

Baylor College of Medicine

FCM Faculty Meeting

Tuesday, January 14th, 2020





Agenda

- 1. Welcome Dr. Roger Zoorob
- 2. The LCME is Coming Dr. Jennifer Christner
- 3. Medical Student Education Update Dr. William Huang
- 4. Residency Update Dr. Eric Warwick
- 5. Faculty Senate Update Dr. Kenneth Barning
- 6. Faculty Scholarly & Academic Incentives Dr. Roger Zoorob



Welcome!

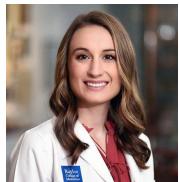
New Faculty

- 1. Roslyn Aduhene-Opoku, MD
- 2. Alexis Barbut, MD
- 3. Sumana Basu, MD
- 4. Sara Bindner, PA
- 5. Bligha Noor, FNP
- 6. Annette Li, MD
- 7. Carol Manning, FNP
- 8. Najda Mujtaba, MD
- 9. Ryan Urbi, MD

Sumana Basu, MD



Sara Bindner, PA



Annette Li, MD



Ryan Urbi, MD





Faculty Development



Dr. Malvika Juneja
Director of Faculty Development
juneja@bcm.edu



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The LCME is Coming

Jennifer Christner, MD

Dean, School of Medicine January 2020





Agenda

- Prep for BCM LCME Site Visit
- A Moment to Say Thanks
- AAMC GQ Data
 - Clerkship
 - Mistreatment
- How Can You Help?



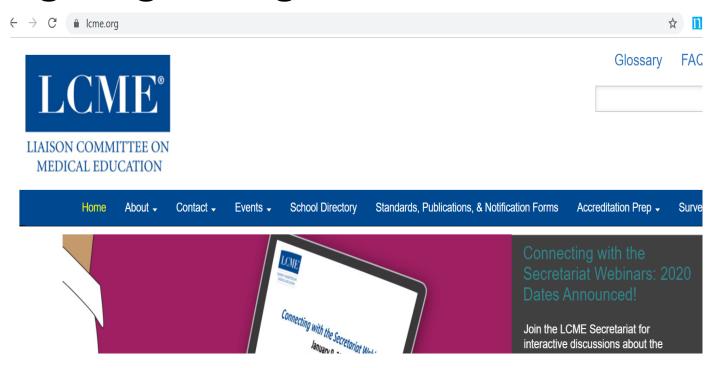
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What is the LCME? Why should I care?



LCME = Liaison Committee on Medical Education

 They accredit all US Doctor of Medicine Degree granting medical schools



Education is Primary Focus. Not Clinical. Not Research.



Why should you care?

- 1) Last LCME Visit October 2013
- BCM was placed on probation
 - Why?
 - Maintained accreditation
 - Status is public
 - This is a RARE and SERIOUS Event
- Removed from probation Spring of 2016
- Submit status reports on annual basis

Disclosure: Dr. Christner -LCME Member since 2017



Why should you care?

2) They are coming back!!!!!!

LIKELY OCTOBER 2021

We do not want a Probation Repeat

(BCM couldn't survive that)

We want to show them all the AMAZING and UNIQUE things about our school!!!

How you prepare is fairly prescribed by the LCME.....



Required Steps in the LCME Accreditation 8 Year Process

- 1. BCM Self Audit (Ongoing) / Preparations (Aug Dec 2019)
- 2. Self-Study Kickoff (Jan/February 7, 2020)
 - a. 7 Self Study Subcommittees Formed and begin meeting
 - b. Dr. Barbara Barzansky LCME Co-Secretariat visiting
- 3. LCME Self-Study Deep Dive- (January September 2020)
 - a. Complete Independent Student Analysis (ISA)
 - b. Self Study Task Force and Subcommittees analyze ALL data
 - c. Self Study Task Force prepares an Executive Summary



Required Steps in the LCME Accreditation 8 Year Process

- 4. LCME Self Study Address concerns/Resurvey
- (September 2020 to June 2021)
- 5. Submit all Documents to LCME (July 2021)
- 6. Mock Site Visit (Early Summer 2021)
- 7. The Visit (October 2021 ?)
- 8. LCME Deliberates/Gives Verdict (Feb 2022)
- 9. BCM does Ongoing CQI Standard 1.1



LCME Standards (12) and Elements (93)

- Standard 1: Mission, Planning, Organization, and Integrity
- Standard 2: Leadership and Administration
- Standard 3: Academic and Learning Environments
- Standard 4: Faculty Preparation, Productivity, Participation, and Policies
- Standard 5: Educational Resources and Infrastructure
- Standard 6: Competencies, Curricular Objectives, and Curricular Design
- Standard 7: Curricular Content
- Standard 8: Curricular Management, Evaluation, and Enhancement
 - 8.5 Medical Student Feedback
- Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety
- Standard 10: Medical Student Selection, Assignment, and Progress
- Standard 11: Medical Student Academic Support, Career Advising, and Educational Records
- Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services



Introduction to Compliance

Determine the level of compliance for each <u>Standard</u> and <u>element*</u> if the <u>LCME were here **TODAY**</u>

BCM is **satisfactory** if the required policy, process, resource, or system is in place and, if required by the element, there is evidence to indicate that it is effective.

