Faculty of Tomorrow
Do Words Make a Difference?

GFA Focus Session
AAMC Annual Meeting – 2012

Lois Margaret Nora, MD, JD, MBA
American Board of Medical Specialties
My assigned task: Provocateur

» Provocateur: A person who provokes trouble, causes dissension, or the like; agitator (dictionary.reference.com)

» Related to comments at Flexner Conference 2010, and GFA Annual Meeting 2011

» Outline
  • Questions and Presumptions
  • Three Challenges
  • Potential Solutions
Academic medicine exists, first and foremost, to serve the patient and the community.

Our challenges are related, in large part, to the tremendous success of academic medicine and dramatic increases in complexity of the enterprise.

All three missions – clinical care and service; research; and education - are important and must continue.

Medical education is the essential mission of a medical school (no other institution in society performs this activity).

Our people (faculty, staff, volunteers, students) are our most important resource.

Our professionalism as medical administrators and educators should be no less than what we expect of our students.
Consider what we call things...

» Words you care about vs. those you don’t
» New words vs. Old words
» Non-specific vs. Specific words
» Would a rose, by any other name, smell as sweet?
» Would e-mail, by any other name, get there as quickly?
Four Faculty-Related Opportunities to Enhance the Educational Mission  (Flexner Conference 2010)

» Re-link academic meaning with the faculty title
» Improve the diversity of the faculty
» Expand focus on faculty development
» Reinvigorate the broad approach to the scholarship of academic medicine
Challenge One:
The “Faculty” title has come to mean so many things that it is close to being a meaningless (although still highly desirable) title.
Challenge Two:
We are inadequately preparing our young and future faculty to perform the academic roles they will be expected to perform.
Challenge Three:

Our hiring, evaluation, and promotion processes are inadequate, leaving faculty members uninformed and vulnerable.
Mission contributors
• Clinicians, researchers, teachers with important contributions but no/very limited engagement with the education mission

Faculty members – Clinicians/researchers/teachers with
• Disciplinary excellence
• Highly engaged in the medical school with substantial contributions to one or more missions and to the academic work (teaching, scholarship, service) of the school
• Explicitly responsible for creating, nurturing, sustaining the academic environment and role-modeling

Core faculty members – A subset of the faculty
• Particular passion for, commitment to, excellence in education
• Formal and informal educational leadership
“Do Over”?

Faculty

- Teachers
- Researchers
- Clinicians
- Scholars
  - Must be engaged in education in a substantial way
  - Must be involved in some form (Boyer’s) of scholarship
Moving Forward to Address the Challenges
National Level

» National conversation and consensus about
  • Definition of key terms. What does “faculty” mean?
  • What are the core features of key roles in academic medicine?
  • What are the core expectations about faculty hiring, development, promotion?
  • Appropriate balancing of the needs of specific institutions with the needs of the academic medicine community.

» Link the faculty title (or some sub-title) with the academic responsibilities of teaching and scholarship

» Embody the answers in the core standards

» Establish “educating the next generation” as a key characteristic of the profession
Moving Forward to Address the Challenges
Institutional Level

» Clarity about needs of the institution and hiring practices; hire for the mission, vision, and necessary work; recognize the academic work of education and scholarship as key within the institution

» Within the construct of any nationally developed norms, create roles for the variety of people who are critical to our missions

» Tailor expectations, support, and professional development more closely to the different roles

» Honesty about needs, expectations, fit, performance

» Have a specific role/title linked to those responsible for the academic responsibilities of education and scholarship

» Create appropriate, meaningful titles for other roles
Why Care?

» Respect for the individual
» Organizational and professional integrity
» Mechanism to identify the many roles in academic medicine, and through clarity, honor them
AAMC Annual Meeting: The Faculty of Tomorrow

Nicholas Benson, MD, MBA
Vice Dean, Brody School of Medicine
East Carolina University
Saturday, November 3, 2012
Audience Engagement #1

By 2017, the tenure system as we know it today at medical schools will be gone.

1 = True
2 = False
By 2017, physicians recruited into the medical school from private, community practices will have parity with long-term academic faculty in medical school faculty governance matters.

1 = True
2 = False
The Brody School of Medicine

- A community based medical school with tripartite mission
- Part of East Carolina University, which is one of 17 institutions in UNC system
- ECU Physicians is wholly owned by BSOM
- Vidant Medical Center is primary teaching hospital
The Faculty of Tomorrow: More Questions than Answers

• Nationally, medical school faculty are graying.
  – Where will the next generation of venerable faculty come from?

• Nationally, the desire for circumscribed work hours is clear, e.g., duty hour restrictions, Gen Y preferences.
  – Where will the next generation of “work till you drop” faculty come from?
Faculty Resilience at BSOM

What has impacted the role of the faculty in recent years?

– Increasing pressure on physician faculty for clinical productivity to generate revenue -- Leads to pressure on T&P

– Decreasing federal grant funding squeezes the research faculty - - Leads to pressure on T&P

– Increasing interest in part-time work -- Leads to pressure on T&P

– Increasing proportion of fixed-term faculty
  • No opportunity for T&P and an uncertain role in faculty governance
Faculty Resilience at BSOM

Is this the milieu that faculty want to work in?

– Do they have adequate freedom to mold their environment?

– What is the impact on faculty vitality?
Faculty Compensation at BSOM

• There is an increasing need for reasonable, dependable incentives for physician faculty and for research faculty.

• Bringing private practice groups into the school challenges our limited flexibility.
  – Must create private practice compensation models.

