Designing the Multi-Professional Faculty Practice of the Future

With the implementation of the ACA, health care delivery is facing revolutionary changes. Faculty practice plans of many leading academic health centers are structured to deliver care under the existing provider reimbursement model. As the focus of care moves from individual fee-for-service encounters with ill patients to the health maintenance of entire populations, a primary strategic goal for RBHS is to structure its clinical enterprise to optimize population health in an economically sustainable manner. RBHS is becoming prepared to shift from a volume-based to a value-based system.

RBHS is uniquely positioned to develop the faculty practice optimally suited for the 21st century. Few academic health centers combine a statewide geographic reach, a patient population as diverse as any in the U.S., and the breadth of high-quality multi-professional educational programs across the provider spectrum as RBHS does. RBHS is well-positioned to facilitate the dissemination and implementation of research findings to applications in clinical practice and population health.

To capitalize on these advantages, in the next year RBHS will examine new models for a multi-specialty, multi-professional faculty practice plan. As envisioned, such a plan may encompass all clinical service units within RBHS. The practice plan may incorporate under one umbrella all the clinical departments of multiple schools, clinical care units, geographic campuses, and a wide range of licensed providers, including, but not limited to, physicians, dentists, advanced practice nurses, including nurse practitioners, midwives, nurse anesthesiologists, physician assistants, physical therapists, and other allied health professionals. As such, the practice plan could include faculty from CINJ, NJMS, RSDM, RWJMS, SHRP, SON, and UBHC and will utilize the branding strategy identified above. The design and structure of this plan ideally would be configured to position RBHS optimally for the imminent changes in the health care delivery and payment systems.

Key objectives in designing a new plan include:

- maintaining provider incentives for productivity;
- empowering providers and the schools to be able to speak with one voice to have the strongest hand in negotiating with insurers and hospital systems;
- creating a setting which allows RBHS schools to be financially viable while supporting the academic mission;
- developing a network that can become a preferred provider of care for health system, Rutgers, and state employees and their dependents; and
- creating a structure that will position RBHS optimally to compete in the new world of health care, where providers – not only insurers – will be assuming the risk for population groups.

A plan will be implemented based on advice and expertise formally provided by a consultant. A two-phase approach is envisioned. The first phase – assessment – will include:

- initial review of current practice plans’ corporate structure, governance, and strengths and weaknesses;
- a review of current trends to understand where the U.S. health care system is likely headed, which will serve to influence the design of the new faculty practice plan;
- a review of representative plans from other institutions and determining their potential relevancy; and
- interviews with RBHS staff/personnel to assess relative strengths and weaknesses that could impact the new practice plan model.

The second phase – design and development – will be addressed following completion of the first phase. Activities will include:
• meetings with key stakeholders, including leaders of the current practice plans and involved schools, and representatives from the chancellor’s office;
• developing key principles to direct final plan design, including maintaining provider incentives for productivity, empowering providers and schools to speak with one voice, creating a setting that allows RBHS schools to be financially viable, and creating a structure that will position RBHS for the new world of health care where providers assume the risk for whole populations, rather than insurers;
• providing expertise, identifying current practice plan models or developing alternative models, and providing recommendations for the development of a new multi-specialty, multi-professional faculty practice plan that may encompass all clinical components of RBHS or a subset under one umbrella organization;
• designing a faculty practice plan tailored to the history and structure of RBHS, given the key principles and the direction in which health care is evolving; and
• submitting a report to the RBHS chancellor.

Formation of the practice plan would follow in future years.