



VISION, VOICE, LEADERSHIP

# Growth of Departments and Expansion of Clinical Faculty

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Key Question:  
Should Departments of  
Family Medicine Embrace  
Growth?

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Why or Why Not?

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Does growth fit with the department mission?

Is it aligned with the greater institutional mission?

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Michigan Medicine Mission: *“We advance health to serve Michigan and the world.”*

Values: *Caring, Excellence, Innovation, Integrity, Teamwork*

- Growth and adaptation
- Avoid shift in mindset from service to production
- Align growth with community needs and demands of the health system
- Each clinic has a unique community and diverse populations; methods of connecting with community have changed

### Health System

- Technology (Video visits, e-consults)
- Clinical Expansion (number of clinics and covered lives)
- Population Health
- Office of Patient Experience

### Department of Family Medicine

Tripartite Mission:

- Clinical care
- Education
- Scholarship

### Community

- Patient and Family Advisory Council
- Public Health Needs (Opioid crisis)
- Peds/OB Strategy Task Force
- 5 Healthy Towns Foundation
- Luke Clinic

### Medical School

- Curriculum Revision, increase in clinical students

# Consider the history, culture and identity....

WHY CONSIDER THIS OPTION?

WHO ARE THE PRIMARY DRIVERS AND KEY STAKEHOLDERS?

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IS THIS LIKELY TO ENHANCE OR UNDERMINE THE CORE MISSION?

IS THIS THE RIGHT TIME? WHAT ELSE IS GOING ON THAT MIGHT ADD/DETRACT?

CAN THE DEPARTMENT MAINTAIN ITS CORE AND SUPPORT NEW INTERESTS?

Family Medicine

University of California, Irvine

Mission: HEAL, TEACH, DISCOVER, SERVE

*Vision: “We are a vibrant academic department whose members promote health equity and health for all.”*

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EXAMPLE:

- SHOULD UCI FAMILY MEDICINE EXPAND SPORTS MEDICINE?
- SHOULD WE OFFER A FELLOWSHIP?
- DOES THIS FIT WITH OUR MISSION, CULTURE AND IDENTITY?



# Mission fit AND business case

- WHAT ARE THE POTENTIAL REVENUES AND COSTS?
- HAVE WE ACCOUNTED FOR START-UP COSTS AND INDIRECT EXPENSES?
- HAVE WE SOLICITED FEEDBACK FROM LOCAL EXPERTS, FINANCIAL MANAGERS OR CONSULTANTS?
- HAVE WE CONSIDERED EXTERNAL FACTORS AND POTENTIAL COMPETITORS?
- DO WE HAVE SUFFICIENT RESOURCES TO PROVIDE SUPPORT AND BACK-UP?
- ARE THE PROJECTIONS FEASIBLE? SUSTAINABLE?

Is the growth opportunity financially sustainable?

Is there a solid business case for expansion?

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# Financial Sustainability

## ✓ Definition

tolerable operating loss aka network investment?

