

# A Square Deal



Medical College of Wisconsin

Office of the Chair

Robert Lane, MD MS

Shelisa Dalton, MBA

# Agenda

- Introduction and Orientation
- Prime Directive
- Transparency
- Meritocracy
- Opportunity
- Summary

AAAP

# INTRODUCTION AND ORIENTATION

# Wisconsin

- 23<sup>rd</sup> largest state by total area and 20<sup>th</sup> most populous (5.7 million)
- Geographically diverse
  - ✓ Western part of the state is highland, western upland and part of the central plain
  - ✓ Eastern part of the state is lowland, with much of it bordering the shore of Lake Michigan
- Major cities include...
  - ✓ Madison, the capital
  - ✓ Milwaukee, the largest

# Wisconsin Population

- Ethnicity
  - ✓ White American 83.3%
  - ✓ African American 6.3%\*
  - ✓ White Hispanic 2.9%
  - ✓ Asian American 2.3%
  - ✓ Multiracial American 1.8%
  - ✓ Native American 1.0%

\* $\frac{3}{4}$  of the African American population live in Milwaukee

# Wisconsin Ancestry and Religion

- *Ancestry*

✓ German	43%
✓ Irish	11%
✓ Polish	9%
✓ Norwegian	9%
✓ English	7%
✓ Italian	6%

- *Religion*

✓ Protestant	50%
✓ Catholic	29%
✓ Jewish	1%
✓ Mormon	1%
✓ Muslim	1%
✓ Buddhist	1%
✓ Hindu	1%
✓ Unaffiliated	15%

# Medical College of Wisconsin

- Medical School
  - ✓ 845 medical students and 670 physician residents
  - ✓ Community education program with Green Bay and central Wisconsin campuses
- Graduate School of Biomedical Sciences
  - ✓ 10 PhD programs
  - ✓ Masters and joint degree programs
- School of Pharmacy
- Department of Biomedical Engineering with Marquette

# Children's Hospital Healthcare System

*(Children's Hospital of Wisconsin Community Services)*

- Children's Community Health Plan
- Child and Family Counseling
- Sojourner Family Peace Center
- 35 % of the adoptions in the state
- Foster care program
- School Nurse Program



# Children's Hospital Healthcare System

*(Children's Medical Group and Children's Specialty Group)*

- Children's Medical Group
  - ✓ > 270,000 primary care visits
  - ✓ > 39% of the general pediatricians in SE Wisconsin
- Children's Specialty Group (all physicians are MCW faculty)
  - ✓ 350 pediatric specialists
  - ✓ 130 pediatric advanced practice nurses
  - ✓ 40 physician assistants

# Children's Hospital Healthcare System

*(Children's Hospital of Wisconsin)*

- 306-bed free standing children's hospital
- Numbers...
  - ✓ > 305,000 subspecialty outpatient visits / year
  - ✓ > 66,000 emergency room visits/year
  - ✓ > 23,000 admissions/year
  - ✓ > 21,000 surgical procedures/year

# Children's Hospital of Wisconsin

*(Designations)*

- Designated a Magnet Hospital by the American Nurses Credentialing Center
- Designated a Level 1 Children's Center by the American College of Surgeons
- Designated a Diagnostic Imaging Center of Excellence by the American College of Radiology
- Designated a Well Workplace Gold Status by the Wellness Council of America

# Children's Hospital of Wisconsin *(US News and World Report)*

- CHW ranked in all 10 subspecialties
  - ✓ 7 in the top 25
  - ✓ Herma Heart Center # 6
- > 6 pediatric subspecialties ranked in top 30
  - ✓ Consolidated markets (12/12)
  - ✓ Diluted markets (2/9)
  - ✓ Sub-scale markets (1/11)

Children's Hospital  
of  
Wisconsin

# Department of Pediatrics

*(numbers)*

- 23 divisions
- 269 staff
- 270 faculty
- 55 advanced practice providers
- 22 research faculty
- 75 fellows



# Department of Pediatrics

**Department Chair**  
Robert H. Lane, MD, MS

**Pediatric Administration**

**Executive Committee**

David Brousseau – Vice Chair Finance  
Mike Meyer – Associate Chair  
Peter Havens Vice Chair Finance  
Julie Panepinto – Vice Chair Value  
Dave Margolis – Associate Chair  
Alyssa Stephany – Committee Member  
Pat Lye – Vice Chair Education  
Ganesh Konduri – Committee Member  
Cindy Pan – Vice Chair – Strategic Planning  
Craig Porter – Vice Chair RPT/Faculty Affairs  
Cal Williams – Vice Chair Research

## CLINICAL DIVISIONS

**Asthma, Allergy, Immunology**  
Chief: John Routes, MD  
Admin Lead: Wendy Labinski  
(Division Administrator Sr/ CHW  
Clinic Manager)

**Adolescent Medicine**  
Chief: Susan Jay, MD  
Admin Lead: Jennifer Anderson  
(Division Administrator)

**Cardiology**  
Int Chief: Peter Frommelt, MD  
Admin Lead: Aaron Kinney  
(MCW Division Administrator Sr/  
CHW Service Line Director)

**Child Advocacy & Protection**  
Chief: Lynn Sheets, MD  
Admin Lead: Sara Kreuter  
(AA Sr.)

**Child Development**  
Chief: Mark Simms, MD, MPH  
Admin Lead: Lisa Meder  
(Division Administrator)

**Critical Care**  
Int Chief: Karen Marcandante, MD  
Admin Lead: Vern Erickson  
(Division Administrator Sr)

**Emergency Medicine**  
Chief: David Brousseau, MD  
Admin Lead: Joan Nowak  
(Division Administrator Sr)

**Endocrinology**  
Chief: Patricia Donohoue, MD  
Admin Lead: Felesia Martin (AC)

**Gastroenterology**  
Chief: Manu Sood, MD  
Admin Lead: Lisa Nielson  
(Division Administrator)

**General Pediatrics**  
Chief: Timothy Schum, MD  
Admin Lead: Katrina Jenkins  
(DHC Clinic Manager)

**Genetics**  
Chief: Donald Basel, MD  
Admin Lead: Kathleen Grande  
(AC)

**Hematology/Oncology/BMT**  
Int Chief: Dave Margolis, MD  
Admin Lead: Ann Breunig  
(Division Administrator Sr)

**Hospital Medicine**  
Chief: Alyssa Stephany, MD  
Admin Lead: Joan Nowak  
(Division Administrator Sr)

**Infectious Diseases**  
Chief: Michael Chusid, MD  
Admin Lead: Jennifer Anderson  
(Division Administrator)

**Neonatology**  
Chief: Ganesh Konduri, MD  
Admin Lead: Rachel Stauffer  
(Division Administrator)

**Nephrology**  
Chief: Cynthia Pan, MD  
Admin Lead: Corinne Dean  
(AC)

**Pulmonary and Sleep Medicine**  
Chief: Lynn D'Andrea, MD  
Admin Lead: Thomasien Malsch  
(MCW Division Administrator Sr/  
CHW Clinic Manager)

