MSRDP
and UT Medicine
101
MSRDP: Medical Service, Research and Development Plan

• Purpose
  ♦ Manage and hold in trust the professional income of the faculty members.

• Goal
  ♦ Promote excellence in teaching, research, clinical service and administration.

• Responsibilities
  ♦ Implement clinical practice strategies that contribute and safeguard the institution’s continued growth.
  ♦ Establishes a compensation framework that attracts and retains outstanding faculty.
MSRDP

• Members
  • All faculty members who generate income from clinical activity.

• Board of Directors
  • All clinical department chairs
  • Two center directors (CTRC and Transplant)
  • Three at-large members
  • Chief Legal Officer
  • Chief Medical Officer
  • Senior Executive Vice President/COO
  • Ex officio members (UT Medicine leadership, 2 departmental administrators)
  • Senior Clinical Administrator

• Chair of the Board: President of UTHSCSA
• Vice Chair: Dean of the SOM
• Treasurer: VP for Business Affairs and CFO of UTHSCSA
• Secretary: Executive Director
MSRDP Committees

• Executive
• Finance
  ♥ Contracts Subcommittee
• Compliance and Ethics
• Audit
• Professional Affairs
  ♥ Environmental Health and Safety
  ♥ Credentialing
  ♥ Clinical Safety and Quality Improvement
  ♥ Professional Liability

• IT/IM Steering
  ♥ Physician Advisory Council
  ♥ Meaningful Use
    ◦ Clinical Quality Metrics

• Others
  ♥ Patient Centered Medical Home Work Group
  ♥ Center for Patient Safety and Health
  ♥ Faculty Compensation Advisory Committee
UT Medicine

• What is it?
  ✷ It is the clinical practice of the School of Medicine of UTHSCSA.
  ✷ Not limited to the MARC or UT Medicine run clinics.
  ✷ Does not include the clinical practice of the School of Nursing, School of Health Professions or Dental School.

• Personnel
  ✷ Over 700 physicians in over 100 specialties.
  ✷ All SOM clinical staff.

• Organization
  ✷ Some clinical personnel are assigned to departments and others to UTM, though salary lines may be assigned to either depending on the position.
  ✷ UTM budget is overseen by the Finance Committee of MSRDP and the MSRDP Board.
UT Medicine and MSRDP

- MSRDP is the entity that makes decisions regarding the *clinical enterprise* of the SOM.
  - Strategic planning
  - Leadership
  - Contracting
  - Financial
  - Major Purchases

- **UT Medicine**
  - The *clinical practice*
  - Operational component of MSRDP
  - Executes the plans and decisions of the MSRDP
UT Medicine and the Clinical Departments

• UT Medicine—organization and structure
  ♦ Infrastructure (phones, IT, facilities, etc.)
  ♦ Support
  ♦ Education and Training
  ♦ Operations
  ♦ Back End Revenue Cycle

• Clinical Departments
  ♦ Providers
  ♦ Support staff managers, front desk, RNs, MAs, etc.
  ♦ Front End Revenue Cycle
UT Medicine Executive Team

- Executive Director: Carlos A. Rosende, MD
- Chief Administrative Officer: Dale Flowers, MHA
- Chief Medical Officer: Carlayne Jackson, MD
- Chief Medical Information Officer: Timothy Barker, MD
- Sr. Director of Clinical Operations: Barbara Cordell, RN, MSN
- Sr. Director of Clinical Operations, CTRC: Kelly Sutton
- Sr. Director of IT Services: Andrew Krecek, BEET
- Sr. Director of Patient Financial Services: Marti Pons

