

HALEY: Good morning, today is ^{December} ~~January~~ 20, 1993. We are in the Biomed Communications Center of the Gibson D. Lewis Health Science Library at the University of North Texas Health Science Center at Fort Worth and are very pleased to have Dr. Benjamin L. Cohen who is Executive Dean and Vice-President of Health Administration with us today and we are going to discuss in just a minute the Health Science Center transformation. Give you a little background on Dr. Cohen: He graduated from the Health Sciences Center at Kansas City in 1960, had a very distinguished career both in the private and academic sectors as well as a number of published works and he came here in 1990, in January, and again is known as the Executive Dean and one of the Vice-Presidents. Dr. Cohen, thanks for coming this morning. I'm Blake Haley and Dr. Cohen we would like to start if we could. If you like we can go back from the time that you graduated up for a little background to today if you would like and kind of go into how the Health Science Center idea was created here for TCOM.

COHEN: Well thank you Blake, I appreciate the opportunity of sitting with you and discussing the Health Science Center. Relative to my own background, when I graduated medical school I took a pediatric residency in Dayton, Ohio, and then assumed a practice in Columbus, Ohio. And during the time that I was in pediatric practice, I became a member of the faculty of Ohio State University College of Medicine and taught at the Children's Hospital. The more I was involved in teaching the more I liked it and the more I was involved in department administration, the more I gravitated towards trying to make medical school a career and then when the opportunity came in 1977 I left Columbus to become the dean at the University of Medicine and Dentistry of New Jersey at their school of osteopathic medicine. I was there for close to 8 years in that capacity and during the process of trying to get a gift for the university which I ultimately was successful in terms of being able to get a gift that valued about a million dollars for the university to buy land to build its new campus, I left, however, shortly after to join the company that gave the gift and headed that company's efforts in medical facility development for 6 years, an effort that took me all across the United States to varying medical schools and health science centers and to Europe where we worked with some of the institutions who were enlarging the scope of their campus and hospitals. It was a wonderful experience but one in which I used to leave on Monday and get back on Friday night and I really missed academic medicine and 6 years later when the opportunity opened up and this campus, when they were searching for a dean, I thought it would be a wonderful place to come and visit and once I did I saw the enormous opportunities on this campus and was appreciative that I was offered a position.

H: How did the... I know it's good to get back into the academic world, especially traveling like that, it wouldn't be a lot of fun. How did the idea to become a health science center out of TCOM

start? Was it an idea you had when you first got here or was someone else helping you work on it? How did that all come about?

C: Well, there's no question that the health science center idea had been alive and well for many years and during the process of the interview there was discussion that one day we might be a health science center and I think there were individuals including the chancellor who felt that that was somewhat in the distant future and something that would be advantageous to work for. I know the president, Dr. Dave Richards, had for several years tried to open up the doors of this campus to community leaders and had made a concerted effort to have the community understand what TCOM was and what the desires were for the future and so it was part of a discussion when I initially came to campus.

H: Who was the chancellor at that time?

C: Dr. Al Hurley.

H: Okay. So in a sense then, this is almost a necessity to become a health science center? Do you think that TCOM would have, or could stand on its own over time?

C: Well, when I arrived and started to work and noted that all of the other medical schools in the state that were state supported were, with the exception of Texas A&M, designated health science centers and that Texas A&M likewise professed a desire to do so and had asked their board to make a change in status. It is apparent that the designation of a health science center broadens the scope from just a single focus of a medical school to a multiple focus of other health care professional training that in today's age of medicine is part and parcel of a team effort to care for both the patient and the community.

H: Well were you aware of whether other attempts, as far as trying to make us a health science center, say before A&M, or at any other point, or was this decided after you arrived?

C: I had heard that years ago there were some signs put up designating it as a health science center but that it really wasn't a legislative enactment and it was really more name than in function, so when that was put up there were several individuals in the community that didn't understand it and they had to change the signs back to the Texas College of Osteopathic Medicine.

H: Okay, so in the early part of the decades in the 90s then you had ideas of other schools, other types of programs to add, not just a name change, you had all kinds of plans invisioned, I'm assuming.

C: We did. The administrative team, yes.

H: Now in 1983 which is probably after the time that you are talking about the signs that were posted, North Texas State wanted to put a master's degree in public health. Did that have any impact on today's plan as far as the health science center goes or was that just something that they were working on at that time and doesn't affect us now?

