

Interfaculty Council Meeting Minutes – FY 2025
April 16, 2025 | In-Person, Room 2200, University Center Tower

Present: Ross Shegog, Bethany R. Williams, F. Kurt Kasper, Deborah (Debbie) Cline, Francine K. Snow, Robert Coghlan, , Shane R. Cunha, Zheng (Jake) Chen, Andrea N. Taylor, , Erin Fox, Gurur Biliciler-Denktaş, Linh P. Bui, Matthew (Matt) L. Baker, Zi Yang Jiang, Deevakar Rogith, Yejin Kim, Esther O. Kuyinu, Yonca Korkmaz-Ceyhan, Paul J. Rowan, , Michele D. Bright, Eric C. Jones, Ryan Vahdani, Thomas Harrison, Harnoor Singh, Vuong Trung-Tran Prieto, Yun-Xin Fu, Tiffany Champagne-Langabeer, Barbara Orlando, Rehal A. Bhojani

Absent: Carrie A. Bakunas, Gazala Siddiqui, Julie Gutierrez, Sahiti Myneni

Ex Officio Members: Dr. Lisa D. Cain, Associate Vice President of Faculty Affairs and Development.

Administrative Personnel: Vanesa Gouldburn

Guests: Dr. LaTanya Love, Kathleen Kreidler, Eric Solberg, Yasmin Chebaro,

- I. Welcome and Approval of Minutes** ***Dr. Ross Shegog, IFC Chair FY 2025***
- The minutes from the previous meeting were approved.
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- II. Announcements** ***Dr. Lisa Cain, Associate VP for Faculty Affairs and Development***
- Appreciation: Dr. Cane thanked everyone for their contributions to UT Health Houston.
 - Teaching Award: Reminded attendees that nominations for the region's Outstanding Teaching Award are due by Friday, April 18.
 - Grants 201 Training: The program concluded successfully, with a closing ceremony scheduled for Monday. Participants came from all schools.
 - AI Training Program: Discussions are underway to develop a program focused on AI in clinical research and education.
 - Collaboration Site: Encouraged continued use to foster cross-school collaboration and project sharing.
 - Future Updates: More initiatives will be shared in the next meeting.
- III. UTHealth Houston Updates and Q&A** ***Dr. LaTanya Love, Interim President, UTHealth***
- Introduction & Background
- Dr. Love humorously clarified that she is not a relationship doctor and shared her long-standing history at UT Health Houston (25 years).
 - She trained in internal medicine and pediatrics and has worked closely with many institutional leaders.
- Legislative Advocacy:
- Dr. Love has been actively involved in the current legislative session in Austin.
 - She praised the governmental relations team (Scott Forbes and Kara Crawford) for their advocacy work.
- Top Legislative Priorities:
- School of Behavioral Health Sciences:
 - Requested \$20M; both House and Senate bills currently propose \$10M.
 - Aims to strengthen the behavioral health workforce in Texas.
 - All-Payers Claims Database:
 - Led by the School of Public Health.
 - Promotes healthcare cost transparency; publicly accessible.
 - Texas Epidemic Public Health Institute (TEPHI):
 - Can test for ~3,000 viruses using wastewater samples.
 - Helps detect outbreaks early (e.g., measles, bird flu).
 - Psychiatric Bed Cost Reimbursement:
 - Requesting increase from \$700 to \$780 per bed to match actual costs.
 - Favorably received compared to higher-cost proposals from other institutions.
- Institutional Updates:

- New School of Public Health: Topping-off ceremony held; opening summer next year.
- Dental Clinic Education Funding: Increased from \$600K to \$3M annually due to statewide collaboration.
- School of Nursing: Ranked #1 in Texas; nationally recognized.
- School of Behavioral Health Sciences: Approved for two degree programs; student enrollment begins this fall.

AI & Innovation at UT Health Houston

- AI Task Force: Launched under Dr. Zhang's leadership at the McWilliams School of Biomedical Informatics.
- AI in Practice: Clinics have eliminated fax-based communications, transitioning to fully digital systems.
- Institutional Strength: UT Health has the right mix of informatics, engineering, clinical, and scientific expertise to lead in healthcare AI.

Graduate & Medical Education Highlights

- Graduate School: Record-breaking admissions, attracting top candidates from across the U.S., even as other programs cut back.
- Medical School Match Day:
- 57% of students staying in Texas.
- 42% entering primary care (though many may later specialize).
- 27% staying at McGovern for residency.
- Top specialties: Internal Medicine, Pediatrics, and Anesthesiology.

