

---

# 2011 State of the OU School of Community Medicine

---

F. Daniel Duffy, MD, MACP  
Dean, OU School of Community Medicine  
December 8, 2011



SCHOOL OF  
COMMUNITY  
MEDICINE®

---

# What do OU SCM employees want?

- To believe OU School of Community Medicine has the right purpose
- To know that my job is worthwhile
- To make a difference through my work

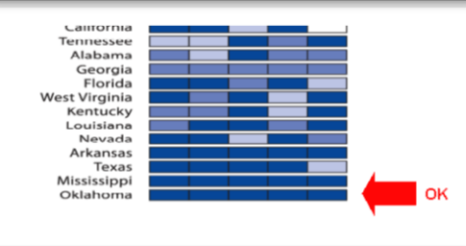
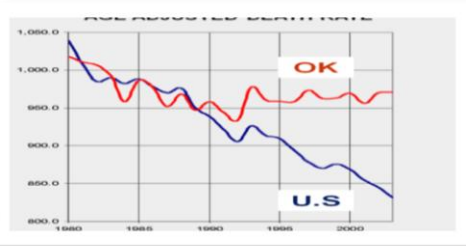
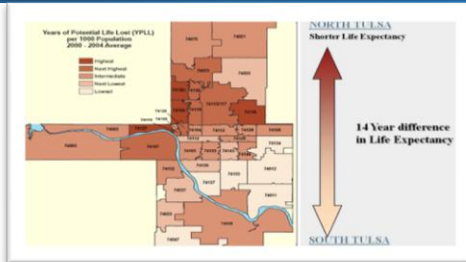


# What are we called to do?

## School of Community Medicine

### Present

### Future



- Access for all
- Coordinated care
- Complete information
- Good communication
- Highest quality
- Affordable costs
- Altruistic care



SCHOOL OF  
COMMUNITY  
MEDICINE®



# School of Community Medicine

## *Profound Shift in Our Professional Attitude*

<i>Self-Interest</i>	→	<i>Common Good</i>
<i>“My Patients”</i>	→	<i>Our Community</i>
<i>“My Practice”</i>	→	<i>Our Network Team</i>
<i>Victim of System</i>	→	<i>System Builder</i>
<i>Problem Solving</i>	→	<i>Positive Potential</i>





SCHOOL OF COMMUNITY MEDICINE



**SERVICE**



**EDUCATION**



**INNOVATION**

COMMUNITY COLLABORATION

POSITIVE INSTITUTIONAL CULTURE

FINANCIAL AND ORGANIZATIONAL SECURITY

***Tulsa***

SCHOOL OF COMMUNITY MEDICINE

**SERVICE**

**EDUCATION**

**INNOVATION**

COMMUNITY COLLABORATION

POSITIVE INSTITUTIONAL CULTURE

FINANCIAL AND ORGANIZATIONAL SECURITY

# Financial & Organizational Stability

*We will manage our human, financial and community resources to assure the security needed to achieve our goals.*



Planning & reporting



Modeling for decisions



New customers

Matrix Organization Structure

Business Manager Standards

Annual Budget, Monthly,  
Quarterly Reports

Measure performance & tie  
rewards to meeting targets

Project Management

Lean production practices



SCHOOL OF  
COMMUNITY  
MEDICINE®

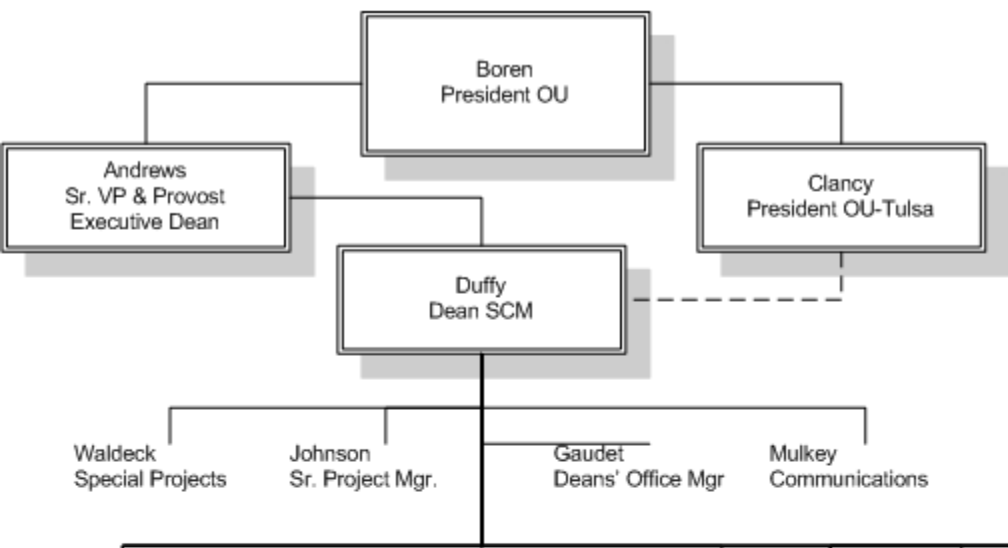
# Our People

	<b>2011</b>	<b>2012</b>	<b>Change</b>
<b>Faculty</b>	<b>144.00</b>	<b>133.28</b>	<b>-10.72</b>
<b>Staff</b>	<b>451.00</b>	<b>445.21</b>	<b>-5.79</b>
<b>Residents</b>	<b>194.00</b>	<b>204.00</b>	<b>10.00</b>



