

Faculty Advisory Council – Brief Report on Holiday Clinic Operations Policy

On February 16, 2021 a memo was sent from MPhysicians to Clinical Department Heads and Service Line Chiefs regarding a new “Holiday Clinic Operations” policy (attached). This memo stated that a decision was made by UMP and applied to UMN faculty to open clinics, including for non-essential services, on six University holidays in order to eliminate confusion over differences among holidays recognized by UMN, UMP and Fairview. The memo also stated that “data suggest there is demand from patients to see us on dates that may be University holidays but are not UMP holidays” The MS-FAC, following discussion with faculty members throughout the Medical School, has identified important questions regarding the “Holiday Clinic Operations” policy which were forwarded to Dr. Yueh for further clarification on May 31, 2021 (attached).

Concerns forwarded by Medical School faculty to MS-FAC members about this policy change can be distilled into 3 categories: (1) the need and cost of opening clinics for elective/outpatient services on University holidays, (2) the potential impacts of this decision on faculty health as weighed against patient health, and (3) the potential discriminatory impacts on some faculty members over others (e.g. women/caretakers of children, women/caretakers of the elderly, those from various religions and underrepresented backgrounds).

- 1) The MS-FAC cannot provide feedback or advice on the need and cost issues as we have not yet been provided with the data. The data needed include not just data regarding the number of patients who utilize ambulatory care services on designated holidays as previously requested, but also the demographics of those patients including race, gender identity, and family income (or proxies such as public or private insurance status or ZIP code). Clinic administrators have also informed faculty that this policy is only being applied at University Clinics and not at satellite clinics, so this data should additionally be separated by University versus satellite clinics if this is indeed the case. Without pertinent diversity information regarding which patients are impacted, we cannot adequately weigh faculty/staff needs with patients’ needs, and it remains unclear as to why only University and not satellite clinics would be impacted.
- 2) This policy change has been viewed by many faculty as a prioritization of revenue generation over faculty health, and without clear evidence of positive impacts for patients. In particular, faculty have identified a discrepancy between UMP statements regarding the importance of faculty wellness (e.g., “the crisis of burnout” noted by Dr. Bevan Yueh at the 5/19/21 Faculty Assembly) and actions that include the implementation of a policy limiting faculty members’ ability to spend time with their families during holidays. This conflict between the words and actions of the administration has exacerbated faculty disenfranchisement, further contributing to burnout.
- 3) There is evidence that policies such as “Holiday Clinic Operations” policy may lead to an increase in women and minorities leaving academic medicine. Specifically, studies have shown that women are disproportionately leaving academic medicine due to the COVID pandemic, nearly half of physician-mothers have developed moderate to severe anxiety, and women and minorities affected by pandemics are more likely to be impacted by requests such as this for increased clinical time (references attached).

Our recommendations:

- 1) Dean Tolar should encourage UMP to provide the above mentioned data to MS-FAC, and then Dean Tolar and/or other UMP representatives should meet with the FAC at our July meeting to discuss this issue with the full committee.
- 2) Conduct an equity impact analysis (or equity trade-off analysis) considering faculty/staff and patients as critical stakeholders. Such an analysis would have three major benefits:
 - a. Could help identify which populations of faculty/staff and patients will be affected by the policy, and then allow for potential immediate modifications to the policy to limit adverse impacts on already marginalized populations, including faculty/staff.
 - b. Would allow for critical transparency of a deliberate process in decision-making with an equity lens
 - c. Would allow for the development of continued data tracking of faculty/staff and patients, and ongoing monitoring for equity impact.

Medical School faculty members recognize the need to continue to provide ongoing *essential* and quality care (e.g. inpatient services) to patients during holidays. However, faculty members have expressed serious concerns about the justifications for the change and potential negative and discriminatory impacts on faculty health. Pausing the implementation of this policy until faculty concerns have been addressed and an equity impact analysis has been conducted and shared will increase our ability to recruit and retain the best and brightest faculty going forward.

The Medical School Faculty Advisory Council