
Navigating Through the Economic Turbulence & it's Impact on IT

David S. Hefner

President

University of Chicago Medical Center

Eric Yablonka, in absentia

Vice President and Chief Information Officer

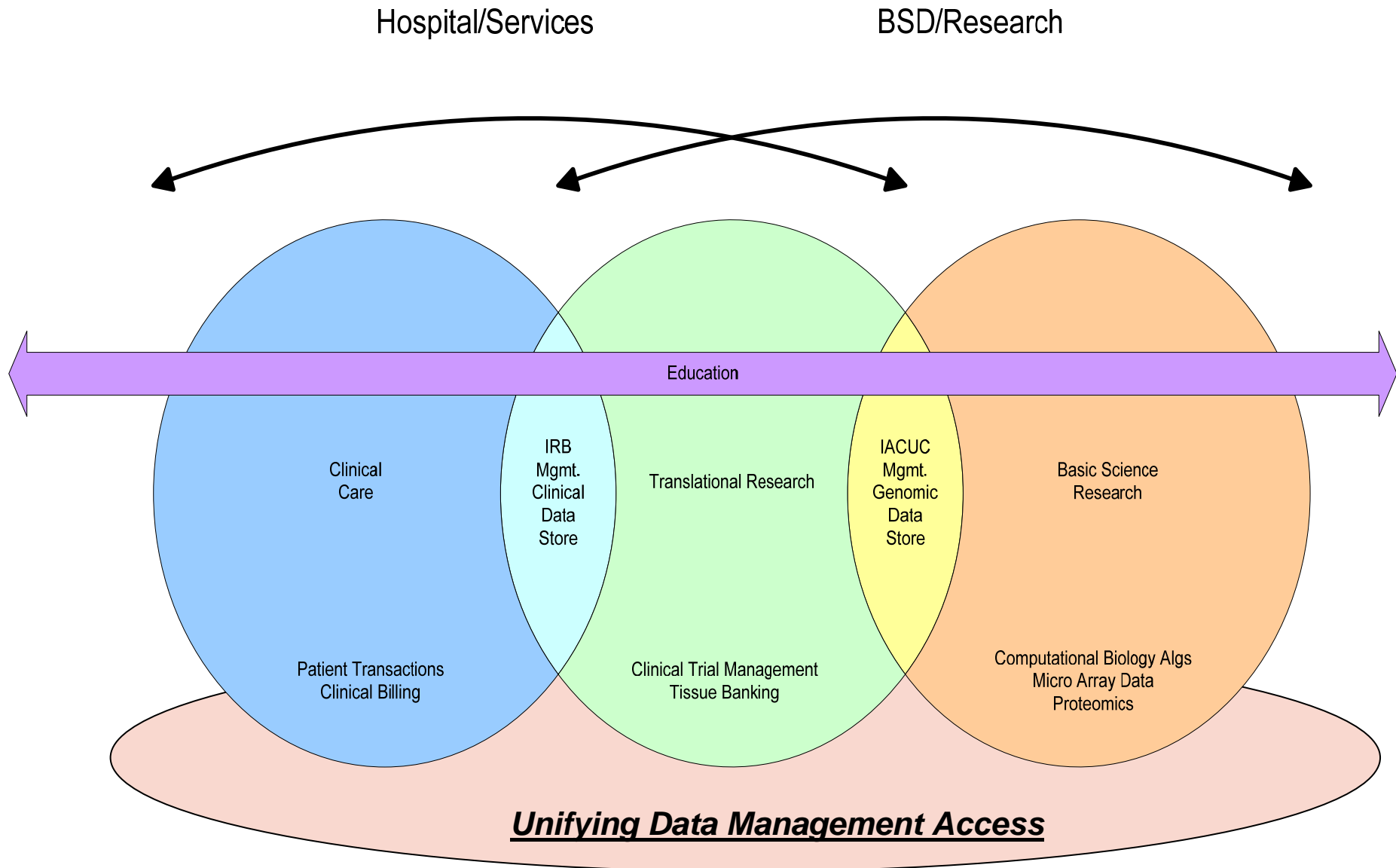
University of Chicago Medical Center & Biological Sciences

AAMC GIR-UHC CIO Council Conferences

Atlanta, GA

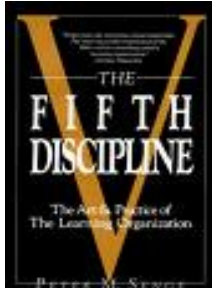
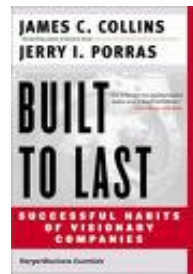
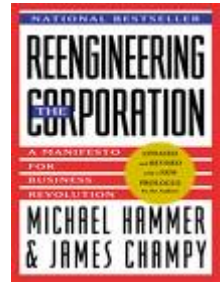
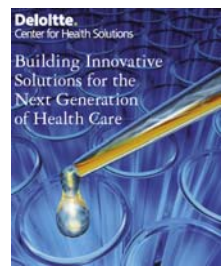
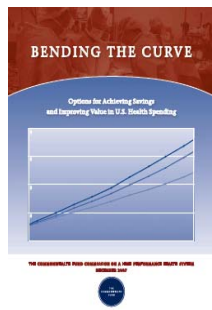
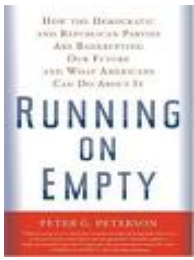
April 25, 2009

We could have spoken to you today about our successes...



Part 1: An informed consent process: Where I stand

1. We have a wholly unsustainable “system”
2. Universal Coverage + Financing ≠ Reform
3. Pre-occupation with the Revenue Curve (which we are incredibly parochial and protective of)
4. Real reform lays under the Cost Curve by eliminating the waste, duplication, redundancies, inefficiencies, unnecessary variations (\$650B of \$2.0T)
5. The Pathway to Quality is Through the Doors of Cost
6. Our core processes require fundamental reengineering **enhanced by Information Technology** & **Leadership Development** for sustainability
7. *“Culture eats strategy everyday from lunch (and breakfast and dinner)”*. If we don't have the courage to lead a state change, then we should stop **complaining**



Part 2: An informed consent process

8. In addition to Academic Medicine, we will cover many disciplines → Wall Street, zoology, geology, astronomy, philosophy, Hollywood
9. Balanced view of reality which is not intended to be heartwarming nor has a “happy ending”
10. Audience participation is required
11. ***WARNING*** due to the **graphic** nature of this presentation, **viewer's** discretion is advised

WARNING!! GRAPHIC PICTURES MAY NOT BE SUITABLE FOR SOME VIEWERS!

Every story needs a villain and hero



**What is the
Diagnosis?**



Seven Predictions

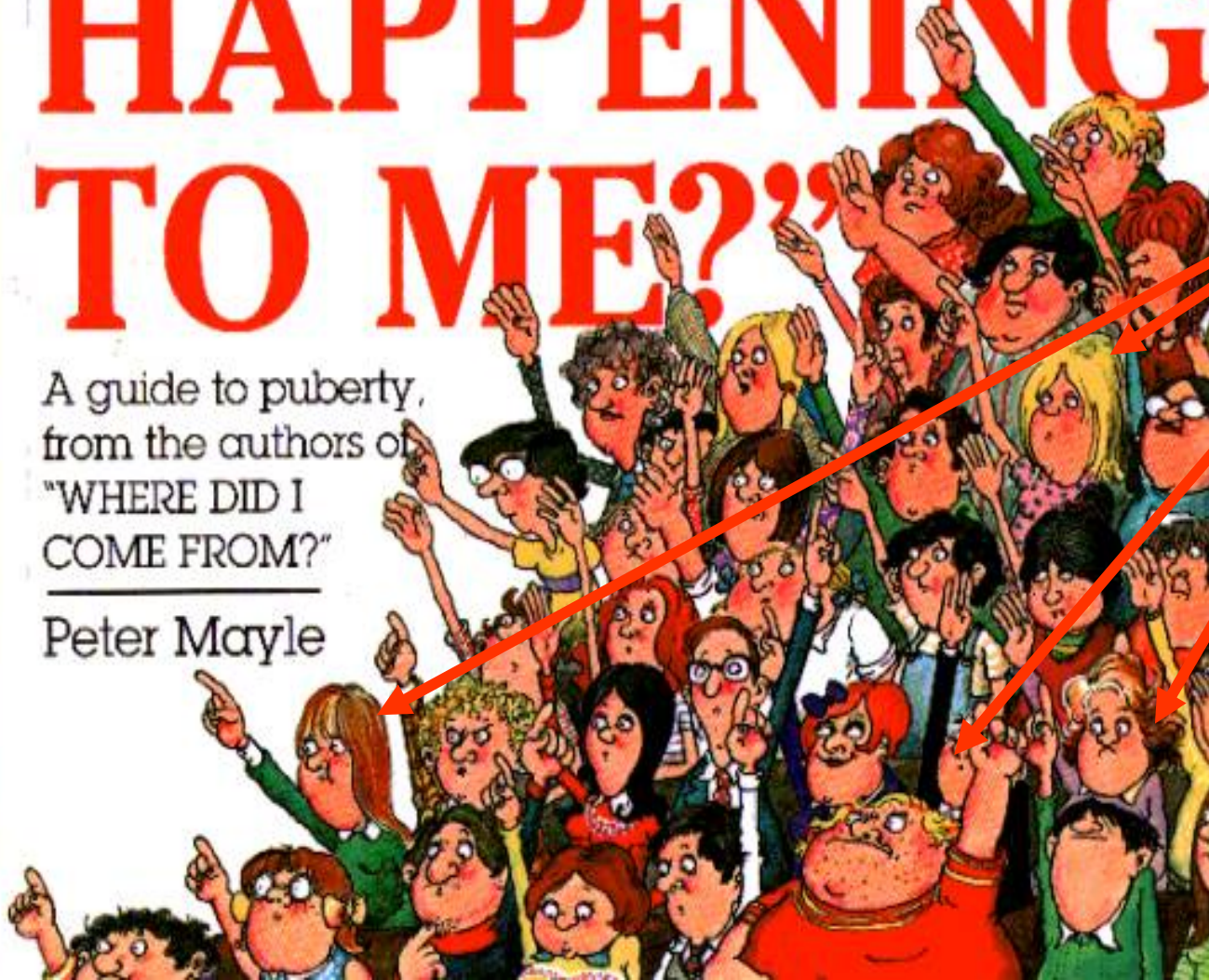
- **Prediction #1**: We (AMCs & Higher Ed) are under tremendous economic stress which the fragmented structures only exacerbate ..
...where the pressures differ but overlap, and are not well understood ...
... and will lead to bad behaviors (esp in non-integrated AMCs)...
...and engender more bad behaviors throughout the ecosystem.
- **Prediction #2**: These bad behaviors will escalate and lead to a decimation of the ranks.
- **Prediction #3**: The magnitude of the turbulence is bigger than we suspect.
- **Prediction #4**: We are undersizing our responses to the situation at hand.
- **Prediction #5**: The fundamental disconnects will be even more exposed.
- **Prediction #6**: “Death is not necessarily imminent”.
- **Prediction #7**: If we do not find the courage to lead, then it will be a “Back to the Future” experience.

FIRST-AID
FOR PARENTS

“WHAT'S HAPPENING TO ME?”

A guide to puberty,
from the authors of
“WHERE DID I
COME FROM?”

Peter Mayle



Prediction #1: We (AMCs & Higher Ed) are under tremendous stress which the fragmented structures only exacerbate ...



Source: Robert Petersdorf, "The Four Horsemen of the Apocalypse", 1982.

... where the pressures differ but overlap, and are not well understood ...

- Endowments ↓
- Underfunded pensions ↓
- Philanthropy ↓

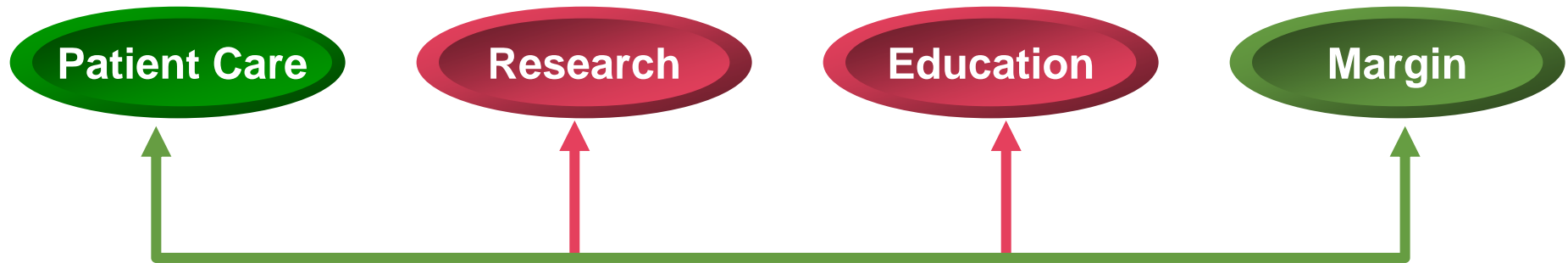
- Patient volumes & reimbursements ↓
- Malpractice funds & pensions ↓
- Cheap borrowing costs & cash flow ↓
- GME under attack ↓



- Endowments & gift funds ↓
- Funded research ↓
- NIH down ↓
- State monies ↓

- Clinical revenues falling ↓
- Funded research ↓
- Endowments & gift funds ↓

A Fundamental Rule in our Ecosystem (though not well understood)



Clinical Enterprise cross-subsidies to Academics:

“80/20” Exceptions

- Secure large corporate sponsorship (e.g., Wash U)
- Grow renewable patent streams (e.g., NYU)

Clinical Earnings (*and Clinical IT investments*)



Academic Earnings
(*and Academic IT investments*)

...and will lead to bad behaviors (esp in non-integrated AMCs)...