C: Well I think it's a completely different approach. At that time there was consideration to be a program up and to the best of my knowledge it may have been too premature for the institution to try to foster. Certainly times have changed and the approach has changed. Public health is a far more important segment of medicine today and certainly has greater depth of responsibility than there was in 1983 and our faculty is enlarged and the way we have planned this with joint appointments would give us the kind of indepth faculty that could provide a sound program for the approach of a master of public health.

H: So that's kind of one of the programs you are considering adding along with...?

C: Yes.

H: Is the Health Science Center, the plan for the Health Science Center, the programs you want to add and so forth, is that already in the 6 year plan? Do you kind of have it all mapped out more or less? I know things can change.

C: Well we are in the process of creating a new strategic plan and in that strategic plan there will be an inclusion of not only the master of public health program but the desire to make a doctorate in public health, a desire to make a school for public health, a school for allied health and we are considering other programs as well.

H: Okay. What about some of the key people that were involved at that, in the early stages of this? Perhaps some people that were somewhat influential and so on?

C: Well I think there is a definite team that is functioning with the Board of Regents taking leadership and the chancellor and the president, Dave Richards, and then our team which would involved the participation of the associate deans, Dr. Gracie and Urio and Dr. Mills and we have recently brought on board Dr. Linda Neisen who will be the executive director of the public health program, Dr. Dan Sneider was one of the early individuals who was instrumental in bringing a new kind of development, health assurance development, to the public health forefront. There is... and Dr. Warren Anderson who was, who heads our academic and strategic planning unit. So there is a well-functioning team that has worked with faculty and staff to develop these programs.

H: What are some of the events that come to mind as far as milestones in the past and maybe that are coming up of significance for the Health Science Center and how do you feel that your role has been up to this point?

C: Well, I think historically the medical school had and has as its primary mission the production of primary care physicians. Our graduates go into primary care at a higher percentage rate than any other medical school in the state of Texas and we most likely rank within the top five in the country. We are very proud of that record and that is a record that has not only historically been true but one that continues and hopefully will remain that way in the near future. This has occurred along with the changes that are occurring by natural forces in the health care reform and as you know this country is every day debating what it should do with its health care delivery. The question for the country is the enormous cost of our medical health care system that currently is \$850 billion a year and will be 1 trillion by the time 1995 comes about and there is enormous concern both at the citizen's level, at the congressional level, at the state level, about trying to alter the system so that we can make it affordable for all citizens. There are 39 million people in this country who do not have any insurance and in the last two years, 2 million people lost their job and lost their insurance and have not recovered this. So that we are somehow or other caught up in the vortex of trying to reestablish a system that would make more sense and as you look at the rest of the civilized world, what you see is that in all of the other countries, by far the majority of physicians are primary care physicians. They make the best gatekeepers and they practice the most cost efficient medicine. So in this country the figures are the opposite. 70% of our physicians are specialists and 30% are primary care, and one of the big features of health care reform will be the attempt to change the national statistics so that more physicians who graduate go into primary care. Our record puts us in front of the pack. Our record puts us at a time in history where we are producing the kind of physician to meet the greatest needs. And so I see this as a very important facet of what we do as an institution. Public health is really the program, unlike medicine where the patient and the doctor have a single relationship or the patient and the doctor's team have a relationship, in public health the community is the patient and the reality of life is that over 60-70% of the illnesses we treat can probably be prevented and how do we prevent them and that is the major job of public health, to understand what diseases and illnesses there are on a community basis, to work with the community, work with the teachers, work with the facets of society that will change behavior patterns and help us enjoy a longer and healthier and happier life and that is why public health is going to be the star of the next century's medicine.

H: You mentioned also another school, I think, of allied health. Could you go into a little bit of that one.

C: Yes. We are currently taking a look at the needs assesement. There are many technical jobs in health care, because health care is a huge industry as you might imagine because of the dollars spent, it is one of the largest industries in the United States. There is still a crying need for certain people of the work force who have certain skills, technicians who take x-rays, laboratory technicians who run blood tests, cytotechnicians who read certain kind of slides for doctors, therapists who help in the hospital giving respiratory therapy, and I could go on and on with a number of jobs that are very well paying jobs that run the gamut from \$35,000 to \$70,000 a year that are unfilled because we don't have enough trained people in that area. And North Texas has a particular shortage. We are very pleased to... when the president announced to us that the president of the Dallas/Fort Worth Hospital Council, John Gaverist, who...that is an 82 member council, has agreed to chair a steering committee to look at the allied health needs and what our institution can do about it.

H: Do you think a lot of these schools are going to have to be kind of put on hold for the health plan that you are talking about to go into effect, or can you start working on them, keep working on them as you are doing?

