

#### AGENDA Health Sciences Committee April 28, 2022

l.	Approval of Minutes – February 10, 2022	Action
II.	Review of Operational Metrics	Information
III.	College of Nursing Presentation – Sylvia Brown, EdD, RN, CNI Information	E, ANEF
IV.	College of Nursing Student – Taylor Nelson, BSN, RN, PhD(c)	Information
V.	ECU Health Update – Michael Waldrum, MD, MSc, MBA & Jason Higginson, MD, MA, FAAP	Information
VI.	ECU Physicians Compensation Plan – Amanda Williams, JD	Action
VII.	SoDM Compensation Plan – Amanda Williams, JD	Action
VI.	Closed Session	



#### **Health Sciences Committee**

April 28, 2022

Agenda Item:	I. Approval of Minutes - Feb. 10, 2022
Responsible Person:	Tom Furr Committee Chai
Action Requested:	Approval
Notes:	

Health Sciences Committee – Open Session ECU Board of Trustees February 10, 2022 Main Campus Student Center

#### **Board Members Present:**

Tom Furr (Committee Chair)
Jim Segrave (Committee Vice Chair)
Cassie Burt (Committee Member) - virtual
Jeffrey Roberts (Committee Member)
Leigh Fanning (Committee Member)
Van Isley
Dave Fussell
Chandler Ward
Jason Poole
Scott Shook
Vince Smith

#### Others Present:

Chancellor Rogers

Michelle Brooks

Stephanie Coleman

Virginia Hardy

Jason Higginson

Jeannine Hutson

Chris Locklear

Jenny McKellar

Ron Mitchelson

Karson Nelson

Rob Spahr

Michael Van Scott

Mike Waldrum

Amanda Williams

Paul Zigas

**Recorder:** Cindy Reaves

#### **Call to Order and Approval of Minutes:**

Mr. Furr called the meeting to order at approximately 3:30 pm and read the conflict of interest statement required by the State Government Ethics Act. No conflicts were identified. The minutes of November 11, 2021 were approved.

#### **Review of Operational Metrics:**

Dr. Ron Mitchelson discussed the metrics that include the number of applications to health sciences division undergraduate, graduate and professional programs. Additional metrics include sponsored awards, Laupus Library Resource Utilization, and patient visits.

#### **ECU Health Update:**

Dr. Waldrum provided an update on the brand rollout timeline, JOA communications, brand work and integration workgroup developments for ECU Health. He also provided an update on the process for the erection of the new medical education building.

#### **Interprofessional Education:**

Dr. Charles presented on the work, purpose, and future plans of Interprofessional Education (IPE). Mr. Tyler Brookshire, an MD candidate for the class of 2023 also spoke on his role on the Health Sciences Leadership Council that consists of students across the Health Sciences campus. He stated that their collaborative efforts have been a positive and rewarding experience for him as a student here.

#### **Closed Session:**

Action: A motion was made by Chairman Furr that the Health Sciences Committee go into closed session. Mr. Shook read the motion to go into closed session:

- to prevent the disclosure of confidential information under N.C. General Statutes §126-22 to §126-30 (personnel information) and the federal Family Educational Rights and Privacy Act; and
- 2. to consider the qualifications, competence, performance, character, fitness, or appointment of prospective and/or current employees and/or to hear or investigate a complaint or grievance by or against one or more employees.
- 3. to prevent the disclosure of competitive healthcare information under N.C. General Statute 130A-45.11; G.S. 131E-97.3.
- 4. to consult with an attorney to preserve the attorney-client privilege between the attorney and the Committee.

Action: Motion passed.

The meeting moved back into open session at 4:19 pm

Meeting adjourned at 4:20 pm.



#### **Health Sciences Committee**

April 28, 2022

Agenda Item:	II. Review of Operational Metrics
Responsible Person:	Ron Mitchelson Interim Vice Chancellor for Health Sciences
Action Requested:	Information
Notes:	



