



# State of the **SCHOOL** Address

**Dean John J. Reilly, Jr., MD**

University of Colorado School of Medicine

*January 11, 2023*

- **AGENDA**
- New Leadership Recruits
- Milestones in 2022
- The Numbers
- The Opportunities
- The Challenges
- Goals, both short and long term



# Leadership Recruits



Lotte Dyrbye

Senior Associate Dean for Faculty and Chief Well-Being Officer.



David DiGregorio

Chair of the Department of Physiology and Biophysics.



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# Leadership Recruits/Appointments (2)



Amira del Pino-Jones  
Associate Dean, DEI



Heide Ford  
Department Chair of Pharmacology



Lisa Neal-Graves  
CEO, Aurora Wellness Community



# Faculty Recognition

- Ron Sokol was named a Distinguished Professor.
- Mark Johnston elected to National Academy of Science.
- Vineet Chopra elected to American Society of Clinical Investigation.
- New year: UCSOM Distinguished Physician and APP Awards
  - Recognition of exceptional clinical expertise, service, patient-centered behaviors and professionalism.
  - Official ceremony planned for later this spring.



# CUSOM Distinguished Physician and APP Awardees.



Denise Abdoo



Keri Halsema



Glen Peterson



Rachel Davis



Manali Kamdar



Michael McDermott



David Partrick



# Notable Milestones

- Established a new Senior Associate Dean Position
  - Faculty and Chief Well-Being Officer
- Established a new Department of Biomedical Informatics
- Renewed Comprehensive Cancer Center Support Grant
- Renewed HRSA AHEC award
- Opened the Anschutz Health Sciences Building
- Established the Gates Institute with a \$100M commitment from the Gates Foundation and a match from CU.
- Hybrid Physical Therapy Program with UCCS Accredited



# Notable Milestones: Education

- Completed 1<sup>st</sup> year of new curriculum
- Class of 2025 is now in their clinical year: all LIC curriculum
  - Thanks to all of our partners, in particular
    - Denver Health, now hosts 3 LIC cohorts
    - Rocky Mountain VAMC, now hosts 2 LIC cohorts
    - CSU Branch Campus
    - Colorado Springs Branch Campus now hosts 2 LIC cohorts
- 2<sup>nd</sup> cohort of students at Ft. Collins Branch campus w/ CSU
- We are now through the “bulge”
  - 3<sup>rd</sup> year students in prior model, 2<sup>nd</sup> year students in current model



# Opening of the AHSB



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# Laboratory Cleanup

- **Clean-up:**
- 74 large pieces of equipment for disposal
- 200 tons of trash was collected.
- 40 tons of recycling was collected.
- 17 tons of shredded material collected.
- **Computers/e-waste:**
- 463 laptops were collected
- 1,023 desktop computers were collected
- 26 tons of electronic waste was collected

## **EH&S:**

- Corrosive liquids- 561lbs.
- Flammable liquids (general)- 199lbs.
- Flammable liquids (Toxic)- 347lbs.
- Inorganic flammable solids- 110lbs.
- Oxidizers (solid and liquid)- 100lbs.
- Hazardous waste (Liquid)- 1,747lbs.



# Before and after



# Changes in Financial Models

- Changed the distribution methodology for our state support funding
  - More under direct control of Education leadership
  - Less remains in Dean's Office
  - Scalable, rational distribution methodology to clinical departments
- Changed the funding model for Basic Science departments
  - Opportunity for departments to generate funds for initiatives, incentives.
  - Departments rewrote their incentive plans
    - Fiscally sound
    - Rewards high performing faculty

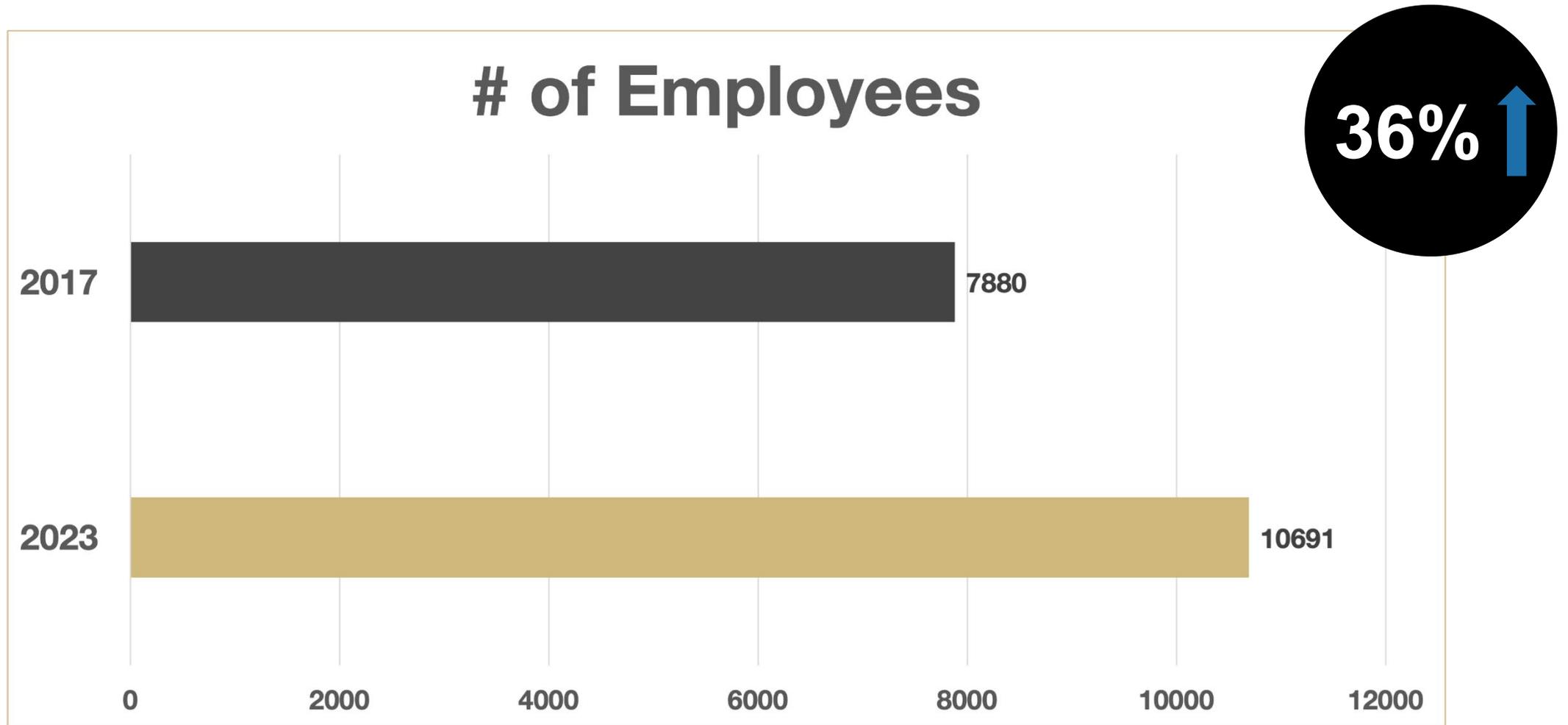


# Changes in Financial Models (2)

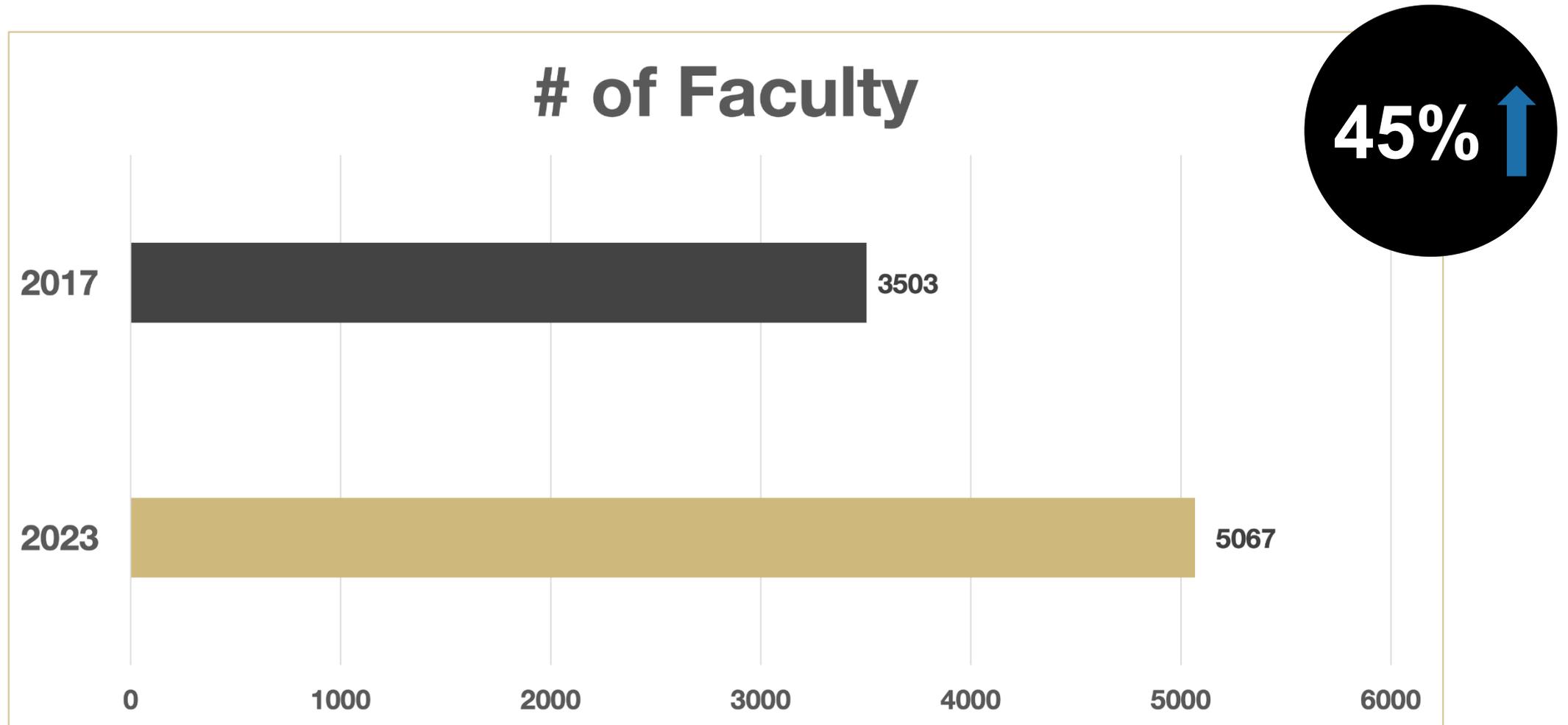
- Expanded our community practice locations off of Anschutz.
  - Transitioned clinic staff from a leased model (from UCHealth) to a CUSOM employment model.
  - Changed models of our child health practices with CHCO to a model that is financially sustainable.