C: Well, we could keep working on it because it really takes years to develop a school and first you have to put a team together that assesses the needs and then you have to develop a curriculum and hire the faculty and get accreditation and approval and the approval must be given by not only accrediting agencies but the coordinating board of the state and that is a very complicated process and it does take years in develop.

H: How many (off the top of your head I may be asking this) but how many people do we have graduating a year from the Health Science Center?

C: We currently have the medical school graduates and they run about 90 a year that graduate and then there are, from the graduate school, PhD and Masters, there will be 10-15 initially and that will go to 20 and then 30.

H: And the vast majority of these individuals go into the primary care that you are talking about, a large percentage of them then?

C: The physicians do, yes.

H: The physicians. Okay. The Health Science Center unveiling or the announcement in Denton about a year ago on November 12 of 92, there were about 5 or so groups proposed to do different kinds of

linkages between faculty and so on and so forth. I'm wondering if you could give me the status on that if there is anything, or how that all comes together.

C: Yes, we are working very closely with the University of North Texas in linking together those common interests and those resources that the university has with the resources that we have to common programming. And so we have task forces that are working together made up of faculty and administration both at the University of North Texas and here. Examples are in the public health, our executive committee, there are four members who sit on the executive committee who are from the University of North Texas and then there are five or six curriculum task forces that are made up of both faculty at the University of North Texas and our institution. We also have task forces working together on computing. We have a task force working on resources. We have task forces working together on minority recruitments. That that the institutions do work hand in hand.

H: I know that was one of the things you were definitely trying to achieve and it sounds like, then, you are well on the way to making that happen. How does this Health Science Center, at this point, differ, or maybe in the future, how do you see this being a different possibly from other health science centers in Texas?

C: Well, first of all as I mentioned before, primary care being a product that we are very proud of I think is the core of what we will want to do and the programs that will be related to that in public health and in allied health will meet the needs of the community. We want to extent both to the urban area and to, which is inner city, and to the rural areas and in terms of linkages to inner city, we began a historic consortium which is called the Tarrant County Medical Education consortium, and it is made up of John Peter Smith, Harris Hospital, Southwest Medical School for their family medicine program, University of North Texas, our institution and additional hospitals will be brought into the fold such as the Osteopathic Medical Center and all of, ultimately all of the postgraduate medical training will be under this umbrella of the consortium and this consortium will place a vital role in giving care here in the inner city to those that need it most in a working, collaborative arrangement. In addition to that, we have an office or rural medicine and we are currently working with several communities to extend the arm of the university into rural areas and to meet those underserved areas. We think that the mark of this Health Science Center will be the dedication to service in primary care and the growth and development of our new postgraduate programs will be in primary care, and that will be a linkage to the public health school, the proposed public health school, where prevention and working with the community would be a key.

H: There were some, I'm sure and probably started some political effects to becoming a health science center. Can you maybe go back and explain a little of that situation, I mean, as far as dealing with the legislature and other people outside of the academic circles, maybe in the county even and so on.

C: Well, there is no question that becoming a health science center opens the doors to the community understanding that the scope and the breadth of the institution is much wider than just training physicians although just training physicians is an enormous job unto itself. In order for us to accomplish this we just couldn't declare ourselves a health science center. What we really had to do was to present a plan, to have that plan approved by the chancellor and then by the board or regents and once that plan was approved by the board of regents we had to get two other very important approvals. By far the major approval was to get legislation to grant us the authority to do that and we were very thankful that the Tarrant County delegation was foursquare in our corner and in particular on the senate side Senator Mike Moncrief was extremely helpful as they guided the legislation through and enabled us to receive the designation. Once they did that a coordinating board certainly approved our programs and we moved forward, but that legislative support for us was necessity and a necessity for them to understand what we wanted to do and how we wanted to do it.

H: Were there any other effects as far as, say, on a local level with say officials in the city of Fort Worth, the counselor of the county and that type of thing as far as getting noticed?

C: Well, we certainly kept them abreast and the Tarrant County commissioners have certainly been kept abreast of our new relationship relative to the Tarrant County Medical Association consortium. The mayor has been informed and as a matter of fact we look forward in January the mayor is going to visit us and that will be the first time that we have had a mayoral visit since becoming a health science center and so we try to work very closely with all of the county and city and state officials because we rely upon their help in trying to process through our funding and the understanding of our goals.

H: You also mentioned a few minutes ago about the accreditation of the school, the board that deals with that. Is that... In my studies on this, looked at the acronym SACS, I believe. Is that who the coordinating board is and could you tell a little about that?

