

IOM WORKSHOP

Cost Impact of Duty Hour Change

Lawrence M. Opas, MD
USC/LAC+USC Medical Center

March 4, 2008

LAC+USC MEDICAL CENTER (resident training site since 1919)

- ▶ 750 BEDS
- ▶ 39,000 ADMISSIONS/YEAR
- ▶ LEVEL 1 TRAUMA CENTER
- ▶ 1,000,000 OUTPATIENT VISITS
- ▶ 52 ACGME PROGRAMS
- ▶ 846 RESIDENTS PAID BY LAC+USC
- ▶ APPROXIMATELY \$1 BILLION BUDGET

PROCESS FOR SECURING FUNDS FOR DUTY HOUR COMPLIANCE

- ▶ Residents duty hour survey
- ▶ DIO workshop with Program Directors to review duty hour requirements and solutions.
- ▶ GMEC survey of Program Directors identifying areas of non-compliance and possible solutions:
 - § Creative scheduling (floats, shifts, home call)
 - § Change in scheduling for educational conferences and rounds
 - § Change in faculty schedules for cross-coverage
 - § Potential replacement personnel: clinical faculty, nurse practitioners, physician assistants, clerical assigned to residents, etc.

PROCESS FOR SECURING FUNDS FOR DUTY HOUR COMPLIANCE

- ▶ Proposal submitted to administration for additional resources after scheduling adjustments based on the number of residents on inpatient services at any given time x the reduction in duty hours per resident per week/40=FTEs needed.
- ▶ Example: 5 residents x (96-80 hours)/40=2FTE
- ▶ Requested budget: >\$4.7 million
- ▶ Appropriated: \$2,911,585.

FINAL FUNDING

LAC+USC MEDICAL CENTER

9 CLERICAL STAFF	\$ 313,092
8 NURSE PRACTITIONERS	901,008
1 OPTOMETRIST	59,878
1 SUPERV. RESIDENT (non-ACGME)	89,594
7 CLINICAL FACULTY	840,000
<u>FRINGE</u>	<u>708,013</u>
TOTAL	\$2,911,585

LOS ANGELES COUNTY DHS FUNDING

▶ **FOUR TEACHING HOSPITALS SPENT \$7,400,000.***

- § LAC+USC MEDICAL CENTER
- § HARBOR/UCLA MEDICAL CENTER
- § KING-DREW MEDICAL CENTER
- § OLIVE VIEW MEDICAL CENTER

* Oransky, I: Limits Imposed on Resident Work Hours, Lancet 2003; 362: 378-379.

HIDDEN COSTS-\$\$

- ▶ Information management system to monitor duty hours (\$75 per year per resident)
- ▶ Program and GME personnel time and effort to monitor duty hour compliance
- ▶ Faculty coverage for clinical care
- ▶ Shift of clerical and nursing time due to initial under funding

Hidden Costs-PRICELESS

- ▶ Missed educational experiences
- ▶ Diminished continuity of care
- ▶ Increased handoffs
- ▶ Resident concerns regarding professionalism
 - § My patient=my responsibility
- ▶ Faculty concerns regarding professionalism
 - § Shift mentality
 - § "I" first vs. patient first

LAC+USC
THE \$2.9M QUESTION

WHERE DID THE
FUNDING COME
FROM?

IT DID NOT COME FROM DGME OR IME REIMBURSEMENT

	FTE	TOTAL	PER RESIDENT/ PER YEAR
DGME	580.20	2,723,254	4,694.
IME	605.27	4,153,794	6,863.
TOTAL			<u>11,557</u>

LAC+USC BUDGET RESOURCES (approximately \$1 Billion annually)

▶ DME	0.2%
▶ IME	0.4%
▶ DSH	0.6%
▶ Medicare	3.0%
▶ STATE AND FEDERAL	70.8%
▶ COUNTY TAXES	25.0%

THE ANSWER:



- ▶ Fixed amount added to budget by DHS
- ▶ DHS appropriation responsibility: BOS
- ▶ BOS controls county tax expenditures so it is a matter of competing priorities



Sherriff/jails



Lifeguards



Parks and Recreation



Education



DIO

CONCERNS WITH FURTHER CHANGES IN DUTY HOURS

- ▶ SAFETY-NET SYSTEM FACING A MAJOR BUDGET DEFICIT
- ▶ COST/BENEFIT RATIO TO MAINTAIN RESIDENTS IN QUESTION
- ▶ LOSS OF RESIDENCY POSITIONS
- ▶ FUTURE SAFETY NET WORKFORCE
- ▶ SAFETY OF THE SAFETY-NET
- ▶ UNDERSERVING THE UNDERSERVED

