Summa – Lessons Learned
Cynthia Kelley, Scott Poland
Dave Seaberg, Nick Jouriles

AACEM/AAAEM Retreat
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San Juan
We’re Just Kids From Akron
Introduction

• Lots of opinions
• Offer perspective from those on the front lines
• Lessons learned and changes implemented
• Serve as a cautionary tale
  ‒ This is not unique
  ‒ It does apply to you
The Cast

- Nick Jouriles – Chair, EM, NEOMED
- Cynthia Kelley – Summa DIO
- Scott Poland – Summa / General EM resident
- Dave Seaberg – Summa EM Chair
Akron Children’s Hospital – Akron, Boardman
Aultman Hospital
Cleveland Clinic Akron General
Mercy Health – Youngstown, Boardman, Toledo
Mercy Medical Center – Canton
Metro Health
Mt. Carmel Health System – Columbus
Northcoast Behavioral Healthcare
Riverside Methodist Hospital
Southwest General Health Center
St. Vincent Charity Hospital
Summa Health System – Akron, Barberton
University Hospitals – Richmond, Portage, Elyria
ValleyCare Health System – Youngstown
Baldwin Wallace University
Bowling Green State University
Cleveland State University
Hiram College
Kent State University
The University of Akron
Youngstown State University
Emergency in the ER: What went wrong between Summa and its longtime physicians

For four decades, they were the doctors who cared for patients who came through the emergency room doors at Akron City Hospital. On New Year’s Day, that abruptly changed as Cosi Hospital and Summa Health’s four other emergency departments. When contract negotiations broke down in the fall of 2016, Summa chose to contract with a national group based in Connecticut. Both Summa and their longtime ER doctors say they never expected their organizations to go sour.

But they did, and_with some hindsight, including a confluence of events by hundreds of doctors against Summa leadership, allegations of a choice of success and a community worried about the future of its largest employer. In separate interviews, leaders of both Summa and Summa Emergency Associates (SEA) laid out their sides of why...
ADULTING IS HARD LET’S BE MERMAIDS
Lessons learned from a failed contract renewal: The GME perspective

Cindy Kelley, DO, FAAFP
Designated Institutional Official
Vice President, Medical Education
Summa Health
Objective

Discuss lessons learned after a failed contract negotiation that involved our Emergency Medicine residency program:

They are:
1. Have a solid contract renewal process
2. Have a solid Disaster Policy
3. Understand the role of the Graduate Medical Education Committee (GMEC)
4. Use your resources
5. Take ownership
• Trouble was brewing: Employed physician contract changes in 2015; Closed model in ICU in 2016
• Contract renewal process with our former EM group was started 2-3 months prior to expiration date (over a major holiday with no auto-renewal in place)
• Negotiation was unsuccessful
• A new EM provider assumed EM service coverage starting on January 1, 2017
• As a result of this abrupt and complete change of the entire EM residency faculty, the ACGME withdrew our EM residency accreditation and placed the institution on probation
What follows are the lessons we learned
...and continue to learn
Lessons learned

• Have a solid renewal process
• Have a solid Disaster Policy
• Understand the role of the Graduate Medical Education Committee (GMEC)
• Use your resources
• Take ownership
Lesson #1: Have a solid contract renewal process that every stakeholder understands

• Ownership: What does that mean? Who is the owner?

• Timeline
  – What is the notification period?
  – When do discussions begin and who must be there?
  – How much time would you need to make a Plan B if the contract is not renewed? 6 months? 9 months?

• Process
  • Do you have all of the information you need?
  • Who meets? How often?
  • What milestones do you need to achieve along the way?
  • Can you recognize when you are in trouble?
Contracting process: The DIO’s/VP Medical Education perspective

• My orientation: “Am I ensuring a safe and effective learning environment?”
• I am now responsible for understanding and communicating the status of all academic contracts to GMEC and to the Accountable Owner/Contracting committee
• “Contracted services update” is a standing, quarterly GMEC agenda item
• If we still have an unsigned agreement 6 months prior to the renewal date, we enact our Disaster Policy
• My CEO is part of GMEC and is supportive of the process
Lesson #2: Make sure your disaster policy covers likely disasters

- Contract disputes are as likely to threaten patient care and resident education than a hurricane, flood, or tornado. Plan for it!
- This might involve a disruption in patient care, a *disruption in resident education*, or both
- Think through what these look like and how GMEC would intervene along the way:
  - Who meets? When? Who calls the meeting? Who is communicating? How are you communicating? *(Just so you know, you are not communicating enough!)*
  - When do “alarm bells” go off?
  - When do you reassign residents?
    - What other provisions do you need to support them? *What do they need?*
But as it happens...

