

## **Associate Chief of General Internal Medicine, Director of Primary Care Services**

**Section of General Internal Medicine  
Department of Medicine  
Boston Medical Center  
Boston University School of Medicine  
Boston, MA**

### **The Opportunity**

Boston University and Boston Medical Center Section of General Internal Medicine announce an opportunity for an innovative leader to become the Associate Chief of GIM, Director of Primary Care. Serving a diverse, largely poor population within New England's largest safety net hospital, BMC primary care is among the busiest academic primary care practices in the country. This new position will report to the Chief of the Section of General Internal Medicine, and be responsible for leading strategic transformation of the Section's outpatient clinical programs. He or she will work with the active support of the Chief to redesign the Section's ambulatory primary care delivery system from a "transaction based" clinic to a population management model consistent with the requirements of a Primary Medical Home within an Accountable Care Organization. The Associate Chief will be primarily accountable for ensuring clinical excellence and operational effectiveness of this busy and highly regarded GIM practice. BMC is committed to moving to a Patient Centered Medical Home and to investing in Primary care as a central feature of the hospital's future. The dedication to serving a population with diverse social needs makes transforming primary care both interesting and challenging.

### **The Organization**

The Boston University Medical Center is home to the Boston University Schools of Medicine (BUSM), Dentistry and Public Health, along with the Boston Medical Center (BMC). BMC was created by the merger of Boston City Hospital, formerly a public hospital that served as an integral training site for house staff and medical students, and University Hospital, a private, tertiary institution and the primary teaching hospital for Boston University School of Medicine. Accordingly, BMC is both the primary inpatient facility for Boston's medically under-served population and a tertiary referral hospital with breadth and depth in all medical specialties, with world renowned clinicians and researchers, and state-of-the-art technology. The mission of BMC, and of every person who works there, is clear: provide consistently excellent and accessible health services to all in need of care regardless of status or ability to pay – exceptional care, without exception. About 70% of BMC patients come from under-served populations - including low income families, elders, people with disabilities, minorities and immigrants.

The Medical Service is the busiest service in the hospital in terms of inpatient admissions and outpatient visits. The Section of General Internal Medicine is the single busiest section in the Department of Medicine and one of the busiest nationally. In 2010-2011, GIM faculty performed 111,000 outpatient visits, and served as attending on 65% of all medicine inpatient blocks on non-subspecialty services. The Payor mix is about 30% each Medicaid/Mass Health, Medicare and Commercial, with about 10% of the patients uninsured.

## **The Department of Medicine**

The Department of Medicine is based at the Boston University School of Medicine and at two principal teaching hospitals: Boston Medical Center (BMC) and the Boston Veterans Administration Health Care System (BVAHCS). The integrated medical residency and fellowship programs take advantage of training facilities in both hospitals. Important affiliations with the Boston Neighborhood Health Center network (HealthNet) contribute importantly to the clinical and teaching activities of the department.

Dr. Coleman was appointed Chair of the Department of Medicine in 2006. The faculty of the Department of Medicine at Boston University School of Medicine is unified by an unflinching commitment to excellence, professionalism, service, and discovery. The success of the Department is dependent upon exceptional achievement in each of the core missions of research, clinical care, and education. The faculty is organized in a number of Sections, which include not only the usual medical subspecialties but also a number of special research sections.

The **Evans Medical Foundation** is organized and operated as a non-profit faculty practice plan for the Department of Medicine. Evans Medical Foundation's endowment supports the Department of Medicine's research and education endeavors, permitting the Department as a whole to thrive in a hospital whose population is vulnerable.

### **Section of General Internal Medicine**

In 2002, Dr. Jeffrey Samet was appointed Chief of the Section of General Internal Medicine at Boston University School of Medicine and Boston Medical Center. He is a Professor of Medicine at the Boston University School of Medicine and Professor of Community Health Sciences at Boston University School of Public Health. He is the Principal Investigator on several current NIAAA and NIDA-funded studies and a primary care physician.

With over 100 faculty members, the Section of General Internal Medicine continues to be highly productive in clinical, educational, and research realms. The past five years have witnessed extraordinary growth in all these areas. The section's clinical programs provide a full range of clinical services to an extraordinarily diverse patient population from within Boston as well as the greater New England region. The clinical services have a distinguished history of providing care to vulnerable patient populations as well as tertiary care.

### **Clinical Programs**

Guided by Peter Davidson, M.D., Associate Section Chief and Associate Professor of Medicine, clinical activities within the Section of General Internal Medicine have been active. In 2010-2011, ambulatory visits handled by GIM faculty exceeded 111,000 and GIM faculty were the Attendings on 65% of all medicine inpatient blocks on non-subspecialty services.

