Cook County Health and Hospitals System
Presentation to Inform Strategic Plan

PROFESSIONAL EDUCATION

John M. O'Brien, M.D.

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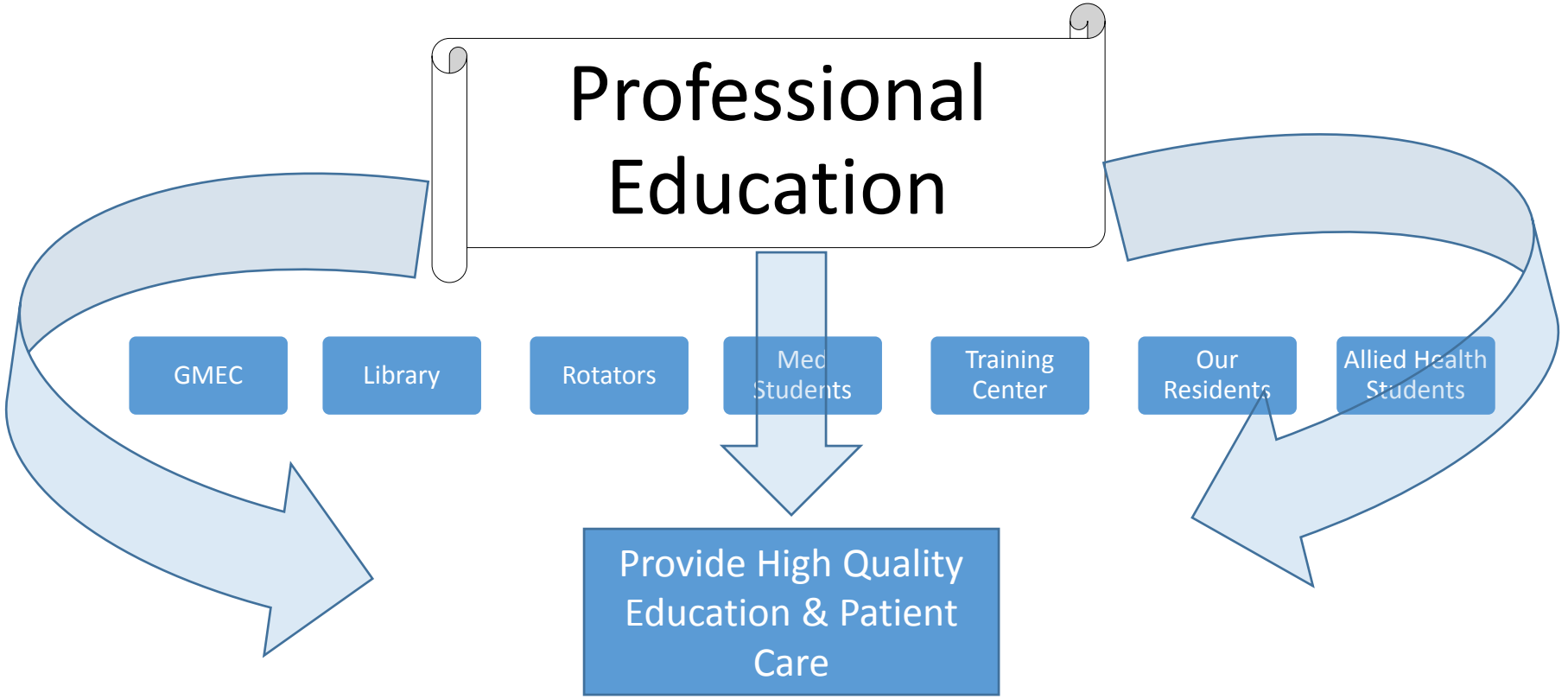
COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS

Department of Professional Education (PE): Scope of Functions



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Professional Education - Summary

390 FTE Employed Residents

- Maintenance of Licensure (All)
- Maintenance of Valid Immigration Status (168)
- Verify Training to Outside Hospitals' Credentialing Office

650 (110FTE) Rotators -Residents from other institutions

- Verification of Licensure
- Verification of Immunization Status
- Orientation to the Hospital

>1900 Students Annually

- Verification of Immunization Status
- Verification of Criminal Background Check
- Orientation to the Hospital

