

Summa – Lessons Learned

Cynthia Kelley, Scott Poland

Dave Seaberg, Nick Jouriles

AACEM/AAAEM Retreat

March 11, 2019

San Juan



We're Just Kids From Akron



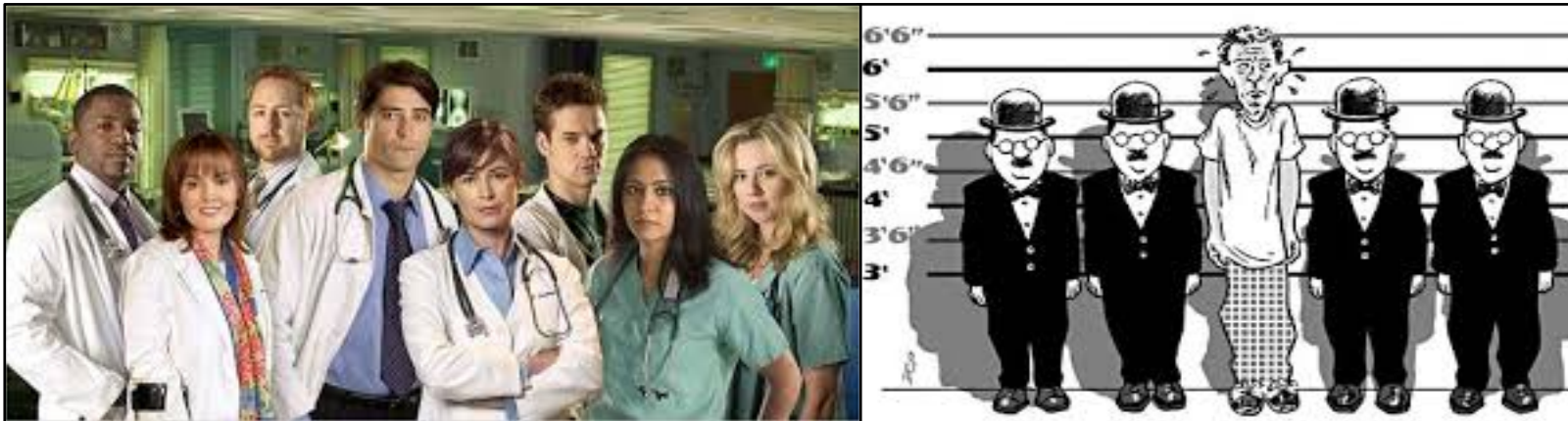
Introduction

- 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 – Youngtown, 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



Akron General Cleveland Clinic

Akron Children's

Akron City Summa



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Emergency in the ER: What went wrong between Summa and its longtime physicians

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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 at City Hospital and Summa Health's four other emergency departments.

After contract negotiations broke down in the final days of 2016, Summa chose to contract with a national group based in Canton.

Both Summa and their longtime ER doctors say they never expected their negotiations to go sour.

But they did, and with it comes backlash, including a no-confidence vote by hundreds of doctors against Summa leadership, allegations of a culture of fear 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

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Deal Breakers: The Summa Story

By LOGAN PLASTER ON JANUARY 30, 2017

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3 COMMENTS

When contract negotiations go awry

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News: Summa Shaken by Change in ED Group

Sorelle, Ruth MPH

Emergency Medicine News: March 2017 - Volume 39 - Issue 3 - p 1,31-31
doi: 10.1097/01.EEM.0000513570.14221.1f
News

[Article Outline](#) [Article Metrics](#)

The lightning-swift switch in emergency department physician staffing at Summa Health System in Akron, OH, turned out to be the final straw for the hospital's board of directors. What started with the emergency physician group being replaced on Jan. 1 ended only 25 days later with the Summa board of directors accepting the resignation of Thomas Malone, MD, the controversial president and CEO whose actions sparked the turmoil.

This website uses cookies. By continuing to use this website you are giving consent to cookies being used. For information on cookies and how you can disable them visit our [Privacy and Cookie Policy](#). Associates (SEA), that had staffed its emergency departments for 40 years, agreed on one thing. At midnight on New Year's Eve, the system's contract with SEA ended, and one hastily written and approved with US Acute Care was activated.

