

Strategic Planning FY2020- 2022

Professional Education

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COOK COUNTY
HEALTH



Overview of Department

Professional Education



COOK COUNTY
HEALTH

Overview of Department

Oversight of Medical Training

Internal Residencies and Fellowships (Employed by Cook County Health- CCH)

External Trainees that Rotate At CCH

Students – Including Medical Students and Allied Health

Academic Library

Impact 2020 Update



Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuable Assets
- Impact Social Determinants
- Advocate for Patients



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Impact 2020

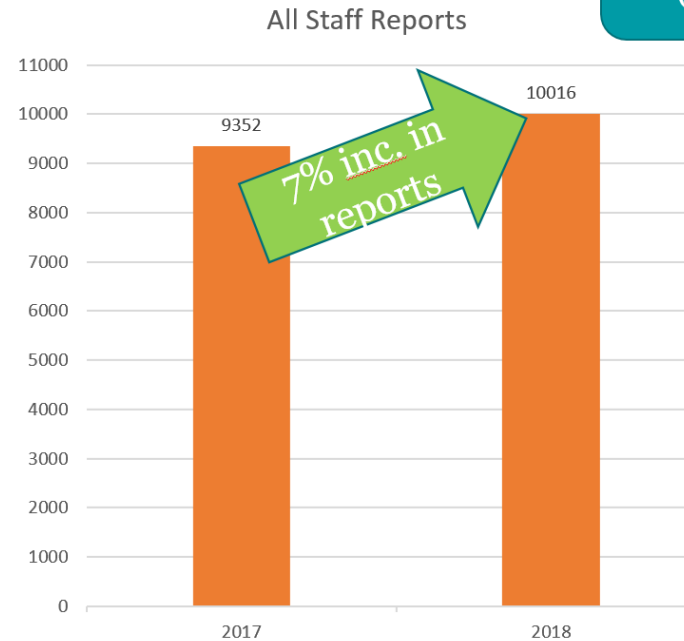
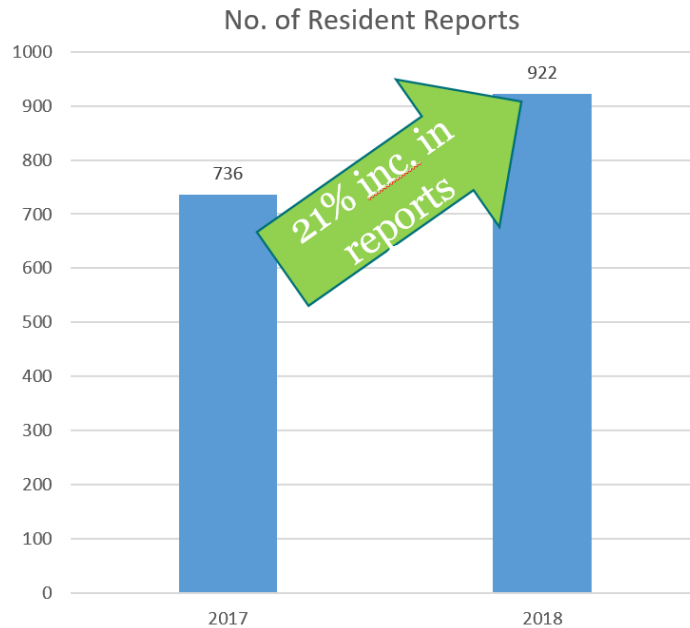
Progress and Updates

Focus Area	Name	Status
Invest in Resources: Enhance medical education by further development of safety culture and reporting	<ul style="list-style-type: none">• Implement Clinical Learning Environment Review (CLER) Pathways to Excellence• Increase Culture of Safety response rate from under 10% to 30%• Provide safety coaching to at least 50% of leadership• 2018-2019: Increase safety event reporting from 350 to 800	Complete