• Provider revenues are down and hospital revenues are up.
  – How does the medical school wrest funds to reward the physicians generating the high-end facility revenues?

• Vidant Medical Group competes for talent.
  > 300 physicians in a private practice compensation structure.
Accreditation standard ED-25:

- *Supervision of medical student learning experiences at an institution that offers a medical education program must be provided throughout required clerkship rotations by members of the institution’s faculty.*
- Thus, community physicians precepting M3/M4 students must have a faculty appointment – several hundred of them.
BSOM Chairs’ view of our future faculty

• **What are they like?** Technologically savvy, service-oriented, and committed to their work.

• **What do they value?** Honesty and integrity; inclusiveness and life balance.

• **What do they fight to teach?** Discipline-specific, evidence-based care and wellness, using technology extensively.
BSOM Chairs’ view of our future faculty

• **What makes them different?** They care, are adaptable, technology oriented, and mobile.

• **What motivates them?** Self-fulfillment through families, career advancement, and development.

• **Concluding thoughts:** This group feels different, with less emphasis on hard skills. More appreciation of personality and human skills.
The Meaning of “Faculty”

• Physicians tend to take great pride in their work – their personal work and contributions

• As others are brought into the employment model (medical school, medical center, etc.), and given the title of Faculty, how does that make the career-committed tenured faculty feel?
  – Is there a cheapening of the value of the Faculty title?
Limitations created by external agencies

• Clinical integration could result in a two-paycheck model, with impact on fringe benefits.
  – Certain benefits are now defined by state law.

• Integration could also impact tenure, which is overseen by UNC system.
  – Would tenured faculty lose that status?
  – Could incoming faculty with split employment even be eligible for tenure in the future?

• This calls for widespread discussion and system change.
Audience Engagement Scenario A

A medical school is acquiring a neurosurgical practice of five surgeons, who will become full-time employees and receive the same benefits as existing faculty.

– They will not do any more teaching of learners than they have been doing for the past ten years, i.e., occasional elective rotation from a medical student or resident physician.

Should these surgeons get a faculty title?

1 = Yes
2 = No
Audience Engagement Scenario B

In the same acquisition of the neurosurgical practice by the med school...

Should the compensation of these surgeons follow the same salary and incentive structure as the existing faculty at the medical school, or should a compensation plan mimicking a private practice be developed?

1 = Same as the existing faculty
2 = Create a comp plan mimicking private practice
3 = A hybrid of these two options
4 = Don’t hire them
An AHC is forming an ACO. A large, private primary care group wants to join the ACO and become employees of the AHC. They want to be active in teaching, but have not done any significant amount of teaching in the past.

Should they receive a faculty title?

1 = Yes
2 = No
As we contemplate the evolving roles of faculty in a very dynamic future of unanticipable changes, perhaps the best maxim is...

*Follow your mission and sustain your future!*
Faculty of Tomorrow:
The Hospital Perspective
Laura Forese, MD
Group SVP and COO, NYP/Weill Cornell
November 2012
### NYP: Academic Medical Center

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharges</td>
<td>117,853</td>
</tr>
<tr>
<td>Births</td>
<td>12,514</td>
</tr>
<tr>
<td>Ambulatory Surgery Cases</td>
<td>76,689</td>
</tr>
<tr>
<td>Emerg. Dept. Visits</td>
<td>204,952</td>
</tr>
<tr>
<td>Clinic Visits</td>
<td>784,800</td>
</tr>
<tr>
<td>Other Amb. Encounters</td>
<td>707,181</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$3.5 B</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>5%</td>
</tr>
<tr>
<td>Employees</td>
<td>19,881</td>
</tr>
<tr>
<td>Faculty Physicians</td>
<td>4200</td>
</tr>
<tr>
<td>Housestaff</td>
<td>1600</td>
</tr>
</tbody>
</table>

*Based on 2011 Data provided by NYP Finance*
Affiliated With Two Medical Schools

Columbia University

College of Physicians and Surgeons

Weill Cornell Medical College
NYP – only “faculty” physicians

NYP/Weill Cornell
NYP/Morgan Stanley Children’s Hosp
NYP/Milstein
NYP/Westchester
NYP/Allen Hosp
Hospital Perspective

• Reality of Healthcare Industry
U.S. Health Expenditures as a % of GDP

Source: CMS (2011)
Hospital Perspective

- Reality of Hospital Finance
- Hospital/System Consolidation
AHA Number of Deals / Hospitals involved in Mergers and Acquisitions

In 2006, the privatization of HCA, Inc. affected 176 acute-care hospitals. The acquisition was the largest health care transaction ever announced.


American Hospital Association Slide: [http://www.aha.org/research/reports/tw/chartbook/ch2.shtml](http://www.aha.org/research/reports/tw/chartbook/ch2.shtml)
Hospital Perspective

• Reality of Hospital Finance

• Reimbursement models
Delivery Models: A Comparison

Lower Need for Alignment Higher

Fee-for-Service
Pay-for-Performance
Penalties for Adverse / Preventable Events
Bundled Payments
Accountable Care Organization
Capitation / Insurance Product

Volume Value
Hospital Perspective

- Reality of Physician Practice
- Integration
Hospitals’ Race to Employ Physicians

Figure 1. Percentages of U.S. Physician Practices Owned by Physicians and by Hospitals, 2002–2008.

Data are from the Physician Compensation and Production Survey, Medical Group Management Association, 2003–2009.

Sources:
1. New England Journal of Medicine
Hospital Perspective

- Reality of Physician Practice
- Changing Roles
Hospital Perspective

- Reality of Everything Else
Questions?