AGENDA
ECU Board of Trustees
Health Sciences Committee
Mendenhall Student Center
April 15, 2010

I. Approval of Minutes (February 25, 2010) Action

II. Health Sciences Division - Dr. Horns Discussion

A. College of Nursing Update - Dr. Brown

B. Medical & Health Sciences Foundation Update – Ms. Novick

C. Brody School of Medicine Update – Drs. Cunningham, Benson, Previll, Mr. Jowers
   1. ECU Physicians Financial Update
   3. ECU-UHS Guiding Principles

D. Health Sciences Division Overview – Dr. Horns

III. Health Sciences Informational Updates Information

A. College of Allied Health Sciences

B. Laupus Health Sciences Library
Health Sciences Committee  
ECU Board of Trustees  
February 25, 2010  
ECHI Building  
1:30 p.m.

Board Members Present:

Steve Jones, Chair  
David Brody  
Bob Greczyn  
Danny Scott  
Ken Chalk

Others Present:

Nick Benson  
Paul Cunningham  
Greg Hassler  
Phyllis Horns  
James Hupp  
Brian Jowers  
Steve Lawler  
Donna Payne  
Kathleen Previll  
Kevin Seitz  
Gary Vanderpool

Recorder: Christy Daniels

Call to Order and Approval of Minutes:

Mr. Jones called the meeting to order at 1:30 p.m. Mr. Jones welcomed Mr. Ken Chalk as an official member of the Health Sciences Committee. Mr. Jones read the conflict of interest statement required by the State Government Ethics Act. No conflicts were identified. The minutes of the November 19, 2009 meeting were approved.

**PCMH Update:**

Mr. Steve Lawler reported on the ongoing partnerships with PCMH and the Brody School of Medicine. He reported that the transplant program has recruited 2 new physicians and over the past 3 months they have doubled the number of transplants done in Greenville. Neurosciences services are being looked at differently and they are outlining what foundations of the partnership would look like. PCMH and the BSOM are doing joint planning of their goals and objectives for next year so that can add value to both institutions. Mr. Lawler and Dr. Cunningham are doing advocacy work on behalf of Graduate Medical Education (GME). They are lobbying for an additional 100 funded slots and are working to fix the IME (Indirect Medical Education) reimbursement formula for the hospital.
**UHS/ECU Signage:**

Mr. Gary Vanderpool presented the ECU/UHS/PCMH Wayfinding and Signage. A joint taskforce was established in June 2006 by Mr. Kevin Seitz and Mr. Steve Lawler to develop a coordinated approach to wayfinding and signage for patients and visitors who come to the combined campuses. Due to the rapid growth for both institutions, the current/existing wayfinding plan needed to be improved. The taskforce determined that each wayfinding needed common features and would need to preserve each institutional identity. Cooper Signage & Graphics, Inc., was selected as the vendor to design the Cornerstone Signs. Mr. Vanderpool shared visuals of the cornerstones with ECU emphasis and UHS/PCMH emphasis. He also shared the primary directional signs with ECU emphasis and PCMH emphasis. Cornerstone signs will be located at Stantonsburg and Moye (PCMH emphasis) and Highway 43 & Moye (ECU emphasis). He shared that a cornerstone mock-up will be held on March 2nd between 10:00 AM – 2:00 PM at Statonsburg and Moye for anyone who wishes to see the mock-up. Pictures will be taken and forwarded to the Board for additional input. The Health Sciences Committee shared concerns about “Medical District” being put on the cornerstone signs since there are other health related disciplines and programs on the Health Sciences campus. The Health Sciences Committee also shared concerns about the location of the wayfindings for ECU. The front of the Health Sciences campus has now changed from the entrance of Moye to Arlington. Also, there were concerns expressed about the materials that will be used for the signs. It was noted that long-term maintenance would need to be considered when selecting the materials to be used for the signs. Mr. Vanderpool will take the feedback from the Health Sciences Committee to the taskforce for continued review.

**School of Dentistry Update:**

Dr. James Hupp gave an update on the School of Dentistry. He shared the vision, mission, and core values of the School. Major activities include finalizing the recruitment of leadership positions in the School, preparing the self study report for initial accreditation, curriculum development, faculty, staff, & student recruitment, and the community service learning centers development. He shared that the School of Dentistry has its own Face Book page which has been a great networking tool for potential students.

**Brody School of Medicine Update:**

Drs. Paul Cunningham, Nicholas Benson, and Mr. Brian Jowers presented the current and future model for the Integration of Cancer Services at the Leo Jenkins Cancer Center and PCMH. The rationale for the joint venture is:

- Cancer in all forms is indisputably a major health issue in eastern North Carolina.
- There is strong enthusiasm from BSOM and Pitt County Memorial Hospital (PCMH) to significantly strengthen the cancer care services locally and regionally.
- Cancer care spans the ambulatory and in-patient arenas.
- The resources from BSOM and PCMH complement each other; by working collaboratively, we can build on our areas of excellence.

The two goals are to provide the highest quality of patient care and an excellent patient experience.

