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Research Programs

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### Baylor University-Scott & White Undergraduate Research Program

This summer, I participated in the Baylor Scott & White Health Chief Medical Officer Internship alongside four other students from Baylor University (everyone's experience was different; if you get the chance to read more than one paper about this internship, do so). I enjoyed a wide variety of experiences at Baylor University Medical Center (BUMC) and walked away from the program with a great deal of knowledge about how healthcare systems and institutions work. Participating in this program changed my career plans as well, shifting my interest from traditional MD programs to joint MD/MBA programs.

If there is anything unsurprising that I learned from this internship, it is that hospital administrators are unbelievably busy people. Most of my days began at seven in the morning, at which time my mentor and I would jump straight into meetings. Collectively, these meetings dealt with every aspect of running a healthcare organization: root cause analyses for unexpected negative outcomes; evaluation of hospital performance on quality measures like sepsis mortality; and planning and addressing physician behavior issues—to name a few. These meetings typically lasted between an hour and an hour and a half and were for the most part more dialogue-centered than based upon formal presentations. My mentor and I generally had time to sit down for a short lunch before afternoon meetings started up. We usually ended the day between five and six, though the occasional dinner meeting held us over. I did not attend all of

the meetings to which my mentor went, however, because I also attended meetings about my project.

Timeliness is important in every single aspect of healthcare delivery; unnecessary delays can endanger the possibility of good outcomes for patients. The surgery scheduling process at BUMC had long been marred by inefficiencies that actually resulted in cancellations in some cases. A multidisciplinary Lean Process Improvement<sup>1</sup> team was assembled from members of perioperative services, access services, or scheduling, pre-admit testing, and other areas to address the issue.

An initial meeting—a Kaizen event, in Lean terms—was held during the first week of the internship to map out the surgery scheduling workflow and to identify all of the barriers to its successful and timely completion. The biggest lesson at a meeting like this is that nothing in healthcare—even something as mundane as scheduling a patient for surgery—is simple; the workflow for the surgery scheduling process at BUMC takes up an entire sheet of A4-size paper at eight point font. For simplicity’s sake, however, I have condensed the entire process into five steps, shown in the figure below.

First, a physician office either faxes or phones a patient’s orders down to the OR schedulers. Access services then completes a quick preregistration (basic demographic information like age and sex) and verifies a patient’s insurance information. Once this information is verified, a full preregistration is performed; this includes more advanced demographic data and—most importantly—a discussion of the cost of the procedure. If the patient is not already in the hospital, preadmission testing is performed to verify the patient is physically capable of handling surgery.

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<sup>1</sup> For a detailed explanation of Lean and its healthcare history, see Gitte Wenneke’s article “Kaizen – LEAN in a Week.”

The timeliness of the first two steps is important in that they allow for the creation and scheduling of a patient's case in the hospital's electronic health record (EHR). However, the issue of timeliness becomes most important during the third and fourth steps. It is crucial to have a financial conversation with the patient and establish his physical capability to undergo the procedure well in advance of surgery; otherwise the case may be delayed or cancelled, potentially resulting in financial loss for the hospital.

After we identified that none of these steps were being completed in a timely fashion, I was sent with another team member to shadow staff members in OR scheduling and in physician offices. We observed their work, listened to what they thought were roadblocks in the workflow and returned to the team in a subsequent meeting with findings and recommendations.

Ultimately, the workflow was substantially redesigned. The quick preregistration was delegated to a different set of individuals, who would complete it immediately upon receipt of the orders for surgery. The deadlines for full preregistration and PAT (where applicable) were set at four days prior to surgery to give patients ample time to determine their financial and physical capability to undergo surgery. These changes—along with many more—will substantially increase the amount of money collected by BUMC and boost patient satisfaction.

At no point during this project did I feel like “just an intern.” I was able to contribute to discussions as much as other members of the team, and I felt like the work I did was meaningful. Learning to collaborate with a team in a healthcare setting gave me insight into the various roles people played in the daily operation of a hospital.

Every Thursday morning, all the interns would meet and discuss two or three articles the director of the internship had selected. Topics ranged from women in healthcare to population health management, and, with nine interns from three schools, everyone had a chance to gain

new perspective on these issues. These meetings gave us practice in articulating our thoughts on complex topics and in discussing them with people who may not agree with them.

One of the many changes brought about in part by the Affordable Care Act is the formation of Accountable Care Organizations, or ACO's. ACO's are networks of healthcare providers bound together in some sort of contractual agreement for the purpose of coordinating care for a specific subset of the population (Hacker and Walker 2013). The Baylor Scott and White Quality Alliance is the BSWH ACO, and the Baylor interns were invited to attend its board of managers meeting, where we not only learned a tremendous amount about how healthcare is changing in the United States but were given an opportunity to talk to many senior executives, gaining from them perspective, advice, and the occasional offer to write a rec letter.

My mentor had to occasionally leave town, but he never did so without leaving me the phone numbers of a handful of physicians I could shadow while he was gone. Over the course of the internship, I shadowed an internist, two neurologists, and a neurosurgeon (I'm a neuroscience major, if the list doesn't make that obvious). What made this shadowing experience unique was seeing physicians in action after learning about all of the administrative and governmental initiatives to improve care quality.

Over the last year, Baylor Healthcare Systems and Scott and White Health have been working on a merger, which would/will create one of the largest healthcare systems in the country. To discuss organization-wide goals for the new fiscal year, a leadership meeting was held at the Texas Rangers Museum in Waco. Not only was being in the same room with dozens of leaders from all over the healthcare system a great opportunity to network, it was also a great learning opportunity. Speakers included BSWH CEO Joel Allison (a Baylor alum) and a

healthcare systems analyst, both of whom spoke at length about how US healthcare is changing and how healthcare systems can and should respond.

After eight weeks at BSWH, I learned a tremendous amount about how healthcare in the United States is changing and engaged in meaningful conversation about these changes. I believe this knowledge, combined with my new knowledge of how healthcare systems are structured, will help me to better understand my future role as a physician in a greater context. The most important takeaway from this internship was learning just how fired up I am about my future in medicine. A day full of meetings may sound boring to some, but sitting there listening to how the entire healthcare community is working together to make medicine better kept me fully engaged all summer.

However, this experience is largely what you make it. Getting the most out of this internship means staying attentive and curious, even during a four-hour meeting. It means having the initiative to (fill up down time) confusing with productive tasks like reading journal articles or shadowing. The most important thing you can do, however, is talk to the people around you. No matter what a person's title is, they are generally glad to have a young mind come and ask about what they do or what they know. The idea is to walk away more versed in the structure and nature of healthcare, which is easier as you talk to more people.

References

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