**Rheumatology**  
Chief: Calvin Williams, MD, PhD  
Admin Lead: Karen Felty  
(AA Sr)

**Special Needs**  
Chief: Tim Corden, MD  
Admin Lead: Grace Hayden  
(Admin. Supervisor)

## NON-CLINICAL DIVISIONS

**Community Pediatrics**  
Chief: Earnestine Willis, MD  
Admin Lead: Jennifer Anderson  
(Division Administrator)

**Developmental Biology**  
Chief: Elena Semina, PhD  
Admin Lead: Maureen Bayliss  
(AA Sr.)

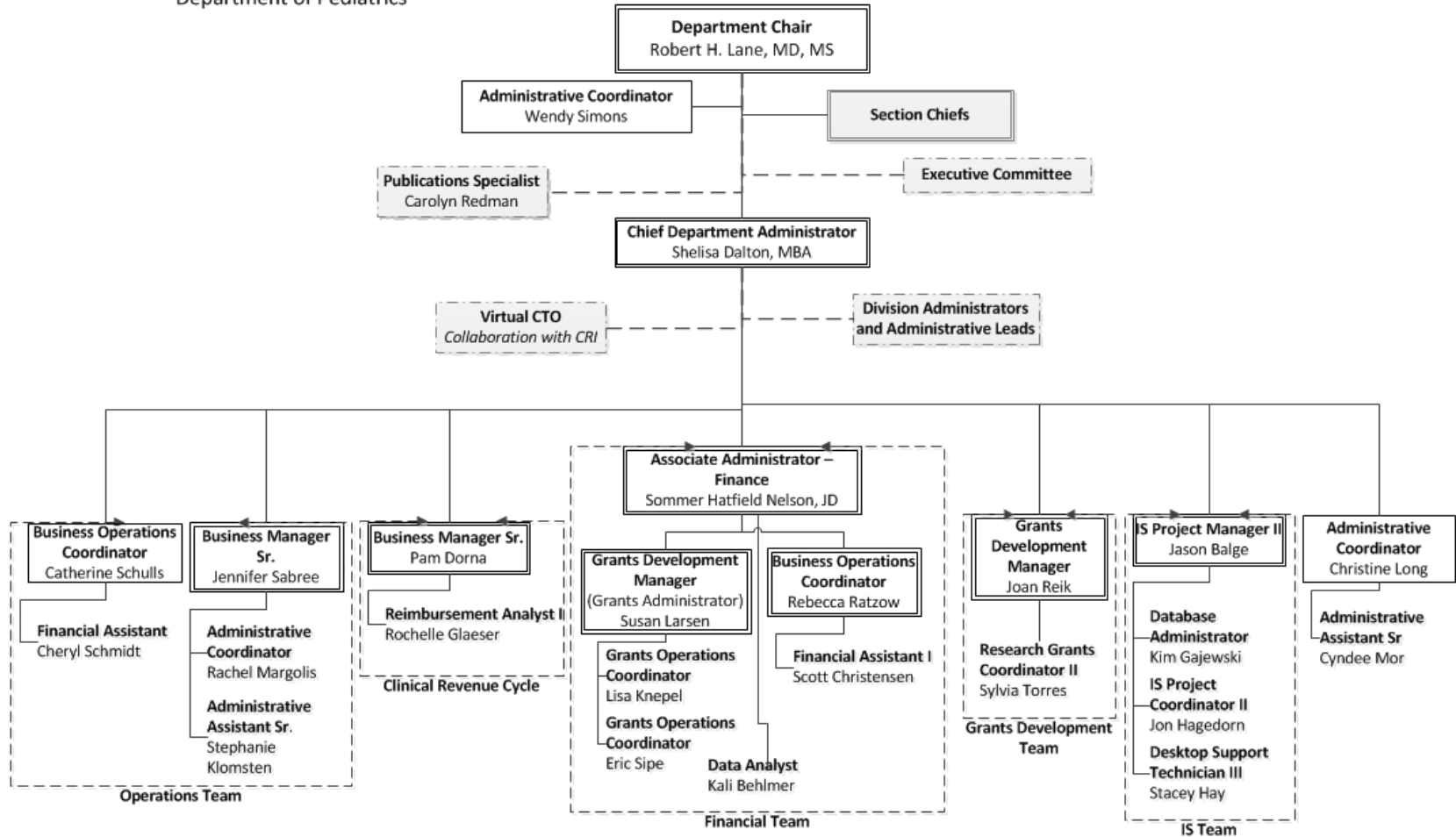
**Genomic Pediatrics**  
Chief: Ulrich Broeckel, MD  
Admin Lead: Sandy Zellner  
(AA Sr.)

**Medical Education**  
Chief: Pat Lye, MD  
Admin Lead: Lisa Kucec (AA Sr.)

**Quantitative Health Sciences**  
Chief: Pippa Simpson, PhD  
Admin Lead: Cindy Feltz  
(AA Sr.)

# Pediatric Administration

Department of Pediatrics



REV 07-01-2016

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# PRIME DIRECTIVE



# The Prime Directive for the Department of Pediatrics

- Provide today and tomorrow the care for as many children as possible in all demographics
- Today requires provision of the highest value care
- Tomorrow...
  - ✓ ...requires a well trained pediatric work force
  - ✓ ...requires scholarly activity
  - ✓ ...requires a national presence

# The Role of Our Office

- Employing strategic and thoughtful stewardship of our resources
- Investing in the development of a pediatric work force that represents a diverse set of skills and perspectives
- Maintaining a working environment for faculty and staff that maximizes opportunities and minimizes risk

# Initial 3 Year Plan Towards the Prime Directive

*(What do we need to accomplish for our plan to succeed?)*

- Gain the trust of our constituencies

*Transparency*

- Redirect the culture

*Meritocracy*

- Increase engagement

*Opportunity*

AAAP

# TRANSPARENCY

*(ENGAGING IN BOTH DIRECTIONS)*

# Our Initial Goals for the Process (2013)

*(Engaging in Both Directions)*

- Develop a process that increases transparency
- Develop a process that states clear expectations
- Develop a process that rewards merit
  - ✓ Defined by department productivity
  - ✓ Define by section productivity
  - ✓ Defined by individual productivity
- Develop a process that recognizes section differences
- Develop a process that allows us to be nimble and adapt
- Develop a process that moves us towards a seamless relationship with our partners

These are particularly important because the ability to facilitate other's success is among the most valued

# Advisory Committees

*(Engaging the Sections)*

- Administrative Infrastructure Committee (Shelisa Dalton)
- Compensation Advisory Committee (David Brousseau)
- Education Advisory Committee - 1 (Dave Margolis)
- Education Advisory Committee – 2 (Pat Lye)
- Scholarly Advisory Committee (Peter Havens)
- Scholarly Evaluation Advisory Committee (Craig Porter)
- Scholarly Infrastructure Advisory Committee (Cal Williams)
- Value Advisory Committee (Julie Panepinto)