# OU School of Community Medicine

## Leadership Team



	Thomas Chair EM	Tipton Chair FM	Foulks Chair IM	Gardner Chair OBGYN	Donovan Int Chair Peds	Gleason Chair Psych	Blei Chair
Foulks SAD Clin Affairs	None Clinic Mgr	Webber Clinic Mgr	Guy Clinic Mgr	Medford Clinic Mgr	Loney Clinic Mgr	Mathew Clinic Mgr	No Clinic
Joiner AD Admin & Fin	Lowrance Dept Mgr	Rae Dept Mgr	Frost Dept Mgr	Vaught Dept Mgr	Smith Dept Mgr	Biehler Dept Mgr	Vau Interim D
Saizow AD Ac Pgs DIO	Burns Res Prog Director	Oberst-Walsh Res Prog Director	Weisz Res Prog Director	Gardner Res Prog Director	Hayes Res Prog Director	Touchet Res Prog Director	Ru Res Prog
Davison AD Ed Services	Palmer Clerkship Director	Mulkey Clerkship Director	Weisz Clerkship Director	Doyle Clerkship Director	Martin Clerkship Director	Washington Clerkship Director	Ande Clerkship
Fox AD Clinical Research Dev	Tines Research Coord	Wenn Research Coord	Jelley Research Director	Doyle Research Director	Fox Research Director	Wornock Research Director	Tea Research
Kendrick V Prov Strategy Med Informatics		Stout Informatics					Wa Inform

# Who buys our services?

Customer	Budget FY-2012	%
OU-Physicians	\$ 44,839,233	42%
Grants & Medicaid GME	\$ 24,865,614	23%
TMEF Residency	\$ 15,216,831	14%
Other	\$ 8,716,747	8%
Tuition & State Regents	\$ 8,115,014	8%
Gifts	\$ 4,092,468	4%
Endowment Income	\$ 1,253,682	1%
TOTAL	\$ 107,099,590	



# Financial & Organizational Stability

*We will manage our human, financial and community resources to assure the security needed to achieve our goals.*



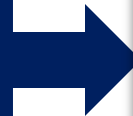
Planning & reporting



Modeling for decisions



New customers



New data management & analysis programs

Business plan pro forma

Negotiation & Contracting

SWOT of new ideas



# Residency Program Dashboard

		Emerg Med		Fam - Tulsa		Fam - Rural		Int Med		Ob/Gyn		Peds		Psych		Surg		Med/Peds			
		2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011		
		ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	ACGME Spring Survey Mid-Year Fall Survey Graduate Survey	
<b>≥ 87%</b>		Green																			
<b>80 - 86.9%</b>		Yellow																			
<b>&lt; 80%</b>		Red																			
<b>&lt; 65%</b>		Black																			
		Excellent Compliance																			
		Acceptable Compliance																			
		Poor Compliance																			
		Unacceptable Compliance																			
<b>Ratings on Areas Common to all 3 Surveys:</b>																					
Supervision																					
Teaching																					
Evaluation																					
Fatigue																					
Balance Edu/Serv																					
Fear																					
Scholarly Environ																					
<b>Additional Ratings from Graduate Survey:</b>																					
Curriculum																					
Goals																					
Competencies																					
Work Environ																					
Resources																					
Duty Hours																					
Eval of Fac & Prog																					
Program Director																					



# Financial & Organizational Stability

*We will manage our human, financial and community resources to assure the security needed to achieve our goals.*



