Academic Medical Centers – Coordination & Innovation

Challenges and Opportunities
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Challenges

- UC AMCs must operate as self-sustaining businesses, receiving little (< 1% of total) from state…
- While balancing as safety net w/ increasing numbers of indigent & publicly insured patients (60% of patient days) & serving as state’s referral centers (> 16% of ICU patients are transfers in from other facilities)…
- And treating patients w/ complex medical conditions (50% transplants/ 25% burns)…
- And educating healthcare professionals—60% state’s medical students/50% med residents (AMCs increasing support to SOM as state decreases support)…
- And conducting cutting edge research. (Development of PET/C-T rendering exploratory surgery mostly obsolete).
Opportunities

- Crisis=Opportunity
  - As challenges persist/worsen—we know that we need to steward resources to improve patient care/improve efficiencies, particularly as state fiscal crisis worsens. We are already short 17K MDs and must maintain world class Schools of Medicine—as population ages.
  - Innovation and coordination increasingly viewed by UC Leadership as integral tools to help us fulfill our tripartite mission.
Coordination

Knowledge exchange between:

- Primary Care Providers-sharing best practices
- Primary & Specialty—First all-UC CHF Readmission Reduction Study underway
- Counterparts at other campuses—CIOs-EMR
- Front-Line & administration
- UC & other providers/researchers—Kaiser Garfield Innovation Center/U of Mich ACO Dem Project/N. Carolina Network
- UC & policymakers
Coordination

- Patient-Centered Medical Care—Medical Home
  - Between provider & patient/family
  - Between providers
  - Between provider & other community resources, including school, housing, and transportation.
What is a Medical Home?

- A model of care designed to provide high quality, cost-effective patient-centered care
- Practice is accountable for quality and a strong relationship with the patient
- Different than “managed care”
The 5 “C”s of the medical home

- Continuity
- Collaboration
- Comprehensive Care
- Coordination
- Cutting edge
What does a medical home look like?

- Uses electronic record and technology
- Easy access for patients
- Measures quality and makes changes for improvement
- Care is organized into teams who use well planned systems and guidelines
- Respect for patient values, preferences and needs
PCMH Challenges in the AMC

- Part time providers (residents and faculty)
  - Residents are temporary and inexperienced
  - Barrier to consistent practice
- Many patients have significant socioeconomic barriers
- Competing priorities
- Independence is a strong tradition in academia
Opportunities in AMC

- More integrated than many health systems
- Grant funding
- More likely to have an EHR
- Faculty expertise in measuring interventions
- Most residents and students are open to novel approaches
What UC is doing to improve coordination of care

- Collaboration across campuses by practice area; CMOs/ID/Primary Care/Case Management
- Collaboration across campuses between practice areas; ie: CMOs and ED Chairs
- Collaboration and leadership with professionals & clinicians outside UC
- Centralized Policy Development/Inventory of Innovations/Best Practices
Next Steps

- Good to great: UC AMC faculty & staff ready to collaborate with policymakers to develop evidence-based policy & share best practices.