FACULTY SENATE
SENATE ASSEMBLY
UNIVERSITY OF MICHIGAN

To: SACUA

From: Analisa Difeo, Chair, Medical Affairs Advisory Committee

Subject: Report on Activities of Medical Affairs Advisory Committee for 2023-2024

Members: Nancy Allee, Aadit Bhavsar, Ruth Carlos, Analisa DiFeo, Katherine Jo Gold, Mujtaba Hameed, William J Meurer, Shahzad Mian, Michal Olszewski, Sara Pasquali, Carol Shannon

SACUA Liaison: Lindsay Admon

Meeting Dates: 10/18/2023, 1/17/2024, 3/20/2024, 4/17/2024

Committee Charge

1. Discussion about how Michigan Medicine is addressing childcare assistance. Review the current plans for the new Michigan Medicine childcare facility and help communicate those plans to faculty. MAAC plans to discuss the ongoing plans for the new facility, discuss design, how to make fair and equitable selection process, etc.
2. Update on our success in addressing faculty and staff burnout. The purpose of this meeting is to address the issues raised in the faculty engagement survey, discuss the impact of the hospital mergers on faculty workload and burnout, and become acquainted with Dr. Harry's vision as the new Chief Wellness Officer.
3. Update on progress of call centers. Discuss new updates on the call centers and how issues that were discussed last year are being addressed. This meeting will cover patient satisfaction, quality safety assessment, issues with patient wait times, scheduling and reporting errors not being addressed.
4. Discussion of the procedures and protocols governing the employment practices throughout Michigan Medicine. Can we expedite the recruiting process to combat the shortage of medical assistants and physicians? What are the bottlenecks in the hiring process? Many faculty are concerned.

Committee Actions & Information Obtained

Meeting 1: New child care facility at Michigan Medicine

Presenters: *Keith Gran, CPA, MBA, Chief Patient Experience Officer; DeAnn Yoder, Project Lead Manager, Office of Patient Experience; Tedi Engler, Senior Manager for Projects & Strategic Initiatives, Office of the Executive VP & CFO; Chris Allen, Real Estate Management Director, F & O Real Estate*

U of M contracted with Child Development Services [CDS] to build a new childcare center off of Cornwell Place near North Ingles Building [NIB]. U of M owns the land and CDS will build and manage the childcare center. The official groundbreaking will be around April 2024 and will take about 9-12 months to construct.

Solutions discussed:

- Enrollment management strategies, including working off of the current wait list, with a focus on Michigan Medicine employees, and then main campus and the general public.
- Pursue opportunities for reducing child care cost and extending child care hours.

- Adding questions to the engagement survey around daycare needs/issues.
- Coordinating with other U-M child care facilities and options.

Meeting 2: Impact of hospital mergers on faculty workload and ongoing issues of access to care.
Presenters: *David Miller, MD, President, University of Michigan Health System, Executive Vice Dean for Clinical Affairs, Professor, Urology; Paul Lee, MD, JD, F. Bruce Fralick Professor of Ophthalmology, Professor of Ophthalmology and Visual Sciences, Executive Director, UMMG, Senior Associate Dean of Clinical Affairs, Medical School*

Michigan Medicine BASE values are 1) Belonging and inclusion, 2) Access, 3) Safety and quality, 4) Experience. New initiatives have included the new Kahn Health Care Pavilion, the specialty pharmacy in Ypsilanti, and Sparrow, as well as the southeast MI ambulatory care expansion, UMHW ASC joint venture, Acute Care at Home, Access & Payer partnerships (primary care, urgent care), AI and expanded virtual care, investment in alternate PBM. Addressing access issues have included recruiting new clinical faculty and focusing on key diagnoses that are U-M strengths.

Solutions discussed:
- MAAC drafted a proposal in relation to second-opinion requests similar to that offered at the Cleveland Clinic (see Appendix).
- Physician E-consults as an effective option that could be expanded to other specialties.
- To continue to identify the gaps in access-to-care issues instead of increasing faculty workload.
- Advantages of the Sparrow partnership include U-M funds for equipment and added patient access.
- Bringing together multiple perspectives and sharing ideas between faculty and department chairs.
- Utilizing MAAC as forum for new initiatives.

Meeting 3: Faculty and staff burnout and wellness
Presenter: *Elizabeth Harry, MD, Chief Well-Being Officer, Instructor in Internal Medicine*

The Well-being Office's mission is to address how faculty can pursue their passion as educators, researchers, and physicians (their "why") while feeling safe and thriving. Well-being is addressed from a scholarly perspective and includes the causes, occupational hazards, main drivers, and remedies for clinician burnout. Well-being allows faculty to perform frictionless, without "pebbles in the shoe" and to develop well-being centered communities and leadership. These are national issues that MM is well-positioned to lead and address.

Solutions discussed:
- Moving beyond post-pandemic culture to pick up the phone or stop by someone's office (while also balancing the benefits of virtual access).
- Evidence-based standardization offers many benefits if balanced with "keeping it human," i.e. not standardizing everything.
- Trust is bidirectional, i.e. develop guiding principles, engage participants, and build trust over time.
- Utilize AI in conjunction with Epic data to better accommodate patient scheduling.

