

Minutes
SUNY Downstate Medical Center
Council Meeting
President's Board Room
September 11, 2013

Council Members Present

Dr. Monica Sweeney, Chair
Dr. Phillip Abramowitz
Dr. Randall Bloomfield (by phone)
Dr. Constance Shames
Rev. Elgin Watkins

Council Members Absent

Jacob Carl
Robert Hermann

Downstate Administration in Attendance

President Dr. John F. Williams
Astra Bain-Dowell
Alan Dzija
Dr. Ian Taylor
Mr. George Caralis
Dorothy Fyfe
Ellen Watson
Michael Harrell

Minutes from the last meeting were accepted and approved.

Report from Council Chair:

Council Chair Dr. Monica Sweeney reminded members of the upcoming ACT meeting in Saratoga Springs, and urged Council members to consider attending. She also distributed copies of the Council's Annual Report, which was submitted to the Board of Trustees. She recommended that members visit the Council's web page, which among other information, contains video and minutes from past meetings. Dr. Sweeney discussed Council vacancies and shared the names and bios of several potential candidates for membership. A vote was taken and approval to move forward with contacting these individuals was approved.

President's Report:

President John F. Williams requested a moment of silence in memory of the victims of 9/11 and called on Council Member Reverend Elgin Watkins to offer a prayer. Dr. Williams advised Council that the Sustainability Plan requested of the Chancellor by the Governor and the Legislature had been completed and submitted. He noted there have been significant improvements in systems and operations at Downstate's hospital. On the academic side, all of Downstate's Colleges and Schools met or exceeded their FY13-14 enrollment targets, with

MCAT, GPAs, and other benchmarks as high or higher than they have ever been. The previous year was also successful in terms of research funding, with over 20 major new grants received. Faculty, staff, and students have been very active in community outreach, and the community, in turn, has welcomed Downstate's involvement. Dr. Williams also reported the key appointment of Dr. Moro Salifu, who had been chief of neurology, to chair of the Department of Medicine.

Report of the Chief Financial Officer:

Chief Financial Officer Alan Dzija updated Council on the FY13-14 budget Downstate received through the SUNY Budget process. This is the time in the fiscal year when Downstate's allocation for the coming year is finalized, he said, and planning begins for the next budget cycle. While there is fiscal uncertainty in the hospital enterprise because of ongoing political and judicial issues affecting LICH, through careful planning the impact has been contained and the academic budget remains stable. However, all SUNY campuses have been asked to increase revenue from tuition. Downstate has been asked to increase its tuition revenue target by \$3 million – even though the campus is unable to set its own tuition rates.

In the discussion that followed Mr. Dzija's presentation, Council discussed the impact that tuition levels have on student debt; Downstate's in- and out-of-state tuition rates compared to those of private colleges; and income from research grants. Dr. Sweeney commented on the impact that decreased budgets may have on patient care: In New York State, there is only one county (the Bronx) that has higher health disparities and negative health outcomes than Brooklyn. Dr. Imperato explained that funding has been removed from the CDC budget to help fund the Affordable Care Act, which will result in reduced funding for public health research grants. "Government is rewriting the social contract that used to exist between education facilities and schools of public health," he said. "We have been lobbying to reverse some of these decisions, but it has been an uphill battle."

Report on the Hospital

George Caralis, interim chief executive officer, reported on hospital operations. He noted that University Hospital of Brooklyn has been actively moving forward with its restructuring action plan, with the goal of making UHB financially stable. Some \$140 million in improvements have been identified for implementation over the next 18 months, including revenue enhancement from improved billing operations and collections; increased productivity; and improvements in supply chain operations. To date, approximately \$34 million in savings and enhancements have been realized, and UHB is on target to meet its goals.

Mr. Caralis highlighted the Internal Medicine Primary Care initiative to increase UHB's primary-care base, which includes the recent relocation of an underperforming offsite primary-care clinic back to the main campus. Activity in this clinic has increased by close to 50 percent since the relocation. The initiative responds to changes required to thrive under the Affordable Care Act's emphasis on preventive care; over the next several years, Downstate plans to further expand its primary care presence.

Mr. Caralis also noted that Downstate's electronic medical records initiative is now performing at a level that has allowed "Meaningful Use" attestation under both Medicaid and Medicare

guidelines. As a result, Downstate will receive \$5 million in meaningful use payments from the federal government.