# Three Year Plan with lots of Touch Points

*(Engaging the Sections)*

ID	Task	2013												2014												2015					
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun				
1	DOP Advisory Committees																														
2	Restructure Pediatric Administration																														
3	Establish FY14 EMERGE Goals																														
4	Initial FMV data collection																														
5	Establish a Virtual CTO																														
6	Town Hall Meetings																														
7	Implement EMERGE for FY15																														
8	Implement New FY15 Budget Process																														
9	Monthly Updates at Section Lead and Section Chief Meetings																														
10	Daily Budget Meetings with Sections																														
11	Weekly Meetings with MCW Budget Office																														
12	Planning meeting with MCW Leadership																														
13	Plan Presentations to CHW Leadership																														
14	State of the DOP																														
15	Plan Presentation to CSG Board																														
16	Institute Competitive IFR																														
17	Plan Update With MCW Leadership																														
18	Personnel Budget Review with MCW HR																														
19	Revenue Budget Review with CSG and MCW Leadership																														
20	Plan Update with members of CHW Leadership																														
21	Budget Review with CSG																														
22	Establish Section Productivity Metrics																														
23	Scrub FMV Data																														
24	Affiliate Funds Budget Review with CHW and CSG																														
25	Roll Out Section Chief Responsibilities																														
26	Town Hall Meetings																														
27	Establish FY16 EMERGE Goals																														
28	Implement Provider Incentive Plans																														
29	Establish Metrics for APPs																														
30	Institute Collaborative IFR w/CRI																														
31	Implement New FY16 Budget Process																														

# FY 14-15 Budget Process

*(Engaging the Sections)*

**November 2013**

## **FY15 Budget**

### **Materials Distributed:**

- Electronic Budget Workbooks
- Faculty Salary Scatter Graphs
- FTE Allocation
- Strategic Planning Presentation Templates
- Budget Narrative Template

**Template Training for Chiefs and Budget Leads**

**December 2013**

## **Budget Workbook Completion:**

- External Funding Sources for Personnel (Grants/Philanthropic/Affiliate)
- FY14 Grant Closeout
- FY15 Grant Estimates
- Non-Personnel Budget

**Internal Funding Requests Submitted by January 7**

**January 2014**

## **Final Budget Materials Received from MCW & CSG:**

- Clinical Revenue Templates
- Central Funds Distribution
- Affiliate Funds
- Contract Review
- Strategic Investments
- Staff Salary Analysis

**BASIX (budget system) training for Administration and Section Budget Leads**

**February-March 2014**

## **Section Budgets Entered into BASIX**

**Section Chief Presentations to Dr. Lane**

**Department Roll-up**

**Submitted to Budget Office on March 10:**

- MCW Templates
- Executive Summary
- Contracts

**Post-Submission Meetings**



# Section Chief Presentation

*(Engaging the Sections)*

- Revenue and expense

- Top successes

- Main concerns

- Section scorecard

- AAAP salary percentiles

- 3 - year strategic plan

- Sustainability plan

- Succession plan

1. Clinical
2. Research
3. Education
4. Community
5. Workforce Planning

This involves a discussion of **revenue** (clinical productivity, academic productivity), **expense** (workforce optimization) and **investment** (faculty development)

1. Section chief
2. Clinical director
3. Fellowship director

# Revenues and Expenses

## (Engaging the Sections)

Section of Pediatric Exology Income Statement by Fund Fiscal Year 2015										
	Central	Program Development	Restricted Awards	Professional Fees	CHW Affiliate	FY15 Budget	FY14 Budget	Variance to FY15	FY14 Projection	FY13 Actuals
<b>REVENUE</b>										
Central Funds (Budget)	10,049	-	-	-	-	10,049	-	10,049	-	-
Program Development	-	400,000	-	-	-	400,000	-	400,000	123,089	-
Grants and Contracts	-	-	257,778	-	-	762,960	891,897	(128,937)	810,463	732,781
Professional Fees	-	-	-	7,473,321	-	7,473,321	7,398,196	75,125	7,114,355	6,542,198
Contractual	-	-	-	-	1,380,254	1,427,778	1,434,153	(6,375)	1,455,322	1,329,346
CSG Contractual-Acad Overhead	-	-	-	781,419	-	781,419	1,626,820	(845,401)	1,636,149	1,738,557
CSG Program Development	-	-	-	171,517	-	171,517	89,250	82,267	89,241	75,649
<b>Total Revenue</b>	<b>10,049</b>	<b>400,000</b>	<b>257,778</b>	<b>8,498,596</b>	<b>1,380,254</b>	<b>11,339,377</b>	<b>11,897,759</b>	<b>(558,382)</b>	<b>11,760,899</b>	<b>10,418,531</b>
<b>EXPENSE</b>										
Faculty Salaries-Base	8,073	-	90,645	3,211,362	693,677	4,203,755	4,581,128	(377,373)	4,578,314	4,498,982
Staff Salaries	-	3,842	114,390	754,110	414,755	1,289,075	1,028,588	260,487	984,993	894,643
<b>Total Salaries</b>	<b>8,073</b>	<b>3,842</b>	<b>205,035</b>	<b>3,965,472</b>	<b>1,108,432</b>	<b>5,492,830</b>	<b>5,609,716</b>	<b>(116,886)</b>	<b>5,563,307</b>	<b>5,393,625</b>
Fringe Benefits - Faculty	2,059	-	23,114	618,897	176,888	1,071,958	1,637,674	(145,872)	1,845,963	1,673,026
Fringe Benefits - Staff	-	980	29,169	192,298	105,763	328,714	475,363	976	463,107	454,316
<b>Total Fringe Benefits</b>	<b>1,976</b>	<b>980</b>	<b>46,143</b>	<b>1,011,195</b>	<b>271,822</b>	<b>1,400,672</b>	<b>2,113,037</b>	<b>(144,896)</b>	<b>2,309,070</b>	<b>2,127,342</b>
<b>Total Salaries and Fringe Benefits</b>	<b>10,049</b>	<b>4,822</b>	<b>251,178</b>	<b>4,976,667</b>	<b>1,380,254</b>	<b>6,893,502</b>	<b>7,722,753</b>	<b>(261,782)</b>	<b>7,872,377</b>	<b>7,520,968</b>
Supplies and Other	-	-	-	233,886	-	265,745	361,301	(95,556)	334,881	302,276
Contractual Services	-	395,178	5,000	500,850	-	915,028	373,182	541,846	438,722	430,806
Rent	-	-	-	61,566	-	61,566	93,969	(32,403)	38,590	43,902
CSG Contractual-Acad Overhead	-	-	-	781,443	-	781,443	1,626,820	(845,377)	1,636,149	1,562,582
Continuing Medical Education	-	-	-	3,700	-	3,700	500	3,200	600	300
Equipment < \$3,000	-	-	-	18,100	-	18,100	4,950	13,150	11,368	10,928
<b>Total Supplies and Other</b>	<b>-</b>	<b>395,178</b>	<b>5,000</b>	<b>1,599,545</b>	<b>-</b>	<b>2,045,582</b>	<b>2,465,722</b>	<b>(420,140)</b>	<b>2,460,310</b>	<b>2,356,372</b>
Transfers	-	-	-	557,040	-	557,040	277,579	279,461	328,188	308,005
Travel	-	-	1,600	91,175	-	106,775	89,659	17,116	46,222	60,332
<b>Total Operating Expense</b>	<b>10,049</b>	<b>400,000</b>	<b>257,778</b>	<b>7,224,427</b>	<b>1,380,254</b>	<b>9,602,899</b>	<b>10,555,713</b>	<b>(385,345)</b>	<b>10,707,096</b>	<b>10,245,677</b>
<b>Net Operating Profit (Loss)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,274,169</b>	<b>-</b>	<b>1,274,169</b>	<b>1,342,046</b>	<b>(173,037)</b>	<b>1,053,803</b>	<b>172,854</b>
Academic Enrichment Fund (AEF) Ass	-	-	-	814,592	-	814,592	806,403	8,189	775,465	713,100
Clinical Practice Assessment	-	-	-	388,613	-	388,613	384,706	3,907	369,946	340,194
CSG Central Practice Assessment	-	-	-	112,100	-	112,100	110,973	1,127	106,715	98,133
CSG Development Assessment	-	-	-	149,466	-	149,466	147,964	1,503	142,287	130,844
<b>Total Assessment</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,464,771</b>	<b>-</b>	<b>1,464,771</b>	<b>1,450,046</b>	<b>14,725</b>	<b>1,394,414</b>	<b>1,282,271</b>
<b>Contribution to Margin</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>485,766</b>	<b>-</b>	<b>485,766</b>	<b>369,910</b>	<b>290,558</b>	<b>355,718</b>	<b>327,110</b>
<b>Net Income (Loss)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(676,368)</b>	<b>-</b>	<b>(676,368)</b>	<b>1,894,502</b>	<b>484,812</b>	<b>3,604,042</b>	<b>1,891,478</b>

