



McGill

Faculty of
Medicine

Dean's Committee to Propose the Faculty of Medicine's Position on a Health Care Network and its Academic Implications

Committee members

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The Committee Focus

- The Committee reflected on the role that McGill as an academic organization can play with respect to the formation of an Academic Healthcare Network, focused on the hospital networks.

Critical issues considered included:

- Physicians and other health care providers as clinicians and teachers/researchers,
- Creation and maintenance of research programs, including outcomes research, clinical trials, and quality measures
- Continuity of strong and productive undergraduate, residency, fellowship, and faculty development educational activities.

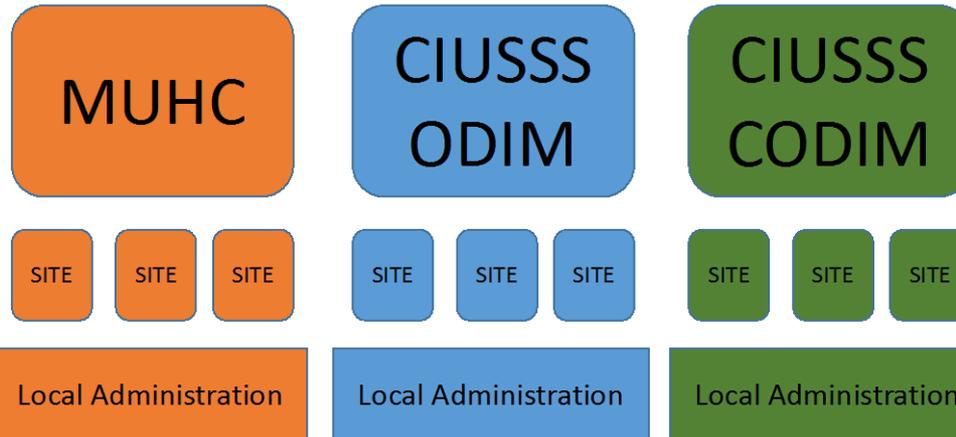
Deficiencies in the Current Network

- Each hospital site works in isolation, with duplication of services, lack of coordination among different levels of care across sites, and long waiting times.
- There is a general lack of academic-clinical services that truly integrate research, training and clinical activities in the clinical setting.
- Faculty outside of the traditional McGill teaching hospitals are appointed independently of the University department.
- Each hospital has an independent budget, resulting in clinical programs that are influenced by budgetary decisions rather than organized for the best care of patients or the optimal coordination of care.
- The academic chair has no interactions with those faculty within the McGill RUIS who do not hold academic appointments in the principal teaching hospitals.
- There are limited shared activities for faculty development and for continuing medical education, resulting in lack of standardization of quality of clinical care across sites.

The Current Model

McGill Academic Departments

Academic leadership, academic appointments, departmental research programs, most training programs



Local Administration Roles

Budgets, clinical hiring/retention/planning
Day-to-day operations

Functional Integration

- Creation of an integrated framework for academic activity across sites, analogous to residency training committees.
- Increasing the quality and quantity of patient-based research in our clinical populations (EMR, clinical registries).
- Improving the framework for developing best practices and implementing clinical pathways/care maps based on evidence; to audit compliance with these pathways; and to develop strategies for knowledge translation and achieving culture change.
- Exposure of trainees, ancillary staff, nursing, researchers, and faculty physicians to a broader range of training and practice opportunities.

