Department of Medicine Faculty Meeting
July 23, 2013

Announcements
Clinical and Research Update
Clinic Access
Budget update

Announcements

Alice Jacobs, M.D. started her new role as Vice Chair for Clinical Affairs this month

Salary update – FPF faculty-pending FPF Finance Committee approval; Non-FPF Faculty salary letters being distributed soon

Review of FPF Faculty Benefits package relative to fringe payments being evaluated-appears that fringe pool is larger than the expenses related to benefits.

Faculty needed for **BUSM Admissions Committee**

Employee Engagement Survey

- September 23 through October 4, 2013
- Activities in response to last survey in DOM:
  - Several BMC awards programs, RESPECT initiative
  - Faculty networking through FDD
  - eNewsletter, faculty social, staff recognition

Clinical Update

BMC leadership changes - Lisa O'Connor and Pete Healy departing this summer

Logician upgrade still being implemented

Epic-eMERGE installation on schedule

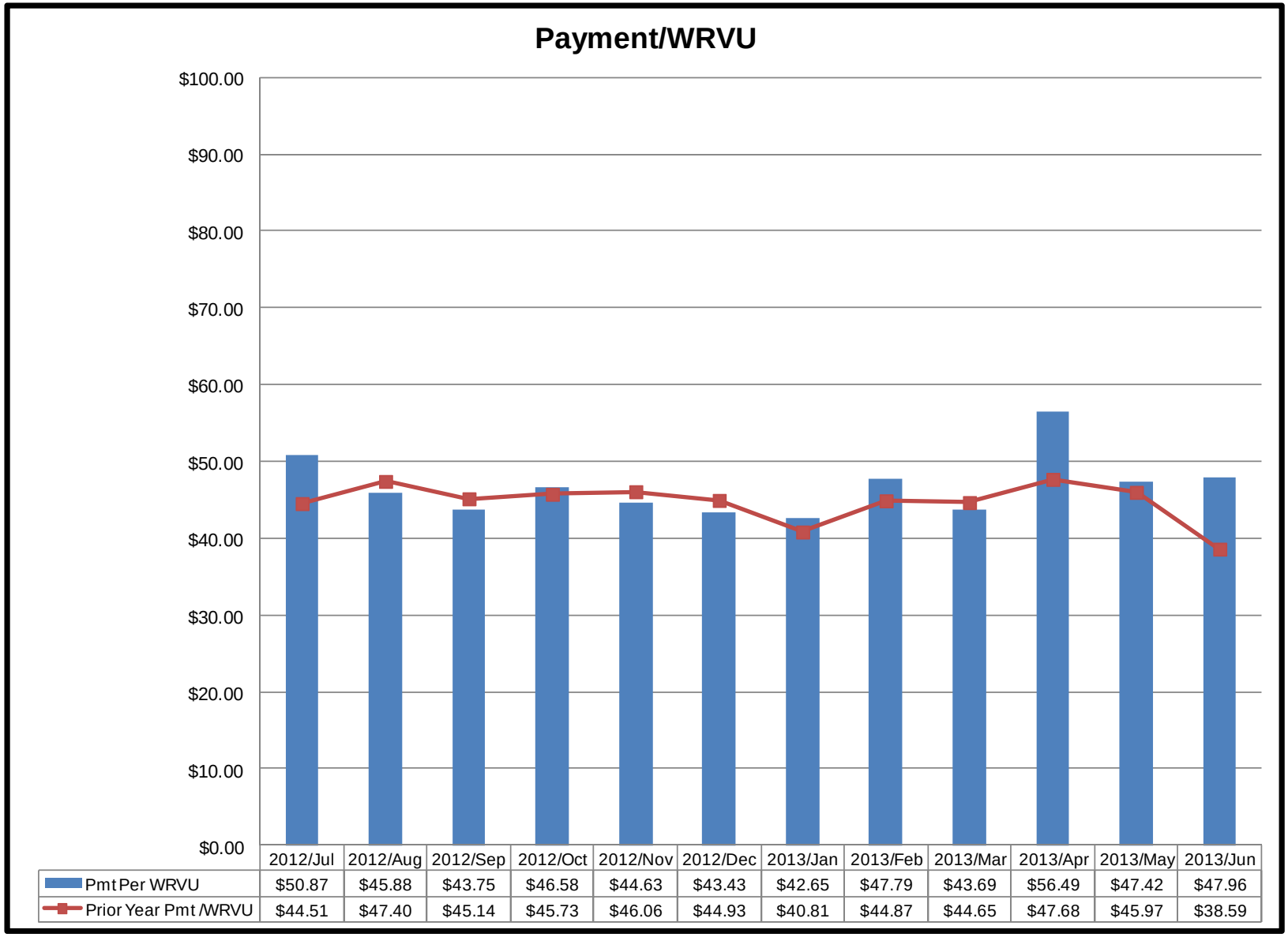
BMC space planning - real estate consolidation being evaluated by the Board