- Cut transfers to the medical school
- Increase internal tax for central services to School & Health System



UNIVERSITY
President

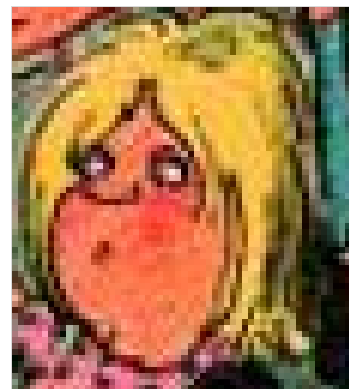


- Hold a gun to the Health System's head

- Increase the tax to the Practice Plan
- Increase "deals" to specific Departments
- Hunker down and fend off the Dean, the Chairs, and the Practice Plan



Health
System
President or CEO



Practice Plan or
Chairs

- Hold a gun to the....
 - Dean's head
 - Health System's head
 - Practice Plan's head
 - Other Chair's heads

...and engender more bad behaviors throughout the ecosystem

Pressures of “Us versus Them” played out at the next level:

- Dean vs Chairs/Departments
 - Chair vs Chief vs Chiefs
 - Chair vs Chair
 - Basic Sciences vs Clinical
- Hospital VPs vs Hospital VPs

(and I don't have to tell you)

- Everyone and Everything Else vs. Information Technology



PARAMOUNT COLLECTION



BURT LANCASTER KIRK DOUGLAS
**GUNFIGHT AT THE
O.K. CORRAL**







Prediction #2: These bad behaviors will escalate and lead to a decimation of the ranks



The Kalahari Desert in drought conditions...



The Kalahari during the rainy season...



Parable of the Gazelle and the Crocodile



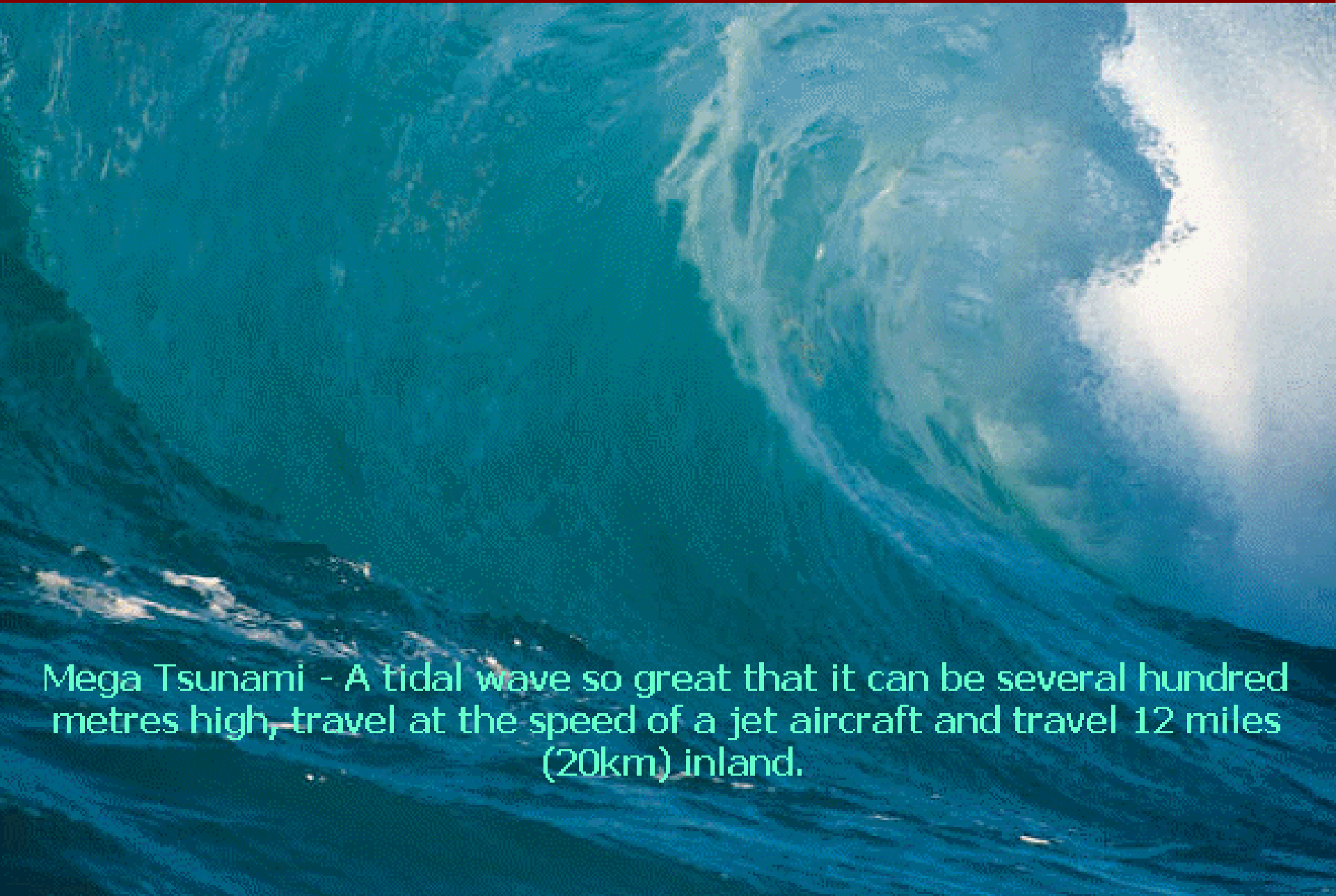
But when the droughts return, an interesting phenomenon occurs:



...the crocs turn on each other



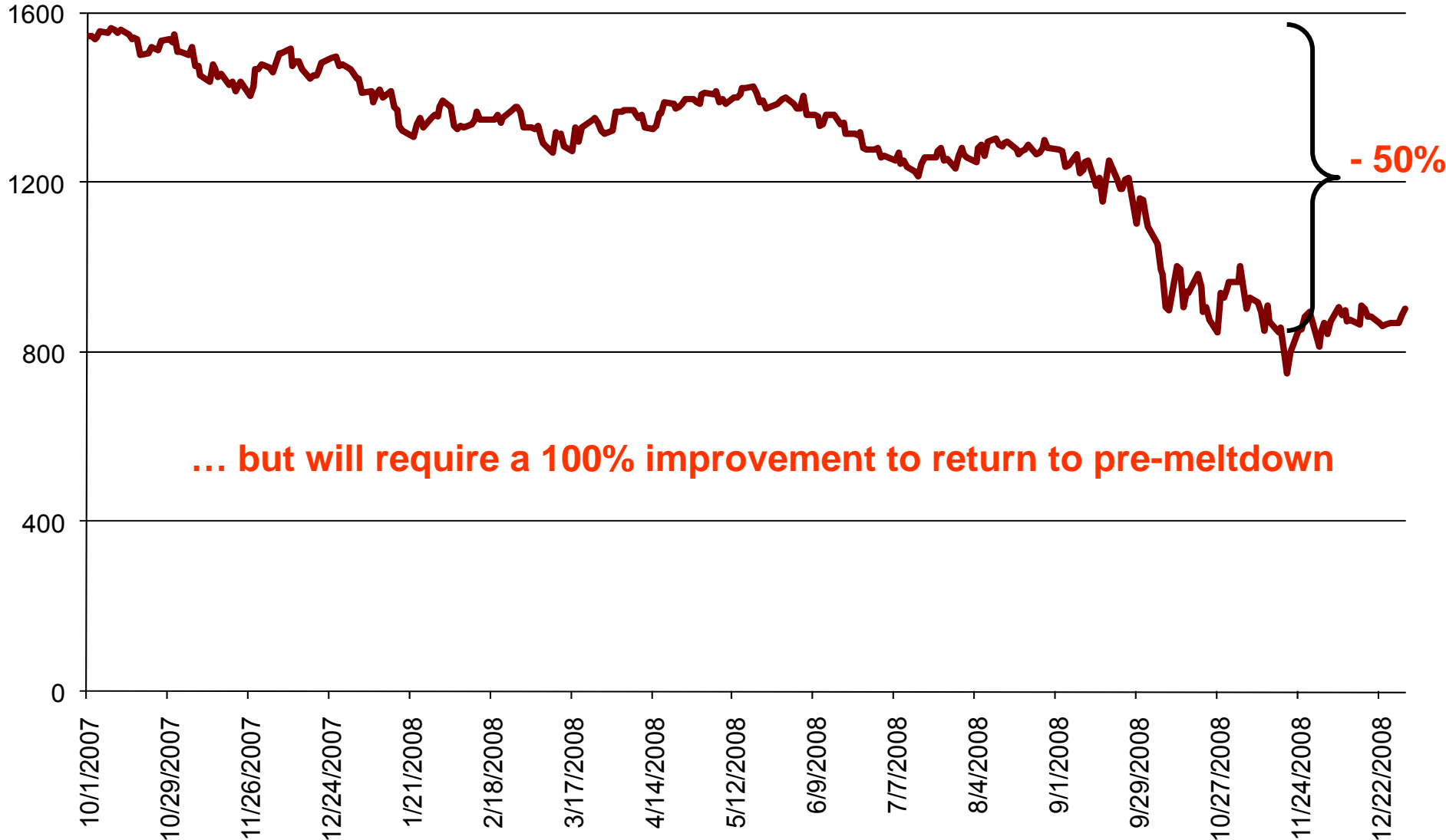
Prediction #3: The magnitude of the turbulence is bigger than we suspect...



Mega Tsunami - A tidal wave so great that it can be several hundred metres high, travel at the speed of a jet aircraft and travel 12 miles (20km) inland.

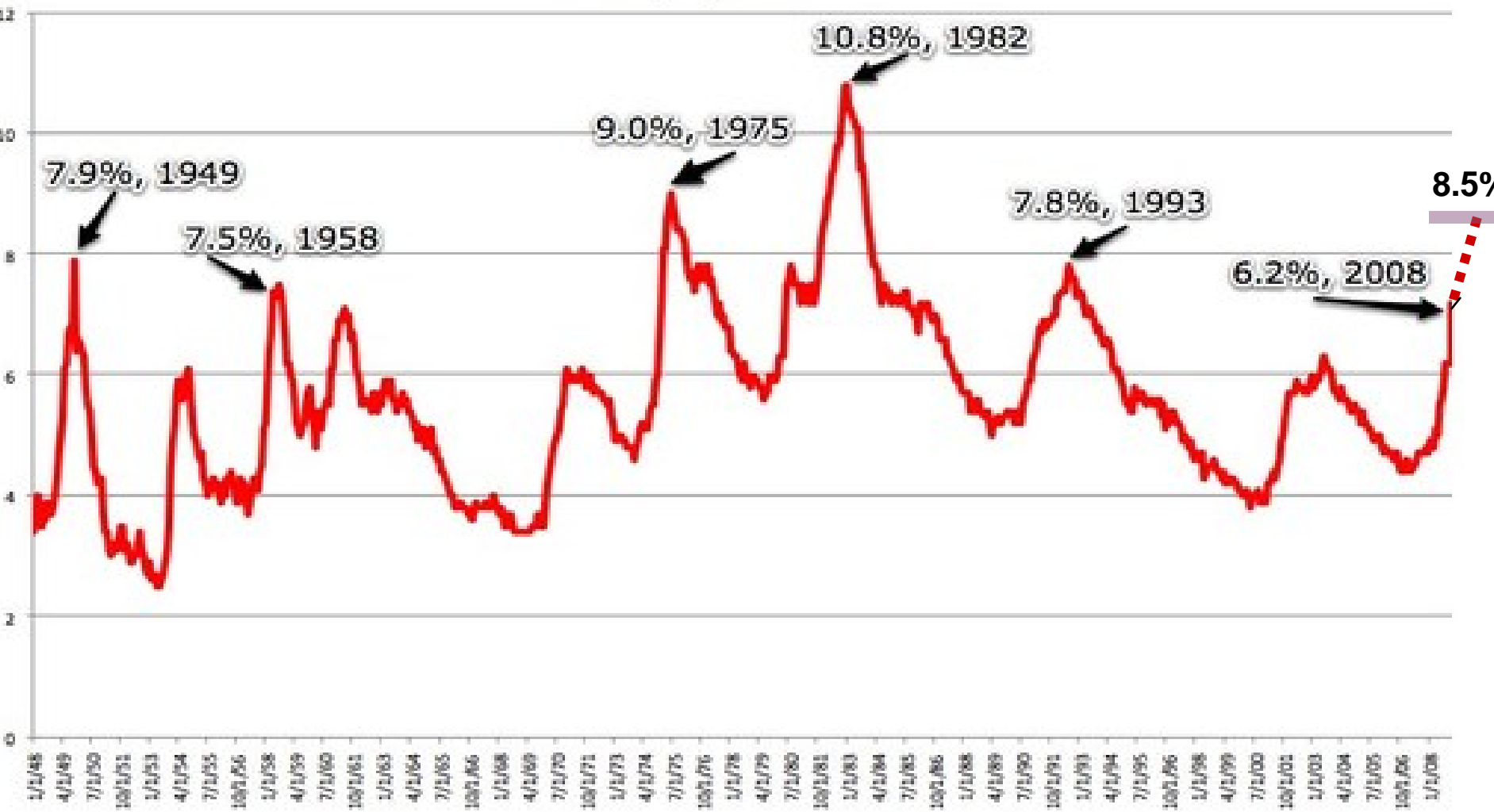
U.S. Stock Market Down 40%+ Over 15 Months

