

CLINICAL ENTERPRISE OUTREACH & GROWTH COMMITTEE

FINAL REPORT

COMMITTEE CHARGE:

- ◆ Explore on campus and satellite options for ambulatory care expansion in FAST clinical areas.
- ◆ Recommend locations and configurations for ambulatory services expansion.
- ◆ Explore innovative risk sharing models for physician corporation and hospital.
- ◆ Recommend specialty physician recruitment targets for physician corporation.

COMMITTEE MEMBERS:

John Adams	Thomas Gutteridge
Susan Arbaugh	Wafaa Hanna
Kris Brickman, MD	Charles Lehnert
Mark Chastang	Vincent F. Mauro
Christopher Cooper, MD	Ronald McGinnis, MD
Lauri Ann Cooper	Gerard Otten
Lawrence Elmer, MD	Penny Poplin-Gosetti
Esther Fabian	Bryan Pyles
Charles Filipiak, MD	Joseph Shapiro, MD
Linda French, MD	Norma Tomlinson (Convener)
	Gerald Zelenock, MD (Chairman)

MEETING DATES:

Feb 22	March 8	March 28	April 9	April 18	April 30
May 9	May 15	May 29	June 5		

DEPARTMENTS/TOPICS REVIEWED:

<u>Department/Topic</u>	<u>Presenter:</u>
Orthopedic Surgery Facilities	Nabil Ebraheim, M.D. Charles Lehnert
Cardiology Neurology	Christopher Cooper, M.D. Gretchen Tietjen, M.D.
Cancer – Breast Center Cancer – Medical Oncology Cancer – Radiation Oncology Cancer – Surgery	Anita Leininger, M.D. Iman Mohamed, M.B.Ch.B., MRCP John Feldmeier, D.O. Prabir Chaudhuri, M.D.
Primary Care – Family Medicine Primary Care – Internal Medicine Primary Care – Pediatrics	Linda French, M.D. Joseph Shapiro, M.D. David Krol, M.D.
Anesthesiology Pathology Radiology	Alan Marco, M.D. Robert Booth, M.D. Lee Woldenberg, M.D.
Role of Philanthropy in Clinical Growth Alternative Funding Mechanisms And New Opportunities For Raising Capital	Vern Snyder Bryan Pyles

Department/Topic

Presenter:

Surgery

Gerald Zelenock, M.D.

Obstetrics & Gynecology

Terrence Horrigan, MD

Urology

Matthew Rutter, MD

Rehabilitation Services

David Kujawa, PT, MBA, OCS

RECOMMENDATIONS:

ORTHOPEDICS:

Develop Key Performance Indicators

1. Develop and implement Orthopedic Center marketing plan with September, 2007 opening target.
2. Develop a hospital call rotation with current pediatricians and recruit 2 – 3 incremental pediatrician FTE.
3. Recruit orthopedic surgeons specializing in pediatrics and oncology.
4. Increase 23 hour stay pediatric patients below the age of 16 and admissions for pediatric patients 16 and over.

Develop Strategies

1. Expand pediatric orthopedic procedures.
2. Target area physicians with mailing specific to their needs.
3. Target marketing to the general public.

CARDIOLOGY:

Develop Key Performance Indicators

1. Increase in open heart procedures for patients referred from Fisher-Titus Medical Center.
2. Capital purchase of cardiac PACS hardware and software.
3. Begin creation of Heart and Vascular Center on 1st floor of Hospital as soon as Orthopedics moves to Orthopedic Center.
4. Develop & implement Heart and Vascular marketing program.
5. Satellite offices – Fisher Titus (7/1/07) and Perrysburg (8/1/07).

Develop Strategies

1. Support Cardiology outreach with capital purchase of cardiac PACS hardware and software to allow for centralized interpretation of cardiac studies from other facilities.
2. Develop Marketing focused on advantage of team approach and our excellent outcomes.
3. In conjunction with Department of Surgery, develop cardiac surgery especially congestive heart failure/cardiac transplant program. Will require joint recruitment.

NEUROLOGY:

Develop Key Performance Indicators

1. In conjunction with Department of Surgery, recruit neurosurgeon to offer surgical treatment of epilepsy, and movement disorders, cerebral aneurysms, oncology and other neurosurgical specialty areas.

2. Recruit additional neurologist, particularly in the areas of movement disorders, stroke, pain/headache, sleep medicine, and pediatric neurology.
3. Offer our EEG interpretive services to outlying hospitals via an EEG PACS system.
4. Create space for The Neurological Wellness Center (formerly Center for Neurological Disorders) consolidating the two locations of Neurology Ambulatory Services and Multidisciplinary Clinics, and increase to 24 exam rooms.
5. In conjunction with pulmonologists, offer outpatient sleep consultations and polysomnography on the UTMC campus.
6. Recruit UTMC Neurologists to establish consultative services at St. Vincent Mercy Medical Center.

