Cook County Health and Hospitals System
Presentation to Inform Strategic Plan
PROFESSIONAL EDUCATION
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April 19, 2016
Department of Professional Education (PE): Scope of Functions

Professional Education

GMEC  Library  Rotators  Med Students  Training Center  Our Residents  Allied Health Students

Provide High Quality Education & Patient Care
Professional Education - Summary

390 FTE Employed Residents
  Maintenance of Licensure (All)
  Maintenance of Valid Immigration Status (168)
  Verify Training to Outside Hospitals’ Credentialing Office

650 (110FTE) Rotators - Residents from other institutions
  Verification of Licensure
  Verification of Immunization Status
  Orientation to the Hospital

>1900 Students Annually
  Verification of Immunization Status
  Verification of Criminal Background Check
  Orientation to the Hospital
JSH Programs

( ) = FTE/program

Accredited
Anesthesiology (36)
Cardiovascular Disease (9)
Child Abuse Pediatrics (3)
Colon/Rectal Surgery (3)
Dermatology (10)
Emergency Medicine (68)
Gastroenterology (9)
Hematology-Oncology (7)
Internal Medicine (120)
Neonatal Perinatal Medicine (6)
Neurosurgery (AOA) (5)
Ophthalmology (12)
Oral Surgery (8)
Pain Medicine (4)
Palliative Care/Hospice (3)
Primary Care (Integrated) (12)
Pediatrics (26→18)
Preventive Medicine (4)
Pulmonary /Critical Care Medicine (9)
Radiology- Diagnostic (16)
Surgical Critical Care (3)
Toxicology (Integrated) (2)
Urology (8)

Non-Accredited
Burn (2)
Trauma (2)
Retinal Disease (2)
Simulation Laboratory (2)
“Our” (CCHHS Employed) Residents

**All Programs**
- 390 FTE
- 361 FTE at CCHHS
- 29 FTE Rotate Outside of CCHHS
  - Integrated Programs
  - Experience not found at JSH
  - Electives

**Emergency Medicine**
- 15 FTE Outside of CCHHS
  - Acute Coronary Experience
  - Pediatric Experience
  - 11.25 FTE reimbursed by receiving institution

**Primary Care**
- 6 FTE Outside of CCHHS (Paid by Rush)
  - **Primary Care**
  - Urology – 1.0 FTE reimbursed from Christ
  - Palliative – 2.0 FTE reimbursed from Rush and Horizon Hospice
Rotator Programs

**Integrated**
- Adolescent Medicine (1)
- Allergy (1)
- Cardio Thoracic Surgery (2)
- General Surgery (23)
- Endocrinology (3)
- Family Medicine (33)
- Infectious Disease (5)
- Neurology (2)
- OB/GYN (16)
- Rheumatology (2)

( ) = FTE/yr

**Not Integrated**
- Orthopedics (7.5)
- ENT (7)
- Plastic Surgery (1)
- Pathology (5)
- Nephrology (2)

Cost = $6,782,921

Claim these on Medicare

Cost = $1,832,775
Medicare Reimbursement (again)

• Residents Provide Patient Care that is 24/7
• They are Supervised by Attendings
• Supervision Policies reviewed by GMEC and EMS Annually (as required by the Joint Commission and the ACGME)
• Attending must independently see the patient and document in order to bill (inpatient)
• Duty hours rules for residents have stretched inpatient coverages
  • Better decisions/fewer errors with more sleep
  • More hand offs
  • Using more mid-level providers to help provide patient care basics, but this rarely helps the call schedule.
Medicare Reimbursement (again)

• Medicare Reimbursement for Training Residents
  • Indirect Costs
    • Residents order more tests etc.
    • Hospital receives higher reimbursement for Medicare charges.

• Calculation of reimbursement level based on # of Residents/Bed.

• Direct Costs
  • Receive a % of salary/benefits for each resident trained on site.
  • Based on the number of inpatient Medicare patients.

• Number of residents reimbursed was capped in 1996.

