Not Business as Usual: A University Clinic & Hospital Partnership

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Disclosure

• FINANCIAL:
  o Linda Jarmulowicz, Jennifer Taylor, and Marilyn Wark are employed by the University of Memphis
  o M. Wark received a paid honorarium and waived registration fee from CAPCSD
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  o Danielle Keeton is employed by Methodist Le Bonheur Healthcare

• Non-Financial:
  o None
Learning outcomes

• List factors to consider *before* entering into partnership
• Identify challenges of partnership transition
• Identify own program’s potential for partnering with a outside entity
• Recognize potential effects on clinical services
The backdrop

A familiar story of adversity.
CSD/MSHC

- University budget deficits
- New university administration
- RCM/SRI
- Revenue pressure

Expensive programs
Fewer positions
More with less
“The perfect storm...”

“You do know how that ends, right?”
Faculty frets at U of M deficit

(Memphis, TN) - February 17, 2014

...relinquishing control of the speech therapy clinic was no longer part of $10.6 million cuts to academic affairs unveiled last Monday.

...cost-cutting measures such as not replacing faculty members who have retired or left...

...pressure on faculty in the School of Communication Sciences and Disorders and throughout the university to raise revenue...

U of M opens $60 million Community Health Building

(Memphis, TN) - October 18, 2015

...opening of the...200,000-square-foot Community Health Building. The building houses...the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center.

The university broke ground on the project 18 months ago, although planning has been in the works since 2007.
New CSD Space
The partners
University of Memphis

- UG, Grad, Law
- 13 Schools/Colleges
- ~20,000 students
- 7 Grad programs ranked in top 50

- Push for community involvement
- Partnering with business

- School of Communication Sciences & Disorders
- Memphis Speech and Hearing Center (MSHC)
- ~110 students in Graduate programs; ~50 in UG courses
CSD/MSHC

- President
- Provost
- School of CSD
  - Grad Programs
  - MSHC
Methodist Le Bonheur

![Best Children's Hospitals - U.S. News Rank](image)

![Patients First](image)

![Fortune 100 Best Companies to Work For - 2017](image)

![Magnet Recognized](image)

![Mayo Clinic](image)
The concerns, the benefits, and the unexpected
Concerns

- **Methodist Le Bonheur**
  - Financial sustainability
  - "never been done this way"
  - Educational vs. Medical culture
  - Risk

- **MSHC/CSD**
  - Finding the right people
  - The hospital will ‘take over’
  - Budget shifting
Culture differences

- Large non-profit business
- Service first
- Productivity
- EMR for Efficiency
- Clinician’s time is for clients

- CSD University Clinic
- Education & service
- EMR for teaching & efficiency
- Clinicians teach, serve clients & the school, and research
Bridging the culture gap

- To faculty, staff, students, administrators, clients

- MUST have someone who either understands both sides, or who is willing to invest time in learning both sides

- Information flow and regular updates
Putting the right team together
Who’s around the table?

- BALANCE
- Shared vision
- TRUST
- Effective “interpreter”

creative & realistic people
Speech & audiology
Admin support & operational leaders
Educational & clinical
Pediatric & adult
Benefits

Methodist Le Bonheur

• Strengthen community benefits
• Improve access to best practice
• Increase services for speech therapy & audiology
• Possibility to add physician
• Alignment with nationally recognized program
• Complementary needs
Benefits

**MSHC/CSD**

- Increased opportunities for clinical training
- Free up time to do what we do best
- Overall cost reduction
Timeline
Phase 0: Planning

Phase 1: Transition

Phase 2: Expansion 1

Phase 3: Expansion 2
Phase 0: Planning

- Initial meeting with MLH people: 10/2/2015
- Finalize ProForma: 2/21/2016
- Official Partnership begins: 9/1/2016

2014:
- Meet with UoM Rep: 2/23/2014
- Meetings behind the scenes: 7/1/2014 - 1/30/2015
- Brainstorming: 11/23/2014 - 10/2/2015

2015:

2016:
- Planning: 7/31/2016 - 8/31/2016

2017:

## Critical Decisions

<table>
<thead>
<tr>
<th>Organization</th>
<th>Decision</th>
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<tbody>
<tr>
<td>Methodist Le Bonheur</td>
<td>• Financially reasonable risk</td>
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<tr>
<td>University of Memphis</td>
<td>• Reduce/offset expenses</td>
</tr>
<tr>
<td>CSD</td>
<td>• Educational mission not compromised</td>
</tr>
<tr>
<td>MSHC</td>
<td>• Service mission enhanced</td>
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<tr>
<td>Supervisors/Staff</td>
<td>• Remain University employees</td>
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Critical Decisions

• CSD/MSHC self-audit
  o Payor mix
  o Ages served
  o Reimbursement patterns
  o Specialty clinics
  o Faculty time allocation
  o Procedure count
  o Session length
  o Scheduling
Three phase model

Phase 1: Transition
Existing UofM staff and clinicians
FTE: 5.8

Phase 2: Expansion 1
Add:
2 SLP
1 AUD
½ OT, ½ PT
FTE: 10.1

Phase 3: Expansion 2
Add:
3 SLP
1 AUD
½ OT, ½ PT
FTE: 15.2
Phase 0: Planning

- **Meet with UoM Rep**: 2/23/2014
- **Initial meeting with MLH people**: 10/2/2015
- **Finalize ProForma**: 2/21/2016
- **Finalize Contract**: 7/29/2016
- **Official Partnership begins**: 9/1/2016

