

## DEAN'S MESSAGE: What's On My Mind

*W*

hat's on my mind this month is the outstanding growth of our clinical services over the past several years. This growth is not an accident—it was developed through our strategic plan based on specific analysis of this region's needs. We have been working extremely hard to increase our clinical reach throughout the state and the region, and to boost the number of patients seen by our skilled medical professionals.

With the growing importance of these clinical services for our mission, this month, SOMnews will begin a new section, "Clinical Care News Update." This feature will offer the latest news on all of our clinical services, including surgical specialties, ophthalmology, pediatrics, emergency medicine, cancer, orthopaedics, radiology, anesthesiology, psychiatry, neurology, neurosurgery, and family medicine.

In this issue, we highlight our expanding network of outpatient clinical practices, including our new 35,600 square-foot Waterloo Crossing facility in Columbia, and our new 10,000 square-foot orthopedics practice at Camden Yards.

This strategic alliance between the School of Medicine and University of Maryland Medical System is continuing to build momentum. Our network now includes 13 academic, community, and specialty hospitals, as well as 33 clinical practice sites staffed by physicians and skilled care teams affiliated with the School of Medicine.

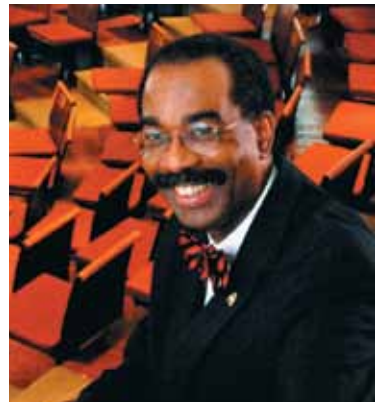
This growth is a response to the needs of our patients, who want more convenient access to our expert clinical faculty and the resources we have at our disposal. The School of Medicine and the Medical System have together focused on this, and are developing a burgeoning network of ambulatory surgical centers and medical office buildings. Through this endeavor, we are not only improving patient care but also generating revenue that can be used to support the School of Medicine and its employees.

We are continuing to look at new sites throughout the state to find locations where we can expand further. In addition, as technology continues to transform our lives, we will change with it: We are already exploring possibilities in telemedicine and the ability to schedule appointments on handheld devices.

A little closer to home, earlier this month the School of Medicine held its annual White Coat ceremony at the Hilton in downtown Baltimore. First-year School of Medicine medical students received their welcome to the field of medicine with the presentation of their first white coat. The ceremony presents the students with these coats after they have completed their first course in medical school, Anatomy. At the ceremony, the coats are also worn by School of Medicine faculty to welcome their junior colleagues to the profession.

This ritual marks a rite of passage that symbolizes the beginning of the students' transition into the field. As someone who has had the privilege of wearing a white coat for many years, I recognize the importance the white coat has as a symbol of medical professionals' honor, integrity and selflessness.

The white coat was first introduced in the 1880's by surgeons as a statement of their commitment to modern medicine. All physicians adopted it in the late 19th and early 20th centuries to emphasize the scientific nature of the physician's work and to distinguish them from medical charlatans of the era.



Medicine has come extraordinarily far over the past 130 years. In the 1880s, doctors in this country had not fully grasped the importance of sterile technique; x-rays were not developed until the turn of the 20th century; the first blood bank was unveiled in 1935. Since then we have seen hundreds of important discoveries—some by researchers here at the School of Medicine—that together have saved millions of lives.

But as shown by our growing clinical enterprise, and by the White Coat ceremony, one thing has not changed in medicine over that time frame. Just as they did in the 19th century, and indeed just as they did so many centuries ago in Hippocrates' time, physicians must focus above all on the patient and his or her critical health needs. This remains the core of medicine and the core of what we do at the School of Medicine.