Planning & reporting



Modeling for decisions



New customers



New Donors

New student programs

CMS Innovation Center Grants

Medicare patients need a doctor

BCBS PCMH Patients

Soon to be Medicaid

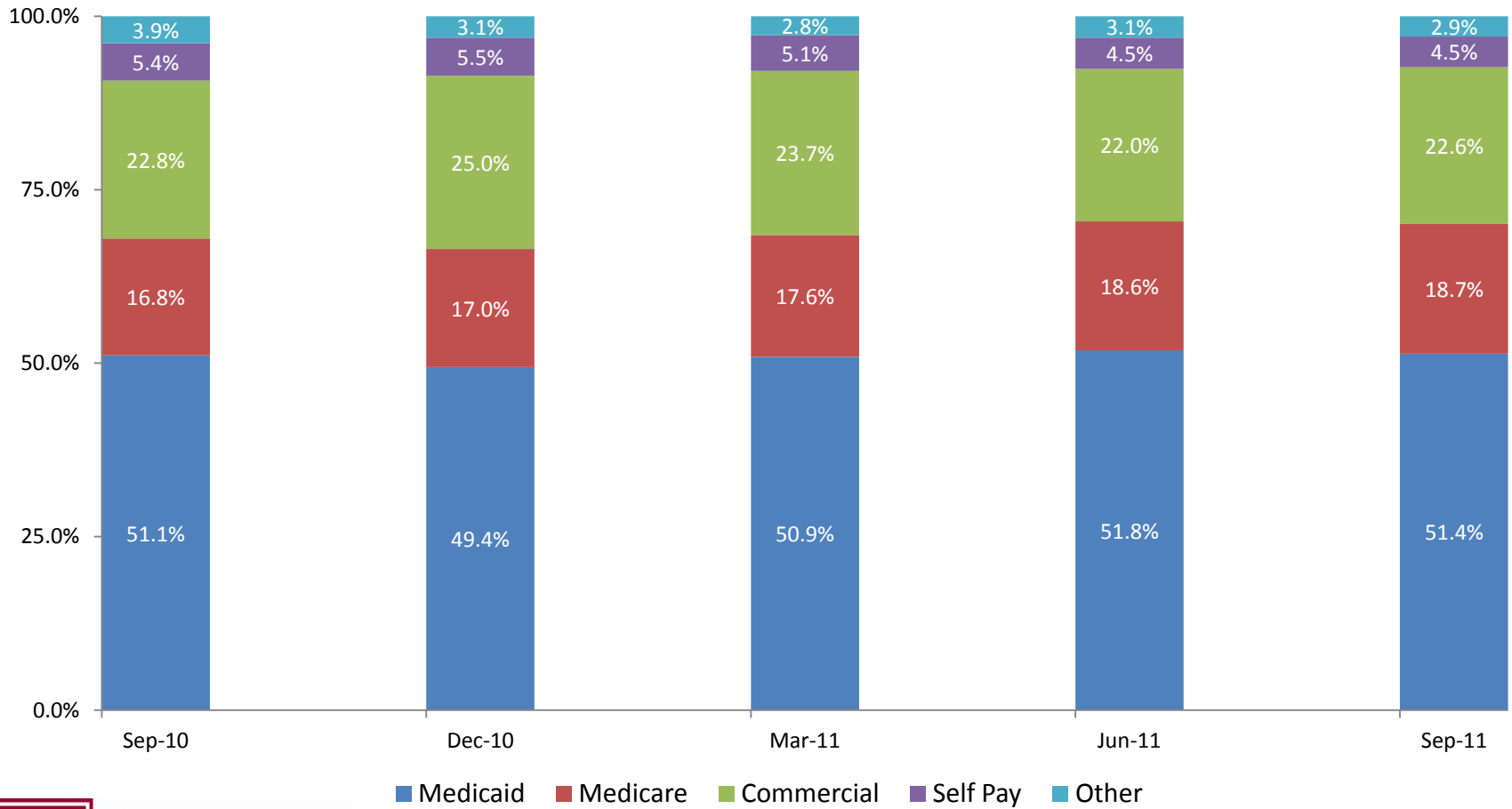


SCHOOL OF  
COMMUNITY  
MEDICINE®



# Physicians

## Patient Payer Mix



# Positive Institutional Culture

*We will create a positive institutional culture in which students, staff and faculty leverage their strengths, altruism and competence to achieve maximum potential.*



# Community Collaboration

*We will become widely known as leaders in building healthy communities through relationship-centered collaboration.*



Strong respectful relationships

George Kaiser Family Foundation  
Other Donors & Payers  
OU-Tulsa Community



Community partnerships

TU - OU  
*TMEF*: SJHS, SFHS, HMC-Arden  
Public Schools & Social Agencies  
FQHCs & Tulsa Private Practices



Accountable for our common well-being

Chamber of Commerce  
My Health, Sooner HAN, EMSA



# Community Collaborators



WWW.MORTONHEALTH.ORG

- Main Clinic
- Homeless Clinic - Downtown Tulsa
- East Clinic
- Nowata Clinic



SCHOOL OF  
COMMUNITY  
MEDICINE®

***Tulsa***

SCHOOL OF COMMUNITY MEDICINE

**SERVICE**

**EDUCATION**

**INNOVATION**

COMMUNITY COLLABORATION

POSITIVE INSTITUTIONAL CULTURE

FINANCIAL AND ORGANIZATIONAL SECURITY

# Service

*OU Physicians will deliver evidence-based, accountable and affordable health care that meets the needs and values of the residents of our community.*



Academic specialty group practice



Neurology, Dermatology,  
Endocrinology, Nephrology, Critical  
Care, Cancer, Vascular Surgery,  
MFM, Child psychiatry, Pain,  
Sports Medicine



Patient-Centered Medical Home



Accountable Care Organization



Quality & Information technology

Tisdale Specialty Center

HMC Imaging @ Schusterman

Academic adult hospitalists  
services @ HMC & SJMC, and  
child hospitalists service @ SFCH



SCHOOL OF  
COMMUNITY  
MEDICINE®

# Service

*OU Physicians will deliver evidence-based, accountable and affordable health care that meets the needs and values of the residents of our community.*