# Top Successes

*(Engaging the Sections)*

1. Clinical: Achieved the top percentile in NRC Picker Survey despite the highest census every; added new inpatient unit in Paris and negotiated free café au laits for providers
2. Education: Major teaching awards for both a junior and senior faculty; matched all 3 fellow slots from top 10 list
3. Research: Awarded several new grants- RO1, 2 CTSA grants, 2 Presidential Scholar awards, 2 CRI grants and highest number of accepted abstracts at PAS (28) and published manuscripts (34); on the cusp for K award

# Main Concerns

*(Engaging the Sections)*

1. The Paris unit croissants will be stale
2. The section is too dependent on referrals from sources external to the department, and these external sources are struggling against the competition
3. The section needs to increase grant applications (with reasonable success rates) to justify the present investment from the Department

# Section Scorecard

Category	Section	DOP	Reference <sup>1</sup>
Total Revenue Growth	2.78%	-8.2%	-9.2%
Total Expense Growth	2.93%	-5.7%	-3.2%
Faculty Compensation Percentile	35.57% FMV 60% AAAP	43.1% FMV <b>52% AAAP</b>	50.0%
Faculty wRVU Percentile	55.42% UHC 52% AAAP	53.6% UHC 51% AAAP	50.0%
Total Staff to Faculty Ratio	0.62	1.07	0.91
Support Staff to Faculty Ratio <sup>2</sup>	0.10	0.30	0.27
Extramural Salary to Research Salary <sup>3</sup>	20.79%	34.7%	65.0%
Grant Applications per Research Faculty <sup>4</sup>	11.78	7.07	6.02
Internal Transfer to Support Research <sup>5</sup> (Research Margin Deficit)	\$1,073,184 (92.8%)	\$5,355,593 (22.0%)	N/A (25%)

Notes:

<sup>1</sup>Reference Points are goals set by MCW, comparisons to other departments, or national benchmarks.

<sup>2</sup>The metric looks at the percent of administrative and support staff to faculty, based on FTEs. Excludes research and patient care staff.

<sup>3</sup>Reviews the ratio of extramural funded salary to base salary adjusted for research effort.

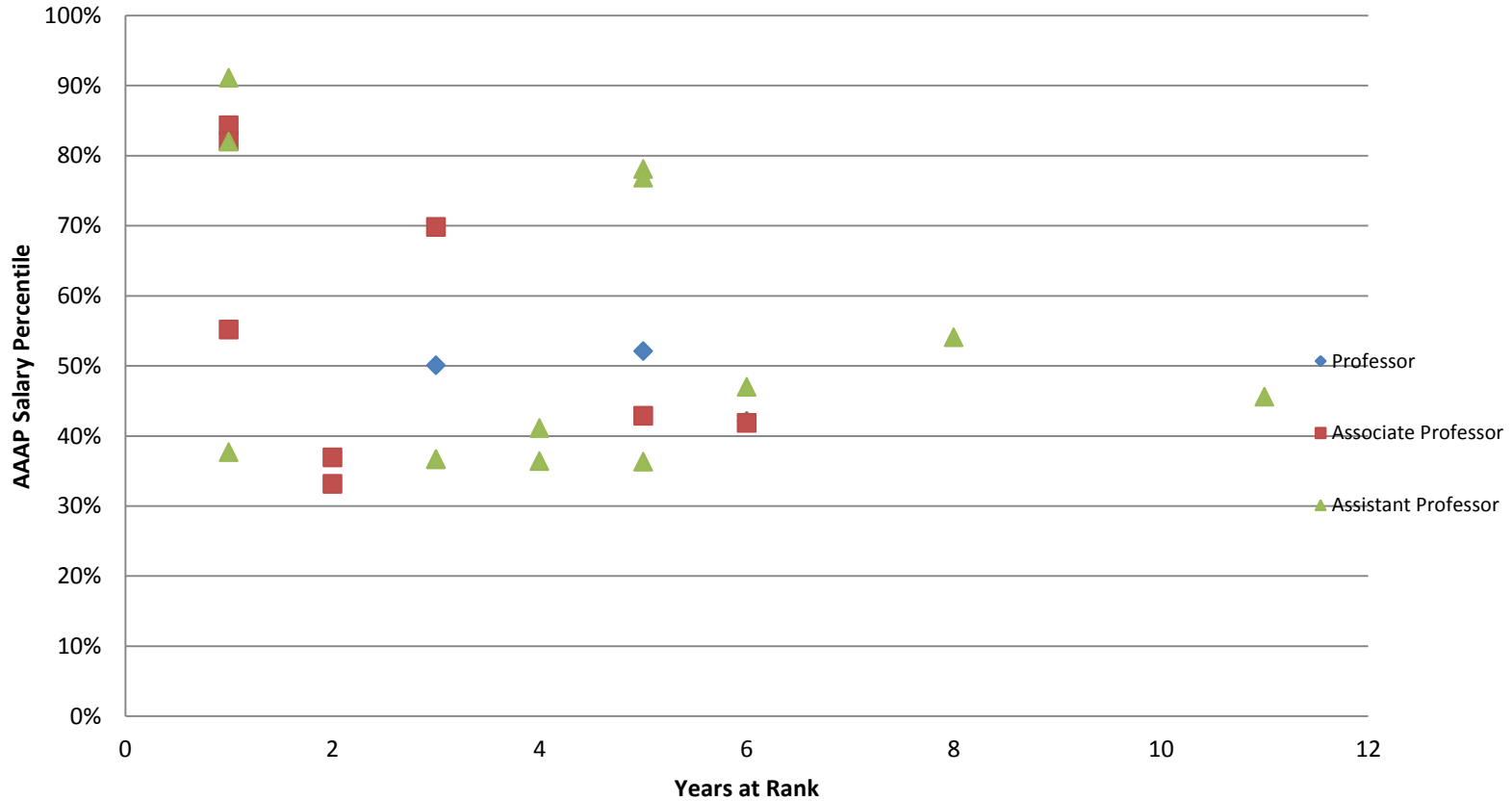
<sup>4</sup>Reviews the ratio of the number of research grant applications submitted per research faculty FTE.