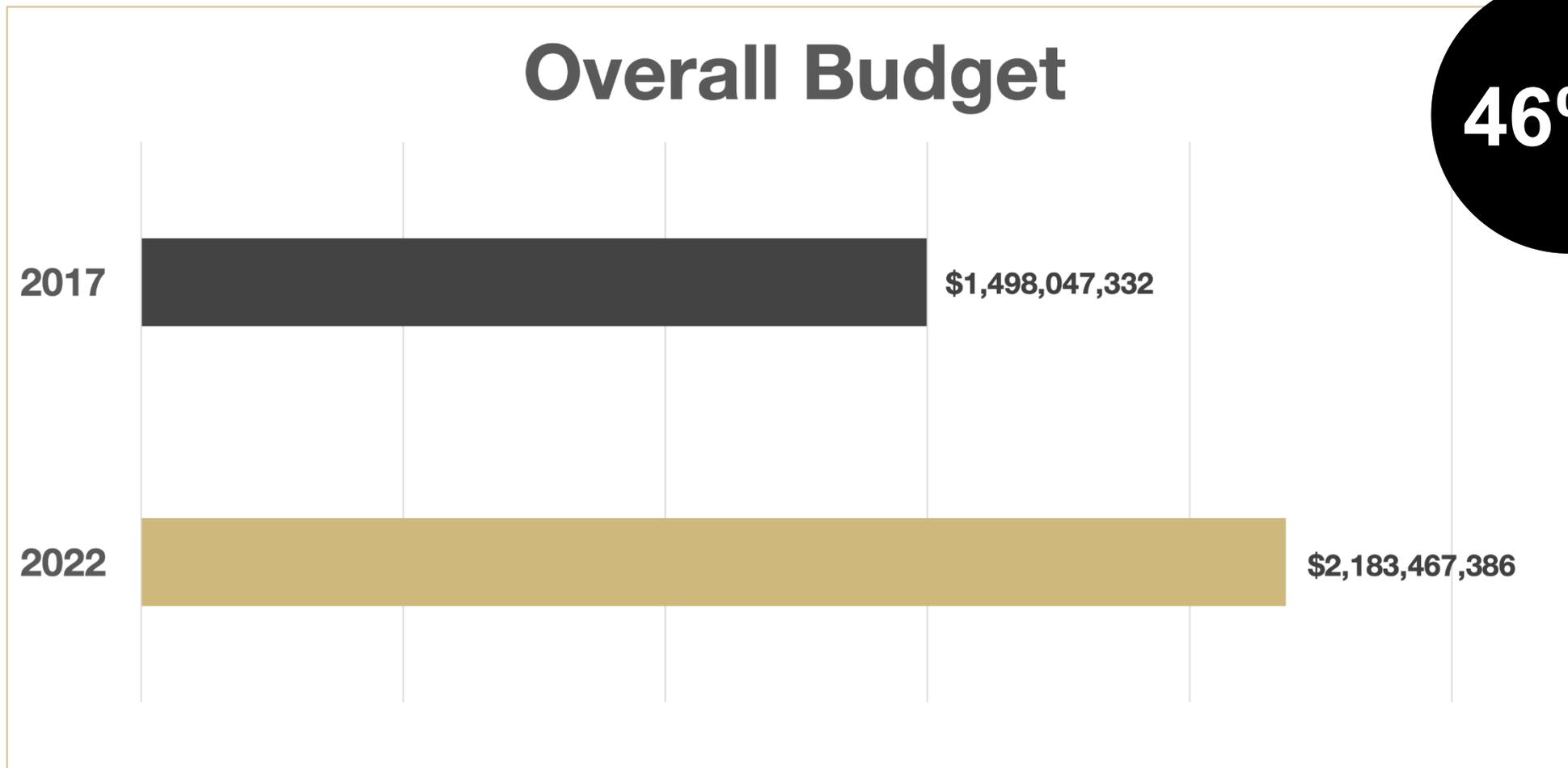


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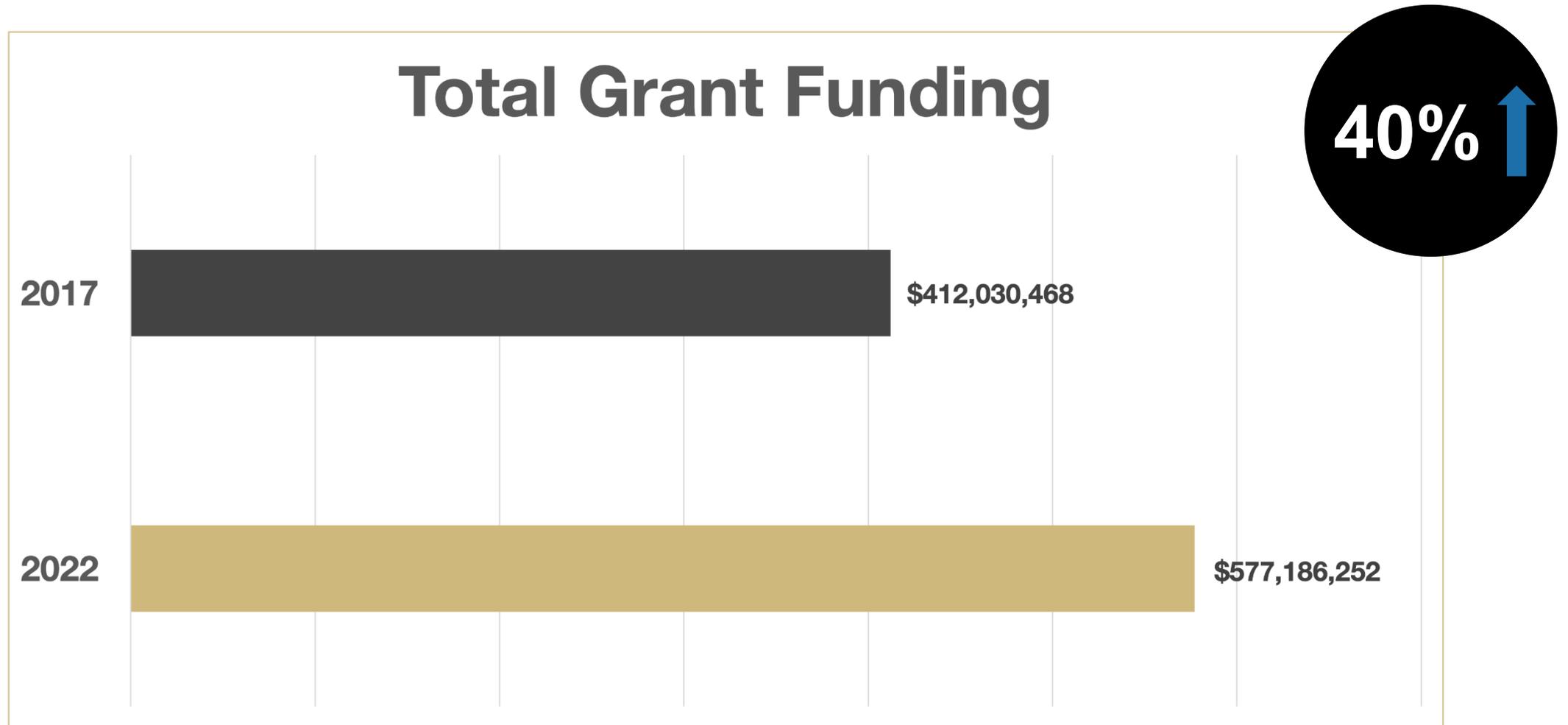