[Got it, thanks!](#)

...ton, they [physicians from USACSI] came in an hour early," said Jeffrey Wright, MD, the president

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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



Context



- 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

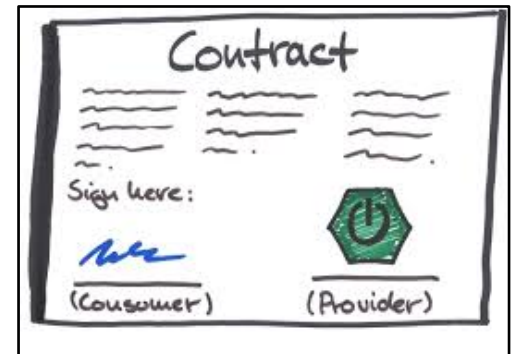


Lesson #1: Have a solid contract renewal process that every stakeholder understands

- 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?

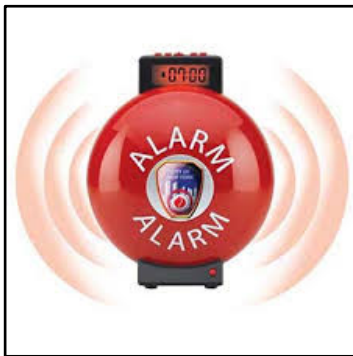


Contracting process: The DIO's/VP Medical Education perspective

