultants to come in and work them. One of the things the consultants and Dr. Hardy have been doing is canvassing eastern North Carolina to see what communities would be good sites for satellite training centers (East of I-95). The plan would be to have 1st and 2nd year students taking their courses here in Greenville and then send them during their 3rd and 4th year into the community to the satellite training centers. The idea would be to give the students the opportunity to see the culture of medicine in rural NC and see if they like what they are doing and entice them to come back to do their residency training here and eventually practice in eastern NC. Five communities have been visited – Wilmington, Rocky Mount, New Bern, Jacksonville, and Elizabeth City. Discussions have been held about the possibility of the BSOM doing a pilot program in Wilmington in 2010.

Dr. Benson shared that a few years ago it was in the news both nationally and locally that the Federal Government is very concerned about allegations of fraudulent billing practices by a variety of providers (hospitals, doctors, etc.) across the country. RAC (Recovery Audit Contractors) is the Medicare office’s way of recovering some of these dollars. This is a nationwide program. The Feds have identified private firms that will engage in small audits on various areas of providers in a state. If they turn up any over billings (if we got overpaid for anything) the contractor would get 9% and then they are allowed over a 2 year period of time to extrapolate from the audit and gain additional dollars. This program is one that everyone is paying special attention to. There is concern about the amount of time that it would take to turn around a request for a specific number of charts on a short time frame and then be prepared for their responses to the audit. The Health Sciences Committee will be apprised if such a request comes up at the BSOM. The BSOM for a number of years has strengthened its practices and is doing their own internal audits so we should be prepared if such an audit were to occur.

Dr. Cunningham also reported that construction has begun on the new Family Medicine Center and should be completed by September 2010.

**Health Sciences Division Update: Dr. Horns**

Dr. Horns noted that informational updates from the College of Allied Health Sciences and the College of Nursing were included in the packets distributed to the committee. She reported that a proposal had been submitted to the Federal Government for stimulus money to complete the 4th floor of the East Carolina Heart Institute (ECHI). The priority score was not in the funding range. The 4th floor is to be dedicated to research space for the ECHI and the Metabolic Institute. We will be regrouping and looking at other opportunities for getting the 4th floor completed.

Meeting adjourned at 3:28 p.m.
I. INTRODUCTION

Clinical medical education requires the maintenance of a strong and diverse clinical practice to support the educational objectives of the Brody School of Medicine (school). In order to recruit and retain skilled clinicians and mentors, the institution must provide a system of faculty compensation that is appropriately competitive. The financial support for this system of compensation is largely derived from income earned by the faculty in the provision of medical care. It is therefore essential that a system for clinical faculty compensation exists which permits earned income, in excess of that required to maintain essential infrastructure and ensure adequate resources for strategic growth of the school, as determined by the Dean in consultation with the ECU Physicians (ECUP) Board of Directors, to be directed to the compensation of appropriate individual clinical faculty.

II. OVERVIEW

Each fiscal year, department chairs will recommend to the ECUP Board total faculty annual compensation for approval by the Dean and Vice Chancellor, Health Sciences Division. Total faculty annual compensation shall include the sum of all base salaries, supplemental salaries, and stipends.

Each faculty member shall receive a base salary and supplemental salary agreed upon prior to the start of the academic year. Additionally, some faculty members may receive stipends associated with assignment of specific duties.

Productivity and excellent performance is expected from all faculty members. When such productivity and performance results in surpassing targets, including revenue generation, and Departmental/Divisional funds are available, then incentive payments may be offered on a semi-annual basis. Availability of Departmental funds means that budget targets (net gain or loss after overhead and taxes) are being surpassed. The Department Chair, Dean and ECUP Executive Director shall jointly determine if funds are available. When such productivity
targets and performance are not met by individual faculty members, the supplemental salary may be reduced. Department chairs, deans, directors of centers or institutes and the ECUP Executive Director, who are compensated by the School, may have their supplemental component of compensation adjusted or receive incentive payments under criteria and procedures developed and administered by the Dean and the Vice Chancellor for Health Sciences.

Note: Definitions of certain terms are listed in Appendix A.