Increasing Safety Event Reporting

electronic Medical Event Reporting System (eMERS)

eMERS – Increased at 3x the rate of “All Staff”



9.2% of Reports
(was 7.9% in 2017)



Impact 2020

Progress and Updates

Focus Area	Name	Status
Invest In Resources: Recruit, hire and retain the best employees who are committed to the CCH mission	Develop and administer post-match survey to be sent to all local students that rotated here-to determine what factors led to choosing another program over CCH.	Complete
	Identify clinical areas of need (positions unfilled/positions not filled with superior clinical faculty).	In Progress
	Implement institutional exit interviews to include questions about why graduate chooses to leave.	Complete
	Annually review alignment of program's educational goals with those of the institution and identify opportunities to improve alignment.	In Progress
	Develop a metric that measures success of retaining superior members of a residency/fellowship class based on open positions.	In Progress

History of Medical Training in the U.S.

Learning By Doing (Service > Education)

- 1765 - 1st Med School
- 1876 - Association of American Medical Colleges
- 1910- Flexner Report
- 1920's-Internship and Residency following Med School became standard
- 1965 – Medicare Established: payments to hospitals to subsidize resident education
- 1996 – Medicare Caps Residency Slots
- 1999 – To Err Is Human
- 2002 – ACGME institutes duty hour regulations (80 hours per week, 30 hour call, one day off per week)
- 2014 – ACGME establishes the CLER Program



Moving Away From A Service-Based Residency Model

Generally Accepted Benefits of Residencies/Fellowships

- Still facilitate a cost effective model of 24/7 care of acutely ill patients
- Are associated with safer care and better outcomes¹
- Help to attract attending physicians
- Provide valuable feedback that can improve hospital performance
- Improve physician hiring decisions (when familiar with graduate's skills)
- Reduce recruiting costs
- Improve retention of newly hired attending physicians

¹ McAlister, Finlay et. al. *Post Discharge Outcomes in Heart Failure are Better for Teaching Hospitals and Weekday Discharges*; *Circ Heart Failure* 2013; 6:922-929

Final Deliverable

Retention of Superior Graduates



Recruit Outstanding Medical Students

International Vs. American Medical Graduates?

There are not enough American Medical Graduates (AMGs) to Fill All of the Residency Slots in the US (12,500 of 30,000 1st Year slots filled by IMGs)

- ~25% of All Residents and ~30% of Fellows in the US are International Medical Graduates (IMGs)
- IMGs pass boards at nearly the same rate as AMGs
- ~25% of all practicing physicians in the US are IMGs including¹:
 - 40% of Primary Care Physicians
 - >50% of those practicing Geriatric Care
 - 2/3 of all physicians practicing in Non-Urban Medically Underserved Areas