S&P 500: October 2007 to December 2008



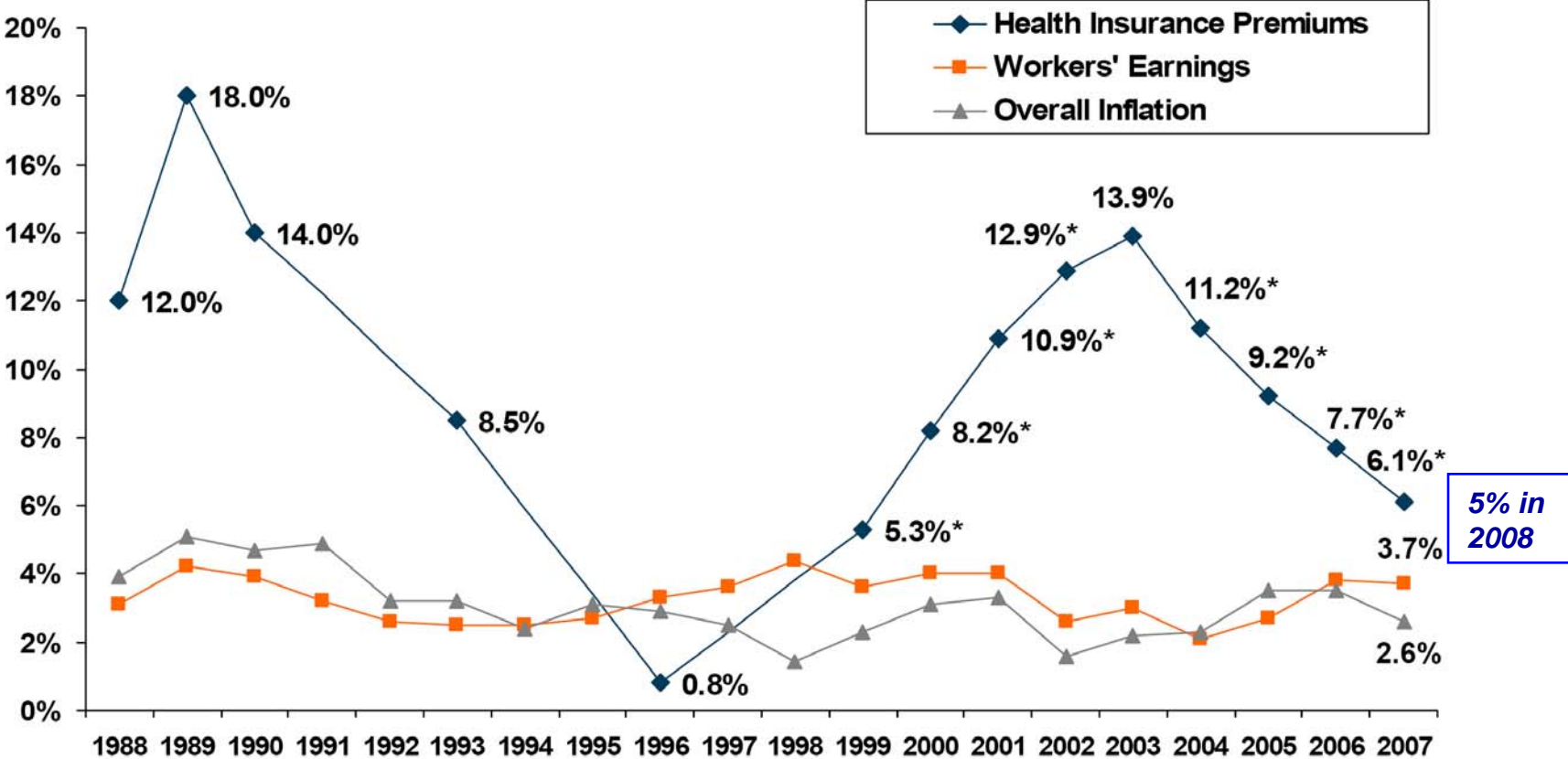
Unemployment Rising But Still Well Below 1982-83

Unemployment Rate



Employer Health Premiums Already in Down Part of Cycle

Exhibit 1: Increases in Health Insurance Premiums Compared to Other Indicators, 1988-2007



Consumer Confidence at Lowest Point on Record

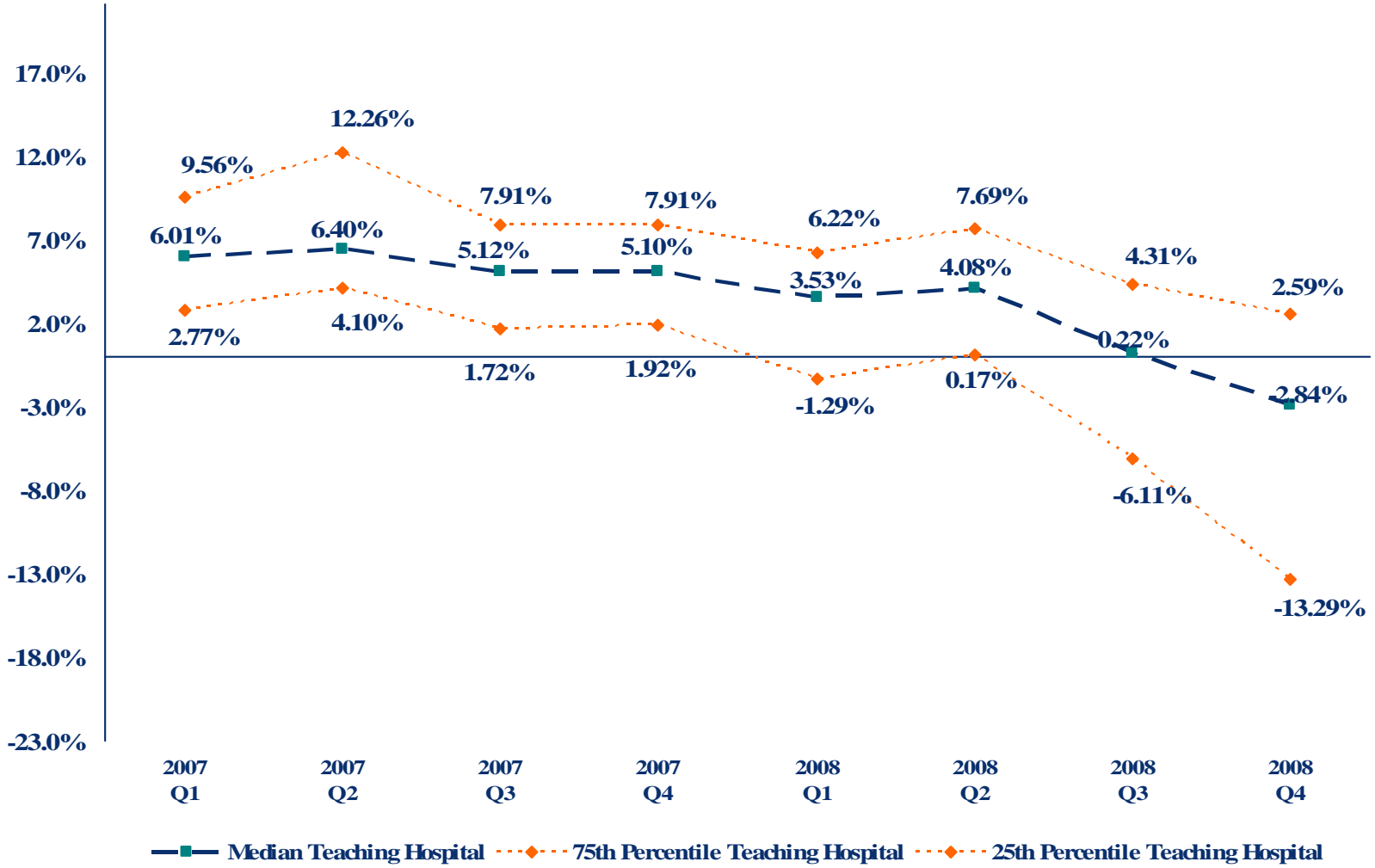
Consumer Confidence Index

Conference Board



Total Margin

Benchmarked against Median Teaching Hospital • Eight Most Recent Quarters



—■— Median Teaching Hospital - - - - - ♦ - - - - - 75th Percentile Teaching Hospital - - - - - ♦ - - - - - 25th Percentile Teaching Hospital

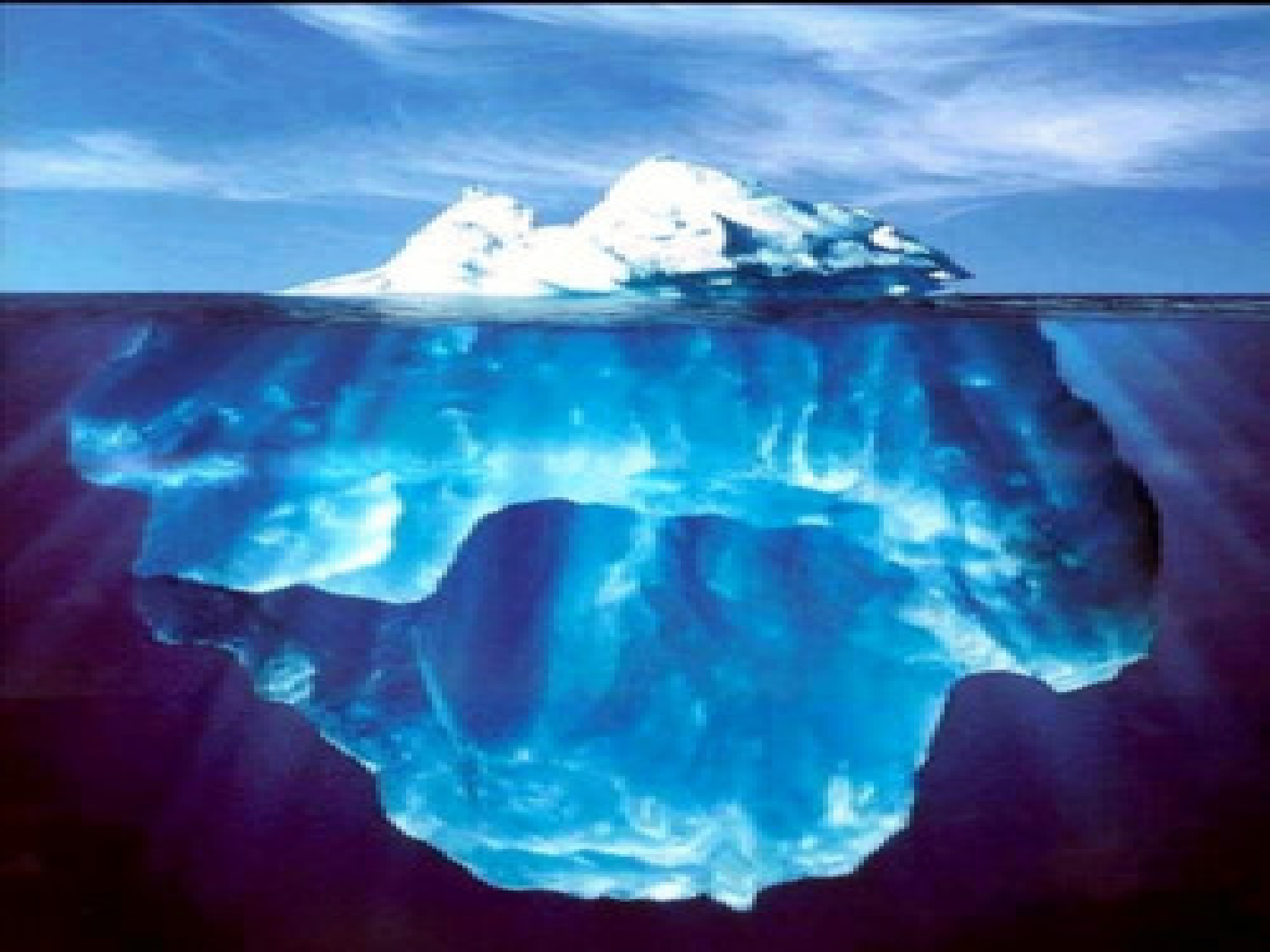
Source: AAMC•COTH Quarterly Survey of Hospital Operations & Financial Performance

Note: Based on Consistent Cohort of Respondents. Valid n = 120.

Total Margin = ((Net Patient Service Revenue + Total Other Operating Revenue + Total Non-Operating Revenue - Total Operating Expense) / (Net Patient Service Revenue + Total Other Operating Revenue + Total Non-Operating Revenue)) * 100

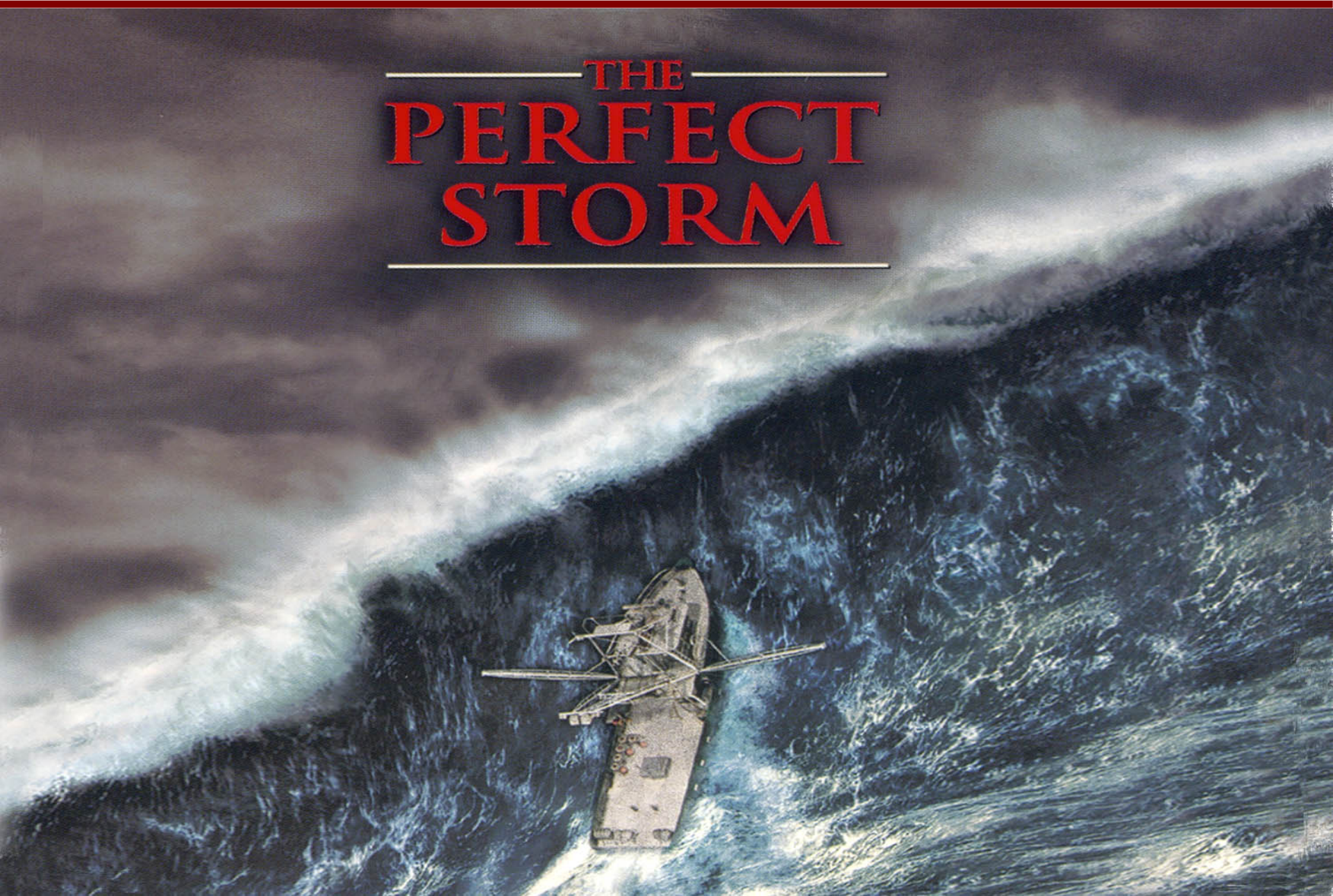
MOODY'S OUTLOOK ON PROVIDERS, PAYERS, & UNIVERSITIES IS NEGATIVE FOR THE FIRST TIME EVER.