III. PROCEDURE

A. Establishing total annual compensation:

1. The faculty base salary shall be uniform across the Brody School of Medicine dependent on academic rank and will be determined by the Dean in consultation with the Executive Associate Vice Chancellor for Administration and Finance, Vice Chancellor for Health Sciences, Assistant Vice Chancellor for Health Sciences Personnel Administration, and ECUP Executive Director. In establishing base salaries, the Dean may consider AAMC salary surveys, base salaries defined for clinical faculty at the University of North Carolina at Chapel Hill School of Medicine, other appropriate salary surveys, and availability of funds.

2. Budget Units will be defined for each department by the Dean, ECUP Executive Director, and Department Chair. Budget targets for each budget unit and department shall be developed.

3. Productivity targets and the supplemental component of salary for each faculty member shall be established by the Chair. The productivity targets may include measurable outcomes for teaching, research and administrative work. However, they must also include some measure of clinical performance such as wRVUs, billing activity, and/or revenue generation (including revenue generated through contracts). Collectively, faculty members’ achievement of these targets must provide sufficient revenue generation so that their units’ and departments’ budget targets are met.

4. The supplemental component of compensation as determined prior to the start of the academic year may increase*or decrease based upon the individual’s productivity and performance in teaching, research, and clinical service and the availability of funds. The supplemental component of compensation may also decrease at the end of any quarter during the fiscal year. Decreases in the
supplemental component will be based on productivity targets established by
the Department Chair or appropriate Division Chief, in consultation with each
faculty member. These may include measurable outcomes for teaching,
research and administrative work. However, they must also include some
measure of clinical performance such as wRVUs, billing activity, and/or
revenue generation. The supplemental component may also be decreased for
unprofessional behavior, non-performance of clinical duties or non-
compliance with University, School, and ECU Physicians policies and
procedures.

Any proposed reduction in total salary (base plus supplemental salary) must
be reviewed and approved by the Dean and Vice Chancellor, Health Sciences
Division. Salary may be reduced based on modification of proposed duties or
performance targets, failure to achieve last year’s productivity targets,
unprofessional behavior as defined in the Code of Conduct, non-compliance
with University, School, and ECU Physicians policies and procedures, non-
performance of clinical duties as agreed upon in the employment contract
(unless non-performance is due to approved family medical leave or illness),
loss of right to participate in federal insurance programs, or forfeiture or
suspension of medical license or clinical privileges.

B. Monitoring performance:

At any time during the budget year, with approval of the Dean and Vice
Chancellor for Health Sciences, the supplemental salary may be decreased or
withheld if there is documentation of:

1. Forfeiture or suspension of license or clinical privileges
2. Unprofessional behavior as defined by the Code of Conduct
3. Loss of right to participate in federal insurance programs
4. Non-compliance with University, School and ECU Physicians policies
   and procedures.
5. Non-performance of clinical duties as agreed upon in the employment
   contract (unless non-performance is due to family medical leave or
   illness)

The full supplement, pro-rated for the remainder of the fiscal year, may be
reinstated at such time as the circumstances listed above have been corrected
(i.e., salary returns to pre-reduction level; there is no payment for salary lost
during the time of the reduction).
C. During the budget year - reduction in salaries

1. Productivity will be evaluated at the end of each quarter. With the exception of new faculty who are in the first six (6) months of employment (greater than twelve (12) months for clinical instructors), faculty members not meeting their productivity targets may have their total annual compensation decreased, not to exceed 20%. The total reduction cannot exceed the annual supplemental salary. Any proposed reduction in the supplemental salary must be reviewed and approved by the Dean and Vice Chancellor, Health Sciences Division.

2. Faculty members who had a decrease in their supplemental salaries, but who increase their productivity and achieve their productivity targets in a future quarter, may have all or a portion of their supplemental salaries reinstated (pro-rated going forward) (i.e., salary returns to pre-reduction level; there is no payment for salary lost during the term of the reduction).