Following Mr. Caralis's report, the Council discussed the numerous health screening and community outreach programs that Downstate sponsors, including the glaucoma screening program that Council Member Randall Bloomfield initiated. Dr. Williams referred Council members to "Downstate 2012," a document in their packets that reviewed Downstate's accomplishments in the past year.

Academic Report

Dr. Ian Taylor, dean of the College of Medicine, reported on recent events in the College and reviewed the results of the LCME accreditation site visit. The College of Medicine received commendations from the LCME in three areas: diversity programming; the curriculum's focus on cultural competency; and programming that heightens interest in the medical professions among minorities. Dr. Taylor said the LCME had several concerns on six standards, and that those concerns are being addressed. Among the concerns was the financial environment caused by LICH and its possible impact on the school; and the roll-out of the new curriculum. Dr. Taylor said that the new academic building, currently under construction and due for completion in 2015-16, was very favorably viewed by the site visitors. Dr. Taylor emphasized that the College of Medicine remains fully accredited.

He noted that the incoming class will be the first in which minorities comprise the majority of students, and that there have been significant gains since the last LCME site visit in 2004. MCAT scores of new students have increased significantly, and applications to Downstate have increased by 73%. The student survey revealed that students appear happy with the education they receive at Downstate: In 2004, 11 percent of students reported being unhappy; in the current survey, just 3 percent reported being unhappy. (Nationally, about 4 percent of medical students report being unhappy with their school).

Downstate's College of Medicine ranks:

- 4th out of 141 schools in terms of graduates with an active license to practice medicine in the whole USA;
- Top producer of physicians in New York City and New York State;
- 96th percentile for African-American graduates;
- 93rd percentile for African-American in underrepresented minority faculty members;
- 93rd percentile for graduates entering academics.

Each of the deans in Downstate's four other colleges also provided updates on their colleges.

Dr. Mark Stewart, dean of the School of Graduate Studies, followed up on the earlier discussion regarding tuition. Because the School of Graduate Studies provides tuition waivers for all of its students, increases in tuition that may aid the other colleges is a challenge for the Graduate School, since increased stipend costs negatively impact the number of students that can be trained. The School also makes a strong effort to match the number of students to the carrying capacity of funded laboratories. The students in effect serve as apprentices in the labs and form

the laboratory workforce. In the current student body, approximately 60 percent of students are PhD students, and 40 percent are MD/PhD students.

Programs in the School of Graduate Studies are organized around areas of research strength. A new and interesting program is one developed in concert with the College of Nanoscale Science and Engineering in Albany -- the first MD/PhD program focused on developing nanotechnology in medicine. The first student in that program is about halfway through her thesis.

The School of Graduate Studies is also the focal point for several interesting SUNY-wide initiatives. SUNY has partnered with the New York Academy of Sciences and received funding from the National Science Foundation to teach STEM in middle schools. Downstate is part of a three-campus roll-out for this initiative, with Albany and Utica. Both graduate and public health students at Downstate are volunteering as mentors, teaching science and math curricula to students at five local schools. The students have developed unique approaches to teaching these subjects, including using nutrition and computer programming as a way of teaching math.

Another project that the School of Graduate Studies is a lead player in is SUNY REACH. This is a research collaboration between the four SUNY medical schools and the SUNY College of Ophthalmology, which leverages the joint power of the schools to compete for research grants. Downstate has been the lead partner on successful initiatives in ophthalmology and brain that have yielded close to \$11 million in funding. SUNY REACH has now been accepted as a proof of concept, and a system-wide program is about to be rolled out with support from the Governor's Office. Four Networks of Excellence, each funded at a million dollars, will be announced, and campuses will be able to compete for funding for innovation projects.

Council Member Elgin Watkins suggested that Dr. Stewart might want to reach out to Gina Davis Watkins (Reverend Watkins' wife), who is the senior vice president for the National Urban Technology Center in New York, a not for profit company that develops STEM and life skill curricula for minority students.

Dr. Pascal J. Imperato, dean of the School of Public Health, started his report with a brief history of the School and its enrollment. SPH was launched with a single MPH program in 2002 with 12 students; currently the School has a record enrollment of 270 students in 5 programs, well above the target enrollment. Of these, 40 are doctoral students; 23 are MD/MPH students; and 26 are enrolled in a new initiative of the School, its first Advanced Certificate in Public Health.

