

Project Title: Integrating Hand Surgery Across a Health System

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Topic Category: Clinical/Administrative

Background: The current Hand and Upper Extremity Divisions at Beth Israel Deaconess Medical Center (BIDMC) boast a long history of clinical and academic excellence. We currently provide a fragmented delivery to care, spanning across several clinics, hospitals and systems. The present system, while successful in establishing steady clinical growth at each institution, has been plagued by system inefficiencies and duplication. Operating under the auspices of two separate silos hand surgeons have had limited opportunities for improvement, development, innovation, and cooperation. Although progress has been made in this arena, we do not yet have a unified technology platform. Lastly, Hand Surgery has not benefited from a management team dedicated to its growth and expansion.

The current expansion of the BILH network offers many potential opportunities. Strengthening ties between hospitals has the potential to lead the integration of outpatient hand and upper extremity service lines. A combined Hand Center would rapidly become the leading presence in our region, thereby enabling us to compete against other regional health systems. This integrated and collaborative model is in-line with our health-care network's current goals of growth and expansion in the greater Boston market. The Hand Center would develop into a regional center of excellence, drawing patients from Greater New England.

Purpose/Objective: To deliver an integrated experience for hand and upper extremity care across our healthcare network

Methods/Approach:

1. Standardize workflow across all clinical sites and improve the patient experience
2. Define and collect metrics for patient satisfaction (net promoter score)
3. Move clinical volume to lower cost, high-efficiency settings (ASC)
4. Develop new areas of clinical expertise
5. Develop a shared governance structure (program coordinator)
6. Design a shared expense model and compensation structure
7. Define metrics for transparency
8. Focus on graduate medical education through a comprehensive educational experience

Outcomes: The success of this project will be measured on several different levels. We will monitor patient access and satisfaction across all clinical sites. Our focus on increased efficiency and productivity will be measured by the number of cases performed in a lower cost setting rather than at the AMC. Long term outcomes will be gauged by our ability to grow market share and develop a larger multidisciplinary team of providers.

Discussion: While BIDMC is naturally a tertiary referral center for our expanding network, we also serve as the primary point of contact for a large patient population in the greater Boston area. In this process, we face intense competition from other health systems who are also expanding into the community. These competing roles make it difficult to establish effective growth strategies. Furthermore, defining a compensation model that adequately addresses both missions has proven problematic. Indeed, managing an increasingly complex patient population at our tertiary hospital while encouraging an entrepreneurial approach to growth has been elusive. The creation of a hand center to deliver an integrated experience across our health system would improve patient care and increase our footprint in the region. Streamlined models of care, a dedicated management team and aligned incentives will allow us to emphasize teamwork and will ensure sustained growth in a highly competitive environment.