**ACTION:** A motion was made to approve the future model of the integration of the Leo Jenkins Cancer Center and PCMH. It was noted that continued negotiations are being held. Motion passed.

Dr. Cunningham shared that the Brody School of Medicine is engaged in an internal review with leaders in the medical school as well as PCMH. Mr. Bruce Flye, Director of Planning and
Partnerships is conducting the internal review. Their goal is to look at long-term goals that will
enhance their capabilities and look at their long-term decision-making processes to see what the
next steps are for moving the BSOM in the future.

Health Sciences Division Update:

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. Dr. Horns shared
that the Health Sciences Division is participating in the 2nd phase of ECU-Tomorrow. The
Division will have a strategic action plan that will address the most immediate things that we are
doing. It will also demonstrate and have evidence of those things that we are accomplishing
which are outlined in ECU Tomorrow. The strategic action plan is being planned so that we
can outline what we believe are the next steps in the development of the Academic Health
Center.

Dr. Horns reported that the College of Nursing will be celebrating their 50th Anniversary in 2010-
11. She reported that 248 nursing students successfully completed the state licensure exam for
a 96% pass rate for 2009. Dr. Horns reported that Dr. Dave Cistola, College of Allied Health
Sciences, was instrumental in the University obtaining $2.4 million in federal funds to develop
the campus-wise Operation Reentry Project (providing service and applied research for
wounded military returning from the Middle East).

Other:

Mr. David Brody announced that Mr. Greg Hassler, Associate University Attorney for the Health
Sciences Division & Chief Legal Counsel to the BSOM, would be stepping down from his
position in the University Attorney’s Office and will be assuming a new role as a Teaching
Assistant Professor in the Department of Medical Humanities. The Health Sciences Committee
shared their appreciation for Mr. Hassler’s dedicated service to the Health Sciences Committee.

Dr. Cunningham also introduced Dr. Kathleen Previll as the Interim Associate Dean for
Academic Affairs for the Brody School of Medicine.

Meeting adjourned at 3:15 p.m.
The Brody School of Medicine
At East Carolina University

Building a Sustainable Future

Acknowledging Success
Identifying Opportunities
Engaging the Future

February 2010
To understand the Brody School of Medicine today and in the future, it is important to have some awareness of its beginning. A book published in 1998, “Beginning of the School of Medicine at East Carolina University, 1964-1977,” includes the following on the back fly cover:

“Initially established as a two year program, the school admitted its first twenty students in September of 1972... Three hundred applicants applied for these first twenty positions. The battle to have a four-year medical school at East Carolina had begun. Before the third class would transfer to UNC-CH, the ECU School of Medicine would be recommended by the UNC Board of Governors to be a four year program. In August of 1977, a charter class of twenty-eight students was admitted to the four year-program at the School of Medicine at East Carolina University, beginning a venture that would alter the university and eastern North Carolina, forever.”

The story continues:
The Brody School of Medicine will be the Center of Excellence for Healthcare, Education and Research in North Carolina.
Executive Summary

The Brody School of Medicine, as established by the North Carolina General Assembly in 1975, is dedicated to accomplish the following primary goals:

1. Educating primary care physicians for North Carolina;
2. Providing access to careers in medicine for minority and disadvantaged students; and
3. Improving the health care services for eastern North Carolinians.

The reason for the existence of this school is beyond debate. What is now relevant is how its achievements to date have benefitted the state and how it will be able to accomplish these missions in the future. This will require evolutionary change.

The Brody School of Medicine has made an indelible impact on health care, education and research in North Carolina during its first 35 years. The next 25 years will see the emergence of the Brody School of Medicine as the center of excellence for healthcare, education and research in this state. Just as our state will rise to numerous challenges, we are embracing those posed by our unique geographic conditions, our growing population and statistically evident trends in emerging healthcare needs. The future of eastern North Carolina is with us.

The Brody School of Medicine is reinventing itself, staying ahead in an environment of unprecedented economic change in the state and nation. Leveraging and growing this legacy of impassioned service and education - synonymous with our very existence and fully embraced by our culture – is an investment upon which North Carolina depends. In what ways will our patterns of success evolve to meet the rapidly evolving needs of the citizens of North Carolina?

The School is committed to further sharpening its focus on the health care, research and education needs of eastern North Carolina.

1. We are building on the foundation created by Drs. Leo Jenkins, Ed Monroe, Wallace Wooles and others in the early 1970s. Our current high-value initiatives include:
   a) Expansion of the medical student class size;
   b) Improved cancer care;
   c) Strengthening research activities;
2. We are continuing to design and build facilities and resources for education that meet the needs of today’s learners and tomorrow’s patients;
3. We are aligning our leadership behind the priorities that will make a difference in our region and the state by:
   a) Creating a Neurosciences Institute;
   d) Growing the Public Health program;
   e) Increasing the diversity of medical specialties within ECU Physicians;
   f) Expanding specialty resident training for the future doctors of North Carolina;
4. Strengthening partnerships with our teaching hospital affiliate (Pitt County Memorial Hospital) and East Carolina University’s Colleges of Allied Health Sciences and Nursing, and the School of Dentistry;

5. We are engaging our advocates and allies to achieve these goals. Specifically:
   - The School is stretching beyond its traditional scale and scope;
   - We continue to collaborate with elected officials and regional thought leaders for continuing support;
   - We are seeking partnering opportunities with others in the UNC system on creative and innovative models for healthcare delivery;
   - We are creating new strategies that ECU has not employed before; and

6. We are transforming our operations and becoming a more fiscally responsible business.

As stated above, the relevant question now is how will the needs of the people of North Carolina be met as we go forward together? It will take funds for:

i.) Immediate support for uncompensated safety net patient services;
ii.) Expansion of the medical student class size; and
iii.) Renovation, modernizing, retooling and re-commissioning of the Medical School physical plant.

