

## **ABSTRACT: 2017 ELAM Institutional Action Project Symposium**

**Project Title:** Model for Faculty Integration as part of Strategic Academic Expansion into the Community

**Name and Institution:** Wei Tse Yang, MD; University of Texas MD Anderson Cancer Center

**Collaborators:** Joseph Steele, MD (Deputy Division Head, Clinical Operations), Riz Aslam, MD, (Medical Director, West Houston Imaging Clinic), Denise Clanton, MBA (Program Manager), Annie Thornhill, MBA (Department Manager), Aziz Benamar, MBA (Operations Manager)

**Background, Challenge or Opportunity:** The University of Texas MD Anderson Cancer Center is a tertiary cancer center that operates with a hub at the main campus and 4 regional satellite centers. After a 2 year strategic academic expansion into the community, Diagnostic Imaging faculty report low morale and work dissatisfaction, relating to isolation, disengagement, and a 2-tiered physician practice. Enhancing faculty satisfaction in the expansion of clinical satellite centers will build towards a sustainable business model in the community.

**Purpose/Objectives:** Develop a faculty integration model that is aligned with institutional mission. Define and discuss culture differences that reflect main campus and community physician practice, based on faculty feedback. Improve morale that will lead to successful faculty recruitment and retention.

### **Methods/Approach: Create Expectations and Standardize Procedures**

1. Articulate institutional mission, vision, and strategic urgency for community expansion.
2. Define standardized models for faculty structure system-wide
3. Appoint medical directors as lead for the faculty working group to develop integration paradigm

### **Enhance and Develop Communication Channels**

4. Create online survey for faculty to express their opinions and provide feedback
5. Improve communication with regular and constant messaging
6. Encourage faculty integration into community activities
7. Develop regional multidisciplinary care

### **Build Integrated Teams**

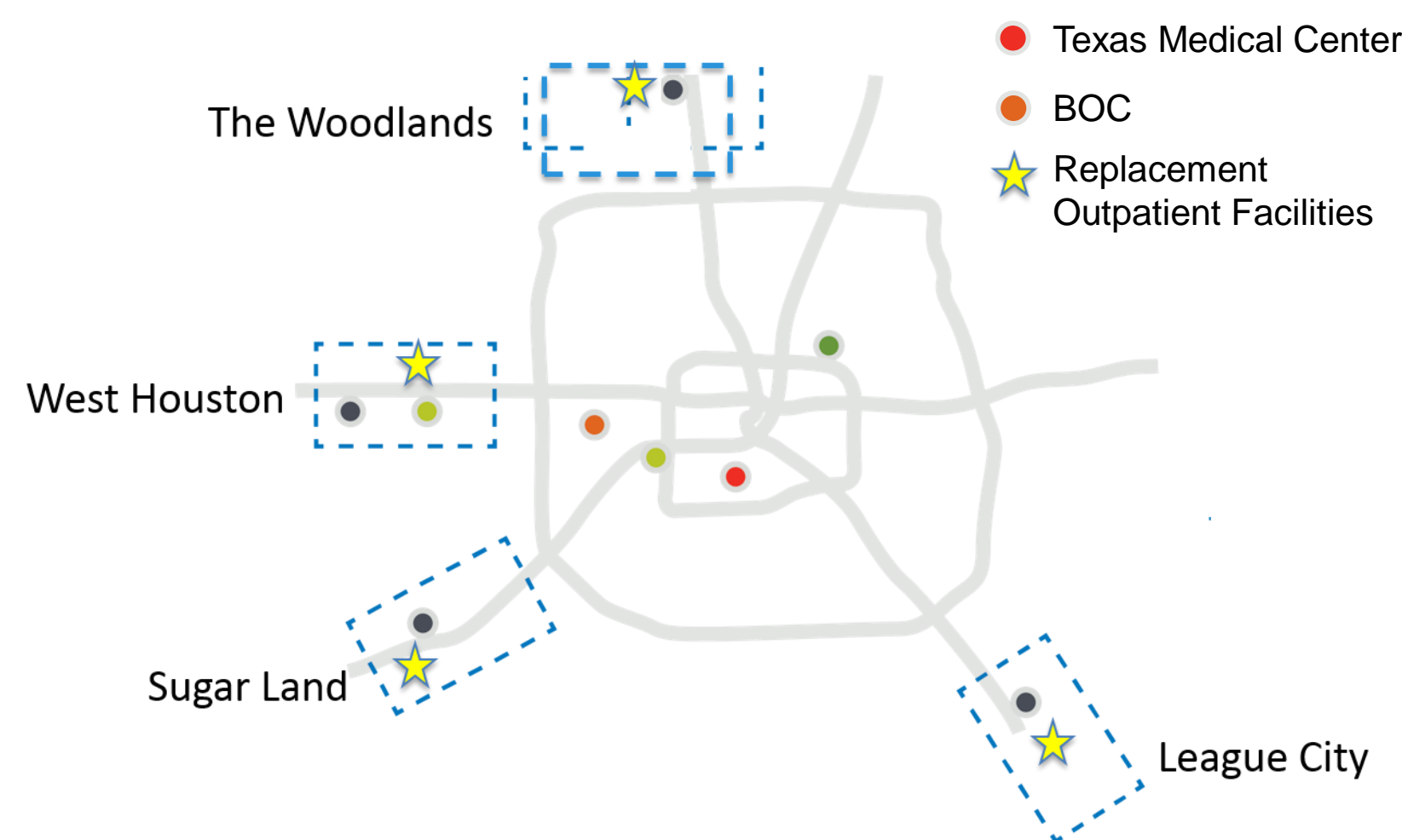
8. Empower junior faculty working group
9. Establish inter-institutional research collaborations