Proposed Expanded Role of McGill Clinical Departments

Academic Department responsibilities

1. Academic leadership
2. Appointments
3. Research programs
4. Training programs
5. Clinical hiring/retention/planning/assessment
6. High level budget planning

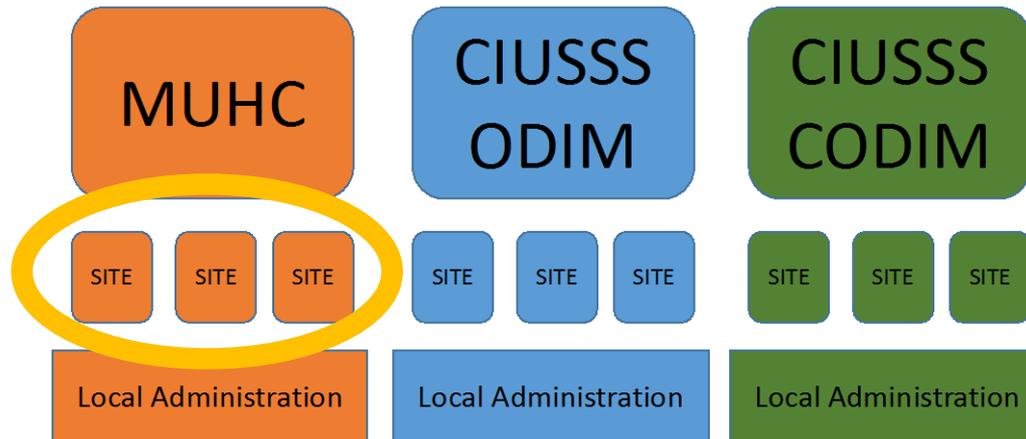
McGill Clinical Programs

- McGill Clinical Programs should be under the responsibility of the respective University Clinical Department. The academic chair should oversee (directly or through his/her delegates) all important aspects of McGill Clinical Programs, including medical manpower.
- The definition of responsibilities for department members should be done via a consensus approach, and take into account what is done at other academic health centers that are networked.
- The appointment of a physician would require the signing of a memorandum of understanding (MOU) agreeing to the responsibilities.
- Each organization remains responsible for assuring care and services across the continuum of care.