Read the element and examine gathered documentation to determine compliance

BCM is **satisfactory with a need for monitoring** if 1) the medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved. 2) The medical education program is currently satisfactory with respect to the element, but there are known circumstances that could directly result in unsatisfactory performance in the near future. Therefore, monitoring is required.

BCM is **unsatisfactory** if medical education program has not met one or more of the requirements of the element. The required policy, process, resource, or system either is not in place or is in place but has been found to be ineffective.

^{*}LCME uses a different scale (Compliance, Compliance with Monitoring, and Noncompliance) for Standards



2019 LCME Dashboard

- 5/12 Noncompliant Standards with 93 Elements
 - 15 Elements Unsatisfactory
 - 25 Elements Satisfactory w/ monitoring

										•		
					LCME	Dashboar	d - 2019 R	etreats				
Standard		Standards										
Compliance:	СМ	С	СМ	NC	NC	С	NC	С	С	NC	CM	NC
Element	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Standards	C = Compliance	CM = Compliance with a Need for Monitoring	NC = Noncompliance
Elements	Satisfactory	Satisfactory with a need for Monitoring	Unsatisfactory



Future – 2021 LCME Visit

- 0/12 Noncompliant Standards
 - 2 Elements Unsatisfactory
 - 8 Elements Satisfactory w/ monitoring

	, , ,													
		LCME Dashboard -Future State												
Standard		Standards												
Compliance :	С	С	С	С	CM	С	CM	С	С	С	C	СМ		
Element	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12		
1														
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12														

Standards	C = Compliance	CM = Compliance with a Need for Monitoring	NC = Noncompliance
Elements	Satisfactory	Satisfactory with a need for Monitoring	Unsatisfactory



Baylor College of Medicine

A Moment To Say Thanks





Who will help us get there?

Foundational Sciences Course leadership:

Patient, Physician & Society 1 & 2:

Course Director: Alicia Kowalchuk

Associate Course Director: Shruti Varadarajan

Patient, Physician & Society 3:

Course Director: **Anita Kusnoor**

Associate Course Director: Rajeev Balchandani

Determinants, Disparities and Social Population Health (DDASH):

Course Director: *Malvika Juneja*



Who will help us get there?

Clinical course leadership:

Core Clerkship:

Course Director and Department Vice-Chair for Education:

William Huang

Associate Course Director: Jonnae Atkinson

Site director: Kenneth Barning

Coordinator: Elvira Ruiz

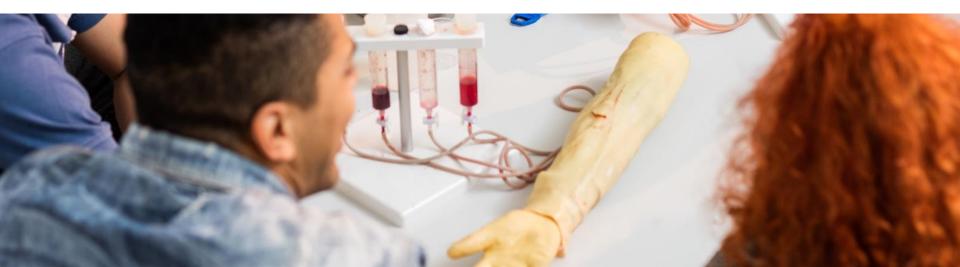
Sub-internship:

Course director: Irvin Sulapas

Coordinator: Bridget Angel



Baylor College of Medicine AAMC GQ Data How You Can Help!





The AAMC Graduation Questionnaire (GQ) is administered in spring to all US and Canadian medical school graduates.

- Critically important in LCME compliance review.
- Solicits student opinions regarding broad array of undergraduate medical education experiences.
- BCM response rate *very good* this year: **93.7%** (148/158)



KEY CLINICAL CURRICULUM OUTCOMES

"Rate the quality of your educational experiences in the following clerkships."