Prediction #4: And we are undersizing our responses to the situation at hand.

THE PERFECT STORM



The UofC Challenge

- **Revenue is flat (+1-2%) against budget (+6%)**
(reflecting national trend)
- **Key financial assumptions for recession**
 - Estimated to continue for 3 years
 - Philanthropy flat at best; grants flat
 - Clinical revenue grows 6% rather than 18% over those 3 years
 - Return on endowment
 - FY09 -30%
 - FY10 0%
 - FY11 8%
- **Effect of diminished endowment on financing critical investments**

Immediate Budget Challenges

Happening Now



\$60m - \$75m

Coming on Line in July

- 2. Base spending increases \$15m
- 3. New Research building coming online \$21m
- 4. Malpractice self-insurance investments \$25m
- 5. Staff pension plan investments \$20m
- 6. Incremental IT costs \$ 5m

The Choices

1. “Wait and see” approach:

While income continues to decline, wait to see duration of recession

2. “Incremental” approach:

Begin to take out cost incrementally as revenue declines

3. “Major change and restructure” approach:

Take out cost in one profound step to bridge a prolonged recession

Trustee Engagement & Feedback

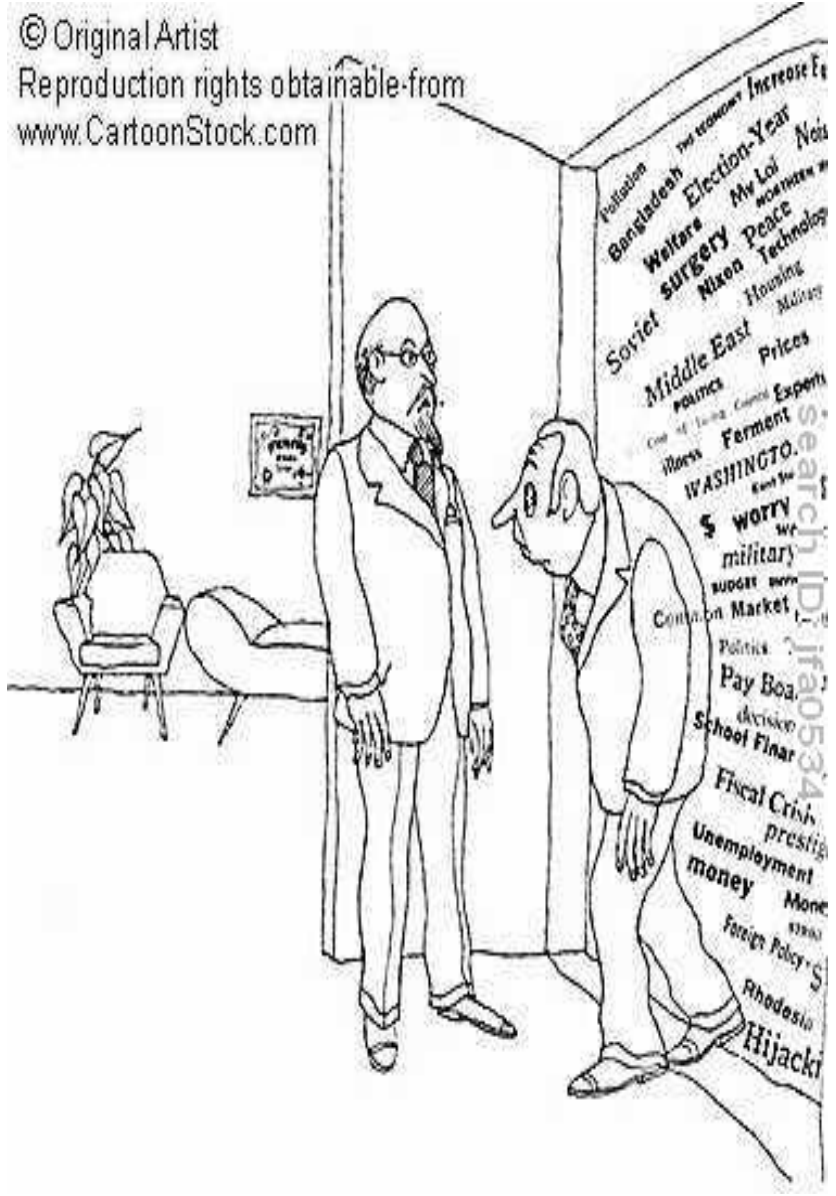
- Expressed appreciation for the 30-month targets (-3%; -6%; -6%)
- However, considerable sentiment the recession will be more severe
- Therefore, we agreed to a more aggressive and immediate 10% overall reduction and absorb inflation over the next 2.5 years.

Prediction #5: The fundamental disconnects will be even more exposed...



Are you feeling like it is overwhelming?”

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Prediction #6: “Death is not necessarily imminent”



(think Hahnemann; the BI; Univ of Florida)

However, that which we believe to be solid, may not be...



EXTRA EXTRA EXTRA
San Francisco Chronicle
 The Largest Daily Circulation in Northern California
 125¢ Year No. 238 ***** WEDNESDAY, OCTOBER 18, 1909 ***** 45¢ PER COPY

HUNDREDS DEAD IN HUGE QUAKE

The three-story apartment house at Beach and Throckmold streets lay broken in the wreckage in the big, Market Street box factory in the background.

The Experts' Advice on How to Cope
 By Ernest Carter, Chronicle Staff Writer
 As a shuddered San Area moves back to life today, without a moment's rest, trying to cope with the aftermath of the week's worst earthquake since 1906.

Oakland Freeway Collapses — Bay Bridge Section Fails
 By Betty Clark and Sam Funnell, Chronicle Staff Writers
 A stretching earthquake slipped through Berkeley yesterday, new structural elements killed more than 500 people, injuring hundreds more, while tearing apart the concrete backbone of the Oakland Freeway.

About Today's Chronicle
 The special story of the Chronicle, was written and a number of other people in the newspaper's circulation at the San Francisco office.

"The Chronicle of Today is not a newspaper printed with a team work, and because some things are..."

**What is the
treatment plan?**





A Million Little Pieces



James Frey

"The most lacerating tale of drug addiction since
William S. Burroughs' 'Junky'" — THE BOSTON GLOBE

5-Step Treatment Plan

1. Philosophic Musings & Structural Changes
2. Ask and Answer Fundamental Strategic Questions
(*eg: Should an Academic Medical Center Continue to be "All Things to All People"?*)
3. Integrate Strategy & Budgets While Altering the Funds Flow
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5. Generating the Courage to Lead

No matter how it seems, we really are all interconnected

Philosopher Dr. King

In a real sense all life is inter-related.

All men (AMCs) are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly.

- Martin Luther King, Jr.

And your Chairs are your fundamental points of leverage

ARTICLE

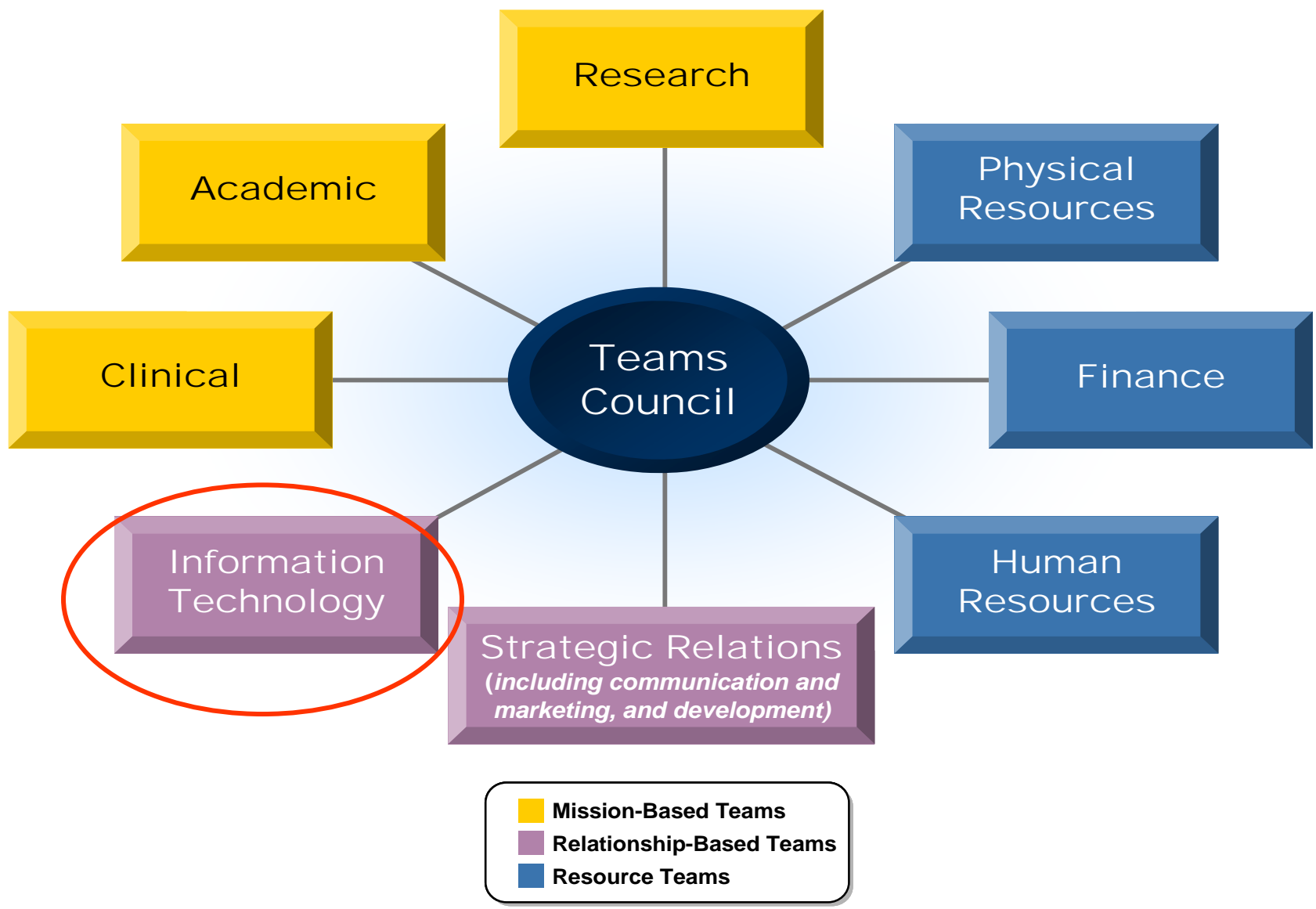
The Future-Oriented Department Chair

*R. Kevin Grigsby, DSW, David S. Hefner, MPA, Wiley W. Souba, MD, ScD, MBA, and
Darrell G. Kirch, MD*