Academic specialty group practice

Consolidated Community Clinics,  
Morton teaching Clinic for PAs



Patient-Centered Medical Home

NCQA PCMH Accreditation by July,  
BCBS PCMH Pilot



Accountable Care Organization

ACO for Medicare/Medicaid by July  
2012 – Care Coordination



Quality & Information technology

MyHealth, Sooner HAN, Pentaho &  
EMR across OU-SCM



**Quality of  
Care**

**Shared  
Savings**

# ACO

**Service**

**Health Information  
Exchange**

**Primary Care**

Community  
of  
Individuals &  
Families

**Transformation**

**Health Access  
Network**

**Agreements**

Adapted from Premier  
Healthcare Alliance PCPCC  
3/11

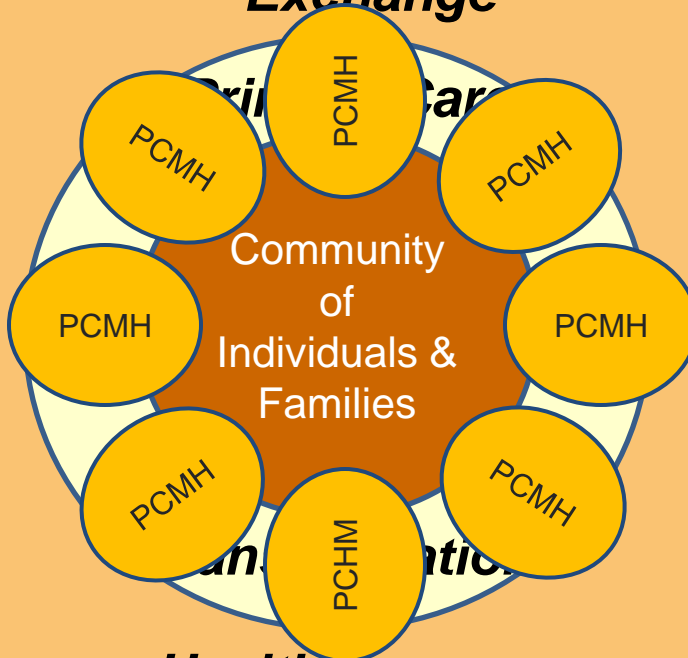
# ACO

**Quality of  
Care**

**Shared  
Savings**

**Service**

**Health Information  
Exchange**

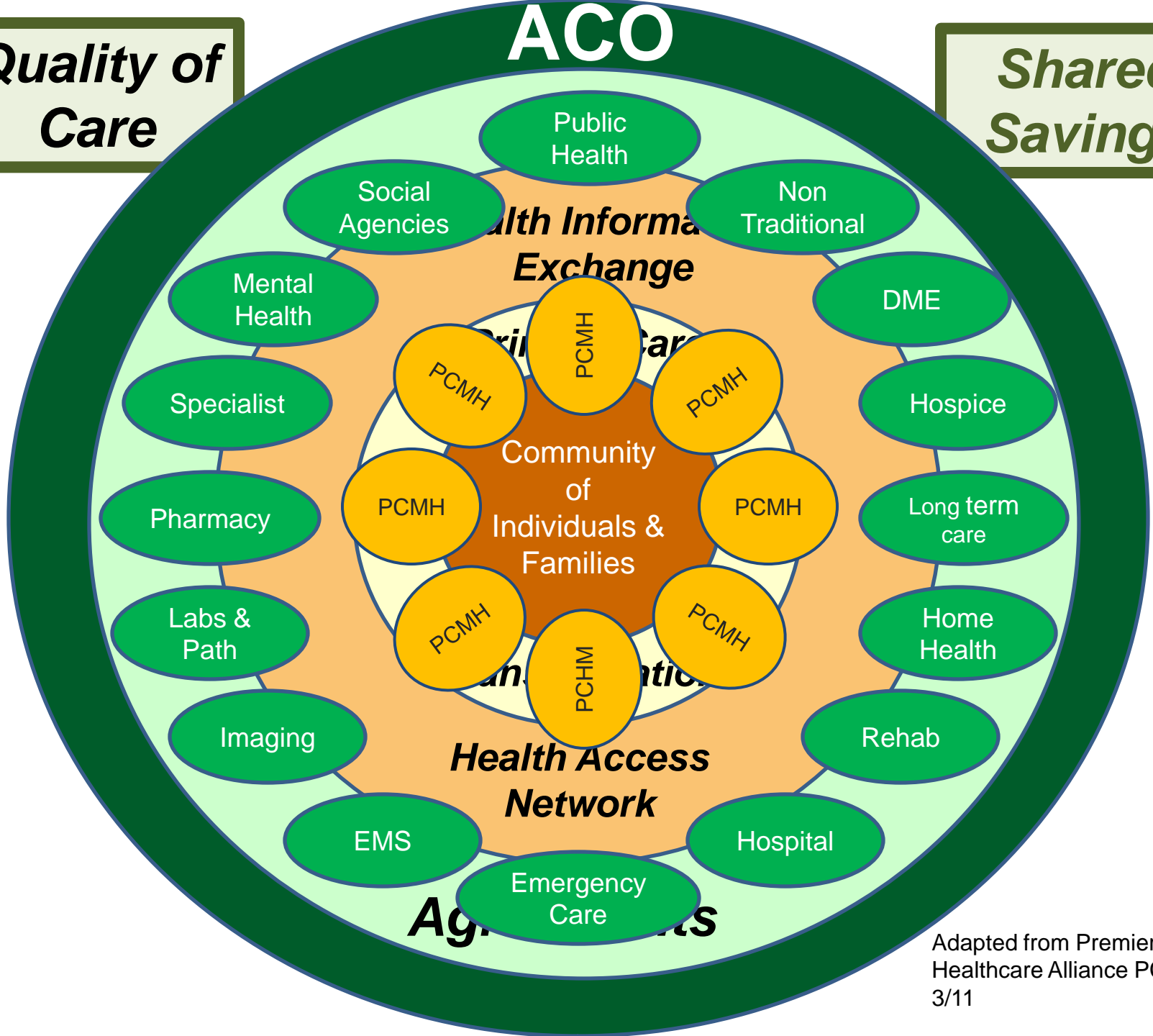


**Agreements**

**Quality of Care**

# ACO

**Shared Savings**



# Education

*We will develop the profession of Community Medicine through a four-year medical school, comprehensive GME programs and other academic programs.*



4-year med school with TU



Inaugural Class in SCM Track graduates May 2012



New residencies and fellowships

Distance Education Pilot 8/12



Trans-disciplinary teamwork

TU-OU Partnership - Building



Masters in PA & Public Health

Proposal to OU Regents



Recruit widely with financial aid

Tulsa SCM first class in 2014-15

About 35 new Faculty & Staff

PA program high performance  
Morton Longitudinal clinic



SCHOOL OF  
COMMUNITY  
MEDICINE®



Humility  
Competence  
Collaborative  
Belief  
Hope  
Empathy  
Resilience  
Optimism  
Integrity  
Resourcefulness  
Humor  
Justice  
Confidence  
Enthusiasm  
Kindness  
Determination  
Motivation

# Education

*We will develop the profession of Community Medicine through a four-year medical school, comprehensive GME programs and other academic programs.*



4-year med school with TU



New residencies and fellowships



Trans-disciplinary teamwork



Masters in PA & Public Health



Recruit widely with financial aid



IM @ SJMC & HMC

Redesign Family Medicine Tulsa

Expand Surgery Residency

Pediatrics Accreditation

Fellowships: Nephrology,  
Substance Abuse & Pain, Child  
Psychiatry, Vascular surgery



SCHOOL OF  
COMMUNITY  
MEDICINE®

# Education

*We will develop the profession of Community Medicine through a four-year medical school, comprehensive GME programs and other academic programs.*



4-year med school with TU



New residencies and fellowships



Trans-disciplinary teamwork

Team-based longitudinal clinics  
Nursing, PA, Pharmacy, SW



Masters in PA & Public Health

Public Health Scholarships



Recruit widely with financial aid

GKFF Financial Incentives for  
Service Commitment



SCHOOL OF  
COMMUNITY  
MEDICINE®

# Research and Innovation

*We will advance the knowledge, technology and innovation in care needed to help individuals and communities achieve maximum health.*



Trans-disciplinary research

Effect of adverse socioeconomic events on childhood chronic illness @ Educare



Community-based research

Community plan for Tisdale, Care for Homeless Youth, Literacy & Health



New HC Financing Models

Care Coordination, HAN, ACO in Tulsa Health Innovation Zone



Disseminate knowledge & technology

National Meetings, Health Information Exchange, Beacon Community, Tulsa World



SCHOOL OF  
COMMUNITY  
MEDICINE®

---

*Now for the Test!*



SCHOOL OF  
COMMUNITY  
MEDICINE®

---

---

# OU SCOM and OU Physicians The Way Forward

---



SCHOOL OF  
COMMUNITY  
MEDICINE®

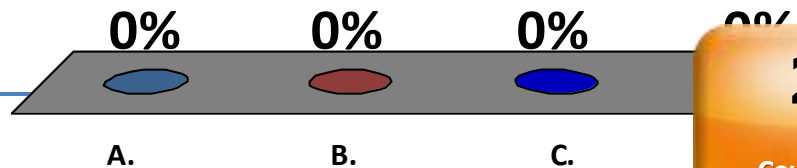


# How many academic departments are within the SCM?

- A. 10
- B. 7
- C. 12
- D. 5



SCHOOL OF  
COMMUNITY  
MEDICINE®



00%

**20**

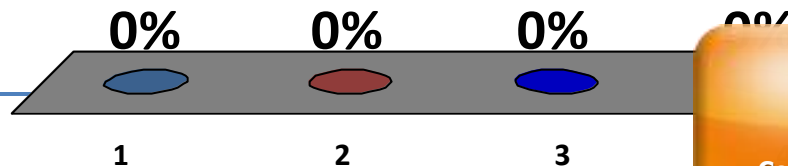
Countdown

The OU SCM strategic plan platform includes Community Collaboration. Examples of OU SCM community collaboration include our relationship with which of the following community agencies?

