

437th MEETING OF THE FACULTY SENATE MINUTES

3:00 PM, Wednesday, February 18, 2015

School of Medicine Administration, Boardroom 103

PRESENT: Drs. Ahuja, Aucott, Barone, Blakeley, Bunz, Chung, Crino, Daoud, Daumit, Dlhosh, Heitmiller, Ishii, McCormack, Pettigrew, Pluznick, Poynton, Shuler, Sokoll, Solomon, Srikumaran, Swartz, Taverna, Urban, Wade, Wilson

Mmes: Mssrs: Rini

ABSENT: Drs. Bivalacqua, Bydon, Chanmugan, Conte, Gonzalez-Fernandez, Lacour, Lehmann, Li, Macura, Mian, Mooney, Nieman, Puetting, Reddy, Shepard, Sperati, Tufaro,

Mmes: Tewelde Mssrs: Gable, Lee, Johnson, Puts

REGULAR GUESTS: Drs. Clements, Gauda, Skarupski

Mmes: Viertel Mssrs:

GUESTS: Drs. Ellen, Donahue, McArthur and Ms. Alyssa Walker

I. Approval of the minutes

Dr. Crino called the meeting to order at 3:02 PM. The minutes of the 436th meeting of the Faculty Senate held on January 21, 2015 were approved.

II. Janice Clements, PhD, Justin McArthur, MBBS, MPH, FAAN, and Joe Bezek, MBA, Senior Director

of Finance reviewed the report of the Dean's Taskforce on Faculty Compensation. The Board of Trustees expressed concern that JHM may be at risk of losing valuable faculty due to average compensation levels below the AAMC median. The Taskforce was subsequently requested by Dean Rothman to address improving faculty compensation. The data comparing JHM faculty to AAMC Private Medical Schools found the median compensation at JHU was in the 30th percentile. The median compensation for Ph.D. faculty was in the 50th percentile and M.D. faculty were at the 26th percentile. Furthermore, the faculty satisfaction survey (2013) indicated that, although 77% of faculty were satisfied or very satisfied at JHU SOM, 49% were dissatisfied with the equity of compensation and 79% had considered leaving Johns Hopkins to increase their salary. The Taskforce offered guidelines for Dean Rothman's consideration, such as documented departmental faculty compensation plans and a Compensation Committee. These compensation plans should have many important features such as transparency, availability, consistency, and should consider performance-based incentives and productivity-targets. Dr. Clements commented on the importance of compensating all activities that contribute to the mission.

III. Jonathan Ellen, MD, President All Children's Hospital, Vice Dean and Professor of Pediatrics

gave a background of All Children's Hospital (ACH) in St. Petersburg, FL. ACH is an entity of Johns Hopkins Health System Corporation and subscribes to the Hopkins strategic plan. Dr. Ellen proposed that ACH faculty be recognized as an electorate and would include full and part-time faculty from the instructor to professorial level. He suggested that representatives could attend in-person quarterly and by phone otherwise. Dr. Crino proposed that All Children's be recognized as an "Other functional unit" in line with Part II, Section 3 of the Charter. He also suggested that the Charter be amended to add All Children's as a permanent electorate and then allow the faculty to vote on this. Dr. Barone made a motion to allow All Children's to be admitted as an "other functional unit". All the senate members approved the motion, except for two who abstained. Dr. Barone also requested that the issue of distinguishing between Hopkins entities be brought back up in 6 months.

IV. Alyssa Walker, Graduate student

and president of the Graduate Student Association spoke regarding the graduate student Faculty Senate Electorate. Dr. Crino suggested that a motion be made to allow for an exception in the charter under Part VII, Section 9 so that a representative for the graduate students could come from the Graduate Student Association. All were in favor.

V. Marc Donahue, PhD, Professor, Chemical and Biomolecular Engineering

spoke about the Hartwell Foundation Individual Biomedical Research Award Program. The award is in the amount of \$100k/year for 3 years. The purpose of the Hartwell is to support early-stage, transformative biomedical research with the potential to benefit children in the United States. Proposals are due by April 15th. Please contact Dr. Donahue for more information at mdd@jhu.edu.

There was a discussion regarding the bylaws language around primary and secondary faculty appointments; the conclusion was that a revision will not be approved. Dr. Crino also mentioned that Dean Rothman will be at our next meeting in March, for the first half hour. Finally, Dr. Crino thanked everyone for coming and adjourned the meeting at 4:46 PM.

Respectfully submitted,
Masaru Ishii, MD, PhD
Recording Secretary

JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

Taskforce on Improving Faculty Compensation

REPORT TO THE COMMITTEE OF THE WHOLE

DECEMBER 1, 2014

Sewon Kang, Justin C. McArthur

Joe Bezek



JOHNS HOPKINS
M E D I C I N E

Committee Members

JHM Representatives:

- William Baumgartner, MD, Vice-Dean
- Janice Clements, PhD, Vice-Dean
- Jim Erickson, SoM
- Pamela Paulk, SVP, HR
- Joe Bezek, Sr. Director Finance, CPA
- Stacey Cosentino, Associate Director Finance

Committee Members

- Sewon Kang, MD: Director, Dermatology
- Justin McArthur, M.B.B.S., M.P.H.: Director Neurology, Chair PPC
- Alex Kolodkin, PhD: Neuroscience
- Peter McDonnell, MD: Director, Wilmer
- Sarah Polk, MD: Pediatrics
- Rose Willett: Administrator, Oncology
- Jon Efron, MD: Interim Director, Surgery
- Gabe Kelen, MD: Director, Emergency Medicine
- John Flynn, MD, MBA: CAO CPA
- Lisa Ishii, MD: Medical Director, Whitemarsh ASC
- Oliver Schein, MD: Wilmer

INTRODUCTION



The Johns Hopkins Medicine (JHM) strategic plan states that JHM should “Attract, Engage, Retain and Develop the World’s Best People”

The Board of Trustees has expressed concern that JHM may be at risk of losing highly valuable faculty due to compensation levels on average being less than the AAMC median

Dean Rothman requested that a Taskforce on Improving Faculty Compensation (the Taskforce) be convened and address improving faculty compensation

Dean Rothman's charge to the committee

Deliverables/Metrics that the committee should provide:

- What is the level of faculty salary that is consistent with balancing the missions and providing equitable salaries to faculty ?
- Should all faculty salaries be increased or should there be a phased approach to increasing salary ?
- How do we balance salary levels and 'protected' time for research-intensive faculty vs clinically-intensive faculty ?
- What is the reasonable time frame to reach the proposed salary levels at all ranks ?
- What is the cost of the different approaches and time-frame to achieve these goals ?
- Identify a broad range of sources of revenue for salary increases that are consistent with the range sources across the SOM and JHM.

