

ABSTRACT: 2023 ELAM Institutional Action Project

Project Title: Surgical Integration at Albany Medical Health System

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Collaborators and Mentors: Alan Boulos, MD, EVP & Dean Albany Medical College; Vince Verdile, MD, Dean Emeritus

Topic Category: Clinical

Background: Albany Medical College is the second oldest medical school in the United States, founded in 1839. This privately held organization falls under the entity, Albany Medical Center (AMC) along with Albany Medical Center Hospital (AMCH), a 774-bed hospital, incorporated in 1949. AMC the only academic center in Northeast New York and serves 125 counties with tertiary care services. Beginning in 2015, AMC began its affiliation with three regional hospitals, Columbia Memorial Hospital, 192-bed hospital 37 miles south in Hudson, NY; Saratoga Hospital, a 171-bed hospital, 40 miles north and culminated with Glens Falls Hospital a 410-bed rural hospital, 54 miles north, in 2020. These hospitals are known for long-standing award-winning service to their local communities. The affiliation creates fiscal benefits but threatens the independence and local brand of each hospital. With a goal to overcome this issue the centralization of business units such as human resources, supply chain, along with implementation of a new system wide electronic medical record (EMR) is underway. Covid has strained the finances of the system requiring a swift move towards full financial integration which is pending a system board decision. Integration of clinical service lines is immature and the need to integrate is urgent.

Purpose/Objectives: Integration of surgery service lines will allow for the creation of efficiencies, optimization of resources, improved patient access whilst maximizing utilization in the delivery of surgical care at each site. Creating trust with and building relations with site leaders is imperative to realize a fully integrated health system one service line at a time.

Methods: The first part of this project was to meet all key stakeholders at each site to begin building trust and determine surgical opportunities. The need for system governance was examined. Administrative, clinical, and educational opportunities were explored.

Outcomes/Results: Onsite visits were made with each hospital which included C-suite leaders, surgical leaders, and surgeons when available. Quarterly virtual meetings were held with each of the three hospitals' Chief Medical Officer, Chief of Surgery, and Chief Administrative Officer. Opportunity existed to integrate and expand thoracic and plastic surgery. Hiring into these areas occurred over the last year along with alignment of fees for certain services. The need for a rural tract in the general surgery training program was evident. We now have the full support from all sites to participate in the training of those surgical residents. A new governance structure with a focus on "systemness" with supportive local leadership is now in development.

Statement of Impact: Progress to surgical Integration has been made and it will allow for the system to increase patient access, improve resource utilization, and develop system level service lines. This will optimize surgical staffing, increase market share, and reduce overhead expenditures.