Develop Strategies

1. Establish an appropriate location for The Neurological Wellness Center with adequate clinical space consolidating current locations to one and increasing to 24 exam rooms.
2. Recruit a functional neurosurgeon to offer surgical treatment of epilepsy and movement disorders.
3. Recruit additional neurologist to increase subspecialty services.
4. Market the unique subspecialty services and multidisciplinary approach.
5. Purchase software/hardware programs to allow our epileptologists to provide rapid offsite reading of EEGs for other hospital remotely.
6. Establish a multidisciplinary Sleep Center on the UTMC campus.

ONCOLOGY & BREAST CENTER

Develop Key Performance Indicators

1. Create patient navigator/escort program.
2. Increase Stereotactic treatments.
3. Increase PET to two days per week.
4. Hire breast care coordinator.
5. Recruit breast radiologist.

Develop Strategies

1. Develop Cancer Program patient navigator/escort program to help patients get from one area to another across campus.
2. Market Stereotactic approach.
3. Decrease backlog of PET scans by increasing number of days PET scanner on campus.
4. Hire Geneticist.
5. Create an interdisciplinary Breast Center using Beaumont as a model including promotion of three female specialists, i.e., Drs. Mohamed, Leininger and Welch.

PRIMARY CARE

Develop Key Performance Indicators

1. Recruit more Primary care physicians including geriatricians.
2. Appeal to local family medicine and general internal medicine physicians to practice at UTMC.
3. Create physician “ownership” of the clinic model.

Develop Strategies

1. Recruit both Family Medicine and Internal Medicine physicians as primary care providers.
2. Offer primary care to faculty and staff on the main campus.

3. Pilot the physician “ownership” model with South Toledo Internists where they control all aspects of the practice.
4. Develop Hospitalist program for primary care physicians who wish to send patients to UTMC.

ANESTHESIOLOGY

Develop Key Performance Indicators

1. Develop Pain Medicine programs
 - a. Chronic
 - b. Acute
 - c. Acute/chronic.

Develop Strategies

1. Recruit Pain Management Anesthesiologist.
2. Identify space for an outpatient program.
3. Increase anesthesia providers (MDA, CRNA, AA) to provide support for increased OR activity.

PATHOLOGY

Develop Key Performance Indicators

1. Recruit new Chairman.
2. Recruit pathologists to rebuild department.
3. Recoup genetics and microbiology business.

Develop Strategies

1. New Chairman has been recruited and will start in September.
2. Begin recruiting pathologists for genetics and microbiology.
3. Begin recruiting other pathologists to rebuild the department.

RADIOLOGY

Develop Key Performance Indicators

1. Further develop Interventional Neuroradiology.
2. Increase radiofrequency ablations, kyphoplasty, vertebroplasty & breast center.
3. Increase MR volume with Shields MR to Hospital.

Develop Strategies

1. Purchase and move Shields MR to Hospital.
2. Increase Radiology faculty to 6 FTE
3. Advertise and promote radiofrequency ablations, kyphoplasty, vertebroplasty & breast center.

SURGERY

Develop Key Performance Indicators

1. Increase surgical volume.

Develop Strategies

1. Targeted recruitment of specialty surgeons.
2. Increase operating room capacity using current resources
 - a. Open and staff closed ORs
 - b. Vertical and horizontal expansion of OR hours
 - c. Recognize primary customers as the patients and their families AND the surgeons who bring patients to UTMC.

OBSTETRICS & GYNECOLOGY

Develop Key Performance Indicators

1. Maintain and increase gynecology volume.

Develop Strategies

1. Partnering with existing systems.
2. Recruit and retain Ob/Gyn specialists.

UROLOGY

Develop Key Performance Indicators

1. Recruitment of urologic specialists.
2. Increase urologic patient volume.

Develop Strategies

1. Deploy robotic surgery (da Vinci).
2. Complex stone center (Staghorn calculus, percutaneous interventions).
3. Male and female focus on human sexuality.
4. Issues for aging population; incontinence, obstructive uropathy.
5. Development of centers of excellence, i.e., urogynecology services.

REHABILITATION SERVICES

Develop Key Performance Indicators

1. Maintain and increase rehabilitation services volume.

Develop Strategies

1. Open a main campus rehabilitation clinic.
2. Develop new programs – women’s health, wellness consults, diabetes exercise program, to facilitate new business, and “therapy express” service in orthopedics, ED, and other select physician clinics to “capture” patients into the system at the point of service to further increase volume; expand current programs, e.g. headache, Parkinson’s to further increase volume
3. Expand current Sports rehabilitation program by developing programs aimed at the recreational athletes, develop injury-specific pre-sport conditioning camps.).
4. Capitalize on Division I athletic reputation to facilitate promotion of programs in #3.
5. Recruit additional therapists with specific expertise to facilitate development of new programs identified above.
6. Increase visibility of rehabilitation services programs via development of a marketing strategy and program

EXECUTIVE SUMMARY:

The committee took their charge seriously, but expanded upon the mission. The decision was made to include not only the FAST clinical areas (cardiology, orthopedics, oncology and neurology) but also other departments and divisions to thoughtfully consider how each might contribute to the implementation of the strategic plan in the health care area (theme 5 of the Directions document). We invited leaders in other areas of the clinical enterprise where it was felt that there were opportunities for growth.