The story continues: the Brody School of Medicine will be the Center of Excellence for Healthcare, Education and Research in North Carolina.

The Context of the Brody School of Medicine

National Trends in Health Care

Over the past decade, the face of medical care in America has changed significantly. In many ways it’s a new landscape. The pressures on America’s medical schools to sustain high levels of productivity, however, have not changed and may be increasing in four key areas:

   a. The further evolution of managed care;
   b. Caring for the increasing number of uninsured Americans;
   c. The focus on controlling ever-increasing healthcare costs; and
   d. Concerns about patient safety and the quality of care.

Medical schools are challenged on multiple fronts to be the primary resource for training the physicians of tomorrow, the vital locus of creating and disseminating new knowledge for illness and injury, the safety net for health care for millions of Americans, and the leaders in the development of health policy at the local and national levels.
This last element includes political advocacy and acknowledges the essential partnership between a medical school and our legislative leaders – regionally and nationally.

**How the Brody School of Medicine Responds**

Over the past three decades, the School has built an outstanding foundation of education, research and service, working hard to meet the needs of North Carolinians. The School is committed to making an even larger difference in improving the health of our state in the coming years.

The School’s accomplishments to date have been recognized nationally. In the most recent annual listing of the best graduate schools by *U.S. News & World Report* magazine, the School ranked 7th in the nation in Rural Medicine and 28th in Primary Care. The American Academy of Family Physicians and the Society of Teachers of Family Medicine ranked the School 2nd among accredited U.S. medical schools in the percentage of graduates it sends into family medicine residency programs.

Challenges remain for our geographically expansive, mostly rural population. We continue to face the highest disease prevalence of any region across the state in cardiovascular, stroke, diabetes and kidney disease. More than 21% of eastern North Carolinians report they feel they have poor health, compared with 18% for the state overall. The prevalence of diabetes in our region is 7.4%, compared with 6.4% for the state overall. Looking at premature mortality, if eastern NC was a state, it would rank 48th in the nation, compared with 38th for the rest of NC. Similar statistics can be quoted for stroke, heart attacks, hypertension and kidney disease.

North Carolina is still recovering from the recent economic depression. The majority of counties in our region have poverty rates exceeding 17%. As of December 2009, the unemployment rate for North Carolina as a whole remained over 11%. Some of the highest unemployment rates on record are evident in our region, greater than 14%. This translates to a higher burden of under- and un-insured citizens in need of health care.

ECU Physicians, the School’s multispecialty group practice with over 350 physician faculty, provides care to 140,000 people per year, of which 20,000 are classified as indigent. One of every three patients either has no insurance or is on Medicaid. This percentage of uninsured patients is nearly double that of the average private physician practice. The indigent care funding
Many medical services are provided to lower income people and those individuals with no or limited health care insurance. Access to community physicians’ private practices is limited for these patients.

that has been received to date has been completely allocated to healthcare services now provided but whose viability is under continuous threat.
During times of economic recession, safety net services like the School see an ever-increasing proportion of indigent patients. Many of the indigent wait longer to seek medical care, therefore arriving with more severe illness that requires more resources. The safety net of patient care provided by the School for eastern N.C. is unable to keep pace with the demand. The net losses incurred by ECU Physicians in providing care for indigent patients throughout eastern North Carolina hinder the opportunities for the School to reinvest funds in education, patient care, research, and economic development in rural and underserved areas. A modest annual investment now by the state to support this underprivileged population will produce an immediate return on investment and avoid a greater burden for taxpayers in the future.

Access to Care
While the BSOM does provide safety net services to many, much of the basic health care is in the hands of professionals deployed across our region. Yet there are major challenges for patients seeking access to healthcare. They use emergency departments and urgent care centers for routine healthcare that should be provided by primary care professionals. These professionals are just too busy to work in more patients. And North Carolina continues to attract retirees; clearly, the population is aging. This change in demographics demands additional resources to achieve acceptable goals in access to health care services. The latest data from the Sheps Center at UNC Chapel Hill shows that 19 counties in the region had fewer physicians per 10,000 population in 2008 than in 2003. The region needs more physicians.

The School has an excellent tradition of graduating physicians who practice medicine in North Carolina and who enter primary care residency programs. Data from the Sheps Center show that 59% of BSOM graduates practice in the state. In addition, for physicians who graduated from BSOM and did their residency training with Pitt County Memorial Hospital (PCMH), 75% remain in the state to practice medicine. Thirty-four percent of BSOM graduates practice primary care in North Carolina and 28% of graduates practice in rural areas of the state.

