**AGENDA**
Board of Trustees
Health Sciences Committee
July 22, 2010

*** There will be no meeting of the Health Sciences Committee. The items below are information only.

I. Vice Chancellor’s Report to the BOT

II. Brody School of Medicine: The Next Critical Step for Health Care in Eastern North Carolina
Vice Chancellor’s Notes:

I hope you are having a wonderful summer and staying cool. The Health Science Division has been very busy since our last meeting and I want to use this written report as an opportunity to bring you up-to-date on the activities of our respective units. Each of our Deans has prepared information to be included in this report and I think this will certainly give you a sense of the multiple and diverse initiatives underway in each area. For the division as a whole, we have shared with the rest of the University the anguish that goes with waiting for the legislature to complete the state budget. While ECU was fortunate to receive the $6M in recurring operating dollars for the Dental School we did not receive indigent care dollars for the BSOM or planning money for the new Bioscience building. More work will be needed on these last points. Under the direction of Vice Chancellor Seitz we are beginning work to set the Dental School tuition and fees which will follow the usual process and come to the Board for input in the fall. Because this is a new and expensive program, how and at what level we set the initial tuition and fees is very critical. The Division has also been active in researching the implications of Health Care Reform for our institution, region, and state. Many unanswered questions remain and certainly we know that the entire impact will not be known for years. Last month we were visited by Dr. Steven Wartman, President and CEO, of the Association of Academic Health Centers, who spoke about the “buzz” in Washington and elsewhere as the implementation guidelines for the initial provisions of the legislation are being debated and crafted. We are truly fortunate that a number of the basic elements of who we are at ECU are reflected in this legislation. For example, the shift in emphasis to prevention and primary care will position us well to be major players in achieving improved access to quality health care for many newly insured citizens. In keeping with the workforce implications of this legislation we will be forming a work group later this summer to explore interprofessional education and how we might best strengthen our efforts in this important area.

I hope you will find the remainder of the report helpful. I will miss you at the July BOT meeting but will be enjoying a relaxing vacation in Alaska. Thank you for your work on this committee and your commitment to ECU.
**College of Allied Health Sciences:**

The college experienced a record graduating class in May 2010 of 254 undergraduate and graduate students, not including the graduates in the December 2009 class.

After 14 years, Professor Elizabeth Layman, PhD will be stepping down as chair of the Department of Health Services and Information Management. Xiaoming Zeng, MD, PhD will be assuming the role as chair starting July 1, 2010.

Chancellor Ballard recently approved the Notification of Intent to Plan a Master of Science in Health Informatics and Information Management, which was forwarded to the UNC General Administration in early June for review and approval.

**College of Nursing:**

The East Carolina Center for Nursing Leadership sponsored a summer workshop series entitled: “Leadership for the 21st Century: Implications for Healthcare Organizations.” Forty-four nurse leaders from over 20 health care organizations in eastern N.C. participated in this professional development series designed to enhance leadership capacity in nursing. The final workshop session featured Dr. Peter Buerhaus, national authority on nursing workforce in the U.S., as the keynote speaker.

Dr. Nancy Stephenson, Professor, and Allison Hope, Instructional Technology Consultant, met with faculty and students of Faculté des Sciences Infirmières de l’Université Episcopale d’Haïti in Léogâne or Faculty of Nursing Science of the Episcopal University of Haiti (FSIL) to assess the needs of the school. During their visit to Haiti, they shared course materials and provided technology assistance for the School of Nursing.

Dr. Kim Larson, faculty, accompanied 12 Students to Guatemala for a study abroad experience (Perspectives in International Community Health Nursing).

The East Carolina Association of Nursing Students (ECANS) received national recognition for recruiting the most new members (191) to the organization. The In Touch award recognized the chapter and funded two students to attend the National Convention. Elizabeth Newcomb, nursing student, was elected to the national Board of Directors for NSNA.