1. Morton Comprehensive Health Center
2. Youth Services of Tulsa
3. University of Tulsa Football team
4. All of the above



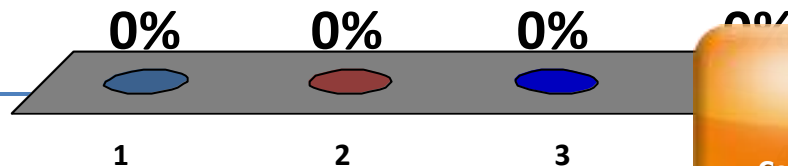
SCHOOL OF  
COMMUNITY  
MEDICINE®



**20**  
Countdown

“Key Words at Key Times” is a communication technique that helps patients better understand what will happen and how long it might take. The benefits of using “Key Words at Key Times” include:

1. Express our care and concern for the patient
2. Gives a consistent, positive message about our care
3. Sets the patient’s expectation of what is supposed to happen during the visit
4. All of the above

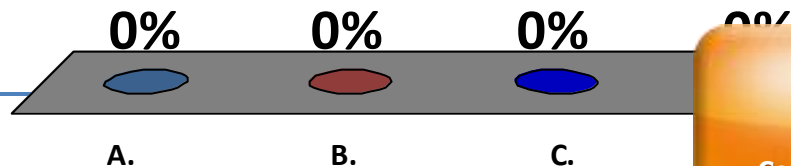


# Being a Patient-Centered Medical Home (PCMH) means ...

- A. We accept SoonerCare patients
- B. We provide care for the underserved and uninsured
- C. We provide proactive, comprehensive, and coordinated primary care
- D. We work in teams



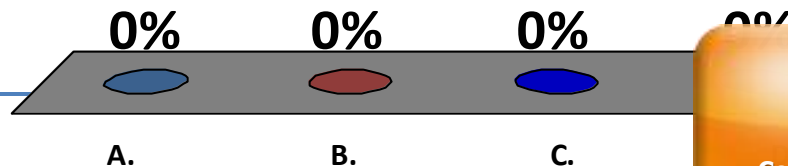
SCHOOL OF  
COMMUNITY  
MEDICINE®



**20**  
Countdown

# What does “CEIP” mean?

- A. Clinical Experience  
Improving Practice
- B. Continuous  
Experimentation in  
Practice
- C. Community Experience  
Improvement Project
- D. Clinical Efficiency  
Improvement Process

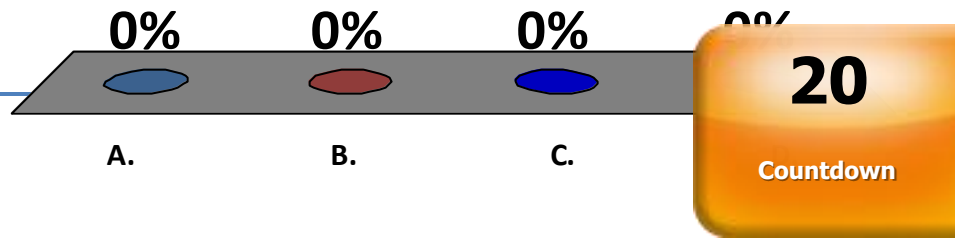


# Why are we teaching everyone to use AIDET in everything we do?

- A. It is a requirement from OU Physicians in OKC
- B. It is a requirement of Medicaid
- C. It is an evidence based practice that improves patient, staff, and physician satisfaction
- D. What the heck is AIDET?



SCHOOL OF  
COMMUNITY  
MEDICINE®

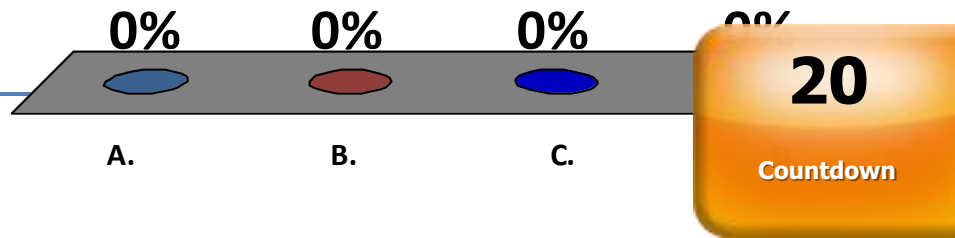


# Which initiatives represent our faculty's work on the *Innovation* pillar in our Strategic Plan?

- A. Developing models of coordinated care supported by sophisticated health IT
- B. Using EMR to track referrals and request consults
- C. Maintaining paper charts as a way to ensure safety and to supplement the EMR
- D. Expanding volume-based, fee-for-service payment models

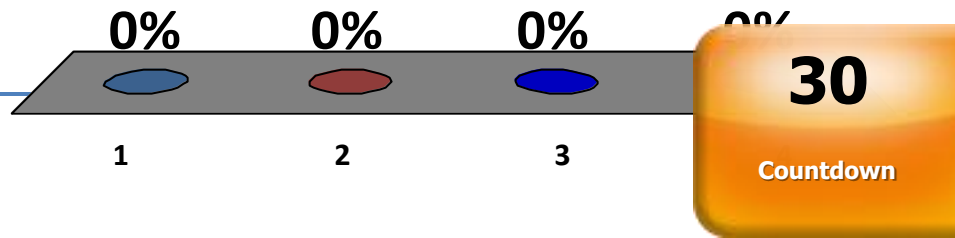


SCHOOL OF  
COMMUNITY  
MEDICINE®



# In the context of quality improvement, what is meant by the term **LEAN**?

1. Eat less fat to optimize health
2. Reduction in work force
3. It is a method to improve patient outcomes
4. Increase efficiency, decrease waste, and use measurement to decide what matters