Institutional Planning & Partnerships

Presidential Search: Ongoing, with faculty representation.

Strategic Planning: Focused on clinical, research, and education missions; still in early stages.

Hospital Partnerships:

- Strong engagement with Memorial Hermann and Harris Health.
- Dr. Love now attends Memorial Hermann board meetings.

Financial Outlook

- Budget Planning: Preparing for potential reductions in indirect cost recovery (from 56% to possibly 30–40%).

Message to Faculty:

- Acknowledge uncertainty, but emphasize institutional resilience and ongoing successes.
- Encourage focus on growth areas like Bel Air Station and non-NIH grant opportunities.

Q&A Summary

1. Research Collaboration with Memorial Hermann

Issue Raised: Ongoing challenges in research collaboration with Memorial Hermann, particularly since their transition to Epic. No research billing has been received, and coordination is fragmented.

Response:

Acknowledged the Epic transition caused billing and charge capture issues, which were prioritized by Memorial Hermann.

Now that those issues are stabilizing, there's an opportunity to improve research data sharing and collaboration.

A meeting will be scheduled to understand the challenges in detail and escalate them to Dr. Callender.

Positive signs from Memorial Hermann leadership suggest openness to expanding research partnerships, especially in light of potential NIH funding constraints.

2. Impact of SB 37 on Faculty Senate

Issue Raised: Concerns about how SB 37 might affect faculty governance and curriculum review at UT Health Houston.

Response:

The institution may be less impacted than undergraduate campuses due to differences in structure (e.g., Senate size).

While the bill introduces uncertainties, faculty input remains valued and essential, especially for accreditation.

Leadership is committed to maintaining faculty involvement in governance and curriculum development.

More clarity is expected as the bill progresses, but the current stance is one of cautious optimism and continued engagement.

3. Concerns About Resource Allocation to the New Dental Medical School

Issue Raised: Faculty expressed concern that the new dental medical school may receive disproportionate investment, potentially diverting resources from existing programs.

Response:

Leadership has no indication that UT Health Houston will be deprioritized or treated as a “stepchild” within the UT System.

Chancellor Milliken and Dr. Zers have shown strong support for the institution.

UT Health Houston continues to be recognized for its contributions and is actively involved in system-wide initiatives.

Two UT Regents (Gant and Steadman) will visit the campus soon, providing an opportunity to showcase the institution’s strengths, including simulations, trauma care, and new facilities.

4. Appreciation for Transparency and Communication

Comment: A faculty member expressed gratitude for the open communication and transparency from leadership, contrasting it with more opaque practices at other campuses.

Response:

Leadership acknowledged the importance of faculty voices and thanked them for their advocacy and engagement.

Emphasis was placed on continued collaboration and open dialogue as the institution navigates future

IV. Office of Sponsored Projects update on impact on UTHealth grants

Kathleen Kreidler, Associate Vice President UTHealth SPA

Research Growth and Funding Status

- *UTHealth’s research program has more than doubled in the past nine years, reaching \$448 million by the end of FY24.*
- *There’s a goal to increase clinical research funding to \$400 million by 2030, though current clinical trial revenue is only \$19 million, raising concerns about feasibility.*
- *Infrastructure for tracking clinical trials is lacking, making it difficult to monitor progress.*

Indirect Cost (IDC) Rates

- *The federal IDC rate is 56%, but the actual realized rate is closer to 30% due to many grants (especially from foundations) offering little or no IDC.*

Federal Funding Challenges

- *Significant delays in new federal awards: only 10 new awards in the past 3 months, compared to 10–15 per month previously.*
- *No new funding opportunities have been listed in the NIH weekly guide for several weeks, which is highly unusual and concerning.*
- *A six-week freeze on new awards occurred from February to mid-March.*

Federal Agency Restructuring

- *DHHS is undergoing major restructuring, reducing staff by 20,000 and consolidating divisions.*
- *No official word yet on the proposed NIH restructuring (from 27 to 15 institutes), but it remains a concern.*

Grant Terminations and Risks

- *20 grants have been terminated, mostly subcontracts from other institutions.*
- *Concerns about federal funding freezes at institutions under investigation (e.g., Columbia, Harvard) and the ripple effect on sub-awards.*
- *Uncertainty about whether UTHealth can subcontract to institutions with frozen funding.*

Mitigation and Monitoring

- Some terminated grants have been reinstated after clarification or legal intervention.
- UTHHealth is working closely with government relations and legal teams to navigate these challenges.
- Faculty are using filters to avoid restricted language in grant applications due to new federal guidelines.