D. Semi-Annual incentive

1. With the exception of new faculty who are in the first six (6) months of employment, faculty members who have exceeded their productivity targets may receive an incentive payment. Such payments are dependent on the availability of funds within the faculty member’s budget unit or department as determined by performance better than budget target (net gain or loss after overhead and taxes) after the incentives have been paid. Semi-annual incentive payments may not be larger than 10% of total annual salary and may not cause the faculty member’s total annual compensation (including base salary, supplemental salary, stipends, and incentives) to exceed the established salary cap. All semi-annual incentive payments will be reviewed by the ECUP Finance Committee and approved by the Dean and Vice Chancellor, Health Sciences Division based on documentation provided by the Chair. The semi-annual incentive payment will be paid no later than the end of the next quarter as a lump sum.

IV. IMPLEMENTATION

The ECUP Office of the Executive Director will be responsible for assuring that the Clinical Faculty Compensation Plan is uniformly and appropriately implemented. Implementation of the Plan will be fully consistent with the UNC Board of Governors Salary Policy. All salary recommendations for affected faculty members will be made through the normal salary-setting procedures. The sum of
all components of compensation will be subject to salary ceilings prescribed in the
UNC Board of Governor’s Salary Policy.

ECUP HR Subcommittee Recommended Revision July 10, 2009
ECUP Finance Committee Recommended Revision September 3, 2009
ECUP HR Subcommittee Recommended Revision September 9, 2009
ECUP HR Subcommittee Recommended Revision September 18, 2009

APPENDIX A

DEFINITIONS

A. **Base Salary**: That salary paid to the faculty member that compensates the
faculty member for the formal and informal teaching activities, and academic
administrative and scholarly activity.

B. **Budget Targets**: Expectations of financial performance that are to be achieved
through expense management and income generation by Budget Units and
Departments.

C. **Budget Unit**: A discrete group of faculty with a shared infrastructure or
teaching responsibilities. A Budget Unit may be identical to a Department or
may be several discrete groups that collectively constitute a department.

D. **Department**: A discrete group of faculty employed within a recognized
academic Unit, e.g., Department of Surgery, Internal Medicine, etc. Faculty
members within a Department have a shared infrastructure and teaching
responsibilities.

E. **Eligible Faculty**: All tenured, tenure-track, and fixed term clinical faculty with
the rank or title of Professor, Clinical Professor, Associate Professor, Clinical
Associate Professor, Assistant Professor and Clinical Assistant Professor, that
generate clinical revenue as billing or performing providers through
professional billings or service contracts. Clinical Instructors who work for the
School more than one year and generate clinical revenue as billing or
performing providers through professional billings or service contracts are
eligible faculty.

F. **Faculty Compensation**: All monies provided to faculty by virtue of their
employment responsibilities within the institution, composed of a fixed
component (base salary), a variable component (supplement), and in some cases non-permanent stipends and incentive payments.

G. Incentive payment: A lump sum payment received for exceptional performance based on exceeding productivity targets. The incentive payment does not increase the supplemental component of salary. It does not result in “permanent” salary increase. Faculty members must be employed by the School at the time of the incentive payment.

H. Salary Cap: A maximum annual faculty compensation level (including base salary and supplement) that cannot be exceeded; established on an annual basis by the University of North Carolina Board of Governors.

I. Stipend: Money received for administrative assignments or for performance of temporary extraordinary clinical duties.

J. Supplement Decrease: A reduction in the supplemental component of salary based on failure to achieve defined productivity targets at the individual faculty or unit level.

K. Supplemental Salary: Monies that compensate faculty for clinical activity and, when combined with base salary, provide faculty compensation competitive with physician compensation in other academic and non-academic programs.

L. Supplemental Salary Increase: An increase in the supplemental component of salary based on achievement of defined productivity targets at the individual faculty or unit level.

M. Unit Budget Officers: The individuals with financial responsibility for a budget unit, such as a chair or section head.
East Carolina University College of Nursing Updates

- NCLEX-RN results for January through September 30, 2009 are 96% pass rate for 1st time test takers.

- Dr. Martha Engelke was appointed as the first Richard R. Eakin Distinguished Professor in the College of Nursing

- Dr. Donna Roberson was awarded the Robert Wood Johnson Foundation Nurse Faculty Scholar. She was one of 15 nurse educators in the country to receive the 3 year $350,000 award. It is given to junior faculty who show outstanding promise as leaders in academic nursing. She will use the grant money to continue her research in ways to prevent HIV infection in incarcerated women.