BMC Employee engagement survey to be repeated

FPF Finance Committee and Compensation Committees approve all **raises and incentives**

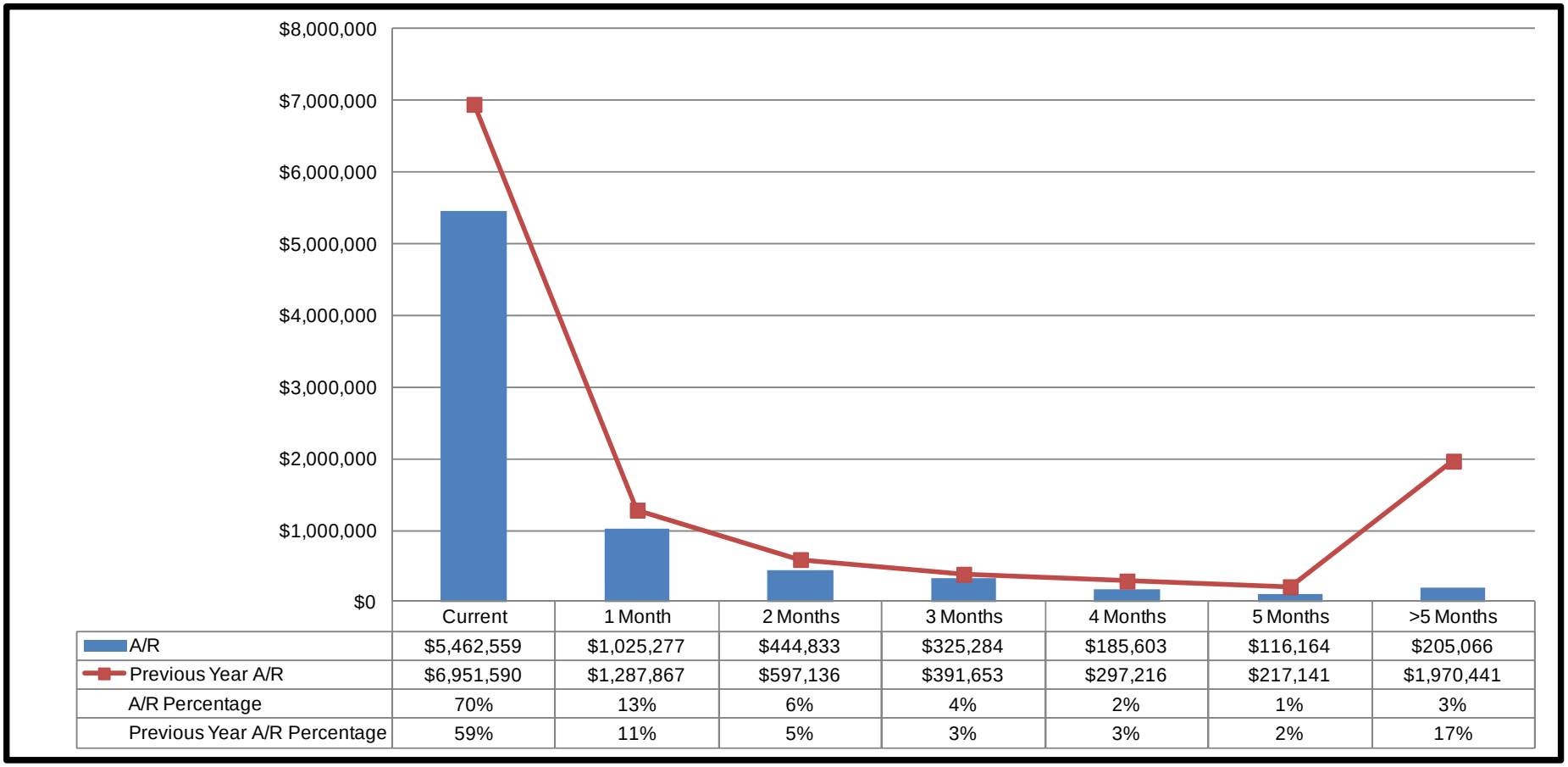
Year End Summary: Charges down 12%, wRVU's down 4%, Collections flat