The 2009 DJW & Associates consultation on the medical student class size expansion developed a roadmap for expansion after careful assessment. Their recommendations build on the statements of the Institute of Medicine and the Association of American Medical Colleges (AAMC), who outlined the immediate need for every medical school to increase their class size.
by 30%. Although our state is near the middle of the 50 states in number of physicians, ranking 29th in physicians per 100,000 people, the shortages in eastern North Carolina are more acute. Particularly affected by this shortage are primary care, general surgery, psychiatry and other specialties. The shortage also demonstrably impacts the availability of rural care and care accessible to underrepresented minorities. The region needs not only additional doctors but also the resident physicians who provide care with them and create a pipeline for future physicians for the region and state.

The Brody School of Medicine’s Plan is three-fold:

- Increase class size from 80 to 120;
- Teach the 1st and 2nd year basic sciences curriculum at the Greenville campus; and
- Create satellite training centers in Eastern North Carolina to provide clinical training for 3rd and 4th year students.

The initial budget estimates for class expansion and satellite training centers include $165.4M for non-recurring expenses and $23.9M for recurring. It is important to note that increased funding for the NC AHEC system will be crucial to support the increase in medical students and that additional residency training slots in the state will be required to help retain these physicians.

An additional benefit to eastern North Carolina communities will come in the form of favorable economic development and fiscal impacts. A 2007 report from the AAMC showed that every dollar invested in a medical school in the U.S. resulted in an economic impact of $2.30. Thus, this expansion could result in regional economic development of over $50M per year.

The Medical School in Maturity

Research

We are in our adolescence. As a young, community-based medical school, the Brody School of Medicine has to work harder than most to gain its share of NIH funding. Any new medical school must address the challenges of developing a program of study and a physician practice to support the training of those students. It is clear that the School has done those things with remarkable success, and in relatively short order. It is now time, and the School now has the stability, to move the research enterprise forward in a manner consistent in scale and in scope with its excellent educational and service programs. We are beginning the transition from what have always been islands of research expertise to anchoring large scale programs that incorporate the School with partners University-wide. In fact, the transitions have already begun. In recent years, research has nearly tripled from $10.6M in FY 1994 to $28.4M in FY 2008. We focus on
building research programs in fields that reflect both strength in existing faculty and demonstrated need in our patient population. These fields include cardiovascular, metabolic, cancer, obesity and neuroscience research.

From the outset, the School has been an institutional leader in academic research initiatives at East Carolina University. The PhD programs at the School were instrumental in upgrading the institutional Carnegie classification, which improved the formula funding allocation for the entire University. Three of the first four PhD programs at ECU outside BSOM were formed in direct partnership with the medical school. BSOM accounted 55% of the university’s extramural funding last year and nearly 70% of the federal research support. This proven culture of achievement has a rare opportunity at this time: approximately 20% of the entire basic sciences faculty is in their first three years of employment. Providing our junior faculty with proper investment, support, mentoring, and a clear message of research expectations, our research revenues will grow exponentially. The real winners in this transition will be our patients since much of our research is translational; the knowledge flows directly from the lab to the bedside, bringing improved patient outcomes. For example, the School’s investigators have teamed with clinicians to reducing childhood obesity in several counties in Eastern North Carolina. In addition, as extramural funding of research increases, it will become increasingly possible for the translational activity to realize its true potential by developing clinical opportunities for questions to flow more directly from the bedside to the laboratory. Combined with an expanding program in major clinical trials, we will see more innovation and entrepreneurism in our clinical practice.

**Teaching**

Among the most amazing changes in academic medicine is the dramatic change in learners’ preferred style for assimilating new information. Sitting in large lecture halls is now passé. Today’s learners demand, and work best with, electronic media that transmit the material when the learner wants to use it. These learners have grown up multi-tasking and insist on learning that way. The use of IPods, streaming videos, and similar technology at any hour of the day or night is seen as the optimal learning mode. It is important to complement this virtual learning environment with small group discussions and mentoring, so the School is constantly seeking new ways to convert any available space to rooms for this work. The continuing rapid growth of medical knowledge and the evolving medical curriculum demands teaching modalities that can be constantly updated and pushed out to the students.
In the past few years, medical education through simulation has emerged as a vital resource in every medical school and teaching hospital in the nation. Demonstrating invasive procedures on manikins, using computers to simulate clinical conditions, and allowing learners to practice life-saving techniques in a safe environment greatly improves their clinical confidence, dramatically reduces errors in the real-life encounters, and deeply enhances patient safety. The School’s Medical Simulation Center currently resides in temporary space in the “old library” simply because there is not another location. The future success of our students calls for establishing a permanent home for the Simulation Center where the latest tools can be used.