	BCM 2019 %Gd+Ex	BCM 2018 %Gd+E x	BCM 1yr % Change	National 2019 %Gd+Ex	BCM 2019 vs. National 2019	BCM 2019 Percentile Position
Internal Medicine	95.9%	98.7%	-2.8%	90.9%	5.0%	Btwn 75 th (94.8%) & 90 th (97.2%)
Psychiatry	93.9%	95.4%	-1.5%	87.7%	6.2%	Btwn 75 th (92.9%) & 90 th (95.4%)
Pediatrics	91.2%	92 5%	-1.3%	86.4%	4.8%	Btwn 50 th (87.9%) & 75 th (92.3%)
Family Medicine	90.5%	86.2%	4.3%	84.0%	6.5%	Btwn 75 th (88.9%) & 90 th (93.0%)
Emergency Medicine	86.3%	80.8%	5.5%	87.4%	-1.1%	Btwn 25th (83.2%) & 50th (89.2%)
Neurology	83.8%	84.9%	-1.1%	78.0%	5.8%	Btwn 50 th (80.0%) & 75 th (86.3%)
Ob-Gyn/Women's Health	83.7%	80.2%	3.5%	78.9%	4.8%	Btwn 50 th (81.1%) & 75 th (86.1%)
Surgery	80.4%	74.6%	5.8%	82.1%	-1.7%	Btwn 25th (78.8%) & 50th (82.8%)



OBSERVATION OF PATIENT HISTORY

"Were you observed taking the relevant portions of the patient history?"

	BCM 2019 % Yes	BCM 2018 % Yes	BCM 1yr % Change	National 2019 %Yes	BCM 2019 vs. National 2019	BCM 2019 Percentile Position
Internal Medicine	100.0%	99.4%	0.6%	94.3%	5.7%	Above 90 th (99.3%)
Pediatrics	100.0%	98.2%	1.8%	93.2%	6.8%	Above 90 th (98.5%)
Psychiatry	100.0%	98.8%	1.2%	93.8%	6.2%	Above 90 th (99.2%)
Ob-Gyn/Women's Health	99.3%	97.6%	1.7%	85.9%	13.4%	Above 90 th (95.6%)
Neurology	98.0%	95.9%	2.1%	85.9%	12.1%	Above 90 ^ω (97.0%)
Family Medicine	97.3%	97.6%	-0.3%	91.6%	5.7%	Btwn 75 th (96.4%) & 90 th (98.3%)
Surgery	93.2%	89.9%	3.3%	77.6%	15.6%	Above 90 th (90.6%)

- All clerkships are above the national average.
- BCM ranks higher than the 90th percentile for all but one clerkships on this survey item.



OBSERVATION OF PHYSICAL / MENTAL STATUS EXAM

"Were you observed performing the relevant portions of the physical or mental status exam?"

	BCM 2019 % Yes	BCM 2018 % Yes	BCM 1yr % Change	National 2019 %Yes	BCM 2019 vs. National 2019	BCM 2019 Percentile Position
Internal Medicine	100.0%	99.4%	0.6%	95.0%	5.0%	Above 90 th (98.9%)
Pediatrics	100.0%	98.8%	1.2%	94.6%	5.4%	Above 90 th (99.1%)
Psychiatry	100.0%	98.2%	1.8%	92.6%	7.4%	Above 90 th (98.8%)
Ob-Gyn/Women's Health	99.3%	98.2%	î.î%	94.2%	5.1%	Above 90 th (97.6%)
Family Medicine	98.6%	97.6%	1.0%	92.9%	5.7%	Btwn 75 th (96.9%) & 90 th (98.7%)
Neurology	98.6%	98.2%	0.4%	92.4%	6.2%	Btwn 75 th (97.2%) & 90 th (98.9%)
Surgery	94.6%	91.7%	2.9%	82.8%	11.8%	Above 90 th (92.9%)

All clerkships are above the national average



MID-CLERKSHIP FEEDBACK

"Were you provided with mid-clerkship feedback?"

	BCM 2019 % Yes	BCM 2018 % Yes	BCM 1yr % Change	National 2019 %Yes	BCM 2019 vs. National 2019	BCM 2019 Percentile Position
Internal Medicine	100.00%	98.80%	1.20%	98.20%	1.80%	At 90 th (100%)
Pediatrics	100.00%	99.40%	0.60%	96.80%	3.20%	At 90 th (100%)
Psychiatry	100.00%	99.40%	0.60%	95.00%	5.00%	At 90 th (100%)
Neurology	99.30%	98.20%	1.10%	89.80%	9.50%	Above 90 th (98.9%)
Family Medicine	98.60%	97.10%	1.50%	95.60%	3.00%	Btwn 50 th (96.6%) & 75 th (98.7%)
Ob-Gyn/Women's Health	98.60%	98.20%	0.40%	94.20%	4.40%	At 75 th (98.6%)
Surgery	96.60%	97.60%	-1.00%	92.50%	4.10%	Btwn 50 th (93.7%) & 75 th (97.4%)

• All clerkships are above the national average



CLINICAL FACULTY TEACHING EFFECTIVENESS

"Faculty provided effective teaching during the clerkship."