### **Outcomes and Evaluation Strategy:**

1. **Successful faculty led model for system-wide integration**  
Roll out of model in first center within 6 months, and in all four centers in 4 years
2. **High faculty morale measured through surveys**  
Increased and improved recruitment and retention, plan to recruit 9 new faculty in 2 years, with minimal turnover
3. **Increased clinical productivity and increased revenue**  
Increase faculty productivity and revenue by 4% annually

## Background

The University of Texas MD Anderson Cancer Center is a tertiary cancer center that operates with a hub at the main campus in the Texas Medical Center and 4 affiliated multidisciplinary regional satellite centers across the beltway.



## Challenge

After a 2 year strategic academic expansion into the community, Diagnostic Imaging faculty report low work morale related to isolation, disengagement, lack of integration, and a 2-tiered physician practice.

## Opportunity

Enhancing faculty satisfaction in the expansion of clinical satellite centers will build towards successful faculty recruitment and retention, and a sustainable model in the community.

## Purpose/Objectives

1. Define and discuss culture differences that reflect main campus and community physician practice, based on faculty feedback.
2. Improve faculty morale at the satellite centers that will lead to successful faculty recruitment and retention.
3. Develop a faculty integration model that incorporates faculty input from the satellite centers and main campus and is aligned with the institutional mission.