- Director, Financial Operations: Cynthia Clemons, MHA
- Legal: Hailey Mullican, J.D.
- Human Resources: Heather Kobbe
- Sr. Associate Dean for Finance: Gabriel Hernandez, MBA
- Associate Dean for Clinical Affairs: Luci Leykum, MD, MBA
- Director of CTRC: Ian Thompson, MD
<table>
<thead>
<tr>
<th>UT Medicine Clinics</th>
<th>MARC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>Lab Services</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Musculoskeletal Institute</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Comp. Kidney Stone Center</td>
<td>Neuro-Ophthalmology</td>
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<tr>
<td>Cosmetic Surgery Group</td>
<td>Neurology</td>
</tr>
<tr>
<td>Day Surgery Center</td>
<td>Neuropsychology</td>
</tr>
<tr>
<td>Digestive Diseases/GI</td>
<td>Obstetrics/Gynecology</td>
</tr>
<tr>
<td>Ear, Nose and Throat</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>• Head and Neck Oncology</td>
<td>Ophthalmology &amp; Optometry</td>
</tr>
<tr>
<td>• Head and Neck Surgery</td>
<td>Orthopedics</td>
</tr>
<tr>
<td>Fertility Center</td>
<td>Pancreas Center</td>
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<tr>
<td>Electromyelography</td>
<td>Pelvic Floor Center</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Pharmacy</td>
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<tr>
<td>Family &amp; Community Medicine*</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Fertility Center</td>
<td>Podiatry</td>
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<tr>
<td>General Surgery</td>
<td>Pulmonary Medicine</td>
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<tr>
<td>Geriatrics Medicine*</td>
<td>Rheumatology</td>
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<td>Imaging Center/Radiology</td>
<td>Urology</td>
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<td>Infectious Diseases</td>
<td>Urologic Oncology</td>
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<tr>
<td>Infusion Center</td>
<td>Vascular Surgery</td>
</tr>
<tr>
<td>Internal Medicine*</td>
<td></td>
</tr>
</tbody>
</table>
UT Medicine Clinics

CTRC
• Hematology Oncology
• Medical Oncology
• Radiation Oncology
• Neurosurgery Oncology
• CT Oncology
• Pancreatic Cancer
• Breast Cancer Center
• Surgical Oncology
• Dermatology Clinic

St. Luke’s Hospital
• Neurosurgery

Christus Santa Rosa Med Center
• Geriatrics*

TDI (UCCH)
• Ophthalmology

Westover Hills
• Family Medicine
• General Surgery
• Bariatric Surgery

Westgate Center
• Pain Clinic

University Hospital
• Ophthalmology
“Partner” Clinics

• University Center for Community Health (TDI)
• University Health Center-Downtown
• University Hospital
• Christus Santa Rosa (Medical Center)
Surgery and Inpatient Services

• University Hospital
• South Texas Veterans Affairs Hospital
• Christus Santa Rosa Hospitals
• St. Luke’s Baptist Hospital
• Methodist Hospital
• UHS Med Center ASC at the MARC Building
• Robert B. Green ASC
• Other ASCs
Mission Statement:
Our mission is to offer excellent, evidence-based, patient-centered care that is founded on what we teach and discover.

Vision Statement:
With a focus on our patients and a commitment to excellence UT Medicine will be the healthcare provider of choice for Central and South Texas.

Patient Promise:
The patient is our **FOCUS**: we will render friendly, outstanding and compassionate health care. We will give our patients our undivided attention and be sensitive to their needs.
UT Medicine: Strategic Initiatives

Initiative 1: Expand our Primary Care services tailored to the needs of our patients.

Initiative 2: Establish processes for effective coordination and integration of care for our patients within our practice and with other institutional and hospital partners.

Initiative 3: Develop service lines with our institutional and hospital partners to enhance the quality and delivery of specialty care.

Initiative 4: Join hospital partner(s) to establish a state-of-the-art, free-standing children’s hospital which will earn a national reputation as it serves the needs of our community, the region and the nation.

Initiative 5: Develop alternative reimbursement methodologies that reward quality outcomes and efficiencies.

Initiative 6: Prepare for implementation of healthcare reform and explore novel opportunities of healthcare delivery.
<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<tr>
<td>CSR Geriatrics</td>
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<td>CSRNW Cardiology</td>
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<tr>
<td>CT Surgery</td>
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<tr>
<td>CTRC Dermatology</td>
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<td>Endocrinology</td>
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<td>Family Medicine</td>
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<td>Gastroenterology</td>
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<td>General Surgery</td>
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<td>Infectious Disease</td>
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<td>Internal Medicine</td>
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<td>MARC Cardiology</td>
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<td>Nephrology</td>
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<td>Neurology</td>
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<td>Orthopedics/Podiatry</td>
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<td>Plastic Surgery</td>
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<td>Psychiatry</td>
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<td>Pulmonary</td>
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<td>Rheumatology</td>
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<td>St. Luke’s Neurosurgery</td>
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<td>Urology</td>
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<td>Vascular Surgery</td>
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<td>Westgate Pain Clinic</td>
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<td>Westover Hills</td>
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<td>CTRC Surgical Oncology</td>
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</tbody>
</table>
Clinical Operations Team