Recruit Outstanding Medical Students

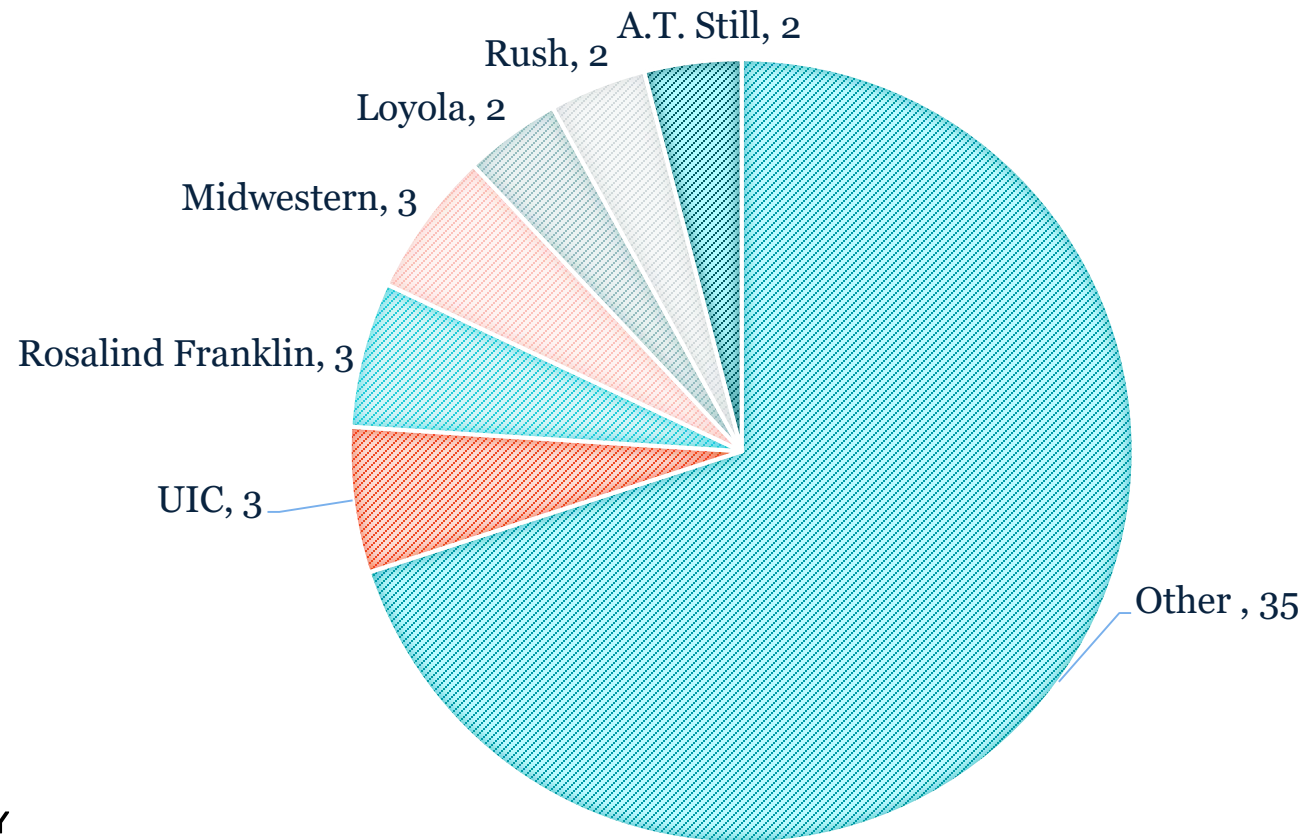
Matches to first year training slots, Last Two Years 2019 (2018)

Program	American Medical Graduates	U.S. International Medical Graduates	International Medical Graduates
Anesthesia	2 (0)	4 (3)	3 (6)
Emergency Medicine	17 (17)	0 (0)	0 (0)
Family Medicine	11 (11)	0 (1)	1 (0)
Internal Medicine	4 (3)	3 (0)	32 (39)
Primary Care	5 (5)	0 (0)	0 (0)
Radiology	4 (4)	0 (0)	0 (0)
TOTAL	43 (39)	7 (4)	36 (45)

Origin of Medical Students for the Incoming Class

Contribution of Local Schools

Other UIC Rosalind Franklin Midwestern Loyola Rush A.T. Still



Train In High Quality Residencies

Measurement of the Quality of the Programs

() = Full Time Equivalent Trainees/program

Accredited

Internal Medicine (120)

Emergency Medicine (68)

Anesthesiology (36)

Family Medicine (36)

Radiology- Diagnostic (16)

Dermatology (12)

Ophthalmology (12)

Primary Care (Integrated) (12)

Pediatrics (10)

Urology (10)

Pulmonary /Critical Care Medicine (9)

Cardiovascular Disease (9)

Gastroenterology (9)

Oral Surgery (8)

Hematology-Oncology (7)

Neonatal Perinatal Medicine (6)

Preventive Medicine (4)

Pain Medicine (4)

Palliative Care/Hospice (3)

Pharmacy (3)