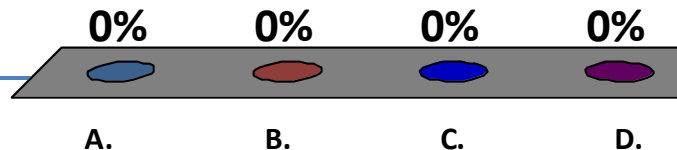


# Examples of benchmarking that we will be using to measure our initiatives in the coming year include...

- A. Patient satisfaction surveys
- B. Staff and faculty safety culture surveys
- C. Clinical outcome measures
- D. Financial performance indicators
- E. All of the above

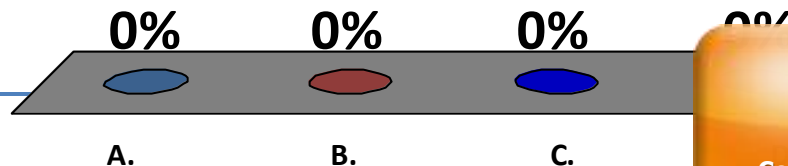


SCHOOL OF  
COMMUNITY  
MEDICINE®



# In what way is the SCM meeting the *Financial and Organizational Security* platform of the Strategic Plan?

- A. Increasing State funding for our financial security
- B. Making financial decisions on models that show a positive impact on business
- C. Increase funding for education and innovation through increasing patient care revenue
- D. Keeping planning and financial reporting confidential

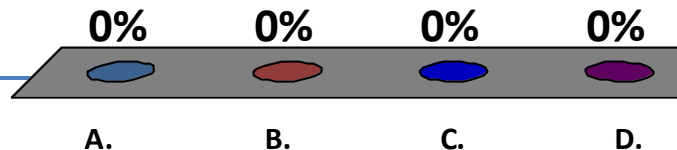


The SCM has set a goal that every staff member, every resident, every student, and every faculty member commit to specific standards of behavior because...

- A. They provide a common framework to understand exactly what we stand for and how we can expect each other to conduct ourselves
- B. People won't conduct themselves appropriately unless guidelines are clearly defined
- C. Standards of Behavior are a major element of LEAN
- D. It is a requirement of the American Association of Medical Colleges (AAMC)
- E. All of the above



SCHOOL OF  
COMMUNITY  
MEDICINE®



**30**  
Countdown

# OU School of Community Medicine

## OU Physicians-Tulsa

### Standards of Behavior

#### **We approach our work in a professional manner:**

- \* I will model integrity by being honest & trustworthy in my work.
- \* I will promote accountability by being responsible for my own actions.
- \* I will discuss confidential & personal information in a private way.
- \* I will work together with my colleagues to achieve our common goals.
- \* I will demonstrate respect by treating others as I would expect to be treated.
- \* I will treat our facilities and equipment as I would treat my own.
- \* I will be on time for work, meetings & other commitments.
- \* I will abide by the organization's dress code.
- \* I will accept constructive feedback.

#### **We believe effective communication is fundamental to everything we do:**

- \* I will introduce myself to patients, families, visitors & colleagues.
- \* I will explain the expected duration of procedures, visits & delays to patients.
- \* I will share appropriate information with people in a timely manner.
- \* I will communicate effectively by speaking clearly & actively listening while learning & sharing information.
- \* I will wear my ID badge where it can easily be seen.
- \* I will communicate effectively through all levels of our organization.
- \* I will communicate with sincerity, honesty & cultural understanding.

#### **We are sensitive to the needs of those we serve:**

- \* I will always act with compassion, kindness, empathy & patience.
- I will be respectful & courteous to everyone because they are important to our organization.
- I will make myself available to those in need.
- I will respect cultural, religious, & social backgrounds.

#### **We are committed to quality service:**

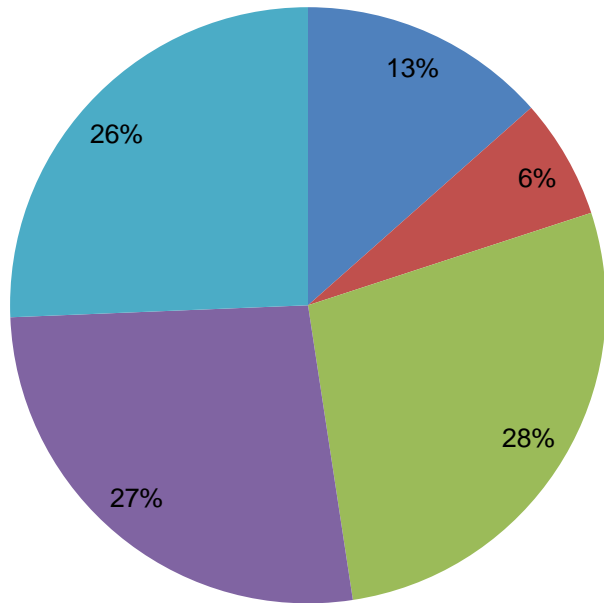
- \* I will be committed to understanding & applying best practices.
- \* I will continually review my performance & strive to improve myself & the outcome of my work.
- \* I will be committed to everyone's safety.
- \* I will pursue my duties to completion.
- \* I will strive to be helpful in every situation.
- \* I will demonstrate & encourage positive behaviors.

#### **We always look for better ways to take care of our patients:**

- \* I will take pride & ownership in innovation within OU Physicians by committing to new technology & research.
- \* I will be committed to developing new knowledge & sharing it with others.
- \* I will promote innovation that will benefit those we serve.
- \* I will actively support, mentor & coach to foster a constructive learning environment.
- \* I will pursue opportunities to learn & grow.