Key Performance Trends – Payment/WRVU



	2012/Jul	2012/Aug	2012/Sep	2012/Oct	2012/Nov	2012/Dec	2013/Jan	2013/Feb	2013/Mar	2013/Apr	2013/May	2013/Jun
Pmt Per WRVU	$50.87	$45.88	$43.75	$46.58	$44.63	$43.43	$42.65	$47.79	$43.69	$56.49	$47.42	$47.96
Prior Year Pmt /WRVU	$44.51	$47.40	$45.14	$45.73	$46.06	$44.93	$40.81	$44.87	$44.65	$47.68	$45.97	$38.59

Key Performance Trends – A/R Aging



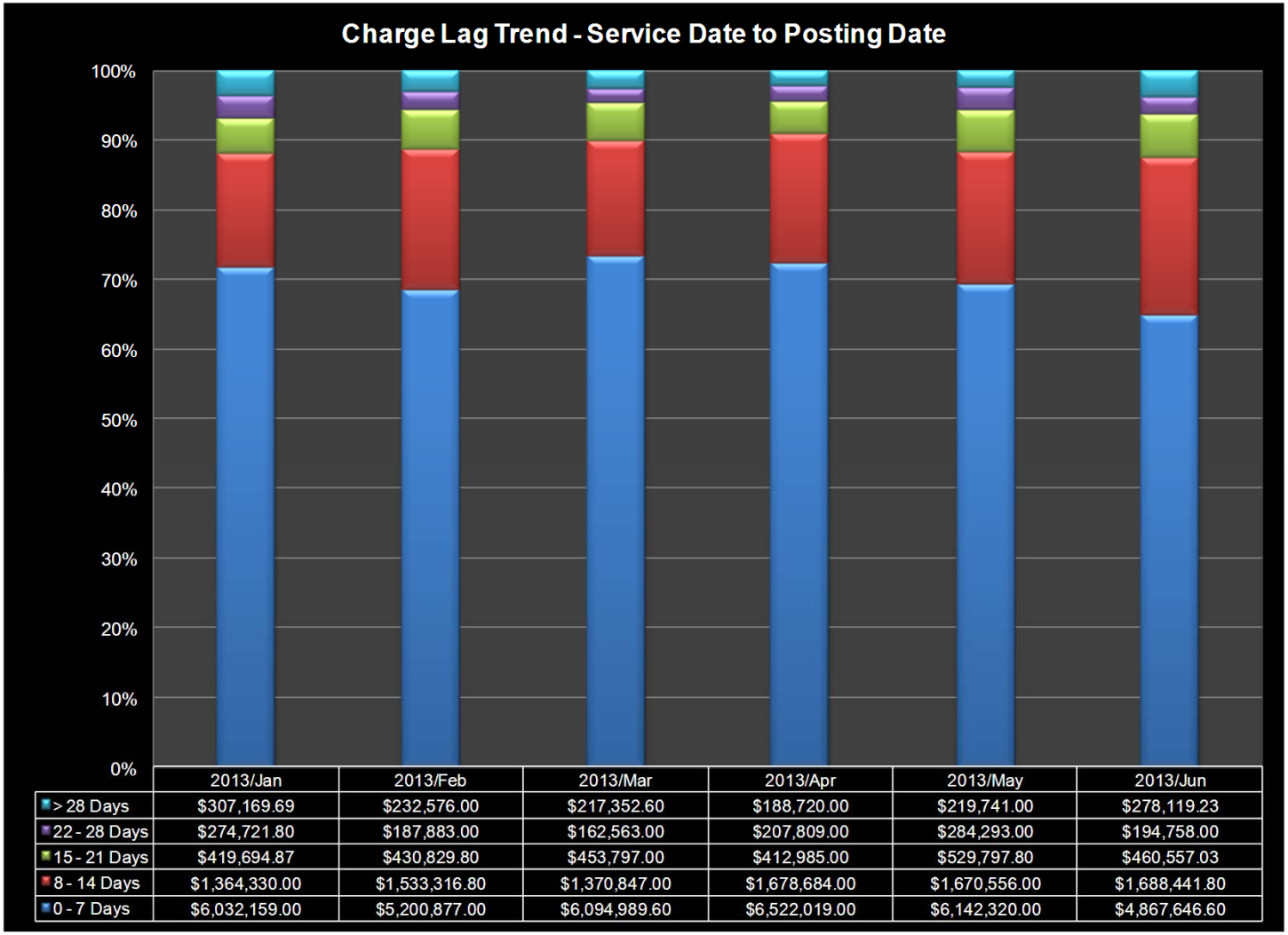
	Current	1 Month	2 Months	3 Months	4 Months	5 Months	>5 Months
A/R	$5,462,559	$1,025,277	$444,833	$325,284	$185,603	$116,164	$205,066
Previous Year A/R	$6,951,590	$1,287,867	$597,136	$391,653	$297,216	$217,141	$1,970,441
A/R Percentage	70%	13%	6%	4%	2%	1%	3%
Previous Year A/R Percentage	59%	11%	5%	3%	3%	2%	17%