# The Numbers

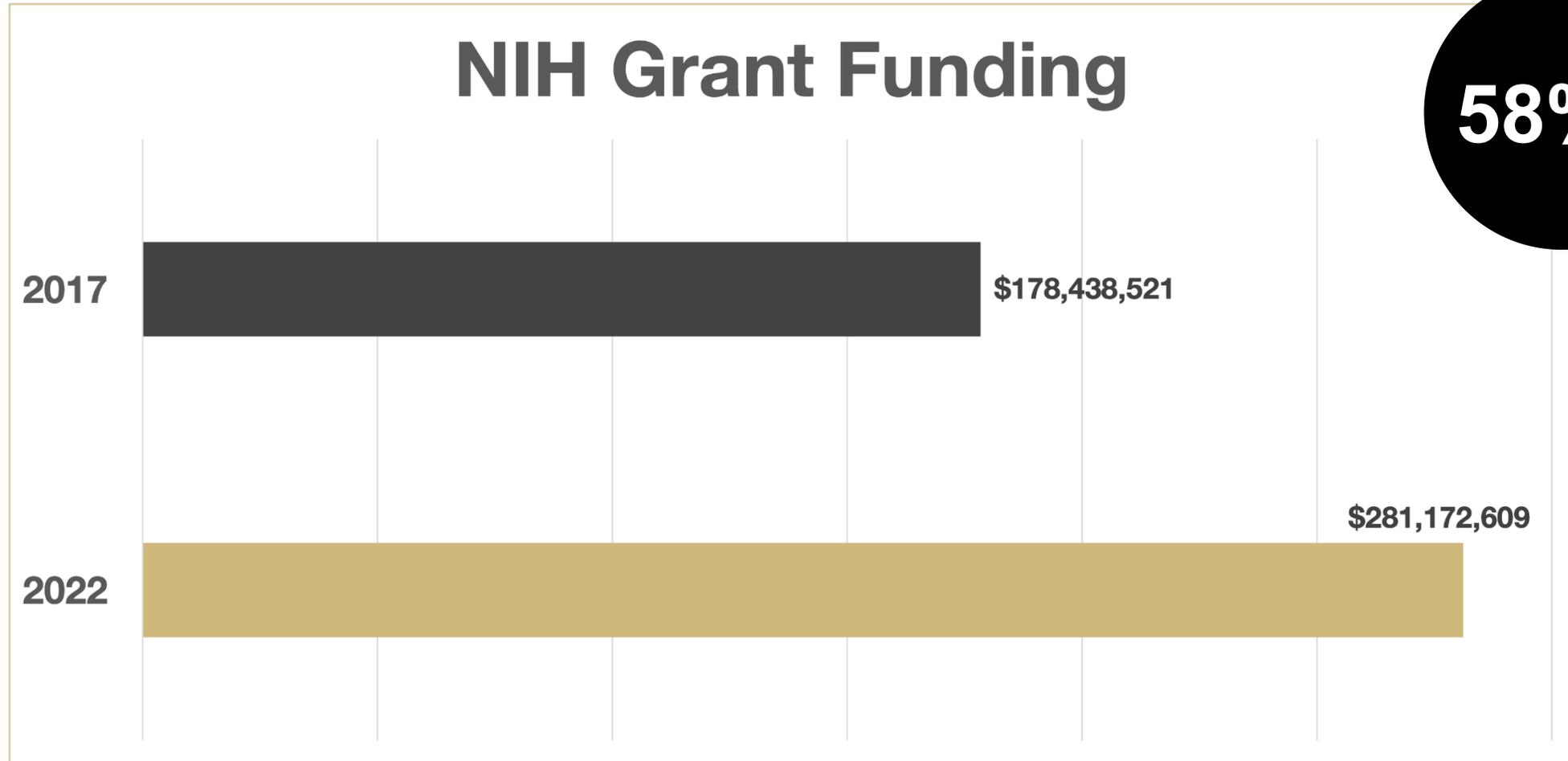




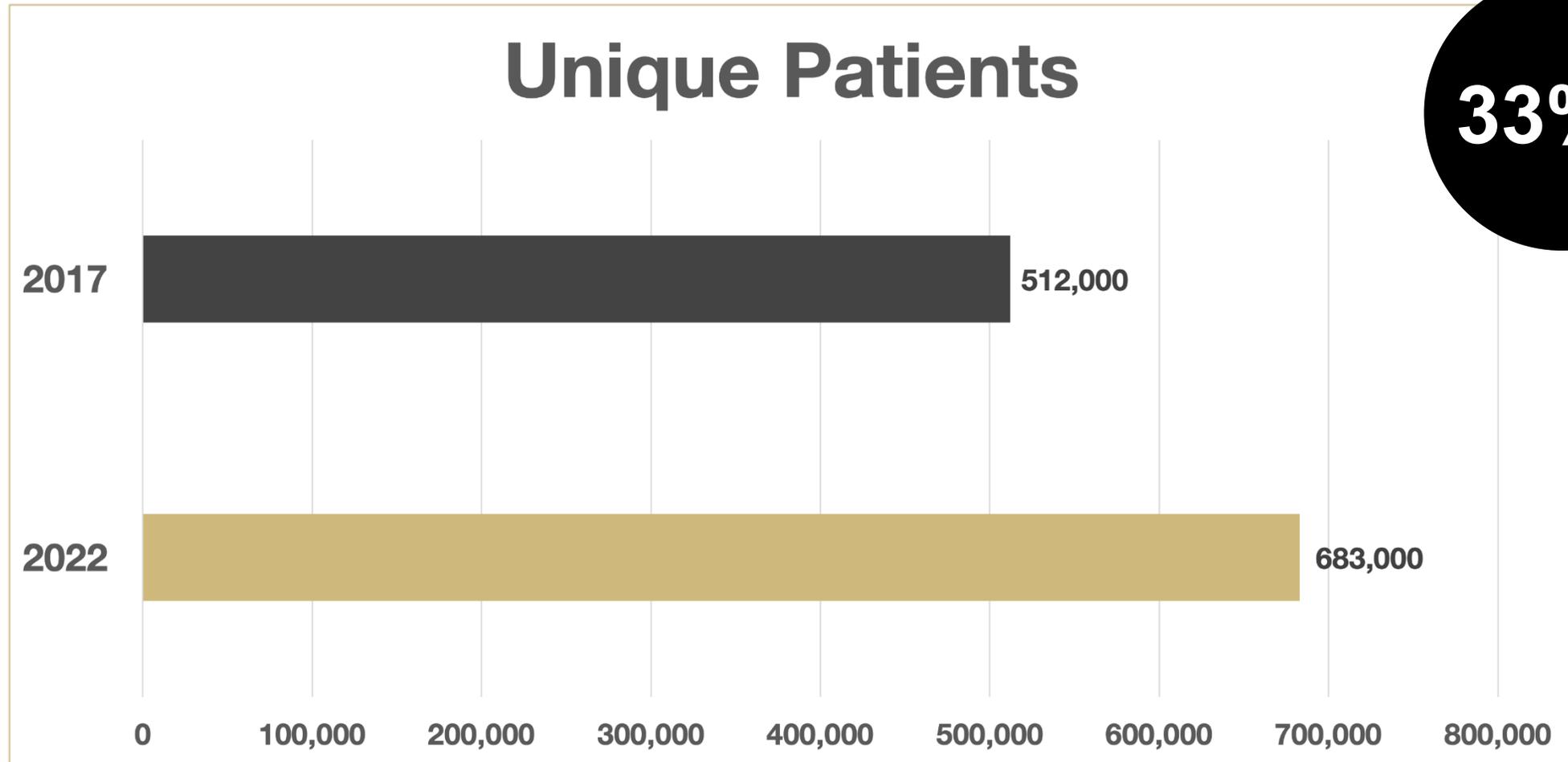
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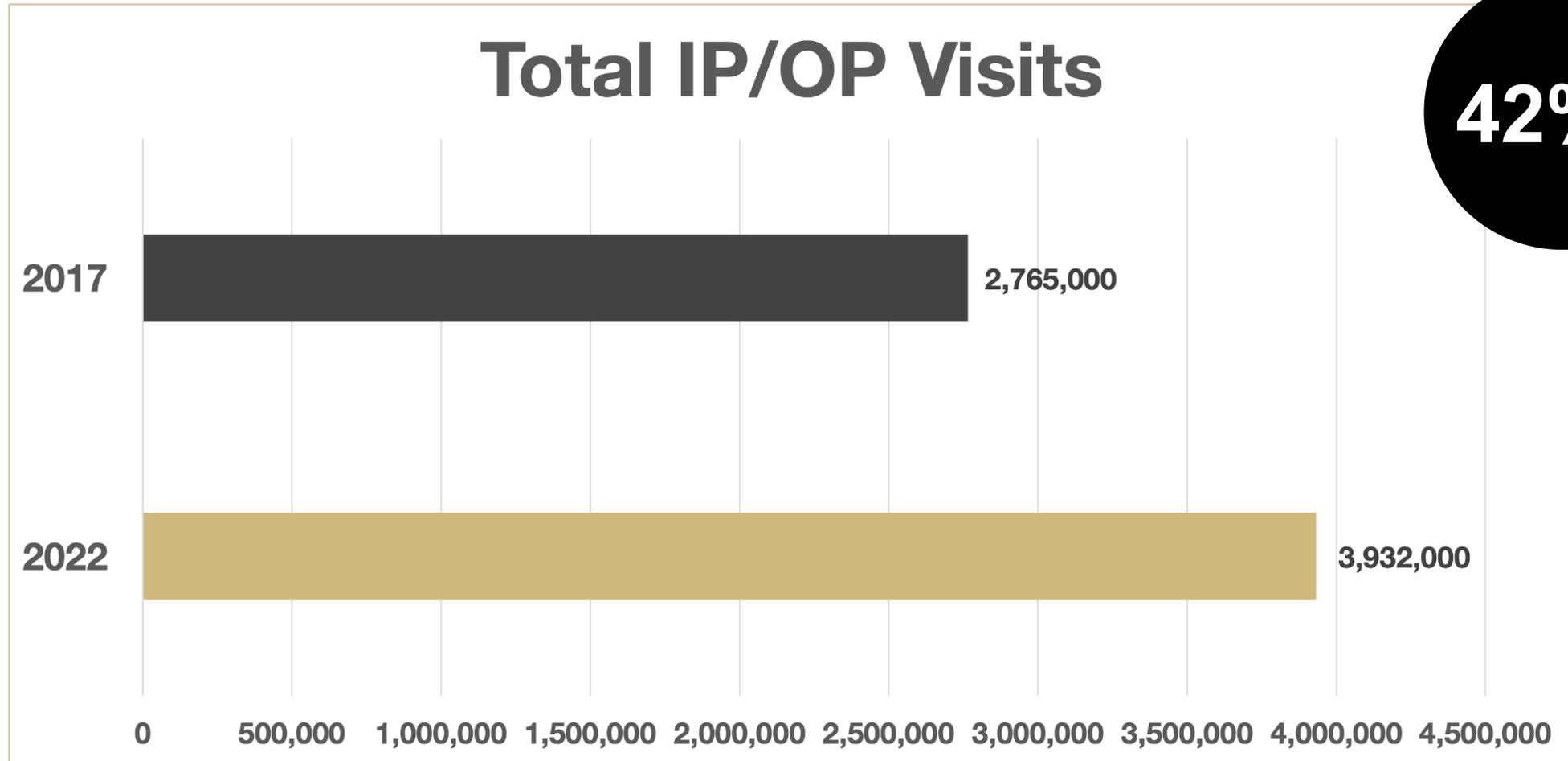
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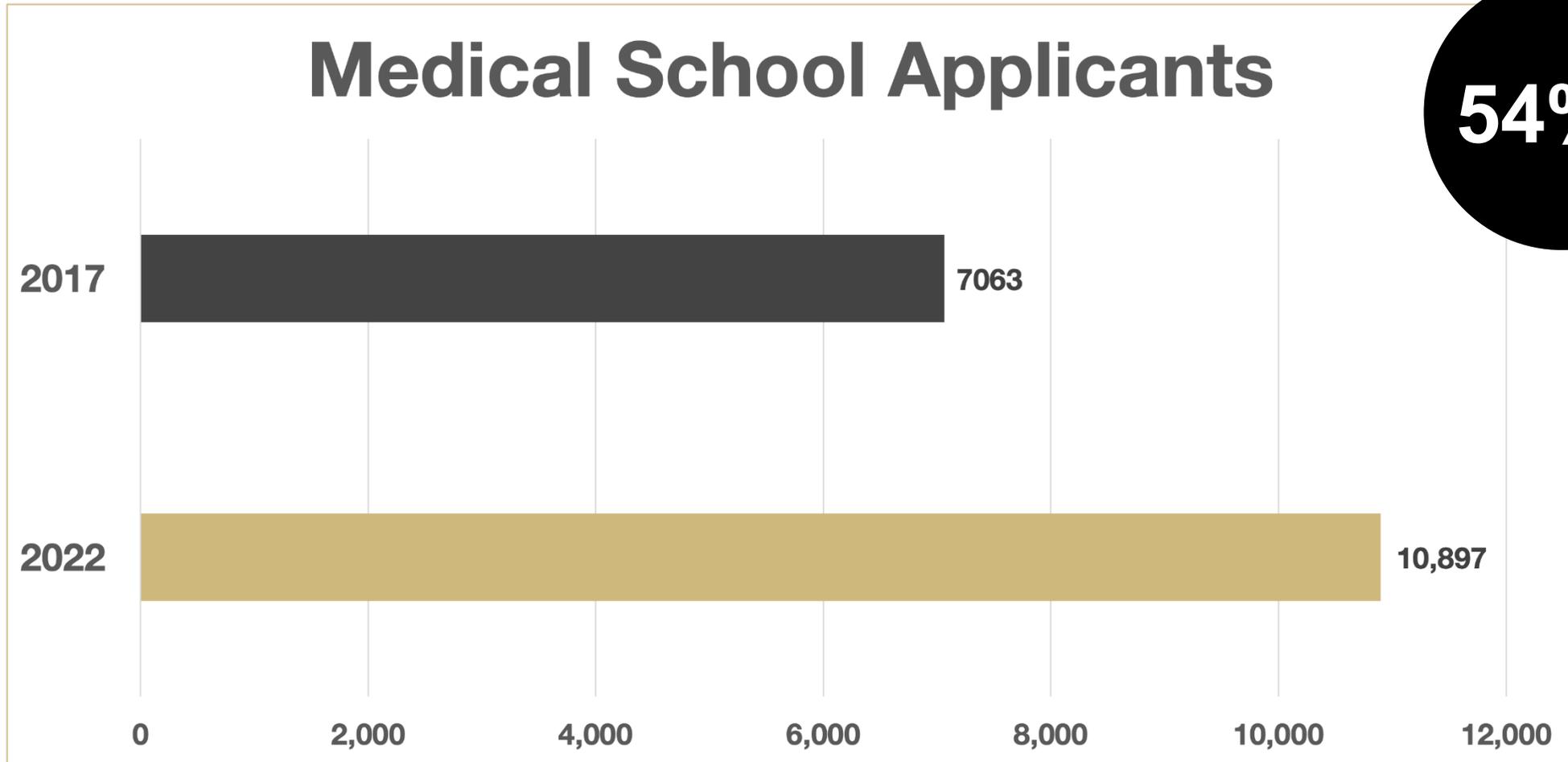


