Faculty Practice Plan of Washington University School of Medicine

MISSION STATEMENT, OPERATING PRINCIPLES & BYLAWS

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MISSION STATEMENT

The overall goal of Washington University School of Medicine (WUSM) is to be the premier local and regional academic center for research, teaching and the delivery of high quality, cost-effective medical care and to be nationally and internationally renowned in these areas. A robust faculty clinical practice is essential if these goals are to be met. Such a practice has been developed in the 14 clinical departments. Although the faculty practice is based primarily in departments, the clinical mission of the medical school is strengthened through collaborative and shared arrangements between departments. The Faculty Practice Plan provides a forum for enhanced coordination of patient care as well as a mechanism whereby multiple departments can develop shared resources, skills and practice enhancements in a more efficient and cost effective manner than is possible in individual departments.

The overall goals of the Practice Plan focus on but are not limited to the following areas:

1) Fostering innovative, compassionate care of the highest possible quality as measured by improved clinical outcomes and patient and referring physician satisfaction.

2) Enhancing clinical revenues and reducing overhead expenses via redesigned operations and shared support services.

3) Aiding WUSM and WU in providing a strong, institutional voice in dealings with BJC Health Care (BJC) and other health care organizations including insurers, and local, state and federal governmental agencies.

4) Providing the clinical departments with a forum for the development and coordination of new interdepartmental programs and strategic initiatives.

5) Supporting the faculty and departments by providing oversight and leadership for a number of essential shared resources e.g. managed care contracting, centralized billing operations and the new Center for Advanced Medicine (CAM).

OPERATING PRINCIPLES & BYLAWS

The clinical practice of the faculty of WUSM is essential if the School is to fulfill its tripartite mission in:
1) Health care delivery, by serving as a means for the coordinated provision of outstanding medical care.

2) Teaching, by providing a mechanism for outstanding clinical training of medical students, allied health professionals, interns, residents and postdoctoral fellows.

3) Research, by providing cohorts of patients who participate in clinical and translational research studies and clinical trials.

The clinical practice of WUSM also provides an essential source of revenue in support of the multiple missions of the School.

RESPONSIBILITIES OF THE CLINICAL DEPARTMENTS

The faculty practice of WUSM functions as a multi-specialty group organized into 14 Clinical Departments each with its own Chair. The Department Chairs are primarily responsible for the medical direction and quality of the clinical operations in their respective Departments and for ensuring that the goals in research, teaching and clinical care are met. The responsibilities of the Departmental Chairs in relation to the clinical practice include:

1) Recruiting and retaining faculty members.

2) Developing compensation plans for their faculty and setting salaries within guidelines established by the School of Medicine.

3) Setting the budgets for their respective departments.

4) Identifying areas for the development of clinical practices and determining the correct size and scope of the respective clinical operations.

5) Establishing standards for the quality and productivity of individual faculty within their departments and monitoring performance to ensure that these standards are met.

6) Ensuring that the departmental clinical practices are run in a cost-effective manner.

In order to succeed in a competitive health care environment, it is not sufficient for each clinical department to function at the requisite level of quality and efficiency as isolated individual units. A number of essential activities that pertain to the clinical practice and to other clinically relevant functions are enhanced and facilitated when there is close collaboration between the various clinical departments. The Faculty Practice Plan was established primarily to enhance the ability of individual clinical departments to interact with each other, to improve service quality, to reduce cost, to realize efficiencies by centralizing certain essential administrative functions, and to allow WUSM to compete more effectively by marketing the combined resources and skills of the clinical faculty from various departments. Thus, the Faculty Practice Plan should strengthen clinical programs by facilitating collaboration between departments and promoting administrative efficiency and cost-effectiveness.