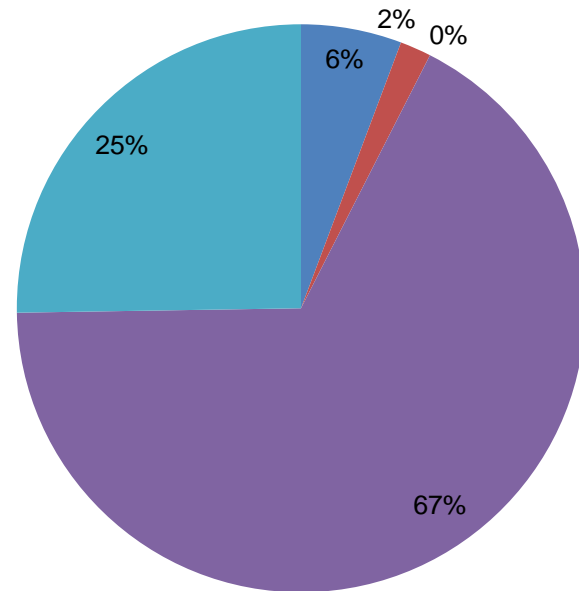
# Work Distribution FY-2012

## Faculty



- Medical Student Program
- Residency Program
- Clinical Supervision
- Clinical Services
- Administration/Research