In the relentless pursuit of excellence, I am

Sincerely yours,

E. Albert Reece, MD, PhD, MBA  
Vice President for Medical Affairs, University of Maryland  
John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine



### Point of Pride

The University of Maryland School of Medicine was the **first** medical school in the country to build its own teaching hospital for clinical instruction. The Baltimore Infirmary opened in 1823 and became the founding institution for what is now the University of Maryland Medical System, which has affiliated teaching hospitals serving patients all across the state of Maryland.

This makes us proud!



# CLINICAL CARE

## University of Maryland Practice Service



### UNIVERSITY OF MARYLAND (UMMS AND SOM) CLINICAL ENTERPRISE ACROSS THE STATE



#### UMMS Hospital Locations

1. University of Maryland Medical Center
2. UMMC Midtown Campus
3. UM Rehabilitation & Orthopaedic Institute
4. UM Baltimore Washington Medical Center
5. UM St. Joseph Medical Center
6. UM Shore Medical Center at Chestertown
7. UM Shore Medical Center at Easton
8. UM Shore Medical Center at Dorchester
9. UM Shore Emergency Center at Queenstown
10. UM Charles Regional Medical Center
11. UM Upper Chesapeake Medical Center
12. UM Harford Memorial Hospital
13. Mt. Washington Pediatric Hospital (Joint Venture)

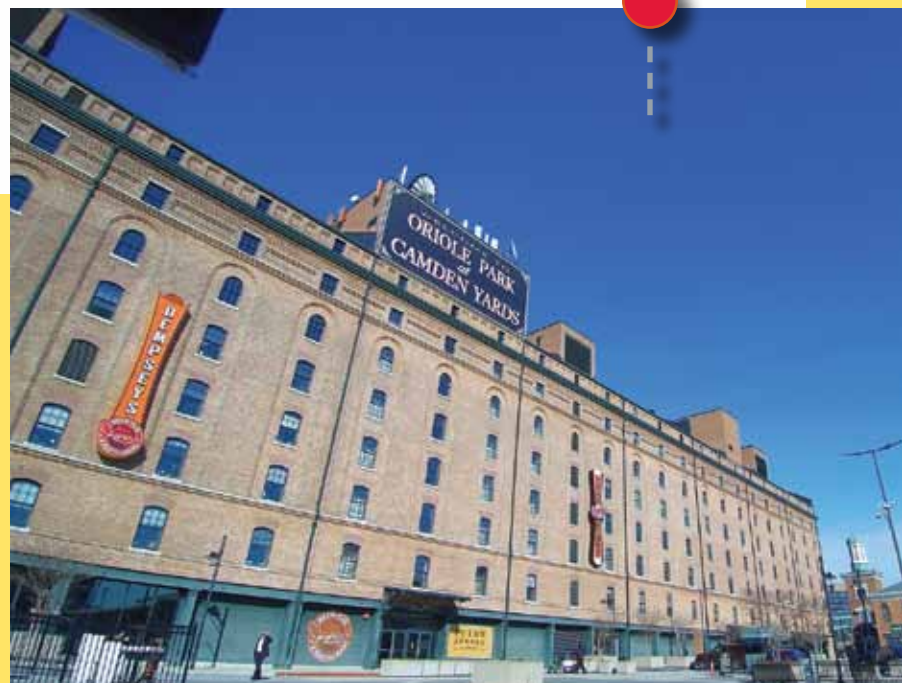
**W**ith the growing importance and expansion of ambulatory services at University of Maryland Medicine, *SOMnews* will be introducing a new section, *Clinical Care News Update*, starting in January 2017. The goal of this section will be to inform faculty, staff, students and trainees about our range of clinical services, our plans for future growth and innovations in caring for our patients in outpatient facilities.

In this sneak peek at that new section, we are providing an overview of the recent trend toward developing outpatient clinical practices around the state. Then, in subsequent issues of the supplement, we will feature the latest developments in each of the clinical service specialty areas: Surgical Specialties, Ophthalmology, Pediatrics, Emergency Medicine, Cancer, Orthopaedics, Radiology, Anesthesiology, Psychiatry, Neurology, Neurosurgery, and Family Medicine.

