Organizational Relationships in Academic Medicine

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Introduction and Thankfulness
“Classic” AMC Model

- AMC CEO and Med School Dean roles held by one individual (sometimes a Chancellor)
- UTMC pre-1999 ---> University of Tennessee Memorial Research Center and Hospital
- Much less common in modern healthcare due to need for nimble decision-making
- Also, universities often not interested in degree of financial risk related to typical AMC
- Main advantage is (ostensible) alignment of education versus clinical priorities
“Modern” AMC Model

- AMC CEO and Med School Dean roles are held by two individuals

- Varying models for AMC structure, including:
  - independent 501 c 3 (UTMC)
  - community owned (Regional One, BMH)
  - partially University owned (typically with a community or independent partner)

- Also varying degrees of AMC university affiliation (like UHS affiliation agreement with UT)
UTMC Campus Organization

➢ **UHS CEO**
  - Manages hospital via ELT (COO, CMO, CNO, CAO, etc.) and SLT (COE VP’s)
  - Responsive to UHS Board, which includes:
    o UT President
    o UTHSC Chancellor
    o UTK Chancellor
    o 3 additional UT-nominated members

➢ **UTGSM Dean**
  - Manages academic mission of UTMC campus via Deans’ Council and Chairs’ Council
  - Responsive to UTHSC COM Executive Dean--> UTHSC Chancellor--> UT President

➢ **UTGSM DIO/Assistant Dean GME**
  - Manages GME mission of UTMC via GMDEC and PD’s
  - Responsive to Dean, CMO and ACGME (note accreditation lines)
UTMC Department Organization: Academic

- Chair
- Vice-Chair(s)
- PD’s – core residency and fellowship
- APD’s
- CCC
- Clerkship Director(s)
- Core Faculty
- Faculty – paid and volunteer
- Residents and Fellows
- Administrators – including program coordinators
UTMC Department Organization: Clinical

Quite variable by department/division:

- UHS-employed physicians + UPA = analogous to university practice plans
- Private group + University faculty appointment = Hybrid
- Most FM and some IM faculty = 100% UTGSM (traditional practice model)
- Other models include clinical funds flow via national entities or large regional horizontal groups
OK, great; now who do I go to get things changed around here?! 

It depends on: 

- Academic or Clinical issue 
- Department/Division clinical structure 

Or stated another way: 

Who is going to pay for the change?
Simple Answer

• Start with your Chair:

  • Always the right answer for academic issues/needs (unless student or resident/fellow issue, in which case you should typically start with clerkship director or PD, and then to chair and finally the DIO).

  • In most cases, chairs on our campus don’t hold purse strings for clinical mission, but he/she is best situated to help you advocate for change. And you need to make your case to the chair, because if he/she doesn’t agree with your plan, the energy of activation will be excessive.

  • In some cases, your division leader or COE VP may be the best initial contact, but again, your chair can likely best advocate for system changes, given that system issues typically cross COE’s and missions.
UTGSM Strategic Plan:

i.e., how we are going to leverage organizational relationships over next 3-5 years to reach our goals
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UTGSM SWOT

**Strengths** – Knoxville/AMC/Culture/“Hybrid” structure/67-year history of outstanding GME/24-year history of remarkable partnership with UHS

**Weaknesses** – Campus dependency on clinical productivity/“Rome and the Provinces”/Pediatrics/Space

**Opportunities** – UTHSC/UTK/ORNL/ETCH/Philanthropy

**Threats** – Healthcare financial model/academic and clinical competitors
SWOT Synthesis

Culture + "Hybrid" structure + remarkable partnership with UHS >>> healthcare financial and competitor threats

UTHSC-Knox Campus within UTHSC “Federation” >>>”Rome and the Provinces”

All of above + Knoxville area + UTHSC/UTK/ORNL/ETCH = 🚀
Transformational Change via Philanthropy

- “Burning Platform” – 2700 physician shortage in ET by 2027
  - Newest UTCOM building east of Cumberland Plateau completed 1957
  - No UTMC space for growth required to meet this shortage

- Building a Healthier Future Campaign
  - Promote Healing – UTMC ED
  - Educate the Future – UTMC/UTK BSN school
  - Discover Tomorrow’s Solutions → Medical Education and Research

- Above may also align with UTK building priorities
Strategy in a Sentence:

- In order to ensure physician-led care for our region,
- grow UME, GME and Research on our campus,
- by increasing alignment and collaboration with UHS, UTHSC and UTK/ORNL.
Short –term goals oriented toward alignment and collaborations:

- Align UTMC and UTHSC Strategic Plans – past 9 months!
- Expand GSM and UHS Collaborative Relationships – recruitment and compensation
- Permeate Academic Mission – ACGME Dashboard
Progress Report

- UTGSM strategic plan fully incorporated as Academic KSO within UTMC strategic plan/ UTGSM Dean and Dean’s Council participation in UTHSC and UTCOM strategic plans

- UHS and GSM leadership alignment on recruitment, including common “referral form” for interview, joint offer letter, and agreement regarding funds flow for academic work

- ACGME dashboard reviewed with COE leadership and integrated into annual goal structure
Long-term Goals oriented toward growth:

**Faculty -**

↑ paid faculty

↑ clinicians with ≥20% research time

↑ departments with non-clinician researchers
Progress Report

- Added 12 new paid faculty since 10/23 (above replacement positions)
- Added 5 new faculty since 10/23 with at least 20% academic time (involving funding by both GSM and UHS)
- Developed a plan to renovate 3rd floor research (for clinical research coordinators and medical students), thus opening up 5th floor research for recruitment of bench researchers
- Began discussions with UTK regarding co-location of UTK scientists with partner physicians on our campus
Long-term Goals oriented toward growth:

Residents –

- Develop comprehensive timeline for training expansion via the UTMC Committee on Program Change
- Engage COE’s in expansion process according to timeline
Committee for Program Change reconstituted as a working group of key decision-makers from GSM and UHS

Comprehensive timeline for program addition and expansion developed based on overall educational environment benefit, medical student interest, community/campus need for specialty, and funding availability

Initial commitments made for development of FM Rural Track and Neurology residencies, and expansion of ObGyn

Nascent construct for further expansion has been discussed
Long-term Goals oriented toward growth:

Medical Students –

- Implement clinical site selection at matriculation for UTHSC students
- Develop innovative collaborative programs with UTHSC around rural health
Progress report

- Significant effort by the new UME division to demonstrate the benefits of our campus as a clinical site to rising MS-3’s.

- Above resulted in largest-ever Knox-only contingent of 18 students, which combined with students on single rotations and MS-4’s brings 50 students to our campus each month.

- Initial discussions with UTHSC leadership around site selection occurring at matriculation, with alignment based on increasing student representation from ET and in particular underserved rural counties.
Long-term Goals oriented toward growth:

Research –

Expand Office of Research Support

Increase availability of seed grants for collaborative research

Develop new collaborations with UTHSC and UTK/ORNL
Progress Report

- 6 new research coordinator FTEs created, with 4 FTEs funded via extra-GSM sources

- CoreNet seed grant program funded with $300K from UTHSC, UTK and GSM for stimulation of collaborative research

- First Statewide UTHSC COM Research retreat held at UTMC on May 5, with focus on potential for collaboration in population health/health disparities, opioid crisis, EDW/BIG and QI as scholarly activity = 🌱

- UTK/UTMC Center for Precision Health at the Orthopaedic Institute + Bioinformatics Cluster Hire = 🌱
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Thank You!

Questions?