

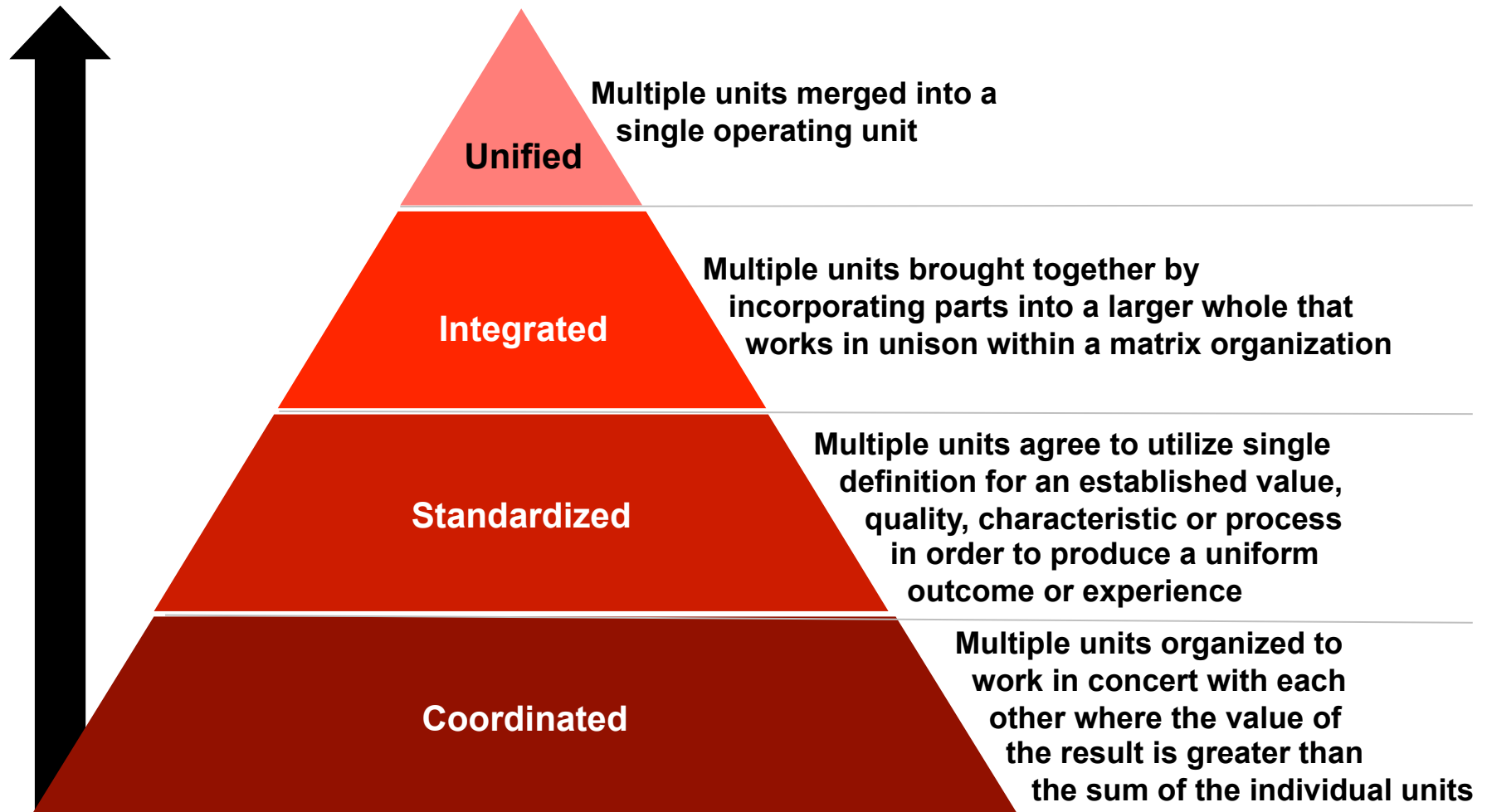
The Value of Emergency Medicine within Clinical Integration

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No Financial or Industry Disclosures