Of the many strategies for growth, excellent care and services, i.e., university level care is a bedrock requirement. Multiple commentators observed that the most excellent care delivered in an inhospitable or unfriendly environment would not produce significant growth. We must compete on quality and service. There was recognition that many of the changes at UTMC over the last several years were quite positive, including an increased attentiveness to facility cleanliness and the appearance of the campus. Valet parking and the “how may I help you” attitude is beginning to make a difference. There is an underlying absolute need for clinical excellence.

Key practice factors impacting referrals include:

- 1) providing referring physicians with prompt communication and feedback. Community physicians still report that university physicians are slow at providing feedback and sometimes it doesn't happen at all;
- 2) quality/quantity of insurance plans should be expanded and coordinated (at times either the professional and/or facility will accept a plan that the other will not);
- 3) access to patient appointments, i.e., not a several week/month wait;
- 4) ease of scheduling appointments, i.e., not requesting multiple forms, etc. from the referring physicians, working patients in when necessary; and
- 5) friendliness/attitudes of employees, especially front line staff (the Ritz-Carlton approach, Disney-like training).

The committee recognized that educational mandates and technological imperatives were an essential part of our teaching mission. Medical student, house officer, nursing and allied health education programs require exposure to and expert familiarity with advanced technology – surgical robots, advanced imaging, etc. Other hospitals with a less extensive teaching mission might elect to omit some programs or projects. Our multidisciplinary educational portfolio required a much broader scope.

All involved recognized that capital requests always greatly exceed available capital. There is a need to prioritize capital spending as well as consider alternative means of raising capital. In this regard, Vern Snyder provided an overview of the role of philanthropy in tertiary-quaternary medical centers. Bryan Pyles described several models of hospital and physician partnering including participating bonds, joint ventures and other strategies used in the private world to enhance revenue and maintain a clinical base. It was readily recognized that all of the strategies available in a private practice model were not appropriate for a staff model academic medical center. Each should be explored for its particular applicability to specific departments and division and to the medical center and university as a whole.

With respect to marketing, “higher plane” advertising was favored. Advertising with excellent clinical outcomes and substantial peer-reviewed academic reporting to back it up was most likely to be successful. There was discussion regarding the more individualistic practice advertising “Do you have a Beaumont doctor?” versus the benefits of an academic health care system including “teams of professionals.” For example, medical, surgical and radiation oncologists to evaluate and treat patients with cancer, as opposed to an individual practitioner. This latter strategy is similar to that used by the University of Michigan and Henry Ford Hospital.

Finally, and critically important, virtually every presenter mentioned the need for improved office/clinic facilities. None thought that the present outpatient facilities were adequate. Close proximity to the hospital with its available laboratory and imaging facilities, and to other practitioners on the medical staff and a pleasant environment similar to the Isaac Center were viewed as essential for each practice. Fast, efficient and friendly scheduling of appointments is needed. The outstanding reputation and services provided by some of the faculty resulted in waiting lists that were in many cases months long. This was viewed as a dual-edged sword -- a high tribute to the faculty but also a source of frustration to patients wishing care at UPMC.

Updated and expanded inpatient facilities are also clearly needed. Doubling the size of the inpatient facility and modernizing clinical units are intermediate goals.

Complementary recruitments were perceived as beneficial, i.e., neurosurgery faculty with excellence in epilepsy surgery, neurooncology and functional neurosurgery would build on the existing strengths in neurology. A cardiac transplant surgeon and cardiologists with expertise in advanced congestive heart surgery and a urogynecology center offering gynecology, urology and geriatric services were other examples.

APPENDIX:

- ◆ Map – Northwest Ohio/Southeast Michigan Ambulatory Surgery Centers, Hospitals, Imaging Facilities and Physician Groups with more than 10 physicians.
- ◆ Map – Hospitals in Ohio
- ◆ Presentation Materials – Powerpoint handouts/outlines
 - Cardiology
 - Neurology
 - Cancer – Breast Center
 - Cancer – Medical Oncology
 - Cancer – Radiation Oncology
 - Cancer – Surgery
 - Primary Care – Family Medicine
 - Primary Care – Internal Medicine
 - Primary Care – Pediatrics (no handout)
 - Anesthesiology
 - Pathology
 - Radiology
 - Role of Philanthropy in Clinical Growth
 - Alternative Funding Mechanisms and New Opportunities For Raising Capital
 - Surgery
 - Obstetrics & Gynecology
 - Urology
 - Rehabilitation Services