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# The Numbers



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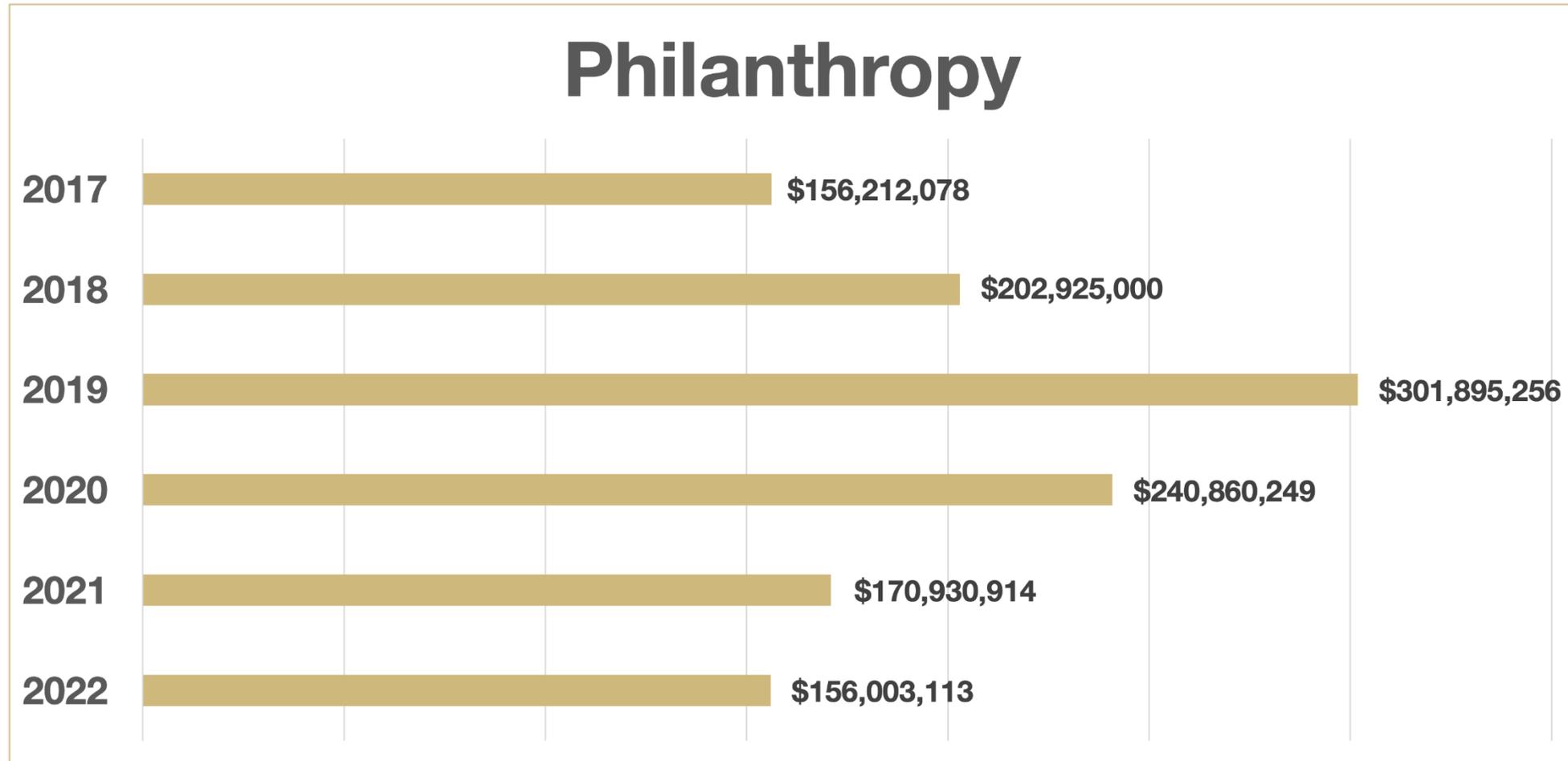
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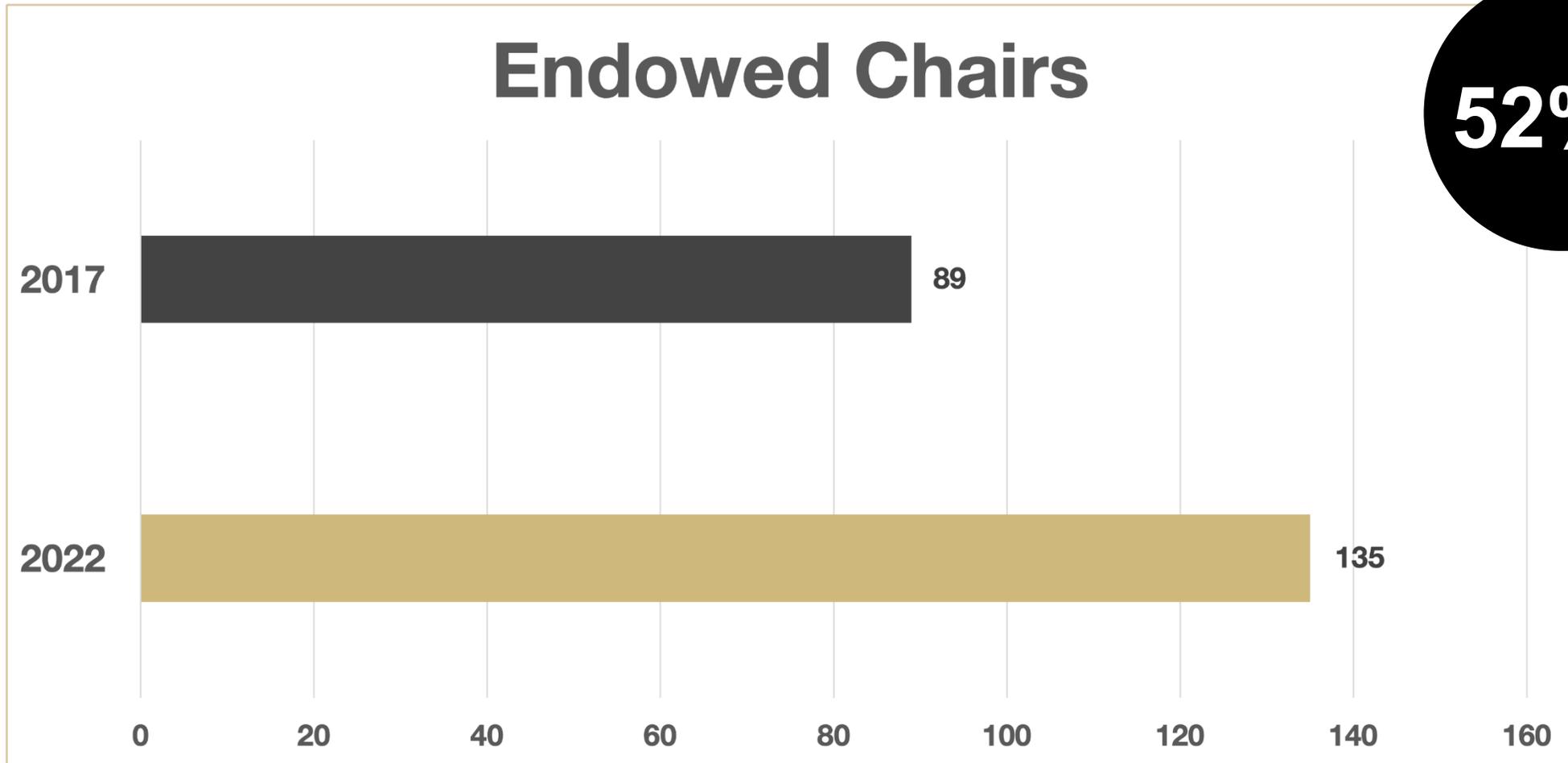
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# The Numbers





