Medical Education: A strategic asset or a cost center?

Presented by
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Agenda

- Environmental forces and themes of change
- The key question and making the case
- Current speakers and design specifications
- Developing a strategic framework
- A case example
- Discussion
First, a quick show of hands

- How many of you are from …
  - University hospitals?
  - Independent academic medical centers?
  - Community teaching hospitals?
  - Other settings?
My premise…or, don’t bury the lead

- The healthcare environment is changing
  - The design and delivery of healthcare is evolving in response
  - Medical education is uniquely positioned to contribute and lead

- Education is a requirement for success in a changing environment
The key question:

- How many of you are confident that the CEO of your hospital views medical education as a strategic asset, not a cost center?

What’s the difference?

Why is this question being asked today?
Environmental forces impacting healthcare

Four major forces are converging:

- The entrance of the public: increasing consumerism
- Advances in science and technology
- Increasing demands for hospital capital
- The choke-hold on physician incomes

... and the problem of caring for the uninsured and vulnerable!
Leading organizations are responding

From:

To:

“Perfect Care”
Two themes of change

- Deconstruction
  - Migration of practice from traditional settings
- Reconstruction
  - Emergence of integrative clinical programs
Deconstruction and new sites of care

Case Activity

Doctor’s Office  Surgery Center  Hospital

VHA 2003 Research Series – The Doctor is Out...
AHME 2006 Spring Educational Institute: Chicago May 11, 2006
Reconstruction and integrative clinical structures

Traditional disciplines and structures
Reconstruction and integrative clinical structures

We are witnessing the emergence of new disciplines
The challenges to the medical education mission

- The scientific basis of medical practice expands exponentially
- The nature and demands of medical practice are changing
- Methods of instruction are evolving rapidly
- The clinical environment is unreceptive to medical education
- Financial realities undermine financial support
- Teaching is undervalued

Commonwealth Fund 2002
How do you make the case?
Organizational development model

Mission

“To improve the health of our community and serve the poor.”

Vision

“Perfect Care: No preventable deaths by 2008.”

Strategy

• Clinical programs
• Safety first
• Patient focus
• Early adopter

Strategic Plan

• EBM
• Data rich
• Culture of caring
• Simulations

Business Plan

• Growth
• Market share
• Investments
• ROI

Operating Plan

First, we will …
Let’s start with Mental Models …
Mental models: enterprise view

Academic medical center

Hospital with teaching programs
Mental models: locating medical education

Organization

Medical education
Key speakers: Context and design specifications

- Institute of Medicine
- ACGME
- Commonwealth Fund
Strategic visioning

- Knowing what I know now, and thinking without constraints or consideration for existing conditions, what would I do? And how would I design it?
The IOM’s “Six Guiding Aims”

- Safe
- Effective
- Efficient
- Patient centered
- Timely
- Equitable

Crossing the Quality Chasm, 2001
## The IOM’s Ten Simple Rules…

<table>
<thead>
<tr>
<th>Current Approach</th>
<th>New Rule</th>
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<tr>
<td>Care is based primarily on visits.</td>
<td>Care is based on continuous healing relationships.</td>
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<tr>
<td>Professional autonomy drives variability.</td>
<td>Care is customized according to patient needs and values.</td>
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<td>Professionals control care.</td>
<td>The patient is the source of control.</td>
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<tr>
<td>Information is a record.</td>
<td>Knowledge is shared and information flows freely.</td>
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<td>Decision making is based on training and experience.</td>
<td>Decision making is evidence-based.</td>
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<td>Do no harm is an individual responsibility.</td>
<td>Safety is a system property.</td>
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<td>Secrecy is necessary.</td>
<td>Transparency is necessary.</td>
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<tr>
<td>The system reacts to needs.</td>
<td>Needs are anticipated.</td>
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<tr>
<td>Cost reduction is sought.</td>
<td>Waste is continuously decreased.</td>
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<tr>
<td>Preference is given to professional roles over the system.</td>
<td>Cooperation among clinicians is a priority.</td>
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IOM Recommendations

“As leaders in the provision of health care services and as educators of young physicians, AHCs will be called upon in the future to participate in achieving this or some other vision of a future and perhaps fundamentally changed health care system.”
ACGME General Competencies

- Patient care
- Medical knowledge
- Practice-based learning & improvement
- Interpersonal & communication skills
- Professionalism
- Systems-based practice
The opportunity for medical education

The strategic alignment
of medical education
with clinical excellence and innovation.
ENVISIONING THE FUTURE OF ACADEMIC HEALTH CENTERS