JSH Programs

( ) = FTE/program

Accredited

Anesthesiology (36)
Cardiovascular Disease (9)
Child Abuse Pediatrics (3)
Colon/Rectal Surgery (3)
Dermatology (10)
Emergency Medicine (68)
Gastroenterology (9)
Hematology-Oncology (7)
Internal Medicine (120)
Neonatal Perinatal Medicine (6)
Neurosurgery (AOA) (5)
Ophthalmology (12)
Oral Surgery (8)
Pain Medicine (4)
Palliative Care/Hospice (3)
Primary Care (Integrated) (12)
Pediatrics (26→18)
Preventive Medicine (4)
Pulmonary /Critical Care Medicine (9)
Radiology- Diagnostic (16)
Surgical Critical Care (3)
Toxicology (Integrated) (2)
Urology (8)

Non-Accredited

Burn (2)
Trauma (2)
Retinal Disease (2)
Simulation Laboratory (2)

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“Our” (CCHHS Employed) Residents

All Programs

- 390 FTE
- 361 FTE at CCHHS
- 29 FTE Rotate Outside of CCHHS
  - Integrated Programs
  - Experience not found at JSH
  - Electives

Emergency Medicine

- 15 FTE Outside of CCHHS
  - Acute Coronary Experience
  - Pediatric Experience
  - 11.25 FTE reimbursed by receiving institution

Primary Care

- 6 FTE Outside of CCHHS (Paid by Rush)

- **Primary Care**
- Urology – 1.0 FTE reimbursed from Christ
- Palliative – 2.0 FTE reimbursed from Rush and Horizon Hospice

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Rotator Programs

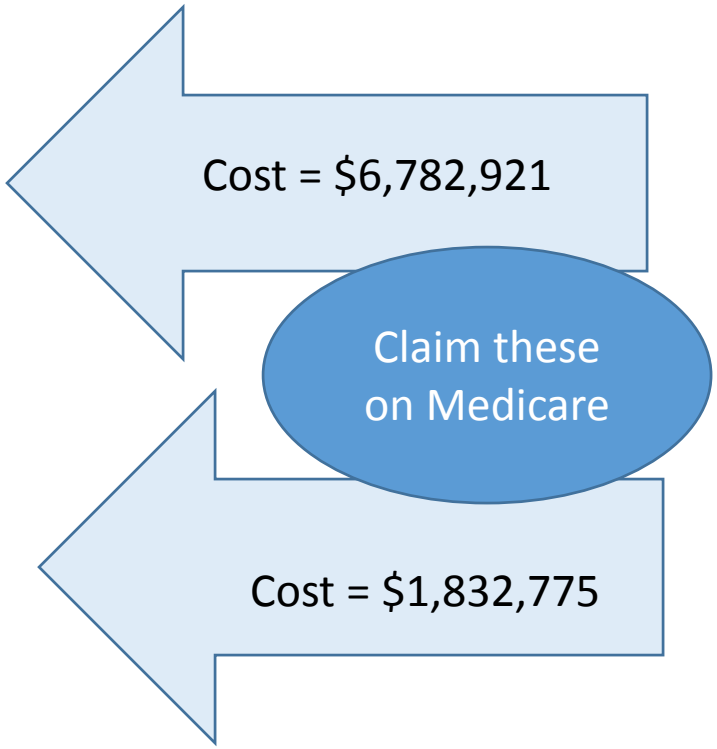
Integrated

Adolescent Medicine (1)
Allergy (1)
Cardio Thoracic Surgery (2)
General Surgery (23)
Endocrinology (3)
Family Medicine (33)
Infectious Disease (5)
Neurology (2)
OB/GYN (16)
Rheumatology (2)

( ) = FTE/yr

Not Integrated

Orthopedics (7.5)
ENT (7)
Plastic Surgery (1)
Pathology (5)
Nephrology (2)



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Medicare Reimbursement (again)

- Residents Provide Patient Care that is 24/7
- They are Supervised by Attendings
- Supervision Policies reviewed by GMEC and EMS Annually (as required by the Joint Commission and the ACGME)
- Attending must independently see the patient and document in order to bill (inpatient)
- Duty hours rules for residents have stretched inpatient coverages
  - Better decisions/fewer errors with more sleep
  - More hand offs
  - Using more mid-level providers to help provide patient care basics, but this rarely helps the call schedule.

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Medicare Reimbursement (again)

- Medicare Reimbursement for Training Residents
  - Indirect Costs
    - Residents order more tests etc.
    - Hospital receives higher reimbursement for Medicare charges.
- Calculation of reimbursement level based on # of Residents/Bed.
- Direct Costs
  - Receive a % of salary/benefits for each resident trained on site.
  - Based on the number of inpatient Medicare patients.
- Number of residents reimbursed was capped in 1996.
- Stroger's Medicare Reimbursement
  - CCHHS $/resident is lower than most other teaching hospitals.
  - ~ $22,500 per resident
- Reimbursement offsets some of the salary/benefits paid by the hospital.