Surgical Critical Care (3)

Colon/Rectal Surgery (3)

Toxicology (Integrated) (2)

Neurosurgery (2)

Free-Standing Programs Without Accrediting Bodies

Burn (2)

Trauma (2)

Retinal Disease (2)

Simulation Laboratory (2)

Corneal Disease (1)

Total for all Programs=416

5 Citations



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Train In High Quality Residencies

Board Passage - Residents Since 2016

Residency	Took Boards	Passed Boards
Anesthesiology	100%	80%
Dermatology	100%	100%
Emergency Medicine	100%	94%
Family Medicine	97%	97%
Internal Medicine	100%	95%
Ophthalmology	89%	89%
Pediatrics	100%	92%
Radiology	100%	100%
Urology	100%	100%

Train In High Quality Fellowships

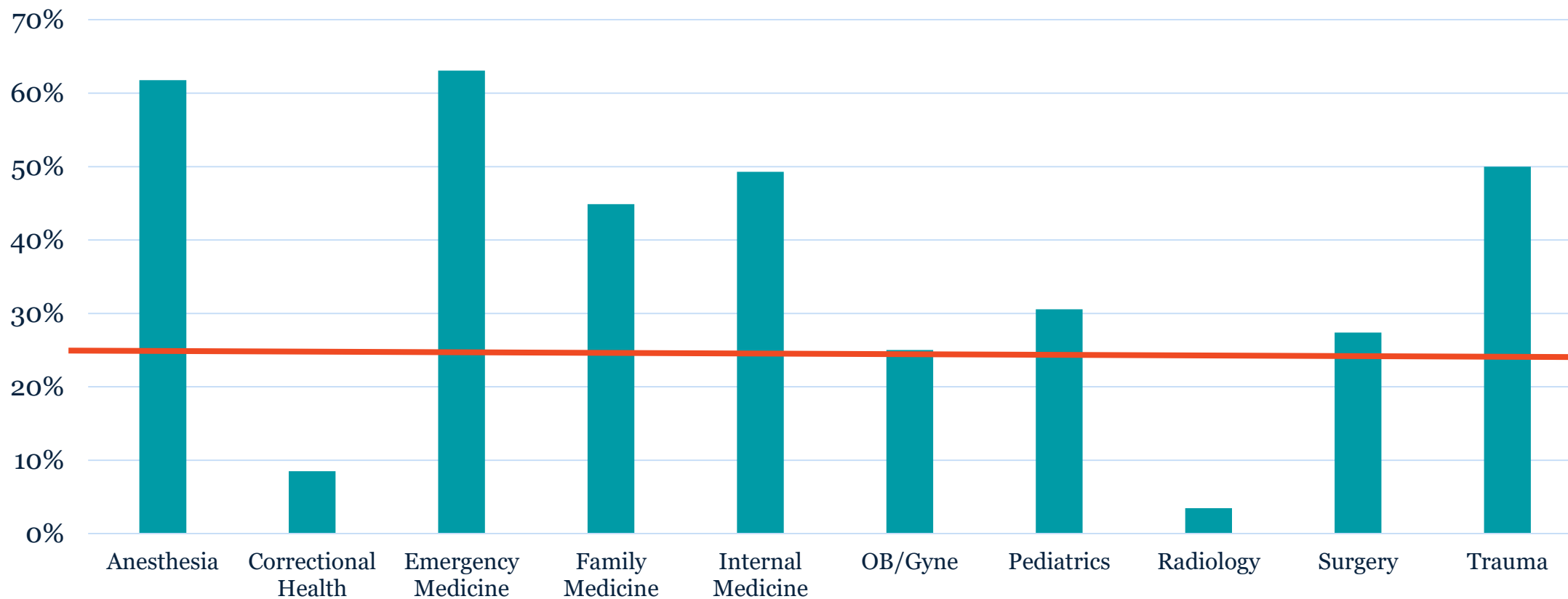