#### CEO Tracking Sheet Fiscal Year - 2022 Division of Health Sciences

KDI	Massurant	Duia y Vaay	Towart	Variance	Luke	August	Cambanahan	Ostobou	Navandan	December	lam.com.c	Falamiam.	Manah	A .a. uil	D.da.s.	lum a	Total		
KPI	Measurement	Prior Year	Target	Variance	July		September	October	November	December	January	February	March	April	May	June	Total		
				Monthly Plan	0	74	159	1,944	686	323	237	134	76	23	7	0	3,663		
	Number of new			Monthly Actual		0	143	1,716	556	259	207	155	101						
	freshmen applications			Monthly +/-		(74)	(16)	(228)	(130)	(64)	(30)	21	25						
New Freshmen Applications	submitted with DHS	3,627	3,663			(/	. ,		, ,	. ,	. ,			2.050	2.662	2.002	2.00		
				YTD Plan		74	233	2,177	2,863	3,186	3,423	3,557	3,633	3,656	3,663	3,663	3,663		
	intended major.			YTD Actual		0	143	1,859	2,415	2,674	2,881	3,036	3,137				3,13		
				YTD +/-		(74)	(90)	(318)	(448)	(512)	(542)	(521)	(496)						
				,		( /	( /	(/	( - /	(- /	(- /	(- /	( /)		Į.	I	-		
				Manual I. Dina	0	11	44	FC	20	25	72	47	72	F4	70	<b>C2</b>			
				Monthly Plan	U	11	11	56	29		73	47	72	51	79	62	510		
	Number of new transfer			Monthly Actual		0	14	62	32	30	88	37	61						
	applications submitted			Monthly +/-		(11)	3	6	3	5	15	(10)	(11)						
New Transfer Applications	with DHS intended	511	516	YTD Plan		11	22	78	107	132	205	252	324	375	454	516	51		
						-								3/3	434	310			
	major.			YTD Actual		0	14	76	108	138	226	263	324				32		
				YTD +/-		(11)	(8)	(2)	1	6	21	11	0						
												·							
				Monthly Plan	447	199	120	200	78	150	445	116	106	60	27	27	1,97		
	Number of new			-										60	27	21	1,97		
	graduate applications			Monthly Actual	426	175	84	147	62	124	283	90	133						
	•	4.000		Monthly +/-	(21)	(24)	(36)	(53)	(16)	(26)	(162)	(26)	27						
New Graduate Applications	to DHS graduate	1,966	1,975	YTD Plan	447	646	766	966	1,044	1,194	1,639	1,755	1,861	1,921	1,948	1,975	1,97		
	programs (excluding									· · · · · · · · · · · · · · · · · · ·				1,321	1,340	1,373			
	MD and DMD).			YTD Actual	426	601	685	832	894	1,018	1,301	1,391	1,524				1,52		
	,			YTD +/-	(21)	(45)	(81)	(134)	(150)	(176)	(338)	(364)	(337)						
																	-		
			1	1			T			,					т	1			
	Number of			Monthly Plan	5	13	0	15	15	16	54	52	205	97	56	32	56		
	Number of new			Monthly Actual	19	8	11	16	4	11	44	80	151						
	graduate admits to DHS			Monthly +/-	14	(5)	11	1	(11)		(10)	28	(54)						
New Graduate Admits	graduate programs	558	560			(5)					, ,		. ,						
	(excluding MD and			YTD Plan	5	18	18	33	48	64	118	170	375	472	528	560	56		
	DMD).			YTD Actual	19	27	38	54	58	69	113	193	344				34		
	DIVID).			YTD +/-	14	9	20	21	10	5	(5)	23	(31)						
	1			,		3	20	21	10	3	(3)	23	(31)						
			1							T T		1							
	Number of new verified					Monthly Plan	92	92	92	92	92	92	92	92	92	92	92	92	1,100
				Monthly Actual					19										
				Monthly +/-					(73)								-		
New BSOM Applications		1,209	1,100			100	0.75	267	, ,		640	===		24-	4 000	4.400			
	applications.			YTD Plan	92	183	275	367	458	550	642	733	825	917	1,008	1,100	1,100		
				YTD Actual				1,137	1,156								1,156		
				YTD +/-				770	698								56		
									030	l .		l l	L	L					
	T		1	1 1		1					1					1			
			Monthly Plan	30	30	30	30	30	30	30	30	30	30	30	30	364			
				Monthly Actual					2	42									
	Number of new verified			Monthly +/-					(28)	12									
New SODM Applications	applications.	361	364		20	C1	01	121	, ,		212	242	272	202	224	204	20		
				YTD Plan	30	61	91	121	152	182	212	243	273	303	334	364	364		
				YTD Actual				283	285	327							327		
				YTD +/-				162	133	145							(37		
•			•											Į.	I				
				Marrial Di	2 270 042	2 272 242	2 270 042	2 270 042	2 270 042	2 272 242	2 270 042	2 270 042	2 270 040	2 270 042	2 272 242	2 270 042	20.240.==		
				Monthly Plan	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	39,249,750		
	DHS sponsored awards			Monthly Actual	3,730,147	3,992,225	1,904,848	3,372,903	3,252,359	1,383,068	3,789,445	2,353,838	1,989,725						
	DHS sponsored awards,	426 242 ====	400 0 15 ====	Monthly +/-	459,335	721,413	(1,365,965)	102,091	(18,454)	(1,887,745)	518,633	(916,975)	(1,281,088)				<del></del>		
Sponsored Awards	excluding ECUP and	\$39,249,750	\$39,249,750	YTD Plan	3,270,813	6,541,625	9,812,438	13,083,250	16,354,063	19,624,875	22,895,688	26,166,500	29,437,313	32,708,125	35,978,938	39,249,750	39,249,75		
	SoDM contracts.												· · · · · · · · · · · · · · · · · · ·	32,700,123	٥٥,٥١٥,٥٥٥	33,443,730			
				YTD Actual	3,730,147	7,722,372	9,627,220	13,000,123	16,252,482	17,635,550	21,424,995	23,778,833	25,768,558				25,768,55		
				YTD +/-	459,335	1,180,747	(185,218)	(83,127)	(101,581)	(1,989,325)	(1,470,693)	(2,387,667)	(3,668,755)						
	•			•												•			
				Monthly Dis.	70 222	70 222	70 222	70 222	70 222	70 222	70 222	70 222	70 222	70 222	70 222	70 222	040.00		
				Monthly Plan	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	940,00		
	Gate count and number			Monthly Actual	51,792	44,378	103,097	111,634	99,286	51,021	60,622	89,890	63,113						
Laurent Blance B. Communication	Gate count and number			Monthly +/-	(26,541)	(33,955)	24,764	33,301	20,953	(27,312)	(17,711)	11,557	(15,220)				· <del></del>		
Laupus Library Resource Utilization	of resource information	906,188	940,000	YTD Plan	78,333	156,666	235,000	313,333	391,666	470,000	548,333	626,666	705,000	783,333	861,666	940,000	940,00		
	downloads													, 03,333	001,000	340,000			
				YTD Actual	51,792	96,170	199,267	310,901	410,187	461,208	521,830	611,720	674,833				674,83		
				YTD +/-	(26,541)	(60,496)	(35,733)	(2,432)	18,521	(8,792)	(26,503)	(14,946)	(30,167)						
		<u> </u>																	
			1	Monthly Plan	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	453,35		
														3/,/80	3/,/80	3/,/80	455,35		
				Monthly Actual	35,962	38,240	38,842	37,332	38,121	33,689	32,982	35,568	40,666						
Dottort Mait	Number of Visits to	440.070	370 453,358	Monthly +/-	(1,818)	460	1,062	(448)	341	(4,091)	(4,798)	(2,212)	2,886		T	$\exists$			
Patient Visits	DHS outpatient clinics	448.870		YTD Plan	37,780	75,560	113,340	151,119	188,899	226,679	264,459	302,239	340,019	377,798	415,578	453,358	453,35		
	DH3 outpatient clinics										•			377,738	713,370	+55,550			
				YTD Actual	35,962	74,202	113,044	150,376	188,497	222,186	255,168	290,736	331,402				331,40		
1	1			YTD +/-	(1,818)	(1,358)	(296)	(743)	(402)	(4,493)	(9,291)	(11,503)	(8,617)						
		· · ·																	



#### **Health Sciences Committee**

April 28, 2022

Agenda Item:	III. College of Nursing Update
Responsible Person:	Sylvia Brown Dean, College of Nursing
Action Requested:	Information
Notes:	





College of Nursing

April 28, 2022

## Covid-19 Response



Over 1800 hours provided by faculty, staff & students and 250 students participated in administering vaccines



## College of Nursing

Year	BSN	RN-BSN	MSN *	PhD	DNP **	TOTAL
2011	510	126	534	28		1,198
2012	508	165	568	30		1,271
2013	496	183	547	30	19	1,275
2014	540	176	444	28	75	1,263
2015	515	151	366	29	122	1,183
2016	466	131	352	35	165	1,149
2017	490	197	354	31	173	1,245
2018	520	224	328	35	174	1,281
2019	527	287	308	36	207	1,365
2020	507	298	299	28	242	1,374
2021	489	352	283	24	249	1,386

\* includes PMNC
\*\* includes PDC



## Admission Statistics & Benchmarks

ADMITTED FOR:	SPRING 2022	FALL 2021	SPRING 2021	FALL 2020
Applicants	201	272	230	136
Average GPA	3.67	3.75	3.68	3.69
Lowest Rank Admitted	12 pts (3.51 GPA)	12 pts (3.70 GPA)	12 pts (3.50 GPA)	9 pts* (3.08 GPA)
Lowest GPA Admitted	3.32 (13 pts)	3.22 (13 pts)	3.25 (13 pts)	3.08 (9 pts)
Passed HESI A2 Exam	100%	100%	100%	100%
Admitted with 1 or 2 Repeats	5 (1 repeat) 0 (2 repeats)	0 (1 repeat) 0 (2 repeats)	6 (1 repeat) 0 (2 repeats)	4 (1 repeat) 0 (2 repeats)
Earned 1 more BIOL Bonus Points	96%	85%	97%	82%

\*96% of students admitted earned 11 pts or higher.