# The Challenges



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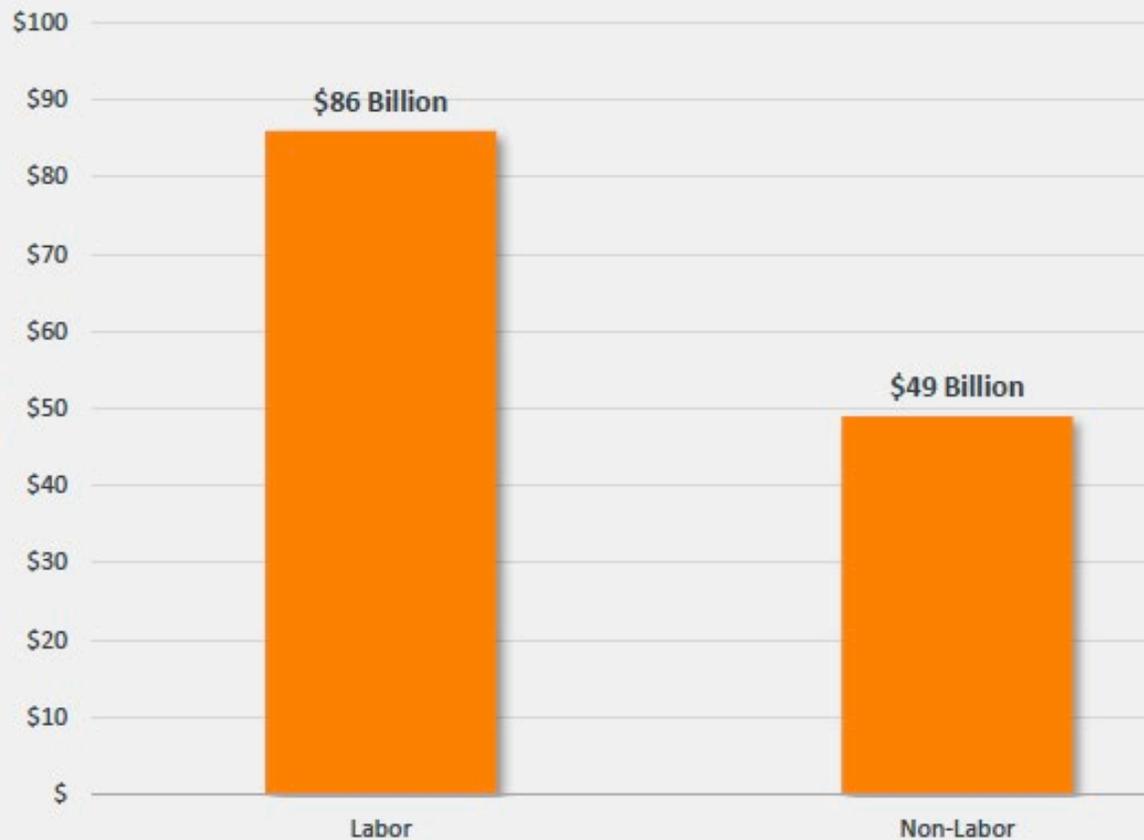
# Economic Landscape is Changing

- The majority of health care systems in the U.S. are experiencing significantly worse economic performance.
  - Significant increases in salaries/personnel costs.
  - Significant increases in supply costs.
  - Reserves decreased due to decline in financial markets.
- Potential changes to Medicaid Enrollees.
- Emergence of Payer/Provider Partnerships and Integration.
  - Recent UCHHealth/Intermountain Health Plan Partnership

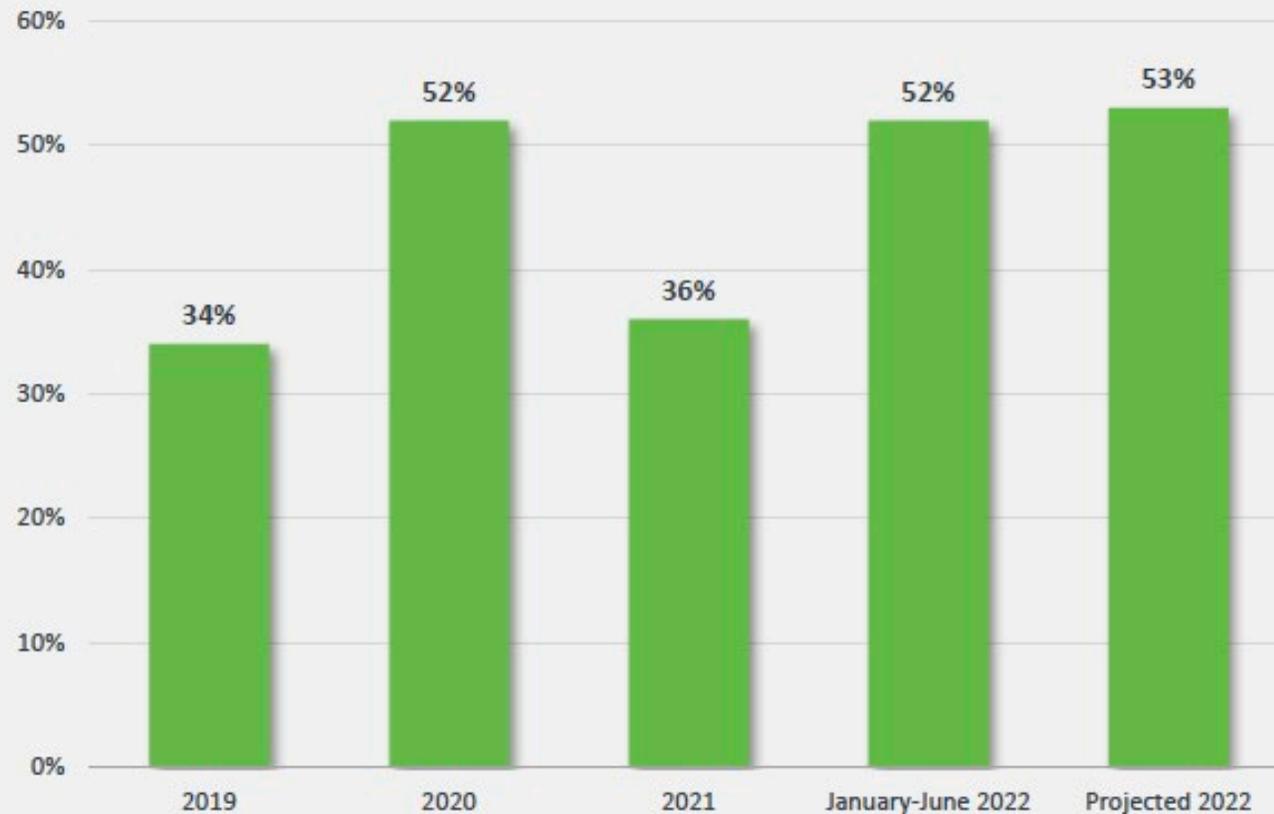


# Economic Stress on Health Systems

2022 Projected Expense Increases over 2021



Percent of Hospitals with Negative Margins Inclusive of All Stimulus Funds

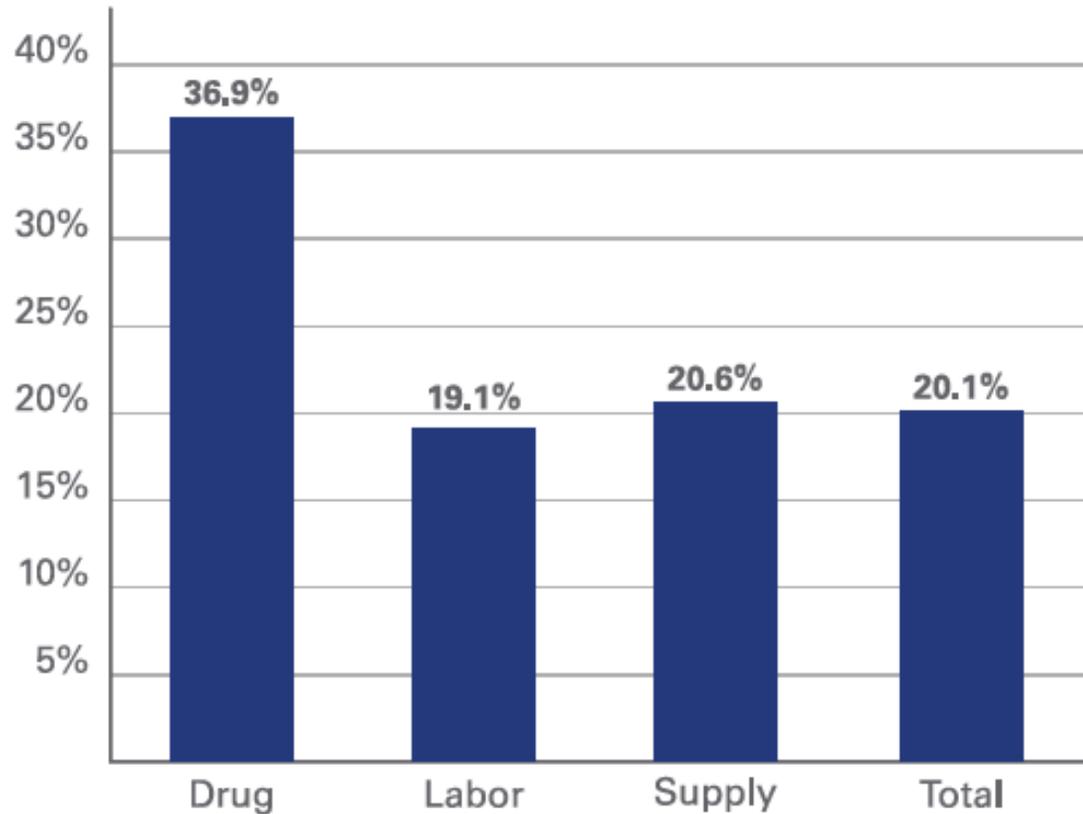


From Kaufmann, Hall & Associates 2022 Current State of Hospital Finances



# Increase in Hospital Operating Costs

**Figure #1: Increase in Hospital Expenses Per Patient from 2019 to 2021**



Source: January 2022 Kaufman Hall National Hospital Flash Report



The Financial Health of  
Colorado Hospitals



2022 – a perilous year for hospital finances.

