ABSTRACT: 2016 ELAM Institutional Action Project Symposium

Project Title: Primary Care Innovations through Residency Consolidation and Expansion

Name and Institution: Diane M Harper MD MPH MS, University of Louisville

Collaborators: Toni Ganzel, MD, MBA, Greg Postel, MD, Darrell Griffith, MB/HA, Peter Diakov, JD, Matt VonderHaar, Anne Banks, Jack Wireman, Ralph Hall, Seth Edens, Diane Partridge, Michael Ostapchuk, MD, Tanya Keenan, Jonathan Becker, MD, Eli Pendleton, MD, Jason Wells, MD, Amanda Padgett, John Morse, Donna Roberts, MD, Renee Girdler, MD, Donna Gissen, Board of Overseers Visiting Committee (Bill Donan, Mac Brown, Scott Jones, MD, Sue Tamme, Diane Medley)

Background, Challenge or Opportunity: The Department of Family and Geriatric Medicine had a significant departmental deficit at the time I was recruited to be chair. Our 8-8-8 residency had been split into two 4-4-4 practices at different offices in different sections of the city with restricted office hours due to lack of providers. The RRC requirement is one preceptor for every 4 residents, yet often we had one or two residents in each of the offices. A new fiscal initiative of faculty RVU productivity was enforced to plan our deficit neutralization. In addition, many faculty had specific interests in serving various underserved populations that could not be efficiently organized in the offices as set.

Purpose/Objectives: To improve the primary care capacity of ULP which will improve the department’s finances and the educational experience of our residents and medical students while allowing the faculty to innovate the health care delivery systems for special populations.


Outcomes and Evaluation Strategy: Our first coordinated attempt featured a new property in a predominantly Medicaid population that brought all five of our current office sites together in one multipurpose site to maximize our clinical operations efficiencies. This attempt failed because a better move for ULP was to maintain a diversity of primary care office sites throughout the metropolitan area. The second proposal refocused the use of our current office space closest to our resident administrative/learning offices to consolidate the residency, leaving the other site open for innovative faculty practice designs. The new resident consolidation space requires remodeling. The presentation to the Dean and Interim EVP was designed to involve as many of the people who had input into the new proposal; hence, medical student curriculum revision, residency consolidation, clinical staff issues, financial analysis, and medical director clinical operations were presented to our leaders. The leaders approved. We just received ACGME approval. Our future work is expansion to 12-12-12.
**Executive Summary**

1. Consolidate current 8 – 8 – 8 Family Medicine Resident Training Clinic
2. Retain Newburg site as a faculty practice clinic.
3. Relocate geriatric ambulatory care clinic from HCOC to Newburg and consolidate geriatric faculty academic offices to MedCenter One.
4. Include other innovative ambulatory care practices at Newburg
5. Retain Center for Primary Care and Sports Medicine Clinic at Cardinal Station.
7. A reduction in leased square footage of 16% from 24,071 to 20,181 square feet at an annual savings of $52,530.
8. An increase of 9 faculty billing sessions per week by more efficiently using the 4 residents:1 preceptor ratio for an increase in annual collected patient revenue of $318,000.
9. A clinical site platform to expand to a 12 – 12 – 12 residency when funding is secured.
10. A 50% increase in the patient population served from 12,000 unique patients with the current 8 – 8 – 8 residency to 18,000 with the 12 – 12 – 12 expansion.

**Department Core Values**

**Mission Statement**

The DFGM will educate for licensure medical students, residents, and fellows for 21st century primary care excellence by way of interdisciplinary education, clinical service, research and community outreach.

**Vision Statement**

Superlative primary care education, optimal patient experiences and outcomes with value based purchasing, multidisciplinary research, community engagement, and scholarship make us Kentucky’s trusted leader in Family, Sports, and Geriatric Medicine.

**Mission Core Values**

- **Executive Summary**
- **Department Core Values**
- **Patients**
  - Office redesign for patient-centeredness
- **Faculty**
  - Precepting vs. private practice
  - Geriatrics, LGBT, PrEP, HIV, Private VIP
- **Clinic staff**
  - CMA team leads, practice managers
  - 2nd floor
  - Staff space redesign
- **ACGME Approval**
  - UofL GME approval
  - ACGME submission 60 days prior to meeting
- **LCME Interactions**
  - More opportunities for consistent student scheduling
  - Better opportunities for evaluation of students
  - Proceed with proposal for a 4 week family medicine clerkship separate from an AHEC or Rural Medicine rotation
- **STAKEHOLDERS**
  - Scheduling efficiencies
  - Current model has us managing equivalent of two 4-4-4 programs
  - Educational improvements
  - Teaching imbalances with two teaching sites
  - Resident camaraderie
  - University programs at a recruiting disadvantage in Family Medicine
- **Space Planning**
  - Current utilization of exam rooms is 50-60% at both sites
  - Increases to >90% at CS after consolidation
  - Reallocation of clinic staff to either an all residency office vs. an innovative faculty practice

**Presented at the 2016 ELAM® Leaders Forum**