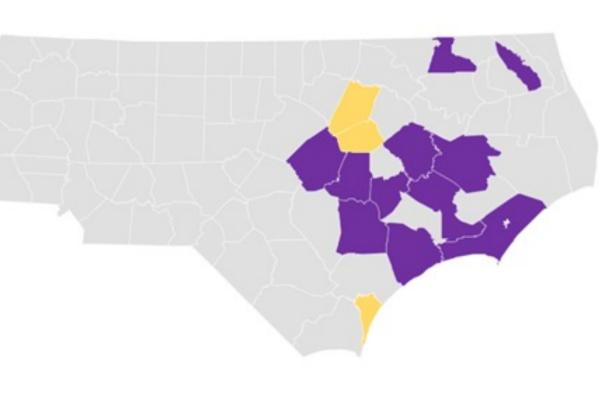


	RIBN	aRIBN	
2021 cohort	19 students	50 students	
Matriculating into RN/BSN program	49 students	42 students	
ECU CON only	22 students	33 students	*These students will graduate from ECU CON in Spring 2022



## **ENC RIBN**

**Beaufort** Carteret Craven Duplin Hertford Johnston Lenoir A Nash X New Hanover Onslow Pasquotank Pitt Wayne Wilson





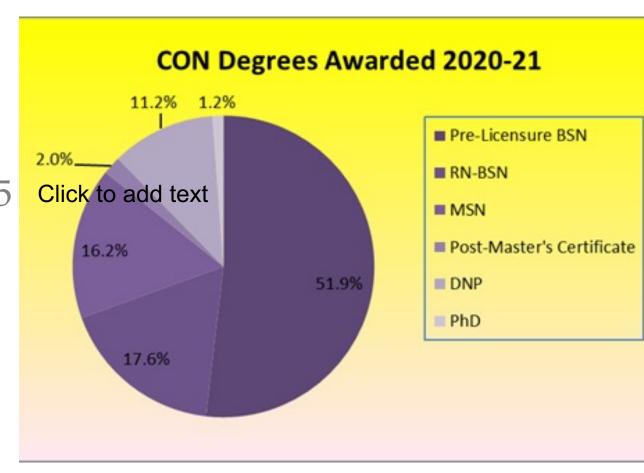


#### **Graduation Data**

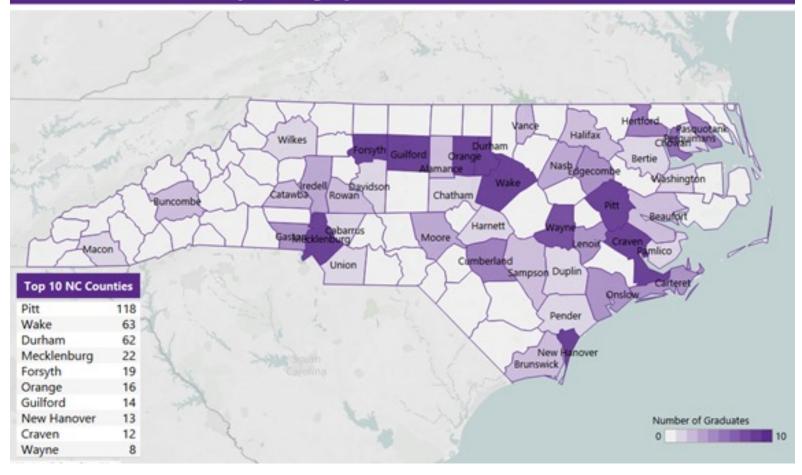
#### Graduates Fall 2020 through Summer 2021

- BSN=247
- RN-BSN=96
- MSN= 90
- Post Masters= 15
- DNP=61
- PhD=7
- Total= 516
- Anticipate

   approximately 565
   graduates for 2021-22



#### East Carolina University: College of Nursing County of Employment of 2020-21 Graduates



Recent alumni survey: 40% work in eastern NC, 84% work in NC. Of our new BSN grads—88% work in NC



#### **Licensing Exam Pass Rates**



- NCLEX-RN: 96% 1/1/21- 12/31/21 (204 Students)
- NCLEX-RN: 100%

  ABSN students
- DNP- FNP &
   Adult/Gero/Primary Care
   NP: 100%
- Nurse Anesthesia: 100%
- Nurse-Midwifery: 100%
- Neonatal NP: 100%
- Neonatal CNS: 100%
- Adult Gero CNS: 100%
- Psyc/MH NP: 100%



#### **Honors Students**



- Seniors- 17 (2 EAP) 2 EC Scholar
- Juniors- 26 (2 EAP) (1 EC Scholar)
- 28 nursing faculty are mentoring 43 senior and junior honors students
- Sophomores- 23 (2 EAP) (5 EC Scholar)
- Freshmen- 58 (1 EAP) (2 EC Scholar)
- Clinical Nurse Research Fellows (BSN to PhD). We currently have 2 Fellows at Vidant Edgecombe and 1 at WakeMed Cary.



### Highlights

#### **Accomplishments and Accolades**

• The Simulation labs received accreditation by the Society for Simulation in Healthcare—the CON is the only UNC system school with this accreditation.







## Accomplishments and Accolades

- The CON was ranked
  - #29 by US News & World Report for online graduate programs.
  - 6th for Nursing Education
  - 5th for Accessiblity to Veterans
  - 13th for Nursing Leadership/Administration
- The CON was 4-time recipient of the National League for Nursing Center of Excellence for "Outstanding Achievements in Student Learning and Professional Development"

# Hall of Fame



Hall of Fame: 2021-22 Nine Inductees

Outstanding Alumna: Dr. Alta Andrews

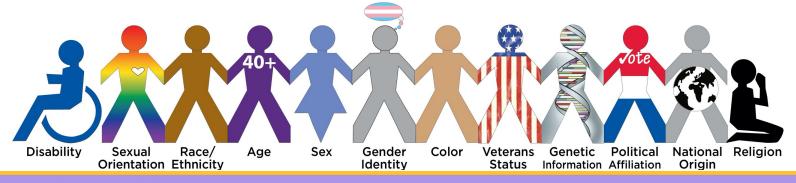
Scholarships: Gave \$389,000



# College of Nursing Diversity, Equity, and Inclusion

- 9.3% Males 22.4% Minority 22% Disadvantaged

## We're All Pirates!





### Research 2021-2022

- 61 publications; 22 included students as co-authors
  - 72 presentations; 24 included students as copresenters
  - \$1.6 million grant expenditures as of 4/15/22
    - \$1.2 million awarded as of 4/15/22

## Research 2020-2021

- 85 Publications
- 1 Book Chapter
- 59 Presentations



# HRSA Advanced Nursing Education Workforce (ANEW) Grant

- \$2.793 million awarded over 4 years for the APRN RURAL Scholars Program. The grant is funded through 6/30/2023.
- Student support = \$350,000 per year. Full-time students receive \$22,000/year and part-time students receive \$11,000/year.
- To date, 30 nurse practitioner, nurse-midwifery, and Clinical Nurse Specialist students have graduated and 18 students are currently enrolled in the program.
- Strong focus on academic community partnerships, Agromedicine, telepsychiatry, and primary care in rural and underserved communities.
- For more information, please see the program website at <a href="https://nursing.ecu.edu/ruralscholars/">https://nursing.ecu.edu/ruralscholars/</a>





## Curricular Updates

Health Care Emergency Disaster Response Courses
Health Systems Leadership Revised
Substance Use Disorder Course
PhD Program online

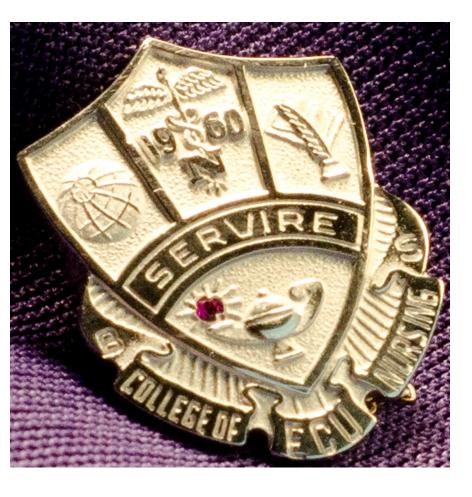
THE ESSENTIALS: Core Competencies for Professional Nursing Education



## Challenges

- Aging workforce
- Faculty Recruitment
- Salary compression/compensation
- Clinical Site Availability
- Preceptor payment
- Burnout





**ECU:** 

**E**xcellence

**C**reated by

Us

**Preparing Leaders for Tomorrow** 

\*Student Success \*Public Service \*Regional Transformation





#### **Health Sciences Committee**

April 28, 2022

Agenda Item:	IV. CON Student Spotlight
Responsible Person:	Taylor Nelson
Action Requested:	
Notes:	



