Keeping Your Balance in Shifting Sands:
Building Partnerships Between Health Systems and Departments

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Saint Barnabas Medical Center - RWJBarnabas Health

Disclosure: None

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Special Thank You!!!
Start with a goal/vision

• Discuss with mentors
• Have the audacity to propose it
• Gather information on the different stakeholders
• **Get all the key stakeholders in a room**
• Present your vision enthusiastically
  – Focus on benefits to each side
  – Discuss potential **SWOT** analysis for each side
• Discuss implementation
• Build a team/workforce
• Deliver the “goods”
Example of Failure

- UMDNJ → **Rutgers** and creation of **RBHS**
- Two medical schools
  - Rutgers New Jersey Medical School (NJMS) in Newark
  - Rutgers Robert Wood Johnson Medical School (RWJMS) in Piscataway
- One otolaryngology department in Newark
- **Attempt to expand to one larger department on two campuses failed**
Goal/vision

- Discussed with mentors ✔
- Proposed and well-received ✔
- Gathered significant information on the different stakeholders ✔
- **Got all the key stakeholders in a room ✔**
- Presented the vision enthusiastically ✔
  - Focused on benefits to each side
  - Discussed potential SWOT analysis for each side
- Discussed implementation ✔
- Built a team/workforce ✔
- ** Couldn’t deliver the “expected outcome”**
Reason for failure

• Lack of understanding of the differences in culture between the two institutions
  – Different style of leadership
  – Different expectations from leaders
  – Different patient populations
  – Different faculty compensation model
  – Different work expectations
  – Change in leadership during implementation
Example of Success
RWJBarnabas Health Overview

- RWJ Barnabas Health (“RWJBH” or “the System”) is a not-for-profit health care system formed by the 2016 merger of Robert Wood Johnson Health Care System and Barnabas Health.
- RWJBH’s Primary Service Area spans eight of the most populous counties in the state, covering over five million people.
- RWJBH is the largest and most comprehensive health system in New Jersey with 11 acute care hospitals, numerous ambulatory sites, and a large employed physician group.
- RWJBH is NJ’s market share leader across every major service line & the leading provider of tertiary care.
- RWJBH is one of New Jersey’s largest private employers.
- RWJBH operates its facilities and services with a deep commitment to patient safety and quality.
- In 2018 RWJBH announced an expanded relationship with Rutgers to create the state’s largest academic health care system committed to advancing clinical, research and teaching capabilities.
- RWJBH recognizes that social impact and community investment initiatives are essential for the overall health and well-being of our patients, employees, and surrounding communities.
- RWJBH’s Board and management team are focused on diversity and inclusion throughout the enterprise.

Summary Statistics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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<tr>
<td>Assets</td>
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<tr>
<td>Operating Revenue</td>
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<td>Acute Care Hospitals</td>
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<td>Annual IP Admissions</td>
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<tr>
<td>Employees</td>
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“RWJ Barnabas-Rutgers Medical Group”

RWJBarnabas Health
- Physician Enterprise (PE)
- Barnabas Health Medical Group (BHMG)
- Hospital-Employed (SBMC, NBI, MMC, et al.)

Rutgers Health
- NJMS Medical School
- RWJMS Medical School
- Other Schools
  - Nursing, Dental Medicine, Health Professions (PA, PT), Pharmacy

Service Lines (Cancer, Neuro, Primary Care, Behavioral Health, etc.)
- Epic
- HRO
- Medical Group Strategic Council
RWJBH-Rutgers needs to create a strong physician network to combat aggressive physician group consolidation and partnerships in the New Jersey market

| Summed Medical Group | • Largest privately held multispecialty medical practice in NJ  
|• Actively building partnerships with health systems and payers to deliver quality, low cost care and expand community reach  
|• Capture benefits of high-margin ancillary services | • Leading orthopedic specialists; expanded offices from PA into Southern NJ  
|• Partnering with AtlantiCare to offer specialty orthopedic services |
| Hackensack Meridian Health | • Large physician group in NJ and growing network of hospitals |
| Atlantic Health System | • Operating joint venture urgent care and ambulatory surgery centers with Summit |
| Penn Medicine | • Penn Medicine Princeton Medical Center marks the entrance of an out-of-state academic provider in NJ |
| | • The HSS Paramus Outpatient Center provides physician office visits, radiology and imaging, and postoperative care |
| | • National physician group with practices in multiple states including NJ |
| | • Three ambulatory locations in NJ: Basking Ridge, Middletown, and Montvale |
RWJBarnabas-Rutgers Medical Group

Mission

We believe in providing extraordinary care in an academic environment that is patient-centered, values each team member and improves the health of communities.

How do we know we are successful? Our communities are healthier.