Final Report of The Commonwealth Fund
Task Force on Academic Health Centers

February 2003
The unique missions of Academic Health Centers

- Conducting biomedical research
- Providing rare and highly specialized clinical services
- Innovating in clinical care
- Training health professionals
- Caring for poor and underserved patients
Principles of academic health centers

- Improve health and health care
- Grow the social missions
- Experiment with new methods
- Lead by improving performance
- Strengthen academic ties
- Reduce disparities in health and health care
- Measure performance, share data, improve
“The Task Force also believes that in the future it may prove necessary to perform more of these missions in organizations that are not part of universities or do not resemble AHCs as we currently know them. These performance sites could include: freestanding research institutes; community-based sites for graduate health professional education; and a broad array of health care providers in local communities.”
Strategic specialization, not “all things to all people”

“In the future, most AHCs will specialize in certain missions, and perhaps in certain subcomponents of particular missions. Only a minority will attempt proficiency in the wide array of research, education, and clinical care. AHCs will treat their mission portfolios strategically, seeking balance and diversification…and engaging in strategic planning…. Interdisciplinary work will be the norm in all fields….”
To accomplish all this, AHC’s should...

- “Develop rigorous strategic planning activities…, identify and prepare leadership to manage rapid change and implement the vision…, reform [accountability, performance management, continuous improvement, and financial models]…, and develop the infrastructure to improve … nimbleness and flexibility in responding to environmental challenges.”
Progress and opportunities

- “Progress is accelerating in new fields and in cross-disciplinary applications of traditional and new activities.”

- “Leadership will require that AHCs pioneer not only new clinical technologies, where they have traditionally excelled, but also new methods for organizing and financing care, where they have not.”
“A strategy of greater horizontal integration offers important strategic advantages to academic health centers. In an era when major social and scientific problems demand broadly multidisciplinary and highly-integrated approaches, such horizontally integrated institutions will be better able to educate citizens and train physicians, develop new approaches to health care and policy, and answer pressing biomedical research questions.”

Rodin, 2004
Institutional cultural integration is also crucial to create new, innovative organizational structures that bridge traditional disciplinary, school, and clinical boundaries.”

Rodin, 2004
Implications for Medical Education
Competitive advantages

- Market sensitive with strong patient relationships
- Well managed, financially strong with capital to invest
- Aligned incentives (comp, P&T, reward/recognition)
- Flexible entrepreneurial culture
- Innovative practice environment
- GME focuses attention on care
- Intellectual environment with focus on excellence
- Never underestimate the power of the naïve question!
What should the AHC of the future look like?

Organizational framework:

- “AHCs will increasingly rely on interdisciplinary structures,
- seek to achieve greater organizational nimbleness and flexibility,
- develop sophisticated knowledge management and communication capabilities,
- use financial systems that align incentives across functions,
- enable managers to reward excellence, and
- create transparent, robust information systems that support their mission-related activities.”
Developing a strategic framework
Study health of community and transform care

- Health services research
- Outcomes research on access, quality, safety, efficiency
- Present and publish to demonstrate leadership
Medical education: Strategic opportunities

Learn in the future that has already happened

- Patient-centered care rooted in the community
- Innovation and improvement
- System-based practice
- Innovative and integrative practice structures
- Evidence-based, outcomes-focused practice
Medical education: Challenges

How to live in two worlds at the same time?

- Legacy and historic professional structures persist
- Discipline-based certification, licensing, and credentialing
- Authority and practice structures reflect the past

The CMWF Fund: there are significant challenges for leadership and culture.
An aligned strategic platform

- Community health needs, strategic challenges, and opportunities
  - Population based research
  - Entrepreneurial clinical programs
  - Clinical trials and translational research
  - Safety, quality, and outcomes research
  - Basic research in affiliation with university or research institute
An aligned strategic platform

- Community health needs, strategic challenges, and opportunities
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- Medical Education
A personal reflection

- The HCHP—Brigham and Women’s Hospital Primary Care Residency Program (1985)
  - Organizational purpose
  - Market research
  - Program rationale
  - Design specifications
  - Initial curriculum
  - Integrated operations
  - Financial sustainability
Principles for an approach

- Seek first to understand
  - Conduct “market” research
- Identify opportunities to contribute or lead
  - Establish measures of success and dashboard
- Enhance curriculum and program design
  - Explicitly link organizational and program success
- Focus on the critical few and execute well
  - Refine approach
To return to my premise…

- The healthcare environment is changing
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- Education is a requirement for success in a changing environment
Discussion

Thank you very much!
Selected Bibliography


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