What we want to address today

• What is our vision?

• What is TEAM?

• How will we implement TEAM initiatives?

• What is the institute model?

• How can you expect to be engaged?

• What questions do you have?
When we asked you what kind of culture you wanted, this is what you said

Source: Culture Diagnostic Survey 2017, N=464
What is the vision for the School of Medicine?

Set the standard for **quality patient-centric care and academic excellence**

Become the **desired destination** for faculty, staff, and students by ensuring they are **developed and empowered**

Grow to **achieve leading financial results and a leadership position in the market**, benefiting our mission, faculty, and staff
Transformative Excellence in Academic Medicine (TEAM) is about delivering that vision in six key areas

**Culture:** Drive a culture of excellence and accountability

- **Clinical Quality**: Continuously improve high-quality patient interactions
- **Patient Access**: Increase clinical volume
- **Research and Education**: Foster growth in teaching and research
- **Integrated Organization**: Integrate academic, research, and clinical components of the School of Medicine
- **Supporting Capabilities**: Optimize support staffing for effectiveness and efficiency
- **Strategic Plan**: Build the strategic plan for the next 5-10 years

**DELIVER QUALITY AND GROWTH IN EVERYTHING WE DO**
TEAM initiatives will enable us to deliver quality and growth in everything we do

**Culture: Excellence and accountability**

<table>
<thead>
<tr>
<th>Clinical Quality</th>
<th>Patient Access</th>
<th>Research and Education</th>
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<tbody>
<tr>
<td>- Improve clinical quality across the continuum of care</td>
<td>- Optimize clinical capacity - develop standards on working hours, productivity, scheduling, and CARTS</td>
<td>- Sustainably develop programmatic research to grow external funding resources (NIH, clinical trials, and others)</td>
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<td>- Develop infrastructure for high performance in value-based payment contracts</td>
<td>- Reduce and mitigate the impact of cancellations, no shows, &amp; bumps</td>
<td>- Improve Graduate Medical and Graduate Research Education</td>
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<td>- Develop a patient experience program</td>
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<td>- Reinstate full LCME accreditation</td>
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<td>- Improve and integrate interprofessional health professions training</td>
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<th>Integrated Organization</th>
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<tr>
<td>- Shift to an institute model to enhance performance while maintaining identity</td>
<td>- Implement standardized processes to ensure billing &amp; coding compliance</td>
<td>- Develop a 5-year roadmap to achieve ‘full-potential’ growth and patient outcomes</td>
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<td>- Clarify decision rights and accountabilities</td>
<td>- Consolidate Epic EHR</td>
<td>- Implement the Integrated Delivery Network Plan with SSM</td>
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<td>- Redesign budget and funds flow process</td>
<td>- Transition to the Epic revenue cycle management system</td>
<td>- Build the new hospital and ACC and move clinical infrastructure</td>
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<td>- Improve recruiting, hiring, and development processes &amp; standardize job titles</td>
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<td>- Redesign the academic campus</td>
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<td>- Centralize &amp; standardize support functions</td>
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<td>- Rollout new faculty compensation model</td>
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**DELIVER QUALITY AND GROWTH IN EVERYTHING WE DO**
Our goals define a core set of principles that we use in developing the institute model design

1. **Patients come first** in the clinic, our research, and our education

2. Organize ourselves to deliver **interprofessional** care

3. **Integrate our missions** of clinical care, research, and teaching

4. New model must **improve financial results** through more efficient resourcing

5. **Clearer delineation of roles**, responsibilities, and accountabilities for leaders

6. **Funds flow becomes more transparent** and oriented towards the objectives of the School as a whole
Moving to an institute model is all about more patient-centric, interprofessional, and efficient care

