

## **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.

**Methods/Approach:** Stakeholder analysis. Financial analysis. Geospatial analysis. EMR coding analysis. Clinical staff survey. Resident survey. Faculty survey. Environmental/real estate survey. University facilities survey. Market analysis of current patient population and 5-10 mile radius of the current census by zip code and age. GME rules. LCME rules. Board of Overseers Visiting Committee recommendation to the Board of Trustees.

**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.

# Primary Care Innovations through Residency Consolidation and Expansion

Diane M Harper MD MPH MS, Rowntree Endowed Professor and Chair, 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, John Roberts 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)



## Department Core Values

### Mission Statement

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

### Vision Statement

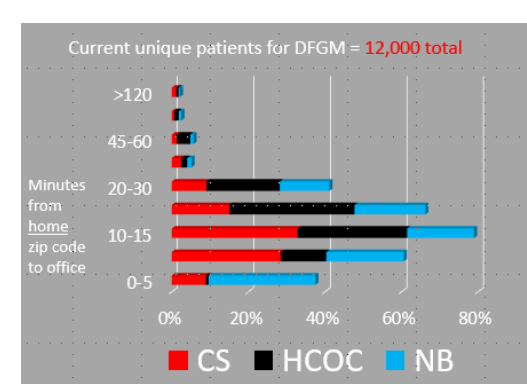
Superlative primary care education, **optimal patient experiences and outcomes** with value based purchasing, multidisciplinary research, community engagement, and scholarship make us Kentucky's trusted leader in **Family, Sports, and Geriatric Medicine**

## 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.
6. An improved Family Medicine Residency ambulatory clinical training experience.
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.

## STAKEHOLDERS

### Patients



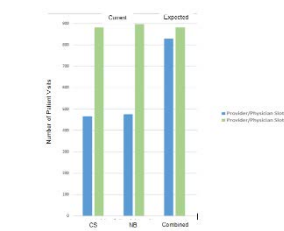
### Office redesign for patient-centeredness



### Residents

- Scheduling efficiencies**
  - Current model has us managing equivalent of two 4-4-4 programs
  - Cardinal Station closer to teaching hospitals
- Educational improvements**
  - Teaching imbalances with two teaching sites
  - Continuity with hospital care
- Resident camaraderie**
  - University programs at a recruiting disadvantage in Family Medicine
- Resident experience**
  - Continuity of care during transition
  - Resident patient volume needs to be maintained
- Chief resident perspective**

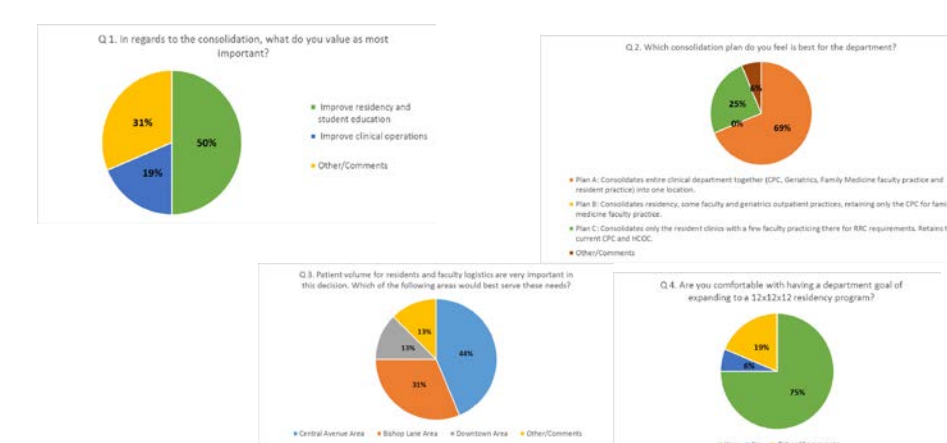
### Space Planning



- 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

### Faculty

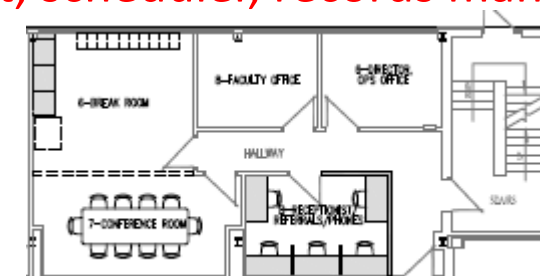
Precepting vs. private practice  
RVU mandates  
Geriatrics, LGBT, PrEP, HIV, Private VIP



### Clinic staff:

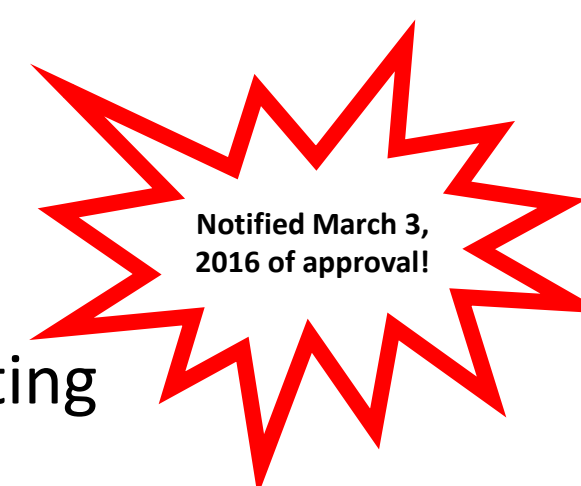
CMA team leads, practice managers  
CMA, LMR, medical receptionist, scheduler, records manager

2<sup>nd</sup> floor  
Staff space redesign



### ACGME Approval

UofL **GME** approval  
**ACGME** submission 60 days prior to meeting  
Notification within **60 days** after meeting  
**Concern: Maintain resident continuity of care – consider phased move**



### 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**

### ULP (Practice Plan)

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>30% of current patients who go to NB are within walking distance of this site</li> <li>Retention of NB patients is estimated to be close to 95%</li> <li>Geriatric patients have easy surface parking and safe area</li> <li>Easy east west patient access via I-264</li> </ul>	<ul style="list-style-type: none"> <li>Patients from NB who need admission go to hospitals not in KYONE network, and not attended by our faculty</li> <li>Comprehensive population health care is challenging for this population because we cannot control the hospital admission and ER visit rate of these outpatients due to their predilection for Audubon and other hospital /ER usage.</li> </ul>
<ul style="list-style-type: none"> <li>Effective marketing could produce a significant increase in patient volume with a more favorable payer mix, but only if an increase in faculty clinician positions were approved.</li> </ul>	<ul style="list-style-type: none"> <li>Norton, Baptist competitors with large advertising budgets</li> </ul>

Net Income/(Deficit)	FY2018	FY2019	FY2020	FY2021	FY2022
Improvement at 1%	\$ 123,109.75	\$ 115,217.97	\$ 107,088.78	\$ 98,716.79	\$ 90,092.38
Improvement at 3%	\$ 172,268.64	\$ 164,376.86	\$ 156,247.67	\$ 147,875.68	\$ 139,251.27
Improvement at 5%	\$ 221,427.54	\$ 213,535.76	\$ 205,406.56	\$ 197,034.58	\$ 188,410.16

Profitability Analysis	
NPV at 1%	\$687,623.41
NPV at 3%	\$922,922.07
NPV at 5%	\$1,158,220.72

