

The Leadership Forum

Words of Wisdom Service Lines to Meet the Needs of an Academic Institution

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General internal medicine (GIM) divisions provide essential clinical services for their academic institution including primary care for the local community, contributing to the local safety net, and access to their institution's health plans. They traditionally provide essential educational services such as teaching medical students, allied health professionals, and residents through continuity clinics, small group teaching, and core lecture presentations.

While these traditional GIM roles are valued by parent institutions, specialty service lines such as transplant and cardiovascular often receive higher financial reimbursement and more support. At the University of Kentucky (UK), we sought ways to improve what we were already doing and to move beyond the traditional GIM role to increase our divisions' value to the medical center by developing general medicine service lines to satisfy unmet needs of the institution.

Our GIM division collaborated with hospital leadership and service-line specialists to identify our opportunities. Two areas emerged: support for managing complex patients who were referred to specialty services (inpatient and outpatient) and increased access to primary care.

On the inpatient side, specialty hospitalist service lines were developed, including hospitalist teams for cancer care, co-management of orthopedic patients, and a soon to be launched hepatology co-management team. The GIM hospitalist service grew from four teaching teams in a single hospital to fourteen services staffing two hospitals, including non-teaching services and night coverage.

In the outpatient setting, we implemented collaborative service lines for the GIM ambulatory practice. The transplant service medical director works collaboratively with the GIM division's weight management team to improve obese patient weight loss, which is required for approval for renal transplantation. GIM also recently began working on a collaborative co-management clinic to provide non-cardiac care for ventricular assist device recipients in the cardiovascular service's heart failure clinic.

Working closely with the Family and Community Medicine Department and General Pediatrics we sought to improve traditional primary care access for new patient demand generated from local community growth, expansion of Medicaid, and growth of university health plan enrollment. Increased resident class

size and resident continuity time required additional GIM faculty practice expansion.

We also sought to improve non-primary care access. Our division repurposed provider FTE to implement an open-access schedule that increases the availability of short-term appointments to the GIM clinic. The open-access model allows discharge follow-up to hospitalists' patients and thereby can reduce institutional length of stay, improve the transition of care, and avoid reimbursement penalties. The clinic model also provides access for patients presenting to our Emergency Department (ED) with non-emergent conditions and thereby reduces ED utilization and unnecessary admissions.

Many centers are developing specialty service lines to provide individualized care of their patients, to improve quality and efficiency, and to avoid reimbursement penalties. GIM will always provide essential primary care and educational services for their academic institutions. We are well positioned to work collaboratively to develop unique GIM service lines that meet the needs of their academic institution and increase both their visibility and value to the overall health system.