

BOSTON UNIVERSITY MEDICAL GROUP | OFFICE OF EQUITY, VITALITY, AND INCLUSION

NOTE: The below flexible work models are based on data collected from departments in December, 2020; resource requests were adjudicated in March, 2021 and departments/sections updates their model status in August, 2021. If you don't see your department/section listed below, please check-in with your Chair or AD for more info.

Cardiology

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Support for faculty to initiate VisuWell appointments on their own, without medical assistant support	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely
2	Faster functionality of ISCV Web application for echo reading	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely
3	Migration to ISCV reporting of echo results	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely

DOM

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Flexible clinic scheduling of 2, 3 or 4 hour sessions (maintaining total 45 sessions/year)	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
2	Counting added clinic session time in minutes or on another day/time even when session less than 2 hours	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
3	Launched EPIC Lead Project providing support for "at the elbow" assistance in each section	Implementation complete, no institutional resources requested	Still being offered to faculty, with a possible end date to be determined by each DOM section
4	Standardized distribution of clinician dashboards via each section AD at least quarterly to facilitate individual tracking of wRVUs, clinic sessions, bump rate, visit volume	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely; updated dashboards to be distributed to individual faculty in September and monthly thereafter
5	Redesigned Ambulatory Medical Assistant (MA) job description and DOM section specific "customization" of MA tasks to improve support of clinicians and patients in clinic	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
6	Communication of test results to patients with creation of standard letters in 4 languages and use of a "quick action" button	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
7	Established process for transitional care management (TCM) for patients seen in clinic shortly following hospital discharge (with added wRVUs for within 7 and 14 day visits	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely; not all clinics have staff to make post-discharge phone calls within 2 business days

Emergency

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Fixed schedule (work predictable days each week) and “partial” fixed (fixed days off to accommodate child-care)	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
2	Ability to flex from full-time to part-time for limited periods of time	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
3	Maternity leave starting 2 weeks before due date	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
4	Off-boarding for faculty working toward retirement	Request out of initiative scope	Still being offered to faculty, plan to continue indefinitely

Family Medicine

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Improving inbox management	Not complete, department decided not to pursue	Other: Insufficient resources available to support this model

General Internal Medicine

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Shift telemedicine clinics to alternative time slots (early, late, evenings)	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely; <i>will monitor access and show rates as a counterbalance</i>
2	The clinic director, nurse manager, and clinicians will clarify the nursing role and ensure consistent performance, to decrease the burden of unnecessary calls on clinicians	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
3	Ability to handle forms electronically-- help with consistent process for completing paperwork	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely; <i>IT ticket submitted and being reviewed</i>
4	Customize EPIC to support clinician workflow – increase doc/ nurse collaboration	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely
5	Create community at the suite level, including group texts, a “buddy system”, and suite meetings over Zoom.	Status unknown, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
6	Explore recording options for meetings and posting them for those unable to participate in real time.	Status unknown, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
7	Exploring the practicality of letting faculty choose the sessions for their in-person clinics, as well as the request	Status unknown, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely

	to give clinicians the control to block or add time slots based on immediate changing needs.		
8	Explore setting the target goal for in-person clinical visits at the practice level, rather than at the individual level.	Request out of initiative scope	No longer being offered to faculty; <i>we have returned to more stable operations</i>
9	Suspended penalties for short notice clinic cancellations and identified clinicians who would be willing to fill in for a short notice cancellation	Status unknown, no institutional resources requested	No longer being offered to faculty; <i>we have returned to more stable operations</i>
10	Need for access to improved technology	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely; <i>working with DOM to secure GIM epic analyst</i>

Geriatrics

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Number of visits/week model with a target based on a) site of care b) # of sessions in that site: recapturing noshows via televisits, adding on 1-2 extra televisits/week as necessary or adding on a smaller session of in-person (when space allows) or televisits to allow the provider to make up visits. Providers may be given “credit” when they have reached out to a patient 2-3 times to try to recapture the visit but are unable to reach the patient	Implementation complete, no institutional resources requested	Still being offered for AY22 and most likely beyond, will re-evaluate from time to time <ul style="list-style-type: none"> Geriatrics requesting more in-person visits in all sites, and less use of tele-visits. Practice will follow CDC recommendations if outbreak, social distancing rules are revised. Much admin time/meeting is remote or a hybrid.

Infectious Disease

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Create an emergency inpatient clinical schedule that can be implemented when a faculty member needs immediate support. We attempt to re-schedule the provider for a later inpatient block but if unavailable the productivity variance is noted as an extenuating circumstance at the end of the year.	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
2	For ambulatory clinical schedules, when applicable, tele-medicine clinics are established for patients who don't need to be seen in-person.	Implementation complete, no institutional resources requested	Other: still being offered to faculty but for only a limited proportion of ambulatory visits

Nephrology

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Staggered clinic hours	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
2	Considering fellows clinic (i.e., current model is attending clinic with an assigned fellow; proposed model would be a multiple fellow-clinic with coverage by 1 or 2 providers, who cover on a rotating basis)	Status unknown, no institutional resources requested	No longer pursuing, not a good fit for section
3	Considering formal cross coverage for transplant attendings	Status unknown, no institutional resources requested	Pending implementation

OBGYN

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Clinical schedule flexibility (e.g. adjusting start/end times, working through lunch, flexibility between in-person + telemed, etc.)	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
2	Decreased FTE with benefits preservation	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely

Ophthalmology

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Shifting start times earlier or later	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
2	Swapping M-F sessions for evenings and weekends	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
3	Partnering with colleagues to “share” clinic days	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
4	Temporary PT status without loss of benefits	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely

Rheumatology

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Clinics split over the lunch hour (e.g. 9-1 or 12-4) to accommodate later start times/earlier end times	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
2	Teleclinics run at atypical hours that aren't always viable in the clinic like Saturday, evenings	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely

Otolaryngology

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Change timing of clinic session/shifts, adding in-person + telehealth sessions outside of regular business hours, including Saturdays	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely

Orthopedics

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Hybrid model of care which includes 90% in-person and 10% telemed	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely however most likely at a rate lower than 10% telemed.

Pathology

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Hours/flextime and cross coverage	Implementation complete, requested institutional resources out of scope	Still being offered to faculty, plan to continue indefinitely

Peds Emergency

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Credit for back-up call (\$150 lump sum for each 24hr back-up call) to support faculty in providing adequate back-up coverage for the ED	Implementation complete, requested institutional resources out of scope	Other: Insufficient resources available to support this model

Peds Ambulatory

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Flex schedules (session start/end time or length to accommodate for expected/unexpected home life conflicts)	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely
2	Session sharing between providers, sessions switching from in-person to telehealth, and allowing for non-traditional session times	Implementation complete, no institutional resources requested	Still being offered to faculty, plan to continue indefinitely

Radiology

	Flexible Work Model	03/2021 Status	08/2021 Status
1	Flexible (work from home) model through teleradiology	Implementation complete, institutional resources allocated in early 2021	Still being offered to faculty, plan to continue indefinitely