

Self Study Executive Summary

Department of Family Medicine & Community Health

University of Massachusetts/UMass Memorial HealthCare

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## **Self Study Executive Summary**

### **Organization and Culture**

**Summary:** We strive to be a “high performance organization.” A 2011 faculty climate survey of the faculty rated the department highly on many of the attributes of high performance. Experiencing an uptick in faculty attrition in 2011-12, we focused on several areas for improvement, and subsequent surveys showed higher ratings. When asked to rate the overall climate of the department on a scale of 1-10, the 2013 survey average score was 7.75, and in 2015 it was 8.15. In particular, the faculty write that they appreciate being part of a mission-driven organization, and express high regard for their colleagues.

A second series of faculty engagement surveys conducted by the UMass Memorial Group focusing on the clinical environment indicate that while department faculty are relatively more engaged than their counterparts in other departments, there is overall dissatisfaction with the operation of hospital clinics and the electronic health record. We have undertaken a series of projects using Lean techniques to make changes in clinic operations; these are discussed in detail in (F) Clinical Services.

We have also focused on succession planning, and will need to continue to do so.

### **Research and Scholarship**

**Summary:** During the review period, the department had a productive research effort characterized by significant NIH and foundation-supported research, successful collaborations with medical school and external partners, and considerable success for scholarly achievements among education and clinical faculty. Our faculty, residents, fellows and students made considerable contributions to clinical resources, including books, book chapters, online reference materials, etc.

Much of this success was based on investments in core faculty that were made over a decade ago. Attrition in core research faculty, coupled with a lack of investment in new faculty over many years, has led to a smaller group of senior investigators who are now closer to the end of their careers. This trend is coupled with a loss of dedicated medical school support that was once devoted to infrastructure. Without an invigorated approach to investment in and dedicated support for research, these trends will continue. Utilizing department resources as a starting point, along with assistance from the medical school, we are now proposing new initiatives, partnering with our two parent organizations, to address these issues.

### **Education**

**Summary:** Since our last review, we have maintained a broad array of predoctoral and graduate programs spanning the breadth of Family Medicine and Community Health. They continue to be rated extremely positively. Our predoctoral teaching covers all four years of the medical school, with faculty based at locations ranging from a variety of clinical sites to community agencies and programs to the Office for Clinical Affairs at MassHealth, the Massachusetts Medicaid program. We have had continued success in our two Family Medicine residencies as well as our programs in Preventive Medicine, Sports Medicine, Primary Care Psychology and Geriatrics. Our collaboration with the Family Health Center of Worcester continues to provide an excellent venue for training our residents and students in caring for an underserved urban population, and we assisted them in the development of two new Fellowships based at the health center, devoted to HIV/hepatitis C and to Global Health.

We solidified our commitment to integrated primary care through our post-doctoral Fellowship in Primary Care Psychology, and under the leadership of Alexander (Sandy) Blount, EdD, we established a new Center for Integrated Primary Care. The Center has become a national leader, providing consultation and online training reaching across the country and beyond.

Our Worcester Family Medicine Program is becoming a “Destination Program” for students, as we’ve worked to address the needs of individuals while providing learners novel curricula devoted to leadership and wellness. Teaching is based in an integrated behavioral health model, with a variety of learners being taught at our centers. During the review period, we responded to problems of dropping ABFM scores, and rebounded with a new emphasis on lifelong learning, which included attention to test taking skills and board preparation, in addition to an evidenced-based journal club.

We experienced a difficult transition with our Fitchburg program, which had been run collaboratively with a federally qualified Community Health Center in Fitchburg for several years. For financial reasons, we were forced to separate from the Center and its clinical practice. For a short time it threatened the future of the program. However, marking the importance of the program to the local community and to the medical school, HealthAlliance Hospital, a UMass Memorial member hospital, stepped in to develop a new practice for the program, and the Dean became personally involved, visiting onsite to assure the residents and faculty that the medical school was committed to the training program. The transition of the clinical program is discussed in detail in (F) Clinical Services.

All of our programs have had high fill rates and very low attrition. Our graduates are highly recruited and many are practicing in medically underserved areas.

Looking ahead, our two most immediate challenges are UMass student interest in Family Medicine and the need for a larger network of preceptors for the growing third year class. We are also challenged by a loss of funding streams (from Title VII and from the medical school) that we have used for four decades to foster educational innovations, and a new medical school campus in western Massachusetts offers new challenges and opportunities.

### **Clinical Services**

**Summary:** The department supports and is affiliated with an array of practices providing clinical services to vulnerable and complex populations. Across the faculty, there is expertise in a variety of clinical areas, including Hospital Medicine, Advanced Obstetrics, Sports Medicine, Geriatrics, Palliative Care, Student Health, health care to the homeless, care for patients with developmental and intellectual disabilities, and addiction medicine. The department is a national leader in the integration of behavioral health into primary care, and we partner with a community mental health center to integrate primary care into their mental health services setting.

We have also been active in the transformation of our practices, and as consultants in practice transformation across the state. In 2014 we entered into a pilot Primary Care Payment Reform (PCPR) program sponsored by the Massachusetts Medicaid program, providing us with capitation for primary care services, as well as integrated behavioral health and psychiatric services. 7% of our FY15 patient care revenues were paid on a capitated basis.