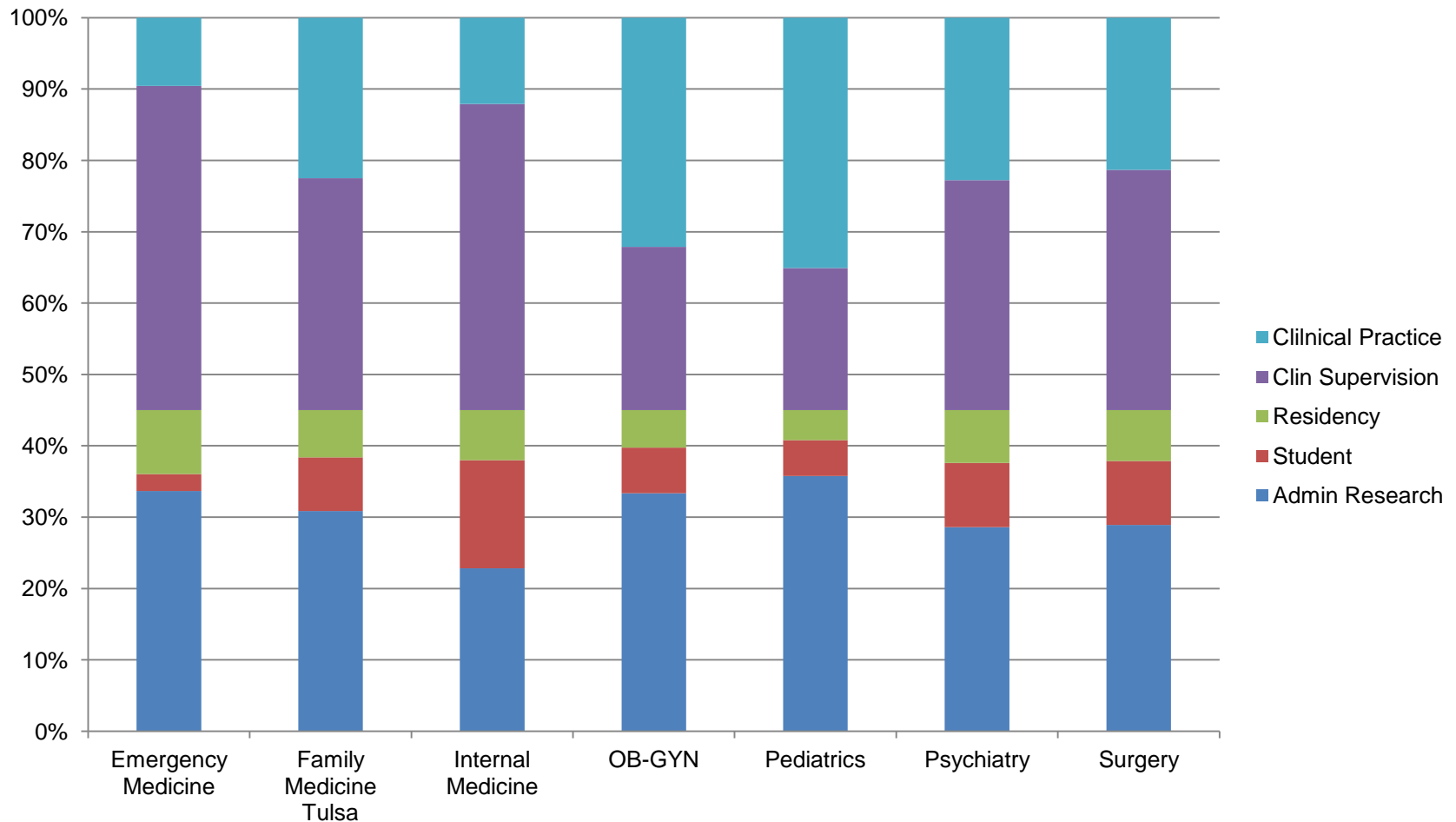
## Staff



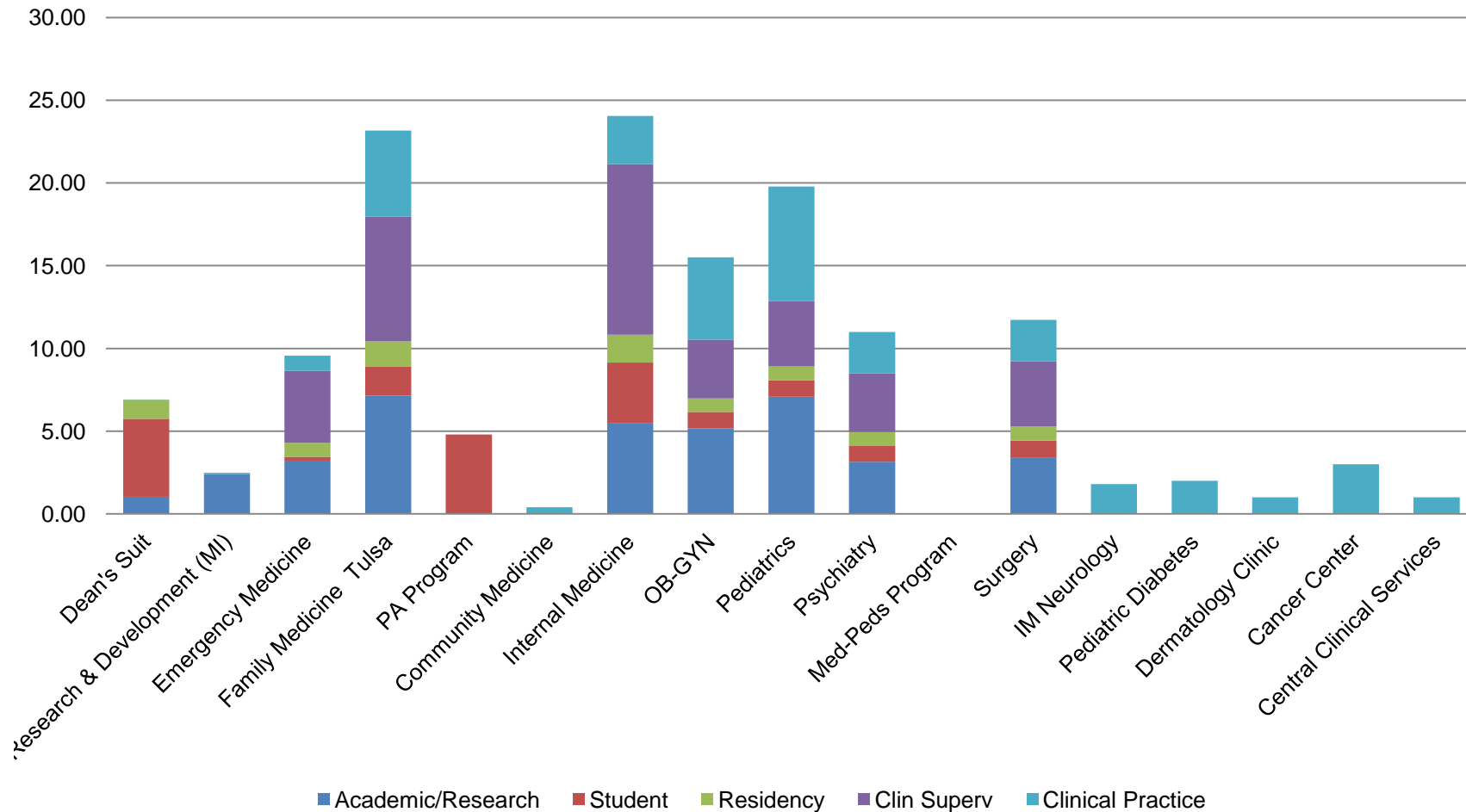
- Medical Student Program
- Residency Program
- Clinical Supervision
- Clinical Services
- Administration/Research



# Proportional Work Distribution



# Faculty FTE per work per department









# Tisdale Specialty Clinic

## Status Report

As of 10/31/2011

on target  at risk  in jeopardy  complete  not started  on hold 

Effort	Timeline	Resources	Status	Progress Summary	Issues/Risks	Needed from Steering Committee
1. Market Analysis Survey	11/2011-1/2012	<b>Owner:</b> J. Joiner <b>Team:</b> D. Stacy				10/31 – Need an updated from committee on this effort.
2. Services / Specialists (project charter)	09/2011	<b>Owner:</b> K. Johnson <b>Team:</b>		Project charter reviewed with OU and Morton leadership. Minor updates were made to services (i.e. childhood immunizations removed from OU's scope of work).		
3. 3 <sup>rd</sup> Party Contracts (Imaging, Lab, Psych, Primary Care)	10/2011 – 2/2012	<b>Owner:</b> Dr. Gardner <b>Team:</b> Dr. Foulks, J. Joiner, Dr. Gleason, OU Legal, Purchasing		10/17 - Initial meeting with St. John's on imaging equipment. After first talks, it looks favorable that St. John's will donate a digital x-ray machine. It also appears they will donate the MRI and retain the monthly lease. 10/31 – Received x-ray model information from St. John. Manhattan & Med Informatics evaluating to determine construction & compatibility with OU's PACS system	10/31 - No progress made on Lab 10/31 – Unknown if follow-up made with FCS and what next steps are for Psch 10/31 – No progress made on Primary Care	10/31 – Need plan / assignments to move forward with imaging, psych, lab, primary care contracts for Tisdale clinic. 10/31 – Need to determine how to proceed with a radiology group for MRI, mammography, x-rays.
4. Staffing – Clinic Manager & Medical Director	10/2011-1/2012	<b>Owner:</b> ?? <b>Team:</b> Dr. Foulks, Dr. Duffy, J. Joiner, B. Abercrombie			10/31 – Will not have Clinic Manager and Medical Director in place by January if effort is not started ASAP	10/31 – Solicit Medical Director nominees. 10/31 – Post positions
5. Furniture	10/2011-4/2012	<b>Owner:</b> Kelly Kenney <b>Team:</b> J. Joiner, McFarland, A&E, Purchasing		New color design boards under development by McFarland at the request of A&E Services. Cost for new boards submitted to A&E at \$2400. Should be complete in a couple of weeks.		Kim requested the Tisdale Steering Committee have an opportunity to review the design boards prior to be submitted to President Boren.
6. Equipment	10/2011-4/2012	<b>Owner:</b> ??? <b>Team:</b> R. Engleking, Dr. Gardner, Dr. Thomas, K. Kenney, Medical Directors, Clinic Managers		Initial draft of medical equipment complete and ready for review by equipment team. Approach to review equipment was discussed in Medical Director's meeting 10/28.	10/31 – Unable to go to bid for mammography. Team members want to resolve radiologist issue before going to bid. 10/31 – Not known if we will need	Same items listed in #3

# The Medical Home

---

- Superb 24/7 Access to Care
- Patient Engagement in Care
- Clinical Information Systems
- Care Coordination
- Team Care
- Patient Feedback and Input to Care
- Publically Available Quality Information

PCPCC March 2011

[www.pcpcc.org](http://www.pcpcc.org)



SCHOOL OF  
COMMUNITY  
MEDICINE®