- Access
- Safest Care and Highest Quality Outcomes
- Patient satisfaction (Service)
- Provider and staff engagement
- Lower cost of health care
- Education and research mission outcomes
- Health equity, cultural competence, health literacy
Example of Success

- RBHS (**NJMS**) and RWJBarnabas Health (**SBMC**)
- Two separate entity with **“different mission statements”**
  - Rutgers NJMS in Newark
    - Otolaryngology – Head and Neck Surgery Department
    - ACGME accredited residency
  - SBMC (**flagship hospital of RWJBarnabas Health**) in Livingston
    - Otolaryngology – Head and Neck Surgery Division
    - Non-ACGME accredited DO residency
- **Attempt to expand to one larger department/residency succeeded**
Goal/vision

- Discussed with mentors ✅
- Proposed and well-received ✅
- **Gathered significant information on the different stakeholders** ✅
  - Focused on cultural differences between the two entities
  - Focused on uncertainty and its impact on the two sides
  - Keep track of history of leadership changes in both entity
- Got all the key stakeholders in a room ✅
- Presented the vision enthusiastically ✅
  - Focused on benefits to each side
  - Discussed potential SWOT analysis for each side
- Discussed implementation ✅
- Built a team/workforce ✅
THANK YOU!!!

Saint Barnabas Medical Center

RWJBarnabas HEALTH

The University Hospital
Keeping your balance in shifting sands: lessons learned in difficult academic situations

Panelists:
Marita Teng – Icahn School of Medicine at Mount Sinai
Yash Patil – University of Cincinnati
Jean Anderson Eloy – Rutgers University

Moderator:
Ken Grundfast, Boston University
Topics to be discussed

• Marita Teng - Challenges in combining residency programs -- broad lessons learned
• Yash Patil - As the new program director, managing significant faculty shifts in a residency program - creative solutions and lessons learned
• Jean Anderson Eloy - Building partnerships between health systems and departments
• Ken Grundfast - Re-engineering the promotions process
Template for presentations

• Description of the challenge
• Description of the environment/issues and changes that were encountered
• Approach to meeting the challenge
• Outcome, what was learned
Challenges in combining residency programs -- broad lessons learned
Yash Patil
University of Cincinnati

As the new program director, managing significant faculty shifts in a residency program - creative solutions and lessons learned
Keeping your balance in shifting sand

Yash Patil

University of Cincinnati – Department of Otolaryngology
Approach

• Full disclosure
• Identify underlying themes for departure - compensation
• Foster a culture that remains positive
  – Chief residents: Sky is not falling
  – Faculty: All hands on deck
  – MA, RN, APN, all academic staff
• Leave your ego at the door
Solution

• Health system - Show me the money (recruitment and compensation)

• Department
  – Recruitment culture must be fostered

• Residency
  – Resident interviews must reflect plans for growth

• GME office
  – Involve early for any anticipated changes in resident complement
Learning points

• Turnover is expected and normal
• Separation vs integration of faculty
• Institutional/department history
• Succession planning
• Build culture during the good times
• “Surgical mindset”
• Trust
Jean Anderson Eloy
Rutgers University

Building partnerships between health systems and departments
Ken Grundfast
Boston University

Re-engineering the promotions process
Re-engineering the promotions process at Boston University School of Medicine

The problem

• Pathway to academic promotion had become more difficult after start of new university president in 2013
• Lack of alignment between B.U. School of Medicine (BUSBM) and the University, at large = Charles River Campus (CRC); increased scrutiny at CRC of dossiers approved for promotion by the BUSM medical school Faculty Appointments and Promotions (FAP) Committee
• Promotions approved by the BU School of Medicine sometimes were not approved by the president of the University which engendered the perception that criteria for promotion were too stringent, more stringent than at similar schools of medicine elsewhere
Appointments and Promotions

Procedures

Instructors, Assistant Professors, Associate and Full Professors
With modified title

Associate Professors, Professors
Without modified title

Department Faculty Appointments and Promotions (FAP) Committee

B.U. School of Medicine (BUSM) FAP Committee

BUSM Executive Committee

Final action within BUSM

Needs approval of B.U. President at Charles River Campus of B.U.

School of Medicine | Faculty Affairs
Re-engineering the promotions process at Boston University School of Medicine

Environment/issues encountered

- Frustrated, disgruntled members of the faculty feeling unappreciated and confused about how to achieve success in their academic careers
- Confusion about tracks and academic titles – biggest problem was in the Clinician Educator Track
- Process of recommending faculty members for promotion needed tune up
  - External evaluator letters
  - Evidence of scholarship, publication indices
  - Expectations for grant support
  - Letters submitted by department chairs recommending promotion
- Academic titles have financial implications – Boston University Medical Group (BUMG) = group medical practice money conduit
Re-engineering the promotions process at Boston University School of Medicine

