Changing practice patterns of academic medicine

Robert T. Brodell, MD
Professor and Chair
Department of Dermatology
University of Mississippi Medical Center
Instructor in Dermatology
University of Rochester School of Medicine and Dentistry
Disruptive Forces Impacting Academic Medicine

- **Education**: Medical information doubling every 5 years; new tools and techniques...less classroom time

- **Clinical Care**: 1. Costs are promoting migration of care from academic health centers → outpatient settings and community hospitals → Walmart  
   2. Success = team-based care, patient centeredness, and stewardship of limited resources

- **Research**: Less money...more BIG data....more collaboration AND the top 20% of Academic centers will garner a larger piece of the research pie

Kahn, Marc J. MD, MBA; Maurer, Ralph PhD; Wartman, Steven A. MD, PhD; Sachs, Benjamin P. MBBS, DPH. A Case for Change: Disruption in Academic Medicine. Academic Medicine: September 2014. 89(9):1216-1219.
The old way....

• 1 days in the clinic
• 2 days in the lab
• 1 day teaching, mentoring, and writing
• 1 Administration day
The new way....

• 4 days in the clinic
• 1 day teaching, mentoring, writing, and performing administrative functions
• 1-2 hours a night doing EHR
For purposes of this talk I will ignore education and research....

BUT, issues are REAL in these areas!!!!!!
Can Academic Medical Centers Survive?

• Only if we use scientific principles to manage health care operations
The Old: 1 helper/provider + 3 residents
The New: Team-based care

AND, you don’t have a resident for every clinic....
Team-Based Care

• Each Team member functions at their highest level based on training, certification, and ability
• We take care of each other like family
• Always put the interest of the patients first
Examples:

- Staff take Photographs
- Staff learn to perform KOH and Scabies Preps under strict supervision
Do you have an EHR?

Then, you need a scribe! (They increase productivity, quality, outcomes, and clinician happiness—cut charting time in half!)
Wouldn’t it be great if nurses could scribe???
CMS Barrier:

• Compliance department → MA/Nurse can scribe, however, they cannot function as the scribe and an MA/Nurse “at the same time.”
Is anyone still working with one “helper” (MA, RN, LPN) in the clinic?
Experimental arm of study: two LPNs per dermatologist negotiated individually with faculty

The Jeremy Jackson Experiment (Value of 2\textsuperscript{nd} LPN or MA)\(^*\)

\(^*\)Keep on file, ready to use!
Clinic Visits: January - August
Does it work?

• 30% Increase in Completed Visits
• 39% Increase in RVU Production
• 41% Increase in Gross Charges
• 33% Increase in Payments

Comparison: *January-April : May-August*

Do outcome studies on:

• Eliminating unnecessary drug warnings
• Collections at time of service
• Throughput
• Teledermatology follow-up acne visits

Summary: Don’t do anything because “that’s the way we always did it”
Culture

• Culture trumps EVERYTHING
• Is the housekeeper in your department happy?

Culture Trumps Everything: The Unexpected Truth about the Ways Environment Changes Biology, Psychology, and Behavior
Grodnitzky Ph.D., Gustavo R. MountainFrog Publishing 2014
Why should we have to do this?

No margin....no mission!
COME TO MISSISSIPPI!!