	BCM 2019 %Strongly Agree +Agree	BCM 2018 %Strongl y Agree +Agree	BCM 1yr % Change	National 2019 %Strongly Agree +Agree	BCM 2019 vs. National 2019	BCM 2019 Percentile Position
Internal Medicine	98.0%	98.2%	-0.2%	92.1%	5.9%	Above the 90 th (97.9%)
Psychiatry	92.6%	93.5%	-1.0%	86.0%	6.5%	Btwn 75 th (91.1%) & 90 th (94.4%)
Pediatrics	87.8%	88.1%	-0.3%	88.4%	-0.6%	Rtwn 25 th (85.7%) & 50 th (88.9%)
Family Medicine	86.5%	84.0%	2.5%	84.6%	1.9%	Btwn 50 th (85.8%) & 75 th (89.7%)
Neurology	84.5%	84.6%	-0.2%	81.1%	3.3%	Btwn 50 th (82.1%) & 75 th (88.0%)
Ob-Gyn/Women's Health	79.1%	75.1%	3.9%	76.6%	2.4%	Btwn 50 th (78.9%) & 75 th (84.4%)
Surgery	70.3%	58.6%	11.7%	73.9%	-3.6%	Btwn 25 th (69.4%) & 50 th (74.3%)



Internal CQI Reports

QUALITY OF FEEDBACK REPORT (LCME Element 9.7)

MONITORING

STUDENT EVALUATIONS OF QUALITY OF FEEDBACK FOR CLERKSHIPS

(Question from End of Clerkship Evaluation)

Quarter 1: July 1 – September 20, 2019

The overall quality of feedback I received during this rotation was...

	<u> </u>									
	EM	FCM	MED	NEURO	OBGYN	PEDS	PSYC	SURG		
Good	96.3%	98.0%	100.0%	94.7%	93.9%	92.0%	89.5%	70.8%		
Neither	3.7%	2.0%	0.0%	1.8%	3.0%	8.0%	5.3%	16.7%		
Poor	0.0%	0.0%	0.0%	3.5%	3.0%	0.0%	5.3%	12.5%		
N=	27	49	24	57	33	25	38	24		
Timeframe	Mos 1, 2, 3	Mos 1, 2, 8	Term 1	Mos 1, 2, 3	Term 1	Term 1	Term 1	Term 1		

^{*5-}point scale; Very poor & Somewhat poor combined and Somewhat good & Very good combined



AAMC 2019 Graduation Questionnaire Mistreatment Results

FURTHER WORK TO DO: YES, MISTREATMENT OCCURS AT BCM SOM

Ten most-commonly reported types of mistreatment % of n=141 BCM GQ2109 respondents reporting 1+ experiences

Publicly embarrassed	37.4%
Publicly humiliated	23.8%
Subjected to offensive sexist remarks/names	16.4%
Received lower evaluations or grades solely because of gender rather than performance	9.5%
Subjected to racially or ethnically offensive remarks/names	9.5%
Denied opportunities for training or rewards based on gender	7.5%
Required to perform personal services	6.1%
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation	6.1%
Received lower evaluations or grades solely because of race or ethnicity rather than performance	5.4%
Denied opportunities for training or rewards based on race or ethnicity	4.1%



Descriptive Examples of Mistreatment from INTERNAL BCM SURVEYS – Jan-June 2019

Behind the numbers: a few <u>example descriptions of mistreatment and unprofessional behavior</u> from medical student respondents to BCM surveys.

"[clinical faculty] asked me to run personal errands for him, and he went on vacation with only a few days notice - clearly not considering any affect that it would have on my schedule as a student."

"[clinical faculty] would make jokes about the Asian-American resident being the karate kid...[I] didn't bother saying anything because then he would probably complain afterwards to his colleagues about political correctness."

"There was a [foundational science faculty] that mentioned a medical professional that was dressed unprofessionally, saying they were dressed like a 'whore'. There was [another instructor] that laughed/made sarcastic derogatory remarks about aspects of a less common religion."

"...during my [clinical rotation, a preceptor] did mock gay men with a patient during a clinical encounter in front of me. I don't believe he targeted me with this behavior. I did not share my sexuality with him or any other members of the office staff. However, his adoption of a lisp and joke about effeminate gay men was used to establish 'rapport' with this patient, in clear dismissal of the possibility that I, or other patients in the clinic, might be gay."



Descriptive Examples of Professionalism from INTERNAL BCM SURVEYS – Jan-June 2019

Behind the numbers: a few <u>example descriptions of Professionalism</u> from medical student respondents to BCM surveys.

