Overview of the University of Chicago Faculty Practice Plan

Jeff Glassroth, M.D.
Development of Faculty Practice Plans

- Began in the 1960s as federations of departmental plans with the creation of the Medicare program
  - Initially driven by a need for billing and collections

- Other services developed over time, including contracting, financial services, and ambulatory operations which place premium on tighter collaboration

- Quality, safety, and efficiency are drivers for more advanced and progressive changes

- Often additional changes are driven by local crisis

- Today, Faculty Practice Plans vary in the extent of administrative services they provide, often depending on how they are configured as part of the larger academic medical center
Current Themes and Issues for FPPs

• Alignment with hospital(s)

• Network development; bridging “town/gown” differences

• “Value proposition” = Quality + Pt. Satisfaction /cost

• Health Care Reform
  - Cost containment and cost of care strategies
  - New reimbursement and contracting approaches
  - Narrow networks
  - Meeting commitment to serving all patients

• Meaningful use, ICD 10, other mandates

• Balancing academic and clinical missions

• Financial pressure on academic mission
University of Chicago’s Faculty Practice Plan- UCPG

• University of Chicago Physicians Group (UCPG) was formed many years ago, serving primarily as a professional fee billing entity

• In 2011, a concerted effort was made to build and energize the FPP

• Initial efforts focused on developing a new governance model and associated administrative structures
  - Organized a FPP Board, creating a structured and formalized governance approach focused on building a group practice culture
  - Established FPP Board committees
  - Created an administrative infrastructure;
Faculty Practice Plan Governance

- The FPP Board is advisory to the Dean/EVPMA
- Committee structure incorporates major evolving themes and a changing landscape

**FPP Board**
13 clinical department chairs; 6 non-chair clinical faculty (3 elected, 3 appointed); Dean and EVPMA; Dean for Clinical Practice; UCMC President; UCMC CMO; EVP, Clinical Practice and Business Development

**Ambulatory Operations Committee**

**Network Development Committee**
Faculty Practice Plan Board Role

- Review and/or develop recommendations, standards, and policies related to all matters pertaining to the faculty practice plan at the University of Chicago

- Create a vehicle which uniquely supports faculty in their clinical endeavors and accordingly becomes a faculty practice plan of choice

- Develop approaches to create a referral destination that builds loyalty among referring physicians and yields growth in services

- With the faculty and staff, develop and sustain a culture and system that is patient-centric and continually strives to deliver the ideal patient experience

- Provide a metrics driven framework through which progress and performance can be evaluated and safety and health care value advanced

- Support the academic mission of the medical school
To Provide Superb Clinical Care to Patients; Serve As a Vehicle for Innovation In Clinical Care and Care Delivery; Provide Education and Training Commensurate with the High Standards Of the University; Be a Valued “Citizen of Our Community

**Overarching Goals**

- Provide high value care in a dependable and consistent manner
- Achieve consistently high patient satisfaction
- Always provide the right care, at the right time, and in the right place
- Generate financial margins to help support the mission of the academic enterprise
- Develop a clinically integrated network to facilitate all of the above
Operationalizing the Goals- “The To Do List”

- Development of a clinical delivery model that fosters compassionate patient centered care while providing the clinical faculty an efficient, and satisfying practice environment
- Evolve a unified, multidisciplinary group practice, encompassing all clinical services and community outreach
  - Recognized point of contact from community into UCMC
- Provide high quality, high safety, cost effective care to all UCM patients
- Easy access for patients
- Build primary care to provide portals of entries for patients and to allow UCM participation in the growing variety of managed care programs
- Develop organized network of large centers of ambulatory practice for UC Medicine throughout the Chicago area
- Integrate physician activities throughout Chicago communities with UC Medicine and selected private physicians to provide continuum of care known for excellence- a clinically integrated network (CIN)
- Financially sustainable and successful
What Does the UC Practice Plan Do Today?

• SUPPORTS OUTSTANDING CLINICAL CARE/SERVICE

• Provides a range of services:
  - Revenue cycle
  - Staffing
  - Supplies
  - Call handling
  - Scheduling

• Identifies and Assists With Practice Opportunities

• Provides a mechanism for setting/maintaining shared practice standards for productivity, efficiency, quality, and safety

• Provides a forum for addressing shared needs and concerns and interdisciplinary coordination

• Financial “Engine”
UCPG: Clinical Activity (FY15Prelim)

- Number of physicians: ~ 800 = 400-450 CFTE

- Physician ambulatory visits
  - Physician office sites: 66,600
  - Hospital based clinics: 366,694
  - Total: 433,294

- Clinical revenue
  - FPP net patient service revenue: $274,138,000*
  - Contracted clinical revenue: $21,036,000
  - Total Clinical Revenue: $295,174,000

* Includes revenue from hospital based clinics billed through UCMC
### Leading in quality and safety

**By the numbers in 2015...**

<table>
<thead>
<tr>
<th>Top 3.5%</th>
<th>UCM has received an “A” in patient safety from the Leapfrog Group 7 years in a row, making UCM one of the top 3.5% hospitals nationally (one of only 182 hospitals to receive an “A” for 7 consecutive years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 5%</td>
<td>UCM achieved the best possible score in Medicare’s “PSI-90” value-based purchasing rating of patient safety, putting UCM in the top ~5% in the country</td>
</tr>
<tr>
<td>1st</td>
<td>In the world to launch eCART response system to prevent cardiac arrest based on IP generated by a faculty member</td>
</tr>
<tr>
<td>1st</td>
<td>UCM outperformed all Chicago area AMCs - and many top AMCs around the country - on Medicare’s “hospital-acquired conditions” patient harm rating</td>
</tr>
</tbody>
</table>
University of Chicago Care Network Structure

- University of Chicago Medical Center
  - UCPG
  - University of Chicago Care Network Medical Group, LLC
  - UCM Care Network Affiliates, Inc.
    - UCM Care Network Affiliated Physicians, LLC
YOU WORRY TOO MUCH... IT DOESN'T DO ANY GOOD...

IT DOES FOR ME... 95% OF THE THINGS I WORRY ABOUT NEVER HAPPEN!
The Office of Legal Affairs: Risk Management

Legal Affairs

- Malpractice coverage—through a self insurance program covers all activities that are part of your job, and covers approved off site activities
- Occurrence Based Coverage
- Provides advice and counsel for all litigation, including depositions and subpoenas
- Physician Committees involved in claims decisions
- Full Details on UCM Intranet/Employee Tools/Legal Affairs
- Provides Educational Seminars

Risk Management

- Report all potential claims to Risk—We require that our insured physicians immediately report any and all incidents that might reasonably lead to a subsequent claim of professional liability.
- Staff provides assistance and advice on management of adverse events
- Root Cause Analysis evaluations
- Interacts with Quality and provides trend analysis
- Provides Educational Seminars

Contact Info
Office of Legal Affairs
Room G-104
773-702-1057
Pager 7602

Contact Info:
Risk/Compliance
American School – Suite 123
773-834-0473
Pager 1241