OVERVIEW

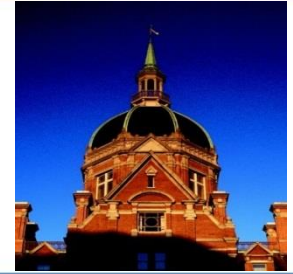


The Taskforce was created with a cross section of JHM leaders that included clinical department directors, representatives from the basic science departments, human resources executives, administrators and finance personnel

The Taskforce recognized the significant role faculty compensation played in retaining and recruiting the high caliber faculty necessary for JHM to maintain its status as the world leader in research, clinical care and education

Over a nine month period, members of the Taskforce reviewed financial data and discussed the numerous challenges associated in attaining needed improvements in faculty compensation

OVERVIEW (Continued)



Consistent with past JHM strategic initiatives, significant financial challenges will exist due to the incremental cost associated with reaching an overall average compensation level of the AAMC median

Solutions will need to be developed by the clinical and basic science departments in concert with JHM executive management to assure that both creative models and adequate resources exist in order to successfully achieve improved faculty compensation

AAMC Survey – JHSOM finds private school comparisons as most informative

- AAMC provides data tables for a number of subsets
 - Control
 - All Schools
 - Private
 - Public
 - Custom School List
 - Region
 - All Regions
 - Midwest
 - Northeast
 - South
 - West
- Data analyzed using three scenarios
 - All Schools
 - 20 Research Intensive Schools
 - ★ Private Schools
 - Provides sufficient count to assess more subspecialties
 - Average comparisons are available
 - Comparison to research intensive schools not materially different

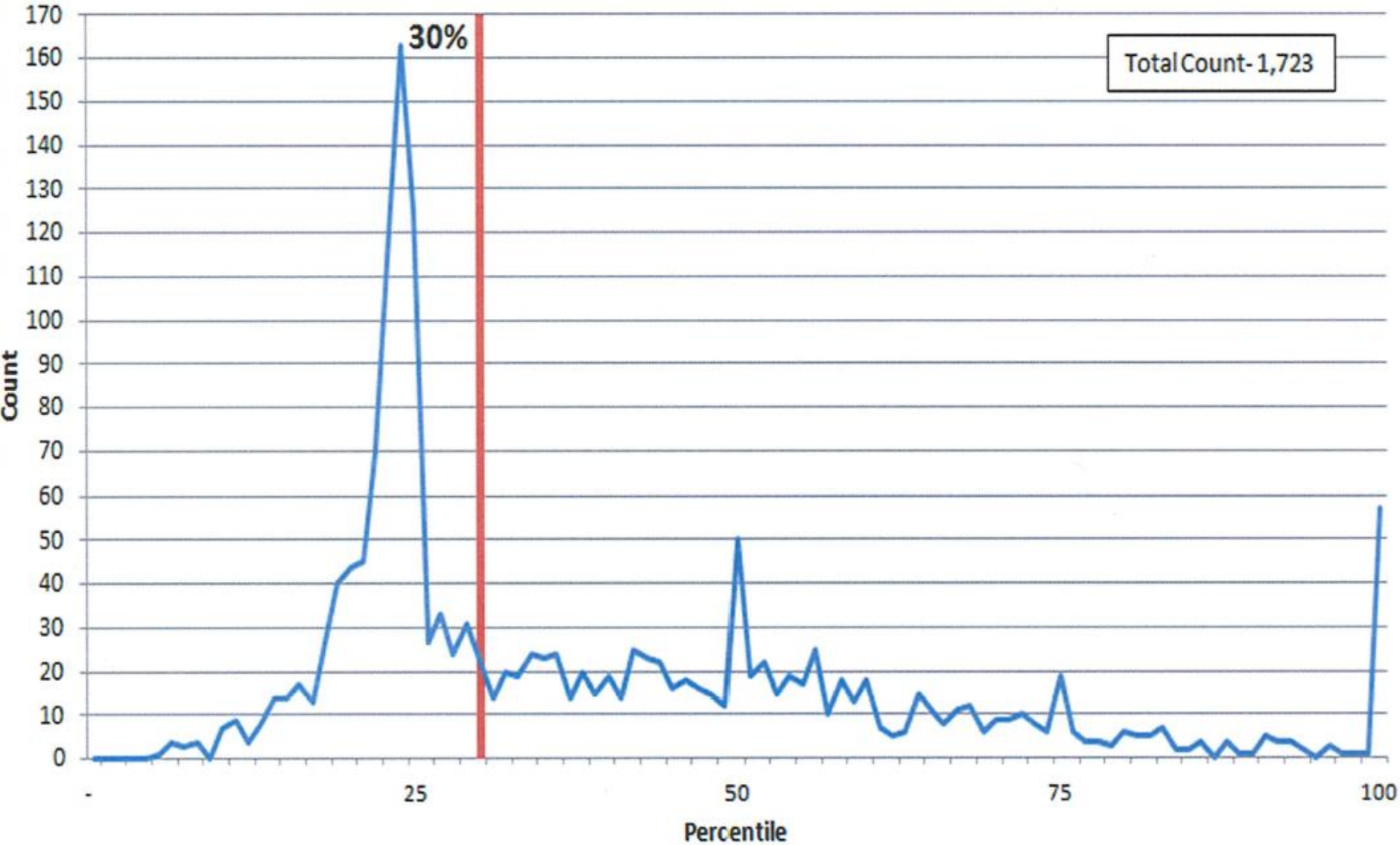
JHSOM Faculty Distribution*

Tenure/Tenure Track Faculty Counts

	<u>MD</u>	<u>%</u>	<u>PHD</u>	<u>%</u>
Division Chief	156	11%	13	3%
Professor	208	16%	117	29%
Associate Professor	308	24%	88	22%
Assistant Professor	<u>645</u>	49%	<u>188</u>	46%
Total	<u>1,317</u>	100%	<u>406</u>	100%