Meeting 4: Update on progress of call centers
Presenters: *Balqis Elhaddi, Director of Business Operations, University of Michigan Medical Group; Mehul Naik, Contact Center Director*

Recent call center efforts include optimizing technology enhancements with Cisco and MIChart, exploring opportunities with AI, and strengthening the float pool to minimize the impact of absences. A new tool was implemented allowing for better tracking of errors, which has led to more quickly identifying interventions. Improvements in outbound calls have included building in texting capabilities, identifying no-show opportunities, and ideas from a recent faculty survey.

Solutions discussed:

- Seven comments were received via the *Faculty Wire* that provided insights from faculty.
- Continue to address call center staff burnout and turnover with employee engagement and expansion of the call center float pool.
- Promote simple ways for faculty to report errors so they can be more quickly addressed.
- Support for patient transportation as well as call center scheduling adjustments as possible remedies for no-show issues.
- Engage with faculty end-users, i.e. "your schedule is like this because …" and have call center staff visit faculty meetings.
- Develop simple call center flow charts for faculty to understand call center pods and workflows.
- Add Central Nurse Triage (CNT) as a meeting topic at a future MAAC meeting.

Recommendations

- Plan a 2024-2025 MAAC meeting to discuss Central Nurse Triage (CNT).
- Utilize the *Faculty Wire* to solicit ideas for MAAC meeting topics for 2024-2025.
- MM consider a MAAC proposed second opinion service that leverages telehealth technologies with the potential to connect patients with specialists, improve access to care, reduce wait times, and alleviate burdens on physical facilities (see Appendix).
- MAAC continues, as has been the case in 2023-2024, to be a forum for discussion of important issues facing MM faculty and staff.
- MAAC and MM leadership continue to work on communication so that more faculty are aware of MAAC, to promote dialog between faculty and leadership, and to engage faculty.

Appendix 1: Proposal for U-M Healthy Virtual Consults

I. Situation

The University of Michigan Health System is experiencing prolonged wait times for clinic appointments and an increase in the number of patients visiting the Emergency Department (ED) for second opinions. This situation strains our resources, impacts patient satisfaction, and potentially compromises the quality of care.

II. Background

The Cleveland Clinic has implemented a successful virtual (asynchronous) second opinion service, allowing patients to obtain expert opinions on their medical conditions without the need for in-person visits or a direct video visit. This service leverages telehealth technologies to connect patients with specialists, improving access to care, reducing wait times, and alleviating the burden on physical facilities. Virtual second opinions can be particularly beneficial for patients seeking reassurance or alternative perspectives on diagnoses and treatment plans, especially for complex or rare conditions. In addition, a platform to collect patient's records and imaging could be utilized to increase the value of first patient encounters by better routing a patient to a subspecialistl

III. Assessment

Implementing a virtual second opinion service at the University of Michigan Health System could offer several benefits:

- Reduced Wait Times for Clinics: By diverting patients seeking second opinions to virtual consultations, we can reduce the backlog of appointments and improve access for patients requiring in-person care.
- Decreased ED Visits: Offering a virtual second opinion service can reduce unnecessary ED visits, reserving our emergency care resources for true emergencies.
- Enhanced Patient Satisfaction and Access: Patients across the state and beyond can access our specialists more easily, improving patient satisfaction and extending our reach to those unable to travel for a second opinion.
- Cost Efficiency: Virtual consultations are often more cost-effective for both the healthcare system and patients, reducing travel expenses and the indirect costs associated with taking time off work.
- Quality of Care: Providing second opinions through a virtual platform ensures that patients receive expert advice that could lead to better health outcomes.

IV. Recommendation

To address the current challenges and capitalize on the potential benefits, it is recommended that the University of Michigan Health System:

Initiate a Pilot Program: Start with a pilot program focusing on one or two specialties with high

demand for second opinions. Use the findings to refine and expand the service.
Invest in Technology: Ensure the availability of a secure, user-friendly platform for virtual consultations, prioritizing patient privacy and data security.
Train Staff: Provide training for staff and clinicians on the use of telehealth technologies and the management of virtual consultations.
Market the Service: Promote the virtual second opinion service to patients and referring physicians, highlighting its benefits and how to access it.
Evaluate and Expand: Continuously evaluate the program's effectiveness in reducing wait times, improving patient satisfaction, and its impact on ED visits. Use the data to improve and expand the service to other specialties.

Implementing a virtual second opinion service could significantly enhance the University of Michigan Health System's ability to provide timely, high-quality care to a broader patient population, while also optimizing our existing healthcare resources.

V. Equity

The Cleveland Clinic Program is entirely self pay. The cost is $1850. This allows them to quickly provide an opinion. This may represent a barrier to some patients, so using philanthropy or some other form of needs based assessment to allow access to this program to patients for whom this would represent a substantial hardship. In addition, the platform could be used in a hybrid approach (better collection of data from other health systems in order to get patients into the right providers.)