Integration Pyramid Continuum



Clinical Integration

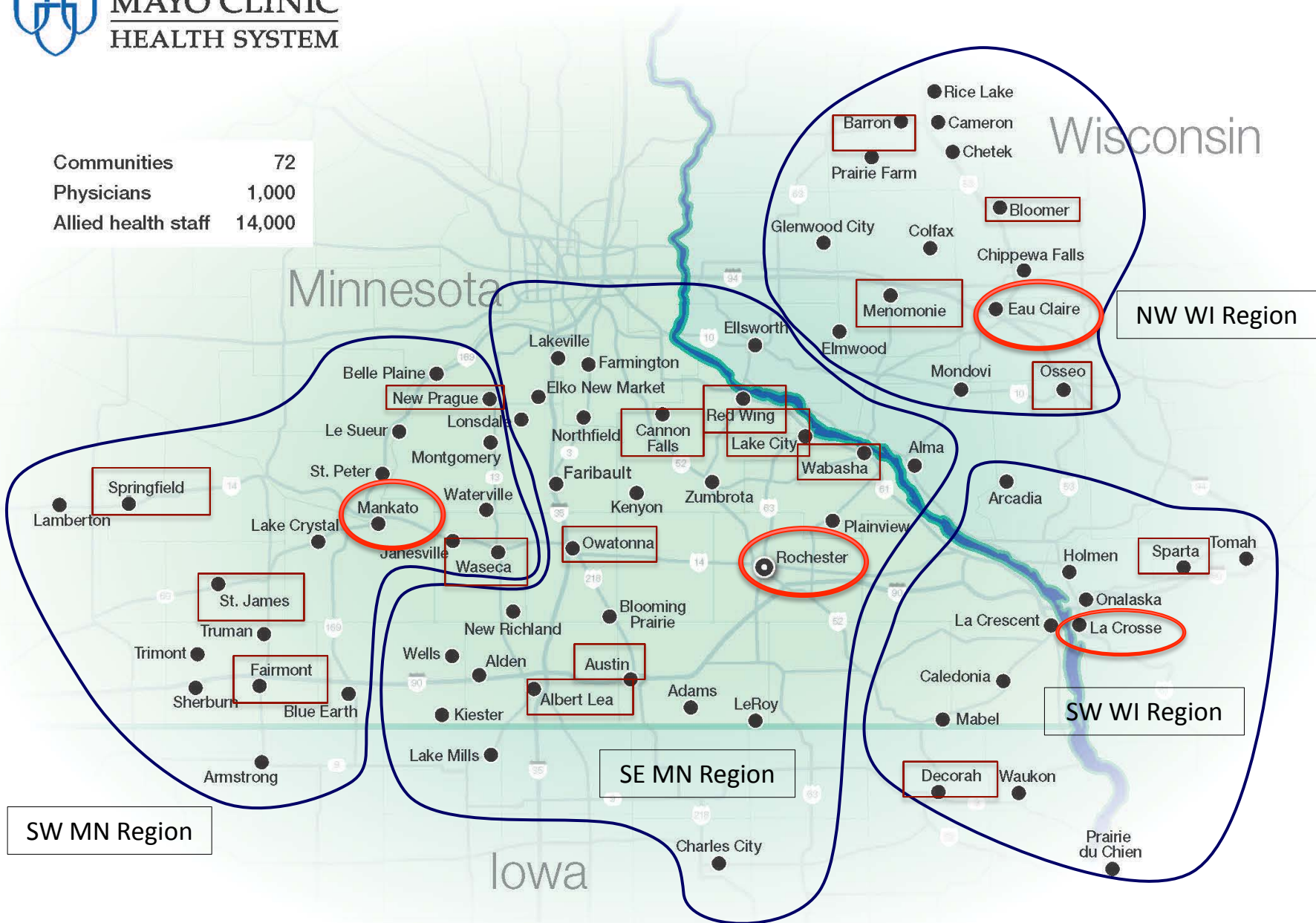
- **Affordable Care Act**
- **Changes in Medicare Reimbursement (probable commercial payer reductions as well)**
- **Expansion of Medicaid**
- **Need to operate clinically in a synchronous fashion**
 - **“Working differently” to reduce cost and improve quality**
 - **Examples:**
 - **Patellar fracture transfer**
 - **Direct admissions**
 - **Keeping patients local**

Our Gift

- **June 2012**
 - **Enterprise Integration Summit / Announcement**
 - **Suddenly we owned 21 Community Emergency Departments**
 - **Urgent need to make a Division**
 - **EMERGENT need to improve staffing**
 - **No idea of the magnitude of what we just were gifted**
 - **Thanks, now what?**



| | |
|---------------------|--------|
| Communities | 72 |
| Physicians | 1,000 |
| Allied health staff | 14,000 |



Where Do We Begin?