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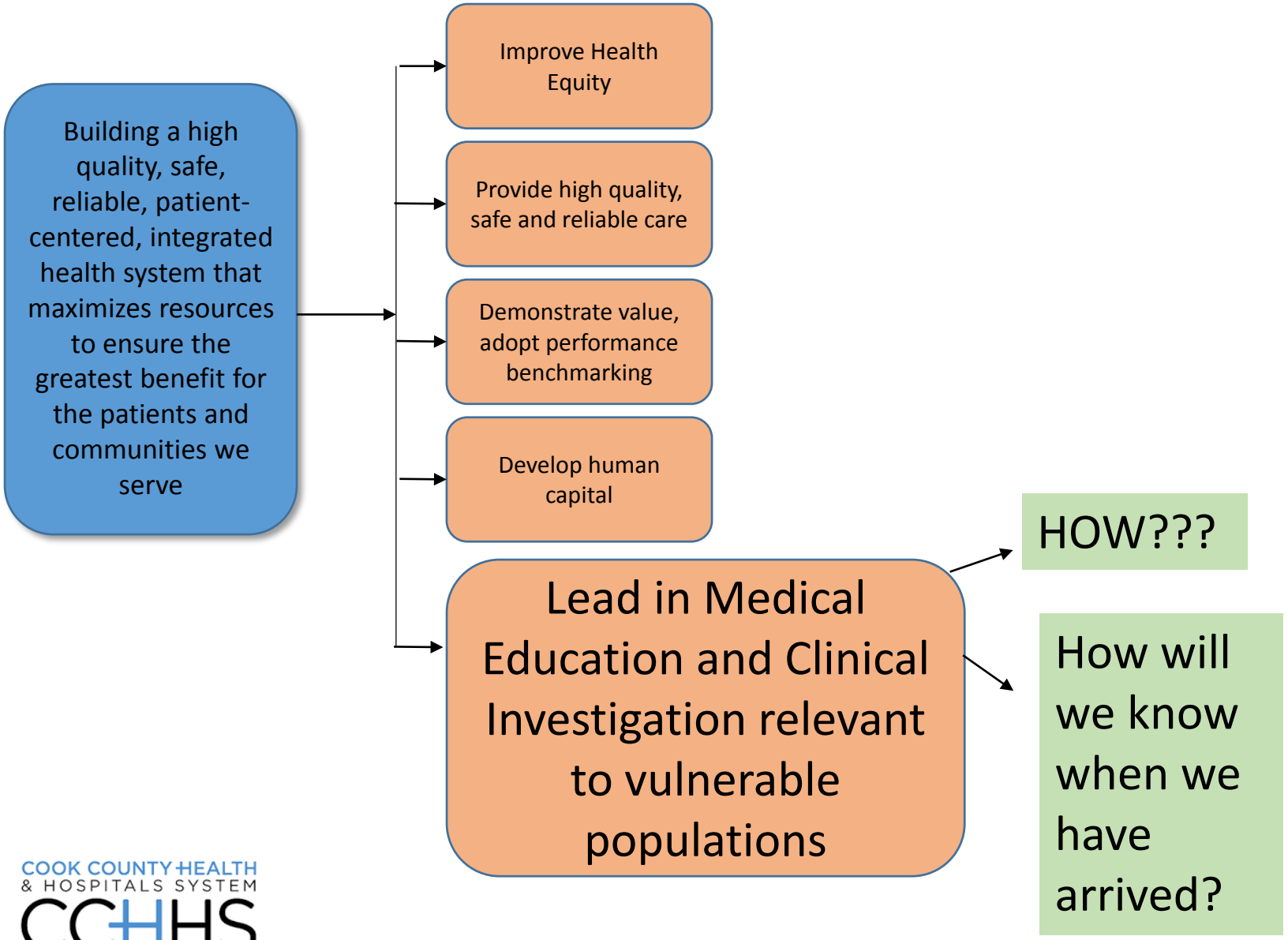
Strategic Planning – Department of PE



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Lead In Medical Education

- What does this mean?
  - Department of Professional Education (PE) must facilitate the CCHHS mission:
  - PE must maximize resources to ensure the greatest benefit for the patients and communities we serve
  - Our Training Programs must enhance our system's quality and safety in a patient-centered fashion.
  - Our Programs' must be have measurements of their caliber, and these measurements should reflect good to aspirational programs.

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PE- How do we bring benefits to the Patients and Communities that CCHHS serves?