Board Passage- Fellows Since 2016

Residency	Took Boards	Passed Boards
Cardiovascular Disease	100%	100%
Colon and Rectal Surgery	100%	78%
Gastroenterology	100%	100%
Hematology/Oncology	86%	86%
Neonatal-Perinatal Medicine	100%	100%
Pain Medicine	91%	91%
Palliative Medicine	78%	78%
Preventive Medicine	100%	100%
Pulmonary/Critical Care	100%	100%
Surgical Critical Care	100%	100%
Toxicology	87.5%	87.5%



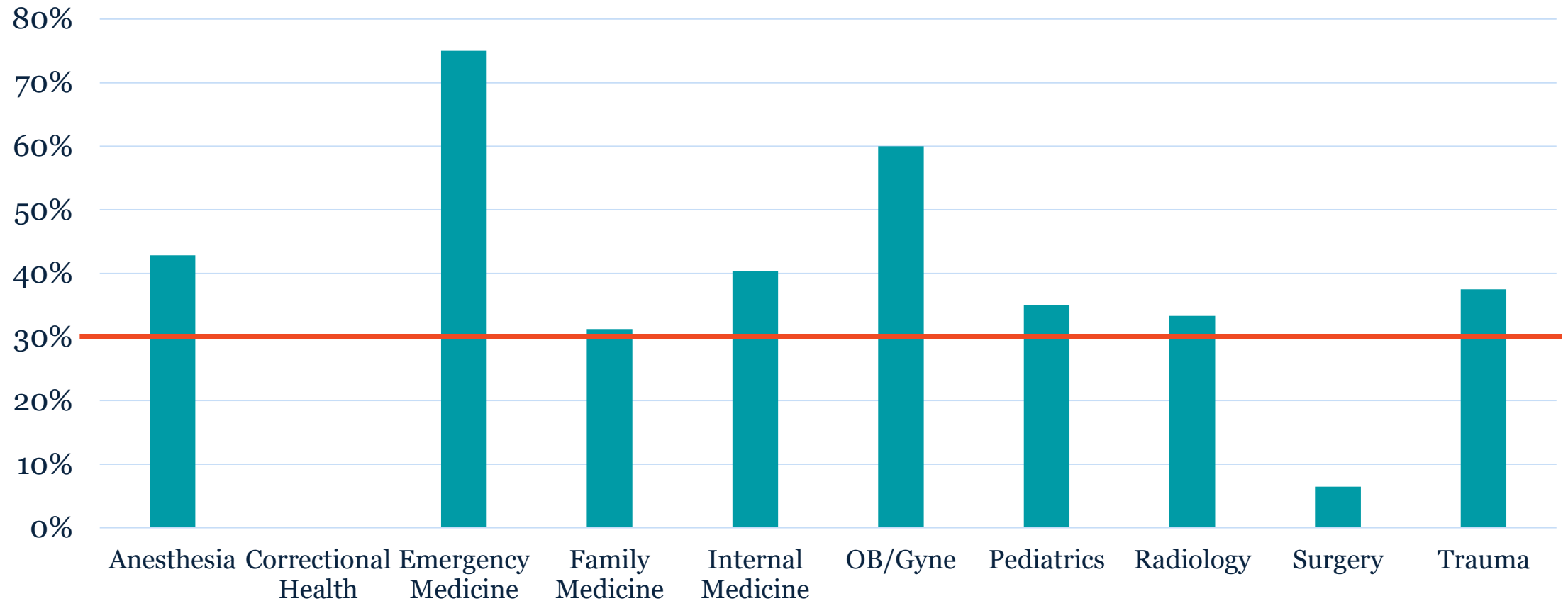
Retention of Graduates

Composition of Departments – Percentage of Total Staff that Trained at CCH



Retention of Graduates in the Last Three Years

Percent of Physicians Hired Since 2015 That Trained at CCH



Rotator Programs

Provide Residents With Reduced Overhead

Integrated

Adolescent Medicine (1)