The ECU CON has established a Hall of Fame to recognize the service of nurses who are considered among the most highly regarded nurse leaders. Nurses will be honored for advancing nursing through clinical practice, teaching, administration or research. The inaugural induction will be held during the college’s 50th anniversary celebration in the 2010-11 academic year.
**Brody School of Medicine:**

Major Achievements:

Medical Schools are dynamic. They grow and evolve over time in response to internal and external opportunities. They respond to the ever-changing needs of their learners and the increasing strictures of regulatory bodies. They grow stronger over time and more able to both adapt to and catalyze opportunities. During 2009-2010, the Brody School of Medicine did all of this.

The School was recognized in a study from George Washington University published in June 2010 in *Annals of Internal Medicine* as #7 among allopathic and osteopathic medical schools across the nation for meeting its social mission. The investigators defined “social mission” as the extent to which the medical school graduates physicians who practice primary care, who work in underserved areas, and who are members of a minority group. Achieving such a high ranking is totally consistent with the heritage and mission of the Brody School of Medicine. Long known for an outstanding program in family medicine, the School was named as one of the Top Ten medical schools in the nation by the American Academy of Family Medicine for the third consecutive year based on the percentage of graduates that enter careers in family medicine. There is also great value in some of the lesser known programs at the School. The Department of Obstetrics & Gynecology’s Reproductive Endocrinology Clinic was ranked #4 in the nation for in-vitro fertilization success in helping women become pregnant by the Society for Assisted Reproductive Technology. Dr. Cal Hayslip has led this service for several years and is the key to this success rate.

Responding to a request from ECU Board of Trustees Chair David Brody and Chancellor Steve Ballard, Dean Paul Cunningham led a team in writing “The Brody School of Medicine at East Carolina University: The Next Critical Step for Health Care in Eastern NC” (attached). This white paper outlines the contribution made to date by the School and the need for future funding to support the care of indigent patients from the region, to expand the medical student class size by 50%, and to recommission the Brody Medical Sciences Building and other capital facilities. Dean Cunningham paired with Capstrat, Inc., a communications strategies firm in Raleigh. This led to unprecedented exposure for Dr. Cunningham and the School in the News & Observer and numerous local newspapers in the region. The message of the important role that ECU Physicians and the medical school play in providing care across the region, especially for indigent patients, was heard far and wide.

Hospital Relations:

The relationship between the School and the Hospital has really never been stronger or more collaborative. The executive leadership teams of both institutions started meeting on a regular basis in January with the intent of truly embracing the partnership that has waxed and waned over time and which is now fully acknowledged as being inescapably essential to the future success of both entities. The leaders crafted and approved a set
of guiding principles which call for genuine openness, transparency, and respect in all interactions. As we move toward the second renewal of the Affiliation Agreement binding the two organizations for another 20 years, these principles provide a vibrant foundation for future successes.

One of the tests will be the success of the Cancer Center Joint Venture which is a major new initiative that will change the experience of cancer patients throughout eastern NC in the years to come. We began a national search for a Director of the Cancer Center who will bring vision and energy that will propel our cancer treatment regimens into a new dimension. The Director will also serve as Chair of the recently approved Department of Oncology, which will be the academic home of physicians working with cancer patients, investigators devoted to bench, translational and clinical research in oncology, and faculty who will educate our students and resident physicians. The School and PCMH are nearing completion of complex negotiations to create a new corporation to provide the full spectrum of ambulatory cancer care services in the Cancer Center; the corporation will be jointly owned by the School and the Hospital. The vision is that state of the art cancer services are provided in a healing environment that benefits patients, families and healthcare providers. Services extend across the full continuum of cancer care that includes broad-based education of providers and both basic and clinical research. We still have more negotiations on this one, but the style and approach will also be important to the ongoing GME negotiations.

