

▼ Clinical Centers: Developing This Important Trend ▼



- **WHAT'S NEW:** At the latest CPG Board Meeting on Tuesday, April 6, Dean Michael Dunn, who is CEO of the Clinical Practice Group, asked members of the Board to consider how to best support the ongoing development of Clinical Centers at the College.
- **WHAT IS A CLINICAL CENTER?** A program, often located at a designated site, that brings together the expertise and services of multiple medical specialties to coordinate patient care for a particular disorder or related group of disorders.
- **WHY IS THIS AN IMPORTANT TREND?** Clinical Centers are a way to make the most of the wide range of services available at an academic medical center in a way that greatly enhances patient care. Academic medical centers such as the Medical College can offer this type of program in a way that cannot be duplicated in private practice.
- **ADVANTAGES TO PATIENTS:**
 - Access to the expertise of several specialists; ease in obtaining consultations
 - More complete care, especially for disorders that are complicated and would benefit from a variety of treatments.
 - One-stop convenience — physician's offices, labs, radiology, and other services may be located in the same facility
 - Access to related research or clinical trials that may be taking place within the College.
 - Less duplication of services or tests.
- **ADVANTAGES TO PHYSICIANS AND MEDICAL PROFESSIONALS:**
 - Ease in obtaining consultations with other specialists.
 - Less duplication of diagnostic procedures, etc.
 - Increased referrals from other specialists.
 - Some cost-savings.
- **EXAMPLES OF EXISTING CLINICAL CENTERS AT THE MEDICAL COLLEGE:**
 - Cancer Center, which brings together the services of Radiation Oncology, Hematology/Oncology, and Surgical Oncology, as well as related specialties, and services.
 - Digestive Disease Center, which brings together Gastroenterology/Hepatology, Pancreaticobiliary/Endocrine and Minimally Invasive GI specialties, as well as related services.
 - Musculoskeletal Center, which brings together Orthopaedics, Rheumatology, Physical Medicine and Rehabilitation, Radiology, and Hand Surgery, as well as physical therapy and other services.
 - Transplant Center, which combines the specialties of Kidney/Pancreas/Liver Transplant, Nephrology, Hepatology, Lung Transplant, and Heart Transplant, along with related services.
- **EXAMPLES OF CLINICAL CENTERS UNDER DEVELOPMENT AT THE COLLEGE:**
 - Cardiovascular Center, which will bring together Cardiovascular Medicine, Cardiothoracic Surgery, Vascular Surgery and Interventional Radiology
 - Neurosciences Center, which will bring together Neurosurgery, Neurology, Neuroradiology, Otolaryngology & Human Communication, Vascular Surgery, Physical Medicine & Rehabilitation, and Psychiatry and Behavioral Medicine
 - Trauma Center, which will bring together Trauma/Critical Care, Emergency Medicine, Neurologic Trauma, Orthopaedic Trauma, and Physical Medicine and Rehabilitation
 - Women's Health Center, which would bring together Obstetrics & Gynecology and Newborn Care.
- **THE CHALLENGE:** Clinical Centers present an overall challenge to the Medical College as far as administration, budgeting, and authority. Because Clinical Centers by definition involve the cooperation of various Departments at the College, Dr. Dunn asked the CPG Board members to consider the role of the Clinical Center Directors, in particular with

respect to making budgetary, hiring, and salary decisions. Currently, salaries and performance reviews of faculty are handled by their respective Department Chairmen. When faculty serve in Clinical Centers, however, service and patient care issues become important factors in their overall performance. It was suggested that perhaps Clinical Center Directors should have a say in individual faculty members' performance reviews and compensation.

- **COMMENTS FROM BOARD MEMBERS:**

- Clinical Center Directors need to be able to make decisions on practical matters such as scheduling that will enhance patient care and it may not be practical to consult individually with each Department Chairman.
- Department Chairmen prefer to retain control over hiring and salaries of faculty within their departments, even if the faculty perform patient care in one or more Clinical Centers. The same faculty have teaching and research responsibilities and should be considered full-time members of their Departments.
- Improving patient service may call for changes in scheduling, personnel, the way lab work is handled, etc., and would need cooperation from all Departments involved. To the extent that factual data can be gathered to show the need for changes, it will help to elicit cooperation among Departments.
- Similarly, to the extent that Clinical Center Directors are able to document their needs and goals and present this documentation to the Department Chairmen and the Dean, it will help to ensure that Departments support the Centers.

- **SUMMARY:** Dr. Dunn summarized the meeting, noting the members agreed on:

- The advantages of establishing and maintaining Clinical Centers at an academic medical center
- That such Centers are by definition, multi-disciplinary and require cooperation of various Departments
- That for now, primary authority and budget control will remain with Department Chairmen
- That Center directors should clearly state their needs and goals to the Department Chairmen
- That we are making progress in this overall mission: Several Centers are showing excellent success and have secured some cooperation with our affiliate hospitals.

- **THE NEXT STEP:** These issues will continue to be discussed at future CPG Board meetings. Comments are welcomed by Dean Dunn and may be e-mailed to mdunn@mcw.edu or faxed to 456-6560.



▼ There are Fees for Some Services Affiliated with PET Clinic ▼

- **BACKGROUND:** The last issue of *Focus* described the Preoperative Evaluation and Testing (PET) Clinic, offered by Froedtert Hospital for patients who are scheduled to undergo inpatient or outpatient surgery. There is no charge to Medical College patients for the services of the nurse practitioner who performs a physical exam, takes medical history, and provides education and suggestions of additional consultations.

- **UPDATE:** There are charges, however, for some services that may arise from a patient's visit to the PET Clinic, including high-risk anesthesiology consultations, EKG, chest x-rays, etc. We are currently verifying these charges and will offer a further update in the next issue of *Focus*.



▼ Adult PrimeCare Referrals are Handled by MCW-UM ▼

- **WHAT'S NEW:** As of March 29, MCW Utilization Management began receiving and entering referral authorization decisions into the IDX system for PrimeCare patients.

- **IMPORTANT NOTE:** MCW-UM will enter PrimeCare referrals for adult patients seeking services at Froedtert Hospital. Children's PrimeCare referrals will go directly to Children's Hospital Utilization Management.

- **FOR MORE INFORMATION:** Call 257-7938.

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