- Barb Cordell, Clinical Operations Senior Director
- Pam Glasscock, Clinical Operations Director
- Valerie Works-Gomez, HIM Administrator
- Debbie Gold, Answering Service Manager
- Chris Rosas, Front End Trainer and EMR Support
- Laura Monroe, Special Projects
- Myra Joseph, Executive & Women’s Health Nurse
- Gorden Whiting, Clinical Operations Analyst
- LaKesha Brooks, Clinical Operations Director
- Nydia Kent, Clinical Operations Manager
UTM Clinical Operations

Coordinate efforts to achieve strategic initiatives of the UTM Clinical Enterprise

• Maintain an awareness of “best practices” and “industry standards” in outpatient care
• Utilize this information when collaborating in the development of UTM clinic standards, common workflows, policies and goals
• Provide clinic-specific data to be used by clinic leadership teams to assess clinic performance and plan accordingly
• Provide assistance to clinic leadership teams in obtaining clinic specific goals
UTM Clinical Operations

Coordinate core standardization among clinics

- Organizational customer service standards and delivery of patient-centered care
- Basic utilization of Epic practice management and electronic health record
- Basic standardized clinic operating model for front end and revenue cycle activities
- Workflows that account for differences in specialties and specialists and represent a “UTM Patient Experience” from clinic to clinic for patients
- Consistent compliance with UTHSCSA and UTM policies
UTM Clinical Operations

Provide administrative infrastructure support to the UTM clinics

- Customer Service Training
- HIPAA Assessment and Training
- CG-CAHPS Patient Satisfaction Program
- MARC Clinic Volunteer Program
- Meaningful Use
- NCQA-Patient Centered Medical Home Recognition
- Blue Ribbon Tours
- Clinic Assessments
- At the elbow EpicCare support
- At-the-elbow front end revenue cycle support
- Interim Clinic Management
- MARC New Employee Orientation
UTM Clinical Operations

Provide administrative infrastructure support to the UTM clinics

- Patient compliments & complaints
- CMO Support
- MARC emergency evacuation training/drills
- Clinic relocations
- Clinic openings
- CPR training for staff
- Patient notifications of Provider changes
- Patient dismissals

- Administration of MU Staff Incentive Program
- Employee morale activities
- Policy and procedure development
- HEB Pharmacy liaison
- Quest and UHS lab liaison
- Telephone support for clinics:
  - scripts, workflows, etc.
- Incident reporting & follow up
UTM Clinical Operations

Provide administrative infrastructure support to the UTM clinics

- Walgreens Infusion Center liaison
- Uniforms/Scrubs
- 1115 Waiver
- Musak
- Flu shot/TB test coordination for clinics
- MARC Patient Transporters

- Management of:
  - UTM Answering Service
  - Phone Support Service
  - Front End & Clinical Float Pools
  - Medical Records
  - Document Imaging
  - Release of Information
UTM Clinical Operations

Areas for Improvement

• Reducing preventable patient inconveniences
• Closing Open Encounters
• Abandonment Rates
• Access
Revenue Cycle

• Responsible for the Back-End functions
  - Follow up on unpaid and appeal denied claims
  - Post payments
  - Research payer issues
  - Work closely with Managed Care to monitor contracted payments

• Coding Education
  - Regulatory Change Review
  - Training Materials
  - Coder Reviews
  - Clearing Providers

• ICD-10 Preparation (October 2014)
Revenue Cycle Meeting

• Meet with departments monthly
  - Chair participation strongly encouraged
  - Conduit to department
  - Review key indicators for your department, financial status
  - Denial trends
  - Controllable write-offs
  - Coding changes and issues
IT Operations Services

• Support for 2000 End Users
  - 1700 Active Epic Users

• Management and Support for 2500 End User Devices

• Management and Support for 70 Applications

• Management and Support for 200 Interfaces

• Management of 2 Datacenters (Primary + Redundant)
  - 250 Servers
IT Operations
Areas of Focus

• Facilitate information exchange for effective coordination and integration of care
• Prepare for health care reform and reimbursement methodologies that reward quality of care and outcomes
• Leverage Lean/Six Sigma methodologies and technology to drive innovation and staff efficiency gains
• Optimization and stabilization of EpicCare
Marketing