Leveraging Chairs and Division Chiefs to Build a Culture that Gets Results

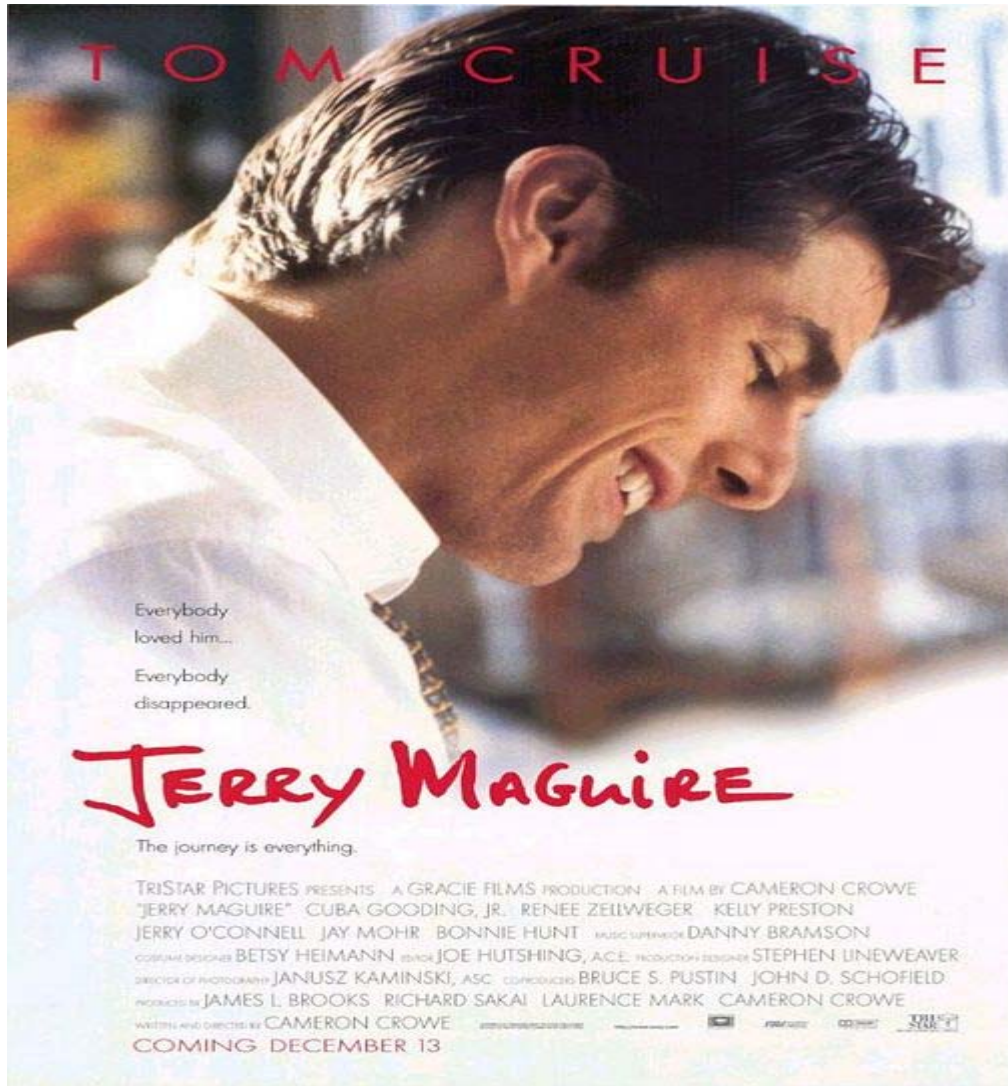
BY DAVID S. HEFNER AND WILEY W. SOUBA, MD, SCD, MBA

Form Interdisciplinary teams that can confront and appreciate the complexities



What is the plan, Stan?

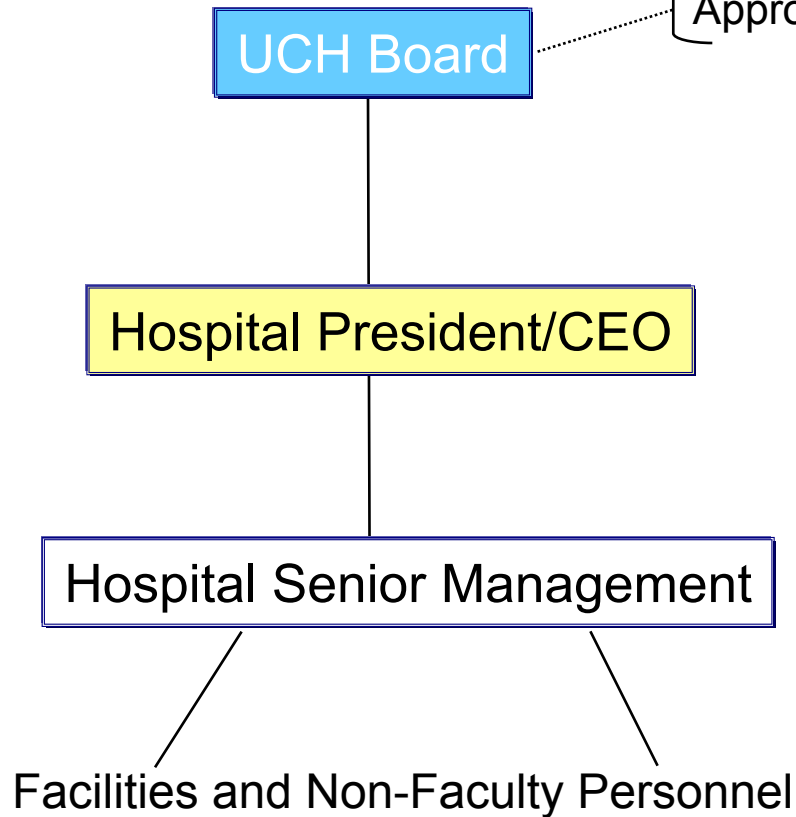
Philosopher Maguire



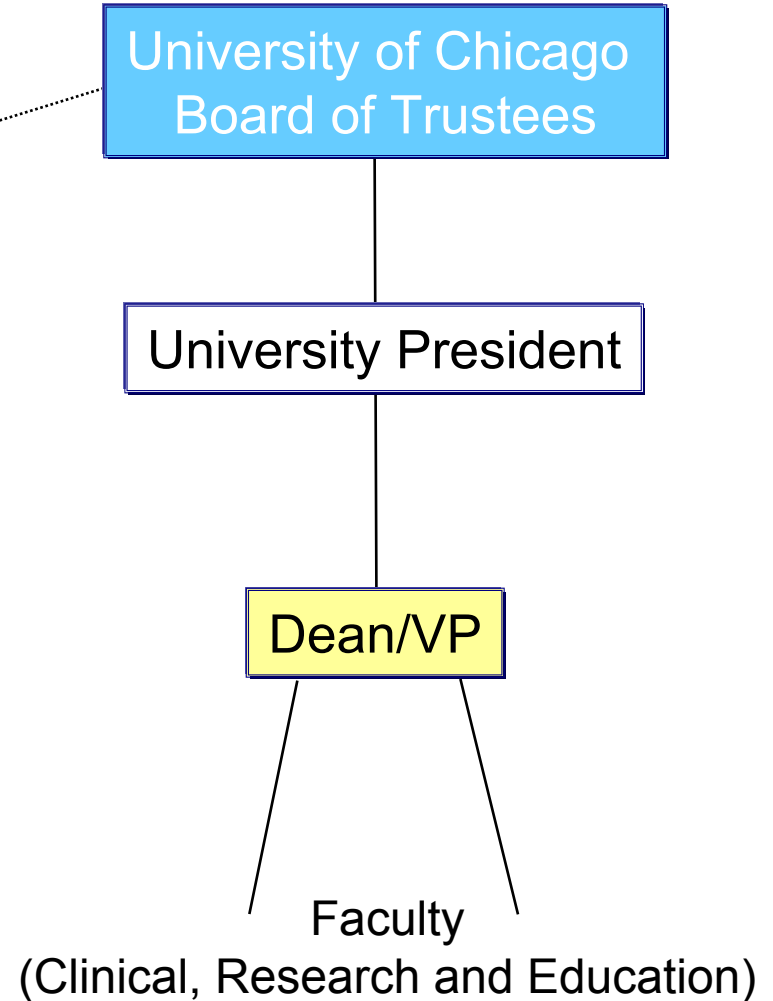
“~Help me...
help you,
help me,
help you...~”

Prior to 2006, UofC had a traditional governance structure

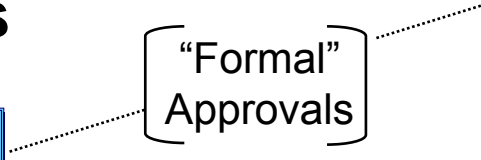
University of Chicago Hospitals



University of Chicago



“Formal” Approvals



UofC unified governance



\$1.7 Billion



Integrated Patient Care
Hospital & Prof Service

UCMC \$1.3B

Teaching & Research in
Biology & Medicine

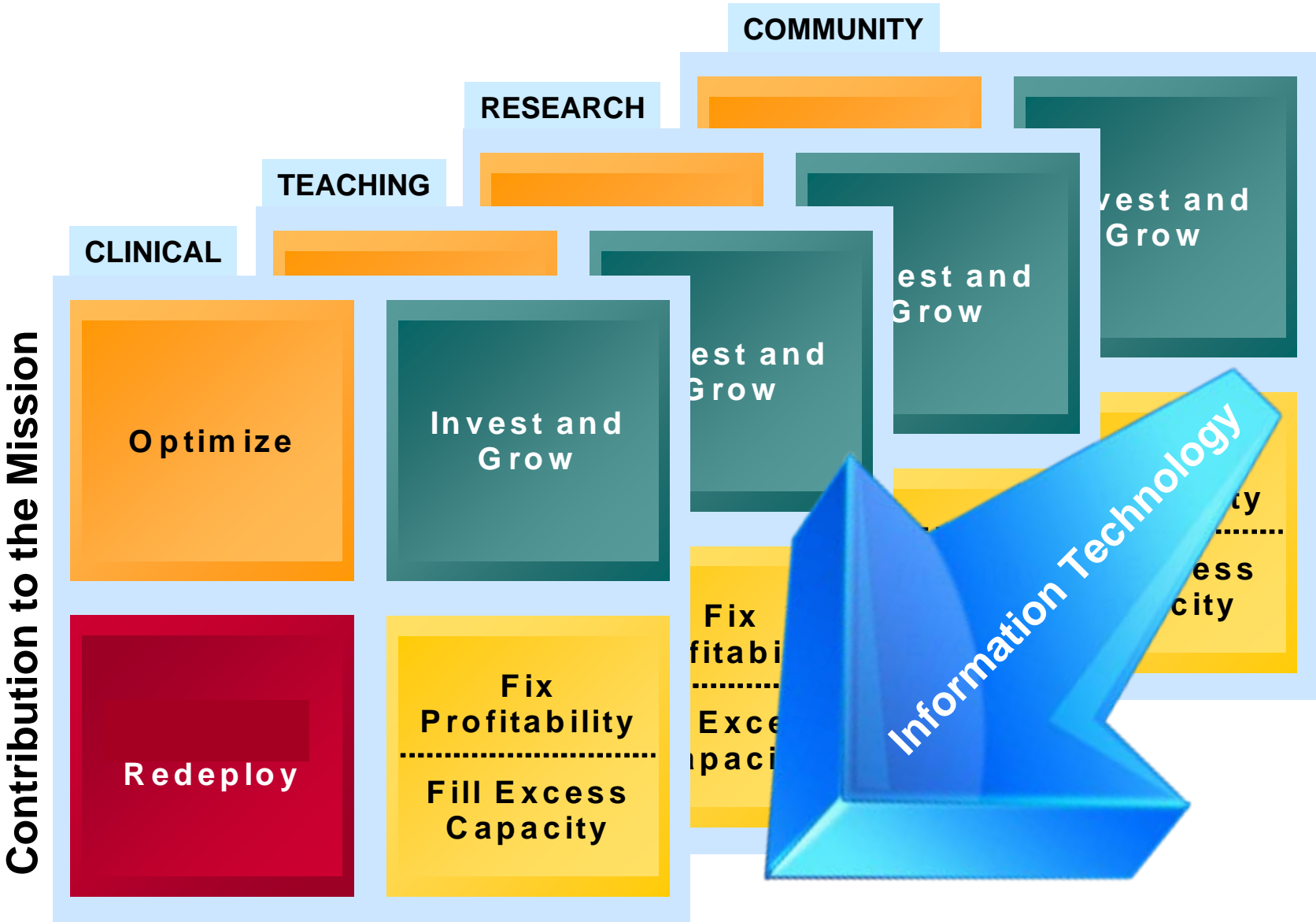
BSD \$400M

(However, structure is helpful but insufficient)

UofC 5-Step Treatment Plan

1. Philosophic Musings & Structural Changes
2. Ask and Answer Fundamental Strategic Questions
(*eg: Should an Academic Medical Center Continue to be "All Things to All People"?*)
3. Integrate Strategy & Budgets While Altering the Funds Flow
4. Significantly Reduce the Cost Base by Removing the Waste, Duplication, Inefficiencies, and Variations
5. Generating the Courage to Lead

UofC Developing a “4-Box” Mentality



Economic Impact & ROI Potential

UofC Implementing a Series of Difficult Choices

- PeriOp Flow
- Bed Capacity & Control
- Ambulatory Care
- Entire Labor Pool



- Cancer
- GI
- Advanced Surgery
- Neurosciences
- High Tech Imaging
- Highly Distinctive Programs

- Inpatient Psychiatry
- General Ophthalmology
- Low Risk Obstetrics
- General Medicine
- General Pediatrics
- Another 30 Gen Med Beds
- 8 ICU beds
- Emergency Dept Triage
- Faculty Attrition & Hiring