## ✓ Margin

Fee For Service

Capitated Payment Model

## ✓ People

recruitment

## ✓ Payers

negotiate rates

## ✓ Community Need

continuous innovation

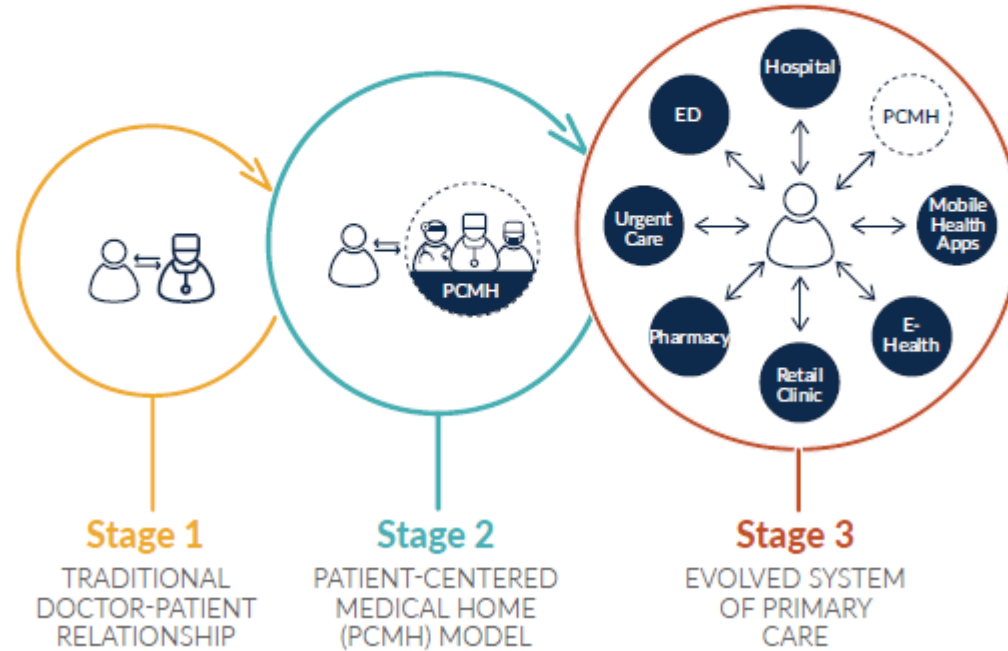


Advocacy and advancing  
Family Medicine: Managing  
change within the  
institution and Department

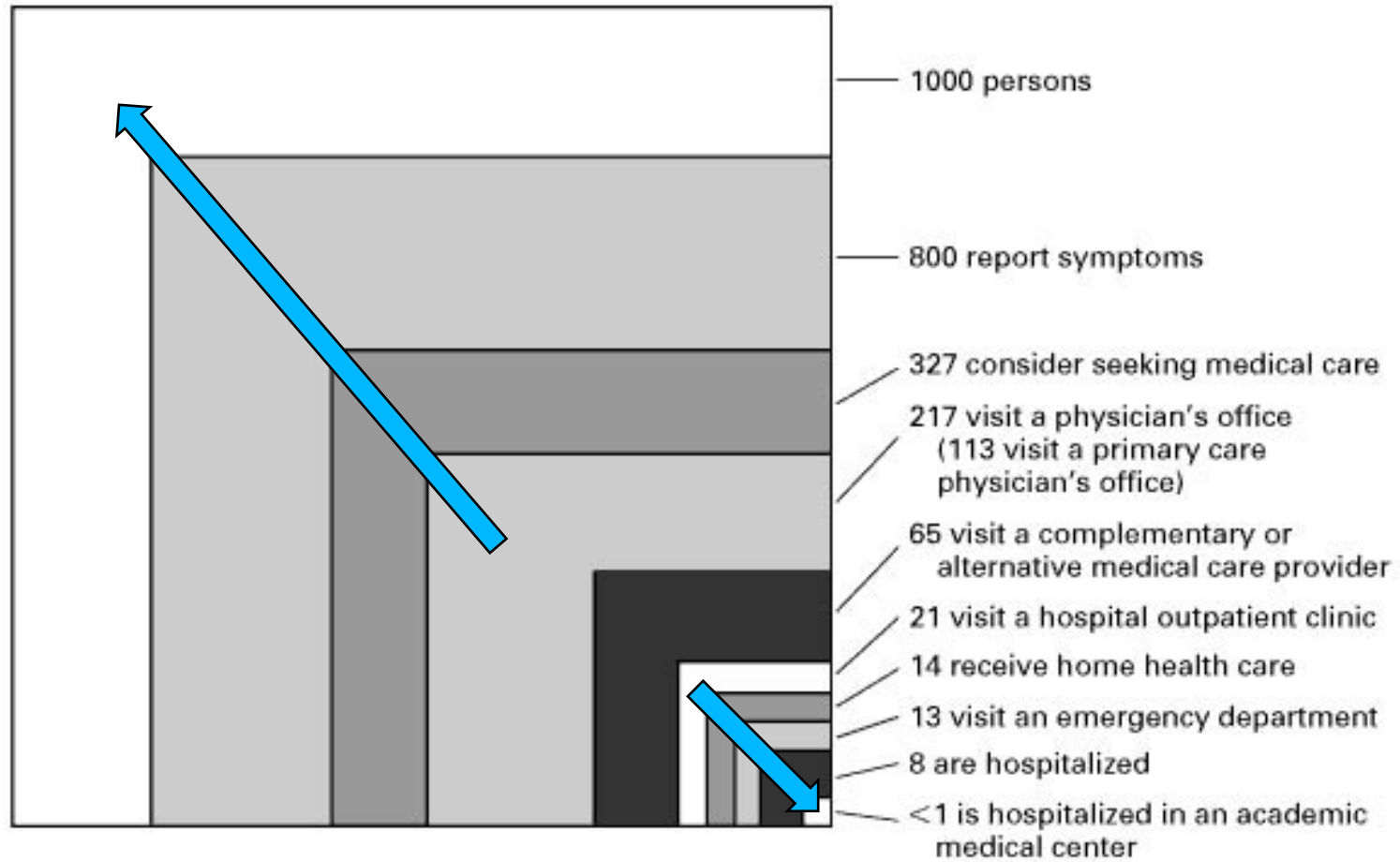
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## THE EVOLUTION OF THE PATIENT RELATIONSHIP WITH PRIMARY CARE



**Primary care is being “disrupted”** as patients pursue easier, affordable healthcare options. Our health systems risks “dis-integrating” the one “integrative” function within our medical care system!