- The College of Nursing will be having a national accreditation visit by the Commission on Collegiate Nursing Education (CCNE) on November 11-13, 2009.

- Profile of Spring 2010 class: admitted 130 applicants, average GPA is 3.4 and there were 226 qualified applicants.
ECU Physicians, the faculty practice of the Brody School of Medicine at East Carolina University, proudly recognizes the physicians from our practice featured in Best Doctors 2009:

Diana J. Antonacci, MD
PSYCHIATRIC MEDICINE

Joseph D. Babb, MD
CARDIOVASCULAR SCIENCES

Mary Jane Barchman, MD
NEPHROLOGY

Paul Bolin, MD
NEPHROLOGY

William A. Burke, MD
DERMATOLOGY

W. Randolph Chitwood Jr., MD
CARDIOVASCULAR SCIENCES

David N. Collier, MD
PEDIATRICS

Paul P. Cook, MD
INFECTIOUS DISEASES

James J. Cummings, MD
PEDIATRIC NEONATAL-PERINATAL MEDICINE

Paul R. G. Cunningham, MD
SURGERY

John M. Diamond, MD
PSYCHIATRIC MEDICINE

Raymond Dombroski, MD
OBSTETRICS AND GYNECOLOGY

Iurma Fiordalisi, MD
PEDIATRICS

David Albert Goff, MD
INTERNAL MEDICINE/PEDIATRICS

David Hannon, MD
PEDIATRIC CARDIOLOGY

Glenn Harris, MD
PEDIATRICS

Karin Marie Hillenbrand, MD
PEDIATRICS

Thomas G. Irons, MD
PEDIATRICS

Yash P. Kataria, MD
PULMONARY, CRITICAL CARE, AND SLEEP MEDICINE

Mani S. Kavuru, MD
PULMONARY, CRITICAL CARE, AND SLEEP MEDICINE

Lars C. Larsen, MD
FAMILY MEDICINE

Kaye L. McGinty, MD
PSYCHIATRIC MEDICINE

Daniel P. Moore, MD
PHYSICAL MEDICINE AND REHABILITATION

Robert J. Newman, MD
FAMILY MEDICINE

Edward R. Newton, MD
OBSTETRICS AND GYNECOLOGY

Dale A. Newton, MD
PEDIATRICS

William E. Novotny, MD
PEDIATRICS

Ronald M. Perkin, MD
PEDIATRIC CRITICAL CARE AND SLEEP MEDICINE

Charles S. Powell, MD
CARDIOVASCULAR SCIENCES

Kathleen V. Previll, MD
PEDIATRICS

Keith M. Ramsey, MD
INFECTIOUS DISEASE

Michael Reichel, MD
PEDIATRICS

Charlie J. Sang Jr., MD
PEDIATRIC CARDIOLOGY

Kenneth Keller Steinweg, MD
FAMILY MEDICINE

Eric Andrew Toschlog, MD
SURGERY AND CRITICAL CARE MEDICINE

Debra A. Tristram, MD
PEDIATRICS

Ricky Lee Watson, MD
FAMILY MEDICINE

Charles Frederick Willson, MD
PEDIATRICS

Judy Wheat Wood, MD
PEDIATRICS

Emmanuel Zervos, MD
SURGICAL ONCOLOGY

www.ecu.edu/ecuphysicians
Memorandum 09-25

Date: October 7, 2009

To: Council of Deans
    Council of Academic Societies
    Council of Teaching Hospitals and Health Systems

From: Darrell G. Kirch, M.D., President

Subject: The Economic Impact of AAMC-Member Medical Schools and Teaching Hospitals: 2008

We are pleased to provide you with a link to the report entitled The Economic Impact of AAMC-Member Medical Schools and Teaching Hospitals: 2008.

www.aamc.org/economicimpact

This report updates similar studies conducted on 2002 and 2005 data to measure the economic impact of AAMC member organizations on the individual states in which they are located and on the overall economy of the United States. A press release on this new report will be emailed to the media tomorrow morning. A copy of the embargoed release is attached to this email. Please do not distribute this release or the report until the embargo lifts.