• Stroger’s Medicare Reimbursement
  • CCHHS $/resident is lower than most other teaching hospitals.
    • ~ $22,500 per resident

• Reimbursement offsets some of the salary/benefits paid by the hospital.
Strategic Planning – Department of PE

Building a high quality, safe, reliable, patient-centered, integrated health system that maximizes resources to ensure the greatest benefit for the patients and communities we serve

- Improve Health Equity
- Provide high quality, safe and reliable care
- Demonstrate value, adopt performance benchmarking
- Develop human capital

Lead in Medical Education and Clinical Investigation relevant to vulnerable populations

HOW???

How will we know when we have arrived?
Lead In Medical Education

• What does this mean?
  • Department of Professional Education (PE) must facilitate the CCHHS mission:
  • PE must maximize resources to ensure the greatest benefit for the patients and communities we serve
  • Our Training Programs must enhance our system's quality and safety in a patient-centered fashion.
  • Our Programs’ must be have measurements of their caliber, and these measurements should reflect good to aspirational programs.
PE- How do we bring benefits to the Patients and Communities that CCHHS serves?

• Provide well-trained Physician Staff to CCHHS
• Reduce health care disparities in our patients
• Reduce Length of Stay (LOS), overutilization of services
CCHHS Residencies are “Feeders” for Our Attending Staff

<table>
<thead>
<tr>
<th>Program</th>
<th>Total</th>
<th>CCHHS trained</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>34</td>
<td>19</td>
<td>58%</td>
</tr>
<tr>
<td>Cermak</td>
<td>34</td>
<td>8</td>
<td>23%</td>
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<tr>
<td>Emergency</td>
<td>57</td>
<td>31</td>
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<tr>
<td>Family Medicine</td>
<td>47</td>
<td>18</td>
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<tr>
<td>Internal Medicine</td>
<td>274</td>
<td>112</td>
<td>41%</td>
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<tr>
<td>OB/Gyne</td>
<td>27</td>
<td>4</td>
<td>15% (22%)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>93</td>
<td>34</td>
<td>36%</td>
</tr>
<tr>
<td>Radiology</td>
<td>30</td>
<td>10</td>
<td>33%</td>
</tr>
<tr>
<td>Surgery</td>
<td>108</td>
<td>16</td>
<td>15% (25%)</td>
</tr>
<tr>
<td>Trauma</td>
<td>20</td>
<td>9</td>
<td>45%</td>
</tr>
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</table>
PE – How do we reduce healthcare disparities for our patients?

• Education – Need to raise awareness among trainees (Obesity, Diabetes, Diabetic Retinopathy, Trauma, Hypertension Control, Colon Cancer Screening etc have been clearly associated with differences in race/socioeconomic status nationally).
  • Programs to develop curriculum specific to their specialty
• Data – How are we doing? (Quality of Care and Benchmarking)
• Review residencies-Preventive Medicine
PE-How well do the size and scope of the residencies reflect our Patients and the Community served by CCHHS?

• Training Programs are historically hospital-centric.
  • Currently moving some Residents out into the community.

• Reviewing each program's size and scope to understand how it benefits our patients and the community.
  • Due to market forces, difficulty attracting trainees to some of the programs that would benefit our patients (Primary Care, Preventive Medicine)

• Size often dictated by need to cover inpatient call schedules
PE- Maximizing Resources to Ensure the Greatest Benefit

• Reduction of Length of Stay
• Reduction of excessive use of tests
• Plan: Joining the "Choose Wisely" Campaign
  • American Board of Internal Medicine initiative to improve outcomes while cutting costs (e.g. stop routine peptic ulcer prophylaxis in the hospital)
• Increase QI and measurements of resource use
PE - Our Training Programs must enhance our system's quality and safety in a patient-centered fashion.