- Supply Chain
- Revenue Cycle

UofC 5-Step Treatment Plan

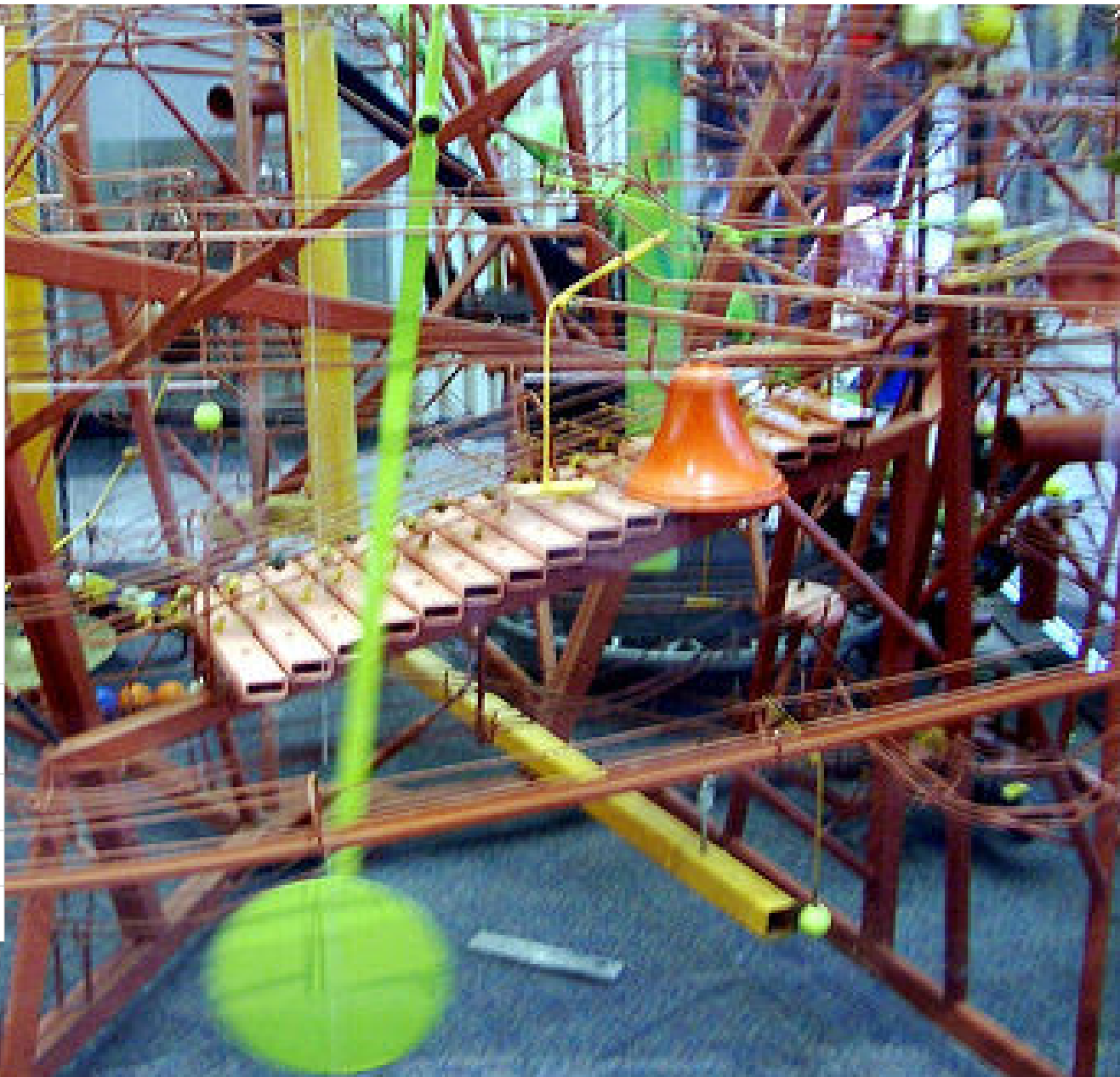
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What is this and who is this?

Rube Goldberg, 1928



Born	9 July 1883 San Francisco California
Died	7 December 1970
Nationality	American
Occupation	Cartoonist, Artist, Inventor



ACADEMIC MEDICINE'S SHELL GAME



School of Medicine

RESEARCH

EDUCATION

CLINICAL CARE

ENTERPRISE-WIDE STRATEGY

Clinical Mission 5 Year Plan

Academic Mission 5 Year Plan

YEARLY OPERATING BUDGET

5 YR CAPITAL BUDGET

1. Agree upon capital spending envelope
2. Organize capital budget template for each and every request
3. Assign “total cost of ownership” for each request
4. Prioritize the spend

1. Revenue allocations by mission
2. Faculty compensation expense allocations by mission
3. Staff and non-wage expense allocations by agreed upon methodology
4. Productivity metrics by Department by Faculty member
5. Organize budget templates for each Department & Cost Center
6. Organize Budget Oversight Team with cross-representation
7. Run the process

CAPITAL BUDGET
(min 3 yr. commitment)



**BUDGET OVERSIGHT
COMMITTEE**

(min. 1 yr. commitment)

**Broad
faculty
&
management
membership**

1. Surgery Chair
2. Ophthalmology Chair
3. Basic Sciences Chair
4. Chief Medical Officer & Clinical Dean
5. Medical Education Dean
6. Research Dean
7. Practice Plan COO
8. CFO
9. CIO
10. UCMC President

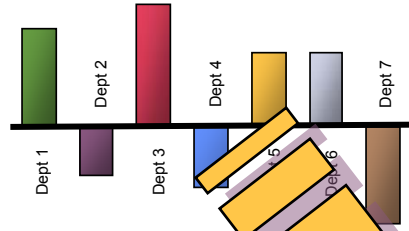


Recast the Internal Funds Flow by Applying Methodologies in the Light of Day

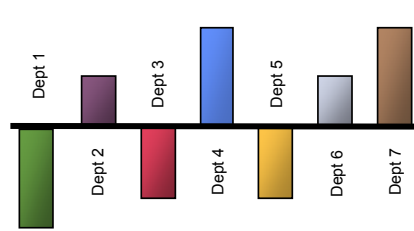
SOM Funds Flow

Hospital Funds Flow

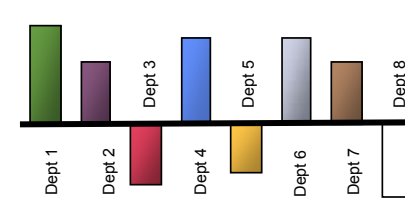
STEP 1:
Current Department P/L's
from Mission-Based Budgets



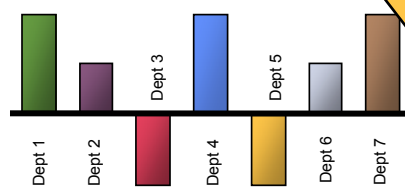
STEP 2:
New Cost Allocation
of Clinic Costs



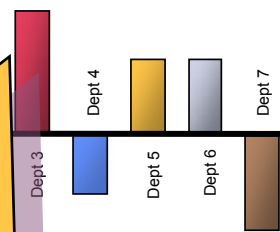
STEP 3:
Removing Exemptions from
Dean's Taxes



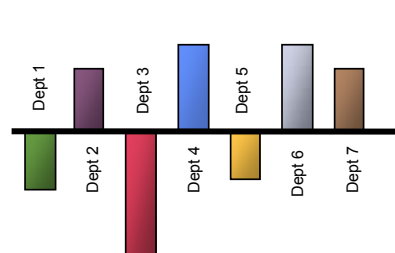
STEP 4:
New Tax & Assessment Allocation
Methodology



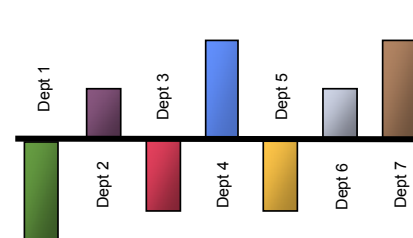
STEP 5:
Reallocation of Tuition Education
Funds



STEP 6:
Redistribution of Hospital Allocations



Final Step:
New Allocation &
Distribution Model



Implement & Manage Chairs to new bottomline; Link to Department, School, & Hospital Strategic Plans

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UofC Macro-Economic Revenue Impact

Revenues

Current run-rate

\$1.5b

Prior 3 year growth path

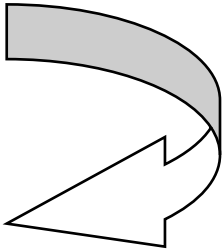
3 years X 6% = 18%

Current 3 year expectation

6% total over 3 years = 6%

Total impact on revenues

△ 12% x \$1.5b = \$180m



UofC Macro-Economic Expense Impact

Expenses

Current run-rate **\$1.5b**

\$1b “controllable” budget
(allocations to six budget groups)

(2/3 labor + 1/3 non-labor)

**\$500m depreciation,
interest, insurance, costs
recovered from grants &
professional fees**

-10% cost reduction achieved now = \$100m run-rate
[-10% labor ~ 900 positions across faculty/staff]

+

Absorb 4% inflation (2x\$40m) for FY10 & FY11 = \$80m

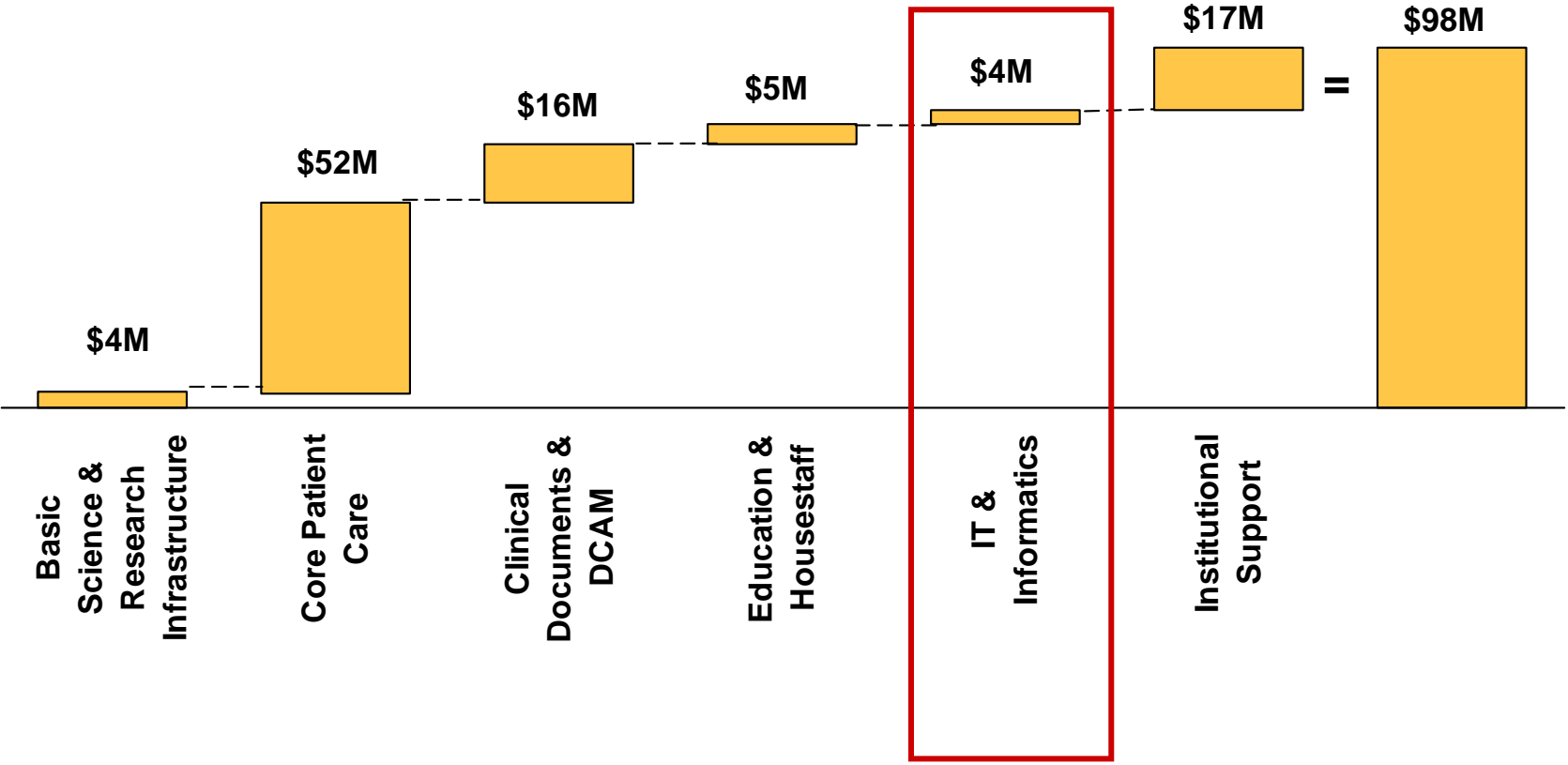
Total impact on expense base = \$180m

UofC 10% Targets Allocated to 8 Major Budget Groups

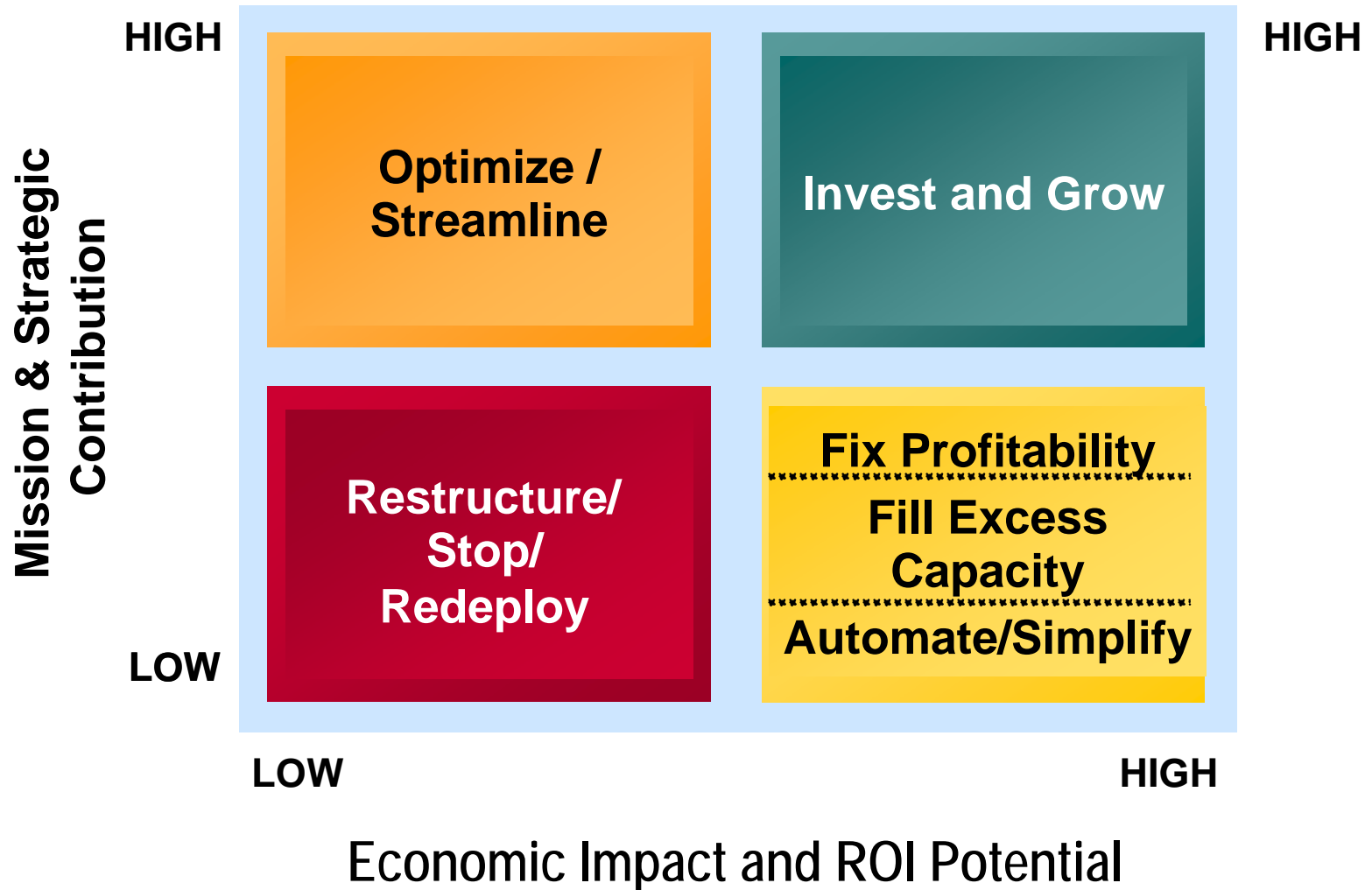
Major Budget Group	Target	Leads <i>(accountable person)</i>
1) Basic Science and Research Infrastructure	\$4M	<u>Vinay Kumar</u> , Neil Shubin, Jane Schumaker
2) Clinical Departments and DCAM Clinics	\$16M	<u>Harvey Golomb</u> , Carolyn Wilson
3) Core Patient Care Operations	\$52M	<u>Carolyn Wilson</u> , Harvey Golomb
4) Education and Housestaff	\$5M	<u>Holly Humphrey</u> , Gerard Mikols, Mike Simon
5) Information Technology & Informatics	\$4M	<u>Eric Yablonka</u> , Conrad Gilliam, David Hefner
6) Institutional Support	\$17M	<u>Ken Sharigian</u> , Larry Callahan
7) Capital Budgets	\$20M per year	<u>David Ho</u> , Jane Schumaker, David Hefner
8) Revenue Enhancement	2% per year	<u>Lawrence Furnstahl</u> , Ken Sharigian, Mayumi Fukui, David Ho