We're just beginning to see the financial impacts of the pandemic. 2022 looks to be the worst financial year for hospitals since the start of the pandemic, and the next few years may be even more challenging.

### HOSPITAL MARGINS ARE DOWN

significantly compared to pre-pandemic

49% decrease in operating margin

0.2% statewide average total margin

### EXPENSES ARE UP significantly

10.3% increase in total expenses

17.4% workforce expenses

7.2% pharmaceutical and supply expenses

### PATIENTS ARE SICKER

13.9% increase from 2019 in length of stay, and hospitals see more higher acuity patients (e.g., COVID, RSV)

6.1% decrease since 2019 in discharges, and routine patient care is down

A majority of Colorado hospitals operate with unsustainable financial situations.

To fund needed future investments in infrastructure, equipment, and workforce, hospitals must have sufficient and sustainable margins – at least 2-4 percent of patient revenue, according to national standards.

	2017	2018	2019	2020	2021
Hospitals with Unsustainable Finances	52	51	48	61	54
% of Hospitals with Unsustainable Finances	58%	55%	51%	64%	56%



# ? Change in Colorado Medicaid Enrollment starting in 2023

## Colorado readies to review Medicaid eligibility of more than 560,000 people

Seth Klamann seth.klamann@gazette.com Mar 8, 2022 Updated Apr 14, 2022

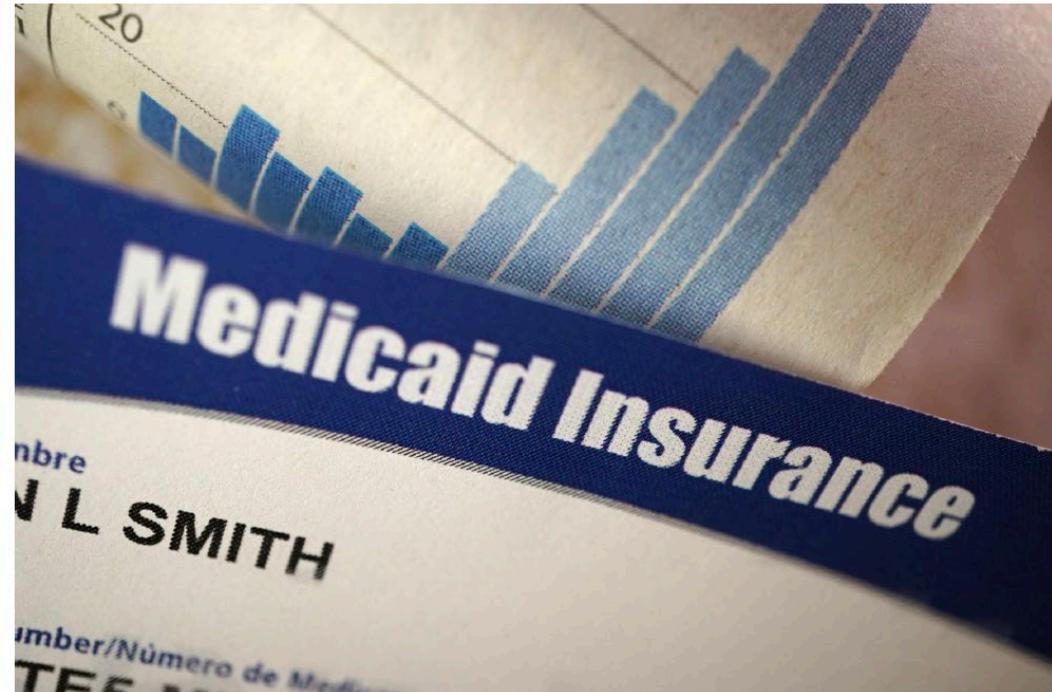


Figure 4

### Change in Number of Medicaid Enrollees from FY 2022 to FY 2023, by Enrollment Scenario

Scenario 1: Total enrollment declines by 5%



-5.3M

Scenario 2: Total enrollment declines by 13%



-14.2M

NOTE: FY refers to the federal fiscal year.

SOURCE: KFF estimates based on analysis of enrollment and spending data from the Preliminary CY 2019 Transformed Medicaid Statistical Information System (T-MSIS) inflated for pandemic enrollment growth and compared to a baseline model. See methods of KFF's "Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends" for more information • [PNG](#)

KFF



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# Clinical Landscape is changing



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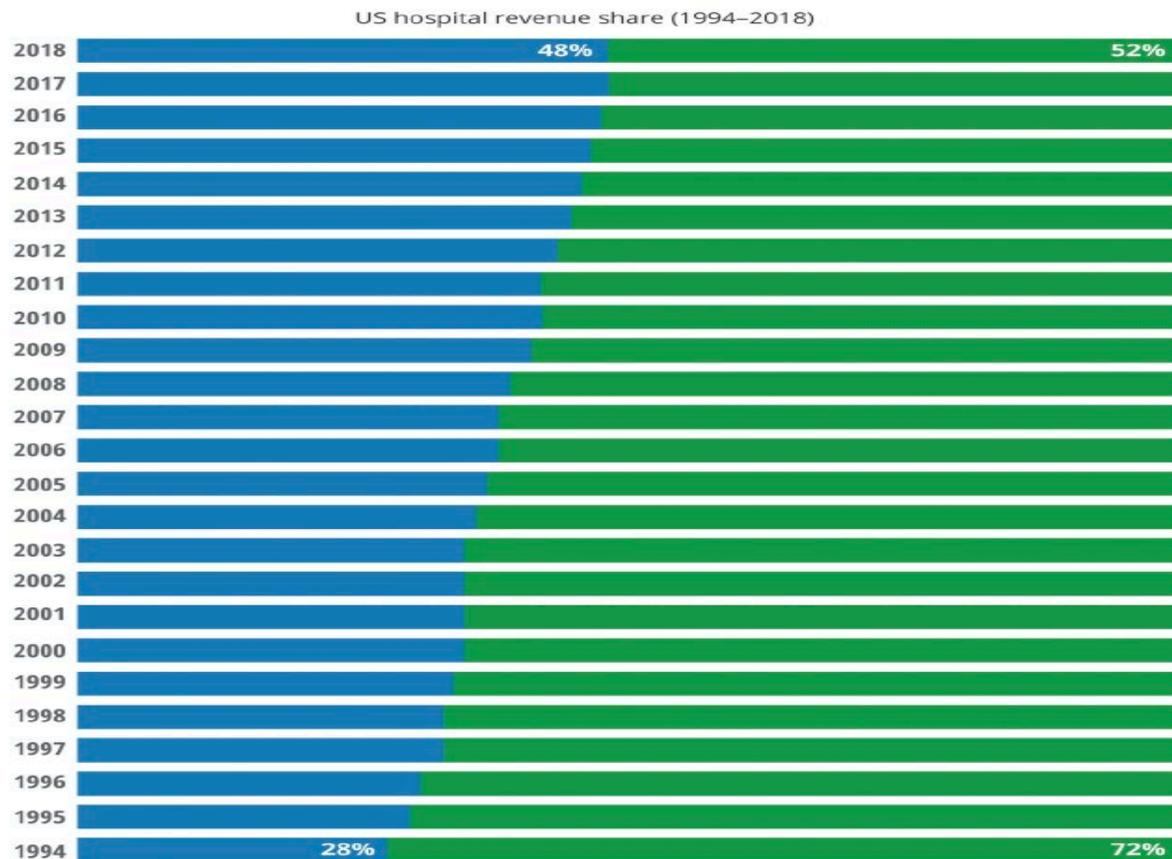
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# Shift in Inpatient/Outpatient Revenue Ratio

FIGURE 2

**Outpatient revenue is gaining on inpatient when it comes to share of total revenue**

■ Outpatient ■ Inpatient



Source: Deloitte analysis using data from AHA annual survey and Medicare Cost Reports (via IBM Truven Health Analytics).  
Deloitte Insights | [deloitte.com/insights](https://deloitte.com/insights)



# Digital Health/Remote Care will continue to grow

## Summary of Digital Health Trends from 2019 to 2022

01



**There has been an increase in the number of physicians that see a definite advantage in digital tools**

- There has been growth in those that see an advantage especially among those 51+ years old.
- Those that see no advantage are trending downwards and are concentrated in the Specialist and age 51+ segments.

02



**Adoption of digital tools has grown significantly among all physicians regardless of gender, specialty or age**

- Use of all seven tools has increased significantly.
- Improved clinical outcomes and work efficiency are key drivers.
- Coverage by standard malpractice insurance continues to be the most common requirement and data privacy concerns have increased.

03



**Adoption of remote care tools such as tele-visits and remote monitoring had the most movement**

- Use of tele-visits/virtual visits has nearly tripled since 2019 and remote monitoring for efficiency has nearly doubled.
- Providing remote care to patients has increased significantly as a motivator of adoption of digital tools.
- Reducing stress/burnout has also gained importance as a driver of digital tool adoption

04



**Growth in enthusiasm has largely been concentrated in tele-visits**

- Enthusiasm for virtual visits has increased significantly from 2019, while enthusiasm for most other digital solutions is largely stagnant
- Enthusiasm for consumer access to clinical data has shifted down since last wave

05



**Plans for adoption of most emerging technologies is high but current usage low**

- Nearly 1 in 5 are currently using augmented intelligence for practice efficiencies and 2 in 5 plan to adopt in the next year.
- Nearly 3 in 5 physicians believe technology can most help key areas such as chronic disease patients and preventative care

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Physicians' powerful ally in patient care



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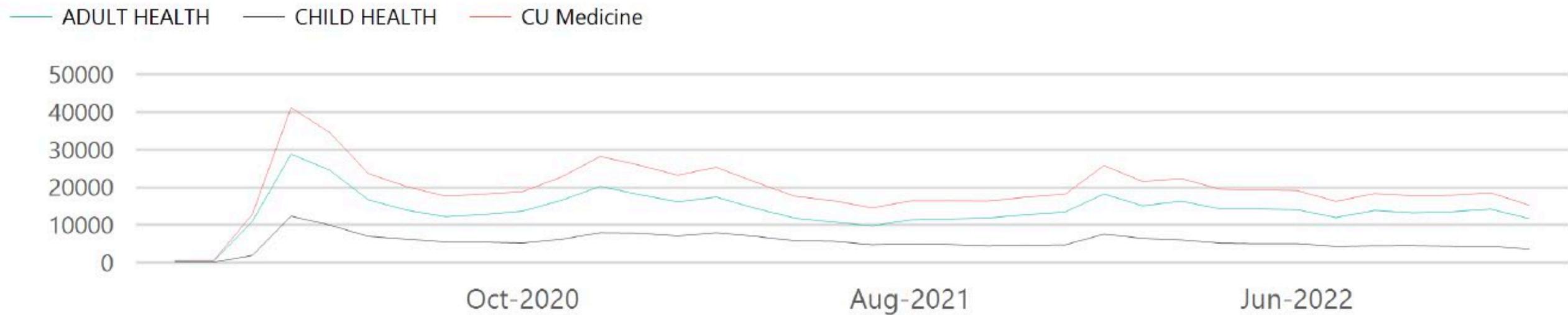
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# CU Medicine Telehealth Trends

Telehealth by Month



# We are no longer “the best kept secret in Colorado”

- The Anschutz Medical Campus is the only academic medical center in the state (and for several neighboring states).
- Our clinical partners have increased their market share(s) in the state.
- Frequently, we experience patient volumes that meet or exceed the capacity of the facilities on campus.
- Despite continued growth of our faculty, we still have undesirably long wait times for many of our specialty services.
- All of the above contribute to the challenge of “Access”.