- *Overall AR went from ~$11.7M in June 2012 to ~$7.8M in June 2013 or a 34% decrease.*

- *AR >120 days decreased from 22% in the same month last year to 6% in the current month.*

- *The >5 month category went from 17% in June 2012 to 3% in June 2013. Within this aging category Missing Information FSC category had a year over year decrease of 92%. Within this FSC category, Authorization Invalid FSC had a decrease of 90%, but continues to make up a majority of the total in the Missing Information FSC category. Hold Until Requested also had an impact on the >5 month category decrease going from ~$206k in June 2012 to $0 in June 2013.*

Key Performance Trends – Charge Lag



	2013/Jan	2013/Feb	2013/Mar	2013/Apr	2013/May	2013/Jun
> 28 Days	$307,169.69	$232,576.00	$217,352.60	$188,720.00	$219,741.00	$278,119.23
22 - 28 Days	$274,721.80	$187,883.00	$162,563.00	$207,809.00	$284,293.00	$194,758.00
15 - 21 Days	$419,694.87	$430,829.80	$453,797.00	$412,985.00	$529,797.80	$460,557.03
8 - 14 Days	$1,364,330.00	$1,533,316.80	$1,370,847.00	$1,678,684.00	$1,670,556.00	$1,688,441.80
0 - 7 Days	$6,032,159.00	$5,200,877.00	$6,094,989.60	$6,522,019.00	$6,142,320.00	$4,867,646.60

The current month 0-7 day Charge entry went from 69% in May 2013 to 65% in June 2013. The average, 0-7 day, charge entry for January 2013 - June 2013 was 70%. The ideal rate for 0-7 days is 70%.

Research Update

Research funding for AY 13 looks to be below AY 12 but the final figures are pending

Framingham Heart Study to be downsized per NHLBI

Director of Research Administration for DOM being recruited

CTSA application received favorable score, awaiting funding decision

CREM open house to be held in September

SAVE THE DATE

EVANS CENTER
FOR INTERDISCIPLINARY
BIOMEDICAL RESEARCH

Evans Center Research Retreat

October 16, 2013

670 Albany Street; Rooms 107/108

Keynote Talks

"Isocitrate Dehydrogenases at the interface of Metabolic Disease and Cancer: A Biotech approach to Drug Discovery"

Kate Yen, Ph.D.
Director, Biology
Agios Pharmaceuticals

"Beyond the iPS Bank: post-Evans Center ARC graduation for the CReM"

Darell Kotton, MD
Professor of Medicine
Boston University School of Medicine

Clinic Access

Tentative Department of Medicine Section Access Targets (new pts/within 14 d)