- Dr. X diffused a tense situation in which I was made visibly uncomfortable by homophobic comments in the clinic's break room. After the incident occurred, he went out of his way to discuss it with me in an open, respectful, and productive way that made me feel heard and that this attitude did not represent _____ specialty.
- Dr. X was a wonderful preceptor who was eminently professional with both patients and learners--she made all parties feel heard at all times.
- Dr. X always respectful and cognizant of learners and their needs, strived to create an environment where we could maximize learning.



How Can You Help?

- Support your education leadership colleagues
 - They have a fierce road ahead
- Know the SOM CCGG's
 - https://media.bcm.edu/documents/2016/94/ccgg-final.pdf
- Know your Core Clerkship Objectives!
- Know your Core Clerkship Required Dx/Px
- Know how medical students are assessed
- Think about the feedback you give
- Call out mistreatment when you see it



Thank You!

Happy to

- Answer any Questions
- Return to talk about SOM Strategic Plan
- Return to talk about new UME Curriculum
- Return for workshop on Learning Environment/Mistreatment



Baylor College of Medicine

Medical Student Education Update

William Y. Huang, MD



Medical Student Education Update

- Agenda:
 - Thank you!
 - Family and Community Medicine Clerkship issues
 - LCME issues:
 - Professionalism issues
 - Announcing the Faculty Feedback award
 - Faculty Development opportunity to improve your clinical teaching

Medical Student Education Update

- Thank you to all who participate in medical student education!
 - Course directors and elective directors
 - Medical student education site leaders
 - Mentors
 - PPS facilitators
 - Preceptors for PPS, the Family and Community Medicine Clerkship and electives

Medical Student Education Update

- BCM Learning Environment and Mistreatment Student Survey Report, Spring 2019
- For many unprofessional behavior items, 100% of students report that they NEVER experienced or observed the behavior

BCM Learning Environment and Mistreatment Student Survey Report, Spring 2019

"Please indicate the frequency with which you personally experienced (or observed) each behavior from faculty, residents, nurses, other employees and/or other students during this rotation." (n = 90 students)	% responding "NEVER"
Subjected to offensive remarks related to your race/ethnicity	98.9%
Subjected to offensive remarks related to your sexual orientation	97.8%
Required to perform inappropriate personal services	98.9%
Making derogatory comments about other departments and services	98.9%
Making derogatory comments about a patient or patient's family	97.8%
Using disrespectful terminology of the description of patients	97.8%
Discussing identifiable patient information in a manner that is not compliant with HIPAA	98.9%
Treating others in a disrespectful or inappropriate manner	96.7%
Treating a patient differently because of his/her individual characteristics (e. g. – financial status, ethnicity, sexual or religious preferences, physical appearance)	95.6%
Using inappropriate methods or inaccurate information to document in a patient's record	97.8%

Medical Student Education Update

- A few comments and suggestions:
 - When we are at work, we are always being observed
 - You are being observed in patient encounters and when you are in your work room
 - Please observe how patients and staff treat our students and address any mistreatment from patients and staff through the appropriate channels
 - Please be careful in what you say about physicians in other specialties
 - Please be careful in what you say about the specialty the student is planning to pursue



Anjali Aggarwal, MD



George Shelton, MD



Jonnae Atkinson, MD



Roslyn Oduro, MD (resident)



Priya Davar, MD



Nidhisha Anireddy, MD (resident)



Dwane Broussard, MD Village Medicine



Alisha Kidane, MD
(Formerly at Casa de Amigos Health Center)



Fahim Farhat, MD Kelsey-Seybold Clinic Sugar Land, TX

 We are thankful that many of you also are positive examples of professionalism every day (but were not named in this report)

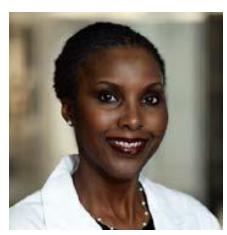
Announcing the quarterly Faculty Feedback awards

Criteria:

- 1. Specificity of comments to Family and Community Medicine Clerkship students
- 2. The student's professionalism, areas of improvement and areas of strength are all addressed

The FCM Clerkship Grades committee selected the winners

Faculty Feedback Award 2020-2021, first quarter



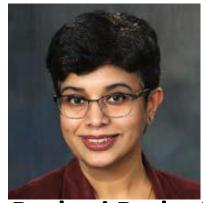
Jonnae Atkinson, MD

Faculty Feedback Award 2020-2021, first quarter



Fahim Farhat, MD Kelsey-Seybold Clinic Sugar Land, TX

Faculty Feedback Award 2020-2021, second quarter



Rashmi Rode, MD

Faculty Feedback Award 2020-2021, second quarter



Atul Sachdev, MD New Horizon Healthcare Baytown, TX

Family and Community Medicine Clerkship



- March June 2020
 - Anticipated increased student enrollment during this time period
 - This is the opportunity for all to be involved
 - Together, we can meet this need
 - Please talk to your lead preceptor or me to get involved