# The Results of our Success

- The COVID pandemic, recent RSV/enterovirus prevalence and the 'catch up' for health care that was deferred or delayed have combined to create a prolonged period of extraordinary work demands that are not sustainable.
- This has magnified issues of burnout and dissatisfaction that existed pre-pandemic.
- We can't and won't solve the access issues if we don't solve the burnout issues.



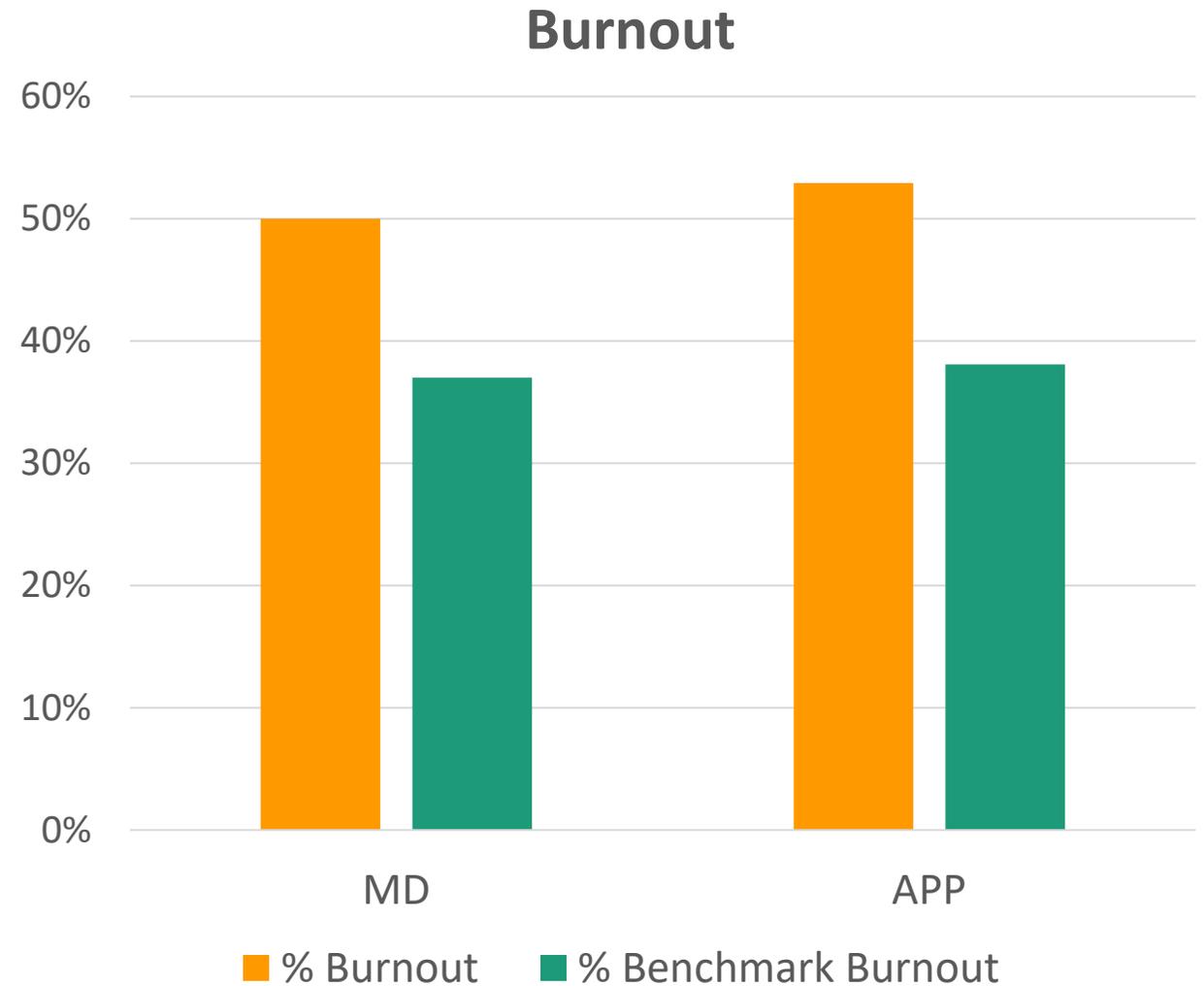
# SOM Faculty: Burnout

## World Health Organization

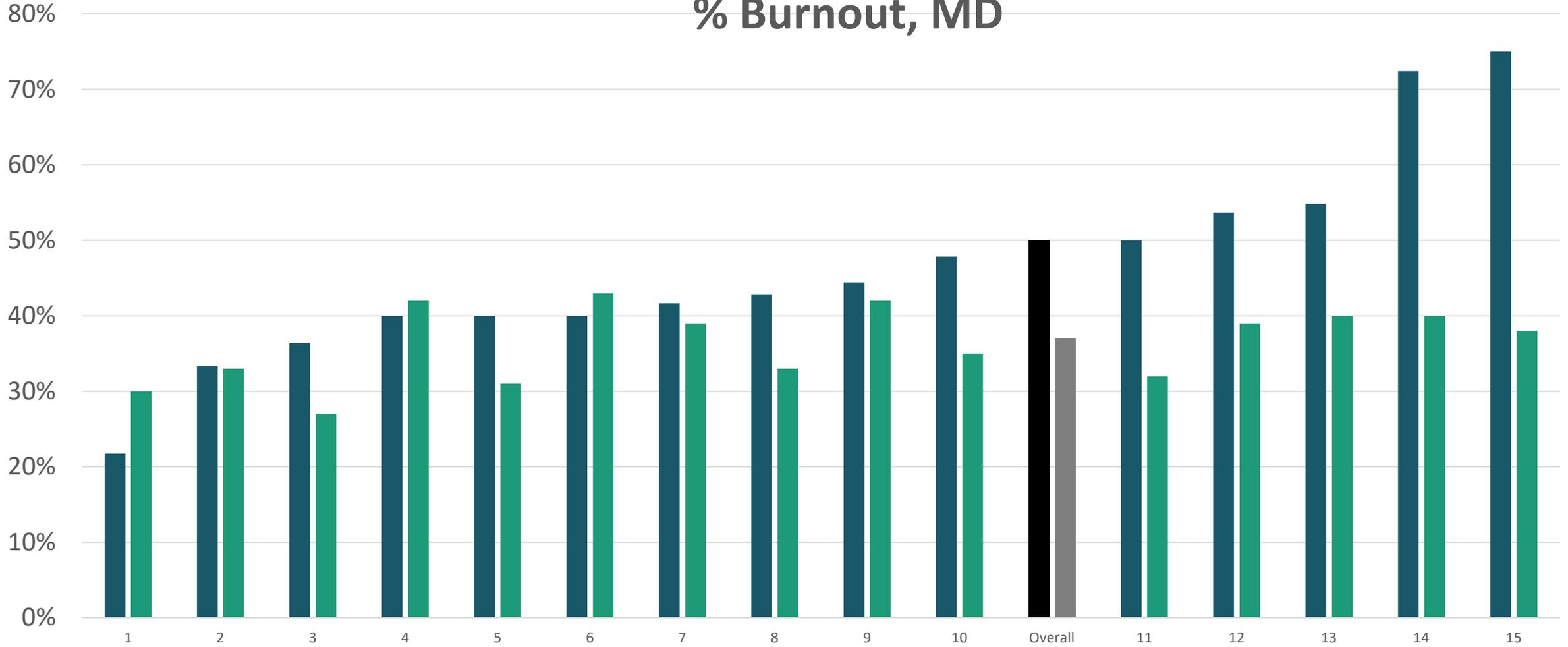
Burnout is an occupational phenomenon that results from chronic workplace stress.