Allergy (1)

General Surgery (23)

Endocrinology (3)

Infectious Disease (5)

Neurology (2)

OB/GYN (16)

Rheumatology (2)

Neurosurgery (2.5)

Cost = \$4,460,328



Claim
these on
Medicare

Not Integrated

Orthopedics (7.5)

ENT (7)

Pathology (3)

Nephrology (2)

Trauma (8)

Cost = \$2,225,684

Impact 2020

Progress and Updates

Focus Area	Name	Status
Leverage Valuable Assets	Demonstrate value of undergraduate and graduate medical education and academic affiliations to the organization by analysis of costs, returns, pipeline to workforce and facilitation of CCH mission	In Progress

Cost Analysis

Pediatrics

Budgeted Items with 12 Residents	Cost
Resident Salary and Benefits (12+Chf)	\$978,182
Required Faculty Salary (0.62 FTE)	\$170,357
Program Dir. And APD (0.9 FTE)	\$188,525
Admin Staff (0.5 FTE)	\$43,344
"Other" costs	\$25,030
GME Reimbursement	-\$240,000
Total Cost of Residency	\$1,165,437

35% of the activities can be done by an extender & 20% need a doctor

Budgeted Items Without Any Residents	FTE	Cost
Extenders	7.0	\$945,000
Inpatient Attendings	4.0	\$982,000
Outpatient Attendings	0.2	\$49,140
Recruiting		\$56,000
Total		\$2,032,140



FY2020-2022

The Future



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SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats



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SWOT Analysis

Strengths

- Mission driven
- Patient mix
- Autonomy
- Dedicated teachers

Weaknesses

- Not a university
- Service vs. education
- Inefficiencies in care related to social determinants of health
- Institutional inertia – reluctance to change
- Work in siloes
- Current GME reimbursement based on Medicare patient load

Opportunities

- New program requirements by ACGME
- High Reliability Training
- CLER visits
- Millennials
- Immigration
- Increasing public data

Threats

- Funding
- Health care changes (dismantling of the ACA)
- Competition for patients
- Immigration





FY2020-2022

Strategic Planning Recommendations



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Deliver High Quality Care

FY2020-2022 Strategic Planning Recommendations

Deliver High Quality Care

- Introduce Patient Quality and Safety Training for all new employees through a two-step approach.

Grow to Serve and Compete

FY2020-2022 Strategic Planning Recommendations

Leverage Valuable Assets

- Use the analysis of costs, returns, pipeline and current patient care needs to workforce and facilitation of CCH mission to identify the optimal size of each residency, fellowship, and rotator group

Foster Fiscal Stewardship

FY2020-2022 Strategic Planning Recommendations

Deliver High Quality Care

- Design and implement a multidisciplinary simulation-based exercise to improve communication among all of the patient care team as measured by top-box scores on the Patient Satisfaction survey.

Invest in Resources

FY2020-2022 Strategic Planning Recommendations

Invest In Resources

- Using publicly available data and National Provider Identifiers (NPI), provide another metric for our training programs via the comparison of CCH graduates to all providers in key areas including length of stay, opioid prescription and adherence to best practices.

Thank you.



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Action Item

Agreements for Review and Approval

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed
NORTHWESTERN/MCGAW			
OB/GYNE	15	3	\$1,304,723
Otolaryngology	4	3	\$361,405
Orthopedics	4	3	\$356,120
Trauma	2	3	\$179,460
Urology	1	3	\$93,939
UNIVERSITY OF ILLINOIS-CHICAGO			
Pediatrics	1.5	1	\$120,064

Action Item

Agreements for Review and Approval

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed
RUSH			
Neurosurgery	2.8	1	\$171,622
Franciscan St. James			
Orthopedics	2	1	\$185,995