Indirect Costs & Research Administration

1. Understanding Indirect Costs

- Direct costs are expenses directly tied to a specific grant (e.g., salaries, supplies).
- Indirect costs (IDC), also known as Facilities & Administration (F&A), support essential infrastructure (e.g., utilities, HR, IT) that cannot be directly attributed to a single grant.
- IDC is calculated using formulas based on square footage and FTEs.

2. Current IDC Status

- UTHHealth's federal IDC rate is 56%, and all proposals to federal agencies are still being submitted at this rate.
- However, the actual realized IDC revenue is about 30% due to lower or waived rates from foundations and other sources.
- For FY26, the university is budgeting based on a 30% IDC rate, which could result in a \$30 million shortfall.

3. Future Uncertainty and Planning

- The current IDC agreement expires August 31, 2026.
- During renegotiation, federal agencies may attempt to lower the rate or exclude certain costs from IDC eligibility.
- The university is preparing for multiple scenarios, including:
- Avoiding shifting IDC to direct costs (which would reduce funds for actual research).
- Exploring data curation fees for assembling patient data sets.
- Limiting unfunded or underfunded research.
- Potentially disallowing IDC waivers.

4. Clinical Trials and Efficiency

- 50% of clinical trials initiated do not enroll any patients, despite costing at least \$25,000 to start.
- Emphasis is being placed on selecting trials more strategically to improve enrollment and financial return.

5. Administrative Improvements

- Efforts are underway to streamline research administration across departments and central offices to reduce inefficiencies and improve faculty support.

6. Communication and Compliance

- Daily updates are sent to executive leadership on grant activity (e.g., awards, terminations).
- A faculty-developed AI tool scans proposals for 150+ flagged keywords to ensure compliance with new federal restrictions.

Faculty Guidance on Spending, Budgeting & Sponsor Agreements

1. Spending Guidance

- Spend as planned, but proceed with caution:
- Carry forward rules may change, potentially limiting the ability to roll over unspent funds.
- No-Cost Extensions (NCEs) are currently easier to obtain but may become more restricted.

2. Budgeting Best Practices

- Budget all actual costs—don't "back into" a sponsor's cap (e.g., building a \$200K project around a \$50K limit).
- Underbudgeting creates cost-sharing burdens for departments and the university.
- Involve SPA early in the process to help negotiate and ensure full cost recovery.
- All proposals must go through SPA to ensure institutional compliance.

3. Risks with Non-Federal Sponsors

- Many non-federal RFPs include hidden clauses (e.g., IP surrender, data sharing, publication restrictions).
- Example: A Texas Workforce Commission contract included a buried clause limiting salary increases, conflicting with UT Health policy—resulting in a \$500K issue.
- SPA will begin meeting directly with PIs on complex contracts to ensure full understanding of terms and obligations.

4. Communication & Compliance Tools

- SPA sends daily updates to leadership on grant activity (e.g., awards, terminations).
- A faculty-developed AI tool scans proposals for 150+ flagged keywords to help avoid compliance issues with new federal restrictions.

V. Associate Vice Chancellor update – UT System perspective

Eric Solberg

1. Introduction & Background:

- Eric Solberg was invited to provide a UT System-level perspective on current challenges and initiatives.
- He has a long history with UT Health Houston and now serves as the liaison between the UT System Office of Health Affairs and the UT System Faculty Advisory Council.
- He oversees academic programs across all UT health institutions, including newly added nursing, pharmacy, and allied health schools.

2. Faculty Representation & System Engagement:

- Solberg emphasized the importance of faculty engagement through the Interfaculty Council (IFC) and the UT System Faculty Advisory Council.
- He praised UT Health's centralized faculty representation model, which is not common across all UT institutions.
- Encouraged faculty to use their collective voice to influence decisions at the Board of Regents level

3. Faculty Wellbeing & Burnout Initiatives:

- Recalled a 2016 UT System-wide meeting on faculty burnout hosted at UT Health, which led to the formation of the Professional Wellbeing Working Group, now known as the Professional Wellbeing Academic Consortium (PWAC).
- UT System is now financially supporting a standardized wellbeing assessment across institutions, offering 50% reimbursement for participation.
- UT Health is expected to be the only health science center in the consortium, with plans to include all schools (not just medical) in the evaluation.

4. System's Role in Federal and State Policy Changes:

- The UT System is currently in a "wait and see" mode regarding federal and state legislative changes, particularly those affecting research funding and academic programs.
- Solberg has advocated for scenario-based planning to prepare for potential policy outcomes, though this approach has not yet been widely adopted.
- He noted that UT System tends to allow institutions autonomy, but he sees value in more collaborative planning.