<sup>5</sup>Based on FY15 Budget; DOP actual is ~22%

# AAAP Salary Percentiles

*(Engaging the Sections)*

AAAP FY16 Base Compensation



# 3-year Strategic Plan Outline

Description	FY16 (1-year)	FY17 (2-year)	FY18 (3-year)
<b>Clinical</b>	<ul style="list-style-type: none"><li>• Initiate census growth in Paris</li><li>• Expand to chocolate filled croissants</li><li>• Onboarding and integration of Berlin unit</li></ul>	<ul style="list-style-type: none"><li>• Increase census in Berlin</li><li>• Add strudel to both units breakfast menus</li><li>• Integrate the providers administratively across Paris and Berlin units</li><li>• Maintain superior PICKER scores</li></ul>	<ul style="list-style-type: none"><li>• Develop joint strategic plan brunch on all campuses</li><li>• Prepare for future of reimbursement based on value proposition and population health</li></ul>

# Sustainability Plan

*(Engaging the Sections)*

- Revenue
  - ✓ Sources (clinical and scholarly)
  - ✓ Universal understanding of ‘whys’ of revenue and expense trends
- Expenses
  - ✓ Fixed, variable and one time pay outs
  - ✓ Clear statement on how section goals guide prioritization
- Investment
  - ✓ Faculty and staff development
  - ✓ Transparent match of investment and expectations



# Succession Planning

*(Engaging the Sections)*

- Section chief
- Medical director (s)
- Fellowship director
- Staff development

# Rules of Engagement

*(Engaging the MCW and CHW Leadership)*

- We provide and review our all of our numbers / data with both parents within the following guidelines
  - ✓ Either the Chief Administrator or Chair must be present to guide the review
  - ✓ The focus must be on the performance of a service line or program, not an individual
  - ✓ The level of audit must be consistent with what is being asked from other departments

# Communication<sup>3</sup>

*(Engaging Sections and MCW/CHW Leadership)*

## Timing

- Late Summer 20XX
- Fall 20XX
- Spring 20XX + 1
- Later in the Spring 20XX + 1
- Late Summer 20XX + 1

## Communication

- Form and charge advisory committees
- Discussion with Dean the goals of the Department, as well as potential initiatives
- Formal packet of plan and justification sent to President, Dean and CHW CEO
- Budget executive summary and many presentations
- Department town halls – review of fiscal year, last year's advisory committees and subsequent initiatives

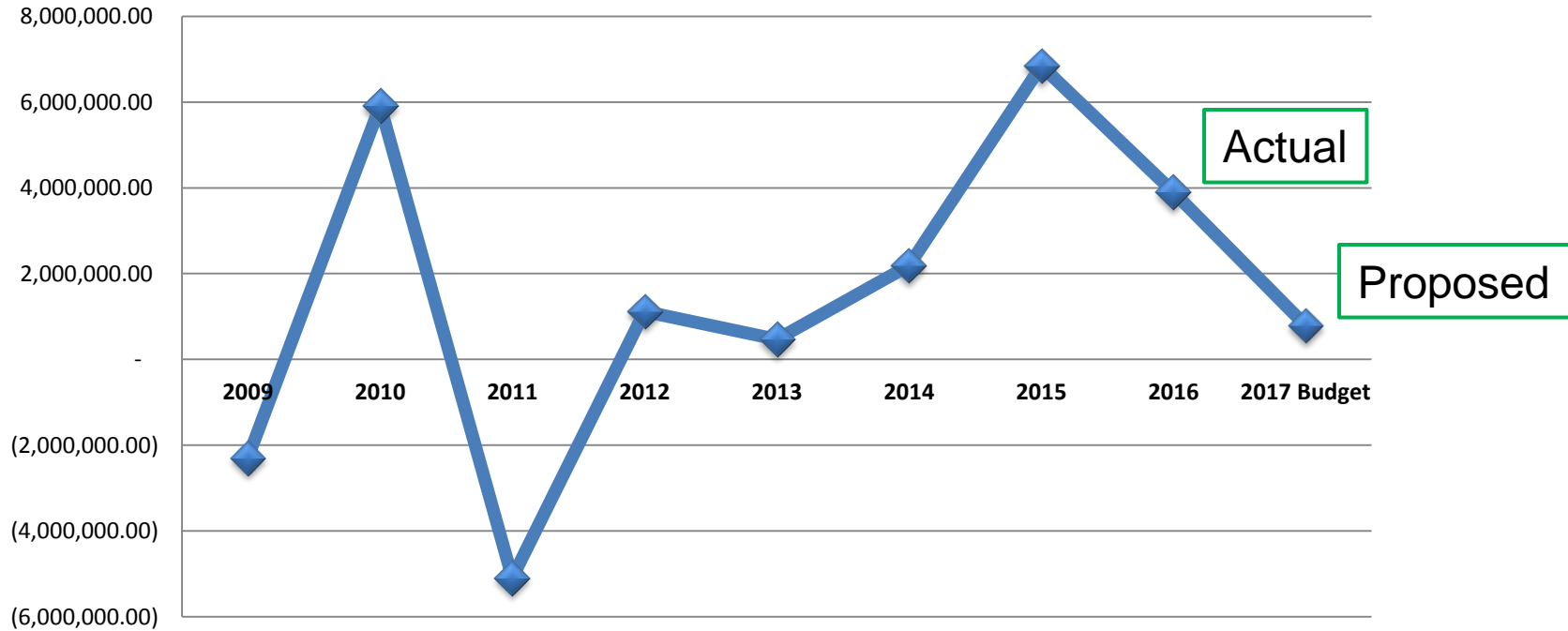
# Communication<sup>3</sup>: Town Hall Finances

*(Engaging Sections and MCW/CHW Leadership)*

- Margin
- Revenue
- Expenses
  - ✓ Faculty salaries
  - ✓ Staff salaries
  - ✓ Supplies
- Faculty incentive plan