Finances & Facilities:

Strong progress has been made in our efforts to stabilize the School’s finances. ECU Physicians is gaining momentum with added capability in our business under the guidance of Dr. Nick Benson, Medical Director, and Mr. Brian Jowers, Executive Director. One recent example of Mr. Jowers’ success - he has brought Upper Payment Limit to our attention, related to Medicaid reimbursement. This should be available to us, retroactive to May 3, 2010 and is expected to be $1 million or more of additional revenue. ECU continues its support of ECU Physicians and has invested considerably to our work to shift non-clinical costs off ECU Physicians budget. ECU Physicians will conduct a 2009-2010 Financial Briefing with Chancellor Ballard and Vice Chancellor Seitz in August to review the last year’s financial performance and future forecasts. We will make a full report to the Health Sciences Committee at the September meeting.

Construction on Moye Medical II is also progressing well. This should allow us to improve our patient mix and increase productivity. The building should be complete and ready for operation in September 2010. This new facility will house all of our Surgical practices, except for Neurosurgery. General, Transplant, Pediatric Surgery and Bariatric Surgery will be housed on the first floor, while Plastic Surgery, including two surgery centers, will encompass ½ of the 3rd floor. The other half of the 3rd floor will be for our Dermatology Division and it will have a minor procedure room for our MOHs Surgeon. The 2nd floor will be for our Med/Peds Division and will include an area for our Adolescent Medicine Division. For retail business, Moye II will have a Pharmacy
with drive-thru access. All the site work and paving will not be complete until Sept. 1st, depending mostly on weather.

Academic Programs:

The Interim Senior Associate Dean for Academic Affairs, Dr. Kathy Previll, is providing leadership to the LCME preparation and curriculum reform efforts. Three part-time Assistant Deans have been posted to add credibility to the Division – Dr. Rob Carroll, Physiology, Dr. P.J. Schenarts, Surgery, and Dr. Luan Lawson, Emergency Medicine.

In August 2009, the School matriculated 78 students for the Class of 2013, including 39 (50%) women. Continuing a tradition of more than 20 years, all are North Carolina residents. The mean undergraduate GPA of this class was 3.6, while the average graduate school GPA for the 11 incoming students with graduate degrees was 3.8. The Office of Admissions processed 879 NC applications for the Class of 2013. Thirty-one counties (spreading across the state from Cherokee in the west to Dare in the east) are represented in the class. The average age is 24 with a range of 21 to 43. Twenty-five different undergraduate schools are represented.

The School also had another very strong year in matching graduating seniors (Class of 2010) into primary care residency training programs.
- 50% of the students matched into primary care residency programs on Match Day 2010.
- Of the 66 students participating in the Match, 20% are entering family medicine, 12% in Internal Medicine, 11% in emergency medicine, 8% in obstetrics and gynecology, 12% in pediatrics, 2% in combined internal medicine/pediatrics, and 3% in anesthesiology.
- 47% chose a residency program in North Carolina, with 23% of the class staying at University Health Systems of Eastern Carolina (PCMH).

The Masters in Public Health program, now housed in the Department of Public Health, continued its tradition of growth in student numbers. With ever-increasing applicants, the MPH Program will have more than 100 students enrolled in Fall 2010. By the late summer of 2010, the Department will have more than 110 graduates working in public health, health services delivery, or pursuing higher education. The Department also provides substantial community related education and service including a Duke Endowment funded long-term care continuum, educating administrators and leaders in this sector to serve the rapidly growing senior population. A major contract during this time period enabled the Department of Public Health to train and orient North Carolina boards of public health. Two certificate programs were approved: Ethnic and Rural Health Disparities and Community Health Center Administration. The Department has initiated steps for a doctoral program in epidemiology and submitted an application to for permission to plan to UNC General Administration.
Research Programs:

Dr. Bob Lust is doing a wonderful job as the Interim Associate Dean for Research and Graduate Studies. He will not be able to give 100% in two jobs, and at some time we will need to find the “permanent” Dean for Research and Graduate Studies, and replenish the full Chair capacity in the Department of Physiology.

The Department of Public Health has an active and expanding community research agenda with more than $1 million in funding awards in 2009-2010. A large grant of $275,000 was received from the Association of Prevention Teaching and Research to design enhanced prevention and population health teaching to medical and other health professional schools throughout the nation.