Another initiative launched this year, with \$40,000 in funding from Sanofi Pasteur, is a global health overseas practicum in which eight students participated. SPH has also launched a Global Health Pathway for College of Medicine students, which is based on health equity for resource poor countries.

Dr. Imperato also discussed the Global Health elective, "Health Care in Developing Countries," for fourth-year medical students, which is funded by the Alumni Association. Eighteen students participated in the program this year. Because of Downstate's strengths in cultural competency,

our students do very well in this program. Over the years that this program has been in existence, medical students have spent time in clinics in a total of 41 resource-poor countries.

Dr. Daisy Cruz-Richman, dean of the College of Nursing, reported that the College has 10 academic programs: 2 undergraduate; 4 master's degree; and 2 advanced certificate/post-master programs, each with 2 tracks. The undergraduate programs are upper-division, meaning that admitted students have already completed prerequisite courses. Students in the Accelerated Nursing Program must hold a bachelor's degree; their coursework concentrates on nursing courses. This is one of the College's most competitive programs, with over 500 applicants for 60 seats. The second undergrad program is the RN to BS program, for students who hold RN licensure and an associate's degree but wish to attain a bachelor's degree. Our master's degree programs are all in advanced nursing practice roles. Downstate is 1 of only 5 colleges in New York State that offer a master of science in all advanced practice roles.

The College of Nursing enjoys a large applicant pool. For 2013-14, the College far exceeded its enrollment projections. It has a total of 510 students this academic year, with 243 newly entering students and 267 continuing students.

For the past several years, the faculty has been involved in curriculum revision at both the graduate and undergraduate levels, in response to core competency revisions launched by the American Association of Colleges of Nursing. The undergraduate programs implemented the new curriculum last year; this fall, new curricula were implemented for the graduate nursing programs.

Downstate's College of Nursing is one of the most diverse in the nation. Nationwide, of approximately 2.9 million nurses, only 12 percent are minority. Downstate maintains over 70% diversity in its nursing programs, with an equally diverse faculty. All 10 of the College's programs are scheduled for reaccreditation in 2014; the New York State Department of Education will also be making a site visit for re-registration of all programs in the College.

New Initiatives: Because of the Institute of Medicine's recommendation that nurses elevate to the baccalaureate level (there is correlation between education level and enhanced patient outcomes), there is a proliferation of nurses applying to nursing schools. In order for Downstate's College of Nursing to better assist nurses in the community, the College is developing extension-site partnerships with local hospitals. The first was launched three years ago with Maimonides Hospital, and two additional sites will shortly be brought on board. The College is also launching partnerships with SUNY Community Colleges to provide seamless transition for nurses in associate degree programs who wish to transition to the baccalaureate degree. The first partnership will be with Nassau Community College; the second will be with Westchester Community College. Another new initiative is a research teaching partnership with Rockefeller University. Two nonsalaried faculty from Rockefeller will be teaching research methodologies to students. And finally, the College plans to launch a doctor of nursing practice, and should have its Letter of Intent finalized by the end of October.

Dr. Cruz-Richman completed her report by noting that the College has many health promotion, outreach, and service learning programs that serve the community throughout Brooklyn. The College also has outstanding outcomes: this year, the Accelerated Nursing program had a 100% licensure pass rate, and students in the Nurse Anesthesia and the Women's Nurse Practitioner programs had a 100% pass rate on their national certifications, well above national means.

Dr. Dawn Morton-Rias, dean of the College of Health Related Professions, provided an overview of the College, which offers six distinct degree programs. Several of the programs offer unique tracks.

In Physical Therapy, for example, CHRP offers the only baccalaureate/doctoral program in the SUNY system. This is an exciting program in that it enables students to enroll in Physical Therapy prior to completing their undergraduate degree. In addition to its core program in Occupational Therapy, CHRP OT received grant funding from the Department of Education to offer a unique specialized track in Early Intervention Occupational Therapy for at-risk children under the age of two. This specialized educational track has been offered for close to ten years and will graduate its final cohort at the end of the fall semester. The Downstate Midwifery Program traces its roots to 1932 and to the nurse midwifery education program established by the Maternity Center Association's School for Nurse-Midwives; also unique is its direct entry certificate and master's programs in Midwifery. It is the first program in the US to provide midwifery education for those with backgrounds in fields other than nursing. The Medical Informatics program offers a master's degree in the new and exciting field of information management and data retrieval systems. The Diagnostic Medical Imaging program offers a bachelor's degree, was the first in New York State to offer such a program, and remains the only public institution in the city to offer this degree.