The Physical Plant
The aging Brody Medical Sciences Building houses our research and teaching. Completed in 1982, it causes the School to be ranked as having the oldest physical plant among Association of American Medical Colleges (AAMC) members. The assessment in 1999 of the cost of renovations and modernization needed at that time was over $18M. As a result, only cosmetic changes to the major function areas have been accommodated. The classrooms continue to focus on large group lectures, which do not connect well with the ability of today’s learners to use streaming videos and independent work.

An analysis of the need to update the bench research labs throughout the building in 2007 to a level sufficient to be competitive in recruiting funded research faculty pegged that cost at $30M, which is nearly equal to the cost of entirely new research lab space. The William E. Laupus Health Sciences Library moved from its original location to the new Health Sciences Building in the spring of 2005; since then the “old library” has been used as temporary space for numerous offices until the $10M needed for renovations can be identified. The School is fortunate to have received funding for major new clinical facilities, but new education and research facilities have not been funded. The construction of the East Carolina Heart Institute and the new Family Medicine Center are vital additions to the infrastructure of the School, and similar investments can make the real impact necessary to support the education and research activities.

Opportunities Ripe for the Harvesting
The needs described thus far become all the more compelling as we look to opportunities for the future. When reviewing the accomplishments of the past 35 years, citizens of North Carolina can be very proud of the achievements of the Brody School of Medicine. The contributions of its
physician graduates within the state are among the best of any medical school in the nation, regardless of the school’s age. The ECU Physicians multispecialty group practice provides care to over 140,000 individuals through 450,000 visits at more than 20 different clinic sites annually. Yet there are some really substantive avenues for growth and maturity that are being developed right this very moment.

People come to us for collaborative support. The list of advantageous relationships continues to expand:

- BSOM and Pitt County Memorial Hospital and University Health Systems of Eastern Carolina, Inc.: the joint graduate medical education programs, student training opportunities and clinical care projects that are strong traditions herald significant prospects for future success.
- BSOM and the UNC-CH Lineberger Comprehensive Cancer Center: formal agreement was reached in 2008; additional collaborations will add PCMH to provide full-service cancer care to eastern North Carolinians.
- BSOM and the Veterans Administration: The Durham VA Medical Center affiliation agreement was finalized late in 2008 and provides new opportunities for residency training and patient care.
- BSOM and community private practices: the School is reaching out to private physicians in new alliances to meet patients’ needs.
- BSOM and the colleges/schools within ECU, for which we serve as a center point for affiliations with all health sciences components:
  - Allied Health Sciences
  - Arts & Sciences
  - Dentistry
  - Health and Human Performance
  - Nursing
- BSOM and Carolina Access: ECU Physicians was a vital participant in this Medicaid program that is emblematic of establishing innovative partnerships to improve patient care.

The alliance established over the past few years between the School and the ECU School of Dentistry promises to support the work of training physicians and dentists for the state. The collaboration to date in dental student basic science education, bolstering the academic preparation for potential students, and similar programs, will enhance the mission-oriented achievements of both schools. This is just one important example of collaboration that has extensive reach and positive outcomes in eastern North Carolina.
While the School is known widely for its commitment to family medicine and other primary care specialties, it suffers from not having specialists typically on the full-time faculty at older medical schools. This includes fields like orthopedics, neurology, urology, radiology and others. These specialists not only are vital for the education of medical students, but also key contributors to the financial vitality of the clinical operation, i.e., the ECU Physicians practice plan. Adding neurosurgeons to the full-time faculty in the fall of 2008 was a significant step forward, but investment in additional specialties will be vital for the future success of the School’s educational, research and clinical programs.

**Philanthropy**

The graduates of the Brody School of Medicine are now reaching a point in their careers when retirement is an option and sizable philanthropic contributions can be contemplated. Total pledges and gifts to the School through the ECU Medical & Health Sciences Foundation for the past 15 months exceeded $2.8M, including advancement of endowed professorships and the largest gift ever from a member of the faculty ($500,000). For FY 2009, alumni participation in annual giving at 11.8% was the highest of any college at ECU. Despite being the leader in alumni support at ECU, the overall philanthropic support to the annual budget of the BSOM rests at less than 2%.

The initiatives cited so far have tremendous potential for growing our philanthropic possibilities. More graduates will mean more loyal, appreciative and generous alumni. Broader and more sophisticated partnerships will lead to more exposure, awareness and appreciation for positive outcomes. A well cared-for population can translate into a supportive citizenry, sustaining the economic engine.

**Breaking Through**

**Managing the Culture for Leadership and Success**

Much has been said elsewhere in this paper about the desperate healthcare situation that challenges eastern North Carolina and we have described ways in which we have learned to do things differently or committed to do more. In addition, we have discovered the value of also thinking differently as we serve their needs. To this end we are focusing on leadership development and an orientation toward success.

Like most academic institutions, the School has a history of recurring strategic planning. The conditions in our region demand that we mature our plans to produce faster in the near term and
to build on the strengths of partners and stakeholders. The examples are numerous: the Metabolic Institute and the East Carolina Heart Institute both need to make sizable impact through research and recruit new partners. In patient-oriented areas, we have joined with PCMH to form a joint venture endoscopy center; we have partnered with private practitioners and brought a neurosurgery practice into the School; and currently we are collaborating with PCMH toward a model of integrated cancer care that, while requiring a significant change in both institution’s cultures, will provide a far better experience for patients and the likelihood of improved outcomes.