#### **Health Sciences Committee**

April 28, 2022

Agenda Item:	V. ECU Health Update
Responsible Person:	Mike Waldrum Dean of the BSOM & CEO of ECU Health
	Jason Higginson Executive Dean of the BSOM
Action Requested:	Information
Notes:	

## **ECU Health Update**

Dr. Mike Waldrum, Chief Executive Officer and Dean Dr. Jason Higginson, Executive Dean



## **Brand Update**

- Logo and naming conventions announced April 14
- Physician practices will be announced at a later date
- In the market as ECU Health starting early May
  - ECU Health Week May 9
- Other logos revealed early May
- Several months to complete full rollout







**Beginning May 2022** 

## Logo Announcement





## **ECU Health- Moving Forward**

- JOC Initiated
- Operational Planning
  - Leadership
  - Structure and Organization
  - Timeline
  - Priorities

- Strategic Planning
  - Integrated Planning

## **Brody School of Medicine**

- Delivering on its Mission
- Planning
  - Facility

- Strategic Planning
  - Integrated Planning

## Match Day 2022



96% of BSOM M4's Matched

~94% - General match rate for US medical schools

61% - Matched into Primary Care

35% - Staying in N.C.

11% - Matched at Vidant

## **Legacy Teachers**



Left: Med Student Daniel Middleton pins Elane Baugher. John and Rebecca Baugher watch.

Right: Med student Kylie Nowicki pins Hilary Patty.

(ECU Photos by Cliff Hollis)

# Discussion





## **Health Sciences Committee**

April 28, 2022

Agenda Item:	VI. ECU P Comp Plan
Responsible Person:	Amanda Williams Deputy General Counse
Action Requested:	Approval
Notes:	

#### **Executive Summary of Realignment of the Clinical Faculty Compensation Plan**

This plan updates and refines the ECU Physicians Clinical Faculty Compensation Plan in place since 2014. As BSOM and Vidant Health migrate into operating as ECU Health and realize the potential outlined in the Joint Operating Agreement, a common set of compensation principles for ECU Health must be utilized for compensation associated with clinical duties. This plan is intended to develop flexibility in response to present and anticipated national changes in healthcare reimbursement and availability of funding. This Clinical Faculty Compensation Plan sets forth the framework for flexible remuneration of clinical faculty, allowing for timely alterations in compensation associated with clinical work in the form of both increased and decreased compensation relative to productivity while considering institutional financial conditions. This Plan aims to reduce variability in the organization in clinical faculty compensation by further detailing a standardized set of common compensation principles. The expected outcome from enacting this plan is maintaining the long-term financial sustainability of BSOM by recognizing the need to compensate productive clinicians to retain them. Further this plan will encouraging all clinicians to be maximally productive as compensation will be dependent on individual performance.

#### Flexibilities employed in this plan not present in current ECUP Clinical Faculty Compensation Plan

- 1. The new draft plan defines academic minimum salary but leaves the dollar amount up to SOM to set outside of the plan.<sup>1</sup>
- 2. The new plan makes APPs<sup>2</sup> who are credentialed for billing purposes eligible. Currently, all APPs except for midwives are CSS employees and only eligible for incentive bonuses in accordance with the CSS Handbook. Those incentives are typically capped at \$5,000 per year and are based upon metrics applicable to all CSS staff. The goal is to be able to better incentivize clinical productivity of APPs.
- 3. The draft plan defines Extra Duty Payments and allows faculty to be paid for those without changes to appointment letters if there is an Extended Clinical Care Agreement in place. That document would list pay for additional call coverage or other clinical tasks and would apply to any faculty that perform those duties. Now, because the time it takes to make changes to appointment letters and an inability to make changes retroactive, some faculty perform these tasks without receipt of any extra pay. As a result, it is sometimes difficult to get faculty to cover these unexpected situations.
- 4. The new plan allows the Dean or Dean's designee to lower Total Annual Salaries for all faculty in a department or division by up to 15% due to department or division financial conditions. In extreme circumstances, this type of reduction may be made during the fiscal year due to significant and unforeseen reductions in funding sources.
- 5. The new plan eliminates meeting department budget targets as prerequisite for paying incentives. Instead, the draft plan allows incentive decisions to be based upon the "current,"

<sup>&</sup>lt;sup>1</sup> Current academic base salaries are \$40,000 for instructors, \$60,000 for Assistant Professors, \$75,000 for Associate Professors and \$90,000 for Professors. Leadership contemplates reducing to \$30,000 for Assistant Professors, \$45,000 for Associate Professors and \$60,000 for Professors.

<sup>&</sup>lt;sup>2</sup> APPs include nurse practitioners, physician assistants, midwives, certified registered nurse anesthetists and clinical pharmacy practitioners.

- overall financial condition of the applicable Department and the SOM". This will increase the probability highly productive faculty will be retained.
- 6. It provides authority for non-salary compensation such as housing stipend, sign-on bonuses, retention bonuses and loan repayment assistance. The UNC Chapel Hill plan authorizes housing stipend, signing bonuses and payment of medical malpractice tail coverage. Vidant Medical Group regularly provides student loan repayment assistance and retention bonuses. The draft plan provides all these options (except for tail coverage) to give us more tools for recruitment and retention.
- 7. The new plan is explicit that when faculty cease performance of patient care, they are no longer eligible to participate in Plan. At that time, the faculty member's salary will be adjusted to that of similarly situated faculty in the department or SOM and they may become eligible for the Basic Sciences Compensation Plan.
- 8. The new plan delegates authority to Chancellor to make changes consistent with principles outlined in the Plan. As written, the Chancellor will consult with the President prior to making substantive changes but additional approval will not be necessary. This will allow maximum flexibility to make changes necessary to respond to changing market and healthcare challenges. This provision is not in the UNC Chapel Hill plan.

#### Flexibilities employed in this plan not present in current UNC Chapel Hill Plan

- The UNC Chapel Hill plan goes into detail about Base Work Expectations regarding overall, clinical productivity, research, teaching and administrative standards. Our draft plan defines Base Work Expectations broadly but will leave further elaboration to the corresponding Department specific plans to be worked out using current industry based best business practices.
- 2. The ECU draft plan only broadly defines standards for Incentive Payment whereas the UNC Chapel Hill plan gives further explanation about standards for research incentives, education incentive and administrative incentive. BSOM plans to further define these standards on a department specific basis again using industry-based standards.
- 3. The ECU draft plan adds two additional forms of non-salary compensation: (1) Student Loan Repayment Assistance and (2) Retention Bonus recognizing our need to attract and retain talent.
- 4. The ECU draft plan adds a provision giving the Chancellor authority to make changes to the plan without additional approvals. Only Presidential consultation is required prior to making substantive changes. The UNC Chapel Hill Plan does not have a similar provision.

## BRODY SCHOOL OF MEDICINE ECU PHYSICIANS CLINICAL FACULTY COMPENSATION PLAN

#### I. Introduction:

As academic health centers and the U.S. health care system continue to evolve in complex ways, it is essential to maintain a clinical faculty compensation methodology that balances flexibility with institutionally identified imperatives for the success of the Brody School of Medicine("SOM") tripartite mission. Because the prevailing salary levels of clinical faculty result from the unique clinical earning capacity of physicians and other clinicians, such salaries must be responsive to the current revenues available to the clinical Departments of the SOM and reasonably aligned with national benchmarks in order to attract and retain top talent. Further, since most of the income in the SOM is based on clinical receipts, research grants and contract awards, rather than on appropriated state dollars, it is equally important that there is the ability within the clinical faculty compensation system to adequately reward SOM's most highly productive members, while fostering accountability for those not meeting expectations, with the overall goal of assuring alignment between compensation and mission-based productivity.