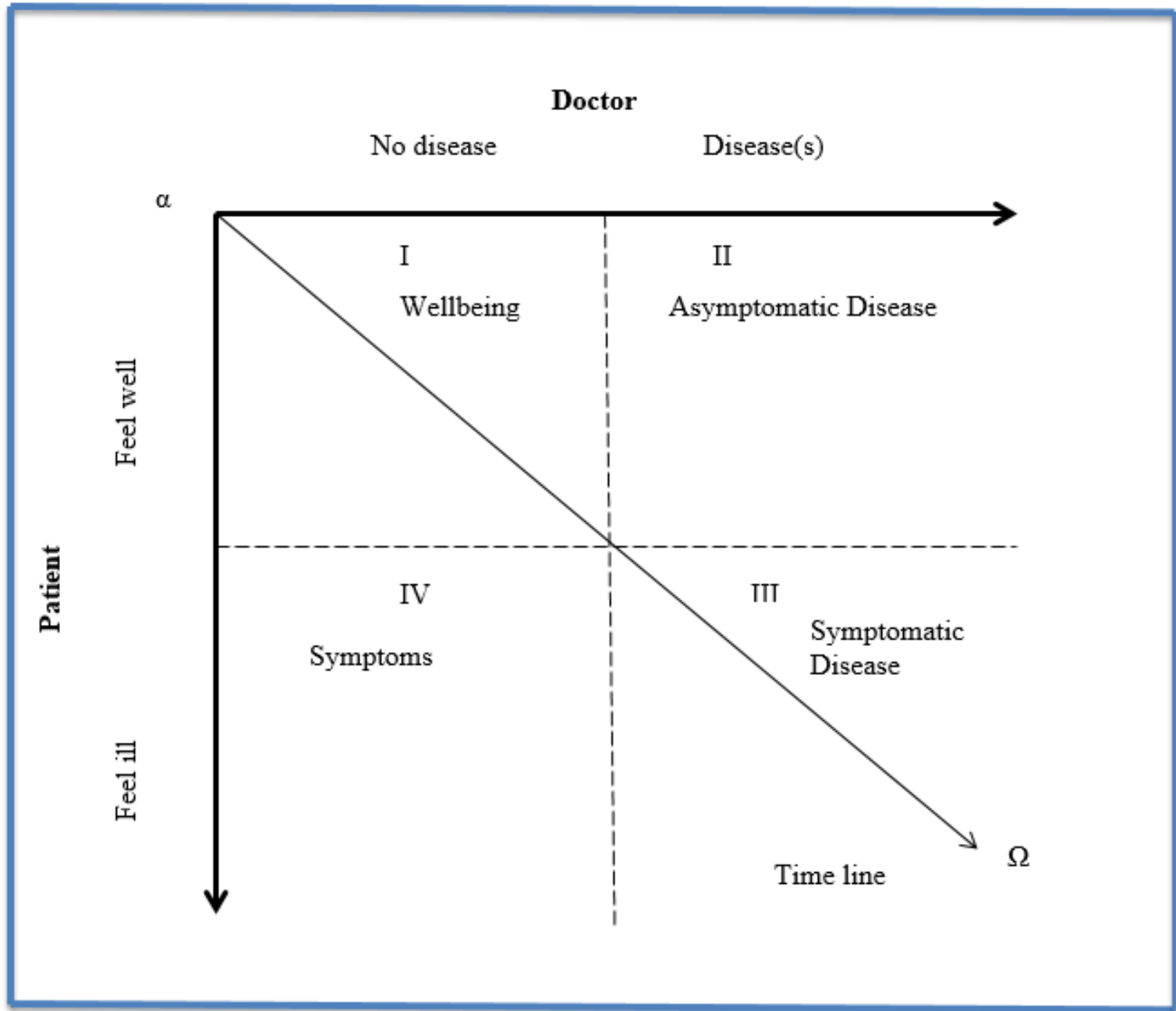
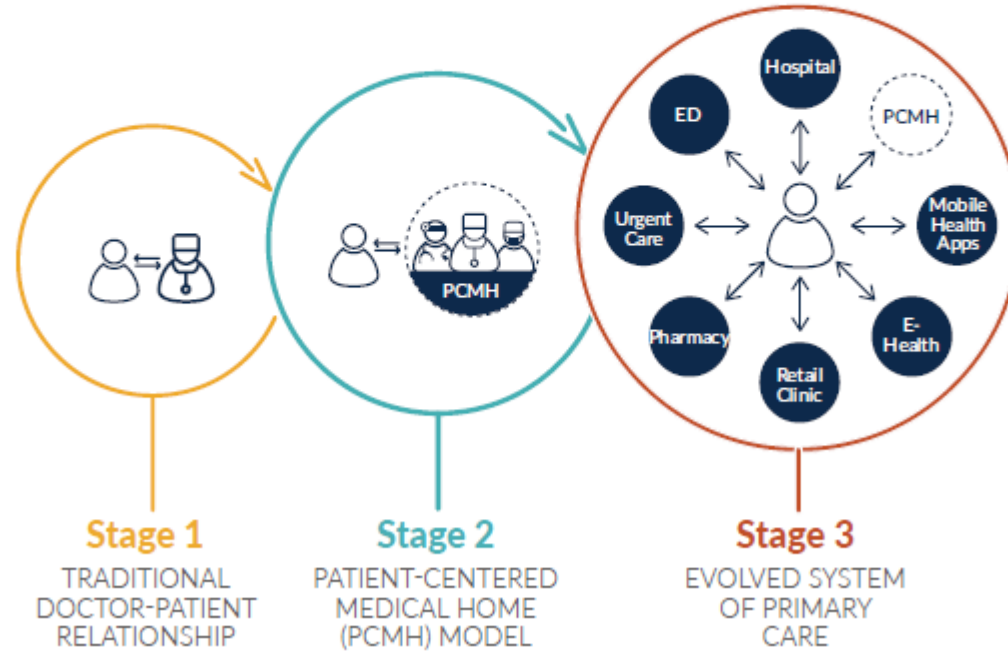