Conducted for the Association by the consulting firm of Tripp Umbach, this study estimates that the combined economic impact of AAMC members in 46 states and the District of Columbia is more than $512 billion, and that one out of every 43 wage earners in the United States labor force works either directly or indirectly for an AAMC member. The study also estimates the tax revenues generated by the presence of AAMC members.

The findings of this study must be considered estimates because they are based on existing databases and estimates derived from detailed studies conducted by Tripp Umbach in other locales. Furthermore, the study only presents state-specific estimates for those states with a large number of AAMC members. All other states have been aggregated to protect the confidentiality of information on an individual institution basis. For AAMC members in states not specifically listed in the study, results are available for their state upon request.

AAMC members that would like to develop a more refined study for their state or other geographic area should contact Tripp Umbach directly. Inquiries should be directed to Mr. Paul Umbach at 412-281-2313.

We look forward to your comments and questions regarding this study. Please direct inquiries regarding the study to Joanne M. Conroy, M.D., Chief Health Care Officer, 202-828-0584 or jconroy@aamc.org. Requests for state specific data should be directed
to Jennifer Gold, Health Care Affairs, 202-828-0622 or jgold@aamc.org.

cc: Group on Faculty Practice
    Group on Institutional Advancement
    Group on Research Advancement and Development
Embargoed for release until 11:00 A.M. EDT, October 8, 2009:

U.S. Medical Schools, Teaching Hospitals Continue to Drive Local Economies

Washington, D.C., October 8, 2009—A new report released today by the AAMC (Association of American Medical Colleges) reveals that its member medical schools and teaching hospitals had a combined economic impact of over $512 billion on their state economies and the nation overall in 2008.

Prepared for the AAMC by the consulting firm Tripp Umbach, the report found that the 131 accredited U.S. medical schools and nearly 400 major teaching hospitals represented by the AAMC employed more than 1.86 million individuals on a full-time basis, and were directly or indirectly responsible for 3.3 million full-time jobs. This means that one out of every 43 wage earners in the United States depends on an AAMC-member institution for his or her livelihood.

“U.S. medical schools and teaching hospitals are substantial economic engines in terms of jobs, state tax revenues, and economic growth,” said AAMC President and CEO Darrell G. Kirch, M.D. “While the recent recession has certainly challenged every sector of our financial system, AAMC-member institutions continue to be strong economic drivers for their communities, their states, and the nation.”

Even though the period examined in the report ends in mid-2008—prior to the economic downturn last year—market data during the recession suggest that employment at medical schools and teaching hospitals has remained stable and, in some instances, has increased during the last several months. These data coincide with recent information from the U.S. Bureau of Labor Statistics, which indicated that half of the 30 fastest growing occupations in 2009 were in health care.

“Academic medical centers have maintained their status as a recession-proof industry, pumping billions of dollars into the national economy annually,” said Paul O. Umbach, founder and senior principal of Tripp Umbach.

The overall $512 billion impact on the national economy, attributable to AAMC-member medical schools and teaching hospitals, includes institutional and employee spending, and

—more—
spending by patients (external to the hospital), their families, and visitors. These direct expenditures are recirculated in local economies as the initial recipients “respend” a portion of this income within a given state. Hence, for every dollar directly spent by a medical school or teaching hospital, an additional $1.30 is generated.

Medical schools and teaching hospitals also produced more than $22 billion in state tax revenue in 2007-2008 through income and sales taxes, corporate income taxes, and capital stock/franchise taxes paid by businesses that collect revenue from these institutions.

To read the complete report, “The Economic Impact of AAMC-Member Medical Schools and Teaching Hospitals, 2008,” go to:  www.aamc.org/economicimpact.