RESPONSIBILITIES OF THE FACULTY PRACTICE PLAN

The Faculty Practice Plan plays a role in a number of key areas including oversight of shared infrastructure for the combined clinical practice particularly billing and contracting, promoting quality of care, strategic planning to maximize our ability to benefit from market opportunities, representing WUSM in its interactions with other organizations particularly BJC HealthCare, and providing a forum for discussion of issues that involve multiple departments.
Specific responsibilities of the Faculty Practice Plan include the following:

1) Administrative Functions
   a) Aid WUSM in its interactions with other organizations including BJC, insurers, and local, state and federal governmental agencies.
   b) Oversee managed care contracting activities.
   c) Manage Washington University Clinical Associates, LLC, the primary care employment vehicle of WU, including financial management and oversight of the WUCA clinical practices, negotiation and management of physician employment agreements, and ensuring compliance with University policies and procedures.
   d) Assure compliance with federal, state and other regulations related to clinical practice activities.
   e) Oversee WUSM’s billing operations and clinical information systems, including the enterprise-wide ambulatory electronic medical record system and billing information systems.
   f) Coordinate, with the WUSM Central Administration, the management of financial and information systems.
   g) Shared oversight of the HIPAA Privacy Office and compliance with patient confidentiality law and regulations.
   h) Develop an annual budget for FPP areas of oversight and manage these operations to create “best-in-class” service.
   i) Oversee the annual process for administering Clinical Program Development Fund applications and regulations.

2) Clinical Quality, Patient Safety & Standards of Care
   a) Establish school-wide clinical practice policies and procedures, including service quality standards.
   b) Develop tools and training programs to ensure high patient and referring physician satisfaction.
   c) Monitor and trend appointment availability and patient and referring physician satisfaction across the clinical practice.
   d) Assist departments in managing and resolving service-related patient and referring physician concerns.
   e) Develop tools and training programs to ensure the clinical competency of support staff, i.e. periodic clinical competency workshops and continuing medical education contact hours for nurses, etc.
   f) Work in partnership with the clinical departments, teaching hospitals and other organizations to facilitate clinical practice and business operations performance improvement.
g) Work with the clinical departments and teaching hospitals to establish policies, programs and initiatives designed to maximize patient safety and reduce the risk of adverse events and medical errors.

3) Strategic Planning

a) Assist the clinical departments in identifying new practice opportunities and provide accurate and timely data pertaining to market conditions and costs of practice that will enable departments to make well-informed decisions regarding the desirability of practice opportunities.

b) Coordinate strategic planning efforts among the clinical departments and facilitate the development of multidisciplinary ventures.

c) Coordinate strategic planning activities with BJH, SLCH, BJWCH, BJC and other health care organizations as appropriate.

d) Develop and implement strategies and tactics to promote strategic alignment with referring physicians.

4) Communications and Marketing

a) Plan and implement marketing strategies and tactics for promoting the clinical practice and individual clinical faculty, including use of the internet, commercial and earned media, and patient-directed and referring physician-directed marketing materials.

b) Enhance WUSM's clinical identity and brand name recognition through selected marketing initiatives and development of a robust regional referral base.

c) Communicate the strategic goals and objectives of the faculty practice plan to internal audiences and coordinate the achievement of these goals and objectives with affiliated hospitals and facilities.

PRACTICE PLAN STRUCTURE

The Executive Faculty hereby agrees the Practice Plan will be governed by a Board of Directors consisting of 27 members including:

1) Fourteen (14) Clinical Department Heads

2) One (1) basic Science Chair chosen from the pre-clinical departments (Anatomy and Neurobiology, Biochemistry and Molecular Biophysics, Cell Biology and Physiology, Developmental Biology, Genetics, and Molecular Microbiology), appointed by the Executive Faculty

3) Six (6) full time faculty physicians from six (6) different clinical departments (who spend a significant portion of their time in clinical practice) elected by the faculty in the clinical departments from a nomination slate developed by the Practice Plan Nominating Committee

4) The Dean/Executive Vice Chancellor for Medical Affairs (ex-officio) who shall serve with full voting powers.
5) The Practice Plan Chief Executive Officer (CEO) (ex-officio) who shall serve with full voting powers

6) One (1) BJC representative, one (1) BJH representative and one (1) SLCH representative

7) The WUSM Head of Emergency Medicine who shall serve with full voting power

The Chair of the Faculty Practice Plan Board will be appointed by the Executive Faculty and shall serve a two (2) year term. The Chair of the Faculty Practice Plan Board shall report to the Executive Faculty on a regular basis regarding the activities of the Practice Plan Board. The Nominating Committee of the Faculty Practice Plan Board will propose a slate of three candidates to serve as potential Vice Chair of the Faculty Practice Plan Board. The Governance Committee of the Executive Faculty will review the three candidates and will make a recommendation to the Executive Faculty for final approval. Once appointed, the Vice Chair shall succeed the Chair and shall serve a two (2) year term.