As we grow our internal culture we are also mindful of cultural issues in our region. The Bureau of Labor Statistics predicts that 41.5 percent of the workforce will be members of racial and ethnic minority groups within the decade. Even with this burgeoning reality, many are unaware of the inequities in health care status linked to ethnicity. The Brody School of Medicine is improving the health of all eastern North Carolinians, regardless of ethnic background. In order to meet that continuously growing need, the school is embracing its own diversity, such that the students, faculty and staff more closely reflect the ethnicity of the population that it serves. Experience shows that is more likely to be successful in improving the health of our racial and ethnic minority populations.

A positive indicator of success is the Brody School of Medicine’s long track record of superlative success in attracting minority and disadvantaged students, retaining them, and placing these doctors in underserved areas of the state. We will build on this positive experience to maintain and sustain our commitment to our minority healthcare needs.

Underlying any future plans for the School is the unrelenting realization that more physicians are needed in the state. The ground laid in the past two years with UNC President Bowles established guidance for the Brody School of Medicine and the UNC Chapel Hill School of Medicine to work together on the expansion of their medical student class sizes. While patience will be necessary until the state’s economy recovers from the recession sufficiently to support the major expenditures for these expansions, the need for more physicians will clearly persist. It is equally clear that the most logical way to fill that need is to expand the two schools. Coupled with the expansion of the medical student class sizes, the state will need to work with its academic medical centers to increase the number of resident physicians receiving their specialty training in North Carolina.

Each of these initiatives requires leadership committed to continual evolution and growth. The arrival of Dean Cunningham in the fall of 2008 and the subsequent selection of permanent chairs
The Brody School of Medicine: **Building a Sustainable Future**

Acknowledging Success □ Identifying Opportunities □ Engaging the Future

in clinical and basic science departments has shored up the stability of the School’s senior leadership team. Another essential element is the strategic alignment with the leadership of University Health Systems of Eastern Carolina (UHS) and Pitt County Memorial Hospital (PCMH). PCMH is an inextricable partner in the clinical and educational work of the School. Recent work by Dean Cunningham and President Steve Lawler supplies a robust platform for the executive teams of the School, the Hospital, and the health system to enumerate the guiding principles that will be used to guide future joint efforts.

**A Fiscally Responsible Business**

Given the many needs of our citizens in the fast-changing, performance-oriented climate of today’s healthcare world, it is readily apparent that nimble and responsive approaches are essential. The Brody School of Medicine’s best and brightest future lies in its ability to see itself as a business and to operate accordingly. This view cannot forsake the importance of further maturation of the teaching and research activities at the School. A well-crafted business model can efficiently support growth of all three mission areas.

The reality is that we’re driven by our practice plan. With 68% of the School’s budget is based on clinical revenues, supplemental support from the state is becoming more critical than ever. As a state-sponsored medical school, the Brody School of Medicine operates in a fiscal and regulatory world parallel to that of other constituent institutions of the UNC system, the NC Department of Transportation, the local community college, and the NC Division of Prisons, to name just a few examples. Yet, the constraints created by today’s world impact the School unlike any other state agency.

The fact that the School has direct line item appropriations in the State’s budget means that budget cuts are levied against the School. Other UNC components have been able over time to mitigate, or even reverse, the negative effect of those budget cuts through enrollment increase funds. But the Brody School of Medicine’s existing physical plant prevents the School from expanding the medical student class size, i.e., prevents the School from receiving any enrollment increase funds. Furthermore, since FY 2000, the School has sustained a total of $7.7M in permanent annual State budget funding cuts. When considered as a cumulative impact on the School (i.e., the additive effect of cuts in multiple years), this amounts to a total of more than $43.5M in reduced State funding. This compares to the current State budget for the School of $48M.
Human resource policies and regulations also pose significant limitations for the School. While the creation of flexibility legislation (NC G.S. 116-40.6) in 1998 opened the door for the School to create a new employee classification specifically for staff supporting the ECU Physicians clinical enterprise, limitations on hiring, discipline, and incentive processes are still being resolved. The inclusion of our clinical faculty hiring and disciplinary measures with the rest of ECU faculty via the ECU Faculty Manual requires the School to follow the same restrictive pathway on personnel actions for a surgical oncologist as for a professor of romance languages. The fast-changing and performance-oriented climate in today’s healthcare world demands more nimble and responsive approaches, especially for human resource issues.

We are transforming our operations and becoming a more fiscally responsible business.

The School clearly benefits from, and is deeply appreciative for, the support received from UNC General Administration and Board of Governors, the NC General Assembly, and all administrative offices of the State of North Carolina. Improved business approaches do exist at UNC Chapel Hill, where the medical school is able to employ the resources and relative independence of UNC Health Care as a platform for its operations, bringing increased opportunity to serve patients and meet its mission. Clearly, everyone’s situation could benefit from a business model that appropriately differentiates the work of a medical school from the other components of a liberal arts university, thereby optimizing the School’s success in service to the people of Eastern North Carolina.