This Clinical Faculty Compensation Plan (this "Plan") sets forth the framework for reasonably flexible remuneration of clinical faculty, allowing for timely alterations from year to year in the form of both increased and decreased compensation as changing financial conditions dictate or allow. In addition to the above, the goals of this Plan include maintainingthe long-term financial sustainability of each clinical Department and collectively of the SOM's faculty practice plan, ECU Physicians ("ECUP"). This Plan aims to reduce variability among different clinical Departments' approach to clinical faculty compensation by further detailing a standardized set of common compensation principles, while maintaining reasonable Chair discretion to account for the idiosyncrasies of their respective specialties, subject to this Plan, institutional policy and applicable law. Further, this Plan is intended to develop flexibility toward present and anticipated national changes in healthcarereimbursement and availability of grant funding, as well as ECUP and ECU Health operating models.

This Plan updates and refines the ECU Physicians Clinical Faculty Compensation Plan originally approved by the Board of Governors ("BOG") in May 1996 and most recently amended and approved by the BOG in 2014. Each Department of the SOM having faculty subject to this Plan shall adopt a Departmental plan setting out in sufficient detail the Department's specific approach to implementing the compensation arrangements authorized by this Plan. As appropriate, Divisions within Departments may adopt sub-plans, subject to approval by the Dean or the Dean's designee. No Departmental or Divisional compensation plan, or any amendment of such a plan, may take effect unless first approved by the Office of University Counsel and the Dean or Dean's designee. The Chair of each Department shall be responsible for implementing the Departmental and Divisional compensation plans and shall inform the Department's faculty in writing of the plans not less often than annually.

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#### II. Plan Summary:

The Dean in consultation with the Executive Dean of the SOM, will select a relevant national compensation survey as its general benchmark for establishing target Total Cash Compensation ("TCC") for its faculty members, with the goal of gradually aligning clinical faculty TCC with market norms. Departments will use a three (3) year rolling average of their chosen and approved survey data, which shall be updated not more frequently than annually, as new survey data are available.

TCC will be comprised of (a) Total Annual Salary; and (b) incentive payment; each of which are further defined and set forth below, and the sum total of which must conform withthe UNC Board of Governors' salary policies<sup>1</sup>. Faculty will be subject to base work expectations, which must be met in order to be eligible for incentive compensation and to justify maintaining or increasing their salary the following year. All compensation paid pursuant to this Plan and Departmental plans adopted hereunder will be (a) in accordance with methodologies that are defined and set in advance of the start of the fiscal year (i.e., July 1); (b) consistent with fair market value and commercial reasonableness standards, as defined under applicable federal healthcare laws and regulations; (c) not vary with, or take into account, the volume or value of referrals a faculty member makes within the Departmentor the SOM, or to ECU Health, or to any unaffiliated health care entity with which the Department has a contractual or other financial arrangement; and (d) not vary based solely upon receipt or termination of an externally sponsored research grant.

Faculty are expected to contribute to additional or unexpected coverage needs. When required activity significantly exceeds compensated effort, Extra Duty Payments ("EDP"s) may be warranted due to anunexpected vacancy, new revenue, or other unexpected situation.

#### III. Eligibility for Participation:

Faculty members who are appointed to a clinical department and perform patient care are eligible to participate in this Plan, through their Department's plan adopted hereunder. This Plan is intended to apply equally to tenured, tenure track and fixed-term faculty in clinical departments, unless otherwise specified in the terms of their letters of appointment.<sup>2</sup> Special consideration may be given to new faculty such that a Department may grant a 1-3 year TCC guarantee to new recruits to allow for ramp-up. In the event a Chair grants a TCC guarantee period for a new faculty member, the offer letter or other documentation signed or approved by the Dean or his designee must set forth specific mission-basedtargets for the faculty member to meet during the ramp-up period. New faculty who exceed defined targets during the ramp up phase will be eligible to additionally receive incentive as determined by the methodology of their Department's plan, provided total overall compensation remains within fair market value.

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<sup>&</sup>lt;sup>1</sup> The UNC Board of Governors has the authority to set salary caps or salary ranges applicable to faculty. The faculty salaries set in accordance with this Plan shall comply with any such BOG requirements in place at the time this Plan is approved and as may be amended from time to time.

<sup>&</sup>lt;sup>2</sup> Appointment letters for SOM clinical faculty shall include a statement that their compensation shall be set as provided by this Plan and the relevant Department plan adopted thereunder, unless otherwise specified.

For other special categories of faculty employee, including but not limited to visiting faculty, part-time faculty, and faculty who are hired on the assumption that their employment will be temporary, a Chair may, with approval of the Dean, determine at appointment that the faculty member's compensation will be determined independent of the provisions of this Plan, provided any alternate compensation methodology is clearly documented, communicated to the relevant faculty member, and is consistent with institutional policy and applicable law. Similarly, for faculty who are assigned full-time to community based practice settings, the Dean or the Dean's designee may establish an alternative compensation plan that departs (only to the extent necessary and appropriate to tailor compensation for the community-based setting) from the provisions of this Plan; provided, however that all compensation remains subject to BOG salary caps and consistency with fair market value and commercial reasonableness standards, as defined under applicable federal healthcare laws and regulations.

Faculty who permanently cease providing patient care are no longer eligible to participate in this Plan and shall have their FTE and/or salary adjusted commensurate with similarly situated faculty in the Department and/or SOM. Compensation for non-clinical faculty appointed to clinical Departments may be eligible to participate in the SOM Basic Science Faculty Compensation Plan, as applicable.<sup>3</sup>

Where a faculty member's duties have changed sufficiently, the faculty member may, with agreement of the Dean, convert from this Plan to the SOM Basic Science Faculty Compensation Plan<sup>3</sup>, or from that plan to this Plan (subject to the foregoing provision regarding employees such as part-time, visiting and temporary faculty members). In such cases the faculty member's annual base salary may be adjusted to reflect assigned duties. Where a faculty member converts from this Plan to the SOM Basic Science Faculty Compensation Plan, reinstatement of the faculty member to coverage by this Plan shall be within the discretion of the Dean or the Dean's designee.

Advanced Practice Providers ("APPs")<sup>4</sup> who are credentialed for billing purposes are eligible, at the discretion of the Dean, to participate in the incentive component of their Departmental plan adopted hereunder. Subject to the approval of the Dean or the Dean's designee, each Department may develop a specific plan for its APPs or use its standard methodology. In no circumstance may an APP be eligible to participate in a Departmental plan if the APP is simultaneously participating in a Clinical Support Services incentive program.

#### IV. Definitions; Related Principles:

Annual Base Salary: Annual Base Salary is the amount set by the Dean as compensation for core duties as a faculty member. Annual Base Salary must be (i) rank based; (ii) subject to the academic minimum salaries established by the SOM; and (iii) consistent with the chosen and approved national benchmark, as modified by the financial capacity of the Department. It is the responsibility of the Dean or the Dean's designee, in consultation with the Chair, to set Annual Base Salary, within

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<sup>&</sup>lt;sup>3</sup> The SOM Basic Science Faculty Compensation Plan is available at:[INSERT LINK].