- Emotional exhaustion
- Depersonalization / callous
- Low sense of professional accomplishment

<https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>



# % Burnout, MD



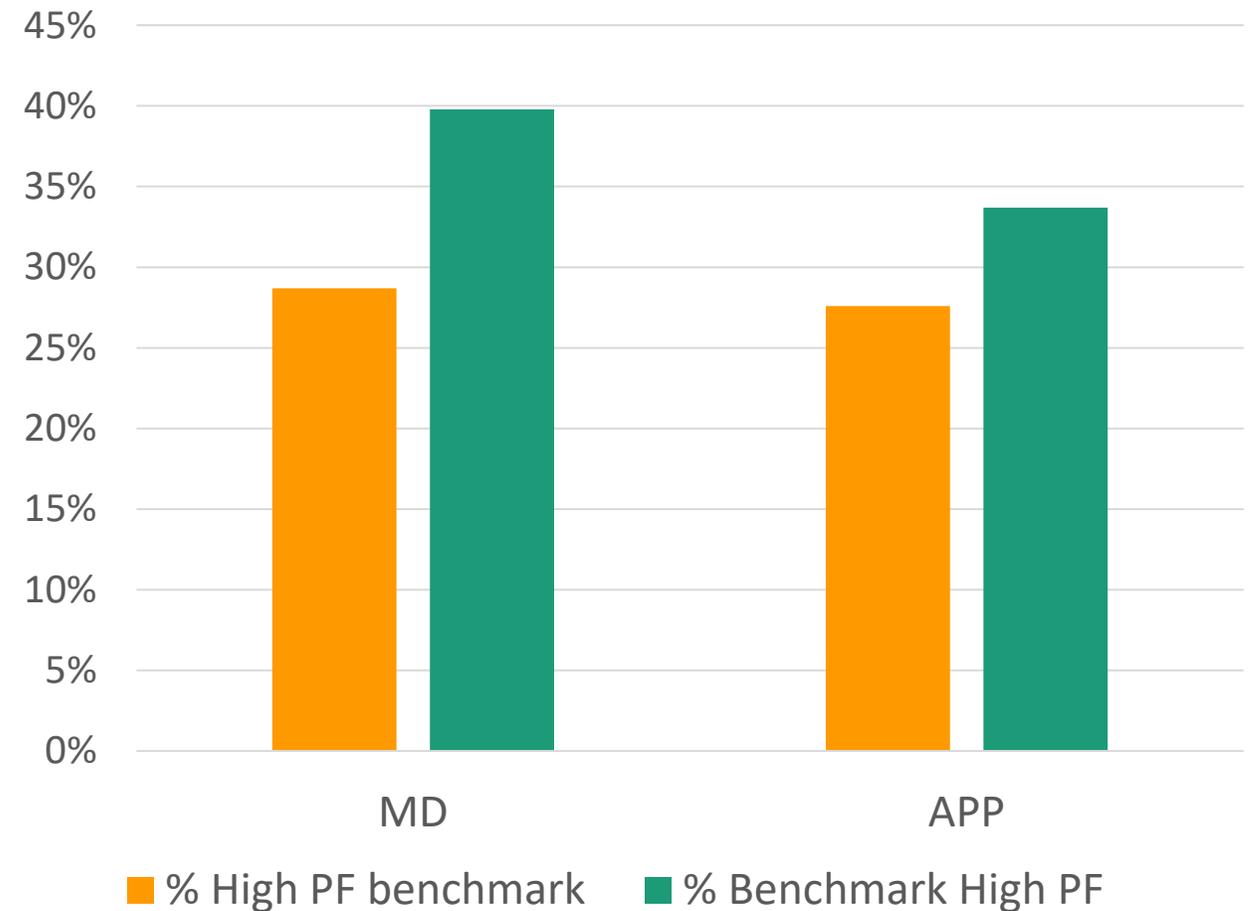
# SOM Faculty: Professional Fulfillment

## Professional Fulfillment Index

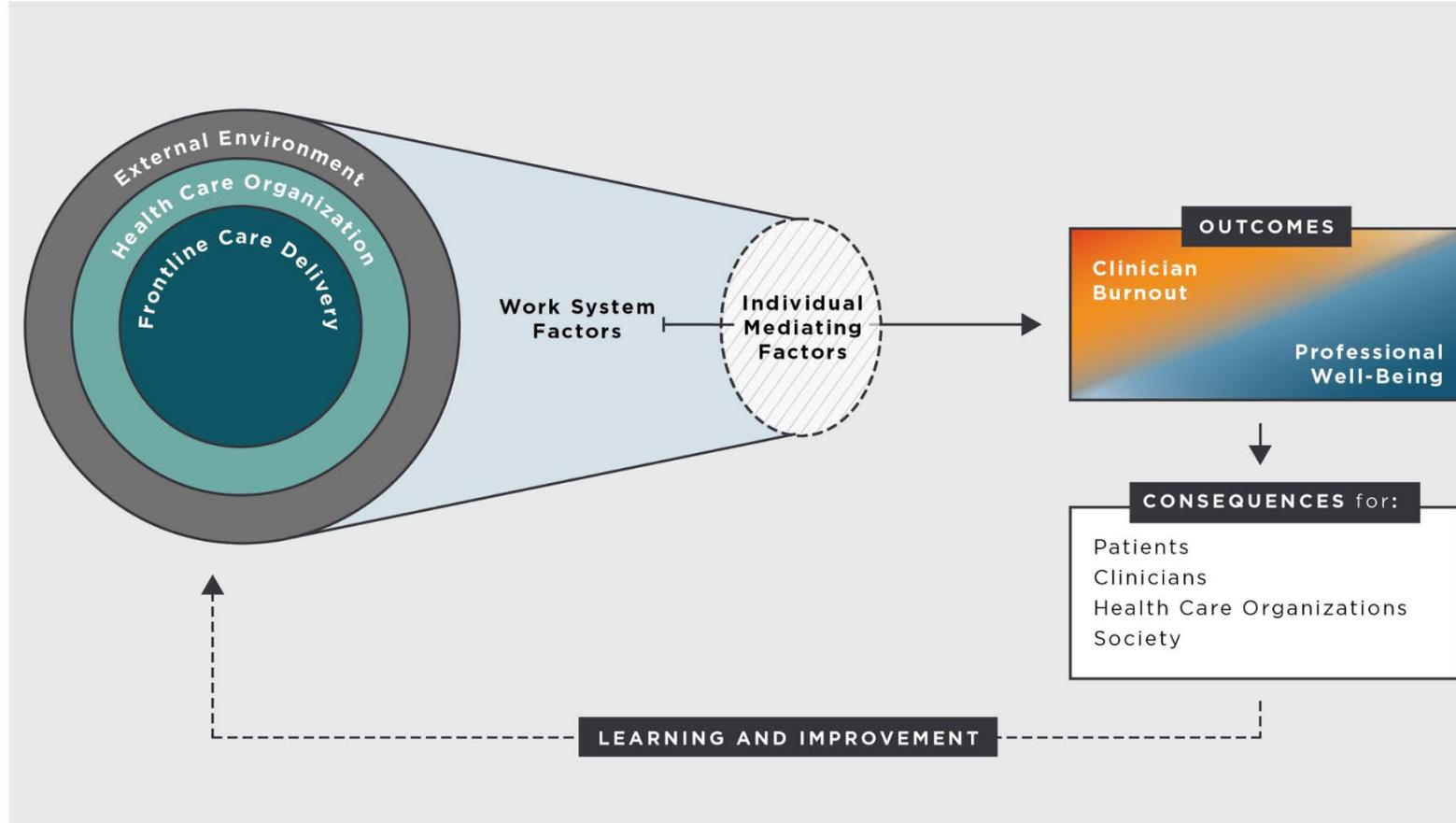
Degree of intrinsic positive derived from work, including

- Happiness
- Meaningfulness
- Contribution
- Self-worth
- Satisfaction
- Feeling in control when dealing with difficult problems at work

## High Professional Fulfillment



# A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING



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Learn more at [nam.edu/ClinicianWellBeingStudy](https://nam.edu/ClinicianWellBeingStudy)





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# CUThrives

*CU SOM THE DESTINATION FOR TOP DIVERSE TALENT TO DISCOVER, CARE, LEARN, & SERVE*

Elizabeth Harry, MD  
 Assistant Dean, Faculty Well-being, SOM  
 Senior Medical Director of Well-being  
 UHealth



Jenny Reese, MD  
 Assistant Dean, Faculty Well-being, SOM  
 Associate VC Faculty Well-being, DOP  
 Medical Director, Provider Well-being, CHCO



**Anesthesiology**

Richard Ing, MD  
 Allison Wines, NP  
 Lisa Dettmer, CRNA



**Dermatology**

Cheryl Armstrong, MD



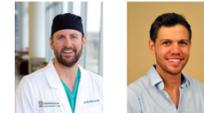
**Emergency Medicine**

Christina Yannetos, MD  
 Matthew Zuckerman, MD  
 David Braun, PA-C



**Family Medicine**

Jennifer Caragol, MD  
 Olive Muga, FNP-BC



**Orthopedics**

Nolan Wessell, MD  
 Dan Adams, PA-C



**Otolaryngology**

Anne Getz, MD  
 Robie Gray, PA-C



**Pathology**

Christina Arnold, MD



**PM&R**

Anne Stratton, MD



**Medicine**

Katherine Morrison, MD  
 Katie Dickerson, ANP



**Neurology**

Katy Alpigianis, PA



**Neurosurgery**

Daniel Craig, MD  
 Melissa Medical, PA-C



**OB/GYN**

Amy Markese, MD  
 Genevieve Hofmann, NP



**Ophthalmology**

Richard Davidson, MD



**Psychiatry**

Joseph Sakai, MD  
 Elizabeth Chamberlain, PhD  
 Emmaly Perks, Business Manager



**Radiation Oncology**

Christine Fisher, MD  
 Shelly Beckley



**Radiology**

Valeria Potigallo, MD  
 Alexa Leo, PA-C



**Surgery**

Lauren Steward, MD



# Quality and Safety

- Both of our principal clinical partners have large numbers of recently hired staff, many of whom are recent graduates.
- This, combined with high clinical volumes, highlights the imperative of creating high reliability environments to deliver outstanding care in a safe and efficient manner.
- Both have appointed new Q&S leadership over the past two years, drawn from our faculty in both child and adult health.
- We have asked that this be a focus for all of our department chairs.



- Dobbs Decision
  - Support upcoming state legislation increasing provider and patient protections.
- Upcoming decisions in UNC and Harvard cases concerning admissions policies



# Goals



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# Goals for 2023

- Focus on faculty well-being and engagement
  - Actions at the SOM level
  - Actions at Departmental levels
  - Actions in Divisions/Sections/Programs within and across departments
- Continue to focus on Quality and Safety with our clinical partners
- Improve patient access

All of these require productive working relationships with our partner systems



# Goals for 2023 (2)

- Lease, renovate clinic space for Aurora Wellness Community; set a start date for seeing patients.
- Prepare for LCME Reaccreditation
  - Bonnie Kaplan is leading our preparation



# Longer term goals

- With our partners, create and sustain high reliability programs of clinical excellence.
- Develop the personalized medicine program in a way that it has a meaningful and growing impact on patient care delivery.
- Move faculty research discoveries into clinical care
  - Gates Institute
  - Early phase clinical trials



# Conclusion

- While we have significant issues to address, we are in a better position than most of our peers across the country.
- The problems of clinical demand are the result of the outstanding care that our faculty provide and the resultant reputation for excellence of our care.
- We continue to attract and develop outstanding talent.
- We have excellent partners for student and resident/fellow education.
- UCHealth and CHCO are not immune to financial pressures but are in a good position to “weather the storm”.



# THANK YOU!



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