*Excludes Instructors and Department Chairs

Total Faculty Comparison to AAMC Private Percentile

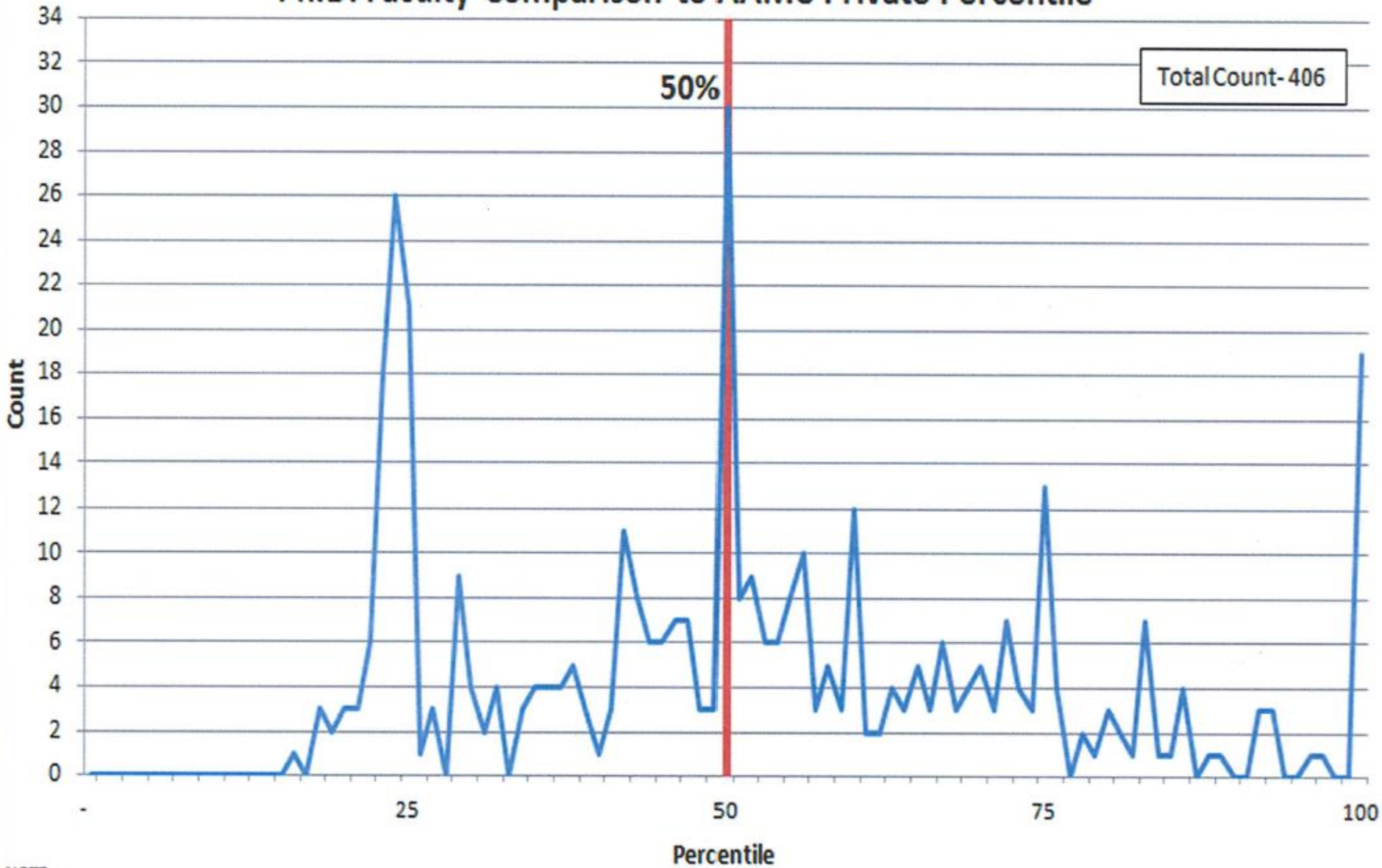


NOTE:
- AAMC FY12 Data

December 1. 2014

— Total Faculty ■ JHU Median

Johns Hopkins School of Medicine Ph.D. Faculty Comparison to AAMC Private Percentile



