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Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

Lead

CMOG/GFP Webinar: Medical Directorships

September 22, 2020

Association of
American Medical Colleges

Disclaimer

The information provided today is for informational purposes. Prior to embarking on any change to your medical directorship program, please consult your legal counsel as many elements of medical directorships have legal and compliance implications.

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Physician Clinical Leadership
University of Colorado Hospital and CU Medicine

September 22, 2020

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Medicine

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Objectives of Re-designing Medical Directorships

- Create a framework for physician clinical leadership needs, roles, and responsibilities
- Establish clarity of authority and accountability, with evaluation and feedback
- Foster dyadic leadership: physician leader and hospital administrative leader
- Collaboration between University of Colorado Hospital and CU Medicine

Physician Leadership: Guiding Framework

Unit(s)	Clinic(s)	Procedural Area	Consult Service

Each of these areas needs to have a responsible **physician leader**; this may be one or more individuals depending on the scope.

- **Unit Medical Directors** have responsibility, with their dyadic hospital administrative partner (e.g. manager, director) for:
  - a geographic unit, clinic or procedural area
  - **all** patients and **all** operations of their clinical area regardless of the type of patient, primary treating service or issue

- Relevant departmental leadership is *ultimately* responsible for their clinical performance across *all* of the above venues. Departments/ Divisions identify relevant Physician **Clinical Leads**.

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Definition: Unit Medical Director

The Unit Medical Director serves jointly with the Unit Manager as a Leadership Dyad to provide clinical and administrative leadership for operations in their designated unit, clinic or service area.

The Unit Medical Director, in conjunction with the relevant dyadic partner Manager for the clinical unit:

- Is responsible for all patients and all operations of their designated clinical unit(s) regardless of the type of patient, primary treating service or issue.
- Collaborates with the relevant dyadic partner Manager to annually develop shared goals and objectives for their clinical unit and strategies and tactics for achieving them.
- Collaborates with the relevant dyadic partner Manager regarding budgetary decisions affecting their clinical unit.

Definition: Clinical Service Lead

The Department has responsibility for the functioning of all components of the clinical performance of clinical specialties within the Department, including clinical operations, quality and safety, wherever that clinical care is provided, including: inpatient units, ambulatory clinics, procedural areas and consult services.

Each Department will identify individuals who will serve as the point person for quality and safety of patient care, access, service delivery and faculty performance for their clinical specialty. This point person is expected to collaborate with Unit Managers and Unit Medical Directors to assure the highest quality of patient care and experience as well as efficient clinical operations.

Example: Service to Unit

Issue

The CT surgery residents are complaining about the way the MSPCU and Pulmonary units are not adhering to the post-operative algorithms

Decision

The Unit Medical Directors of MSPCU and Pulmonary, Abbey Lara & Jim Maloney, along with the respective managers, would be responsible individuals for helping solve this issue

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Example: Unit to Service

Issue

In reviewing the QSAT, the nurse manager on the Pulmonary unit notices an increase in post-op pulmonary embolisms in CT surgery patients on the floor.

Decision

As the Unit Medical Director, Jim Maloney is responsible for working with the unit manager to solve this. The matrix shows the individual(s) to address the problem. In this case, Jim would work with Dave Fullerton to address.

Finances

- At least $-neutral to current spend on medical director and other related clinical leadership stipends
- Unit Medical Director stipend based on scope of role (job descriptions include estimated hours), paying a standard rate for Medical Director work
- Departmental leadership identifies and allocates support for service line clinical leadership.