• CLER program
  • Accreditation Council for Graduate Medical Education (ACGME) has developed a non-accrediting arm: Clinical Learning Environment Review (C.L.E.R.)
    • Aims to improve the learning environment of all institutions (including quality of care and patient safety) and reduce disparities between them
  • Site Visits (Similar to The Joint Commission)
  • Focus on six areas:
    • Patient Safety
    • Quality
    • Transitions in Care
    • Supervision
    • Duty hours oversight/fatigue management
    • Professionalism
  • Forcing greater involvement between GME and institutional leadership (especially in the areas of quality and patient safety).
CLER Program

• Visited every major institution in the U.S. over three years (JSH twice) and recently released its findings:
  • Variability Across Institutions
  • GME is Silo’ed
  • Faculty Engagement in Quality and Safety is Low
  • Interdisciplinary Learning Is Minimal
CLER Program - Grant

• ACGME RFP for Guidance for Pathway Innovators
• Up to eight grants
• Duration of grant = Four Years
• RFP must outline a plan to address the four issues
• Develop a curriculum/train Interdisciplinary Group including leaders in Nursing, Pharmacy and Residency, as well as Core Faculty.
• Separately begin training incoming residents longitudinally – beginning at orientation
• Will develop milestones in Patient Safety Training for housestaff regardless of specialty
• Measurements will include:
  • Culture of Safety Survey
  • Safety Event reporting
  • Volume of Safety events
  • Number of RCAs conducted
  • Annual in-house and ACGME surveys
  • Press Ganey Surveys
• Notification of award = June 30, 2016
• CCHHS committed to program regardless of outcome of RFP
CLER Program – Grant Requirements

• Identify and maintain a *Pursuing Excellence* core team of GME and executive health care leadership

• Assign a day to day project manager and engage an improvement coach and local evaluator.

• CEO and Board of Directors must participate in a Leadership Track within the *Pursuing Excellence* initiative that will meet once a year

• Consent to share limited intellectual property rights, including the right jointly publish collaboration outcomes with the ACGME.
CLER Program – Grant Summary

• Leverage GME to improve patient Quality and Safety at JSH
• Increase interprofessional learning and collaboration
• Increase collaboration between CCHHS governance and GME
• Develop a core of interprofessional Quality and Safety experts
• Develop the human capital of our future attending staff in areas of Patients Quality and Safety
• Become a national leader in the transformation of a hospital culture
CCHHS GME Programs – Measurably High Quality

• Measurements of the quality of a program
  • Recruitment success
  • Accreditation
  • ACGME Annual Survey
  • Board Passage
<table>
<thead>
<tr>
<th>Program</th>
<th>% Grads Took Boards</th>
<th>% Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>100</td>
<td>88%</td>
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<tr>
<td>Dermatology</td>
<td>100</td>
<td>100%</td>
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<tr>
<td>Emergency Med</td>
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<tr>
<td>Int Med</td>
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<td>92%</td>
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<tr>
<td>Neurosurgery</td>
<td>100</td>
<td>100%</td>
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<tr>
<td>Ophthalmology</td>
<td>100</td>
<td>89%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>100</td>
<td>100%</td>
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<td>Pediatrics</td>
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<tr>
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<td>Urology</td>
<td>100</td>
<td>100%</td>
</tr>
<tr>
<td>Program</td>
<td>% Grads Took Boards</td>
<td>% Passed/Natl Avg</td>
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<tr>
<td>Cards</td>
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<tr>
<td>CAP</td>
<td>N/A</td>
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<tr>
<td>Colon and Rectal</td>
<td>89%</td>
<td>87.5%</td>
</tr>
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<td>GI</td>
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<td>100%</td>
</tr>
<tr>
<td>Heme/Onc</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Neonatal</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Pain</td>
<td>100%</td>
<td>75%</td>
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<tr>
<td>Palliative Care</td>
<td>66%</td>
<td>83%</td>
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<tr>
<td>Pulm Crit Care</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Surgery Crit Care</td>
<td>100%</td>
<td>75%</td>
</tr>
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</table>
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- Improve Health Equity
- Provide high quality, safe and reliable care
- Demonstrate value, adopt performance benchmarking
- Develop human capital

Lead in Medical Education and Clinical Investigation relevant to vulnerable populations

Safer Learning Environment
Reduce disparities

HOW???

How will we know when we have arrived?

When we are a Reliable Organization with outstanding measurements
Questions?