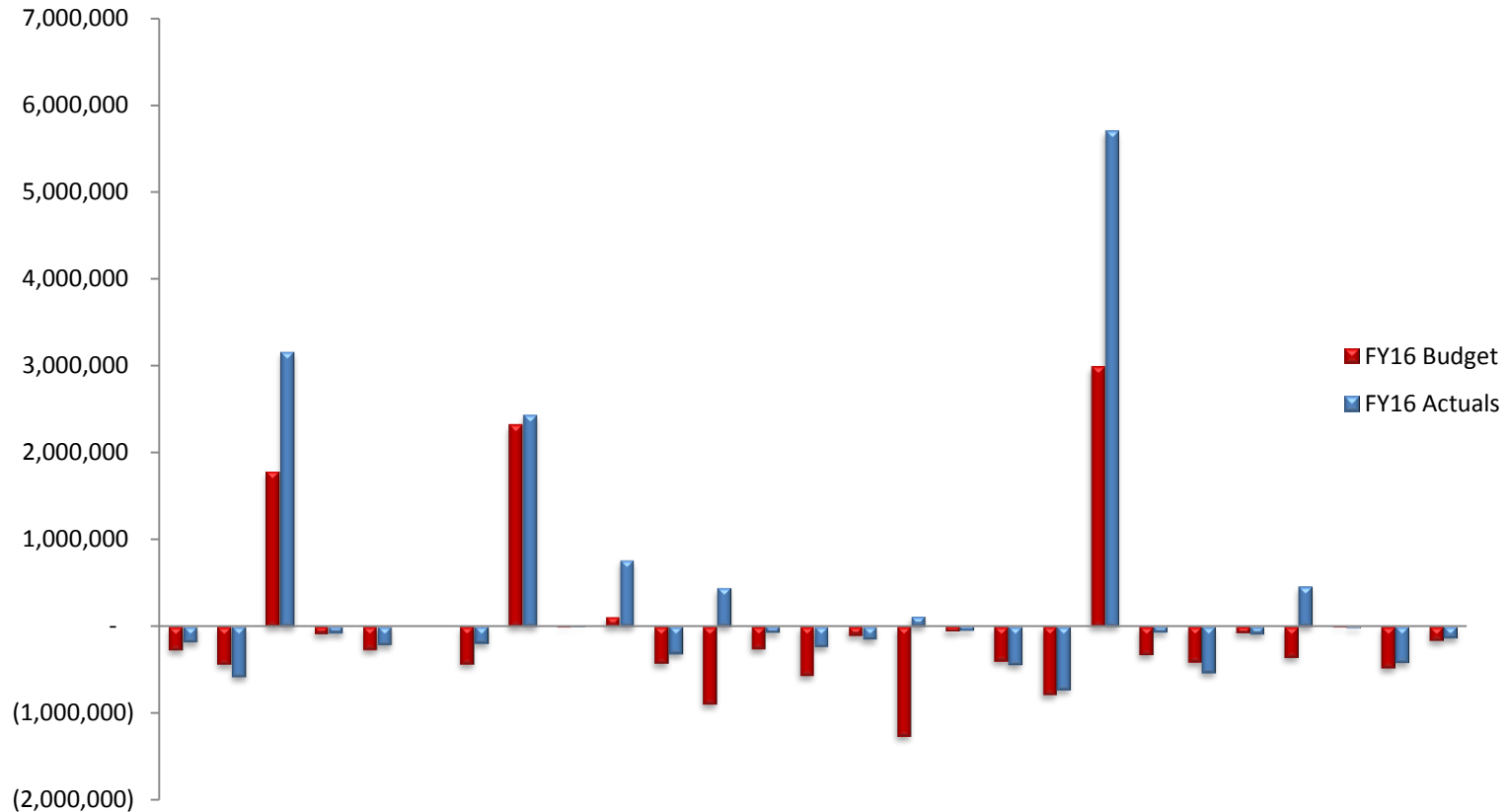
# Multi-Year Margin Comparison

## Margin Trend

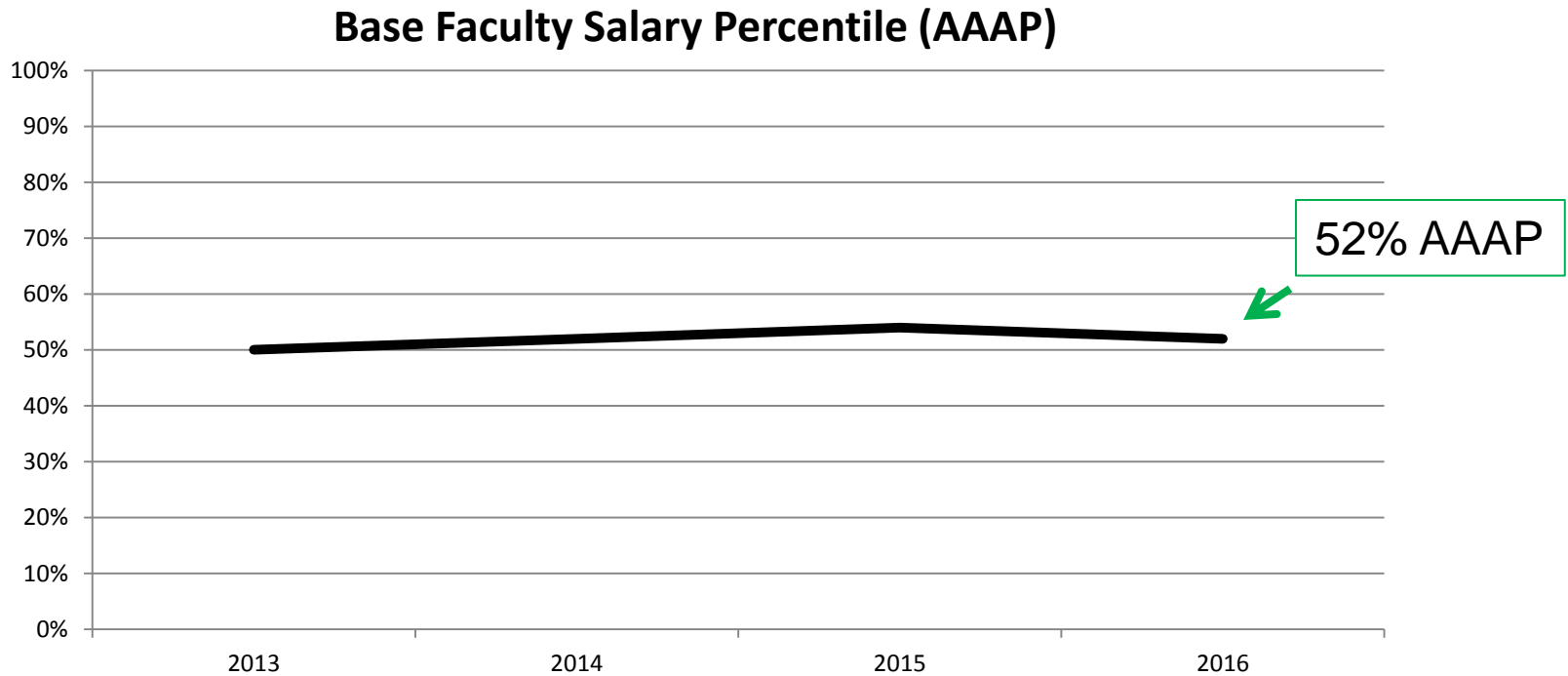


\*Excludes ACA dollars and retained earnings usage for comparison purposes

# FY16 Actual / Budget Margin by Section (random order)

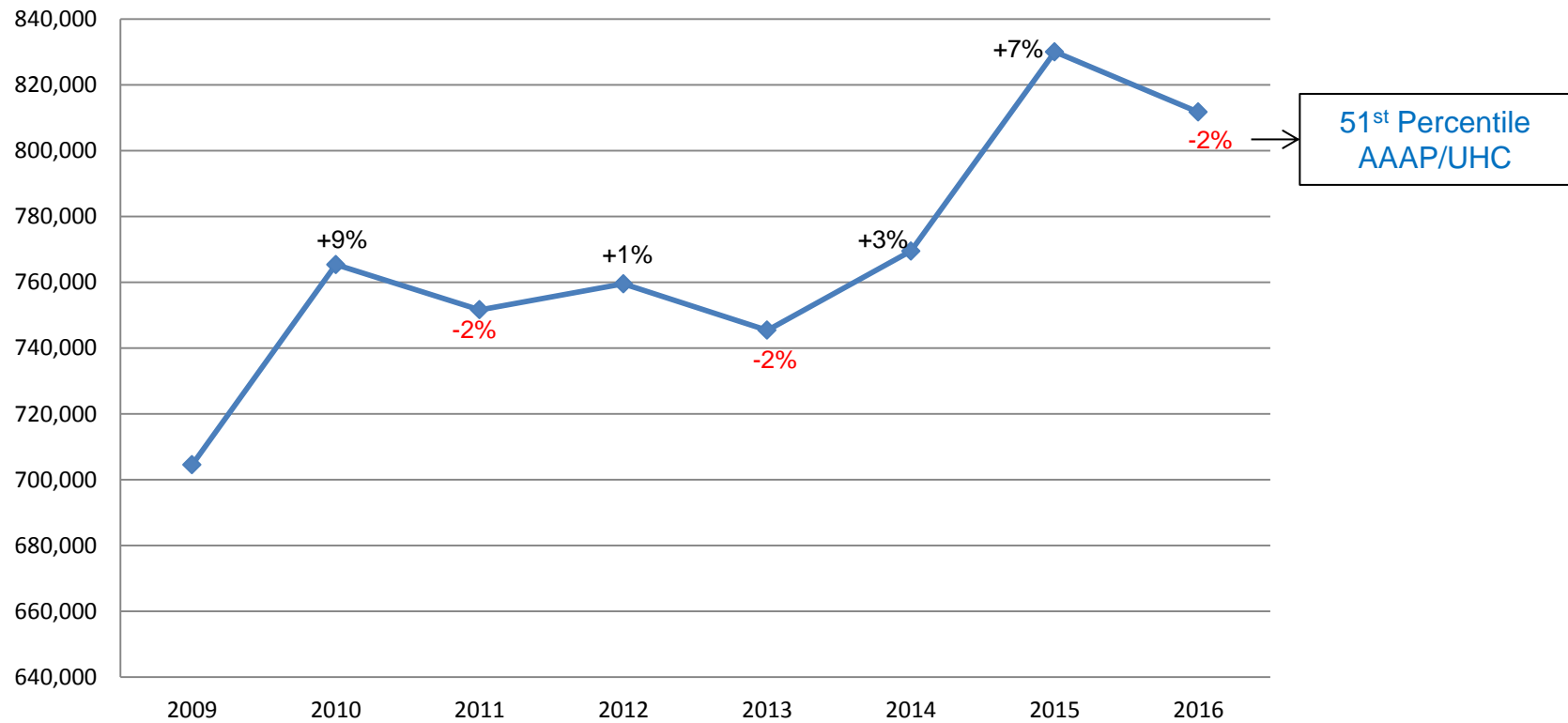


# Faculty Salary Trends



# wRVU Trend

## Total DOP wRVUs/Fiscal Year





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# MERITOCRACY

*(IT TAKES A VILLAGE TO HAVE A  
SQUARE DEAL)*