- Friday, October 13, 2017: Fire at our hospital that houses the Orthopedic Surgery and Psychiatry residency programs.
- Emergency GMEC meeting was held
- Subcommittee formed and plan put into place
- Did not need to go beyond discussions and planning as hospital re-opened 10 days later, but program directors reported increased comfort knowing that GMEC subcommittee was overseeing the process
Lesson #3: GMEC must be empowered to do its job

• Our Sponsoring Institution’s Probationary status was, essentially, a result of lack of proper oversight:
  “GMEC members do not appear to have shared authority or responsibility for overseeing the transition of Emergency Medicine faculty members....” –Thomas Nasca, February 2017

• GMEC has “oversight and authority” over the educational environment through:
  – A solid Annual Program Evaluation review process
  – A functional Special Review process
  – Survey review (ACGME and institutional)
  – How else?
    • GMEC rounds
    • Standing GMEC items/updates
GMEC

- Our GMEC provides input into academic contracts:
  - Should core faculty be employed by third-party or by institution?
  - If by institution, should they be subject to a covenant not to compete?
  - Should core faculty be *required* to stay at the institution for a length of time if the contract is not renewed?
  - Should we have a longer notification period for academic contracts?
Lesson #4: Use your resources

- If your natural tendency is to withdraw and think this is your problem, alone, to solve, resist this way of thinking.

- You are not alone...think of who your resources might be (mentors, colleagues, administration, professional organizations, consultants) and access them.
Lesson #5: Take ownership and learn from the experience

1. Get comfortable with being vulnerable
2. Get friends
3. Over-communicate, then *listen*
4. Make no assumptions; assign no motivations...path to nowhere
5. Don’t be a victim
6. Forgive others
7. Forgive yourself
8. Get better...
9. ...but not all at once
10. Apply these lessons and do something different
Where are we now?

• Our EM residents either graduated or are completing training in their new programs
• The IRC met in October 2017 and rendered the most favorable institutional accreditation decision: Continued Accreditation. And as of December 2018, all citations resolved.
• We are working with our partner, USACS, to restart an EM residency
• We have seen significant turnover in our leadership; morale is much improved and we are a much healthier organization in many ways (medical staff relationship, quality indicators, financial markers)
We are more prepared to handle the challenges that come our way
Thank you
An Orphaned and Adopted Resident

Scott Poland, MD
Assistant Professor, NEOMED
EM Faculty, Summa Health
The Experience

• 2 Residencies
• 3 Provider Groups
• 3 Residency Directors
• Meeting a bunch of colleagues / co-residents = Priceless
SEA
Summa
Emergency Associates

US Acute Care Solutions
THE SUMMA STORY: CREATING CHAOS
WHY ME?
The Business of Medicine
or
How This Applies to All of Us

David Seaberg, MD
Chair, Emergency Medicine
Summa Health
Business of Medicine

• Mergers and Acquisitions (M&A)
  – Consolidation of hospitals/Health systems/Healthcare entities

Business of Medicine

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Business of Medicine

- Decreased margins
  - Risk-based contracts
  - Insurance issues
  - Increased labor and supply costs
  - Decreased ROI on investments
Business of Emergency Medicine

![Graph showing suspected opioid overdoses per 10,000 ED visits by region from Q3 2016 to Q3 2017. The regions are Northeast, West, Southeast, Midwest, and Southwest. The graph shows an overall increase in suspected opioid overdoses over time.]
Hospital/Health System as Partners

• Business efficiency
  – Fiscal plans
  – Patient experience
  – ED Metrics/CMS measures/Benchmarking

• Fit into a risk-based world

• Increase collaboration
  – New models of care

• FMV
Academic Support/Coordination

• GME funding
• Work with DIO/GME office
• Foundation support
US Acute Care Solutions

- Physician owned
- 245 Emergency Medicine Residents in 9 EM programs
- 6 Million visits
- Academic Division
  - Education Portal
  - Research Network
  - Faculty Development
- Rebuilding Summa Department of Emergency Medicine and Residency
Summary

• Bad things happen when you upend EM leadership
• Funding for GME faculty time is an issue
• This is not an isolated even
Michoacan has the Best margaritas in Vegas per Trip Advisor
Thought Leaders

Beach Bums

Race Car Drivers

Cleaning Manufacturers

Margarita Drinkers

We drive race cars, sip margaritas or do industrial cleaning. We MAY / MAY NOT be the thought leaders we think we are.