In total, the College has 33 full- and part-time faculty members who provide instruction in some 193 courses per year, to an enrollment of approximately 400 students. The College receives just over 1000 applications annually for 165 slots. Dr. Morton-Rias said, "Our class sizes are small, and our applicant pool is rich, very well qualified, and diverse." The College and each of its programs have received awards for diversity and their emphasis on urban health education for the allied health fields.

All of the programs in the College of Health Related Professions underwent accreditation reviews within the last three years, and all of the programs were successfully accredited for the maximum period of time.

Dr. Morton-Rias concluded her presentation by noting, "Students have great didactic, clinical, and community outreach experiences, and when they graduate they make a difference. They are generally employed before they graduate."

Following the deans' presentations, Dr. Jeffrey Putman, who replaced Lorraine Terracina as the Dean of Student Affairs, was introduced. Because of time limitations, his presentation was held for a future meeting.

Guest Presenter: Dr. Steven R. Levine, Professor and Vice Chair of Neurology and Stroke Researcher

Dr. Steven R. Levine is a stroke neurologist and academic researcher who has been with Downstate for the last three years. In that time, he has developed an impressive portfolio of research, developing large-scale studies and bringing in significant NIH funding, catapulting Downstate's clinical research in stroke to advanced levels and national competitiveness. He has brought national, NIH-funded clinical trials to Brooklyn that aren't widely available, enhancing Downstate's leadership role in providing care to Brooklyn residents and its standing as the only academic medical center in the Borough.

Under his leadership, Downstate has taken a leading role in two NIH clinical trial networks. As part of NeuroNEXT, Downstate is involved in a recruiting pipeline for Phase II clinical trials that have promise of leading to definitive Phase III trials for various neurologic diseases, including myasthenia gravis, multiple sclerosis, Alzheimer's, Parkinson's and Lou Gehrig's disease, among others. The four-campus collaboration has received \$1.4 million for seven years to enable recruitment of patients into these studies.

The second network, NETT (Neurological Emergencies Treatment Trials), also funded by the NIH, involves trials that evaluate brain and nervous system damage presenting in the ER as a result of acute stroke and TIA, traumatic brain injury, and cardiac arrest with brain damage. This network also leverages the SUNY REACH consortium, with the addition of Lincoln Hospital in the Bronx, which has a large cohort of Hispanic patients.

This project is currently in year two of a \$1.2 million 5-year grant. Trials include one looking at whether i.v. progesterone offers brain function protection in traumatic brain injury; the benefit of 3-day post-stroke tight glycemic control in individuals whose stroke is related to diabetes or other illnesses caused by high glucose levels; and whether one or two different anti-blood clotting drugs is best to prevent stroke after a TIA. An upcoming project is evaluating the optimum range for hyperthermia treatment (cooling of the brain to preserve brain function) following cardiac arrest.

Dr. Levine is also working with Calgary Scientific on developing software that will allow practitioners in the field to use ipads and mobile phones to capture CT and other imaging modalities in acute stroke victims and convey images back to a server for evaluation in real time. In test studies, the image resolutions achieved are very high.

Another project is a three-year program funded by PCORI to develop a mobile app that will help stroke caregivers and patients access critical resources. The goal is to develop the best app possible for those who provide care for stroke victims.

There are several grants that Dr. Levine has submitted that are pending possible funding. One is a NINDS grant that would position Downstate as a regional coordinating center for stroke, again leveraging the SUNY REACH, NeuroNEXT, and NETTonsortiums. If funded, this would enable Downstate to undertake long-term, data-driven therapies for stroke treatment, prevention, and disability recovery. Dr. Levine hopes to learn within the next two weeks whether his application has been accepted for funding.

Dr. Levine's presentation concluded with a discussion, initiated by Dr. Sweeney, on research for cognitive decline associated with aging impairments, health disparities, and comorbidities.

There being no further business, the meeting adjourned.