The primary care practice is located in the new Shapiro Ambulatory Care Center. The outpatient practice encompasses two floors of this building, divided into six practice suites. Each suite is guided by a team medical director and practice manager. An overall Nurse Manager and Administrative Director oversee the entire practice function with the Associate Chief of General Internal Medicine. One suite is distinguished as the Women's Health Group, which provides primary care and mental health services to address women's health comprehensively. The WHG is part of the multidisciplinary Breast Health Group,

which provides consultation to patients with breast problems, abnormal screening results, or increased cancer risk.

The Department of Medicine and the GIM section also maintain a satellite primary care practice at 930 Commonwealth Avenue (Commonwealth Medical Group) on the Boston University Main Campus. This practice sees over 6,000 patient visits per year and has over 2 FTE in primary care physicians. The site also houses a sleep lab, endoscopy suite, and additional specialty outpatient practices.

Pre-Procedure Clinic (PPC) and Co-Management & Consult Medicine Service is also based within the Section of General Internal Medicine.

The Section's Hospital Medicine Unit staffs 24/7 Hospitalist Service, ward blocks, and Medical Consult Service blocks. The Palliative Care Consult Service is now operationalized and provides care campus wide to all services in the hospital.

### **Educational Programs**

Several GIM faculty play leading roles in resident and student education. These positions include Associate Program Directors of the Residency Training Program, Assistant Dean of Medical Education, Medical Student Education and Robert Dawson Evans Educators.

Medical students receive extensive clinical exposure in the primary care clinics, with GIM faculty providing one-on-one precepting in 844 clinic sessions this past academic year. GIM faculty and fellows provide a substantial portion of the Department's teaching contribution to the "Introductory to Clinical Medicine" course offered to BUSM students. Thirteen GIM faculty members attend at the Department's traditional resident morning report and fourteen attend at the ambulatory morning report.

GIM faculty continues their medical education at the weekly General Internal Medicine Grand Rounds lecture series.

The General Internal Medicine Fellowship Program along with the Preventive Medicine Residency Program provides a collaborative two- or three-year fellowship experience with the Department of Family Medicine. These fellowship experiences include concentrations in women's health, substance abuse, healthcare disparities, cancer prevention, and informatics.

### **Research Programs**

The Section of GIM has five units, the largest of which is the Clinical Addictions and Research Unit with nine full-time clinician investigators that conduct local, national, and international substance abuse research. This unit is a national leader in clinical education for substance abuse, as evidenced by R25 awards from NIDA and NIAAA. A National Center of Excellence in Women's Health for seven years, the Women's Health Unit is a national leader in research, education, clinical care, and community outreach in women's health. The Healthcare Disparities Research Unit was established in 2008 with the mission of conducting high quality research to understand and alleviate inequities in health care, and to ensure the provision of exceptional health care without exception. It has three full time faculty and many affiliated faculty. It has received one large center grant from NIH-NHLBI, (Center for Insurance Reform Cardiovascular Outcomes and Disparities) as well as other RO1s from NIH to monitor and intervene to reduce disparities. The Medical Information Systems Unit has five faculty researchers and over 20 grants to develop and evaluate automated systems for monitoring, and counseling patients regarding their

health, and to facilitate the care that they receive from health providers. The Community Medicine Unit supports the development and management of community-focused clinical, educational, and research programs.

## **The Position: Associate Chief of General Internal Medicine, Director of Primary Care Services**

Reporting to the Chief of the Section of General Internal Medicine, the Associate Chief GIM will be responsible for leading transformation of the Section's outpatient clinical programs. In this role, the Associate Chief will simultaneously be a champion of innovative care redesign as well as the highly visible face of the Primary Care Medical Staff, accountable for overseeing six suites of practice staffed by 50 clinicians (23 FTEs), 96 Internal Medicine residents, and 82 non-clinical staff. The Associate Chief will have the opportunity to recruit new staff, as well as develop the current complement of dynamic and dedicated primary care providers. He or she will serve as the liaison between the practice, the Residency Training Program, and the Management Services Organization (MSO). He/she will maintain a modest sized primary care practice, with additional potential to pursue research in practice innovation and/or work with primary care practices across the institution.

In summary, the Associate Chief will have the following responsibilities:

### **Strategy and Practice Redesign:**

- Assuming responsibility for strategic planning and change management processes within the Primary Care Practices that will anticipate and respond to needs of Accountable Care Organizations or alternative payment systems of the future.
- Promoting the Primary Care Practice and Faculty in forwarding Health System improvements that serve the patients and the practice toward the goals above.