5. Visa and International Collaboration Concerns:

- No formal UT System response yet to recent visa cancellations affecting students and potentially faculty, though Solberg has raised the issue internally.
- He highlighted the vulnerability of international collaborations, citing the loss of a \$4.5 million USAID grant in Egypt as an example.

6. Legislative Developments:

- Solberg is monitoring Texas legislation that could expand the list of "countries of concern," potentially affecting international partnerships.

- There is also discussion of creating a new state agency focused on research security, which could introduce additional oversight.

7. Closing Remarks:

- Solberg reiterated his commitment to supporting faculty and encouraged continued communication and advocacy through established faculty governance structures.
- He expressed appreciation for the opportunity to speak and offered ongoing behind-the-scenes support.

Q&A Summary

1. Access to Research Resources (Roper Center):

- A faculty member inquired about accessing the Roper Center database, which is cost-prohibitive for individual use.

- Solberg explained that UT System supports a library consortium (UTSLA) that collaborates to provide shared access to resources across institutions.

- He noted that UT System contributes several million dollars annually to this effort and is requesting an additional \$2.5 million in the upcoming budget cycle to expand access.

- He encouraged faculty to reach out directly for assistance and mentioned that adjunct appointments at other UT institutions can sometimes provide access to specific resources.

2. Federal Oversight of Curriculum and Institutional Autonomy:

- A question was raised about UT System's response to potential federal mandates on curriculum or departmental structure.

- Solberg acknowledged that these concerns are being discussed and may be addressed more directly at the May Board of Regents meeting.

- While he hasn't been directly involved in those conversations, he confirmed that government relations teams are monitoring and engaging with legislative developments.

3. Visa Restrictions and International Student Impact:

- An online comment highlighted the importance of international students for both tuition revenue and diversity of experience, and raised concerns about proposed legislation restricting their housing near critical infrastructure.

- Solberg agreed and shared his past efforts to streamline visa and visiting scholar processes at UT Health.

- He warned that some Texas legislative bills could severely limit the ability to host international students, postdocs, and faculty from "countries of concern."

- He expressed concern over the broadening scope of these restrictions and emphasized the need to protect international collaboration, especially in research.

VI. Closing Remarks and Adjournment

Dr. Ross Shegog

1. Senate Bill 37 Discussion:

- Two versions of SB 37 were included in the meeting packet—both have raised concerns.
- Ongoing discussions are happening at the UT System level, involving executive leadership and associate vice chancellors for research and academic affairs.
- The bill will be discussed further in an upcoming meeting next week.

2. Burkes Scholarship:

- The scholarship process is complete, and nominated students will receive their awards.
- Appreciation was expressed to all who participated in the nomination and voting process.

3. Presidential Search Advisory Committee:

- The search process includes:
 - **Charge meeting** (March 17)
 - **Public comment website** (opened March 24)
 - **Biographical review** (May 5)

- **Candidate interviews** (June 2)
 - Korn Ferry is the search firm managing the process.
 - Questions were raised about representation and transparency; it was clarified that the process follows **Regents' Rule 2201**, which supersedes local policy (HOOP).
- 4. HOOP Policy and Representation:**
- Concerns were raised about equitable representation from all schools, especially the School of Nursing.
 - The current process follows HOOP policy and was designed to be as democratic as possible.
 - Any changes to representation would require policy review and potentially higher-level governance changes.
- 5. HOOP Subcommittee and IFC Visibility:**
- HOOP policies under review were included in the packet.
 - The IFC was encouraged to enhance its **public profile and communication**, especially in the current political climate, to highlight achievements and productivity.
- 6. Wellness Redux Committee Update:**
- The committee is preparing to re-administer a faculty wellness survey across all schools.
 - Schools covered so far: Medical, Nursing, Public Health, Dentistry.
 - Still seeking representation from the **McWilliams School of Biomedical Informatics** and the **Graduate School**.
 - The goal is to complete the survey quickly to avoid overlap with the **Professional Wellbeing Academic Consortium (PWAC)** initiative.
- 7. Upcoming Events and Follow-Ups:**
- A meeting is planned at UTMD in October to review and compare new wellness data with the 2016 baseline.
 - Coordination with Eric Solberg and PWAC will ensure alignment and avoid duplication.
 - Outstanding issues will be addressed in the **May meeting**, which will also include legislative updates from Scott Forbes and Kara Crawford.

The next scheduled meeting will be via Zoom on June 18,, 2025.