**2014**
- meetings behind the scenes: 7/1/2014 - 1/30/2015
- brainstorming: 11/28/2014 - 10/2/2015

**2015**
- envisioning partnership: 10/2/2015 - 2/21/2016
- planning: 7/31/2016 - 8/31/2016

Le Bonheur Children's Hospital
Methodist Healthcare
Issues to address

- IT (both sides)
- Marketing/signage
- Parking
- Credentialing
- Cash handling
- HIPAA
- Coding/billing
- Forms/templates
- Invoicing
- Hearing aid accounts

- Staff training
- Clinical faculty training
- Student training
- Client communication
- Security/access
- Scheduling
- Purchasing
- New system (for everyone)
Phases 1, 2, and a little bit of 3

- Partnership officially begins: 9/1/2016
- Financial check: 5/1/2017
- GO LIVE: 11/1/2016
- Financial check: 3/1/2017
- Financial check: 5/1/2017
- Partial credentialing complete: 4/9/2017
- Credentialing mostly complete: 4/9/2017
- Additional staff: 8/13/2017
- New CSD program(s): 8/27/2017

2016
- Planning: 7/17/2016 - 8/31/2016
- Ramp up to change over: 9/1/2016 - 11/1/2016
- Phase 1: Transition: 11/1/2016 - 6/2/2017
- Phase 2: Expansion planning: 4/23/2017 - 9/1/2017
- Phase 2: Adding staff: 8/13/2017 - 12/22/2017
- Evaluating progress: 10/29/2017 - 2/2/2018
Progress has its own tempo

- Multiple players to please (or appease)
  - Stakeholders/administrators
  - Office staff
  - Clients
  - Faculty
  - Students

**Tempo Descriptions**

- **Largo**: broadly, 50 BPM
- **Adagio**: “at ease,” 70 BPM
- **Moderato**: moderately, 110 BPM
- **Allegro**: fast, quick and bright, 120-160 BPM
- **Presto**: extremely fast, 180 BPM
Actual and anticipated results

(keep in mind we’ve only been at this for 4 ½ months)
• Vestibular Program
• Cochlear Implant Program possibilities
• Support & Potential Growth
• Medical team model
• EMR
• Business Office Support
• Increase in referrals of needed populations
• Opened network of the professional ‘family’
• Increase in off-site opportunities
• Optimistic clinical faculty

• Onsite PT and OT services
• Expansion of group programs
• Opened dialog with physicians
• Time for expansion and development of services
• Clinical research opportunities
Clinical Education

- Clinical writing
- Availability to client medical information
- Efficiency in providing feedback on paperwork
- Students more responsible services provided
- Education of clinical faculty
- Expansion of on-site and off-site clinical education

- Redirected time of Clinic Directors
Students

- EMR
  - Generalizable skill
  - Less time
- Medical Records
- Independent Clinics
- Wider Clinical Population
- Multidisciplinary leading to IPP/IPE
- Resume
Clients

- Wider acceptance of insurances
- EMR
  - Faster access to test results
- Priority for consults within the system
- Referrals within the system
Survey says... (now)

It has been helpful to access a more complete case history on patients, especially if they have seen an audiologist or ENT previously.

I’m grateful to be gaining experience with medical charting/electronic paperwork before going to an offsite placement.

Learning to use electronic medical records is much more relevant to current jobs....

As with anything new, there have been some headaches & frustrations, but they pale in comparison to the benefits, both immediate and potential.
Survey says… (future)

I would like to see physicians become part of the clinic so that we have more of a medical connection.

I would like to see the MSHC become the premier place to receive services for audiology and SLP.

I hope there will be a chance to communicate and gain experience with doctors, PTs, others outside of our field onsite.

I hope...we can reach even more clients and complete more diverse testing in order to improve client care and the student education.
Continued Challenges

- Messaging to clients
- Credentialing delays
- Interpreting services
- Business office transition
- Communication with clinical faculty regarding procedures and changes
- Maintaining the personal feel of MSHC (not a traditional Medical Model of treatment)
- Maintaining some flexibility to focus on teaching
- Meeting the financial goals
Survey says...

...biggest impact...is the lack of information given thus far in the transition with patients unaware of how things are going to be charged.

...patients are at a disadvantage as they are now dealing with a big hospital and not a "home-town" group.

I feel that some of the sessions are a bit shorter due to the need to document after each session.

The transition to EMR has been a bit bumpy on all fronts, but overall it is for the better.
The wrap up
Success

What people think it looks like

Success

What it really looks like

Le Bonheur
Children's Hospital

UM

Methodist Healthcare
Building the bridge while walking across

Linda
Danielle
Marilyn
Jennifer
Things we would have done differently

- More attention to billing and office procedures
- Invoices & billing hearing aids
- Postponed start date
- Parallel system
- Better communication as changes were made (or before)
- Identifying office supervisor
Survey says...

It would have been nice to implement the system at the beginning of a semester instead of in the middle.

...we should have staggered the transitory period. Since the changes came all at once, everyone was quite overwhelmed and we are still working out the kinks.

It seemed like not a lot was known, and even still not a lot is known.
Advantages we had...

- Agreement started at the top and was a priority
- MSHC had space for growth
- Common goal of providing excellent services
- Preexisting relationships & alumni resources
- MLH had experience with clinical education
- MLH had a waitlist in areas CSD needed for student experience
- MLH administration and staff very supportive of the process and willing to take on the financial burden
QUESTIONS?
"We just got an update to the user manual for our Electronic Medical Record system. Where do you want it?"