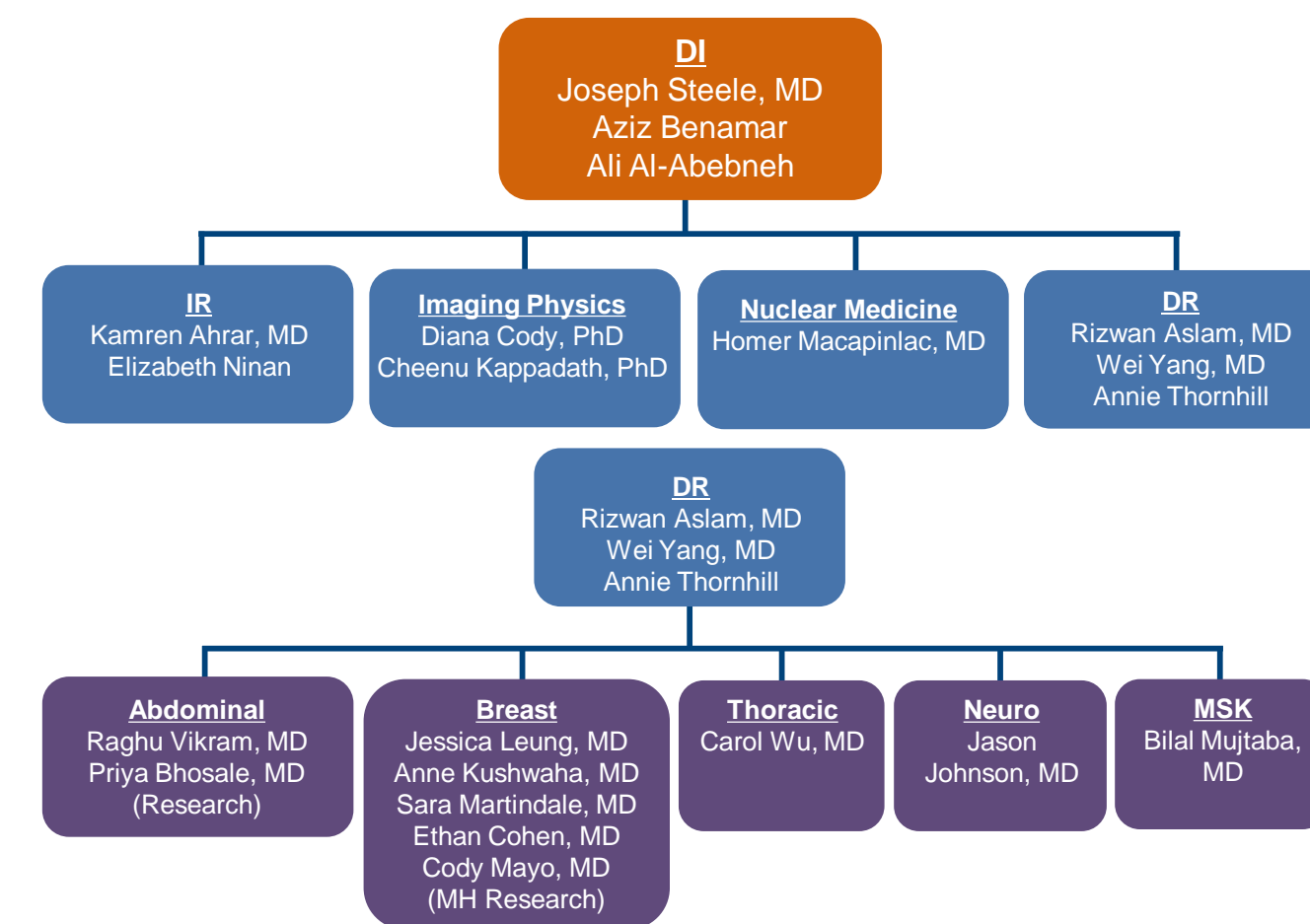
## Methods/Approach

### Create Expectations and Standardize Procedures:

- Growth outside the Texas Medical Center is a strategic focus.
- Align leaders, staff, physicians around volume to value transformation throughout the enterprise.
- Define the faculty organizational structure system-wide with an emphasis on standardization.
- Appoint medical directors as lead for the faculty working group to develop integration paradigm.

### Diagnostic Imaging Faculty Representatives:

Houston Area Locations (HALs) – Current Team



### Define Outpatient Imaging Clinic Challenges/Goals:

- Multiple hospital & service line cultures
- Geographic separation of sites
- Integration of finances
- Academic vs. community based radiologists
- Variable imaging protocols, quality standards, equipment, and personnel
- Communication strategy
- Radiology 3.0

## Discussion

### Expansion Benefits

#### Develop a scale & scope with relevance:

- Ensure survival and extend impact

#### Respond to healthcare policy initiatives:

- Participate in population health enterprise

#### Demonstrate viability and value in the competitive market:

- Preserve academic vision
- Enhance revenue and reinvest
- Mature population health research

## Implementation

### Enhance and Develop Communication Channels

- Create online survey to capture faculty opinion and feedback
- Improve communication with regular messaging and video clips
- Develop regional multidisciplinary care
- Emphasize value-based patient-centric care
- Formation of a Community Division
- Encourage faculty integration into community activities