<sup>&</sup>lt;sup>4</sup> APPs include nurse practitioners, physician assistants, midwives, certified registered nurse anesthetists and clinical pharmacy practitioners regardless of whether they are hired as faculty or other category of employment.

the above parameters, in a way that appropriately values the faculty member's contributions in any or all domains of the tripartite mission. Annual Base Salary may be adjusted annually in conformance with this Plan, based on the faculty member's productivity and performance in the prior academic year, with decreases no lower than SOM academic minimums and increases subject to the Department's financial health, as well as to TCC remaining within any Board of Governors salary ceilings or policy. It may be reduced at any point during the year in the event a faculty member violates any Faculty Practice Work Standards, University policy or law. Annual Base Salary may also be modified during a plan year in response to a promotion in faculty rank<sup>5</sup> that is effective mid-year and which must occur in accordance with any Departmental salary schedule included in a Departmental plan adopted hereunder.<sup>6</sup>

- B. Incentive Payment: Incentive Payment is the payment that may be made to a faculty member in recognition of the faculty member's mission-based productivity, pursuant to the methodology defined and set-in-advance in the relevant Departmental plan. Incentive Payment is not ranked-based. Department's recommendations to provide incentive payments must be approved in advance by the Dean or Dean's designee. Decisions regarding the issuance of Incentive Payment will be made in light of the current, overall financial condition of the applicable Department and the SOM. Qualifying factors for deciding whether a specific Department should make Incentive Payments may include consideration of such metrics as (i) Departmental operating margin; (ii) financial performance trending of the Department (e.g. limited operating margin but moving in the right direction); (iii) the expense of Departmental strategic initiatives; and/or (iv) financial performance relative to Departmental budget. Such decisions must be applied equitably across members of the Department and without regard to the volume or value of referrals or other business a particular faculty member or the Department generates for any entity within SOM, ECU Health or any non-affiliated entity with which the Department has a contractual or other financial arrangement. Any exceptions to the foregoing must be legitimately justified and documented and may only be made upon the approval of the Dean or Dean's Designee and in consultation with the Office of University Counsel, as appropriate.
- C. Extra Duty Payments ("EDP" also referred to as "Non-Recurring Payments" (or "One Time Payments"): EDPs are payments made to a faculty member in consideration of specific, non-recurring, variable duties (e.g. provision of additional call when coverage is needed, generally due to an unexpected vacancy, new revenue, or other unexpected situation).

EDPs could be documented through, for example, an Extended Clinical Care("ECC") Agreement between the relevant Department and the Brody School of Medicine

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<sup>&</sup>lt;sup>5</sup>"Promotion in faculty rank", as described in the ECU Faculty Manual, which includes promotions for fixed-term faculty members.

<sup>&</sup>lt;sup>6</sup> For example, a Departmental plan may indicate that the promotion from Assistant Professor to Associate Professor includes a \$6K increase in Annual Base Salary. If the Departmental plan includes such a structure, a faculty member promoted during a plan year may begin to receive the increase in Annual Base Salary in the pay period immediately following the promotion; subject to payroll and human resources constraints regarding timing.

- Faculty Employment Office.
- D. Stipend: Stipend is a fixed amount of compensation set by the Chair, the Dean, the Provost or other relevant leadership in consideration of a specific added administrative duty the faculty member performs beyond the core duties of a faculty member in the Department (e.g. Vice Chair, Division Chief, Medical Director, Program Director, etc.). These roles and the related Stipends are at-will and at the discretion of the Chair, Dean, Provost or other leadership making the administrative appointment, as applicable. Stipends must be discontinued when the specific duty that it recognizes ends. Stipends are separate and distinct from Annual Base Salary and Incentive Payment. Stipends are a component of Total Annual Salary. Stipends are for duties separate and distinct from FPWS or BWE (defined below).
- **E. Total Annual Salary**: Total Annual Salary equals the sum of Annual Base Salary plus any Stipend, distributed in 24 semi-monthly installments.
- F. Total Cash Compensation or ("TCC"): Total Cash Compensation equals the sum of Total Annual Salary, plus any Incentive Payment, and must conform with the UNC Board of Governors' salary policies. TCC will be budgeted according to the financial capacity of the Department and should align with the faculty member's actual contributions as well as with chosen and approved benchmarks. Each faculty member's TCC is subject to being capped in accordance with fair market value and commercial reasonableness standards under applicable federal healthcare laws, regulations and guidance. Departments are permitted, but not required, to place a specified percentage of TCC at risk, which would then be earnedaccording to the Department's set in advance compensation methodology adopted under this Plan.
- G. Base Work Expectations: Base Work Expectations ("BWE") for clinical, teaching, research, and administration (as applicable, depending on the faculty member's approved activities) are metrics that a faculty member is expected to fulfill and maintain in consideration of the faculty member's current year Annual Base Salary; and must meet (i) to be eligible for earning an Incentive Payment in a particular corresponding category in the current fiscal year under metrics defined in their Departmental plan; and (ii) to maintain their Annual Base Salary for the following year.
- **H. Faculty Practice Work Standards**: Faculty Practice Work Standards ("FPWS") are metrics that a faculty member must meet as a member of the FP, employee of the SOM, and citizen of the University.
- I. FTE: A 100% Full Time Equivalent (1.0 "FTE") is defined as 52 weeks per year and components of FTE, along with their corresponding base work expectations ("BWE"), will be determined by this standard; provided, however, that the specific BWE metrics set in advance in Departmental plans shall reflect reasonable expectations, including in light of the amount of leave faculty are granted under University policy.
- J. cFTE: Clinical FTE (or "cFTE") is determined by the following formula: 100% x% of FTE funded by (i) internally and externally funded research; (ii) internally and

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externally funded education; and (iii) internally and external funded administration. Departments have the option to either (i) retain the patient-specific clinical effort a faculty member spends under clinical contracts as part of the cFTE by converting the dollar amount of the contract into an appropriate clinical productivity metric (e.g. wRVU equivalent, time-based unit, panel-size); or (ii) reduce cFTE and corresponding clinical productivity targets by the amount of effort the faculty member has assigned to clinical contracts. If the Department chooses the latter, it should allow in its Departmental plan for faculty members' clinical productivity under a clinical contract to be recognized pursuant to formulae defined in the relevant agreement; provided that any resulting incentive is fair market value and is not based on the volume or value of referrals for patient care made by that faculty member to the contractual third party.

#### V. Additional Principles:

A. Total Annual Salary: As noted above, Total Annual Salary is comprised of Annual Base Salary plus any Stipends and will be distributed in 24 semi-monthly installments over the course of the fiscal year. Total Annual Salary will be determined at the conclusion of the annual budget process by Chairs (or their designees) pending the agreement of the Dean (or Executive or Vice Dean-level designee, collectively "Dean's Designee"). The Total Annual Salary for faculty appointed after the start ofthe fiscal year will be established at the time of appointment and will be effective for the balance of the year. The Chair will inform the faculty member in writing of the faculty member's Total Annual Salary upon hire and for the upcoming fiscal year once that salary has been approved in writing by the Dean or Dean's Designee. Changes in Total Annual Salary will not be processed without documentation that the Dean or Dean's Designee has approved, and unless otherwise provided for in this Plan, may only be made in connection with the fiscal quarter cycle.

Because of Departmental or Divisional financial conditions, the Chair with approval of the Dean or Dean's Designee may lower the Total Annual Salaries for all faculty members in the Department or Division by not more than fifteen percent (15%) of their then-current Total Annual Salaries. Such adjustments must be made at the same rate for all affected faculty members, and in extreme circumstances may be applied at any time during the course of the fiscal year due to significant and unforeseen reductions in funding sources.