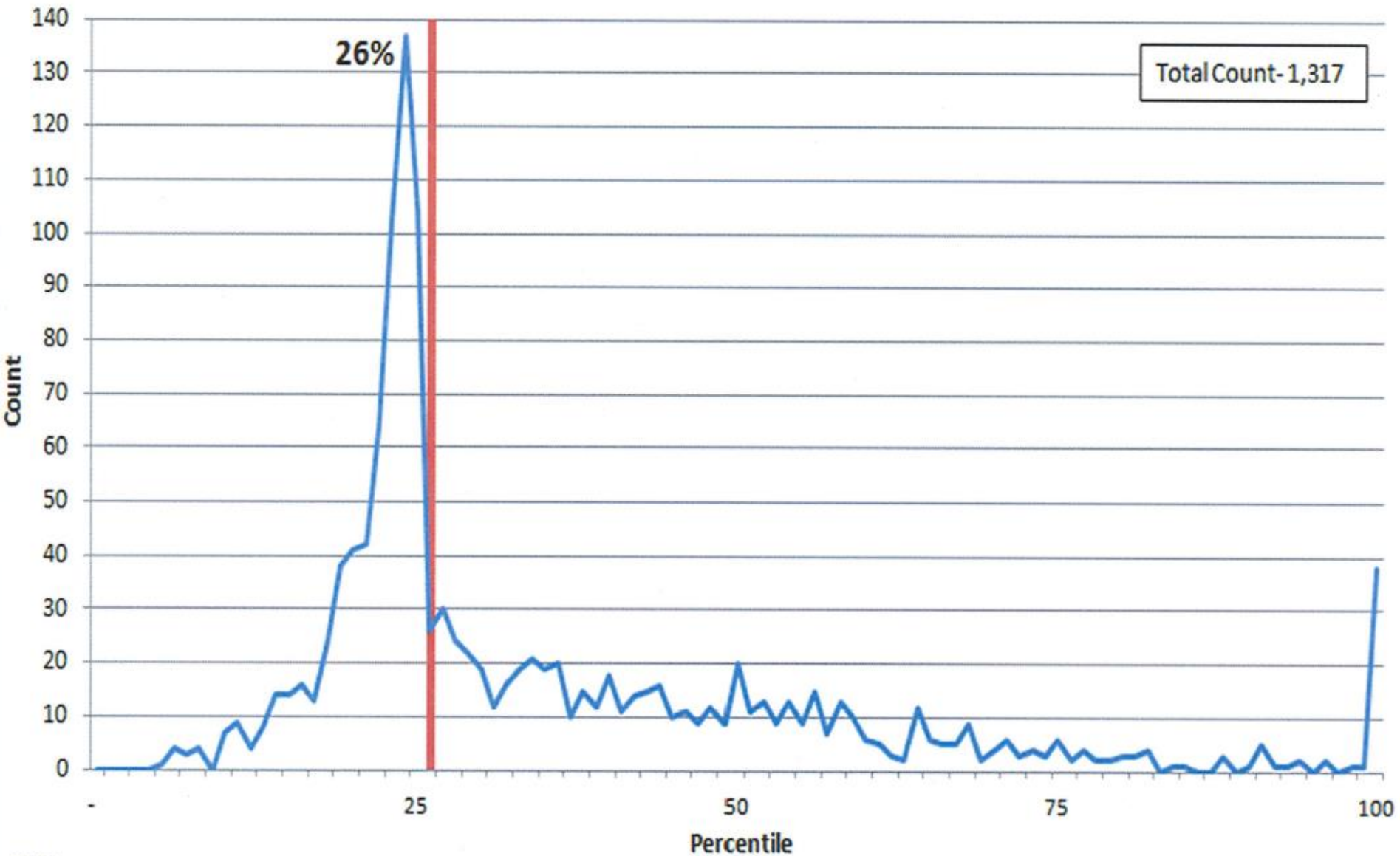
NOTE:
- AAMC FY12 Data

December 1, 2014

— Ph.D. Faculty ■ JHU Median

Johns Hopkins School of Medicine

M.D. Faculty Comparison to AAMC Private Percentile



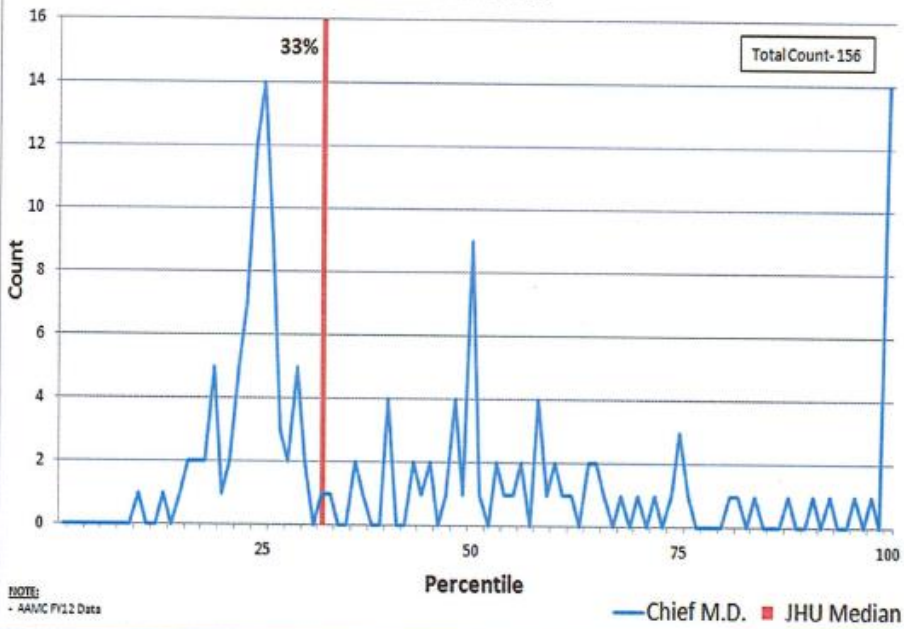
Total Count-1,317

NOTE:
- AAMC FY12 Data

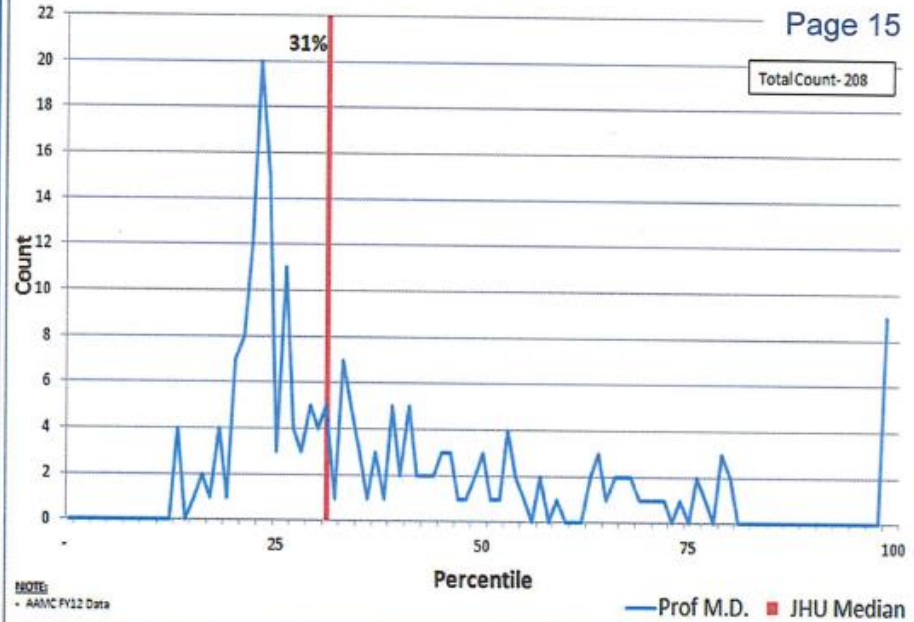
December 1, 2014

— M.D. Faculty ■ JHU Median

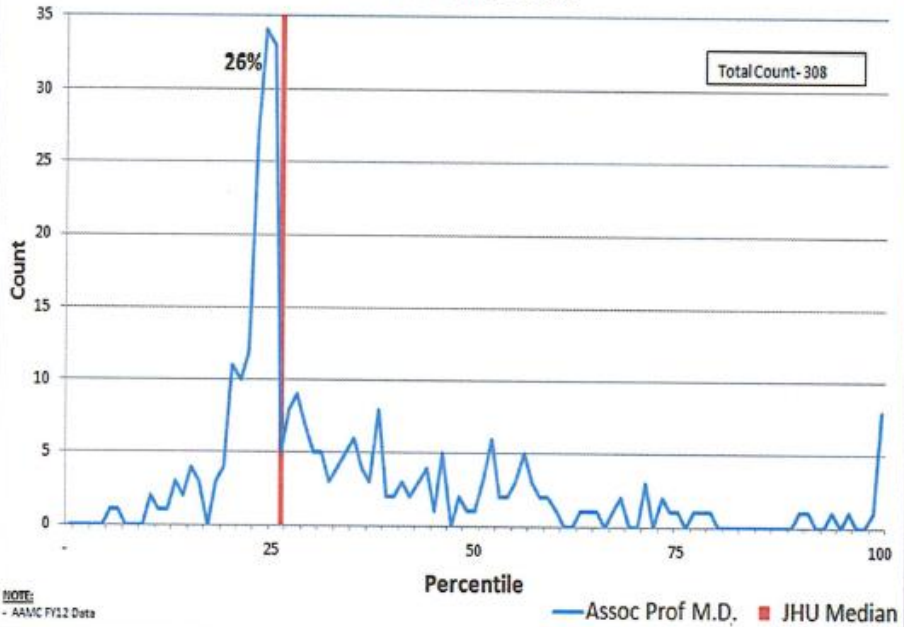
Division Chief M.D.



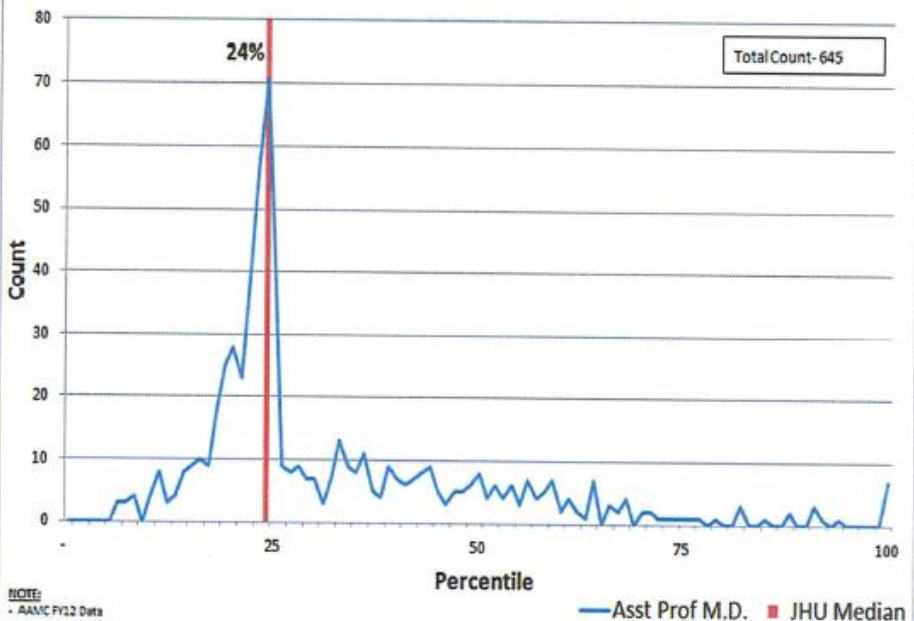
Professor M.D.



Associate Professor M.D.



Assistant Professor M.D.



Questions: Faculty survey 2013

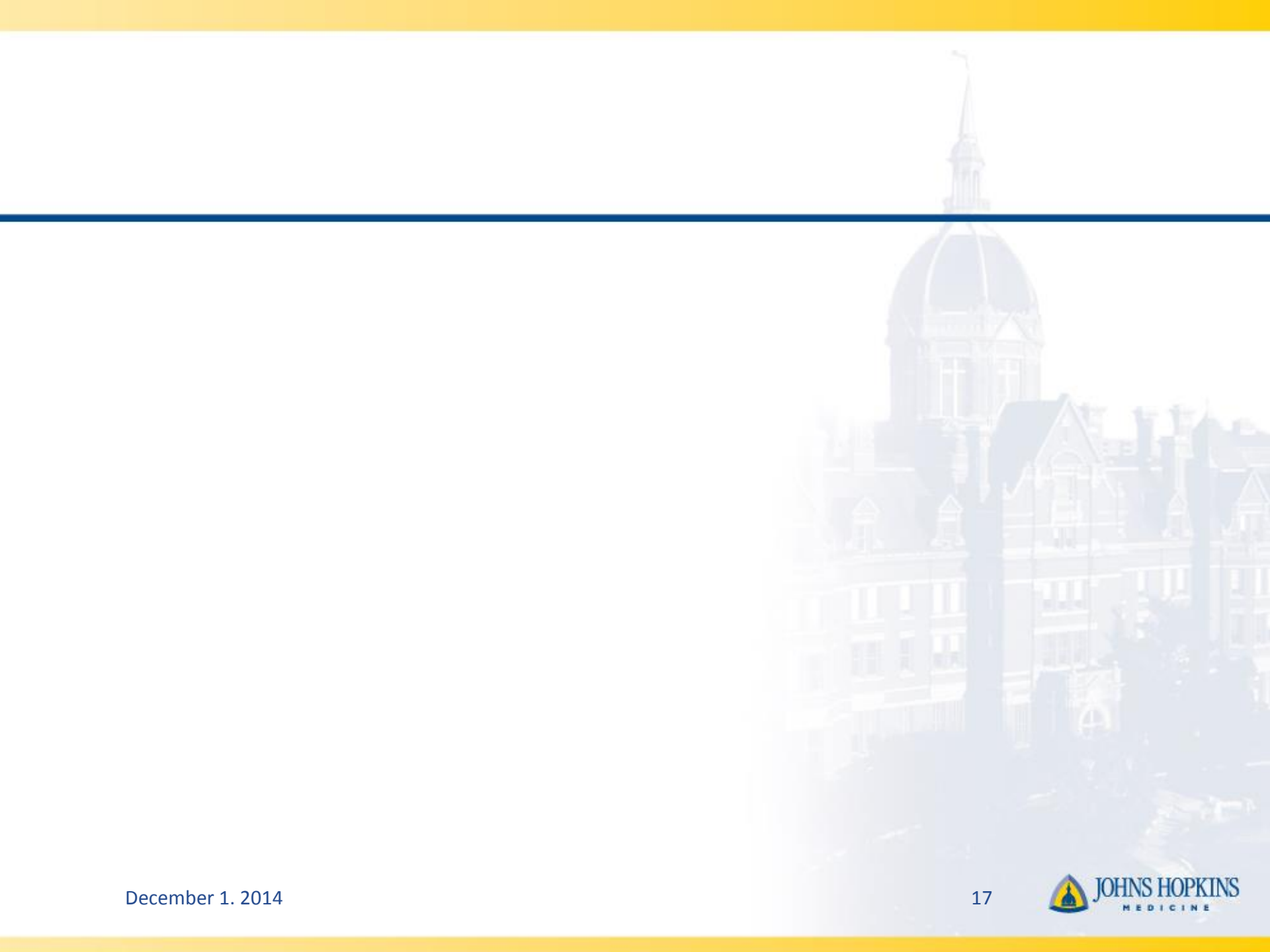
- Being a faculty member at JHU SOM
 - SOM: 76.6% satisfied or very satisfied
- Career progression at JHU SOM
 - SOM: 59.8% satisfied or very satisfied
- Transparency of the promotion process
 - SOM: 48.3% satisfied or very satisfied
- Equity of compensation
 - SOM: 49.3% *dissatisfied or very dissatisfied*

Questions: Faculty survey 2013: *Leaving Johns Hopkins*

- To increase salary
 - To a great extent
 - SOM: 34.8%
 - To some extent
 - SOM: 44%
- To increase protected time
 - Not at all
 - 50.8%
 - To some extent
 - SOM: 31.2%

Estimated costs to up-adjust faculty salaries

- **Up to 50th AAMC : \$66m p.a.**
- **Up to 25th AAMC: \$12m p.a.**



December 1, 2014

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RECOMMENDED GUIDELINES



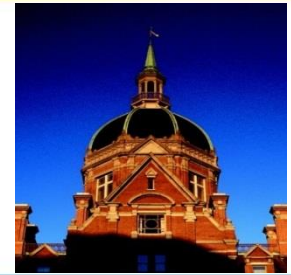
As a result of the above deliberations, the Taskforce offered the following guidelines to Dean Rothman for his consideration:

All Clinical and Basic Science departments must have a documented faculty compensation plan

Clinical and Basic Science departments have the flexibility to create their own compensation plans

Compensation plans are to be submitted for review to a newly formed JHM Faculty Compensation Committee

RECOMMENDED GUIDELINES (Cont'd)

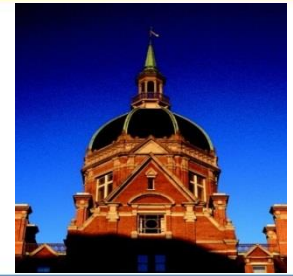


The Compensation Committee should be comprised of approximately 8 members originating from surgical, medical, hospital based and basic science departments along with representation from the Office of Johns Hopkins Physicians

The Compensation Committee will assess the reasonableness and financial viability of submitted plans

After conducting its reviews, the Compensation Committee will submit for approval its findings to Dean Rothman

RECOMMENDED GUIDELINES (Cont'd)



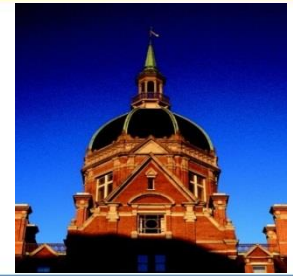
Faculty should be given the opportunity to earn agreed upon compensation levels

Faculty compensation plans should offer a minimum level, the AAMC 25th percentile*, with an overall average at the AAMC median taking into consideration MD and PhD market rates

Compensation plans should contain quality measures as directed by the Board of Trustees. Overall incentives should not be linked solely to volume, revenue, or margin generated, but must also reflect the quality of services provided.

** Less than 25th percentile in special employment arrangements*

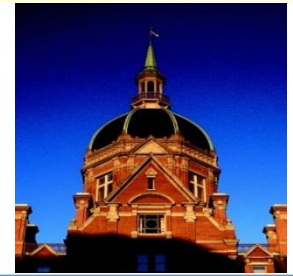
RECOMMENDED GUIDELINES (Cont'd)



Compensation plans should:

- ❖ Be transparent / available to faculty
- ❖ Reflect elements of the JHM and departmental strategic plans
- ❖ Have consistency and equity
- ❖ Contain a Clinical FTE definition
- ❖ Consider guaranteed, performance based, and supplement / incentive levels of compensation
- ❖ Include accountable metrics for faculty, like productivity targets (e.g., Work RVUs) for individuals and/or groups

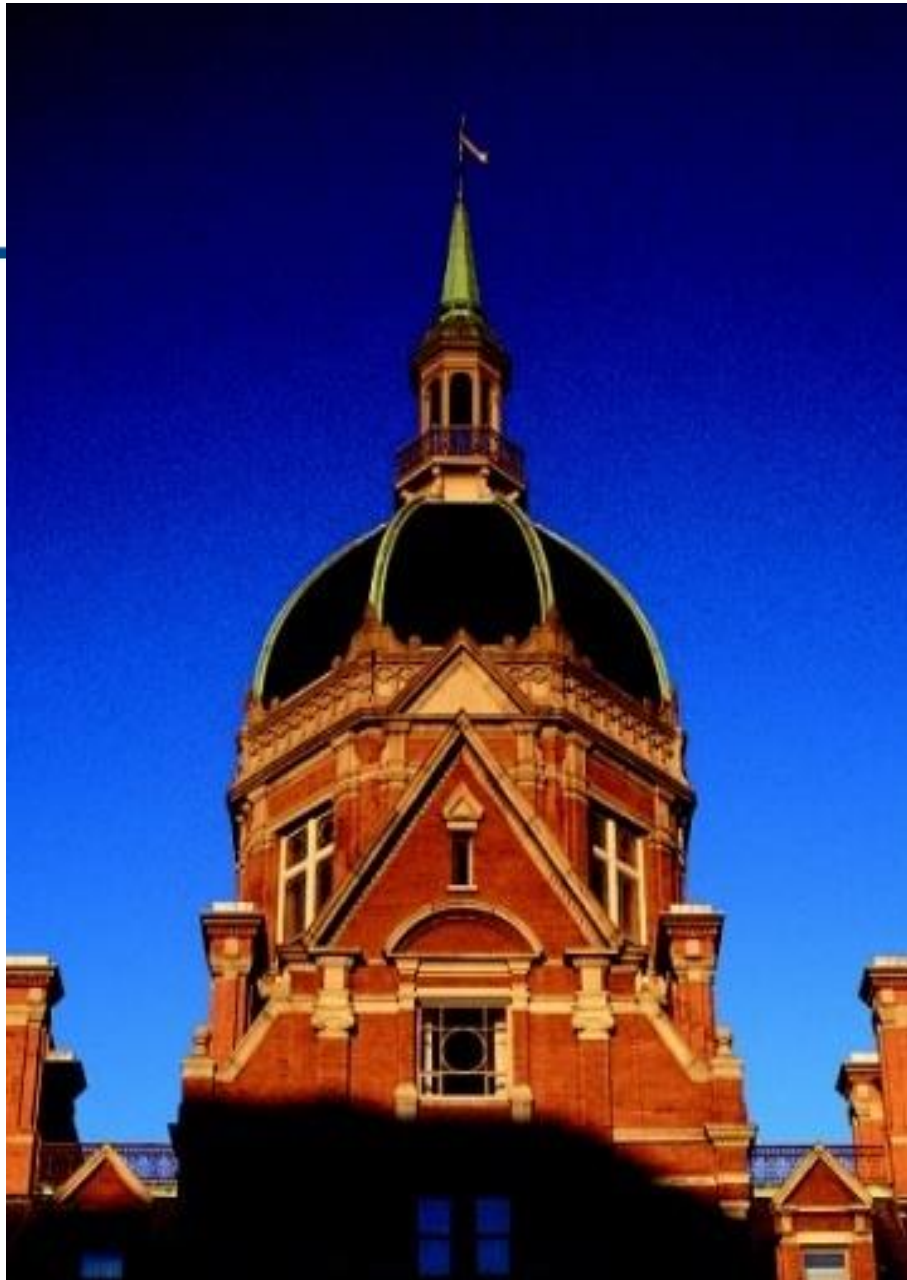
CONCLUSION and NEXT STEPS



After review and approval of the above, the new JHM Faculty Compensation Committee should be established immediately

A time-line including a final report to Dean Rothman, a presentation to the Board of Trustees, and the implementation date (**FISCAL YEAR 2017**) should be prepared by the Compensation Committee

Successful completion of the above guidelines will result in meeting a significant milestone in the JHM strategic plan



December 1, 2014



Faculty Appointment Process

Jonathan M. Ellen, M.D.

March 19, 2015

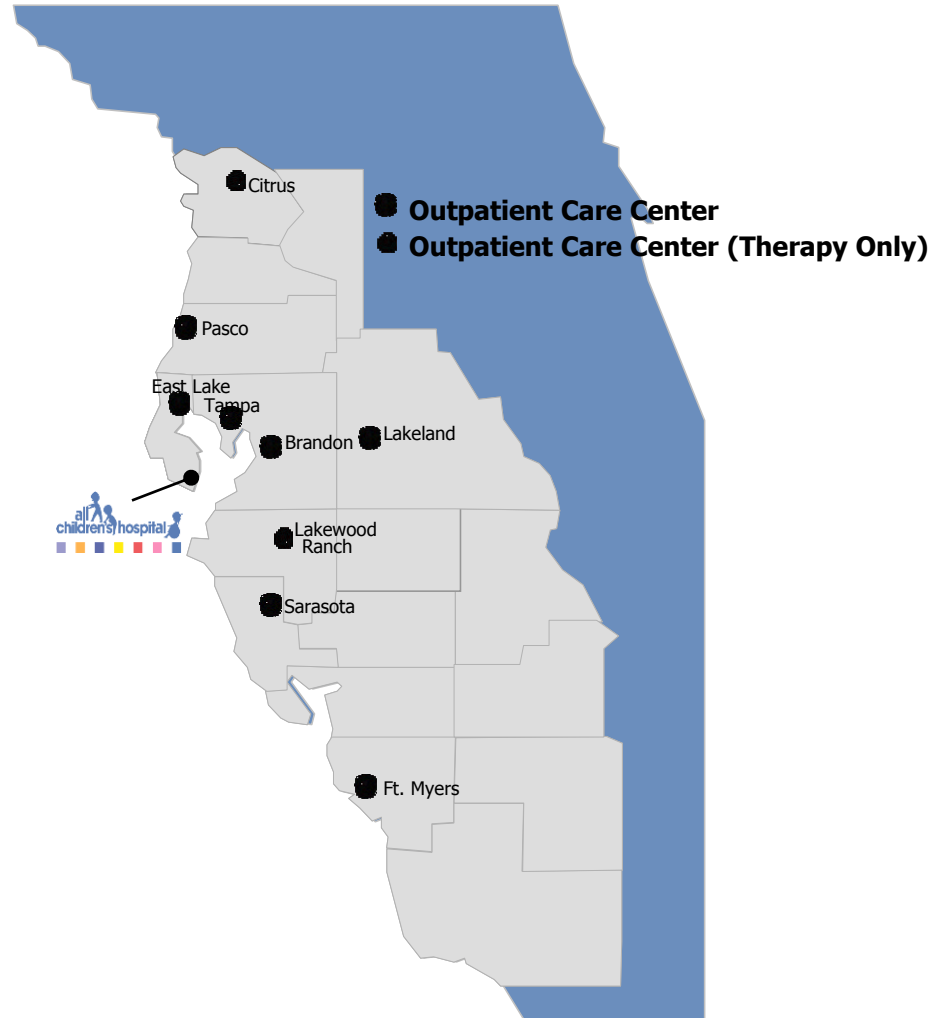
Value Proposition for Integration of ACH into JHM/JHHS

