2011 State of the OU School of Community Medicine

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

Present

- Access for all
- Coordinated care
- Complete information
- Good communication
- Highest quality
- Affordable costs
- Altruistic care
School of Community Medicine

Profound Shift in Our Professional Attitude

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

- Matrix Organization Structure
- Business Manager Standards
- Annual Budget, Monthly, Quarterly Reports
- Measure performance & tie rewards to meeting targets
- Project Management
- Lean production practices

Modeling for decisions

New customers
<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>144.00</td>
<td>133.28</td>
<td>-10.72</td>
</tr>
<tr>
<td>Staff</td>
<td>451.00</td>
<td>445.21</td>
<td>-5.79</td>
</tr>
<tr>
<td>Residents</td>
<td>194.00</td>
<td>204.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Customer</td>
<td>Budget FY-2012</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>OU-Physicians</td>
<td>$44,839,233</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Grants &amp; Medicaid GME</td>
<td>$24,865,614</td>
<td>23%</td>
<td></td>
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<tr>
<td>TMEF Residency</td>
<td>$15,216,831</td>
<td>14%</td>
<td></td>
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<tr>
<td>Other</td>
<td>$8,716,747</td>
<td>8%</td>
<td></td>
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<tr>
<td>Tuition &amp; State Regents</td>
<td>$8,115,014</td>
<td>8%</td>
<td></td>
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<tr>
<td>Gifts</td>
<td>$4,092,468</td>
<td>4%</td>
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<tr>
<td>Endowment Income</td>
<td>$1,253,682</td>
<td>1%</td>
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<td>TOTAL</td>
<td>$107,099,590</td>
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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

SCHOOL OF COMMUNITY MEDICINE®
### Residency Program Dashboard

#### Ratings on Areas Common to all 3 Surveys:
- Supervision
- Teaching
- Evaluation
- Fatigue
- Balance Edu/Serv
- Peer
- Scholarly Environ

#### Additional Ratings from Graduate Survey:
- Curriculum
- Goals
- Competencies
- Work Environ
- Resources
- Duty Hours
- Eval of Fac & Prog
- Program Director

#### Compliance Levels:
- **≥ 87%** Green  Excellent Compliance
- **80% - 86.9%** Yellow  Acceptable Compliance
- **< 80%** Red  Poor Compliance
- **< 65%** Black  Unacceptable Compliance

<table>
<thead>
<tr>
<th></th>
<th>Emerg Med</th>
<th>Fam - Tulsa</th>
<th>Fam - Rural</th>
<th>Int Med</th>
<th>Ob/Gyn</th>
<th>Peds</th>
<th>Psych</th>
<th>Surg</th>
<th>Med/Peds</th>
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<tbody>
<tr>
<td>2010</td>
<td>ACGME Spring Survey</td>
<td>Graduate Survey</td>
<td>Mid-Year Fall Survey</td>
<td>Graduate Survey</td>
<td>Mid-Year Fall Survey</td>
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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
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.

- Relationship-centered work
- Value altruism & competence
- Aligned personal goals with SCM mission
- Align policies for mutual accountability

- 360 Survey Feedback, Communication Training,
- Focus on Employee Satisfaction, Recognize & reward success,
- Family friendly workplace, Personal growth & learning
- Professionalism procedure, Standards of Behavior
Community Collaboration

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

Strong respectful relationships

Community partnerships

Accountable for our common well-being

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

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

Chamber of Commerce
My Health, Sooner HAN, EMSA
Community Collaborators
Tulsa
School of Community Medicine

COMMUNITY COLLABORATION
POSITIVE INSTITUTIONAL CULTURE
FINANCIAL AND ORGANIZATIONAL SECURITY
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

Patient-Centered Medical Home

Accountable Care Organization

Quality & Information technology

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

Tisdale Specialty Center

HMC Imaging @ Schusterman

Academic adult hospitalists services @ HMC & SJMC, and child hospitalists service @ SFCH
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
- Patient-Centered Medical Home
- Accountable Care Organization
- Quality & Information technology

- Consolidated Community Clinics, Morton teaching Clinic for PAs
- NCQA PCMH Accreditation by July, BCBS PCMH Pilot
- ACO for Medicare/Medicaid by July 2012 – Care Coordination
- 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
Quality of Care

Shared Savings

ACO

Service

Health Information Exchange

Primary Care Transformation

PCMH

Community of Individuals & Families

Health Access Network

Agreements

Adapted from Premier Healthcare Alliance PCPCC 3/11
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

