



Strategic allocation of state funds for UME: A re-design opportunity for the eRVU system at UT Health San Antonio Lozano Long School of Medicine

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Background and Significance

The educational relative value unit (eRVU) system at UT Health San Antonio's Joe R. and Teresa Lozano Long School of Medicine (LLSOM) was implemented in FY13 to distribute state budget funds for education in an equitable way that aligned with the strategic goals of our medical education program. Clinical departments receive funds in accordance with the amount and type of teaching their faculty provide in three UME domains: preclinical phase, clerkship phase, and clinical electives.

Under the existing eRVU system, \$11.7M in state funding was distributed among clinical departments to support medical student teaching/learning in FY20, with more than half of that amount (\$6.8M) in support of clerkship activities within eight clinical departments.

For clerkships, the existing eRVU system took the following factors into account: length of clerkship, inpatient/outpatient balance, and number of learners. Longer clerkships and outpatient experiences carried higher value.

Some elements of the original eRVU system design no longer serve the needs of departments, the undergraduate medical education (UME) program, and the Dean's office, and we began the process of rethinking the system.

Purpose and Objectives

The purpose of this Institutional Action Project (IAP) was to initiate modifications to the eRVU system at LLSOM in order to address the following issues:

- imbalance/inequity in amount allocated to departments hosting core clerkships;
- need for increased transparency and knowledge about the system at the departmental and faculty level;
- streamlining the annual data collection and accounting processes to minimize administrative burden while ensuring faithful execution of the system using accurate data.

As a first step in an eventual comprehensive overhaul of our eRVU system, the focus of this IAP was to create and implement a streamlined system for the equitable distribution of state funds for clerkships for the FY21 budget cycle.

Methods and Process

Phase I - Learn

1. Gather input from stakeholders
 - Dean
 - Vice Dean, Finance
 - Department chairs, administrators
 - Clerkship directors
2. Literature review
 - eRVU system construction
 - Impact of UME learners on clinical productivity
 - Cost analysis methods for medical education
 - Faculty perceptions of eRVU systems
 - Ethics of resource allocation in medical education

Phase II - Apply

1. Determining fixed costs of clerkship administration
 - Clerkship director - 0.5 FTE (AAMC median for generalist associate professor) + faculty fringe rate
 - Clerkship coordinator – 1.0 FTE + staff fringe rate
2. Equal sharing of remainder (based on FY20 budget) between eight clerkship departments

Clerkship	AAMC Median / Assoc Prof / 0.5 FTE (23%)	CD Benefits (23%)	Acad Coord Midpoint Sal + Benefits (29%)	Direct Personnel TOTAL	State \$ Remainder/8	GRAND TOTAL
EM	156000	35880	62178	254058	627900	881958
FM	107000	24610	62178	193788	627900	821688
Med	131500	30245	62178	223923	627900	851823
Neuro	115500	26565	62178	204243	627900	832143
OBG	147500	33925	62178	243603	627900	871503
Pedi	96500	22195	62178	180873	627900	808773
Psych	112500	25875	62178	200553	627900	828453
Surg	202000	46460	62178	310638	627900	938538
				1811679	5023200	6834879

Phase III - Communicate

1. Seek feedback and establish buy-in from Dean and Finance VD
2. Create "explainer" memo for department administrators and chairs about the new process
3. Communication strategy was truncated when COVID-19 preparations coincided with budget cycle activities in March 2020.

Outcomes

1. Met goals of IAP to create and implement a streamlined system for the equitable distribution of state funds for clerkships for the FY21 budget cycle.
2. Enhanced mutual understanding and collaboration between key stakeholders in financing the educational mission: Dean, Dean's office finance team, Office for UME, clinical chairs and administrators.
3. Identified a paucity of published information about:
 - Impact on faculty productivity of medical student learners in the clinical environment
 - Ways to determine true costs of educating a clinical student
 - School-wide methods for allocating available resources to departments to support medical student teaching efforts

Next Steps

1. Seek feedback from clerkship departments regarding their experience of the new system and its implementation in this budget cycle
2. Deeper dive into "real costs" of hosting medical students in clinical settings (department-specific)
3. Consider adjusting amount of state funds between preclinical, clerkship, and elective components to best align with strategic goals for teaching/learning activities and outcomes

Discussion

Financing the medical education efforts of teaching clinicians and support staff at a state medical school means being thoughtful stewards of state money allocated for this purpose. Strong, trusting partnerships between the Dean's office and clinical departments enhance medical student opportunities to work and learn in a variety of clinical environments, and equity and transparency in how funds are distributed contribute to this trust. Thus, it is incumbent on medical education leaders to contribute substantively to the design and implementation of rational systems that tie teaching efforts to departmental funding.