- Expand the value of All Children's Hospital for the benefit of the children and families of the Tampa Bay region, Florida, and southeastern United States
- Expand the value of JH Pediatrics by creating research, training, and leadership opportunities for faculty of JHSOM Department of Pediatrics and other JHSOM Departments within JHCC

Vision

- Every child in the region, if not the state, will have access to the highest quality and safest care, have the best patient experience, and receive that care at the lowest cost

All Children's Hospital's Regional Presence



all we do. all for kids.™

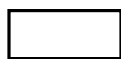
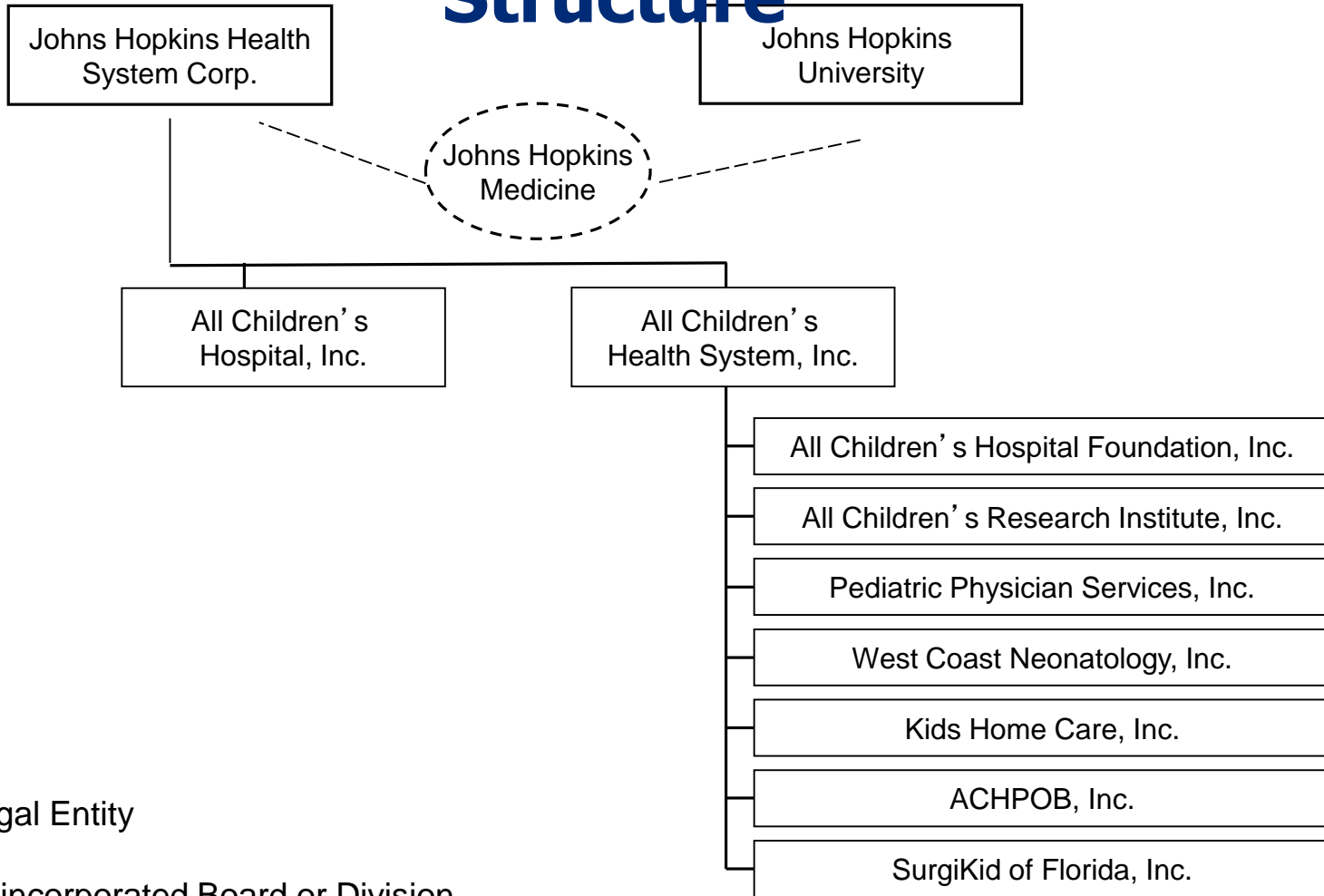


All Children's Hospital FY2014 Statistics

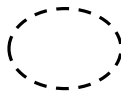
Admissions		7,607
Patient Days		68,557
Observation Patients		4,711
Average Daily Census		201
Average Length of Stay		8.9
Case Mix Index (APRDRG)		2.90
Surgeries	Inpatient	2,149
	Outpatient	7,149
	Cardiac (CVOR)	472
	Cardiac Transplant	14
Emergency Center Visits		45,037
Outpatient Visits		386,600



All Children's Hospital Corporate Structure



Legal Entity



Unincorporated Board or Division

Strategic Planning Framework: JHM Priorities



ACH Goals:

Goal 1: Academic Culture

Goal 2: Stakeholder Engagement

Goal 3: Translational Medicine

Goal 4: Care Coordination

Goal 5: Continuous Learning

Goal 6: Strategic Growth

Goal 7: Population Health

Goal 8: Care Transformation

Goal 9: Financial Strength

Academic

- World-class research portfolio:
 - Cardiovascular
 - Neonatology
 - Oncology
 - Neurosciences
- Core research services
- ACH JHM pediatric residency program

Care Delivery

- Create a robust, aligned physician network
- Offer unique complex subspecialty services
- Link components of the care continuum, including partnerships with local community hospitals
- Develop chronic care management programs for “high-utilizer” children, e.g., asthma

Central Philosophy

- We need ALL physicians at ACH/JHM not just faculty physicians in order to fulfill our mission and accomplish our envisioned future.

Faculty Appointments

all we do. all for kids.™



Academic Process

- Performed as role under the Vice Dean
- Johns Hopkins University process
- All appointments flow through the JHUSOM Department Director

