Executive Vice President for Health Affairs

The University of Michigan

Office of the President
Proposal

Exec Vice President for Health Affairs

Line Responsibilities

• Academic programs
  – Medicine, Nursing, Dentistry
  – Public Health, Pharmacy

• Clinical programs
  – UM Hospitals, MSP Clinical Plans
  – UM Health Ventures
Current Organization

President

Vice President Research
Vice President Student Affairs
Exec Vice President and Provost
Vice President Development
Vice President University Relations
Vice Provost Medical Affairs
Medical School
UM Hospitals
Exec Vice President and CFO
Secretary
Regents

Academic Units
...Schools and Colleges
(except Medicine)
...Centers and Institutes
...Academic Services
Proposed Organization

President

Exec Vice President

Health Affairs

Vice President

Research

Vice President

Student Affairs

Exec Vice President

and Provost

Exec Vice President

and CFO

Vice President

Development

Vice President

University Relations

Secretary

Regents

Health Science Schools

... Medicine

... Nursing

... Dentistry

... Public Health

... Pharmacy

UM Health System

... UM Hospitals

... UM Clinical Practices

Academic Units

... Schools and Colleges (except Health Sciences)

... Centers and Institutes

... Academic Services
Some History

1980s
- Task Force Recommendations
- Vice Provost for Medical Affairs

1990s
- Strategic Planning Efforts
- Vice Provost for Health Affairs
- Dean searches
Other Academic Health Centers

Vice President for Medical Affairs
- Johns Hopkins, Penn, Stanford, U Wis,…

Vice President for Health Affairs
- U Minn, U Iowa, U Wash, Wash U,
- UTexas, Ohio State, UNC,…

Chancellor
- UCSF, Duke

President
- UAB, Oregon
Concerns

- Growing size, complexity of UMMC
  - Resources --> 60%
  - Staffing --> 70%
  - Faculty --> 40%
- Pace and volatility of change
- Financial vulnerability of University
- Unique culture of clinical schools
- Need to integrate health sciences
Other Concerns

- Growing concerns about lack of leadership in Medical School
- Inability of senior officers (President, Provost, VPCFO) to provide necessary oversight for UM Health System without neglecting other critical needs of University
- Inability of attracting strong leadership into current structure (Vice Provost, Deans)
Conclusions: EVP-Health Affairs

To attract strongest possible leadership
- Best people will require EVP-HA role
- Need an EO focused on UM health system

To provide EO Team with more horsepower
- Reducing UMMC burden on EVPs
- Bringing another senior leader to table

To bring UM into line with other academic health centers
Questions

Will this expand UM administration?

Will this weaken role of deans?

Will this weaken Provost role?

Will this threaten other UM schools?
  - Nursing, Dentistry, Pub Health, Pharmacy?
  - LS&A, Rackham, Bus, Law, Eng, …?

Will this inhibit interdisciplinary work?
  - Possible Division of Biological Sciences?
EVPHA: Not necessarily a physician
EVPHA will have authority over all resources flowing to academic and clinical programs of health center

- subject to normal financial controls
- subject to General Fund allocation by Provost
Next Steps

- Ask for Regental action to create EVPHA in February
- Appoint Rhetaugh Dumas as Intermim EVPHA
- Launch search for permanent EVPHA in early 1995
- Implement other aspects of reorganization (e.g., UM Health System, integration of health science schools)