# Incentive Plans

*(Taking into Account the Advisory Committees)*

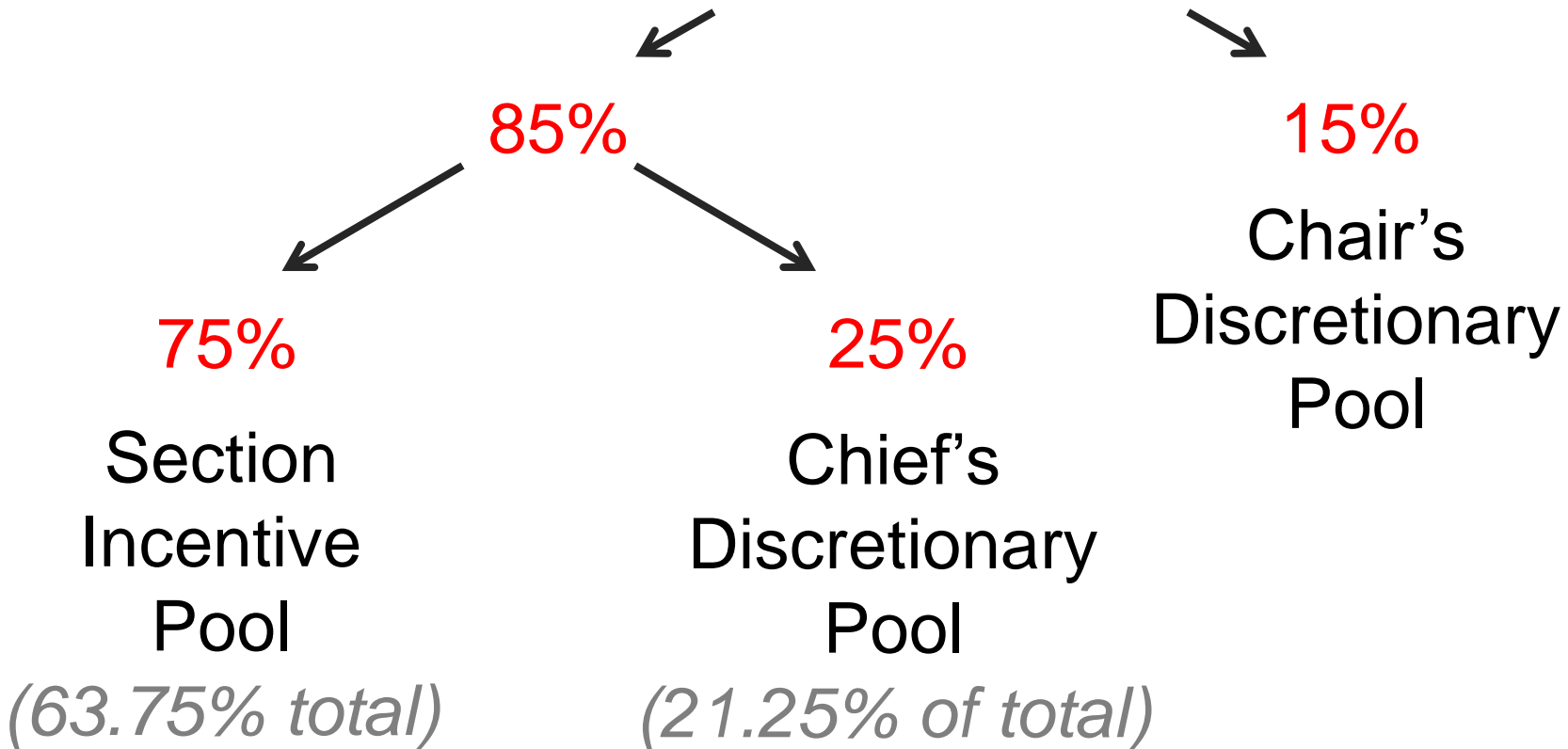
- Core principals
  - ✓ Distribute funds based on objective measures of productivity
  - ✓ Distribute funds based on contributions across all of our missions
  - ✓ Distribute funds for things that move our efforts in the desired direction
  - ✓ Distribute funds that facilitate retaining our most productive and necessary faculty

# Incentive Plan

(8.16% above Base Comp on average)

Incentive Pool for 2015 - 2016

(\$ 3,300,000)