<table>
<thead>
<tr>
<th>What is an institute?</th>
<th>What are the benefits?</th>
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<tr>
<td>An institute is a team of professionals working together to solve the patient’s underlying problem and deliver great outcomes</td>
<td>• Enhance clinical care and patient experience with a patient-centric approach</td>
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<td></td>
<td>• Create alignment among clinicians and a focused group of basic and applied scientists</td>
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<td></td>
<td>• Improve the education experience through practical interprofessional teaching</td>
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<tr>
<td></td>
<td>• Break down siloes within the clinical practice and departments</td>
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<td></td>
<td>• Improve financial results through increased volume, administrative efficiency, and better resource utilization</td>
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<td></td>
<td>• Attract research grants and high value clinical cases</td>
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<td></td>
<td>• Attract high quality faculty and faculty leaders, who will be excited by breakthrough thinking</td>
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How an institute differs from a department

**TRADITIONAL CLINICAL MODEL**

- Patient has to navigate staff, systems, schedules across multiple departments
- Independent, siloed specializations
- Risk of competing treatment recommendations (e.g., medical/surgery)
- Duplication of shared services

**INTEGRATED CLINICAL MODEL**

- Patient-centric care
- Physicians across disciplines collaborate under a set of treatment protocols
- Integration of research and teaching into patient care
- Shared resources to leverage scale
- Faculty will be members of academic departments to preserve professional identity
Path forward for Institute Model design

By end of November, the following will be announced:

- Institute definitions and descriptions
- Proposed mapping of individual specialties to specific institutes
- Faculty and staff will have the opportunity to give input before institutes are finalized
This is a large transformation requiring significant change management

CRITICAL SUCCESS FACTORS

- Develop a strong Results Delivery Office with dedicated resources to implement TEAM initiatives
- Create a coalition to help build positive momentum for the transformation
- Leverage Medical Advisory Council and other groups to advise on the process
  - Engage in solution-oriented conversations to guide the transformation
  - Solicit faculty perspectives to refine the implementation path forward
- Communicate the change to our community through multiple channels
Results Delivery Office will implement TEAM initiatives with dedicated personnel and clear line of site to the Dean

GOVERNANCE STRUCTURE

- **Program Sponsors**: own the overall program, set the ambition, and make material decisions

- **Executive Leads**: empowered to enact all initiatives; hold the initiative owners accountable to targets and deadlines; coordinate with Initiative Owners to track progress

- **Faculty Advisors**: engage faculty to participate in initiatives; guide RDO based on faculty reactions (before, during, and after changes occur). Faculty Assembly to submit up to 5 names to Executive Leads, to be decided by TEAM Steering Committee within the next two weeks.

- **RDO Team (3)**: drive the initiatives forward; engage closely with Initiative Owners on the action plan

- **Initiative Owners**: own the initiative action plan and drive day-to-day execution; often involves a faculty/admin dyad

SUMMARY ROLES AND RESPONSIBILITIES

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What you can expect in the near term

• Finalized list of initiatives owners (dyad which will include faculty and key staff members for each initiative)

• Kickoff for initiative owners and working teams

• Timeline of initial TEAM initiatives

Please reach out to Ali and Gary via TEAM@slu.edu if you would like to be involved in any of the TEAM initiatives
We commit to a transparent process for TEAM (including the Institute Model) with many opportunities for engagement

**Announcements**
- Regular e-mail communications from **Dean Behrns and RDO Executive Leads**

**Advisory groups (e.g., MAC)**
- **Small group meetings** to gather specific information and input as the program unfolds further

**One-on-ones**
- **Listening tour**: Reach out to faculty reps, Dr. Ravi Nayak and Dr. Sameer Siddiqui, to discuss TEAM (feedback can be anonymous)
- **Office hours with Dean Behrns**: Sign up online (link sent in the Sept 25th email from the Dean)

**Forums (e.g., Town Halls, department meetings)**
- **Department / division meetings**: reach out to your department chair or division lead to request a TEAM leadership update at one of your upcoming meetings
- **Town Halls**: look for future town halls as TEAM progresses

**TEAM email & website**
- Continue to submit your thoughts and questions to **TEAM@slu.edu** and through the TEAM website
Questions & Answers
What is the vision for the School of Medicine?

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