Refinements

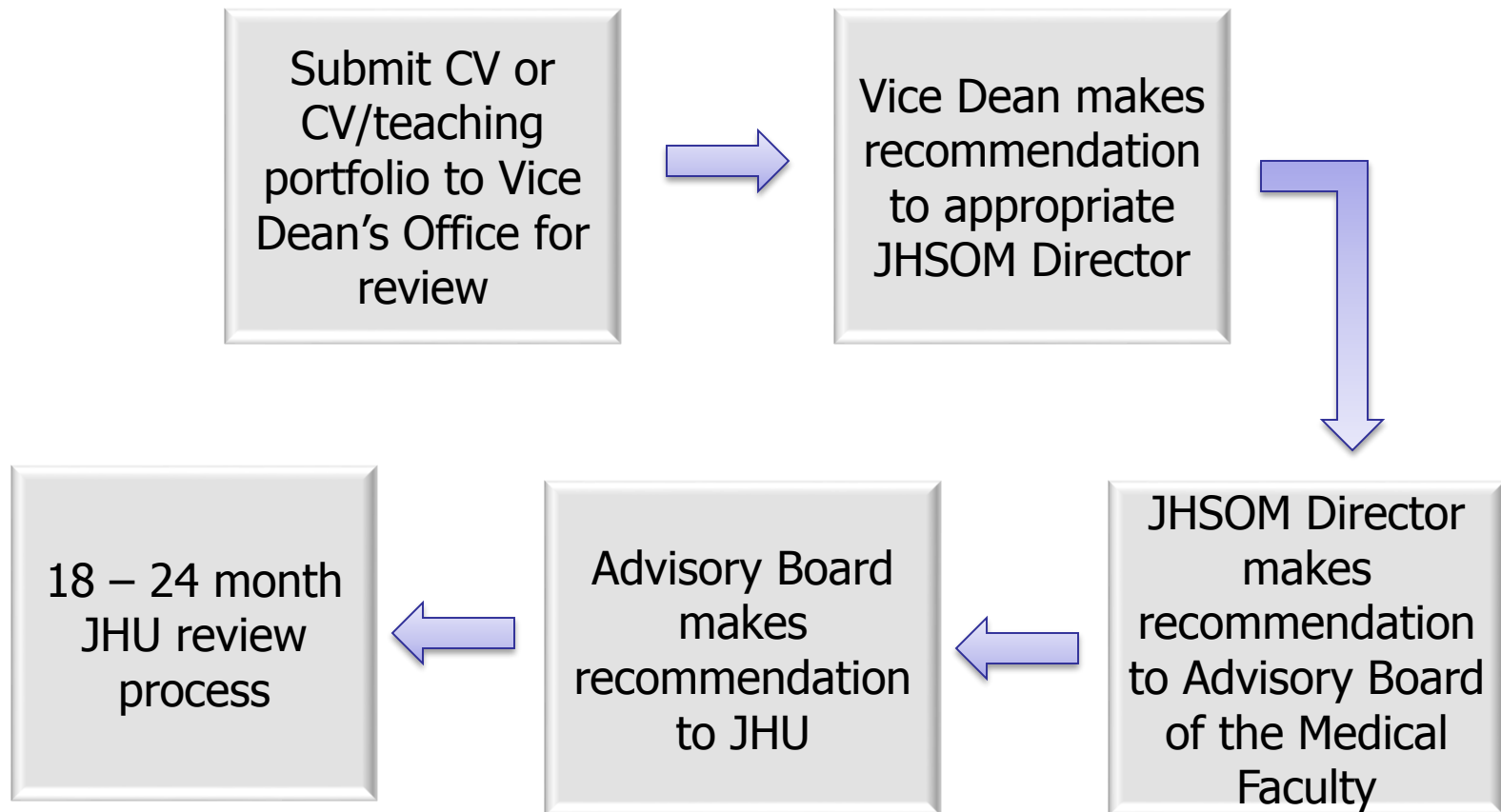
- Developed ACH/JHM criteria for full versus part-time faculty
- Developed initial considerations for part-time faculty appointments
- Developed faculty policies that apply to full and part time faculty

Faculty Appointment Criteria

- Full Time
 - A JHU employee
 - Evidence of drive, skills, and experience to advance on promotional track
 - $\geq 30\%$ of effort is engaged in scholarship (clinician-scientist or clinician-educator)
- Part Time
 - Not a JHU employee (ACSP employee)
 - Strong record of scholarship OR substantial role in teaching mission
 - $\leq 20\%$ of effort is scholarship

Faculty Appointments

Review Process



Full Time Faculty

- 6 instructors
- 1 assistant professors
- 1 associate professors
- 2 full professors

Part Time Faculty

- 21 instructors
- 25 assistant professors
- 1 associate professors
- 2 full professors

Proposal

- Recognize ACH faculty as an electorate
 - As per charter, Senate may recognize “other functional units” by a majority vote
- ACH electorate would include:
 - FT and PT faculty
 - Instructors through professors
- Representative to Senate would attend in-person quarterly and by phone other times

**THE HARTWELL FOUNDATION
2015 INDIVIDUAL BIOMEDICAL RESEARCH AWARDS**

Since 2006, The Hartwell Foundation has selected Johns Hopkins University as one of its Top Ten Centers of Biomedical Research. As such, JHU is allowed to participate in the annual Individual Biomedical Research Awards competition with the nomination of four investigators.

- Hartwell Investigators are offered \$100,000 in direct costs per year for three years. The funding cycle is April 1 to March 31.
- Purpose: to support early-stage, transformative biomedical research with the potential to benefit children of the U.S.
- Project requirements: innovative and cutting-edge applied research that has not yet qualified for funding from traditional outside sources. Must be based on advanced technology.
- Applicant eligibility requirements: full-time, tenure-track faculty at Assistant or Associate Professor level; more senior faculty may be considered if the nature of their research will change trajectory of their career. Guidelines state that applicants must be U.S. citizens, but Hartwell will consider permanent residents who have strong evidence that they will remain in U.S. and become a citizen. MD/PhDs are preferred.
- Institutional commitment: support collaboration, provide encouragement, and extend technical support to the investigator, especially as related to translational approaches and technology transfer that could promote rapid clinical application of research results.
- The solicitation and nomination process is run by Whiting School of Engineering Professor Marc Donohue who is the Director for the Hartwell Awards at Johns Hopkins. His email address is mdd@jhu.edu.
- Additional information can be found at <http://www.thehartwellfoundation.org/>
- Important Dates: The Hartwell Foundation will announce the 2015 Top Centers on April 15. Internal pre-proposals are due to Research Administration by May 15. Final submissions from four selected nominees are due to foundation by September 14. Award winners will be announced April 1, 2016.

The Hartwell Foundation
6000 Poplar Avenue, Suite 250
Memphis, TN 38119
Frederick Dombrose, Ph.D., President

Past Johns Hopkins Hartwell Investigators

2006: Kenneth M. Brady, MD, Assistant Professor, Division of Pediatric Critical Care and Pediatric Anesthesiology, School of Medicine, The Johns Hopkins University, for "Measuring Vascular Reactivity in Children with Brain Injury: Defining Autoregulation to Improve ICU Care."

2007: Daniel P. Judge, MD, Assistant Professor, Department of Medicine, The Johns Hopkins University School of Medicine, for "Pathogenesis and Therapy of ARVD, a Common Cause of Sudden Cardiac Death in Young Athletes"

2008: Samuel P. Yang, MD, Assistant Professor, Department of Emergency Medicine, The Johns Hopkins University, for "Development of an Electrokinetic-based Lab Chip for Rapid Diagnosis of Pediatric Sepsis"

2009: Boris I. Gramatikov, Ph.D., Assistant Professor, Department of Ophthalmology, The Johns Hopkins University, for "Pediatric Vision Screening Instrument for Early Detection of Amblyopia (Lazy Eye)"

2010: Xingde Li, Ph.D., Associate Professor, Department of Biomedical Engineering, The Johns Hopkins University, for "Ultracompact Nonlinear Optical Endomicroscope for Predicting Preterm Birth"

2011: Elizabeth A. Hunt, MD, Ph.D., Assistant Professor, Departments of Anesthesiology & Critical Care Medicine and Pediatrics, The Johns Hopkins University, for "Advancing and Optimizing Quality of Resuscitation in Children with Cardiac Arrest"