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The Association of American Medical Colleges is a not-for-profit association representing all 131 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 68 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians. Additional information about the AAMC and U.S. medical schools and teaching hospitals is available at www.aamc.org/newsroom.
Greetings from Laupus Library

Multimedia & Technology Services

In 2007, the former Center for Health Sciences Communications of the BSOM was transferred to Laupus Library and renamed Multimedia and Technology Services. The goal of this transfer was to provide those audiovisual services previously available only to BSOM to all units of the Division of Health Sciences. Effective July 1, 2009, MTS merged with the Laupus Library’s IT Services department to create a comprehensive academic communication support service. The cable television service formerly known as Channel 99 was renamed ECU-TV to reflect the expanded, interdisciplinary programming now produced and televised throughout ECU/Pitt County over Suddenlink Channel 99. ECU-TV applied to be designated and certified as an educational television channel within the PEG (Public Access, Education, and Government) channel designation of the state video franchise agreement. We are pleased to advise the Board that effective November 2, 2009 ECU-TV was officially designated as the Educational Television Station under the Pitt/Greenville cable franchise agreement. As a designated and certified educational channel, ECU-TV will be eligible to receive annual PEG channel support funds from the Department of Revenue under provision of NC General Statute 105-164.44J(c). Future plans include expansion of educational, cultural, entertainment and sports programming produced in collaboration with all of ECU’s Colleges and Schools. ECU-TV also intends to seek educational designation and certification from additional counties in eastern North Carolina. Expanded designation will bring the ECU programming to an expanded audience of cable television viewers and help to develop an ECU-TV network throughout eastern North Carolina.

Friends of Laupus Library

A Friends of Laupus Library group was officially established July 1, 2009 to “Provide support and advocacy for the Laupus Library, the Country Doctor Museum, the Health Sciences Division and East Carolina University through participation in Friends program, special events and awareness activities”. An inaugural membership drive is being conducted to recruit members and gain support for the group and the library. Individuals pledging a total of $1000 over the next three years will be designated as Founding Friends and receive special recognition as such. In addition to co-sponsoring the FAR program, the Friends are planning a spring event the details of which are to be announced early in the New Year. Membership information can be found at www.ecu.edu/laupuslibrary/friends.
Faculty Updates

Jeff Coghill, formerly Collection Development and e-Resources Librarian was named Outreach Librarian and Director of EAHEC Library Services effective July 1, 2009.

Elizabeth Kettermann, formerly Outreach Librarian was named Collection Development and e-Resources Librarian, also effective July 1, 2009. This exchange of jobs provides and excellent opportunity for these fine librarians to gain valuable expanded experience that builds upon their previous work assignments with the library. Ms. Kettermann was also awarded a scholarship to attend the Charleston Conference for Collection Development in Charleston, SC. The scholarship for $1500 was provided by the American Chemical Society for a worthy first time attendee.

Amy Blevins, Education and Technology Librarian was awarded a scholarship to attend the recent Mid-Atlantic Chapter/Medical Library Association in Atlantic City, NJ.

Retirement

Evangeline (Van) Norfleet, EAHEC/Outreach staff associate retired October 30, 2009 after 34 year and 8 months service with the library. Van, a BSLS graduate of ECU worked in all four locations of the library during her long years of service with the library.

4th Annual FAR Program

The 4th Annual Faculty Author Recognition Program was held November 3rd in the Evelyn F. Laupus Gallery. The goal of the FAR program is to recognize and encourage peer reviewed publishing in support of the research mission of the Division of Health Sciences. This year we received over 250 publication entries from a total of 86 faculty authors from the Brody School of Medicine, College of Allied Health Sciences, College of Nursing, and the School of Dentistry who were recognized at this year’s event.

Highlighting the awards ceremony was the presentation of the Laupus Medallion to six faculty book authors. The medallion is a smaller version of the Laupus Bronze sculpture which hangs in the atrium of the Health Sciences Building at the entrance to Laupus Library. A bibliography of all publications accepted for recognition at the 4th Annual FAR program can be found at www.ecu.edu/laupuslibrary/far.cfm

This year’s event was co-sponsored by our newly formed Friends of Laupus Library group and by a generous gift from Matthews Medical Books. Many of our Friends members attended the awards luncheon to recognize faculty authors and celebrate the continued expansion of research within the Division of Health Sciences at East Carolina University. Our Friends group provided crucially needed support for the FAR event. Further information about our Friends group can be found at www.ecu.edu/laupuslibrary/friends.
A 5th Annual author recognition event is planned for 2010. It will be expanded and renamed the Health Sciences Authors’ Recognition program in order to include and recognize the many EPA-non Faculty and SPA personnel in the Division who participate in research and meet the peer review criteria for recognition.