An individual faculty member's Total Annual Salary may be increased or decreased from year to year in accordance with this Plan (subject to the financial health of the Department and market forces) based on the individual faculty member's productivity and excellence in teaching, research, clinical care and administrative service, and will be reduced at any time in the event a faculty member does not meet their FPWS, and may be reduced at any time in the event a faculty member does not meet their BWE; provided however that:

<sup>&</sup>lt;sup>7</sup> The amount of a faculty member's FTE that a Chair or Division Chief allocates to internally funded research, education and/or administration must be generally justifiable and fiscally sound and is subject to review by the Dean and Provost.

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- i. Annual Base Salary may not be reduced below the academic minimum salary set by rank by the SOM; though academic minimum salary level will be prorated where a faculty member is appointed for less than full-time effort.
- ii. Adjustments are made not more frequently than quarterly, with the following exceptions. In extreme circumstances, Total Annual Salary may be decreased during the course of the fiscal year or quarter if significant and unforeseen long-term reductions occur in a faculty member's funding sources. Such adjustments shall be well-documented, without regard to the volume or value of the faculty member's referrals, consistent with this Plan and may only be made with the approval of the Dean or Dean's Designee.
- iii. When it is anticipated that a faculty member's Total Annual Salary will be reduced, the Chair will write the faculty member to inform him or her of the planned reduction and the basis for same, and the faculty member shall have a period of not more than fourteen (14) calendar days from the date of the Chair's notice to submit a written response. Departments may consult the Brody School of Medicine Faculty Employment Office operational guidelines for implementing compensation plan changes for additional guidance regarding this process. The Dean will consider information provided by the faculty member in making final Total Annual Salary determinations. Across the board salary alterations within a Department or Division, which are based on overall Departmental or Divisional financial performance, are not subject to appeal.
- iv. Approval of this Plan by University authorities signifies explicit authorization for adjustment of individual faculty members' Annual Base Salary and Total Annual Salary as described herein, if and as warranted. No separate process shall be required for advance approval by the University or the Board of Governors of downward salary adjustments, either individually or on a Departmental or Divisional basis. Upward adjustments will be congruent with the Board of Governors salary policies, but otherwise shall not require advance approval. Any salary adjustments as may be implemented shall be reported annually to the Chancellor and the President of the UNC System following the close of the fiscal year. All aspects of clinician faculty salary administration in the SOM shall be fully in accordance with the Rules, Regulations, and Policies of ECU.

#### **B.** Non-Salary Compensation

Board of Governors policy permits the provision of specified non-salary compensation to a defined category of employees where the awarding of the non-salary compensation is considered relevant to attracting or retaining faculty of the highest possible quality, and ECU policy permits (among other things)non-salary compensation that is authorized by an approved faculty practice plan. In recognition of the unique needs of a clinical faculty practice to compete for top

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talent and further its delivery of the highest clinical service throughout the state, this Plan permits the awarding of the following types of non-salary compensation, subject to the following requirements:

#### Types of Permitted Non-Salary Compensation:

- 1. Housing stipends in connection with an in-state remote duty assignment, which may be of indefinite duration, but must be reviewed at least every 18 months for continuing necessity.
- 2. Signing bonuses capped at 10% of the incoming faculty's Annual Base Salary.
- 3. Student Loan Repayment Assistance in the form of one or more lump sums made annually. Any single payment may not to exceed 10% of the incoming faculty's Annual Base Salary at the time of payment.
- 4. Retention Bonus in the form of one or more lump sums made at certain service milestones, typically for no less than one year of service. Any single payment may not exceed 10% of the incoming faculty's Annual Base Salary.

#### **Restrictions and Requirements:**

- 1. No state funds may be used to pay non-salary compensation; the source of funds must be clinical revenue maintained as institutional trust funds.
- 2. Before proposing non-salary compensation as permitted above, the Department must document the imperative for such compensation in order to recruit or retain a particular faculty member (i.e. the recruitment or retention would likely otherwise fail), along with the qualifications of the faculty member. In the case of a housing stipend, the Department must document the mission-based, community service and patient care imperative for the compensation (i.e. assigning an ECU-based faculty to a remote North Carolina location is the onlyway to deliver a certain specialty care in the local community and the nature of the assignment (e.g. overnight call coverage) precludes reasonable or safe commuting).
- 3. The proposal must be reviewed and approved by the Executive Dean of the SOM and the Dean of SOM, or their designees, including for purposes of assuring uniformity of non-salary compensation awards and that they are not based in whole or in part upon any protected status.
- 4. If approved, and before paying the non-salary compensation, the Office of University Counsel ("OUC") must be involved to assure the implementation of appropriate institutional protections (e.g. a promissory note); and Brody School of Medicine Faculty Employment

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- Office ("HR") must be involved to assure appropriate payroll or other processing, as well as appropriate tax treatment of the funds. OUC and HR will work with the relevant Department, as necessary.
- 5. Any non-salary compensation approved hereunder shall be paid to the faculty no sooner than in their first payroll distribution as an SOM employee.
- 6. Total compensation to any faculty member, including any non-salary compensation approved hereunder, remains subject to being capped at fair market value for healthcare regulatory purposes.
- 7. The total amount of non-salary compensation as defined in this Section provided to any single faculty member shall not exceed \$100,000.
- 8. Any non-salary compensation that is not permitted under this Plan is governed by the ECU Policy on Non-Salary Compensation and Deferred Compensation for Employees Exempt from the Human Resources Act.

#### C. Authority for Revision

In order to provide the SOM the flexibility necessary to respond to complex changes in the U.S. healthcare market, academic medicine and applicable regulations, approval of this Plan by the Board of Governors and ECU Board of Trustees serves as a delegation of authority to the Chancellor to make revisions consistent with the overall principles defined herein. In exercising this authority, the Chancellor shall consult with President of the UNC System in advance of making substantive changes.

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## **Health Sciences Committee**

April 28, 2022

Agenda Item:	VII. School of Dental Medicine Comp Plan
Responsible Person:	Amanda Williams Deputy General Counse
Action Requested:	Approval
Notes:	

### School of Dental Medicine Faculty Incentive Payment Plan

#### I. Introduction

Clinical dental education requires the maintenance of a strong and diverse clinical practice to enhance oral health services for underserved North Carolinians and to support the educational mission and objectives of the School of Dental Medicine ("SoDM"). In accordance with The UNC Policy Manual 300.2.14, "Non-Salary and Deferred Compensation", the School of Dental Medicine (SoDM) must provide a system of faculty compensation that is appropriately competitive and flexible to recruit and retain qualified and highly skilled faculty.

The mission of the SoDM includes enhancing the oral health services for underserved North Carolinians and educating excellent dentists who are passionate about serving the communities in which they practice. The SoDM faculty are encouraged to participate in a Faculty Practice (FP), utilizing the existing clinical infrastructure to provide direct care for patients in a manner that is similar to a private dental practice. An active FP achieves two primary objectives. Participating in FP provides an efficient means for faculty to maintain and enhance their general and specialized clinical skills, including hand skills, beyond what can be achieved through the supervision of students and residents. Additionally, a well-developed FP ensures the SoDM's capacity for meeting the wide range of complex oral healthcare needs existing within the patient communities we serve.

An effective Clinical Faculty Incentive Payment Plan ("Plan") enables the SoDM to incentivize faculty who are clinically productive in the faculty practice setting in addition to their teaching and student/resident supervision roles. The services performed in the FP are exclusively provided by the faculty and allow patients to receive more complex treatment that is often beyond the scope of care that students/residents are able to provide.

Financial support for the Plan will be completely derived from income earned by the faculty providing the dental care rather than state appropriations or revenue earned from student clinics.