Figure 1 Adapted from Jamouille



## THE EVOLUTION OF THE PATIENT RELATIONSHIP WITH PRIMARY CARE



**Can ADFM support creation of primary care systems that support patients, employers and insurers in achieving their health goals? How would ADFM create the “Evolved System of Primary Care?”**



# Responding to Growth – Finding the Balance

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Depending on financial sustainability and Department mission, DFM's may choose to grow different sectors of their "business"

How does growth of the clinical enterprise impact research and educational programs?

Potential for town and gown conflicts

How to address inequities of payments for different services?

Other balance/ change management issues

# Appendix

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# Departments of Family Medicine are valuable. They enable health systems to\*:

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Prevent unnecessary emergency department visits

Reduce readmissions to avoid hospital payment penalties

Reduce and control post-acute care costs

Reduce low financial margin admissions to hospitals

Attract and successfully manage care for a large base of primary care patients

\*From: Leading The Way in Accountable Care: How DFMs Can Help Create a Higher Quality, More Affordable Healthcare System. ADFM. Center for Healthcare Quality and Payment Reform. 2013.

# DFM's Improve Quality and Reduce Costs for Patients, Employers and Payers

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Improve screening and preventive care

Reduce unnecessary or duplicative testing

Manage patients with chronic conditions to prevent or reduce adverse outcomes

Improve maternity care outcomes through improved community access

Reduce non-medical and medical costs for working patients (commercially insured)

# Collaborating effectively within our Health Systems\*

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Make more appropriate referrals

Coordinate primary and specialty care for complex patients

Create a safety net when patients fall outside of expected norms

\*From: Leading The Way in Accountable Care: How DFMs Can Help Create a Higher Quality, More Affordable Healthcare System. ADFM. Center for Healthcare Quality and Payment Reform. 2013.

# An Integrated System of Primary Care for our Health system's will:

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Support seamless care delivery across our entities, departments and service lines

Focus our decisions and actions on interventions that meet patient goals for care

**Support delivery of the *right* care, to the *right* patient at the *right* place and *right* time**

Lead to health system care transformation and financial improvement

- Reduce Emergency Department visits
- Reduce Hospitalizations
- Improve ACO Performance