

ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: Integration of Neonatology into the UMMHC Academic Medical Group

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Collaborators: Eric Dickson, CEO; Patricia Segerson, Dept Administrator; Lynda Young, physician leader, Michele Streeter, SVP, Medical Group; Sharon DeMango, anesthesia admin

Background, Challenge or Opportunity: Pediatric clinical services for UMassMemorial Health Care, the clinical partner of the UMass Medical School, are provided by faculty in the Children's Medical Center, the only Pediatric tertiary care center in central MA. Except for private practice neonatologists, all CMC clinicians are members of the academic Medical Group. The CEO of UMMHC, the Dean, and the Chair of Pediatrics are united in our desire to transition this private practice to an academic division within the medical group.

Purpose/Objectives: To integrate the Division of Neonatology into the academic medical group. Currently the private Neonatology Associates have an exclusive contract for the NICU. Incorporation of this practice into the medical group is key to the future of our AMC as an integrated health care system and would enable the Pediatric Chair to have a closer role in faculty hiring, including recruitment of physician scientists, create equity in compensation across the Department, expand research scholarship, and increase physician engagement in the academic missions. Revenue from this profitable clinical service helps support the academic and service missions and balance finances of a Department of Pediatrics. Moreover, NICU patients provide unparalleled opportunities for clinical and translational research to better understand premature infant physiology and to explore care innovations and outcomes.

Methods/Approach: I first ensured unequivocal support from hospital and medical school leadership, then identified stakeholders, their stances and values, and reviewed lessons learned from a recent successful integration with retention of valued members and no disruption of clinical services. I mapped out a systematic approach utilizing skills gained from ELAM in managing interpersonal relationships, negotiations, and conflict resolution. I developed a timeline of key steps and critical deadlines, gathered comparable financial and operational information, and prepared a consistent message about integration plans for the community and medical colleagues. We recently started discussions about the process and will continue individual conversations with each physician and NP, and prepare a plan to ensure continuity of high quality patient services during this transition.

Outcomes and Evaluation Strategy: Success would be defined by the creation of a new academic Division of Neonatology with a blend of newly recruited and current neonatologists and with no disruption of patient care during the transition. Other measures of success include: recruitment of a neonatology physician scientist; expansion of neonatology research; and a positive perception of the need for and value of this process by the community and stake holders. Additional desired outcomes are to create an integrated Department of Pediatrics with closer connections among the neonatologists and other academic subspecialists.

Integration of Neonatology into the Academic Medical Group

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Sponsors: Terence Flotte, Dean, UMMS & Eric Dickson, MD CEO, UMMHC

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Background & Challenges

UMassMemorial Children's Medical Center (CMC) is the only tertiary care children's hospital in Central MA. As members of the academic Medical Group, all CMC physicians are dual employees of the University of Massachusetts Medical School and the clinical system, with the exception of *the private practice neonatology group*. Having independent private neonatologists provide neonatal ICU services challenges our ability to:

- ❖ develop an integrated AMC and ACO
- ❖ grow research scholarship,
- ❖ ensure equitable compensation, and
- ❖ sustain financial stability for Dept of Pediatrics

Objectives

To create an academic Division of Neonatology by:

1. Integrating the private neonatologists into the academic medical group
2. Recruitment of talented physician scientists and clinician investigators to enhance research scholarship in the division by exploring clinical and translational research into care innovations.
3. Increasing physician engagement in the academic missions of the Dept of Pediatrics through career development and opportunities for leadership.

Patient Care is Key Priority:

KEEP FOCUS on continued high quality care during transition from private to academic group.

Approach & Evaluation

Advisory Team:

- ❖ Michele Streeter, SVP Medical Group
- ❖ Patricia Segerson, Pediatric Dept Administrator
- ❖ Lynda Young & Neil Grossman, MD Leaders
- ❖ Muriel Fraker, Counsel for Medical Group,
- ❖ Patrick Muldoon, President, Medical Center
- ❖ Lisa Gillum, ACNO, OB and NICU services
- ❖ Ellen DePapa, Chief, Maternal-Fetal Medicine
- ❖ Sharon DeMango, Admin, Dept of Anesthesia

Measures of Success:

- ❖ Creation of a blended academic Division of Neonatology (retained & newly recruited MDs)
- ❖ Uninterrupted high quality patient care during the transition
- ❖ Recruitment of a physician scientist
- ❖ Growth in research with external funding
- ❖ Positive perception of transition process and new academic Division by stakeholders and community.

Roadmap to Success