- 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

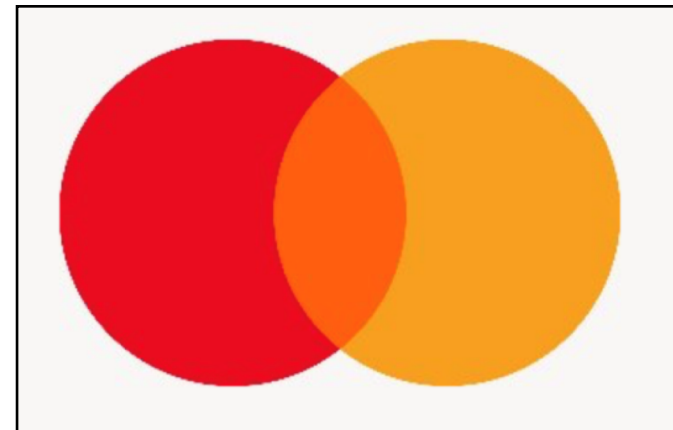
Assistant Professor, NEOMED

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

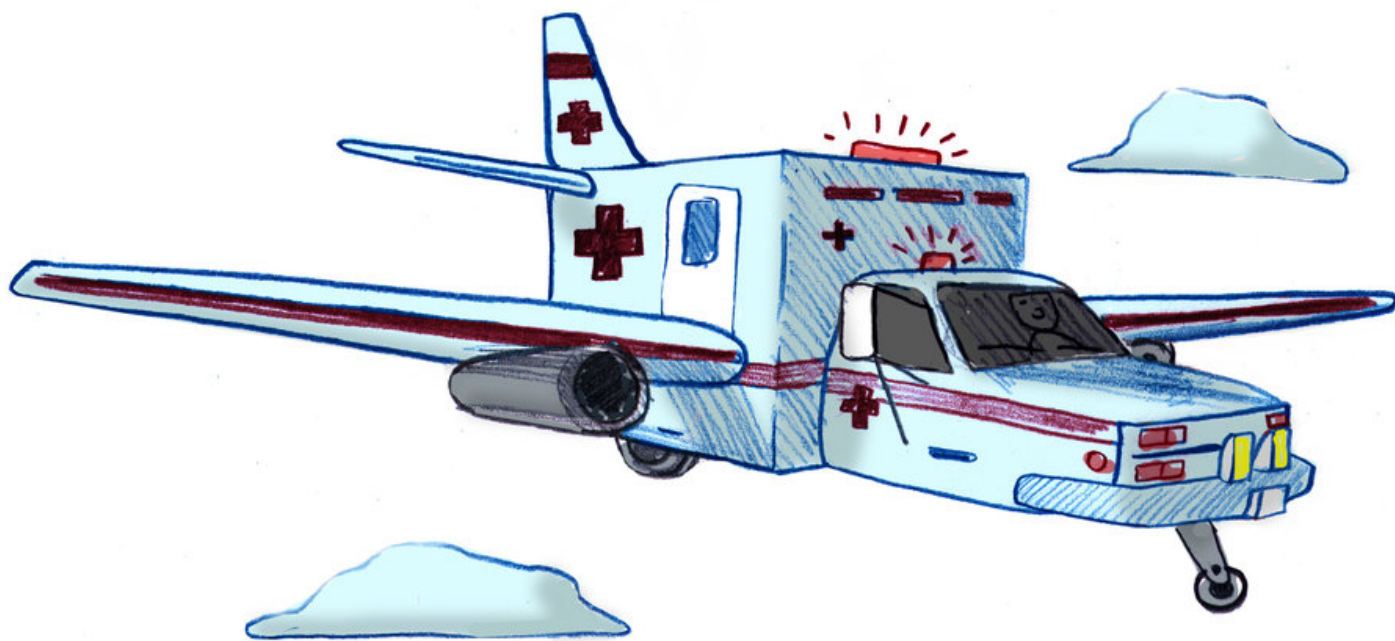




THE SUMMA STORY: CREATING CHAOS







WHY
ME?



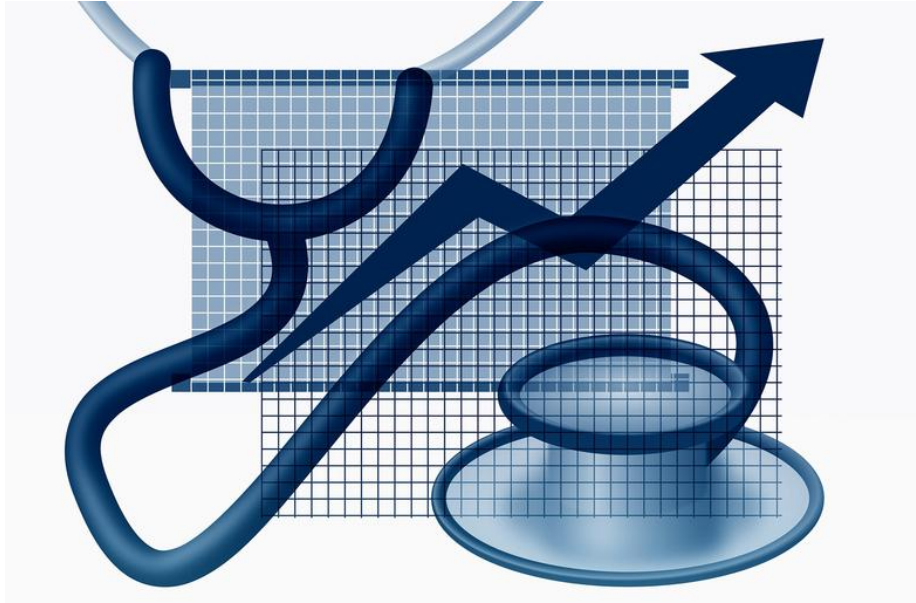
Accreditation Council for
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Council of
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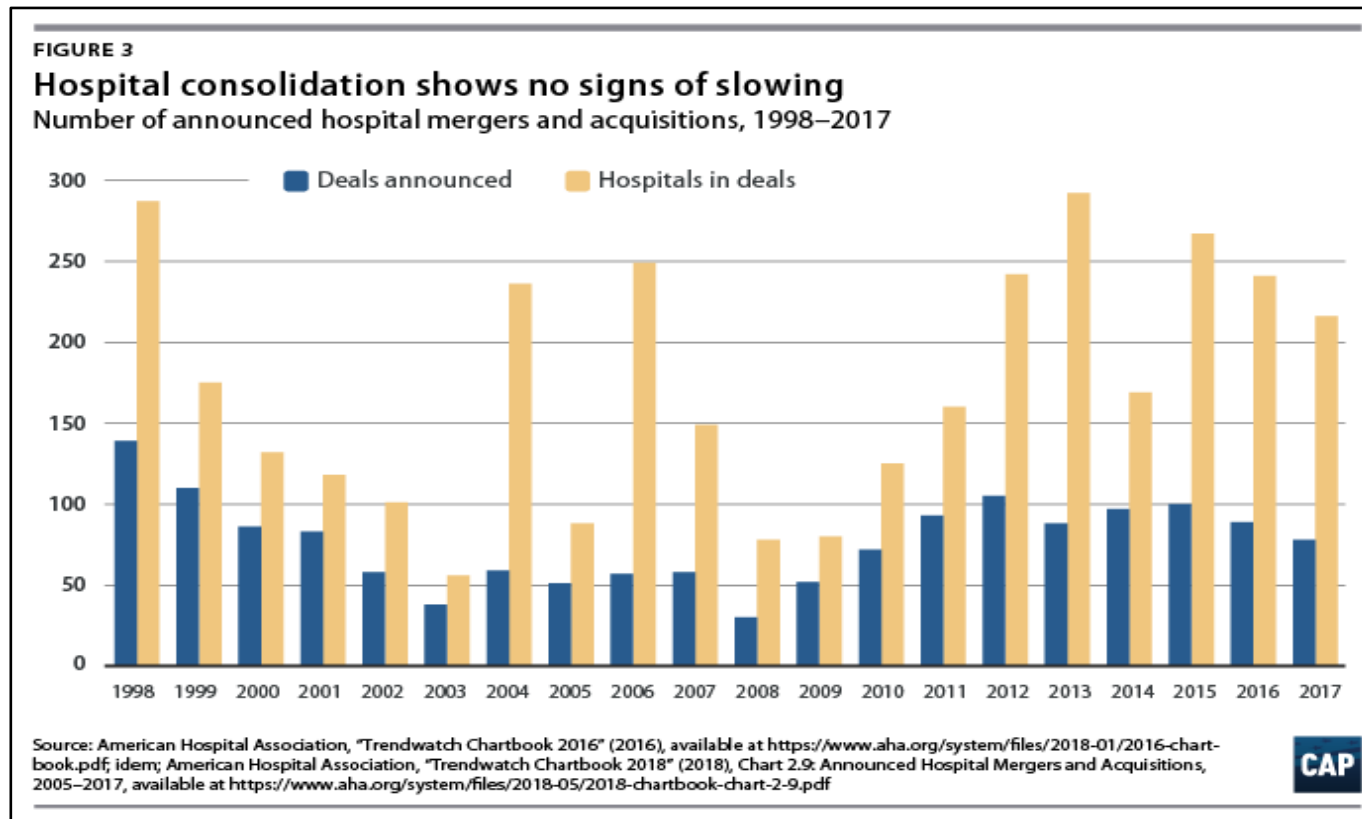
The Business of Medicine or How This Applies to All of Us

