

JOURNAL

LEADERSHIP IN A TIME OF CHANGE

Improving quality and patient
experience and reducing costs





MESSAGE

from the Chancellor

Dear Readers,

UAMS has navigated through significant changes in the past year. As our health care system in Arkansas, as well as the United States, implements changes to more effectively meet the health needs of society, UAMS is adapting by seeking out innovative change.

We have strategically aligned UAMS Medical Center operations with the faculty practice in the College of Medicine to create a fully integrated clinical enterprise that improves patient experiences and the health of the state's population while decreasing the cost of care.

We have redesigned our approach to education so that our students in medicine, pharmacy, nursing, the allied health professions, and public health are learning with and from each other to better prepare them for the modern health care workforce, which includes a respect for all cultures and interprofessional practice.

We are paying attention to health literacy so we can communicate complicated medical information to patients and families in the plainest language to improve a patient's outcome. And we are listening carefully to these patients and their families so they can be a part of decisions being made about their health care.

With the coming together of the state Legislature and Gov. Asa Hutchinson to continue Medicaid expansion through his Arkansas Works program, more than 250,000 low-income Arkansans will continue to have health insurance. This has allowed UAMS to avoid deep budget cuts and continue its programs, including expanding its primary care and specialty services to help meet the needs of the population.

Other recent changes at UAMS include implementing an electronic health record system called Epic that gives us the tools to work on reducing waste and reducing medical errors to improve overall quality for patients.

Change often requires new leadership to make it happen and continue the trajectory. In this issue you will meet seven leaders — some new to UAMS and some simply new to their leadership positions — who have been tapped to influence this change and make sure UAMS remains on the forefront of meeting the health care needs of Arkansas well into the future.

We have the right people, ideas and strategies to accomplish these goals. We must stay the course.

Sincerely,

A handwritten signature in black ink that reads "Dan Rahn". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Dan Rahn, M.D.
Chancellor, University of Arkansas for Medical Sciences

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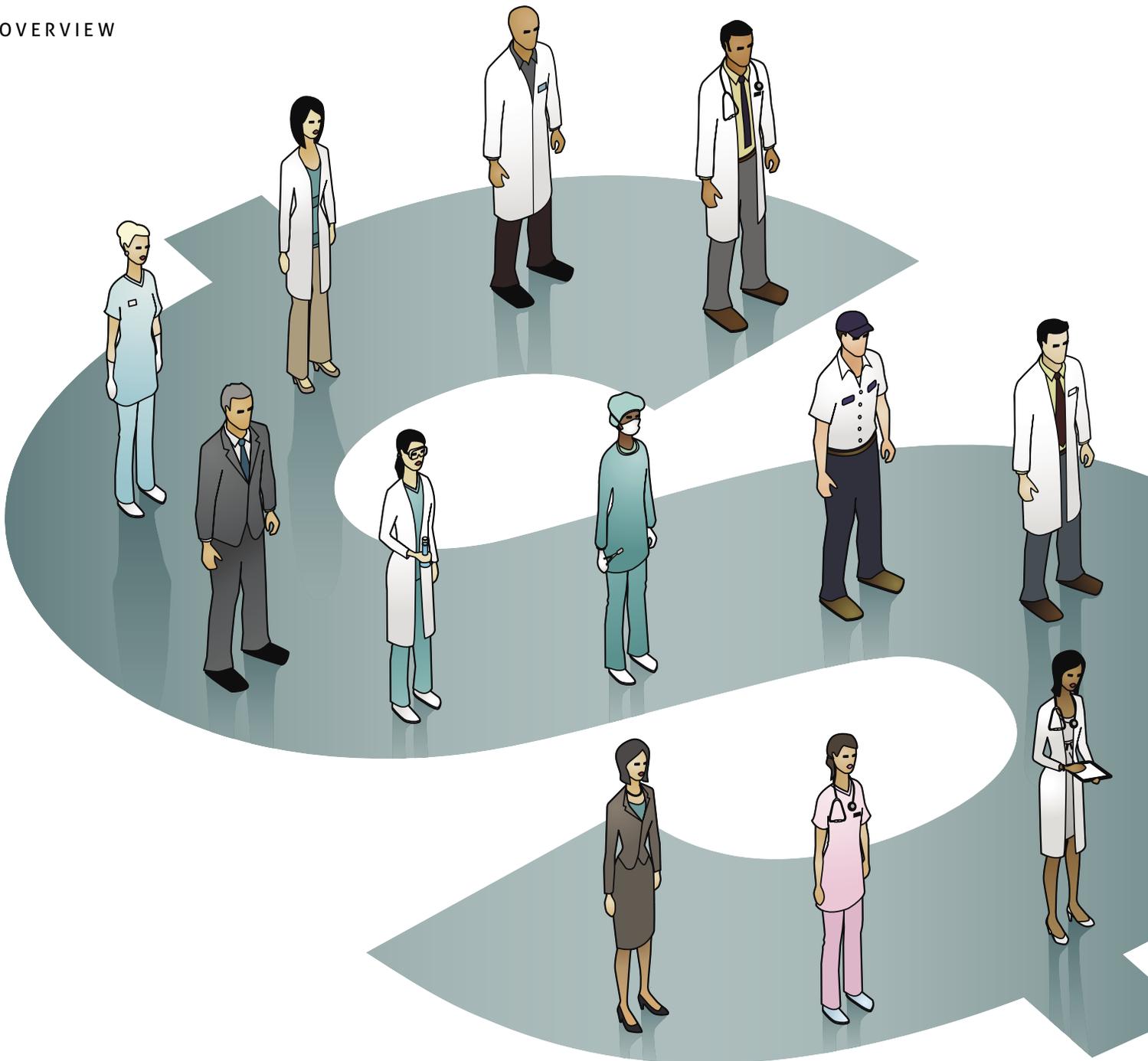
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THE CHALLENGE