Implementation: Stage 1 (Spring 2019 – Spring 2020)

Socializing

- Met with Clinical Leadership Council (CLC) members to review planned structure, job descriptions and support (March and April 2019)
- Reviewed structure with Chairs (April 2019)

Appointments

- Open application process for *Inpatient* Unit Medical Director positions (May-June, 2019)
- Departments appointed *Clinical Service Leads* (July 2019)

Developed and implemented comprehensive evaluation and feedback process plan for Inpatient Medical Directors (Spring 2020)

Implementation: Stage 2 (FY21)

Guiding principles:

- Roles should facilitate key organizational goals, priorities and strategies
- Equity and consistency
- Clear expectations and accountability with demonstrated effectiveness and appropriate sense of urgency
- Partnership with relevant UCHealth leadership and organized medical staff leadership
- Partnership with SOM and CU Medicine leadership
- Physician clinical leadership pipeline and career development

Approach:

- Collaborating with academic Department Chairs to co-create a physician leadership structure that will achieve aligned clinical goals (e.g. quality, safety, experience, access) between the departments and the hospital
- Commitment to creating more substantial physician leadership roles that can facilitate key organizational goals, priorities and strategies

To be addressed:

- *Ambulatory* Unit Medical Director positions
- All other “directorship” contracts that are not accounted for by this framework (e.g. “program coordinators” and those that have “medical director” titles that do not fit this framework)

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Medical Director Restructure

Thomas Miller, MD

Chief Medical Officer

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In 2009, 85 Medical Directors

CMO & Chairs

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In 2014, designated 30 Chief Value Officers

1 or 2 Chief Value Officer(s) for each department, inpatient/ambulatory, as needed

Designated jointly by CMO and Dept Chair

0.10 to 0.30 of their FTE dedicated to:

- Serve as the leader and liaison between department and Hospitals & Clinics
- Oversee medical directors
- Participate in decision-making to improve the organization's ability to:
  - Provide exceptional care
  - Manage growth
  - Develop and deliver on the strategic vision

Chief Value Officers

Inpatient

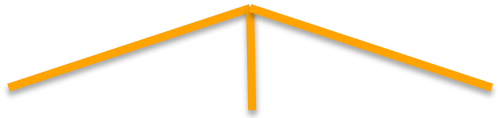
Anesthesiology
Emergency Med
Oncology
Medicine
Neurology
Neurosurgery
OBGYN
Orthopaedics
Pathology
Pediatrics
Psychiatry
Radiology
Rehab
Surgery

Ambulatory

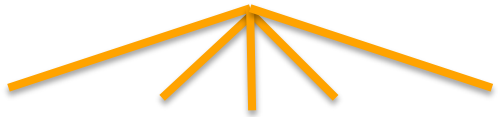
Anesthesiology
Community Health Centers
Dermatology
Family & Preventive
Medicine
Oncology
Medicine
Neurology
Neurosurgery
OBGYN
Ophthalmology
Orthopaedics
Pathology
Pediatrics
Psychiatry
Radiation Oncology
Radiology
Rehab
Surgery

Chief Value Officer governance

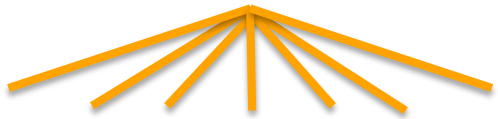
CMO & Chairs



Chief Value Officers



Medical Directors



Faculty

Chief Value Officers' focus

VALUE ROADMAP FY21

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PATIENT EXPERIENCE

QUALITY

FINANCIAL STRENGTH

CVO Councils

Inpatient CVO Council & Ambulatory CVO Council
Since 2014, each have met 2 Fridays a month – 7:00-8:30am

Fertile ground for:

- Building esprit de corps
- Information and knowledge sharing
- Debate and discussion
- Problem solving
- Decision making

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CVO Councils' sample agendas

Physician resilience
Physician/patient communication
Quality reporting
Financial accountability
Strategic planning
Space planning and use
Epic optimization
Inpatient bed use
Infection control
Lab updates

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Questions?

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Save the Date

Webinar on Understanding the Impact of COVID-19 on Physician Compensation

Thursday, November 12, 3:00-4:15 pm ET

Webinar on Aligning Faculty with Non-Academic Physicians Across One System of Care

Tuesday, December 8, 1:00-2:00 pm ET

For more information or questions, please contact Shawn Rosen-Holtzman at srosenholtzman@aamc.org

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