• SOM Dean’s Office Cost Center Reporting to Dr. Rosende
  • Ray Hoese, Director
  • 6 Marketing Team Members

• Total Promotional Budget = $450k
  • Primarily advertising UT Med/CTRC
  • Also includes printing, promo items, and special events

• Magazines, Radio, Internet, Social Media

• Websites, Brochures, Flyers, Posters

• UTMedicine.org, CTRC.net, SOM

Planned Advertising Spend

- CTRC, $150,234, 39%
- UT Med, $237,825, 61%
Marketing

• Advertising
  • Focused on General Awareness / Expertise
  • Popular Websites / Google
  • Local Magazines
  • Top Radio Stations
Market Research
Awareness & Affinity

Have you heard of UT Medicine?

Who gives higher quality of care?

Source: “Target SA 2012” Hospital/Medical Survey, Prost
2008 Research by Atkins Advertising Market Research
UTM Administrative Assessment

Actual FY2009 – FY2013; Budget FY2014

<table>
<thead>
<tr>
<th></th>
<th>Millions</th>
<th>Expenses</th>
<th>% of FFS Revenue</th>
<th>% of Total Revenue</th>
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<tbody>
<tr>
<td>FY09</td>
<td>24.6%</td>
<td></td>
<td></td>
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<tr>
<td>FY10</td>
<td>21.1%</td>
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<td>FY11</td>
<td>17.4%</td>
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<tr>
<td>FY12</td>
<td>16.3%</td>
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<tr>
<td>FY13</td>
<td>17.1%</td>
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<tr>
<td>FY14</td>
<td>16.9%</td>
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Budget

0% to 30%
# MSRDP Statistics

**Years Ended 8/31 – 2013, 2012 and 2011**

<table>
<thead>
<tr>
<th></th>
<th>FY2013 Actual</th>
<th>FY2012 Actual</th>
<th>FY2011 Actual</th>
<th>Variance</th>
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<tbody>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>1,173,308</td>
<td>1,149,000</td>
<td>1,124,000</td>
<td>2% ↑ FY13 and FY12</td>
</tr>
<tr>
<td>% from UHS Sites (RBG, UH, TDI, etc.)</td>
<td>59%</td>
<td>58%</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>% from UT Med clinics</td>
<td>32%</td>
<td>34%</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>% from CSR, Baptist and Other Sites</td>
<td>10%</td>
<td>8%</td>
<td>8%</td>
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<tr>
<td><strong>Work RVUs Billed</strong></td>
<td>2,209,391</td>
<td>2,140,000</td>
<td>2,065,000</td>
<td>↑ 3.24% FY13/4% FY12</td>
</tr>
<tr>
<td>Commercial**</td>
<td>21%</td>
<td>20%</td>
<td>19%</td>
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<tr>
<td>Medicare</td>
<td>23%</td>
<td>22%</td>
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<td>CareLink</td>
<td>21%</td>
<td>22%</td>
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<tr>
<td>Medicaid/Govt</td>
<td>23%</td>
<td>25%</td>
<td>25%</td>
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<tr>
<td>Self-Pay (Unfunded or Underfunded)</td>
<td>12%</td>
<td>11%</td>
<td>12%</td>
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**1 point upward swing in Commercial resulted in $1.2 million**
# MSRDP Statistics

## Fiscal Years 2013 and 2012

<table>
<thead>
<tr>
<th></th>
<th>FY2013 (ended 08/31/13)</th>
<th>FY2012 (ended 08/31/12)</th>
<th>Variance/Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>1,173,308</td>
<td>1,149,000</td>
<td>2% increase</td>
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<td>2,140,000</td>
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</tbody>
</table>

## Revenue Cycle Performance

<table>
<thead>
<tr>
<th></th>
<th>FY2013</th>
<th>FY2012</th>
<th>Variance/Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denial Rates as a % of Gross Charges</strong></td>
<td>15.3%</td>
<td>16.3%</td>
<td>1.0 pts. or 6%</td>
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<tr>
<td><strong>Controllable Write-Off Rate</strong></td>
<td>2.7%</td>
<td>2.8%</td>
<td>3% improvement</td>
</tr>
<tr>
<td><strong>Days in Accounts Receivable</strong></td>
<td>28</td>
<td>32.9</td>
<td>4.9 days or 14.9%</td>
</tr>
<tr>
<td><strong>Charge Lag (in days)</strong></td>
<td>17.4</td>
<td>18.9</td>
<td>1.5 days or 7.9%</td>
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</table>
## Examples of Work RVUs