- **22 distinct cultures / personalities**
- **Geographically and economically disperse**
- **Variable provider (sometimes absent) workforce**
- **Siloed recruiting, salaries, administration and privileges**
- **Staffing CRISIS**
- **Focus on PEOPLE**
 - **Wrong people = No engagement = NO integration**

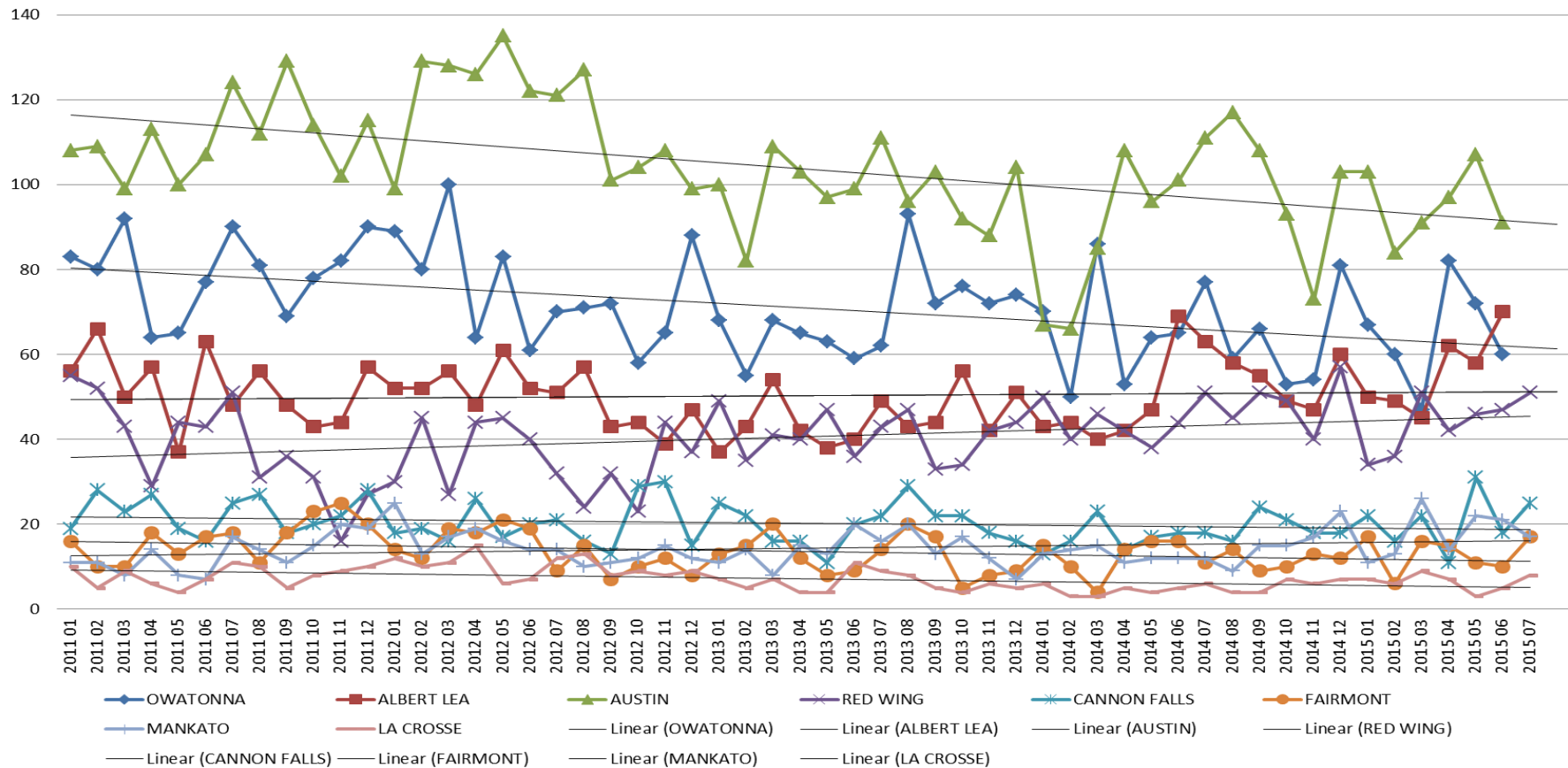
Immediate Strategy & Tactics

- **Strategy: Create a Robust, Dedicated EM Workforce**
- **Tactics:**
 - **Road Trip: Invest in knowledge acquisition and relationship building**
 - **Salary standardization / correction**
 - **Right tools in place**
 - **EM leadership team / Medical Directors**
 - **Develop people**
 - **Eliminate locums**

