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The Academic Medical Center's Perspective on the Physician Scientist

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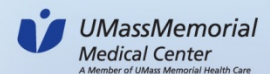
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The Academic Medical Center's Perspective on the Physician Scientist

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Disclosure

- I have no actual or potential conflict of interest in relation to this program / presentation.

University/Higher Ed Culture

- Primary focus on undergrad/professional schools
- Highly stressed financially – look to Medical Campus for support

SOM / Clinical Practice Culture

- Federated
- Limited central governance
- Multi-mission agenda and incentives
- Faculty seeks independence of choices

Medical Center Culture

- Centralized, top-down model
- Extensive investments in corporate and central services to develop strategy
- Seeks standards and controls

Need for Alignment around Clinical Mission

Challenges to Ability to Execute as a Clinical System

Organizational

- Without executive commitment to an enterprise approach the SOM, Departments, & Med Center operate in silos
- Bold, “game changing” moves often difficult to achieve with diffuse accountability

Financial

- Economics of AMCs depend on cross subsidies and inter-institution transfers which complicate integration
- Frequent lack of alignment around operating income creates tension and excessive internal negotiation

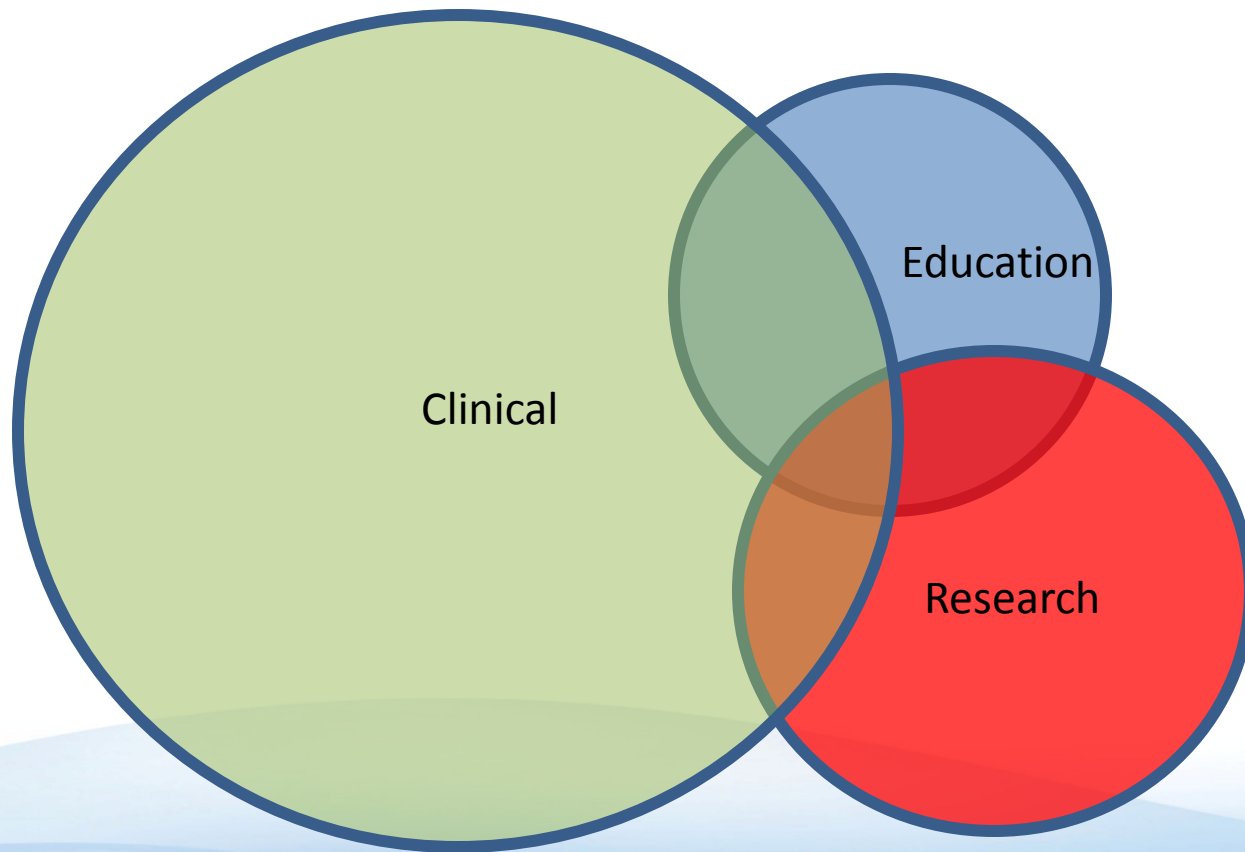
Legal

- For some public academic medical centers, significant corporate structure constraints inhibit system building and joint-venture or shared governance relationships with non-academic affiliates

Resources

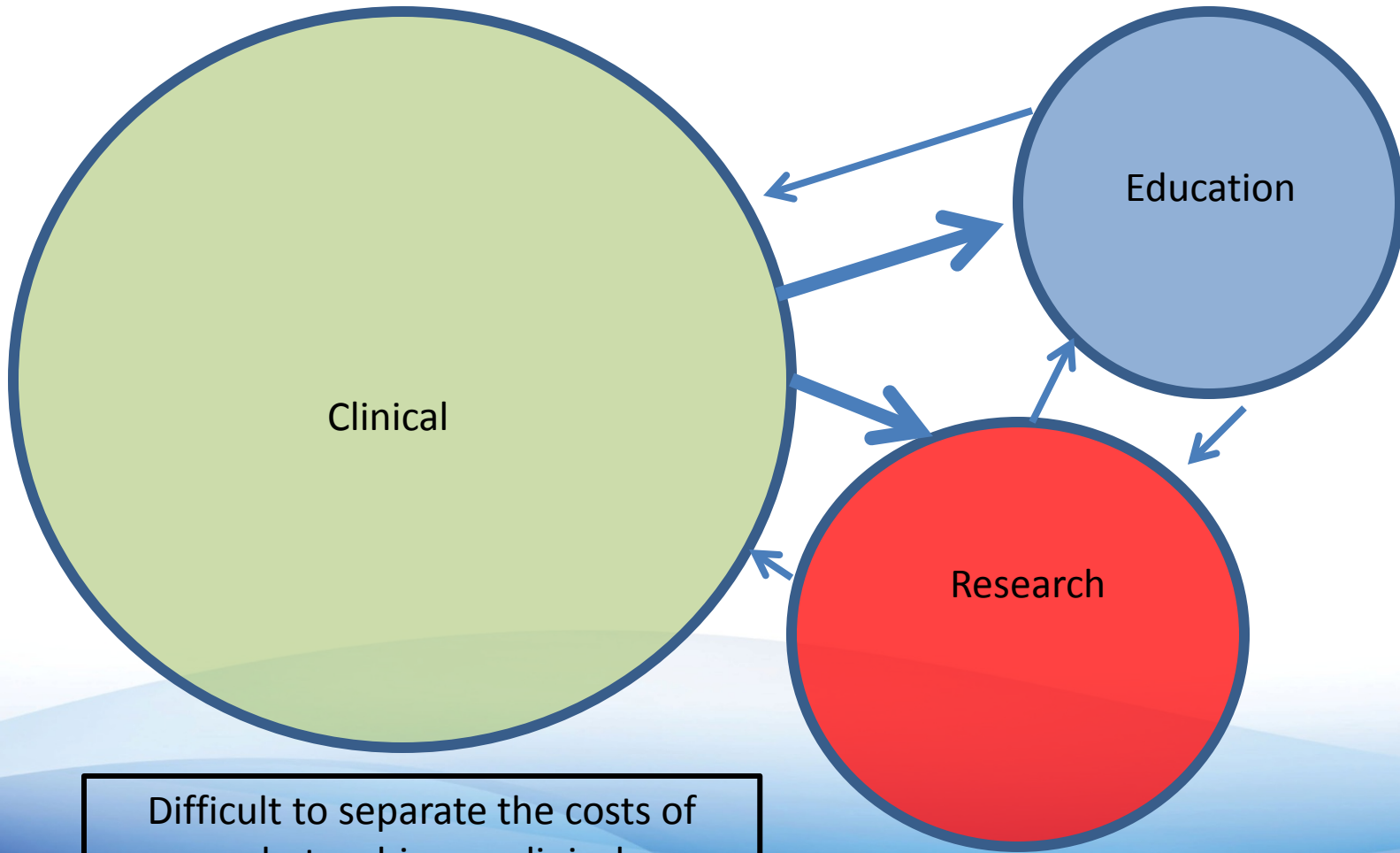
- AMC Operating Model inclusive of academic and university support requirements create an unsustainable competitive disadvantage