A quorum will be established, and the Faculty Practice Plan Board will be authorized to conduct business, when at least seventeen (17) Board members are present. Board members may participate and be considered present if participating in the meeting by teleconference or other means of communication whereby all parties can hear each other at all times during the meeting. Board members also may vote by proxy given to the CEO in advance of the meeting. In the event that a quorum is not present at any meeting of the Faculty Practice Plan Board, a fax or electronic vote request will be transmitted to the absent Board members and such Board members shall have the right to vote on the issue(s) described in said vote request by returning the completed vote request to the CEO within the timeframe determined by the CEO. The Faculty Practice Plan Board will take action upon the affirmative vote of a majority of the Board members casting votes; provided that the number of Board members casting votes constitutes a quorum. In the event of a tie vote, the Board Chair shall cast the deciding vote.

Elected and appointed members of the Board of the Practice Plan shall serve for three year terms, except for the Basic Science Chair from the pre-clinical department who shall serve a two (2) year term. No elected or appointed Board member shall serve more than two (2) consecutive terms. In the event of a vacancy in one or more of the elected clinical faculty representative seats, the candidate on the nomination slate with the next highest number of votes shall fill the unexpired term of the faculty representative whose seat is vacated.

The Practice Plan Board shall have the following Committees:

1) Nominating - Responsible for nominating the CEO and all Board members. The Nominating Committee shall be comprised of the Dean, two (2) clinical department heads, and one (1) full time clinical faculty Board member.

2) Finance - Responsible for the oversight of the Practice Plan operating and capital budgets. The Finance Committee will include at least three (3) clinical department heads, one (1) full-time clinical faculty representative, and the WUSM Chief Operating Officer.

3) Professional Liability and Patient Safety Committee - Responsible for providing oversight of medical malpractice and patient safety issues, reviewing outcomes in high exposure lawsuits; and developing new policies and procedures to improve WUSM’s risk management and patient safety programs and decrease WUSM’s professional liability exposure. The Professional Liability Committee will include the Practice Plan CEO, at least five (5) clinical department heads and the Deputy General Counsel at the School of Medicine.

4) Clinical Practice Committee – Responsible for overseeing Practice Plan operations and strategic planning; setting strategic direction for the clinical enterprise; developing clinical standards, policies and procedures; implementing mechanisms for enhancing patient and...
referring physician satisfaction; and optimizing clinical outcomes and the efficiency of care. The Clinical Practice Committee will include the Practice Plan CEO, the Dean/Executive Vice Chancellor for Medical Affairs, the clinical department heads, the elected faculty representatives to the Practice Plan Board and the WUSM Head of Emergency Medicine.

The Practice Plan Board may create additional standing or ad hoc committees as it deems necessary.

Membership on committees of the Practice Plan Board shall not be limited to Practice Plan Board members.

RESPONSIBILITIES OF THE CHIEF EXECUTIVE OFFICER

The Chief Executive Officer of the Practice Plan shall be nominated by the Practice Plan Board Nominating Committee and approved by a majority vote of the Practice Plan Board. The Chief Executive Officer shall serve on all committees ex officio without vote. The Chief Executive Officer of the Practice Plan shall be accountable to the Practice Plan Board and have the following responsibilities:

1) Develop and manage implementation of Practice Plan strategic plans and initiatives.

2) Create and manage "best-in-class" Practice Plan central support services.

3) Select and manage the Practice Plan management staff.

4) Serve as a liaison with BJC for clinical services.

5) Serve as a liaison to WUPN.

6) Manage initiatives necessary to achieve standards of performance determined by the Practice Board, including but not limited to:
   a) service standards
   b) billing service standards
   c) Practice Plan cost targets
   d) Primary care development targets

7) Identify clinical practice policy issues and seek decisions from Practice Plan Board.

8) Monitor the Practice Plan's utilization review and quality assurance activities and recommend action as appropriate.

9) Assist the department heads in working with the affiliated hospitals and other organizations in matters related to clinical program development and operations.

10) Assure compliance with requirements of regulatory agencies and third party payers.