- Inaugural Class in SCM Track graduates May 2012
- Distance Education Pilot 8/12
- TU-OU Partnership - Building
- Proposal to OU Regents
- Tulsa SCM first class in 2014-15
- About 35 new Faculty & Staff
- PA program high performance Morton Longitudinal clinic
Compassion

Humility

Competence

Collaborative

Belief

Hope

Empathy

Resilience

Optimism

Integrity

Kindness

Enthusiasm

Resourcefulness

Humor

Justice

Confidence

Motivation

Determination
Education

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- 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
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

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

Public Health Scholarships

GKFF Financial Incentives for Service Commitment
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
- Community-based research
- New HC Financing Models
- Disseminate knowledge & technology

- Effect of adverse socioeconomic events on childhood chronic illness @ Educare
- Community plan for Tisdale, Care for Homeless Youth, Literacy & Health
- Care Coordination, HAN, ACO in Tulsa Health Innovation Zone
- National Meetings, Health Information Exchange, Beacon Community, Tulsa World
Now for the Test!
OU SCOM and OU Physicians
The Way Forward
How many academic departments are within the SCM?

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

Countdown 20
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
“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
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?
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
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
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
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: 27%
- Residency Program: 13%
- Clinical Supervision: 26%
- Clinical Services: 28%

Staff
- Medical Student Program: 67%
- Residency Program: 6%
- Clinical Supervision: 25%
- Clinical Services: 2%
Proportional Work Distribution

Emergency Medicine
Family Medicine Tulsa
Internal Medicine
OB-GYN
Pediatrics
Psychiatry
Surgery

Clinical Practice
Clin Supervision
Residency
Student
Admin Research

School of Community Medicine
Faculty FTE per work per department
# Tisdale Specialty Clinic

## Status Report

As of 10/31/2011

<table>
<thead>
<tr>
<th>Effort</th>
<th>Timeline</th>
<th>Resources</th>
<th>Status</th>
<th>Progress Summary</th>
<th>Issues/Risks</th>
<th>Needed from Steering Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Market Analysis Survey</td>
<td>11/2011 - 1/2012</td>
<td>Owners: J. Joiner Team: D. Stacy</td>
<td></td>
<td>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).</td>
<td></td>
<td>10/31 - Need an updated from committee on this effort.</td>
</tr>
<tr>
<td>2. Services / Specialists (project charter)</td>
<td>09/2011</td>
<td>Owners: K. Johnson Team:</td>
<td></td>
<td>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.</td>
<td>10/31 - No progress made on Lab 10/31 - Unknown if follow-up made with FCS and what next steps are for Psych 10/31 - No progress made on Primary Care</td>
<td>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.</td>
</tr>
<tr>
<td>3. 3rd Party Contracts (Imaging, Lab, Psych, Primary Care)</td>
<td>10/2011 - 2/2012</td>
<td>Owners: Dr. Gardner Team: Dr. Foulls, J. Joiner, Dr. Glisson, OU Legal, Purchasing</td>
<td></td>
<td>10/31 - Received x-ray model information from St. John. Manhattan &amp; Med Informatics evaluating to determine construction &amp; compatibility with OU's PACS system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Staffing - Clinic Manager &amp; Medical Director</td>
<td>10/2011 - 1/2012</td>
<td>Owners: ?? Team: Dr. Foulls, Dr. Duffy, J. Joiner, B. Abercrumblie</td>
<td></td>
<td>10/31 - Will not have Clinic Manager and Medical Director in place by January if effort is not started ASAP.</td>
<td>10/31 - Solicit Medical Director nominees. 10/31 - Post positions</td>
<td></td>
</tr>
<tr>
<td>5. Furniture</td>
<td>10/2011 - 4/2012</td>
<td>Owners: Kelly Kenney Team: J. Joiner, McFarland, A&amp;E, Purchasing</td>
<td></td>
<td>New color design boards under development by McFarland at the request of A&amp;E Services. Cost for new boards submitted to A&amp;E at $2400. Should be complete is a couple of weeks.</td>
<td>Kim requested the Tisdale Steering Committee have an opportunity to review the design boards prior to be submitted to President Boren.</td>
<td></td>
</tr>
<tr>
<td>6. Equipment</td>
<td>10/2011 - 4/2012</td>
<td>Owners: ??? Team: R. Engleking, Dr. Gardner, Dr. Thoney, K. Kenney, Medical Directors, Clinic Managers</td>
<td></td>
<td>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.</td>
<td>10/31 - Unable to go to bid for mammography. Team members want to resolve radiologist issue before going to bid. Same items listed in #3</td>
<td></td>
</tr>
</tbody>
</table>
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