We must remember what makes ECU special. We have a soul. We have a passion for meeting the needs of the region. We make a difference for North Carolina. We believe in leading rather than following.

Tomorrow starts here!
The Brody School of Medicine will be the Center of Excellence for Healthcare, Education and Research in North Carolina.

The Brody School of Medicine has made an indelible impact on health care, education and research in North Carolina during its first 35 years. The School is now reinventing itself to stay ahead in an era of unprecedented change. Leveraging and growing our legacy of impassioned service and education - synonymous with our very existence and fully embraced by our culture – is an investment upon which North Carolina depends.

This paper highlights three vital initiatives that provide a foundation for the School and the state.

1. **Indigent Care:** Additional funding of $3 million is required to sustain and expand the many venues in which the School provides care for indigent North Carolinians, to supplement the current support of $2 million.
   - Safety net services at the School are seeing ever-increasing numbers of indigent patients and unable to keep pace with the demand.
   - Many of the indigent wait longer to seek medical care, therefore arriving with more severe illness that requires more resources.
   - The indigent care funding received to date was allocated to support services whose viability is under continuous threat.
   - Of all patients seen at BSOM: 1 of every 7 patients has no insurance; and 1 of every 3 has no means of payment or is only covered by Medicaid.
   - ECU’s percentage of uninsured patients is nearly double that of private physicians.

2. **Expansion of the medical student class size:** Access to care is a real challenge for all. Simply stated, the state needs more physicians. Indeed, the Institute of Medicine and the Association of American Medical Colleges (AAMC) have called for every medical school to increase their class size by 30%.
   - The Brody School of Medicine’s Plan is three-fold:
     - Increase class size from 80 to 120;
     - Teach the 1st and 2nd year basic sciences curriculum in Greenville; and
     - Create satellite training centers in Eastern North Carolina to provide clinical training for 3rd and 4th year students.
   - The initial budget estimates for this initiative include $165.4 million for non-recurring expenses and $23.9 million for recurring.
   - Of note, the annual regional economic development impact exceeds $50 million.
3. Renovation and recommissioning of the physical plant: Because of the age of the Brody Medical Sciences Building (opened in 1982), the School is ranked by the AAMC as having the oldest medical school physical plant in the nation. The following features predominate:

- Education of today’s students no longer relies on large lecture halls. These learners work best with small group discussion and electronic education media.
- The Medical Simulation Lab resides in borrowed space in the old library. Yet, education through simulation is undeniably the right venue for patient-safe practice and error elimination, not to mention soon to be an accreditation requirement.
- Research wet labs designed over 30 years ago defy attempts at collaboration between scientists and greatly limit their productivity.
- A complete refurbishment and recommissioning of the Brody Medical Sciences Building, Brody Auditorium, Leo W. Jenkins Cancer Center, Ed Warren Life Sciences Building, and Biotechnology Building is estimated to cost $120,000,000 based on 2010 construction costs.

The relevant question now is how will the needs of the people of North Carolina be met as we go forward together? The School is poised to make a real difference for the people. We have demonstrated our capacity for change in the past 35 years. We have a passion for meeting the needs of the region. We make a difference for North Carolina. We believe in leading rather than following.

Tomorrow starts here!
ECU-UHS Guiding Principles
Approved at a Joint Leadership Meeting on March 9, 2010

As an Academic Health Center, building synergistic successes for ECU and UHS is a must, not an option. Acknowledging that each partner works within a unique culture and setting, both partners commit that:

We will celebrate and value the strengths of each partner and respect the differences without dwelling on the past.

We will always focus on future successes where each partner gains maximal benefit related to the roles we share to provide access to care, education and research.

We will start every collaboration with a vision statement equally valued by both partners.

We will ensure that honesty and respect will be cornerstones for all interactions.

We will commit to transparent, explicit, and collaborative communication at all levels.

We will openly share the rationale for all decisions.

We will be realistic and clear in communicating our plans, timelines, and measures of success.

We will make every effort to commit and maintain resources for a joint activity.

We will ensure that the full array of leaders of both partners will be committed to achieving success for joint projects.

In the event either party identifies a conflict with complying with these guiding principles for a particular project or topic, they will inform and acknowledge the conflict to the other party’s appropriate leadership for discussion and resolution: either BSOM Dean to PCMH president, or Vice Chancellor for Health Sciences to UHS CEO.
Following are highlights from the College of Allied Health Sciences (CAHS) since the February 26, 2010 Board of Trustees meeting.

In March, the Department of Physician Assistant Studies announced that this year’s class of graduating students achieved a 100% first time pass rate on their national certification examination. This is the second year in a row that their students achieved a 100% pass rate.

Dr. Walter L. Jenkins, Associate Professor and Interim Chair of the Department of Physical Therapy, recently received the Ron Peyton Award at the American Physical Therapy Association’s Combined Sections Meeting in San Diego, CA. The Ron Peyton Award is given annually to a member of the Sports Physical Therapy Section and recognizes an individual who has served sports physical therapy and the section throughout their career. The Ron Peyton Award is the highest honor given to a section member.