*As healthcare organizations look to plan ahead for projected growth, an increasing number are shifting their focus to the development of additional ambulatory care and practice center sites.*

The number of dots is growing. A quick glance at the current University of Maryland Medicine network map reveals that this strategic alliance between the University of Maryland School of Medicine (UM SOM) and University of Maryland Medical System (UMMS) is continuing to build momentum—and locations.

A comprehensive system of 13 academic, community, and specialty hospitals, as well as 33 clinical practice sites staffed by SOM-affiliated physicians and skilled care teams, this network today delivers high-quality, integrated medical services across all of Maryland. Two of the newest





# TAKES CENTER STAGE

## School of Medicine Expands Areas Around the State

sites include Waterloo Crossing, a 35,600 square-foot outpatient facility in Columbia, MD, and a 10,000 square-foot outpatient practice staffed by SOM's Department of Orthopaedics in the B&O Warehouse at Camden Yards.

What factors are driving this rapid growth? Part of the reason lies in a greater nationwide trend, where healthcare providers actively are seeking new ways to deliver services that meet patient expectations while better managing internal costs. As healthcare organizations look to plan ahead for projected growth, an increasing number are shifting their focus to the development of additional ambulatory care and practice center sites.

Creating a robust network of ASCs (ambulatory surgical centers), MOBs (medical office buildings), and other specialty service sites has obvious advantages for both patients and healthcare organizations alike, says **Bill Tucker, MBA, CPA**, Associate Dean for Practice Plan Affairs at the University of Maryland School of Medicine, and Chief Corporate Officer of Faculty Physicians, Inc. (FPI).

As SOM's central physician's group, FPI coordinates the clinical activities of 1,000 full-time faculty members representing over 40 specialties and subspecialties. The group also employs over 1,000 non-physician staff, who provide administrative practice support through business development, finance, information technology, legal affairs, reimbursement management, and more. Through some 1,000,000 patient encounters per year, FPI's faculty practice generates annual revenues in excess of \$300 million to support school salaries and operations.

"The environment for delivery of care is changing quickly, so that we continually need to look to ways to differentiate our services and develop patient loyalty," Tucker says. "We have SOM faculty with terrific clinical skills, so we need to match that capability with greater service and efficiency. Increasingly, our focus must turn to what the patient wants."

In this regard, notes Tucker, FPI has taken the strategic lead in planning the location and design of future practice sites in the UMMS network. A case in point is the Waterloo Crossing outpatient facility, which opened its doors in 2015. Before

the first shovel was put to earth at the site, FPI's team carefully plotted out in advance certain "key success factors."

"Creating revenue is obviously a primary factor," Tucker says. "As the owner of the facility, FPI is paid for facility fees in addition to the professional fees of the faculty." Besides ownership, another key financial factor is a favorable payer mix. "Medicaid is FPI's lowest reimbursing payer, accounting for about 30 percent of our overall service mix—and much higher for women's and children's services," he notes. "When we look at our operations in suburban locations like Waterloo Crossing, Medicaid is far less than 10 percent and is offset by the highest reimbursing commercial payers."

Given Waterloo Crossing's Howard County location, other payers also offer greater professional fee incentives. For the top 100 procedures, the average Carefirst reimbursement is on average 17 percent higher at Waterloo Crossing than at UMMC's regulated operating rooms in downtown Baltimore.

A third key factor is location. New sites



Bill Tucker, MBA, CPA

*"We have SOM faculty with terrific clinical skills, so we need to match that capability with greater service and efficiency. Increasingly, our focus must turn to what the patient wants."*



prefer to avoid driving downtown, dealing with traffic, and paying to park."