Challenges include finding new clinical revenue sources, defining and demonstrating quality, and finding optimal ways to work with our hospital system in order to more effectively translate decisions into actions, engaging faculty in the ownership of change.

As we revisited the department’s strategic plan for clinical services, we continued to set our sights on innovation, practice transformation, and quality improvement, recognizing the strengths that we bring to the clinical system as we continue to provide care for some of the most complex patients in the community. We have embedded the Quadruple Aim in our strategy, realizing that the journey from fee-for-service to population health will take time and an engaged workforce.

### **Community Health**

**Summary:** The department’s focus on the health of populations, particularly those most vulnerable, is woven across our clinical, educational and scholarly missions. We are established as a local clinical leader devoted to improvement of the health equity of populations experiencing health disparities. In addition, we lead many

educational initiatives in community and public health as well as service learning across the four years of medical school and across disciplines. The relationship with Commonwealth Medicine is fully developed and poised to benefit from multiple collaborative projects bridging health policy and clinical medicine, particularly involving the state's Medicaid program.

Looking ahead, our concerns focus on sustainability and succession planning. The medical school, Commonwealth Medicine, and HRSA's Title VII supported much of our past success. Reductions in school support and Title VII funding threaten our capacity to continue to provide leadership in Community Health. Addressing these issues will require the recruitment of new faculty with ongoing support derived from department investment/trust funds, combined with partnership with another entity such as Commonwealth Medicine.

### **Department Finances and Administration**

**Summary:** The department's combined medical school and clinical budget totaled \$22.7 million in FY15.

We went through a major financial crisis during the review period due to the collapse of financial management systems at the residency training site operated by our Community Health Center partner in Fitchburg. The CHC relationship in Fitchburg was terminated, and a new practice was established in collaboration with UMass Memorial HealthAlliance Hospital. In addition, support for teaching, research and activities in Community Health were impacted by a combined decrease in revenue of over \$1.29 million from the medical school and in training grants. Realizing that these cuts are permanent, a series of interventions were undertaken to reset the structural elements of the operating budget.

We hit our budget target in FY14, and ended FY15 with a positive margin of \$199,755 (0.8%). Looking to the future, we see three areas of concern. We need to find ways to keep up with the market for compensation. We are hopeful that a pending revision of the medical school's academic personnel policies will lead to a way to designate support for investigators in non-tenure track positions, so that support for research in the department is not a subject for annual negotiation. Finally, within our practices, there is a continued need for investment in practice improvement and transformation.

We do see opportunities to support for practice transformation and the work life of the faculty. We are beginning to work within new payment models which support primary care transformation and integrated care. In addition, we hope to be responsive to new grant and contract opportunities to support pilots programs and clinical innovations.

### **Strengths**

- We have evolved as a "high performance" organization which is mission-driven, aligning planning and implementation, clarifying expectations, and supporting a culture of innovation and professional growth
- We have longstanding engaged partnerships with Community Health Centers, Commonwealth Medicine, and a variety of community-based agencies, built on bidirectional trust and respect
- We periodically test the climate and have found that the faculty enjoy being in the department
  - We have responded to areas identified as needing improvement
  - The mentorship program has been a major success
- We have a talented faculty, with depth in leadership
- We strive to support faculty creativity and programming that responds to patient and community needs
- Initiatives to support academic development (our Academic Development Committee, the structure of the comp plan, mentorship, training regarding the medical school's academic policies, etc.) are effective, resulting in faculty promotions

- Our predoctoral and graduate programs demonstrate breadth, depth and high quality
- We have sustained a respectable level of research, innovation, and scholarship commensurate with the size of the department
- Our clinical programs combine a strong array of clinical services, integrated behavioral health, and community awareness
- We have achieved PCMH status at our clinical sites, where participation in innovative programs is helping us to invest in resources to support population health
- The faculty have achieved external recognition for their leadership and programs
- We are in large part responsible for the medical school's USNWR top ten ranking in primary care
- Many of our programs have attained national recognition and are highly competitive
- Despite changes in funding sources, we are financially stable and growing resources for investment
- We have enough depth of leadership and enough support from outside to respond to significant problems when they arise
  - Turnover of the Fitchburg residency practice
  - Loss of approximately \$1 million in support from Title VII and the medical school

**Challenges Restated:** As noted above, our challenges include:

Organization and Culture:

- We need to work with hospital leadership to improve the work environment in our practice settings
- We need to pay continued attention to succession planning

Research and Scholarship:

- We need to rebuild our core research faculty
- We need to find ways to maintain an environment supportive of scholarship across the department, especially its busy clinical settings

Education

- We need to find ways to stimulate student interest in Family Medicine
- We need to develop sufficient numbers of highly motivated preceptors for an expanding class size
- We need to find new ways to support educational innovation
- We will need to work with the new Baystate Health medical school campus in Springfield to assure that it is supportive of Family Medicine

Clinical Services

- We need to expand clinical services to bring in new revenues
- We need to find ways to demonstrate the quality of our practices
- We need to find ways to accomplish meaningful change within hospital facilities
- We need to develop new funding sources that support practice transformation

Community Health

- We need to develop sustainable funding streams to support our work in Community Health
- Succession planning is particularly important for our Community Health activities

Administration and Finance

- We need to find ways to assure that our compensation is market-competitive
- We are hopeful that the medical school's current review of tenure will result in an approach to support clinical investigators in non-tenure track positions
- We need to support the need for ongoing practice improvement and enhancement