Section	AY 13 (8 mo. Ave)	AY 2014 Goal
Cardiology	86%	80%
Geriatrics	89	80
Renal	67	75
ID	69	75
Oncology	77	80
GI	50	70
Hematology	60	65
Pulmonary/Allergy	19	50
Rheumatology	44	65
Endocrine/Nutrition	28	50
General Internal Med	67	75

Example of Analysis of Potential Strategies to Improve Clinic Access

Examples of Strategies to Improve Clinic Access for New Patients

Increasing the time interval for return visits when clinically appropriate

Requiring 45 weekly clinic sessions per year

Four clinic sessions

Increasing the number of provider sessions

Increasing and standardizing the number of patients booked and ultimately seen per session

Reducing the impact of no-shows and cancellations

Adding new patient sessions rotated among faculty

Executive summary

Context

- The Hospital and FPF Board have set challenging access and volume goals for FY13
- The department will need to find ways to **match patient demand to clinician supply** to meet these goals

Objectives of the Work

- Provide the department with **recommendations based on operational and data analysis**
- **Identify cross organizational issues** to be addressed at the organizational level

Approach

- Understand clinic specific operational issues and practices through questionnaires
- Analyze supply and demand data and the impact of operational practices on reporting

Outcome

- Based on our analysis of patient demand and clinician supply, Geriatrics **should be able to meet their access and volume goals** by addressing operational issues impacting slot utilization

Terms & definitions

Term	Definition
Slot	Unit of time to create schedules; a unit is **30** minutes
New Patient	New patient to the provider
Existing Patient	Existing patient to the provider
Procedure	Procedure performed in the clinic
Cancelled within 3-days	Appointment or slot cancelled within 3-days of the appointment, these slots are considered unused since the clinic is generally unable to schedule another patient into the slot
Demand	Sum of patients that arrive, no-show or cancel within 3-days of the appointment
Arrived	Completed appointment

FPF overall goals have been translated into department level performance targets

FY2013 access and volume goals for ambulatory care were developed by the FPF clinical operations sub-committee

Metric	FY12 baseline	Goal FY13	Stretch Goal FY13	YTD Performance (1Q)
Percentage new patients scheduled within 14 days	↑90%	↑93%	93%	86%
Volume in slots	4,108	4,500	---	--

*Average FY12

Three categories of action to close the gap

		Estimated Impact
Manage Demand	**1** Reduce the number of existing patient visits	
	▪ Extend follow-up times	+ 854 slots /yr
Increase Capacity	**2** Increase provider session utilization to 45 weeks	+ 355 slots/yr
	3 Overbook based on likelihood to arrive	+ 1,403 slots/yr
	4 Reduce impact of no-shows/ <3 days cancellations	
	▪ Create a process to fill short term cancellations	+ 160 slots/yr
	▪ Enforce a no-show policy	+ 166 slots/yr
Enablers	**5** Operational improvements	
	▪ Reinforce appointment negotiation policy	
	▪ Live reminder calls for new patients 5 days in advance	
	▪ Front load schedules with new patients prior to vacations or conventions	

Budget Update

Formal close of AY 13 in late July or early August

Operating deficit substantially smaller than budgeted

Non-operating gains exceeded operating deficit

Planning of AY 14 budget held up by lack of resolution on the CARTS funding level

Most sections appear likely to have positive budget for AY 14 but DOM as a whole will likely project a small deficit

Department of Medicine
Cross Subsidy Policy

1. At the end of the year, section operating surpluses will be taxed according to the following schedule:
   - 40% of the first $250,000 of surplus;
   - 30% of the next $250,000
   - 20% of the amount over $500,000
2. Assessment of section overages will be used to create a pool for individual faculty ***incentives*** provided the department has met its budget and is able to fully indemnify deficit sections.

Productivity Policies to be Distributed

Clinical Faculty wRVU targets being set by Section Chiefs (section targets based on UHC benchmarks per FPF)

Research Faculty funding policy to be distributed soon

AY 14 Budget - Productivity and Salary

	Salary adjusted for FTE ($) and Rank	AY 14 Salary ($)	Salary Index	AY 14 budgeted wRVU's	AY wRVU Target (adjusted)	AY 14 Productivity Index
DOM	49.8 m	46.8 m	0.94	694,794	712,665	0.97