David Seaberg, MD
Chair, Emergency Medicine
Summa Health



Business of Medicine

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



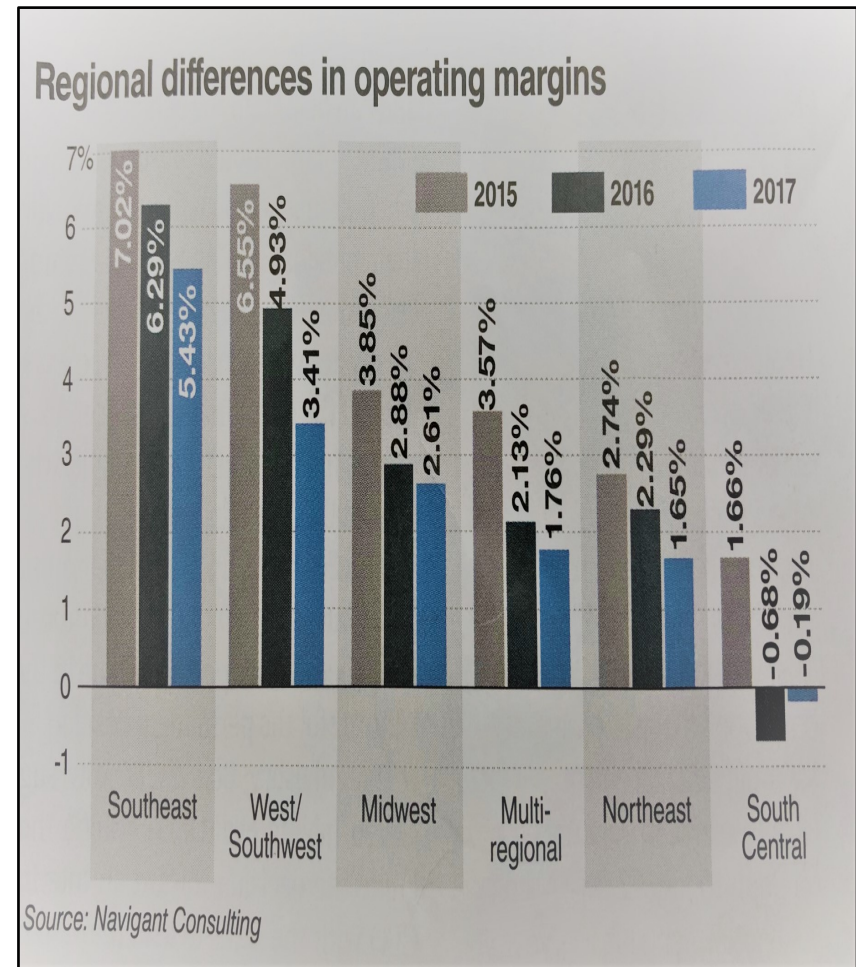
Business of Medicine

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 - Consolidation of hospitals/Health systems/Healthcare entities