### **Clinical Excellence:**

- Designing robust metrics and ongoing processes for excellence in the areas of access to care, processes and quality of care, satisfaction of clinical staff, physicians and patients, the quality of the experience for trainees and opportunities for clinical research.
- Ensuring common standards of practice at all sites of primary care.
- Fostering a culture of patient safety, ongoing quality and process improvement in primary care.
- Recruiting and retaining high quality primary care providers (both MD and NP/Pas) who share a vision for clinical excellence and deep respect for struggles of patients from disadvantaged backgrounds.
- Maintaining and expanding unique primary care based specialty programs: Office-Based-Opioid-Treatment (buprenorphine), Women's Health, Refugee Health, patient navigator programs.

**Practice Team and Leadership Development:**

- Mentoring and advancing the professional growth and leadership capabilities of Team Medical Directors, Practice Managers
- Developing and implementing career development strategies for the clinician educators within GIM Primary Care
- Creating effective structures for practice management and the efficient management of operations of the practice, including team building amongst the Primary Care Leadership team and within clinical sites of practice.

**Clinical Operations and Fiscal Management:**

- Providing clinical leadership and accountability for performance of all ambulatory clinical programs in primary care including Commonwealth Medical Group Primary Care, Women's Health Group and the Shapiro Adult Primary Care Practice as well as recruiting, hiring, firing and managing primary care physicians.
- Managing the operations, staffing, resource utilization, access, patient flow, physician productivity and all other aspects of clinic operations and performance.
- Achieving productivity metrics in areas of access, efficiency, effectiveness, equity, safety, operations, billing compliance and revenue cycle.
- Working with clinical and administrative leaders in other clinical areas and BMC hospital leadership in order to effectively manage and improve care coordination and continuity across the spectrum of inpatient and outpatient care.
- Working collaboratively with the Vice Chair for Outpatient Medicine, Team Medical Directors, and Administrative Practice Managers to oversee and manage the budgets for clinical operations in order to optimize cost per visit and to stay within established budgets. The Administrative Practice Managers are principally accountable for BMC operational budgets.
- Maintaining open lines of communication and working collaboratively and effectively with BMC, Department of Medicine and the Faculty Practice Plan leadership so that costs and clinical operations are transparent and well integrated with Health System needs.

**Education and Training:**

- Collaborating with the department's leadership in residency and student education to ensure that the educational curriculum and supervision of trainees in the outpatient primary care practices meet the highest educational standards and are fully compliant with institutional and regulatory policies.

The Associate Chief's performance will be evaluated based on his/her contributions and achievements in the following areas:

- Progress on the evolution of the GIM practice to one consistent with the Patient Centered Medical Home
- Achieving and sustaining high levels of patient, staff, trainee, and faculty satisfaction
- Performance of the GIM practice based upon measures of care quality, safety, and effectiveness

- Achieving Pay for Performance metrics
- Achieving targets of productivity, efficiency/access, and cost
- Performance of the primary care practices in DOM regulatory reviews

### **The Candidate: Qualifications and Characteristics**

The right candidate will be board certified in Internal Medicine and have a track record of leadership in a primary care setting. He or she must have an appreciation of the challenges of an academic medical center, shown leadership in managing and improving quality, and, consistent with the national movement, guide the Primary Care program toward the Medical Home model of care and toward Accountable Care Organizations. He or she must be very effective and efficient at clinical operations. The Associate Chief must have an excellent sense for thriving in a complex organization.

He or she will ideally have worked in an urban environment that entails a culturally diverse work force and patient population. An important aspect of succeeding in this role is a demonstrated commitment to the mission of providing health care for underserved. The Associate Chief must guide new program development and implementation. As a resource/mentor to staff, he or she must be able to manage/lead other physicians to both quality outcomes and high productivity.

Personal characteristics of the right candidate include:

- Ability to articulate a compelling strategic vision for the department and the leadership ability to move an organization toward that goal
- Ability to motivate, guide and marshal the energies of highly committed and engaged professionals
- Skill at managing complex projects to completion
- Exceptional motivational and communication skills
- Ability to maintain a high level of transparency
- An energetic personality
- A positive, glass-half-full, can-do outlook
- Warm and engaging people skills
- Resourceful problem solving skills and creativity
- Ability to smoothly transition up and down from high level strategic issues to ground floor tactical ones
- Ability to thrive at all organizational levels in a fast-paced, sometimes hectic environment
- Ability to be an effective change agent
- Creativity in blending education and clinical care
- Expertise in preparing students for change in primary care delivery

### **Compensation**

A compensation package will be constructed commensurate with the background and experience of the selected candidate and includes a comprehensive benefits program. Most significant is the opportunity to assume a key leadership role in a healthy organization at the forefront of its profession.

**For More Information**

We appreciate and value all referrals. Interested parties should send resume and cover letter to [BMCACGIM1998@zurickdavis.com](mailto:BMCACGIM1998@zurickdavis.com). For additional questions, please contact **Ellen Mahoney** or **Myranne Janoff** at 781.938.1975. All contact with our office will remain confidential.

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