Lead Preceptors for the Family and Community Medicine Clerkship: Harris Health System



Anjali Aggarwal, MD Vallbona Health Center



Jennifer Okoh, MD Martin Luther King Health Center



Jonnae Atkinson, MD Gulfgate Health Center



Rashmi Rode, MD Strawberry Health Center



Dana Clark, MD Northwest Health Center



Kenneth Barning, MD Site Director



Laura Nietfeld, MD Casa de Amigos Health Center

Lead Preceptors for the Family and Community Medicine Clerkship: Baylor Family Mediciine



Angie Sung, MD Baylor Family Medicine Kirby



Irvin Sulapas, MD
Baylor Family
Medicine
River Oaks



Laurie Anderson, MD Baylor Family Medicine Main Street

Faculty Development opportunities in 2020

- We will continue to offer a workshop on Giving Effective Feedback to Learners each year
- We will introduce a workshop on Creating a Safe Learning Environment for Learners
- Attendance at either workshop will fulfill initial requirements of completing an ABFM Maintenance-of-Certification Preceptor Performance Improvement program

Thank you!



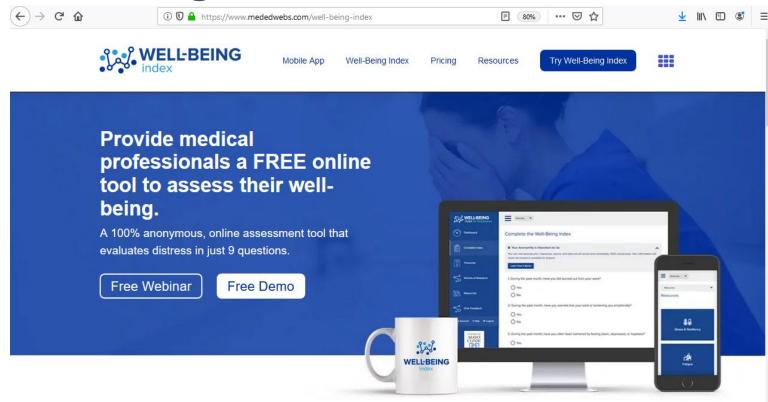
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Residency Update

Eric Warwick, MD



Well-Being Index is "Live"



IMPROVE WELL-BEING WITH THE

Well-Being Index

Take the First Step Towards Improving Well-Being

Statistics show that one-of-four workers in the United States experiences professional burnout. In jobs where high stress is a factor, this figure climbs to nearly 50 percent. Burnout leads to decreased productivity, depression, high staff turnover, and even increased on-the-job error. Unfortunately, due to assumed implications, burnout is rarely addressed within the workplace. As an organization, including the Well-Being Index as part of your wellness program promotes self-awareness, improving well-being across multiple dimensions.





CCC*/PEC: Members

PD: Eric Warwick*

APD: Fareed Khan*

Core: Mohamad Sidani*

Core: Crystal Nwagwu*

Core: Rashmi Rode*

• PC: Sharon Mitchell*

Chief: Veena Chavakula

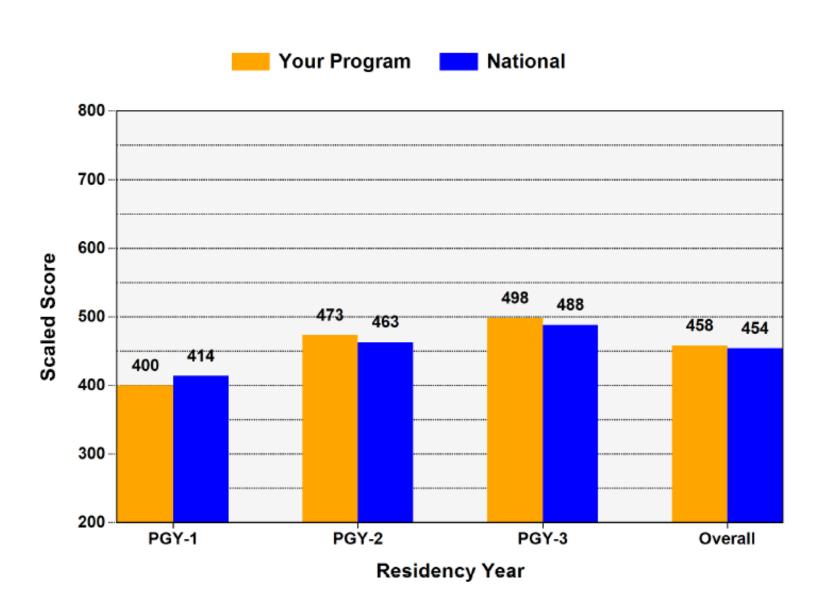
Chief: Arindam Sarkar

CCC: Clinical Competency Committee

- PD, APD, Core Faculty
- Met on 12/19/2019
- All residents are meeting FM-RRC Milestones
- Milestone 2.0 active July 2020
 - https://www.acgme.org/Portals/0/PDFs/Milestones/FamilyMedicineMilestones2.0.pdf?ver=2019-10-21-152802-123