#### II. Definitions

**Annual Base Salary:** Salary paid to an Eligible Faculty that compensates the faculty member for their formal and informal teaching responsibilities, as well as his/her academic, administrative, after hours call and research/scholarly responsibilities.

**Eligible Faculty:** Tenured, tenure-track and fixed term faculty who are 0.5 FTE or greater and engaged in Faculty Practice clinical activity. Participation in the Plan must also be a term of employment in their appointment letter. Part-time temporary faculty with appointments less than 0.5 FTE may be admitted to

participate if critical SoDM needs warrant their inclusion. Eligibilty in or exclusion from the Plan is subject to the approval of the Department Chair, the SoDM Dean and the Provost and Vice Chancellor for Academic Affairs.

**Faculty Practice Revenue:** Clinical revenue received when the faculty is the treating or performing provider within the faculty practice setting. Clinical revenue received from supervision of students or residents is excluded from this calculation.

**Incentive Payment:** A lump sum one-time payment to an Eligible Faculty member based upon Net Collected Revenue from dental treatment performed directly by the faculty member in the Faculty Practice. Faculty Practice revenue will be reviewed and calculated on a semi-annual basis, for the periods of July 1<sup>st</sup> - December 31<sup>st</sup> and January 1<sup>st</sup> - June 30<sup>th</sup> to determine incentive payments. The payments are based upon a percentage of Net Collected Revenue as indicated in the faculty's employment contract. The Incentive Payment does not increase the Annual Base Salary and it does not result in a permanent salary increase.

**Net Collected Revenue:** The amount SoDM receives as collected clinical revenue from patients and third party payers for clinical treatment minus the cost of any lab fees and/or specialized dental appliances for treatment including but not limited to: crowns, bridges, implants, dentures, partial dentures, night guards, and orthodontic appliances, and similar expenses related to clinical treatment.

**Stipend:** Money received for administrative assignments or for performance of temporary extraordinary clinical or teaching duties.

**Total Annual Faculty Compensation:** All monies provided to Eligible Faculty by virtue of their employment responsibilities within the institution, composed of a fixed Annual Base Salary and other forms of compensation such as non-permanent Stipends, Incentive Payments and on call payments.

#### III. Overview

The SoDM Incentive Plan is intended to encourage participation in the Faculty Practice and is administered by the Dean of the SoDM and the Provost and Vice Chancellor of Academic Affairs. The plan applies to all Eligible Faculty in the SoDM who provide dental treatment to patients within the Faculty Practice.

The SoDM Assistant Dean for Business Operations and Financial Affairs, along with the Dean of the SoDM and the Provost and Vice Chancellor for Academic Affairs, are responsible for ensuring the Plan is uniformly and appropriately implemented. In no event will the Plan be administered in a manner that violates ECU's Notice of Nondiscrimination and Affirmative Action Policy.

In no event will any component of Total Annual Faculty Compensation be set by taking into account the volume or value of referrals made by the individual Eligible Faculty to any entity within ECU.

#### IV. Procedure

Faculty Practice revenue will be reviewed for Eligible Faculty on a semi-annual basis for the time periods of July  $1^{\rm st}$  – December  $31^{\rm st}$  and January  $1^{\rm st}$  – June  $30^{\rm th}$ . Lab costs, specialized dental appliances and other similar expenses related to dental treatment will be deducted from the Faculty Practice revenue for each Eligible Faculty to determine the net collection revenue. Based on the terms of the Eligible Faculty's employment contract, the Eligible Faculty will receive a percentage of the net collected revenue.

Eligible Faculty will generally receive 30% of Net Collected Revenue. In order to address recruitment challenges, a maximum of up to 50% may be offered for up to three (3) years to address factors such as, but not limited to, years of experience, special skills and difficult to fill positions. Incentive payments over 30% require approval of the SoDM Dean and the Provost.

Oral and Maxillofacial Radiology and Oral and Maxillofacial Pathology Eligibile Faculty (both are difficult to fill specialities) will generally receive an incentive up to 40% of Net Collected Revenue for the School of Dental Medicine patients. In addition, Radiology and Pathology faculty receive referrals from outside practices to interpret and report findings. In these instances, the Eligible Oral and Maxillofacial Radiology and Oral and Maxillofacial Pathology faculty may receive 80% of the Net Collected Revenue from the professional fee collected for these interpretations from outside practices.

Incentive payments of less than \$250 for a six month period will not be paid to Eligible Faculty. However, the balance will roll over to the next semi-annual review period. If the total incentive from the two combined semi-annual reviews is \$250 or greater, the Eligible Faculty will receive the incentive payment. Balances will only roll over to one subsequent six month period or semi-annual review.

In the event an Eligible Faculty terminates employment prior to the payment of an earned incentive from ECU SoDM, the Eligible Faculty will receive an incentive for the six month period in which the separation occurs and for one subsequent six month period.

#### V. Reduction of Incentive Payments

Incentive payments may be reduced or withheld entirely at the sole discretion of the Dean of the SoDM and/or the Provost and Vice Chancellor for Academic Affairs for issues related to performance or professional conduct. These issues may include but are not limited to:

- a. Any forfeiture or suspension of dental license, clinical privileges and/or credentialing at any healthcare facility where the Eligible Faculty provides patient care;
- b. Unprofessional behavior as defined by the East Carolina University, ECU Faculty Manual, applicable University policy, the ADA Principles of Ethics and Code of Conduct or other professional standards;
- c. Loss of right to participate in federal insurance programs;
- d. Non-compliance with University, School, Department or clinic policies and/or procedures, including the untimely signing and completion of chart documentation;
- e. Loss of board certification;
- f. Receipt of an annual performance evaluation indicating that the Eligible Faculty member has failed to meet expectations in teaching, research, service or patient care; or
- g. Convictions of a felony (including a plea of nolo contendere or plea of guilty to a lesser charge) and/or a crime or act of moral turpitude (including, but not limited to those involving acts of dishonesty, immorality, fraud, deceit, and/or misrepresentations).

When it is anticipated that an Eligible Faculty's Incentive Payment may be reduced or withheld entirely in accordance with this section, the Department Chair will notify the Eligible Faculty in writing of the planned reduction and the basis for the same, and the Eligible Faculty shall have a period of not more than seven (7) calendar days from the date of the Department Chair's notice to submit a written response stating why the proposed reduction is considered unwarranted. The Department Chair, Dean of the SoDM, and the Provost and Vice Chancellor for Academic Affairs will consider the information provided by the Eligible Faculty in making a final determination.

The SoDM Dean and Provost and Vice Chancellor for Academic Affairs will have full discretion to determine when or if the Eligible Faculty may resume participation in the Plan.

#### **VI.** Incentive Payment Approvals

Approval of this Plan by the University authorities and the ECU Board of Trustees signifies explicit authorization of semi-annual Incentive Payments to Eligible Faculty approved by the SoDM Dean and the Provost and Vice Chancellor for Academic Affairs-as described herein. Incentive Payments will require advanced approval from the Chancellor.



#### **Health Sciences Committee**

April 28, 2022

Agenda Item:	VIII. Closed Session
Responsible Person:	Tom Furr Committee Chair
Action Requested:	
Notes:	
CLOSED SESSION MOTION	

I move that the committee go into closed session

- to prevent the disclosure of confidential information under N.C. General Statutes §126-22 to §126-30 (personnel information) and the federal Family Educational Rights and Privacy Act; and
- to consider the qualifications, competence, performance, character, fitness, or appointment of prospective and/or current employees and/or to hear or investigate a complaint or grievance by or against one or more employees; and
- to consult with an attorney to preserve the attorney-client privilege between the attorney and the Committee.