- Provide well-trained Physician Staff to CCHHS
- Reduce health care disparities in our patients
- Reduce Length of Stay (LOS), overutilization of services

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CCHHS Residencies are “Feeders” for Our Attending Staff

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Program	Total	CCHHS trained	Percentage
Anesthesia	34	19	58%
Cermak	34	8	23%
Emergency	57	31	54%
Family Medicine	47	18	38%
Internal Medicine	274	112	41%
OB/Gyne	27	4	15% (22%)
Pediatrics	93	34	36%
Radiology	30	10	33%
Surgery	108	16	15% (25%)
Trauma	20	9	45%

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PE – How do we reduce healthcare disparities for our patients?

- Education – Need to raise awareness among trainees (Obesity, Diabetes, Diabetic Retinopathy, Trauma, Hypertension Control, Colon Cancer Screening etc have been clearly associated with differences in race/socioeconomic status nationally).
  - Programs to develop curriculum specific to their specialty
- Data – How are we doing? (Quality of Care and Benchmarking)
- Review residencies-Preventive Medicine

PE-How well do the size and scope of the residencies reflect our Patients and the Community served by CCHHS?

- Training Programs are historically hospital-centric.
  - Currently moving some Residents out into the community.
- Reviewing each program's size and scope to understand how it benefits our patients and the community.
  - Due to market forces, difficulty attracting trainees to some of the programs that would benefit our patients (Primary Care, Preventive Medicine)
  - Size often dictated by need to cover inpatient call schedules

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PE- Maximizing Resources to Ensure the Greatest Benefit

- Reduction of Length of Stay
- Reduction of excessive use of tests
- Plan: Joining the "Choose Wisely" Campaign
  - American Board of Internal Medicine initiative to improve outcomes while cutting costs (e.g. stop routine peptic ulcer prophylaxis in the hospital)
- Increase QI and measurements of resource use

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PE- Our Training Programs must enhance our system's quality and safety in a patient-centered fashion.

- CLER program
  - Accreditation Council for Graduate Medical Education (ACGME) has developed a non-accrediting arm: Clinical Learning Environment Review (C.L.E.R.)
    - Aims to improve the learning environment of all institutions (including quality of care and patient safety) and reduce disparities between them
    - Site Visits (Similar to The Joint Commission)
    - Focus on six areas:
      - Patient Safety
      - Quality
      - Transitions in Care
      - Supervision
      - Duty hours oversight/fatigue management,
      - Professionalism
  - Forcing greater involvement between GME and institutional leadership (especially in the areas of quality and patient safety).

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CLER Program

- Visited every major institution in the U.S. over three years (JSH twice) and recently released its findings:
  - Variability Across Institutions
  - GME is Silo'ed
  - Faculty Engagement in Quality and Safety is Low
  - Interdisciplinary Learning Is Minimal

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CLER Program - Grant

- ACGME RFP for Guidance for Pathway Innovators
- Up to eight grants
- Duration of grant = Four Years
- RFP must outline a plan to address the four issues
- Develop a curriculum/train Interdisciplinary Group including leaders in Nursing, Pharmacy and Residency, as well as Core Faculty.
- Separately begin training incoming residents longitudinally – beginning at orientation
- Will develop milestones in Patient Safety Training for housestaff regardless of specialty
- Measurements will include:
  - Culture of Safety Survey
  - Safety Event reporting
  - Volume of Safety events
  - Number of RCAs conducted
  - Annual in-house and ACGME surveys
  - Press Ganey Surveys
  - Notification of award = June 30, 2016
  - CCHHS committed to program regardless of outcome of RFP

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CLER Program – Grant Requirements

- Identify and maintain a *Pursuing Excellence* core team of GME and executive health care leadership
- Assign a day to day project manager and engage an improvement coach and local evaluator.
- CEO and Board of Directors must participate in a Leadership Track within the *Pursuing Excellence* initiative that will meet once a year
- Consent to share limited intellectual property rights, including the right jointly publish collaboration outcomes with the ACGME.

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CLER Program – Grant Summary

- Leverage GME to improve patient Quality and Safety at JSH
- Increase interprofessional learning and collaboration
- Increase collaboration between CCHHS governance and GME
- Develop a core of interprofessional Quality and Safety experts
- Develop the human capital of our *future attending staff* in areas of Patients Quality and Safety
- Become a national leader in the transformation of a hospital culture

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CCHHS GME Programs – Measurably High Quality

- Measurements of the quality of a program
  - Recruitment success
  - Accreditation
  - ACGME Annual Survey
  - Board Passage

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Board Passage (3 Year Rolling Average) - Residencies

