

WORK GROUP TO INVESTIGATE A MULTIDISCIPLINARY FACULTY PRACTICE AT MISSION BAY

The work group to investigate a multidisciplinary faculty practice at mission bay was charged with the following tasks:

- 1. Determine the desirability, and feasibility, of establishing a multidisciplinary faculty practice at Mission Bay.**

The work group agrees that presence at Mission Bay is desirable. Goals for such a practice include:

- Increase and enhance clinical practice opportunities for faculty
- Expand the patient base served by the School of Dentistry
- Revenue generation
- Expand to a new area
- Provide a UCSF resource to the growing population of the Mission Bay area
- Provide the opportunity for inter-professional care

The business plan and analysis below provides information on whether a Mission Bay practice is feasible.

- 2. To investigate possible sites where such a practice might be housed and to prepare a rough business plan, including startup costs, rental, running costs, etc.**

See attachments:

- Real Estate Survey
- Business Plan
- Start Up Cost Analysis
- Running Cost Analysis – including lease/rental costs

- 3. To investigate possible creative ways of appointing faculty who can do more than one day a week in the practice.**

The work group agrees that the providers should be financially incentivized and be able to allocate more than one day per week to the practice. However, it was difficult to reach a consensus on the issues of financial compensation and number of days in practice. There are no school wide administrative obstacles to achieve an incentivized compensation plan or increase the number of practice days. However, there are some perceived, implied, and cultural barriers that make this a difficult task. Below are the proposed workable models, which will require a paradigm shift in our view of a viable clinical enterprise:

- 1) **Model 1:** (Utilized by Department of Orthopaedic Surgery): Practice costs (including faculty base pay for time in clinic) would be subtracted from revenues and 50% of any profits would be split among providers as bonus pay based on their relative production levels. For example, four faculty members might work 2.5 days (50%) and generate \$375,000 each for a total of \$1,500,000. Our operating cost projection (including 2.0 FTE of faculty time – four at 50% each) is around \$1,250,000. This leaves a profit of \$250,000, 50% or \$125,000 of which would be split among providers (\$31,000 each). The other 50% goes to the department. While this bonus seems low at first glance, the model is set up to incentivize increases in both production and efficiency. Any cost savings would translate directly into increased profits and higher bonuses. Furthermore, the specific cost allocations and percentages could be reworked to create an appropriate bonus structure.
- 2) **Model 2:** (Utilized by the Department of OMFS): Once the provider's collection cover the difference between their base salary and X-prime (at 30% of their collection), they will receive 30% of their collection as a bonus. The provider does not pay for any additional taxes or expenses. This plan sets the overhead for each provider at a capped amount of 70%.
- 3) **Model 3:** (Utilized by the Medical Center for providers such as Hospitalists): The selected faculty member's primary responsibility is to provide clinical care. In this model, the faculty will contribute 50 hours per year toward teaching and/or service activities. The provider is not responsible for any overhead or will not be taxed by the Dean or any departments. A bonus structure will be desirable to ensure the productivity of the provider.
- 4) **Model 4:** An alternative staffing model for the Mission Bay practice would be to hire Staff Dentists or a combination of Staff Dentists and Faculty. However, this model works against the goal of increasing and enhancing clinical opportunities for faculty.

It is also proposed that the Mission Bay Practice should be administered only by the Dean's Office and not by any specific department. This proposal is an attempt to reduce the departmental inconsistencies in taxation, faculty compensation, and work rules.

4. To explore partnerships with the School of Medicine and/or the Medical Center.

One proposal for partnering with the School of Medicine and Medical Center is to use APEX as the electronic health record in this practice. This would allow patients to move seamlessly from the Medical Center to the Mission Bay practice without registering in two systems.

Via Mission Bay Dental Center we can collaborate with the UCSF Medical Center to expand our Concierge Program and other invaluable support services. This can offer patients and their families assistance during what can be extremely difficult and stressful period in their live.

Another suggestion was that partnerships with the Medical School and Medical Center are not dependent on a presence at Mission Bay. We already have clinical operations in close proximity

to a Medical Center hospital. And, both the Medical Center and Dental Center service offerings are more comprehensive at Parnassus.

5. Pre-requisites and assumptions:

- An initial financial support is required from the SOD and/or University to establish this practice
- Compensation plans need to be modified for the faculty participating in this practice
- One day clinical practice per week work rule will not be practical for this endeavor. Given that APM does not pose such a limitation on the faculty, we propose that each provider should have a multiple-day clinic presence each week.
- Faculty interested in participating in this practice must be involved in the final decision process. They must make the service to this patient population and practice a priority
- This practice is not intended to duplicate the level of access to care provided at the Parnassus campus and the Buchanan Dental Center.
- The School of Dentistry must have adequate specialist and generalist provider coverage (both at Parnassus and Mission Bay) to maintain a seamless, high-quality patient experience