School of Dental Medicine:

Key Accomplishments to Date:

Hired the following faculty and staff:
- Dean
- 3 Associate Deans
- 1 Assistant Dean
- Executive Director of Financial Affairs and an Accountant
- Admissions Director
- 1 Faculty member and have several more searches underway
- 4 Staff Assistants
- 1 Human Resources specialist and 1 Special Projects Coordinator
- 1 Electronic Dental Records specialist

Construction of ECU’s dental building scheduled to begin in late July.

Moving forward with designing and operationalizing the first 3 service learning sites in NC (Ahoskie, Elizabeth City, and Sylva). Close to receiving consultant report for next two sites.

Purchased and occupied 2 modular office units to house the program’s faculty and staff until the new building is completed. Third one will be needed in the 2010-2011 year.

Completed the Design phase for construction of the new dental building on the Health Sciences Campus and now out for bids.

Received another $6M in recurring operating support for the school from the NC General Assembly. Language to assure additional funding in subsequent years was included.

Applied for over $7M federal HRSA grants to help fund start-up costs of the school including the community service learning centers
Completed the accreditation Self Study Report and site visit scheduled for September 20-21, 2010.

Receiving donations for student scholarships.

Conducted several student recruitment sessions to provide information to future applicants. Now accepting applicants for class to begin in August 2011. Over 200 applicants after just 4 weeks.

Continually monitor web/Facebook pages for communicating with prospective students. Heavy traffic on Facebook page.

Participated in two more “Missions of Mercy” events providing free dental care to the underserved.

The Dental School is regularly cited as a model of the future of dental education.

Assuming supervisory responsibility of the General Practice Residency program from The Brody School of Medicine later this year.

Installed Dental Medical Record software. Undergoing customization and testing.

Received approval from Brody School of Medicine to use rooms in their building to conduct classes until the Greenville building is complete. Renovations will begin this fall.

Creation of system-based, clinically-integrated basic sciences curriculum moving forward.

Changed name of school and degree to be awarded.
The Brody School of Medicine
At East Carolina University

The Next Critical Step for Health Care in Eastern NC

April 29, 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 Next Steps

The Brody School of Medicine (BSOM), as established by the North Carolina General Assembly in 1975, is dedicated to accomplishing 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 health care services for eastern North Carolinians

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 the state. The future success of the school will require funds for:

1. Immediate support for uncompensated safety net patient services;
2. Expansion of the medical student class size; and the renovation, modernization, retooling and re-commissioning of the medical school physical plant.

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; and
   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; and
   f) Expanding specialty resident training for the future doctors of North Carolina.
4. We are strengthening partnerships with our teaching hospital affiliate Pitt County Memorial Hospital (PCMH) 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:
   a) The School is stretching beyond its traditional scale and scope;
   b) We continue to collaborate with elected officials and regional thought leaders for continuing support;
   c) We are seeking partnering opportunities with others in the UNC system on creative and innovative models for healthcare delivery.

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:
   1. The further evolution of managed care;
   2. Managing the changes in our system brought about by health care reform;
   3. The focus on controlling ever-increasing healthcare costs; and
Medical schools are challenged on multiple fronts to be the primary resource for training the physicians of tomorrow, research centers for creating and disseminating new knowledge about illness and injury, the health care safety net for health care for millions of Americans, and the leaders in the development of health policy at the local and national levels.

Brody School of Medicine Responds with a Focus on Primary Care
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 disease, stroke, diabetes and kidney disease. More than 21 percent of eastern North Carolinians report they feel they have poor health, compared with 18 percent for the state overall. The prevalence of diabetes in our region is 7.4 percent compared with 6.4 percent for the state overall. Looking at premature mortality, if eastern North Carolina was a state, it would rank 48th in the nation, compared with 38th for the rest of North Carolina. Similar statistics can be quoted for stroke, heart attacks, hypertension and kidney disease.