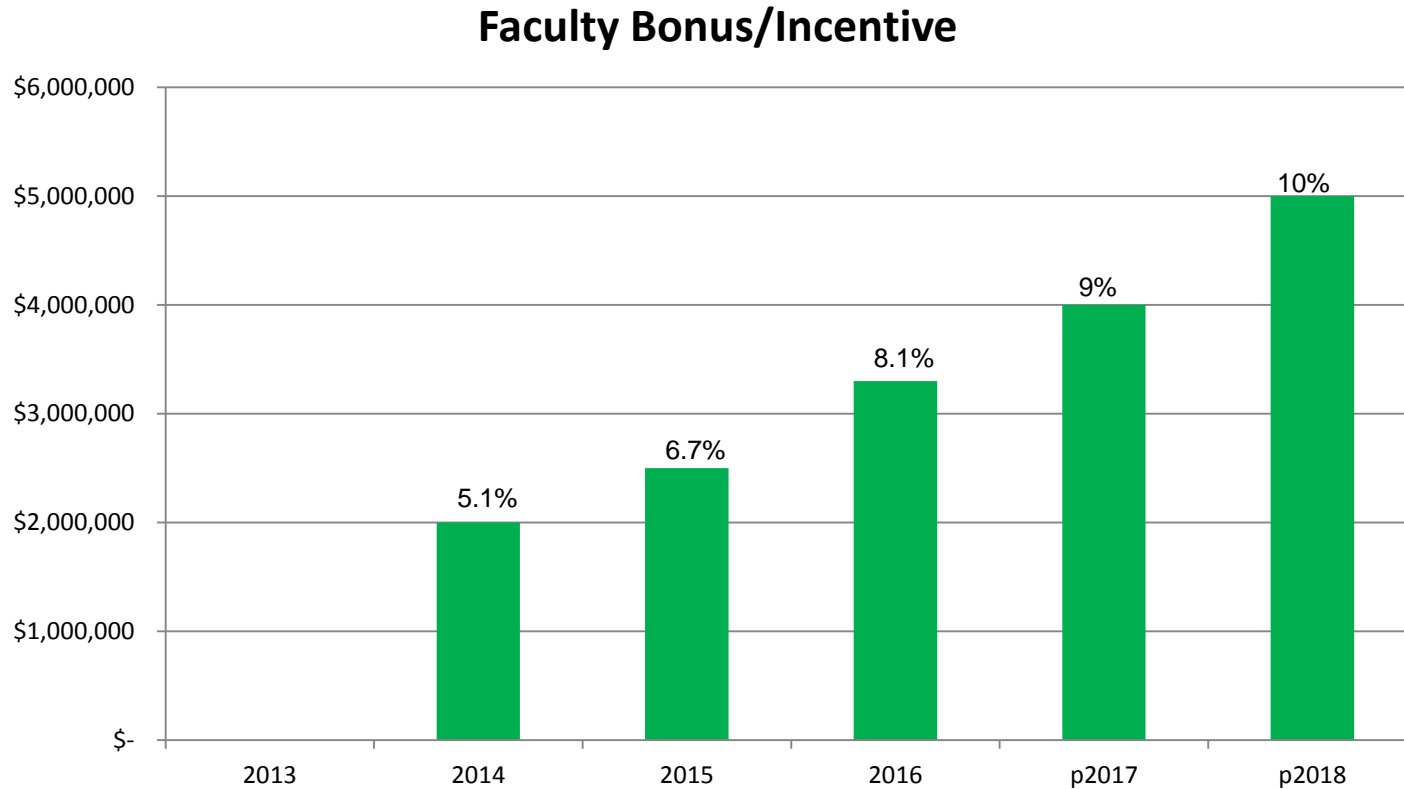
# Incentive Distribution by Category

CATEGORY	% DISTRIBUTION	\$ DISTRIBUTION	Excluding Chair's Portion
GENERAL	12%	\$398,492	14%
CLINICAL	37%	\$1,232,641	44%
EDUCATION	16%	\$517,027	18%
SCHOLARLY	12%	\$408,909	15%
VALUE	8%	\$247,931	9%
CHAIR'S DISCRETION	15%	\$495,000	
Totals	100%	\$3,300,000	100%

# Chair's Discretionary Pool

- Section chiefs
- MCW / CHW teaching awards
- New or active external competitive grant with 1) significant salary support for faculty and 2) no or minimal cost sharing
- Exemplary citizenship or leadership as recommended by staff or section chief that had a DOP wide impact (*division wide impact is for section chief discretionary funds*)

# Faculty Incentive Trends



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# OPPORTUNITY

*(WE MUST ENGAGE THE MANY  
GENERATIONS IN THE DOP THROUGH  
OUR INVESTMENTS)*

# Agenda for Investing in the DOP

- Description of investment in staff education and development
- Update on the career development program
- Update on advisory committees
  - ✓ Fellowship funding
  - ✓ Mentorship
- Description of mentorship investment
  - ✓ Community based mentoring
  - ✓ Mentoring database
- Resilience champions
- Review of other opportunities



# Career Development Program (CDP)

- Our Career Development Program (CDP) represents an investment into developing the pediatric leaders of the future
- The CDP is a competitive program that involves 4 stages and spans 8 to 10 years
- The first CDP class is presently entered and starting the process
  - ✓ Departmental career oversight committee
  - ✓ 360s
  - ✓ Coaching

# Community Based Mentoring: DOP Sponsored Lunches

- Luncheons open to all providers including faculty, APPs, fellows and residents
- Topic section occurs through a mix of perceived need and department wide accessible surveys
- DOP sponsorships occurs through...
  - ✓ ...provision of the lunch
  - ✓ ...provision of a facilitator
  - ✓ ...administration of lunches including advertisement, sign up, incentive shares for the facilitator, feedback, new faculty participation, and measurement of impact

# Formal Pairing Program

- Junior faculty interested in more formal pairing will be mentored to sign up through an electronic database
- Senior faculty that want to mentor also sign up through an electronic database
- Junior faculty will be responsible for searching the mentor database
  - ✓ An appropriate mentor will be selected
  - ✓ A pre-meeting questionnaire will be filled out to provide an agenda
  - ✓ A preliminary meeting will be arranged

# Formal Pairing Program: After the Preliminary Meeting

- If the fit is agreeable to all involved, the mentee and mentor review use the agenda to guide a set of objectives for the next two years
- At subsequent meeting, objectives are set and subsequently reviewed
- DOP support includes...
  - ✓ ...establishment and maintenance of the database
  - ✓ ...gathering feedback on the process and tracking of impact
  - ✓ ...award of Chair's discretionary incentive for senior faculty based on success of junior faculty

# Resilience Champions:

*(The DOP is Committed to  
Supporting this Investment for Three Years)*

- The DOP will...
  - ✓ ...support the training of three senior faculty in the science of coaching through an accredited Coach Training Program (ACTP)
  - ✓ ...support FTE for the senior faculty
  - ✓ ...advertise and communicate accessibility
  - ✓ ...measure follow-up metrics
  - ✓ ...collaborate with the CHW medical staff

AAAP  
**SUMMARY**  
*(SQUARE DEAL)*

# Year 1

Budget Process

Advisory Cycle

DOP Newsletter

3-D Faculty  
Evaluation

Competitive  
Internal Funding

K-Club

NIH Review  
Council

Grant Writing  
Retreat

# Year 2

Communication<sup>3</sup>

Enterprise Deep  
Dives

Incentive Plan

Career  
Development  
Program (Step 1)

Section Chief  
Coaching Initiative

Administrative  
Infrastructure Build

# Year 3

Expanded  
Executive  
Committee

Expert Clinician

Expert Teacher

Mentoring  
Program

Resilience  
Champions

# The Next Steps

Fiscally Recognizing the Value Proposition and  
Enterprise Risk / Gain  
(first steps)

Responding to the Advisory Committees

Competitively Funding a DOP and CMG Initiative

Developing a Career Track for Economics –  
Population Health

Loan Repayment Program (Fellow to Faculty)

Career Development Program Step 2



Thank You

