

CLINICAL COMMENTARY

Recruitment and Retention of Primary Care Clinician Educator Faculty UCLA Department of Medicine

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Historical Perspective

The concept of integrated health care systems is not new. Historically, medical schools in Europe and the US included primary care physicians in close proximity to specialists. The modern equivalent can be seen in for-profit entities, small group practices within universities, and Kaiser Permanente, to name a few.¹

The most consistent feature in integrated systems is the establishment of the primary point of entry. In most cases, entry is gained through the primary care office. Without a strong, innovative primary care base, the comprehensive integrated system is not feasible.

UCLA Primary Care is comprised of general internists, family physicians, pediatricians, Medicine/Pediatrics, and obstetrics and gynecology.

Primary Care in the 21st Century

Much has been written concerning the stress associated with primary care practice and the shift away from an emphasis on primary care in US training programs.

The long hours, intrusion of third parties into clinical decision-making, and decreasing compensation are cited as contributing to diminished interest in primary care careers. Dealing with a wide variety of complex illnesses versus focusing on specialized medical problems has also added to the stress within primary care practice.

How can an institution change not only the perception but also the status of primary care physicians? Here is an overview of the Department of Medicine's approach.

Inception

In the Department of Medicine, the transformation occurred slowly, through changes in leadership and an earthquake (literally).

Santa Monica and St. John's Hospitals, located only 5 blocks apart in Santa Monica, were friendly rivals with common

medical staffs. The relationships were collegial and mutually beneficial. The 1994 Northridge earthquake changed the landscape, both literally and figuratively. Overnight bed capacity was reduced by more than 50% with only 117 beds serving a community of 84,000. St. John's sustained massive damage and was forced to close 72 hours later.

As could be expected, this catastrophe created opportunity, and the growing importance of managed care. Over the ensuing 12 months a group of physicians and administrators engineered the acquisition of Santa Monica Hospital by UCLA.

Coincident with this act of nature and the acquisition of Santa Monica Hospital was a change in the leadership in the Department of Medicine. Dr. Alan Fogelman, the former division chief of Cardiology and an internationally recognized atherosclerosis researcher, had been named Chair of the Department two years previously. The subsequent evolution of his departmental leadership in respect to primary care occurred over several years. However, the basic premise articulated by Dr. Fogelman was that the development of the broad primary care base was the essential cornerstone upon which to build an integrated health care delivery system.^{2,3}

A full-time faculty tract for Clinician-Educators was developed and community practices were integrated into the department. The teaching mission was emphasized as were creative academic efforts. The training programs were expanded to focus on primary care and later included a reborn primary care tract and medicine/pediatrics residencies.

Expansion

Over the ensuing 20 years, UCLA Health has promoted clinical practices in all primary care fields, and now controls a sizable share of the Westside market. This expansion has included Pediatrics, Family Medicine, Obstetrics and Gynecology, as well as the Community Practice Network (CPN), Santa Monica Bay Physicians, and the Entertainment Industry Medical Group. Expansion of the program has also contributed to retention of talented administrative staff. The local competition for primary care has included systems of care; Kaiser-Permanente, Providence Medical Group, and Healthcare partners. Many UCLA graduates have previously

sought employment in these health systems, particularly Kaiser Permanente. However, the recent community expansion within the Department of Medicine has reversed this trend, and our graduates as well as physicians from other systems are now seeking opportunities in these new campuses. The Clinician-Educator track of the Department of Medicine and the Department of Medicine tiered incentive plan for Clinician-Educators have made UCLA Health attractive to our graduates. Risk is taken by the department or health system, and physicians are given reasonable time to develop practices based on national Medical Group Management Association standards.

In 2010, the Department of Medicine and UCLA Health leadership agreed to develop two new distinct medical campuses. The Northwest Campus encompasses Santa Clarita, Porter Ranch, Simi Valley, Thousand Oakes, Westlake Village, and Calabasas; large regional centers located in Santa Clarita and Calabasas will be completed by early 2016. The South Bay Campus includes Torrance, Palos Verdes, Redondo Beach, and surrounding areas.

In addition to establishing state of the art outpatient facilities, the Department of Medicine established a robust system of Hospitalists, Pulmonary and Critical Care physicians and specialists in virtually all the subspecialties of Internal Medicine to provide secondary ambulatory care as well as hospital care in the expansion areas. These areas included favorable demographics including level of education, emphasis on health maintenance, and insurance. As of the fall of 2014, 130 physicians have been employed and 13 offices have been established by the Department of Medicine in direct support of the expansion. An additional 30 physicians and 3-4 primary care offices are planned by early 2016.

UCLA Deployment Summary

The development of a respected academic track for Clinician-Educators is at the heart of the expansion and has aided greatly in the ability of the Department of Medicine to recruit locally from its teaching programs and nationally from other top ranked institutions. Financial risk to the physicians is minimized and administrative overhead covered by the Department of Medicine. The tiered incentive compensation plan allows for competitive salaries, academic advancement, and high recruitment rates.

Centralized management, appointment scheduling, and a professional call center has increased patient access and patient satisfaction at UCLA Department of Medicine practices. These management tools will ease the burden on physicians and allow physicians to better concentrate on patient care. Expansion of our electronic medical record data entry should shift to trained non-physician personnel, affording physicians the freedom to pursue diagnosis and treatment. To ensure continued success, teaching programs in primary care should become increasingly community-based,

and the UCLA hospitalist network must grow in parallel with the outpatient practices to ensure exceptional care in community settings.

The experience of the Department of Medicine should provide a basis for other departments with support from UCLA Health to recruit and retain physicians for the expansion needs of our growing integrated delivery system.⁴

REFERENCES

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