Meta Downes, an Associate Professor and Director of the undergraduate program in the Department of Communication Sciences and Disorders died on February 24 after a courageous battle with cancer. She will be missed.
Greetings from Laupus Library.

Can you believe?
Laupus Library will celebrate its 4th anniversary in our new building June 1, 2010. It is hard to believe four years have passed so quickly.

Friends of Laupus Library
The Friends group was officially organized on July 1, 2009 and has not been operational for 8 months. In that time we have recruited 58 members. The “inaugural” year will run until December 31, 2010 after which the membership year will revert to the calendar year. To date, $7322.40 in dues payments have been received. Many of the members have pledged to pay $1,000 within the first three years of the organizations founding to be named a “Founding Friend”.

In their first 8 months of activities, programming for the Friends included their co-sponsorship of the 2009 Faculty Author Recognition awards program. This year, Friends members were invited to participate in the awards luncheon where they were seated throughout the dining area. This provided the members with opportunities to speak with faculty authors and hear more about the research activities of the Division of Health Sciences. On March 4th the Friends group sponsored a Panel Discussion related to the Literature of Prescription exhibit that was on loan to Laupus Library from the National Library of Medicine. More than 50 participants came to hear a distinguished panel discuss the themes of the exhibit in the context of contemporary medical practice and literary scholarship.

We cordially invite all members of the Board of Trustees to consider becoming Founding Friends of Laupus Library. Membership information is posted on the Friends website www.ecu.edu/laupuslibrary/friends

Health Sciences Author Recognition (HSAR)
Building upon Laupus Library’s successful Faculty Author Recognition (FAR) awards program, the decision was made to expand authors eligible for recognition to include those EPA and SPA staff who have also been published in peer reviewed works resulting from their contributions to research done in the Division of Health Sciences. Thus, beginning in 2010, the FAR awards program will now be called the Health Sciences Author Recognition (HSAR) awards program. An evening ceremony and
reception is planned for November 2010. This event will again be co-sponsored by the Friends of Laupus Library and early plans call for spouses of authors to be invited to attend.

**Type Cast**

*Type Cast*, the student literary magazine of the Brody School of Medicine, opened an exhibit of its latest edition in the 2nd floor east hallway of Laupus Library in January. *Type Cast* is a project of the students of BSOM and the Medical Humanities department. Upon annual publication, the pages of the publication are prepared as poster sized exhibits and hung in a hallway with special signage for this project. Visitors to Laupus Library are invited to view the latest *Type Cast* exhibit when they next visit the library.

**Virtual Library**

The Virtual Library @ ECU, a joint effort between Joyner and Laupus Libraries, continues to growth in both size and quality. In addition to the more than 2.5 million books, documents, maps, bound periodicals and serials available in print from eastern North Carolina's only research library, the Virtual Library now provides access to more than 600,000 electronic books and 45,000 e-serials and databases. The availability of such e-resources is essential for support of ECU's distance education programs and provides on-campus researchers with extensive resources not possible through use of a print-only library model.

**Medical History Interest Group**

The MHIG presented a varied schedule of monthly lectures for spring 2010 including:

- Feb 22 – Bringing the Hospital to the Patient: A Tangled History of Pre-hospital Medicine, Joshua Corsa, FP-C (Flight Paramedic-Certified), BS, M2 at BSOM
- Mar 22 – In Defense of the Nation, Syphilis, North Carolina’s "Girl Problem" and WWI
- April 19 – A History of Dropsy: From Bloodletting to Southey's Tubes, Hassan Alhosaini, MD, Senior Fellow in Cardiovascular Medicine, ECHI

**Strategic Planning**

Laupus Library is conducting a Strategic Planning process under the design and coordination of Bruce Flye. The project entitles, *Premier Information Experiences in a Changing University* will seek to identify and plan for future library initiatives based upon seeking continued program excellence and user satisfaction. To date, an initial library staff and faculty work shop has been held and Interviews of library stake holders have been completed and are being compiled. Bruce Flye will return to the library to do the library-wide synthesis in May or June.
**NLM Leadership Fellow**

Dr. Dorothy Spencer, Laupus Library Director, is participating in the 2010 National Library of Medicine/ Association of Academic Health Sciences Libraries Leadership Fellows program. Dr. Spencer was chosen to mentor Mrs. Heidi Nickisch-Duggan, Associate Director of the Gaulter Health Sciences Library at Northwestern University in Chicago, IL. In addition to a variety of virtual mentoring activities, Mrs. Duggan will spend two weeks at ECU meeting key leaders and observing operations at Laupus Library and throughout the Division of Health Sciences. Mrs. Duggan's first week at ECU coincided with the announcement of the Ledyard Ross gift to our new School of Dental Medicine. While attending the dinner in honor of Dr. Ross, Mrs. Duggan was able to chat with him about his own dental training received at Northwestern University in the early 50’s. Mrs. Duggan will return to Greenville in August when many activities are planned is an outreach orientation of EAHEC library facilities supported by Laupus Library throughout eastern North Carolina.