The Current Model

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Local Administration Roles

Budgets, clinical hiring/retention/planning
Day-to-day operations

Proposed Change

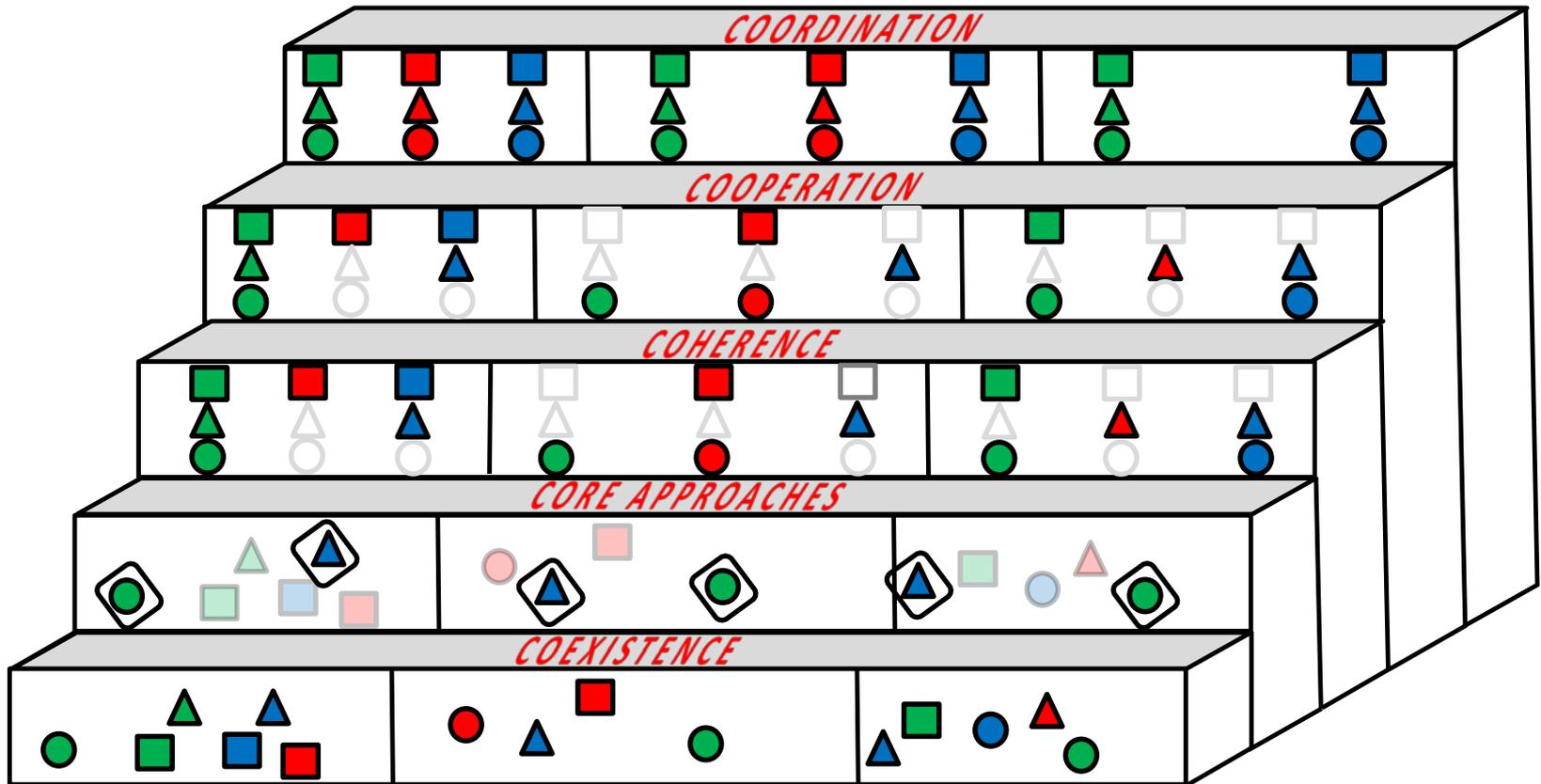
Current

	Site 1	Site 2	Site 3	Site 4	Site 5
Program 1	x	x	x	x	x
Program 2	x		x		x
Program 3		x		x	
Program 4	x	x	x		
Program 5			x	x	x
Program 6	x	x	x	x	x
Program 7		x		x	

Proposed

	Site 1	Site 2	Site 3	Site 4	Site 5
Program 1	x	x	x	x	x
Program 2	x		x		x
Program 3		x		x	
Program 4	x	x	x		
Program 5			x	x	x
Program 6	x	x	x	x	x
Program 7		x		x	

Stepwise Transition to a Network



What is *required* to enable the proposed integration?

- Memoranda of understanding among participating institutions
- Integrated medical records for exchange of clinical information
- Buy-in to a model of quality-based approaches to care (guidelines and pathways)
- Free flow of clinicians across sites
- A clinical governance structure



What would be *desirable to have* to further the goals of a McGill Healthcare Network?

- An alternate funding plan with defined measures of productivity and responsibility
- FTE based staffing
- Taxation of clinical earnings at each site to provide a budget for academic enrichment

Proposed Next Steps

- Assess the commitment to the proposed academic network among physicians and other health professionals.
- Identify, share and implement best practices across institutions.
- Put in place quality metrics to track outcomes of care in each institution.
- Make medical records and imaging easily accessible to all physicians providing patient care throughout the network.
- Remove barriers to movement of physicians within the network
- Mandate Departments to propose better integration of services at the MUHC, the Jewish General Hospital, St Mary's, and the Douglas and beyond?
- Mandate the Department of Family Medicine to propose steps to integrate academic primary care and the clinical primary care network, particularly the with GMFs

Feasibility

- The proposed functional network is a complex undertaking
- Implement pilot projects in conjunction with the Faculty of Management
- Establish a modus operandi with those responsible currently for clinical administration such as DPSs.

Conclusions

- A functional integration through clinical programs would benefit patients and academic activity
- New concepts of clinical governance would be required
- Significant resources would be essential to see the project through to completion
- Pilot studies to establish feasibility would be essential