The AMC's Tripartite Mission



Clinical Care, education and research are complementary activities that reinforce one another

Cross-funding



Difficult to separate the costs of research, teaching or clinical care when they all occur together

Major threats to AMCs



**Dr. Obama unveils his new
Health Care Plan...**

Reform rebound

- Increased hospital spending with ACA
- Increased insured (Medicaid)
- Cut in DSH payments
- Loss of free care pool
- IME reductions

Threats to AMC Revenue

- Mandated DRG reductions
- State funding reductions
- New funding models
 - ACOs / bundled payments
 - Commercial insurers tiering and steering
 - Value based purchasing
 - Hospital acquired conditions / readmissions

Brand Damage

- Low quality rankings- public reporting
- Patient satisfaction
- Imprudent affiliations

Organizational Misalignment

- Decentralized
- Personal agendas vs. institutional need
- “sacred cows”

Grant Funding

- NIH & other federal programs ?
- Philanthropic organizations
- “go fund me”

WHAT DOES THIS ALL MEAN?

AMC's must fulfill all the multiple roles of the tripartite mission while at the same time improve quality while decreasing cost



Build Brand

- Hold faculty accountable for cost and quality
 - Understand how faculty are spending their time
 - Monitor work flow
 - High level of service
- Must work to eliminate variability
- Transparency
 - Cost
 - Quality
- Participation in bundled payments and ACOs
 - Population health

Build Brand

- Address tough cultural problems
- Streamline governance – impartial leadership team
- Chairs should view the organization as a whole not just their department
- New roles for Chairs
 - Leaders of change
 - Accountable to each other
 - Team work /collaborative
 - “Disagree then commit”

Community Network

- High quality-high Cost Providers partnering with High quality – low cost providers
- Driven by CMMS- Medicare Shared Savings Program
- Allows AMCs to respond to tiered programs and narrow networks
- Leverage of negotiating position
- Utilize brand to branch outside of regional market

New extenders to increase effectiveness

- Innovative use of technology
- Telemedicine
- Shared services

Leverage IT investments

- Focus on IT analytics for research and clinical care rather than simply IT automation
- Utilize technology to transform patient care
- Clinical data repository
- Personalized medicine
- Prepare to share data
- Reinvent teaching using technology

Align research with clinical and business strategy

- Increase communication between basic and clinical scientist
 - Engage basic scientists to solve clinical problems
- Develop collaborations with industry while managing COI
- Focus research portfolio on Centers of Excellence – both clinical and research excellence
- Translational research is a high priority

Align research with clinical and business strategy

- Allow research discoveries to be directly transferred into clinical practice
- Use organizational strengths and take advantage of existing resources to create a knowledge loop

Align research with clinical and business strategy

- Integrated research and clinical mission – do not let them drift apart
- Develop innovative practices that define brand as a research and treatment leader
- Speed up research
- Research can quickly turn from complementary to risky

Summary

The Physician Scientist

- Is key to the future of the AMC
 - “Without the physician scientist an AMC is just a MC”
- Must embrace collaboration, innovation and technology
- Be aligned with the business strategy and strengths of the institution
- Targeted to the development of centers of excellence

The AMC's Tripartite Mission