Approach to the problem

• Change in membership on the Faculty Appointments and Promotions (FAP) Committee; recommendation for appointments comes from the BUSM Committee on Committees – balance clinicians with basic scientists, strive to have as Committee members highly respected thoughtful faculty members with good communication skills and diverse backgrounds
• Acquire data from “peer” and “aspirational” schools of medicine: rate of promotion, tracks, titles, modifier titles – prefixes/suffixes
• Convene Ad Hoc Working Group on faculty promotions – identify/explore issues
• Convene Ad Hoc Committee to Recommend Changes in pathway toward promotion – make recommendations to Dean that are likely to be approved by president of the university
• Partner with BUMG president, Dean, Mid-Career Faculty Development Consortium
• Keys to success: communication, networking, goal setting, consensus building cultivating willingness to change among all stakeholders
Supporting the Promotion and Advancement of Clinician Educators
Supporting the Promotion and Advancement of Clinician Educators

Manju Subramanian, MD
Associate Professor
BUSM/Ophthalmology
Heatmap of Promotional Criteria: 

[Image of a heatmap chart with various criteria and institutions listed along the edges. The chart uses colors to indicate the presence or absence of criteria across different institutions.]
Re-engineering the promotions process at Boston University School of Medicine

What was learned

• Not everyone who is a vocal complainer has done their own job properly
• Not every department chair has done a perfect job in mentoring faculty, i.e., letting faculty members know what needs to be done to achieve academic promotion
• Criteria for promotion as written on the BUSM website could have been more clear, needed revision
• Separate one-on-one meetings with members of an important committee can enhance the effectiveness of the committee; not everyone has full comprehension at all times about all issues being discussed in committee meetings.
• No deal endures unless it is beneficial to all parties to the deal
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Manju Subramanian, MD
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BUSM/Ophthalmology
Heatmap of Promotional Criteria:

- Heat Map
- Schools (USNWR 2019 Ranking)
- Tenure
- Unmodified
- Prefix/Suffix
- Tenure
- Research and/or Scholarship
  - Publications
    - Peer Reviewed
    - Review articles
  - Books
    - Editorials
    - QI documents
    - Policy statements
  - Books Chapters
    - Abstracts (peer-reviewed oral abstracts)
    - Patient education materials
- Teaching & Grants
  - PI on Grants
  - Co-PI on Grants
- Leadership & Mentorship
  - Development of new course/curriculum
  - Additional
  - Websites or web-based modules
- Clinical Activity
  - Videos
  - Apps

Criterions:
- Present
- Absent

% of Institutions:
- Higher
- Lower
Re-engineering the promotions process at Boston University School of Medicine

What was learned

• Not everyone who is a vocal complainer has done their own job properly
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Questions/Panel Discussion
Shifting Sands or Avalanche?
Residency Program Merger

Marita S. Teng, MD

SUO Meeting - Chicago, IL
November 24, 2019
Once Upon A Time…
Mount Sinai Health System Merger occurred 2013:
Mount Sinai, NYEEI, St Luke’s Roosevelt, Beth Israel

2 ENT training programs in this system:
Icahn School of Medicine at Mount Sinai
New York Eye & Ear Infirmary
MSH - 1852

Founded in 1820, NYEE is the First Specialty Hospital in the Nation
Merging two residency programs
Initial ideas - 2016

• Combine strengths of both programs

• Achieve balance of outpatient and inpatient otolaryngology exposure/training

• Residents benefit from sites and faculty expertise across the whole system
Failed Mergers

1968
NY Central & Pennsylvania Railroad

1994
Quaker Oats & Snapple

2001
AOL & Time Warner

2005
Sprint & Nextel

One Reason Mergers Fail: The Two Cultures Aren’t Compatible
by Michele Gelfand, Sarah Gordon, Chengguang Li, Virginia Choi, and Piotr Prokopowicz
October 02, 2018
OK, let’s give it a shot…. But how??

• Low-hanging fruit - 2016:
  – Integrated didactic lectures, grand rounds, educational courses
  – Unified the PGY1 schedules

• Combined rotation schedules – 2017 gradually:
  – July 2017: combined schedules PGY 1-3
  – July 2018: combined schedules PGY 1-4
  – July 2019: combined schedules PGY 1-5

***Application to ACGME initiated Jan 2017***
Residency merger: The process
Committee for decisions
  – Identify all stakeholders
  – Include loudest voices, dissenters
  – Committee members then work with each PGY class and division heads
- Balancing service/education with many sites
- Differing complement in different PGY classes (6, 7, 8)
Residency merger: Timetable

- Jan 2017: Application submitted
- Aug 2017: RRC site visit
- Jan 2018: ACGME approval of new program

Challenges:
- Explanation to interviewees in 2018
- CULTURE
Residency merger: Lessons learned

• Defining the mission
  – Site coverage vs. educational goals by PGY level?
  – Education first! Therefore, 4+4=6

• Defining the strategy
  – Block schedules and call: small adjustments, or complete deconstruction?

• Deadlines, deadlines, deadlines
  – Last 10% takes forever - like moving
Key Players – THANK YOU!

• Ben Malkin
• Pat Colley
• Tony Del Signore
• Eric Genden