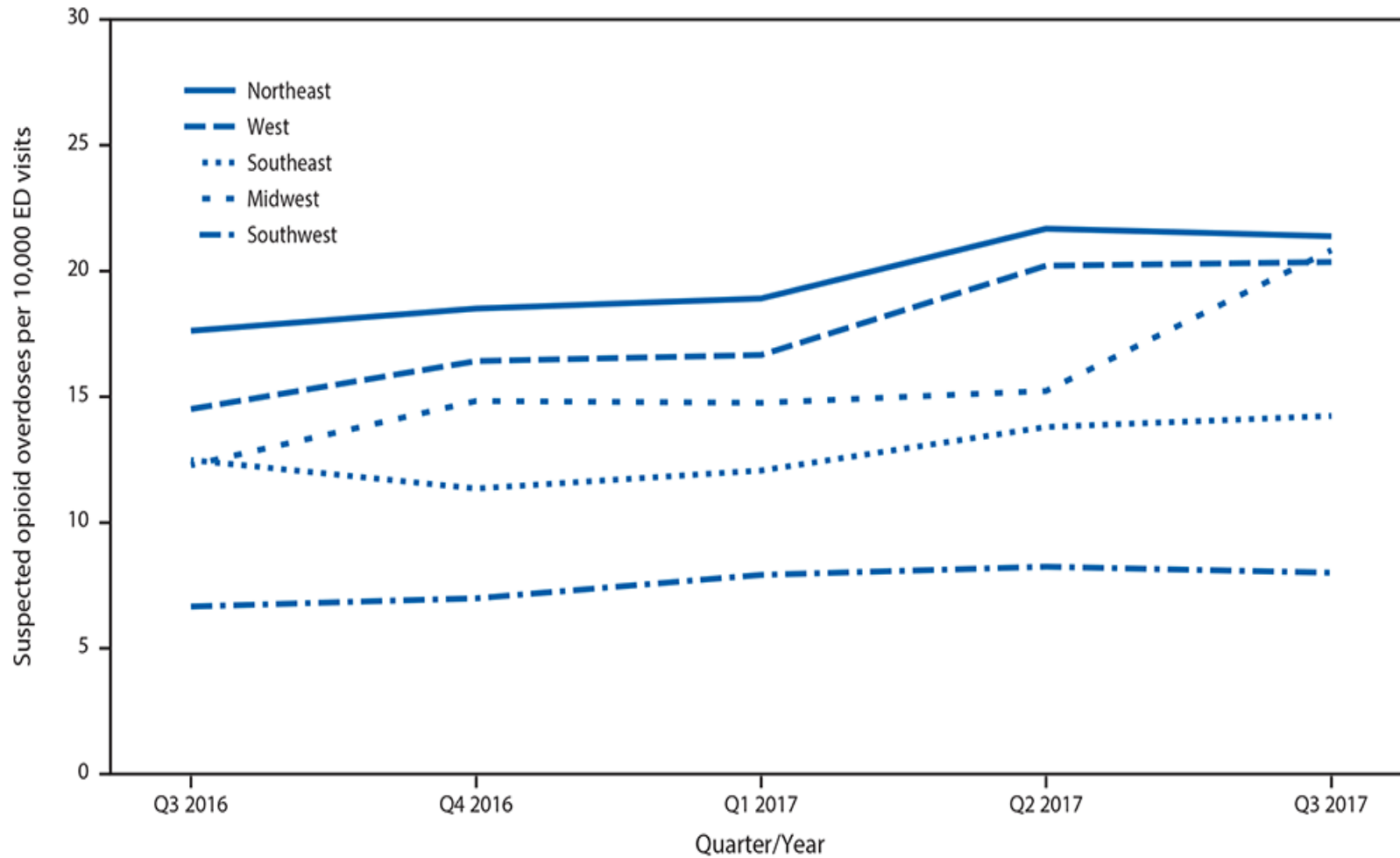


Business of Medicine

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



Business of Emergency Medicine



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





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