<table>
<thead>
<tr>
<th>CPT 5 &amp; Description</th>
<th>2013 Medicare wRVU</th>
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<tbody>
<tr>
<td>99213 – Outpatient Office Visit for Established Patient – Level 3</td>
<td>0.97</td>
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<tr>
<td>99214 – Outpatient Office Visit for Established Patient – Level 4</td>
<td>1.5</td>
</tr>
<tr>
<td>99204 – Outpatient Office Visit for New Patient – Level 4</td>
<td>2.43</td>
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<tr>
<td>99284 – ER Visit – Level 4</td>
<td>2.56</td>
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<tr>
<td>71010 – Chest Xray 1 view</td>
<td>0.18</td>
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<tr>
<td>47135 – Liver Transplant</td>
<td>83.64</td>
</tr>
<tr>
<td>45380 – Colonoscopy</td>
<td>4.43</td>
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</tbody>
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The PCC Mission

• Lead UT Medicine towards a “patient centered” system of health
• Improve the primary care product line
  – Quality of service
  – Quality of care
• Grow the primary care platform and by extension the UT Medicine Practice Plan
The PCC Journey

Current State
• Struggling, overwhelmed primary care, with unsustainable workload
• Costly, poor ROI
  – Physician centric, high volume, episodic, reactive, over-specialized, inefficient
• Primary Care workforce recruitment/retention challenges
• Mediocre quality of care and service
• Credible risk of loss of referral base -> threat to GME
• Primary care “subsidies”
• Perception that “we can’t afford to do any more primary care than we already are doing.”

Future State
• Patient/Family centered
• Longitudinal commitment; continuity trumps convenience
• Comprehensive, proactive care
• Whole person, whole population focused
• Team Based delivery model
• Driven by evidence & empirically measured performance
• Continuous process improvement
• Sustainable, accessible, affordable care
• **Strong Primary Care base as the foundation of a Patient Centered Accountable Care Organization**

Strategic Imperative

PCMH
Making the Case for Primary Care Expansion

PROBLEM:

- Funding for academics and research is down.
  - Increased dependence on clinical enterprise for financial stability
  - Increased scrutiny on every penny earned (or spent)
  - Strategic imperative to grow the clinical enterprise in size and brand
- Perception of primary care “subsidies”:
  - Low-margin service relative to other departments
  - Other departments contribute revenue to cover primary care operating costs without apparent return on investment

But......

- Industry evidence supports the value of primary care to patients.
  - Patients who have good primary care get better outcomes.
  - Primary care is the platform for disease prevention, early detection, disease management, and care coordination/integration.
- Industry evidence supports the value of primary care to the business.
  - Downstream revenue generated by primary care averages 4:1 in an integrated health system.
Primary Care Expansion and the Future of Health Care

Future of health care in America: Cost Containment

- Shared savings from 3rd party payers
- Bundled services
- Pay for performance emphasizing prevention, disease management, and processes that decrease health care utilization/spending

Where is the lever for containing costs?

Primary Care!
The Integrated System for Health

Strategy to Achieve Organizational Success

$1 Specialty Care

$1 Ancillary Services

$1 Primary Care

$1 Specialty Care

$1 Ancillary Services

Increased Market Share

Attracts new primary and specialty care customers

Enhancement of UTM Brand / Alternative Reimbursements

✔ $5 for UTM

✔ Improved Outcomes for patients

Cost containment resulting from:
- Improved utilization patterns
- Improved health of population

$5 $4 $3
Governance

• PCCD as bridge between UTM and UTHSCSA Academic Departments
  – Clinical FTE availability issues
  – Revenue cycle issues
  – Command and control issues

• Goal: Synchronization & standardization across primary care product lines to improve clinical effectiveness and operating efficiency
Leadership Implications

• Cultural shift requires corporate patience.
• Commitment and prioritization:
  – Primary Care/PCMH is the front door of health care. Great potential to grow the organization in both size and brand.
  – Leadership commitment to PCMH is required at all levels for all business and process planning.
    • What are our competing priorities?
  – Either our patients are our first priority, or they aren’t.
    • We honor our commitments to our patients first.
Questions?