UofC Allocation of the \$98M Targeted Savings

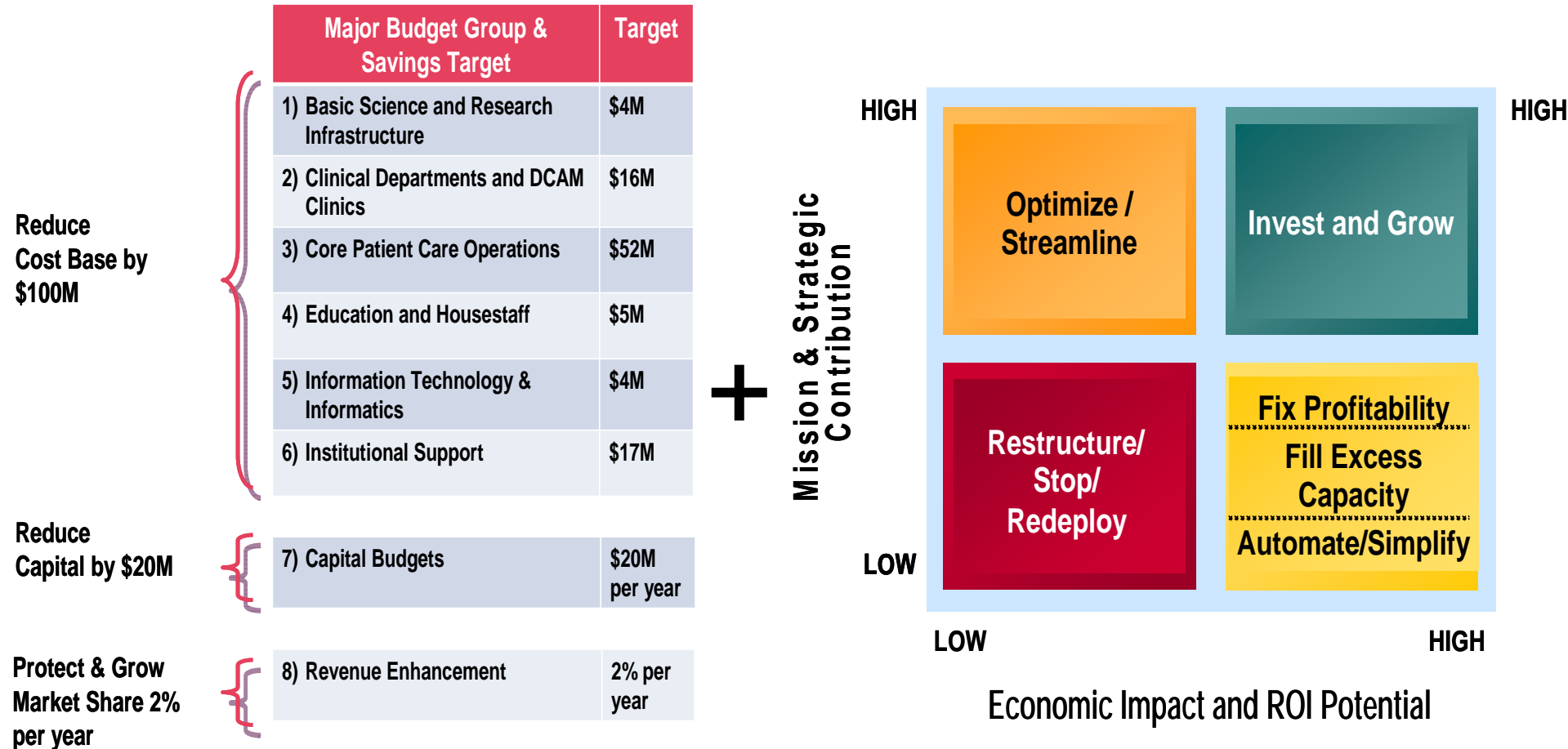
30-month Targets at 10% Savings









UofC Thought Process of “Four-Box” Thinking



UofC: 10% Targets & 4-Box Thinking Considered in Tandem

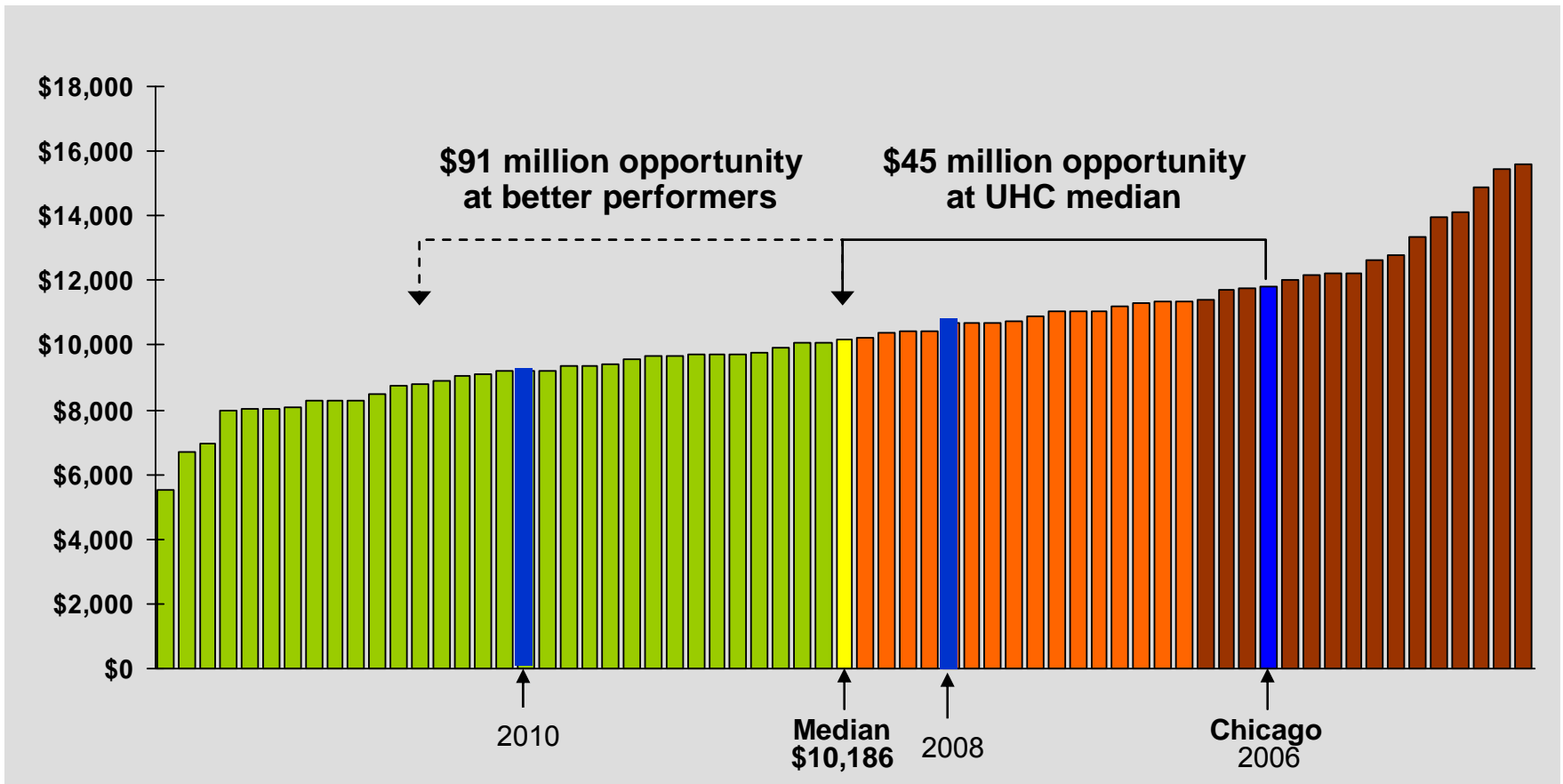


UofC FY10 Forecast as of April 1, 2009

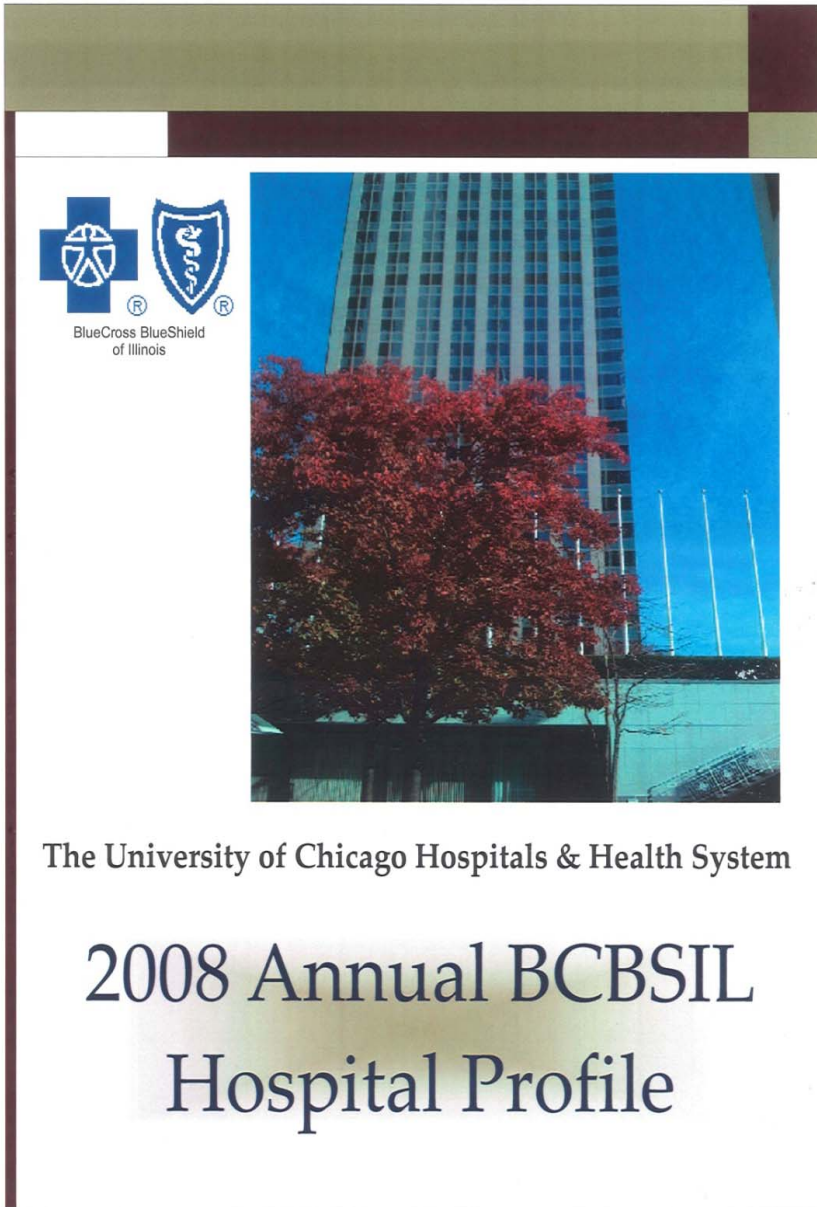
Budget Committee	Status Indicator	Target Reduction %	FY 2009 Budget (Base Year)	Assigned Target	Identified	Identified, Discounted for Confidence Level	Implemented
Basic Science and Research		10%	\$ 44,776,866	\$ 4,477,687	\$ 3,729,306	\$ 2,526,375	\$ 567,095
Core Patient Care		10%	\$ 518,782,049	\$ 51,878,205	\$ 50,653,008	\$ 39,881,953	\$ 22,909,945
Clinical Departments and Clinics		10%	\$ 162,789,917	\$ 16,278,992	\$ 18,495,750	\$ 13,560,975	\$ 5,861,000
Education and Housestaff		10%	\$ 48,014,146	\$ 4,801,415	\$ 4,271,000	\$ 3,778,900	\$ 1,610,000
IT and Informatics		10%	\$ 35,372,669	\$ 3,537,267	\$ 4,611,499	\$3,926,349	\$ 2,682,188
Institutional Support		10%	\$ 167,313,497	\$ 16,731,350	\$ 19,053,990	\$ 17,148,591	\$ 16,357,891
Phoenix CPOE - Operating					(\$5,000,000)	(\$5,000,000)	
Unattributed RIF/Attrition Impact (net severance)					\$1,555,745	\$1,555,745	
Grand Total			\$ 977,049,144	\$ 97,704,914	\$ 97,370,298	\$ 77,378,838	\$ 49,988,119