Program	% GradsTook Boards	% Passed
Anesthesia	100	88%
Dermatology	100	100%
Emergency Med	100	100%
Int Med	100	92%
Neurosurgery	100	100%
Ophthalmology	100	89%
Oral Surgery	100	100%
Pediatrics	96.7	72.4%
Prev Med	N/A	N/A
Radiology	100	75%
Urology	100	100%

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Board Passage (3 Year Rolling Average) - Fellowships

Program	% Grads Took Boards	% Passed/Natl Avg
Cards	100%	100%
CAP	N/A	N/A
Colon and Rectal	89%	87.5%
GI	100%	100%
Heme/Onc	100%	100%
Neonatal	100%	100%
Pain	100%	75%
Palliative Care	66%	83%
Pulm Crit Care	100%	100%
Surgery Crit Care	100%	75%

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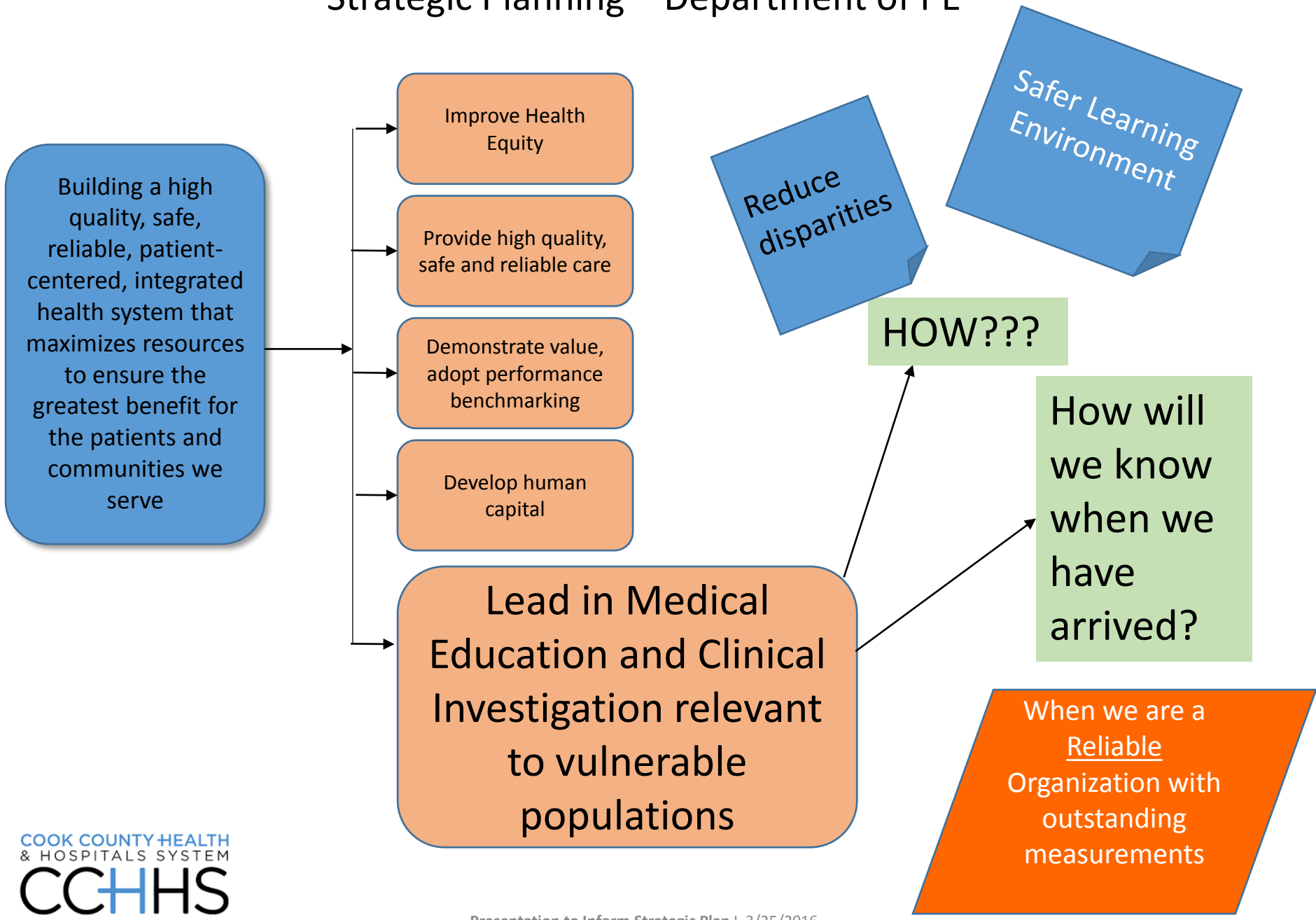
Strategic Planning – Department of PE



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Questions?

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