Eastern North Carolina is still recovering from the recent economic depression. The majority of counties in our region have poverty rates exceeding 17 percent. As of December 2009, the unemployment rate for North Carolina as a whole remained more than 11 percent. Some of the highest unemployment rates on record are evident in our region. The high unemployment translates to a higher burden of under- and uninsured 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 that has been received to date has been completely allocated to the health care services currently 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 North Carolina 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 on taxpayers in the future.
Eastern North Carolina Needs Better Access to Health Care

While 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 health care. They use emergency departments and urgent care centers for routine health care 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 Cecil G. Sheps Center for Health Services Research at UNC Chapel Hill shows that 19 counties in the region had fewer physicians per 10,000 people 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 percent of BSOM graduates practice in the state. In addition, for physicians who graduated from BSOM and did their residency training with PCMH, 75 percent remain in the state to practice medicine. Thirty-four percent of BSOM graduates practice primary care in North Carolina and 28 percent 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 percent. Although our state is near the midpoint 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 under-represented 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:

1. Increase the medical school class size from 80 to 120;
2. Teach the first and second year basic sciences curriculum at the Greenville campus; and
3. Create satellite training centers in Eastern North Carolina to provide clinical training for third and fourth year students.
The initial budget estimates for class expansion and satellite training centers include $165.4 million for non-recurring expenses and $23.9 million for recurring expenses. It is important to note that increased funding for the North Carolina Area Health Education Centers (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 $50 million 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 National Institutes of Health (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 $10.6 million in FY 1994 to $28.4 million 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 percent of the university’s extramural funding last year and nearly 70 percent of the federal research support. This proven culture of achievement has a rare opportunity at this time: approximately 20 percent 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 reduce 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. There will be 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. The use of iPods, streaming video, 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.

**Key to the Future: Upgraded Facilities**

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 AAMC members. The cost assessment in 1999 for renovations and modernization needed at that time was more than $18 million. As a result, only cosmetic changes to the major functional 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 video and do independent work.

A needs analysis for updating the bench research labs throughout the building in 2007 to a level sufficient to be competitive in recruiting funded research faculty pegged the cost at $30 million,
which is nearly equal to the cost of building an 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 $10 million 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 more than 140,000 individuals through 450,000 visits at more than 20 different clinic sites annually. Yet there are some substantive avenues for growth and maturity that are being developed.

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

1. BSOM and PCMH 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.
2. BSOM and the UNC Chapel Hill Lineberger Comprehensive Cancer Center – a formal agreement was reached in 2008; additional collaborations will add PCMH to provide full-service cancer care to eastern North Carolinians.
3. BSOM and the Veterans Administration – The Durham VA Medical Center affiliation agreement was finalized in late 2008 and provides new opportunities for residency training and patient care.
4. BSOM and community private practices – the School is reaching out to private physicians in new alliances to meet patients’ needs.
5. BSOM and the colleges/schools within ECU – serve as a center point for affiliations with all health sciences components:
   a) Allied Health Sciences
   b) Arts & Sciences
   c) Dentistry
d) Health and Human Performance

e) Nursing

6. 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 $2.8 million, 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 percent 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 percent.

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 health care 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.

The examples are numerous: the Metabolic Institute and the East Carolina Heart Institute both need to make sizable impacts through research and recruitment of 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 institutions’ 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 health care needs.

Underlying any future plans for the School is the unrelenting realization that more physicians are needed in the state. The groundwork laid in the past two years with the University of North Carolina President Erskine 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 sufficiently recovers from the recession 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 Paul R. G. Cunningham, M.D., F.A.C.S. in the fall of 2008 and the subsequent selection of permanent chairs in clinical and basic science departments have shored up the stability of the School’s senior leadership team. Another essential element is the strategic alignment with the leadership of PCMH and University Health Systems of Eastern Carolina (UHS). PCMH is an inextricable partner in the clinical and educational work of the School. Recent work by Dean Cunningham and PCMH 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 health care 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 percent of the School’s budget 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 University of North Carolina (UNC) system, the North Carolina Department of Transportation, the local community college, and the North Carolina 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 $7.7 million 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 $43.5 million in reduced State funding. This compares to the current State budget for the School of $48 million.

The School clearly benefits from, and is deeply appreciative for, the support received from the 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, BSOM’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.

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

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