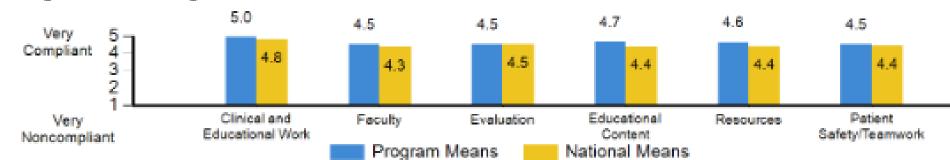
2019 ITE Mean Scaled Score Graph

Baylor College of Medicine Program 1204811306

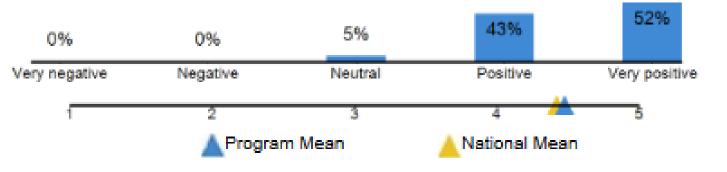


ACGME Resident Survey Results 2019

Program Means at-a-glance

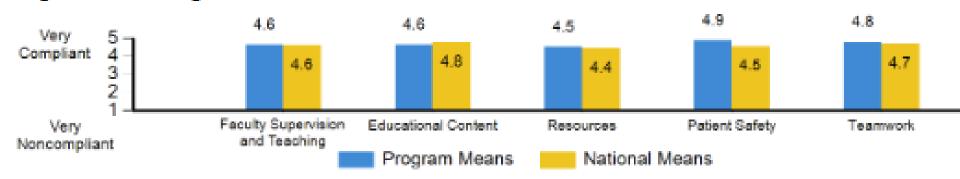


Residents' overall evaluation of the program

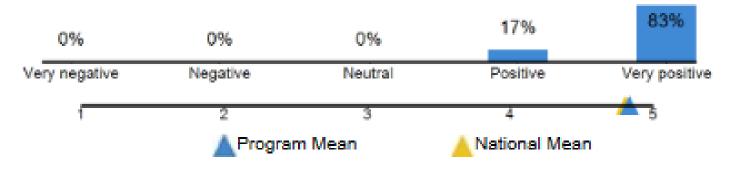


ACGME Faculty Survey Results 2019

Program Means at-a-glance



Faculty's overall evaluation of the program



2019-2020 (18-19) Interview Season

Total Applicants	1145 (1333)
Interviewed	77 (77)
UMG	70 (61)
TXMG	39 (36)
BCM	3 (6)
IMG	7 (7)
USMLE Step 1	220
USMLE Step 2	234
Female	48
Latino	12
Black	16

"Second Look" Party

• When: Friday, February 7, 2020

• Where: Khan Family Home

15 Azalea Trail Lane

Bellaire, TX, 77401



Baylor College of Medicine

Faculty Senate Update

Kenneth Barning, MD



Faculty Benefits

Effective January 2020

- ✓ Opportunity to add Roth contributions to our 403(b).
- ✓ Contributions are after tax
- ✓ Earning on Roth contributions are tax free "if qualified".
- ✓ Contributions must be in Roth at least 5 years.

For more information contact BCM Benefits Office

Kenneth Barning, MD 1/14/2020

Faculty Benefits

Effective January 2020

- ✓ Ayco Financial Counseling as a core benefit to faculty, staff, residents, clinical postdoctoral fellows and research postdocs
- ✓ Ayco is a Goldman Sachs company
- ✓ Provides services through financial coaches who help employees develop a comprehensive financial plan and goals.

Assist with:

Tax Planning Strategies, Investment Education, Debt Management (credit cards, student loans, and mortgages), and Estate Planning (Will & trusts, inheritance planning, wealth guidance, probate avoidance) Retirement Planning

Faculty Benefits

Effective January 2020

BCM Partnership with Bank of America

- ✓ Employees can now chose to set up a checking or saving account with BofA and a direct deposit through BCM to qualify for BofA discounts.
- ✓ Direct deposits through BCM make you eligible for waiver fees on checking/savings, wire transfers, stop payments, debit card replacements, etc.
- ✓ Account must have minimum balance of \$1
- ✓ Success factor can accommodate 3 different direct deposits.