To date, FPI's strategic approach is producing strong results—between FY 14 and FY 15, total patient volume, including office and inpatient and outpatient visits, increased 3.2 percent. But Tucker sees even greater opportunities for network growth in the near future—even on smartphones. "The healthcare market in general is demanding

*New sites need to fill that "sweet spot" in targeting a patient population not currently served by a UMMS hospital or a competing healthcare organization.*



need to fill that "sweet spot" in targeting a patient population not currently served by a UMMS hospital or a competing healthcare organization. At the same time, that location must be highly visible and easily accessible with ample parking. "Patient convenience is essential," states Tucker. "It is much more attractive to our patients to access us in or near their communities. And frankly most would

more immediate access, including telemedicine and appointment scheduling on handheld devices," he says. "We are looking at how we will provide these services in order to remain competitive."

But overall, he sees the reputation of SOM's clinical care as the

primary driver for growth. "Clearly, patients see a value in SOM faculty being their care providers," he notes. "We're continuing to look at new sites throughout the state from which we currently draw patients. Our goal is to find a location where we can be successful and grow while providing the high-quality clinical services that community needs."



## White Coat Ceremony Presents Students with Symbol of Future Profession

The University of Maryland School of Medicine (UM SOM) held its annual White Coat Ceremony November 4, 2016 at the Hilton in downtown Baltimore. First-year UM SOM medical students received their welcome to the field of medicine with the presentation of their first white coat.

The event also provided family members of first-year students with a glimpse of what medical school is really like. "Today marks a major milestone in what will surely be a momentous and lifelong journey," said **E. Albert Reece, MD, PhD, MBA**, Vice President for Medical Affairs, University of Maryland, and the John Z. and Akiko K. Bowers Distinguished Professor and Dean of the School of Medicine. "The White Coat Ceremony is a rite of passage, which symbolizes the beginning of your transition into the noble and privileged profession of medicine. It is, however, so much more than a mere ritual. For, to whom this great honor and privilege is given, your service, compassion, and high ethical standards are expected in return."

**Richa Kalsi**, Secretary of the Class of 2017,

spoke eloquently about what the white coat means to her. "The gleaming white color of your coat should remind you that you didn't come here to scrape by, but that you came here in pursuit of excellence. That excellence is not for yourself, it's for your

patients—the hundreds or even thousands of human beings you will meet over the course of your career who will in a matter of seconds disclose to you their



vulnerabilities, their fears, and their hopes."

Dean Reece also directed thoughts to the faculty about the responsibilities involved in wearing the white coat. "I, like you, have had the distinct privilege of wearing a white coat for many years. This has symbolized our commitment to the moral and ethical standards of the healing art. Today, I am charging you to rededicate yourself with a renewed vigor and freshness of spirit to the ideals that we hold true—honor, integrity and selflessness."

Dr. Arnold P. Gold, a Columbia University medical school professor, established the White Coat

ceremony for entering medical students in 1993. The White Coat ceremony started at UM SOM in 1997. The ceremony formally presents first-year students with their white coats, long the symbol of physicians and scientists, after they have completed their first course in medical school—Structure and Development (aka Anatomy). The coats are put on by School of Medicine faculty, to welcome their junior colleagues to the profession of medicine.

Once they received their coats, students recited an oath acknowledging their acceptance of the obligations of the medical profession. They also added their signatures to the school's honor registry, a leather-bound book provided by the Medical Alumni Association that is signed by all UM SOM medical students in their first year, in which they pledge to maintain integrity through their years in medicine.

The white coat itself was first introduced in the 1880's by surgeons as a statement of their commitment to new understandings of sanitation and "antiseptic" techniques.

All physicians adopted it in the late 19th and early 20th centuries to emphasize the scientific nature of the physician's work and to distinguish them from medical charlatans of the era. By World War II, the physician's white coat had come to symbolize rigorous training, high achievement, and commitment to the principle that the patient always comes first.



# somnews

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