# General Clinical Neurologists in Academic Departments of Neurology









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#### **Motivations and Rationales**

- The changes in health care in the United States are leading to increased emphasis on value and population health.
- These changes have led many academic medical centers to develop primary care networks within the community.
- Monitoring and Insuring Quality and safety are increasingly part of everyday care delivery and are increasingly part of (value-based) compensation models.
- Exceptional customer service is vital.
- Many neurologists will seek affiliations with large health systems or multi-specialty groups (as remaining independent will become increasingly difficulty in the postreform era).



#### For Discussion!

- Overview
  - What is the role of general neurologists in academic departments?
  - Should they have teaching and/or research expectations?
  - How should they be compensated?
  - Are they at the main hospital or in the community?
- Goal
  - Stimulate discussion!
  - There are no right answers!



Why might academic departments need general clinical neurologists?

- **Patient Care** ightarrow
  - Hospital-based patient care
  - Ambulatory patient care
  - Community integration
- Education ightarrow
- Research **Required?** ightarrow
- Service ightarrow



What are the Patient Care Roles of a General Clinical Neurologist in Academic Departments?

- Undifferentiated referrals from primary care providers
- Work side by side with primary care providers
- Handle uncovered specialties
- Simplify operations of call centers and/or eliminate nurse or physician triaging
- Grow into the community
- Others?



What are the Clinical Benefits of General Clinical Neurologists in Academic Departments?

- Gateway for Primary Care
  - Market share  $\rightarrow$  Long term market issues
  - Population health
  - Value and customer service
- Clinical trials enrollments
- Better care for more people



What are the Academic Roles of a General Clinical Neurologist in Academic Departments?

- Clinical Education
  - Residency Program Leadership
  - Medical Clerkship
  - Pre-Clinical Neuroscience
  - School of Medicine Leadership
- Clinical Scholarship
  - Clinical Trials / Research
  - Clinical Writing



Where might Academic Departments need General Clinical Neurologists?

At the Main University Hospital

At an Affiliate Hospital

In the Community



Who should be hired for general clinical positions in Academic Departments?

Clinician Educators and/or Clinical Scholars Community Neurologists



Neither?



What are the Benefits of Hiring Community Neurologists into Academic Departments?

- Integrated into the community
- History and success at customer service
- Strategic locations
- Strategic patient groups
- Referrals for clinical trials from new sources
- Lower cost clinical care locations
- More subspecialty referrals





# Customer Service 1 The Waiting Room



11/16



# Customer Service 2 The Exam Room









# Customer Service 3 The Check In Desk







13/16

# How should Community Physicians be Hired into Academic Departments?

- Options ightarrow
  - Academic appointment with academic expectation
  - Academic appointment without academic expectation
  - University title without academic appointment
  - Health system employee without university position
- Compensation ullet
  - Identical compensation to academic faculty physicians
  - Different Plan: Higher compensation with risk / reward • tied to productivity and outcomes





What are the Costs of Hiring Community Neurologists into Academic Departments?

- Traditional role of academic medical center as focused on education and research
- Cultural differences
- Compensation differences with traditional faculty
- Highly inconsistent faculty expectations
- Differentiation with community
- Others?





# Summary



- The changes in health care in the United States emphasize: •
  - Population health
  - Value (including value-based compensation)
  - Timely and convenient access
  - Quality and safety
  - Cost containment
- Academic Medical Centers (AMCs) are in a unique position • to capitalize on these changes.
- AMCs must maintain their traditional roles in education  $\bullet$ and research yet maintain leadership in this new clinical care environment