Other faculty related issues

- ✓ Methodist Hospital and United health negotiations.
- ✓ Parking in the Medical Center
- ✓ Garage 6 After hours parking \$25/mth 6pm and weekends
- ✓ Well-Being Index
- ✓ Drop boxes for department faculty feedback

Thank you



Baylor College of Medicine

Faculty Scholarly & Academic Incentives

Roger Zoorob, MD, MPH & Sara B. Rahman





Academic/Scholarly Incentives

KEY COMPONENTS

 $\mathbf{Z_1}$ = is based on Citizenship Bonus, Teaching, Scholarly Activity, Chair and Leadership (Vice Chair and Medical Director) Discretion

Z₂ = is based on Group Quality Incentives



\$\$ Value of Z over time:

Year	\$ per EVU	NOTE
FY15	\$400	Paid in the Fall of CY2015 for the full year
FY16	\$400	Paid in the Fall of CY2016 for the full year
FY17 Fall	\$380	Paid in Spring CY2017
FY17 Spring	\$450	Paid in Fall CY2017
FY18 Fall	\$110	Paid in Spring CY2018
FY18 Spring	\$250	Paid in Fall CY2018
FY19 Fall	\$130	Paid in Spring CY2019
FY19 Spring	\$300	Paid in CYFall 2019
FY20 Fall	?	Paid in Spring CY2020 - pending



All Faculty can earn this incentive for:

- Teaching
- Scholarly Activity
- Research
- Chair and Leadership Discretion
- Citizenship
- Professionalism



Teaching

- Precepting medical students (1 point per 20 hrs)
 - ✓ Electives
 - ✓ Clerkship
 - **✓** HRSA COE
- Precepting BCM PA students (1 point per 20 hrs)
- Resident teaching or mentoring (1-2 points)



Scholarly Activities

- Author of research article/case/evidence based review in Pub Med or Google Scholar listed journal (2.5 to 10 points)
- Author of scholarly book chapter (2.5 to 5 points)



Research

- Funded new grant award (5 15 points)
- Funded new research subaward/contract (2.5 5 points)
- New grant submission (2.5 points)



Chair and Leadership Discretion

- Attendance at quarterly dept. faculty meeting (up to 4)
- Attendance at Grand Rounds (0.5 per GR)
- Supervision of BCM employed NP/PA (up to 10)
- Development of new service line
- Other significant service or leadership
- Participation with the media (TV/Radio/Video)
- Participation as a Faculty Senator



The focus of this component is to incentivize team behaviors/quality for clinical faculty in the FGP and on the AMS contract.

There are two parts to this component: individual contributions and team contributions.

Individual contributions are based on patient satisfaction scores and team contributions are based on each clinical team's performance in regards to meeting the quality metrics on the following slides.



FGP Continuity Faculty

Metric	Benchmark	Points
Blood Pressure control	≥ 66%	18
Diabetic Foot Exam	≥ 50%	10
Diabetic Eye Exam	≥ 49%	12
Depression Screening & Follow up	≥ 50%	10
Total Possible Points		50



CHP Continuity Faculty

Metric	Benchmark*	Points for achieving or exceeding Benchmark
Diabetic Foot Exam	>=80%	10
Blood Pressure control	>=65%	10
Colon Cancer Screening	>=70%	10
Diabetic Eye Exam	>=77%	10
Pneumococcal Adult Vaccinations	>=54%	10
Total Possible points		50

^{*}Harris Health Has recently updated their HEDIS benchmark to 75th percentile from 50th percentile so these benchmarks are different than previous years.



Same Day Clinics

		Points for Achieving
Metrics	Benchmark	or exceeding
		Benchmark
BMI Screening and follow up plan	≥40%	10
Tobacco Screening and Counseling	≥92%	10
Influenza Vaccination	≥38%	10
Diabetic Foot Exam	≥38%	10
Pneumovax for adults over 65	≥53%	10
Total Points Possible		50



Pediatric Faculty

Metric	Benchmark	Points for achieving or exceeding Benchmark
Childhood Immunization status (Combo 7)	≥80 (HP2020)	10
Childhood immunization Status - Influenza	≥70% (HP2020)	10
Immunization for Adolescents – MCV/Tdap	≥71%	10
BMI documentation with counseling for nutrition and physical activity for children and adolescents whose BMI is over 85 th Percentile.	≥59%	10
Tobacco Screening and counseling in adolescents	≥77%	10
Total Points Possible		50

Other opportunities to make additional money:



Department has opportunities to provide clinical coverage during the work week (8am-5pm, 8am-6pm or 8am-8pm)

Length of Scheduled Shift	Rate for MD Coverage	
4 hours	\$	500
8 hours	\$	1,000
10 hours	\$	1,250
12 hours	\$	1,500