### Ongoing Initiatives & Opportunities:

Opportunity for standardization

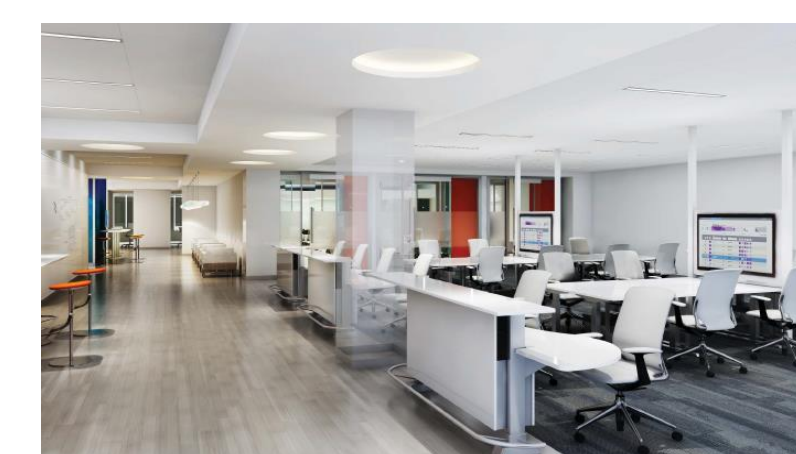
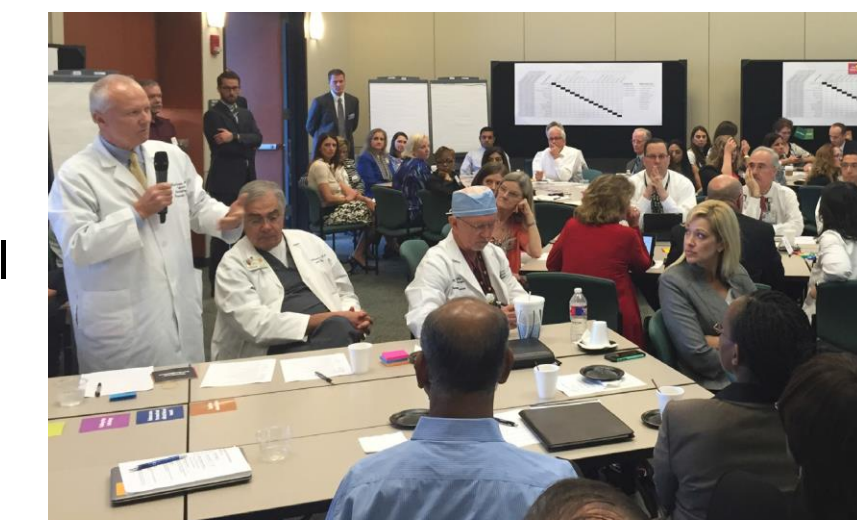
- Clinical Imaging Protocols (MRI, Chest, AI, Neuro, and MSK)
- Subspecialty Breast Quality Initiative; Lung Cancer Screening Project
- Radiation safety (ACR accreditation)
- Uniform technologist workflow
- Homogenous patient experiences

Preserve academic mission

- Combined Technical and Professional approach to Budget
- Enhance revenue and reinvest
- Mature population health research

### Listening to the Voices of Clinicians Across the Enterprise

Learning from the Texas Medical Center experiences: The Pavilion, Mays Clinic, and Procedure space



**Integrated Care Work Environments**

### Articulate the Value Proposition for the Individual Radiologist:

Radiology leaders will need to become **agents of change** rather than **protectors of status quo** to be a high-performing group in this new environment. Radiology practices will need to:

- Develop integrated identities
- Create an infrastructure for shared access
- Attract individual radiologists who are motivated toward enterprise-wide strategic goals

Private Practice Radiologists may need to flex towards:

- Decreased autonomy and compensation
- Increased focus on quality and outcomes
- Expectation for contributions to the education and research missions

Academic Radiologists may need increased focus on:

- Clinical productivity and service-related activities
- Narrower focus of research initiatives on translational research aligned with societal needs
- Increasing expectation to develop most cost-effective approaches to education that simultaneously promote both quality and safety

## Summary & Next Steps

### Outcomes and Evaluation Strategy:

Develop successful faculty-led model for system-wide integration

- Roll out model in first center within 6 months, and in all four centers in 4 years

High faculty morale measured through surveys

- Increased recruitment, plan to recruit 9 new faculty in 2 years
- Monitor faculty retention

Increased clinical productivity and increased revenue

- Increase faculty productivity and revenue by 4% annually

Periodic monitoring of satisfaction at both the HALs and the hub  
 Flexibility to respond as needed and make course corrections

### Expansion Imaging Recruitment:

Recruit/retain specific phenotype

- Private practice mentality but enjoy intellectual environment
- Regular, periodic refreshment at the hub
- Different performance metrics
  - More RVU driven
  - Less academic expectations
  - Variable compensation strategy
- Brand preservation is key

### MDACC Community Imaging Service Model:

