Promotion & Tenure Workshop: Clinician Track

Panelists:

Craig Peters, MD and Sharon Reimold, MD

Professor, Department of Urology; Chief of Pediatric Urology at Children’s Medical Center

Professor, Internal Medicine; Internal Medicine Vice Chair for Clinical Operations and Faculty Development

Moderator

Byron Cryer, MD

March 24, 2022

Office of Faculty Diversity & Development
Office of Women’s Careers
If you would like to ask a question, please “raise your hand” by selecting Reactions located at the bottom of your menu screen. A popup window will appear with the option for you to “raise your hand.” Once you have been called upon, you may unmute yourself to speak.
Essential Website For P&T:

www.utsouthwestern.edu/promten
Promotion & Tenure Workshop: Clinician Track

Craig Peters, MD

Professor, Department of Urology; Chief of Pediatric Urology at Children’s Medical Center
Academic Track Composition

UT Southwestern Fulltime Faculty in Clinical Departments and Clinical Centers
(n = 2,341)*

- Clinician: 1787 (76%)
- Clinician-Educator: 248 (11%)
- Clinical Scholar: 177 (7%)
- Tenure-Accruing/Tenured: 107 (5%)
- Research: 22 (1%)

*as of March 3, 2022
Clinician Track

For individuals who spend the great majority of time in:

A) **Patient care** and/or **clinical program administration** (typically 95% or greater)

B) **Participation in other areas is essential:**
   - broader educational and academic missions of UT Southwestern in conjunction with clinical care and/or community outreach is essential
   - **Citizenship** as a member of the UT Southwestern community, by:
     - actively participating on committees, working groups, and task forces and
     - a recognized attitude that prioritizes community service over personal interests
   - **Medical school faculty only**
What Determines Success on the Clinician Track?

Excellence in Clinical Service:
- **excellent reputation** among peers and trainees, evidenced by testimonials, requests for consultation, or wide recognition of special expertise by colleagues
- **high ratings** in patient and family satisfaction surveys
- **outstanding outcomes**, clinical productivity, and clinical performance metrics
- **leadership in quality initiatives and performance improvements**
- **clinical program development and governance**
<table>
<thead>
<tr>
<th>Evaluation of Clinical Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient and family satisfaction scales</td>
</tr>
<tr>
<td>• wRVU or other value-based units of productivity</td>
</tr>
<tr>
<td>• Comments from peers and staff</td>
</tr>
<tr>
<td>• Clinical Outcomes</td>
</tr>
</tbody>
</table>
# Strategies to Assess Clinical Productivity

## Evaluation of Clinical Productivity

- **Patient and family satisfaction scales:**
  - Press Ganey survey
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey

- wRVU
  - or other value-based units of productivity

- Comments from peers and staff

- Clinical Outcomes
Learning from our Patients

Patient Satisfaction Surveys Since 2004
Practice Behaviors and Interactions Assessment

Ask patients to report on their experiences with a range of health care services at multiple levels of the delivery system.

- Overall Doctor Rating 0-10?
- Recommend this Provider Office?
- Listened carefully?
- Explained understandably?
- Given easily understood instructions?
- Know important medical history?
- Show respect for what you say?
- Spend enough time with you?
- Clerks/Receptionists Helpful? Courteous?
- Access to care within 3 months?
- Appointment for care right away?
- Phone access?
- See Provider within 15 minutes this visit?
- Office follow-up with test results?
- Provider had medical records?
- Team Asked about medications?
How do we do?

Ambulatory Patient Satisfaction

<table>
<thead>
<tr>
<th>Overall Section</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td>352,872 Univ Texas SW</td>
<td>2,015</td>
<td>2,449</td>
<td>8,502</td>
<td>49,743</td>
<td>290,163</td>
</tr>
<tr>
<td></td>
<td>0.6%</td>
<td>0.7%</td>
<td>2.4%</td>
<td>14.1%</td>
<td>82.2%</td>
</tr>
</tbody>
</table>

3.7%  
96.3%
Patient Satisfaction Answers

<table>
<thead>
<tr>
<th>Question</th>
<th>Last Period</th>
<th>This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider listen carefully to you</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, definitely</td>
<td>2,466</td>
<td>2,258</td>
</tr>
<tr>
<td>Yes, somewhat</td>
<td>96</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,584</td>
<td>2,358</td>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Last Period</th>
<th>This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spend enough time with you</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, definitely</td>
<td>2,435</td>
<td>2,262</td>
</tr>
<tr>
<td>Yes, somewhat</td>
<td>110</td>
<td>74</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,570</td>
<td>2,355</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Last Period</th>
<th>This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Show respect for what you say</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, definitely</td>
<td>2,483</td>
<td>2,290</td>
</tr>
<tr>
<td>Yes, somewhat</td>
<td>77</td>
<td>56</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,572</td>
<td>2,361</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Last Period</th>
<th>This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommend this provider office</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, definitely</td>
<td>2,345</td>
<td>2,172</td>
</tr>
<tr>
<td>Yes, somewhat</td>
<td>153</td>
<td>121</td>
</tr>
<tr>
<td>No</td>
<td>61</td>
<td>48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,559</td>
<td>2,341</td>
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</tbody>
</table>
Patient Experience is most sensitive component of Press-Ganey

- The new patients’ experience with care providers was 2.3 times more sensitive, or important, than any other component of the visit.
- Conversely, patients derive most of their dissatisfaction from their experience with the care provider.

Salman Moti, MBA, Manager, Health System Decision Support
Press-Ganey has its limitations in evaluations of clinicians

- The focus of these surveys is the patients’ perceptions of their overall clinical experience, not quality outcomes.

- Factors outside of a physician's control, such as ease of parking, wait times, discharge delays, and ancillary staff, contribute to scores.

  **Suggestion:** Clinicians work with the staff to address these concerns as much as possible - this could be a QI project

- Some hospital affiliates may not use Press-Ganey in evaluation of clinicians

- UT Southwestern may not have access to clinician evaluation data of a hospital affiliate

- Therefore, P & T Committee also heavily relies on alternative strategies to assess clinical performance, such as, available evaluations from colleagues, staff, and patients.

- All will be incorporated into the assessment of quality of clinical care.
## Evaluation of Clinical Productivity

- Patient and family satisfaction scales
- **wRVU**
  - or other value-based units of productivity
- Comments from peers and staff
- Clinical Outcomes
The most common way to measure Clinical Productivity is the wRVU or the work relative value unit.

Years ago wRVUs were determined for most clinical patient interactions and procedures.

Everything was normalized at that time to reading a chest XRay which was given a value of one wRVU.

Over time the value for these units has shifted.

There are national benchmarking data that tell us how many wRVUs a physician earns by location, specialty, and academic rank.
Work RVUs do not work for all

1. No RVUs for new procedures
2. Anesthesia
3. Time based services
4. Pathology
5. Physicians that are responsible for panel management

<table>
<thead>
<tr>
<th>Alternate Ways to Assess Clinical Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of New Procedure</td>
</tr>
<tr>
<td>Determine value with department and health system</td>
</tr>
<tr>
<td>Anesthesia</td>
</tr>
<tr>
<td>Use anesthesia units</td>
</tr>
<tr>
<td>Surgery</td>
</tr>
<tr>
<td>How many surgeries result from patient visit</td>
</tr>
<tr>
<td>Time Based Services</td>
</tr>
<tr>
<td>Sessions, Minutes</td>
</tr>
<tr>
<td>Primary Care</td>
</tr>
<tr>
<td>Panel Management, Outcomes of Care</td>
</tr>
</tbody>
</table>
Promotion & Tenure Workshop: Clinician Track

Sharon Reimold, MD

Professor, Internal Medicine and Internal Medicine Vice Chair for Clinical Operations and Faculty Development
2. Academic Participation

- The nominee must demonstrate significant achievement in at least one of the following:
  - excellence as a teacher, including formal mentoring or precepting junior faculty, trainees, students, or other members of the community
  - active participation in scholarly activities such as clinical trials, observational research, or any other published means of generating or disseminating knowledge, including book chapters, clinical case and series reports, web publications, or national clinical guidelines
  - regional or national leadership in quality improvement or innovation and high-value healthcare
  - active committee participation or leadership in regional or national organizations and invitations to participate in extra-institutional CME activities
  - leadership in promoting diversity and a culture of inclusion or participation in community engagement.
How Can Clinicians Contribute to Academic Participation?
Common Types of Clinical Research: Studying Processes & Outcomes of Care

- Assessing the quality, access, cost, safety, disparities, timeliness, coordination, outcomes (clinical and patient-centered)

- Examples:
  - Are patients getting guideline recommended care for a certain condition or disease? Which patients?
  - What are the patient, provider, system factors associated with better quality, access, outcomes?
  - What processes of care (drugs, devices, procedures, strategies) are associated with better outcomes?
Studying Patients and Providers

- **Patients:**
  - Attitudes, knowledge, beliefs about their disease, treatment, providers
  - Examples: knowledge/beliefs about COVID, vaccines, medical mistrust

- **Providers: MDs, APPs, RNs, clinics, hospitals, health systems**
  - Knowledge, attitudes, beliefs
  - Behaviors: practice style, prescribing patterns, communication style, procedural skill, teamwork
  - Experience: training, specialty, years in practice
  - Personal characteristics: impact of age, gender, race/ethnicity
Types of Scholarship You Can Realistically Do ... With Some Assistance

- **Chart review studies**: Abstract medical record/EHR data on:
  - Quality, safety, disease severity, clinical/family history, social determinants of health, free text findings from imaging tests, procedure notes, pathology reports
  - What % of patients get guideline concordant care; reasons for lack of follow-up colonoscopy in patients with a positive FIT test; how many readmission or medical errors were potential preventable?

- **Qualitative research**: interpret/code transcripts of conversations from interviews, focus groups (patients, providers, caregivers)
  - Reasons for hospital readmission; barriers to end of life care among minorities with advanced cancer
Types of Scholarship You Can Realistically Do ... With Some Assistance

- **Survey research: patients, providers, community members**
  - Help select important domains, refine questions/responses, interpret findings
  - Patient’s positive/negative beliefs about statins, inhaled steroids; weighing pros/cons of carotid surgery vs. stenting vs. medical therapy for asymptomatic carotid artery disease
  - Physician attitudes about impact of EMR on quality, safety, pajama time, burnout

- **Medical education research:**
  - Assess trainees knowledge, attitudes, clinical reasoning, skills (exam, history taking, communication), intervention effects, progression, specialty choice
  - Often use survey research and direct observations techniques (OSCE)
Some Additional Considerations in the Evaluation of the **EDUCATION** Contributions of the Clinician Track Faculty

- Clinician track faculty who supervise students and trainees in direct care of patients may have this effort counted towards their clinical productivity.

- Educational activities **are not** required for this track. However, if a Clinician Track faculty has trained residents or students, that certainly can be considered towards the 95% of effort in clinical care and administration.

- On the other hand, this track is **not envisioned as the appropriate track for residency program directors** who have 50% of their time protected for administration of educational programs.
What Determines Success on the Clinician Track?

3. Citizenship as a Member of the UT Southwestern Community

- demonstrated by willingness to take part in committees, working groups, and task forces, and a recognized attitude that prioritizes community service over personal interests.
Clinician Track versus Clinician-Educator Track vs Faculty Associate

1. **Academic and Educational Participation**
   
   A. Clinician Track must participate in the broader educational and academic missions to warrant academic promotion, separating this track from Faculty Associates
   
   B. Scholarship may satisfy this academic requirement but is not essential on this track, separating this track from the Clinician-Educator Track

2. Leadership in promoting **diversity and a culture of inclusion** or participation in **community engagement** – may be considered in evaluation of “greater academic participation”

3. **Clinical program administration**- may now considered as a component of clinical care. Clinician track faculty will typically spend 95% of professional time in direct patient care and/or clinical program administration.
Process for Switching to Clinician Track

- If currently on another track, a formal letter of request from the Chair/Center Director should follow the format and process:

The letter should include:

- Current rank/track and proposed rank/track
- Proposed effective date
- Justification for track switch
- Acknowledgement that the faculty member is aware that due to the track change, he/she will not be eligible to be considered for promotion for 3 years from the date of the change. If an exception to the 3-year time period is being requested, this must be specifically mentioned in the letter.
- Draft modified letter of intent
- Current CV
Clinician Track Academic Titles

• Strong clinical focus will be recognized:
  o Clinical Assistant Professor of Department x
  o Clinical Associate Professor of Department x
  o Clinical Professor of Department x

• Volunteer faculty will receive a different academic title
  o Adjunct Assistant Professor of Department x
  o Adjunct Associate Professor of Department x
  o Adjunct Professor of Department x
Time to Promotion

• Appropriate timing of promotion will vary depending on clinical experience of the clinician faculty member.

• The first group of Clinician Track faculty who will be eligible for promotion will be considered by P&T committee between December 2022-April 2023.

• If successfully promoted, the Clinician promotion will become effective September 1, 2023

• Potential track switches and timing of potential promotion should be discussed with Department Chair and/or Division Chief.
Time to Promotion

- Track switches typically require a 3-year period of evaluation in track before faculty member is eligible for promotion.

- A CLINICIAN Track faculty who switches from another track could be eligible for promotion in time frames less than 3 years if:
  - Chair/Center Director requests a waiver of the 3 year wait period for consideration of promotion after a track switch and it is approved by Dean.
  - If the waiver is approved by the Dean, the department could then submit the faculty member’s P&T packet for consideration/review during fall of 2022.
Questions?

Office of Faculty Diversity & Development
Office of Women’s Careers
Make Your Opinion Count!

Participate in the UT Southwestern Thrive Survey

February 15-March 29

Search for #UTSWThriveSurvey or sullivanluallingroup.com in your email to access your individual survey link
Questions?

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