Major Cost Reduction Opportunity

CMI-Adjusted Cost/Discharge



Quality: External Public Measures



2007 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

2008 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

2009 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

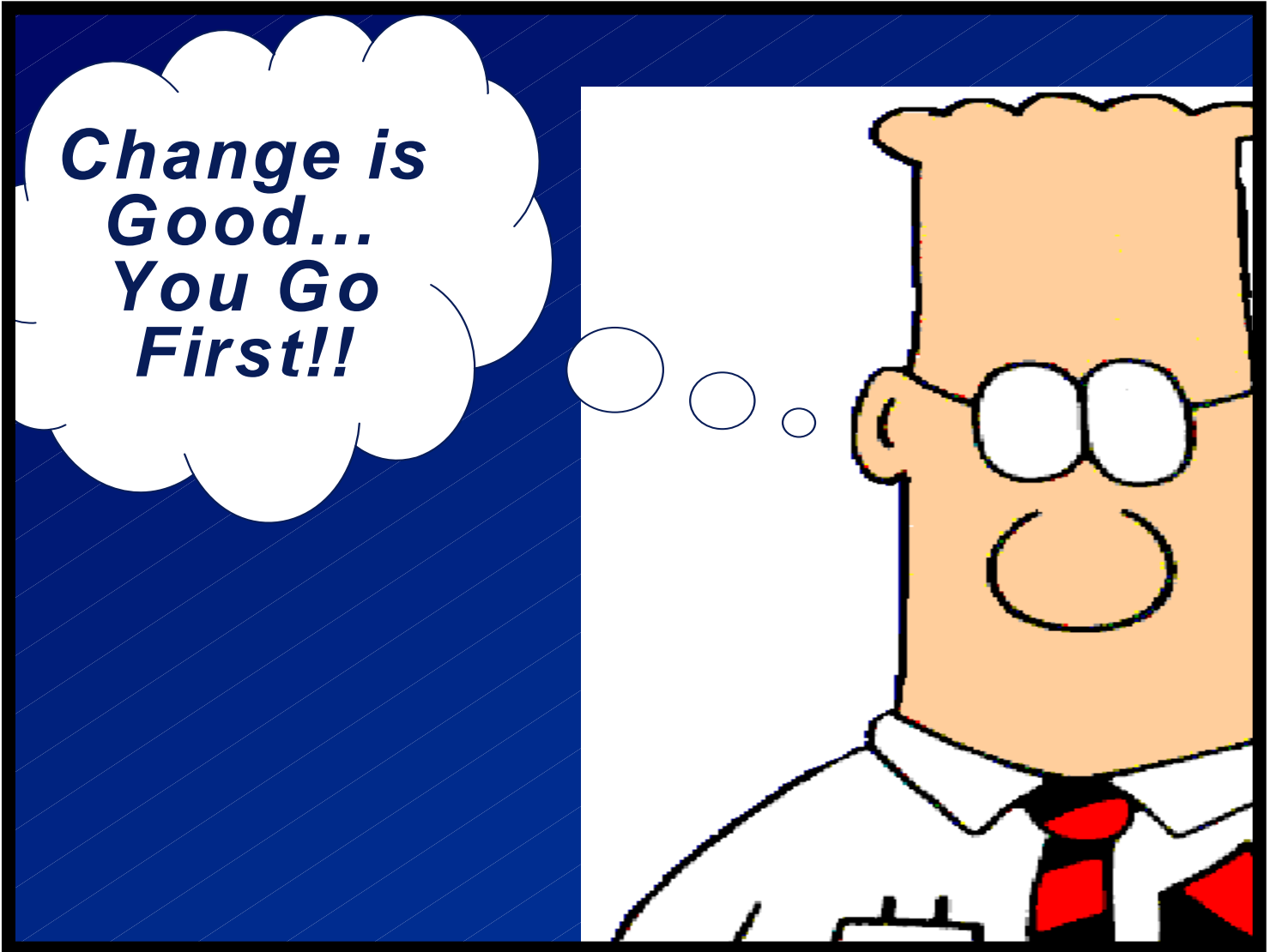
2010 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

5-Step Treatment Plan

1. Philosophic Musings & Structural Changes
2. Ask and Answer Fundamental Strategic Questions
(*eg: Should an Academic Medical Center Continue to be “All Things to All People”?*)
3. Bridge Strategy → Finances → Execution
4. Alter the Funds Flow
5. Significantly Reduce the Cost Base by Removing the Waste, Duplication, Inefficiencies, and Variations
6. Generating the Courage to Lead

Organizational Change, by it's nature, requires someone to lead

Philosopher Dilbert



Therefore, consider yourself “Neo” and have the courage to lead...

Neo (aka “The One”)

The Oracle

CIO

Oracle: OK, now I'm supposed to say, "Hmm, that's interesting, but..." then you say...

Neo: ...”but what?"

Oracle: But... you already know what I'm going to tell you.

Neo: I'm not The One.

Oracle: Sorry, kid. You got the gift, but it looks like you're waiting for something.

Neo: What?

Oracle: Your next life, maybe. Who knows? That's the way these things go.

Therefore, consider yourself “Neo” and have the courage to lead...



THOMAS N. MCGAFFEY, PH.D.

The Courage To Lead

A Practical Way
To Learn Leadership
For Everyone

AN ACTION PLAN FROM THE WORLD'S
FOREMOST EXPERT ON BUSINESS LEADERSHIP

Leading Change



John P. Kotter

HARVARD BUSINESS SCHOOL PRESS

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Leading Change



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EIGHT STEPS TO TRANSFORMING YOUR ORGANIZATION

- 1** Establishing a Sense of Urgency
- Examining market and competitive realities
 - Identifying and discussing crises, potential crises, or major opportunities



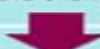
- 2** Forming a Powerful Guiding Coalition
- Assembling a group with enough power to lead the change effort
 - Encouraging the group to work together as a team



- 3** Creating a Vision
- Creating a vision to help direct the change effort
 - Developing strategies for achieving that vision



- 4** Communicating the Vision
- Using every vehicle possible to communicate the new vision and strategies
 - Teaching new behaviors by the example of the guiding coalition



- 5** Empowering Others to Act on the Vision
- Getting rid of obstacles to change
 - Changing systems or structures that seriously undermine the vision
 - Encouraging risk taking and nontraditional ideas, activities, and actions



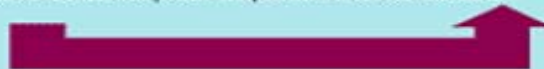
- 6** Planning for and Creating Short-Term Wins
- Planning for visible performance improvements
 - Creating those improvements
 - Recognizing and rewarding employees involved in the improvements



- 7** Consolidating Improvements and Producing Still More Change
- Using increased credibility to change systems, structures, and policies that don't fit the vision
 - Hiring, promoting, and developing employees who can implement the vision
 - Reinvigorating the process with new projects, themes, and change agents



- 8** Institutionalizing New Approaches
- Articulating the connections between the new behaviors and corporate success
 - Developing the means to ensure leadership development and succession



...but it is not without risks and could be dangerous.



UofC Example: Next iteration of unified governance



\$1.6 Billion



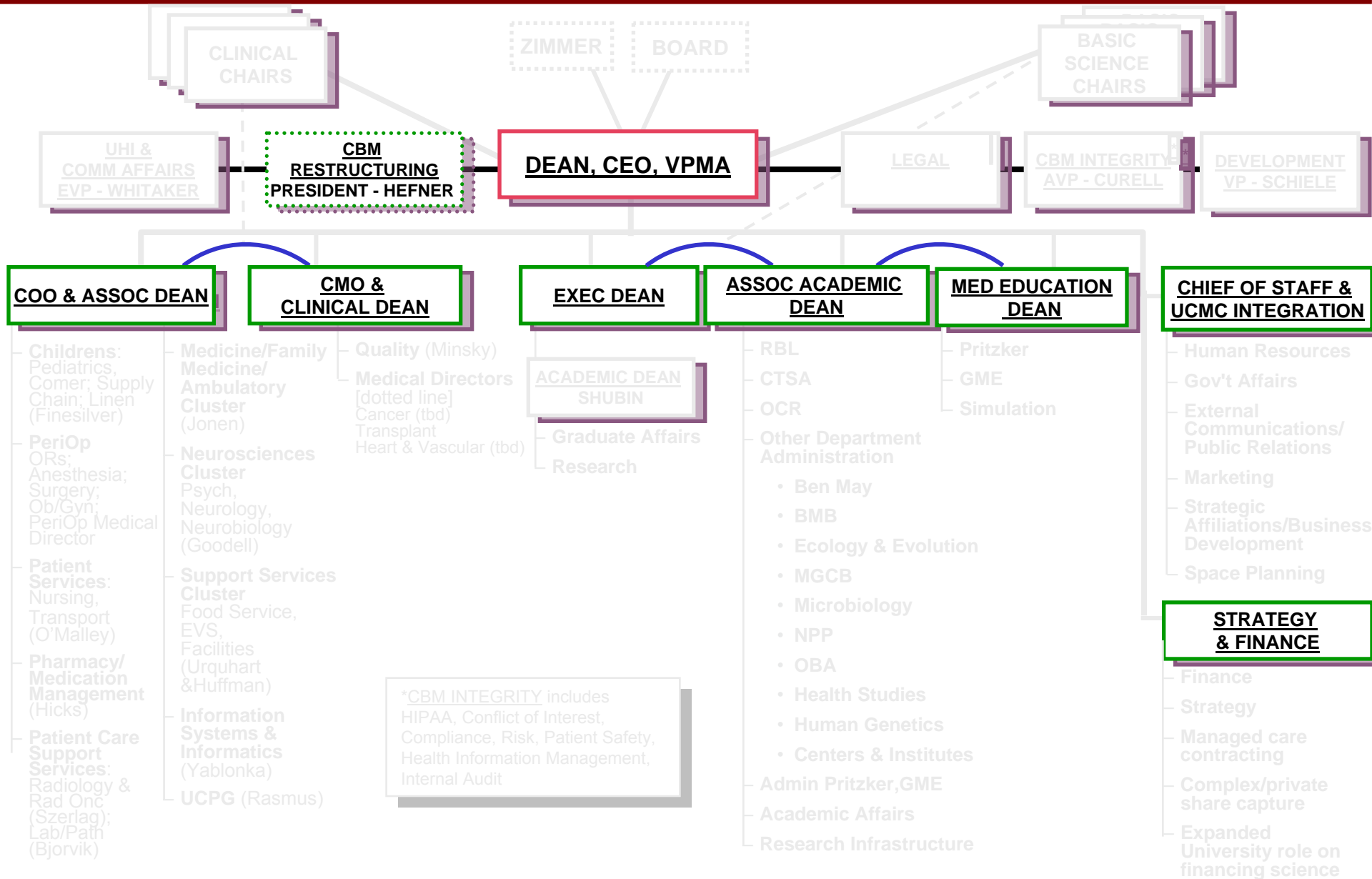
Integrated Patient Care
Hospital & Prof Service

UCMC \$1.2B

Teaching & Research in
Biology & Medicine

BSD \$400M

UofC Example: Aligning Structures Our Strategy



And also being mindful of the “Culture Eats Strategy” notion

Chicago Tribune

Trouble in the ER

CRAIN'S
CHICAGO BUSINESS.

U OF C SEEKING CURE FOR SOUTH SIDE POOR

University of Chicago Medical Center cutting 450 jobs

Dissent halts ER plan at U. of C.

University of Chicago Reconsiders Plan to Redirect ER Patients

Chicago Hospital Doctors Protest Planned Bed Cuts

University of Chicago ER sends kid mauled by pit bull home

Neighborhood concerns mount after U. of C. unveils plan to redirect some patients

U. of C. emergency room to get more selective

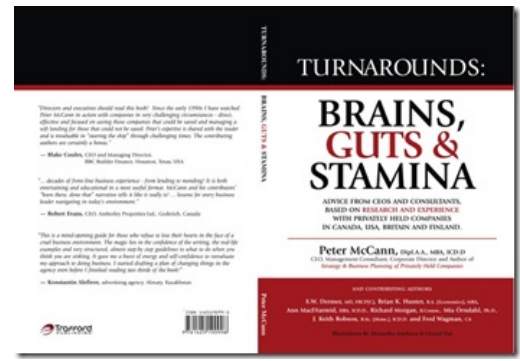
New version of patient triage aims to cope with spiraling costs and long waits for treatment

By Bruce Japsen | Tribune reporter

Prediction #7: If we do not find the courage to lead, then it will be a "Back to the Future" experience



Penn Health System: The Hunter Group and the Turnaround Project



CRAIN'S
NEW YORK BUSINESS

Mount Sinai turns to advisors; Hunter Group cuts costs and restructures; Turnaround ace

CRAIN'S
DETROIT BUSINESS

DMC CUTS 2 EXECs IN TURNAROUND CAMPAIGN

Article from: [Crain's Detroit Business](#)
Article date: [November 16, 1998](#)



Apr 08, 2003

Hunter Group offers Rx for fiscal stability

“Never doubt that a small group of thoughtful, committed people can make a difference.

Indeed, it is the only thing that ever has.”

— Margaret Mead

Questions?
Comments?
Reactions?