C: Now the coordinating board is an arm of the state that coordinates all educational programs. There is a chancellor for higher education in the state, Chancellor Ashworth, and the coordinating board coordinates all of higher education programs and curriculum and those appointments to the coordination board are

made by the governor. Accreditation - each school has separate accreditation. The AOA accredits us as a medical school, but the Southern Association for Accreditation, the SACS, is an overall accrediting board for institutions of higher learning and we are currently in the process of seeking accreditation because of our expanded activities beyond that of medical school and we are in the process of doing self-study and in the process of filling out all of the required papers, and getting the site visited. We anticipate that accreditation some time next year if we are successful.

H: So that is probably the hardest thing to achieve then, it sounds like, is getting to become recognized by this group, it sounds like.

C: Yes. And now that we are a health science center we have the opportunity to apply. Before, as a medical school, we didn't. So because of our increased responsibilities and we are happy to participate in that accreditation process.

H: What were some of the financial and administrative concerns that you had when the Health Science Center was being worked on and might as well as far as in the future? I guess I could start as far as back when you came here and started working on this.

C: Well, we have a continuing concern about funding and because we are a primary care medical school, our faculty practice earnings are not as great as other institutions that have tertiary kinds of care, and so therefore we have a greater reliance on the state for funding and because of that we have a lower faculty/student ratio and so for us it is a constant striving to increase state funding so we can increase the number of faculty. Our dilemma about going to a health science center was we wanted to be sure that it wouldn't impact on the already very thin funding we have relative to the faculty numbers in the medical school.

H: So you have to...So there is a large, a big, a linkage then between the two very much, because you are always having to watch that then?

C: Yes, and new programs we have to get external funding for the first few years when we first are trying to get the program up and mounted prior to the state approval.

H: Now once that happens, is it about 60% of the funding comes from the state and 40% would come from other sources, or is it pretty much all from the state that we would get funding?

C: Well, that is 60/40 and that ratio probably someday will change to 50/50...

H: Also, it will start dropping here in a while.

C: Yes.

H: That's not probably what you want to know about.

C: No.

H: The relationship between the two faculties, from what I am gathering from you at this point with you and T... well, what was TCOM, seems to be then a pretty good relationship, I'm gathering. Or is it?

C: That's correct, yes. Unfortunately, separated by 35 or 40 miles and that is the geographic situation, always presents logistic problems. We are hoping that someday we will have interactive TV and be able to link up both institutions for not only meetings but educational purposes.

H: So that was a bit of a concern when we became the Health Science Center, was again the distance, just the same as it was probably when you acquired TCOM.

C: Yes. But we think that the site and location for all of the health sciences program will be at this campus. We will have linkages hopefully by interactive TV to some programs up there and we certainly would welcome UNT faculty to participate down here but the site of the Public Health School and Allied Health School programs will be at the Fort Worth campus.

H: And you have a number of faculty as it is probably coming from North Texas along with some local folks.

C: We have some, yes.

H: What...You mentioned the School of Public Health and Allied Health, as far as goals for the future of the Health Science Center. Do you envision any other programs?

C: Well, it could be. We have been asked by Association of Retail Pharmacy Stores to consider a pharmacy school and we have been asked by Podiatry Association to consider a podiatry school and, while I am not sure that they are currently high on the list, they certainly will, we will in the future take a look at the needs assessment in the area and look at the possibilities of later, further on, maybe in the next decade, looking at whether or not we should bring those schools onto the line.

H: Now, the overall big picture, I'm curious to see, as far as the future goes, how do you see your role as being? That's probably the question you didn't want me to ask, but I am curious to see what you feel your role to be in this, in this great future that the Health Science Center appears to have.

C: Well, I want to be sure that I can continue to serve the president and the institution. I believe that this institution will thrive because of what position we are in currently and I would hope I can be a part of the exciting future. This is a teamwork, there is no one individual but many who support the team and it is a very exciting place to work and look at the challenges in front of us.

H: Well, Dr. Cohen, are there any things that you would like to bring up that maybe I have neglected in all of this?

C: I think you have done a superb job. And I'm pleased that we are starting to put on tape those individuals who were here at this time in the institutions life so that some day when history makes a judgment of this institution, they will have an opportunity to go back into the files and meet the many people who have played some part in the teamwork.

H: I have a feeling from what I have gathered here today and in my review of all the material up to date, that history is definitely going to judge the Health Science Center at UNT a very good program and will definitely be top in its field down the way.

C: Thank you.

H: Dr. Cohen, I do appreciate your time and to come down today. We look forward to doing some interviews maybe with yourself or other people as we continue on with the process of the Health Science Center in the history, and again I thank you very much and I hope you have a pleasant day.

C: Thank you, I appreciate it.