Early Successes

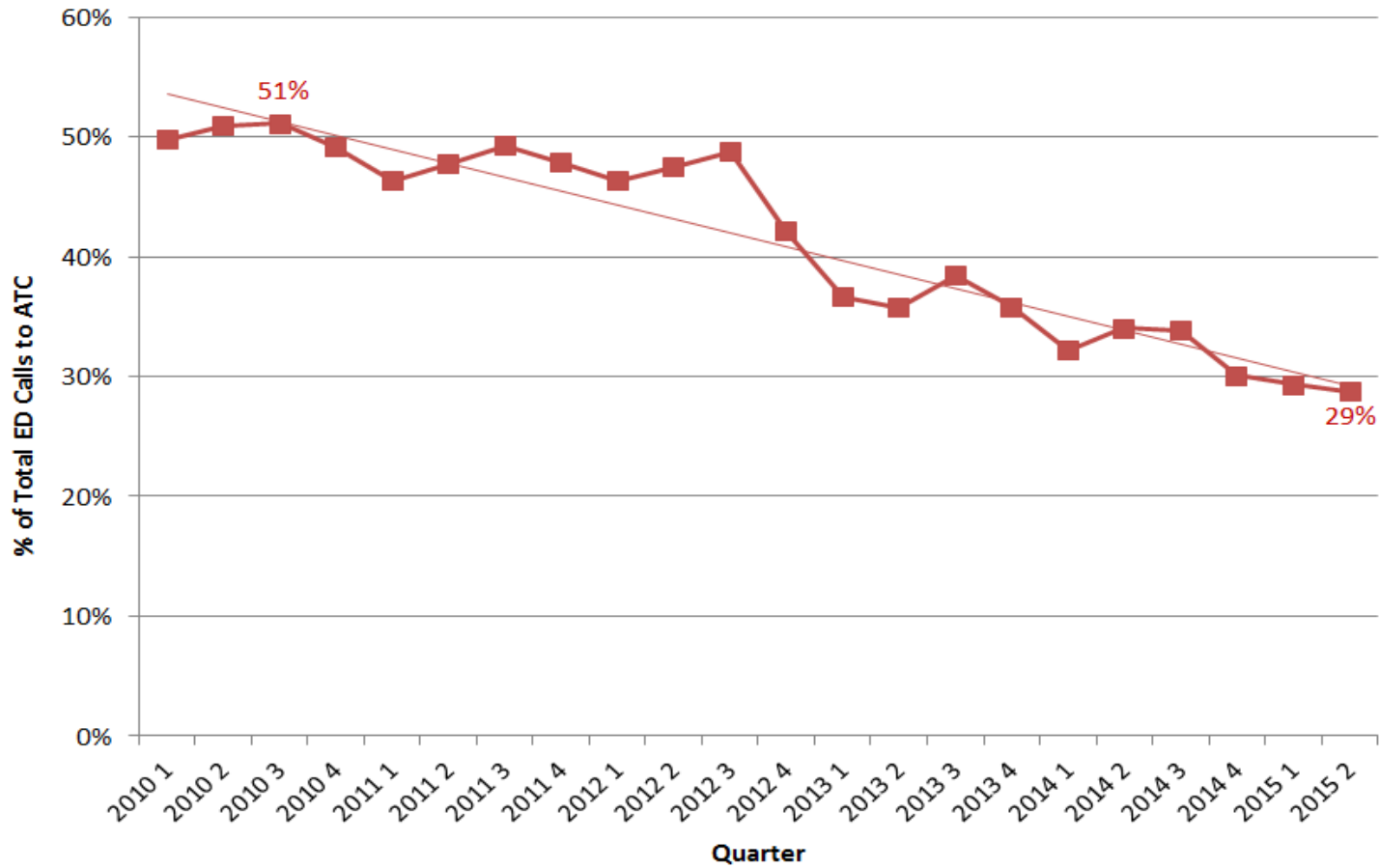
- **Standardize Competitive Market Salary**
 - **\$75K savings / FTE Locums Offset**
- **Centralized & Novel Recruiting Process**
 - **“De-silo” recruitment efforts**
 - **Heavy use of “hybrid” positions**
- **NPPA EM Fellowship**
 - **\$210K savings / FTE Physician Offset**
 - **FEA: retaining 4 will pay for program**

Owatonna, Albert Lea, Austin, Cannon Falls, Red Wing, Fairmont, Mankota, and La Crosse Patient Utilization of St.Mary's ED



Admission and Transfer Center Data

% of Calls From External EDs Which Result in Transfer to Rochester ED



Conclusion

- **Focusing on quality Emergency Medicine providers within a system provides direct financial, operational and patient care benefits to the organization and the patients we care for**