Why Disruptive Change is Necessary

By Dan Rahn, M.D.

THE COST AND QUALITY of health care in the United States has been in upheaval for nearly a decade.

Uncontrolled growth in the cost of health care has put services out of reach for many people, intensifying the already uneven distribution of

the burden of illness on society's poor and less educated.

And the very health care system we participate in is failing to meet the health needs of society in fundamental ways through its complex nature and unacceptable variation in quality of care and cost.

In short, our health care system is in need of fundamental overhaul to achieve a triple aim of higher quality care, better patient experience and lower cost.

A healthier population is the infrastructure for everything good in life and society. Everyone in society benefits by having health care services available at the time and place of need. To proceed toward patient-centered affordable care, we must recognize the role that both health system factors and social determinants of health play in individual and population health.

Social determinants of health — the conditions in the places people live, learn, work and age — affect a range of health risks and outcomes.

They are affected by economic conditions, education, housing, neighborhoods, environmental conditions, culture, availability of healthy foods and access to health care, among other things.

As the state's only comprehensive academic health center, UAMS has an obligation to work toward meeting these challenges by embracing the complexity of all of the issues that impact health. This includes recognizing that biology and genetics play a large role in determining an individual's health risks, but so do economic status, educational level, political forces, geography, cultural norms, nutrition, race, ethnicity and behavioral choices.

We simply must tackle the array of internal operating issues within UAMS, the rapid changes in our external operating environment, and the evolving factors impacting population health. To do this we must transform and reengineer our organization to lead society toward a healthier future.

As a university, we are in the knowledge business with a long tradition of the concept of academic freedom. Yet, as an academic health center, we are in the health care business in which

producing the best outcomes for patients requires teamwork, interdependency and shared goals.

Historically, as academic health centers have expanded their clinical enterprises, the revenue growth allowed them to subsidize the cost of scientific research and cost of educating the next generation of health care professionals.

This is a time of disruptive, transformational change in every aspect of health care and the financial models of academic health centers.

But after decades of robust growth, that operating environment has changed. With the recession that began in 2007 and from which the United States has not fully recovered, state government has reduced funding for public higher education and the federal government has reduced funding for scientific research.

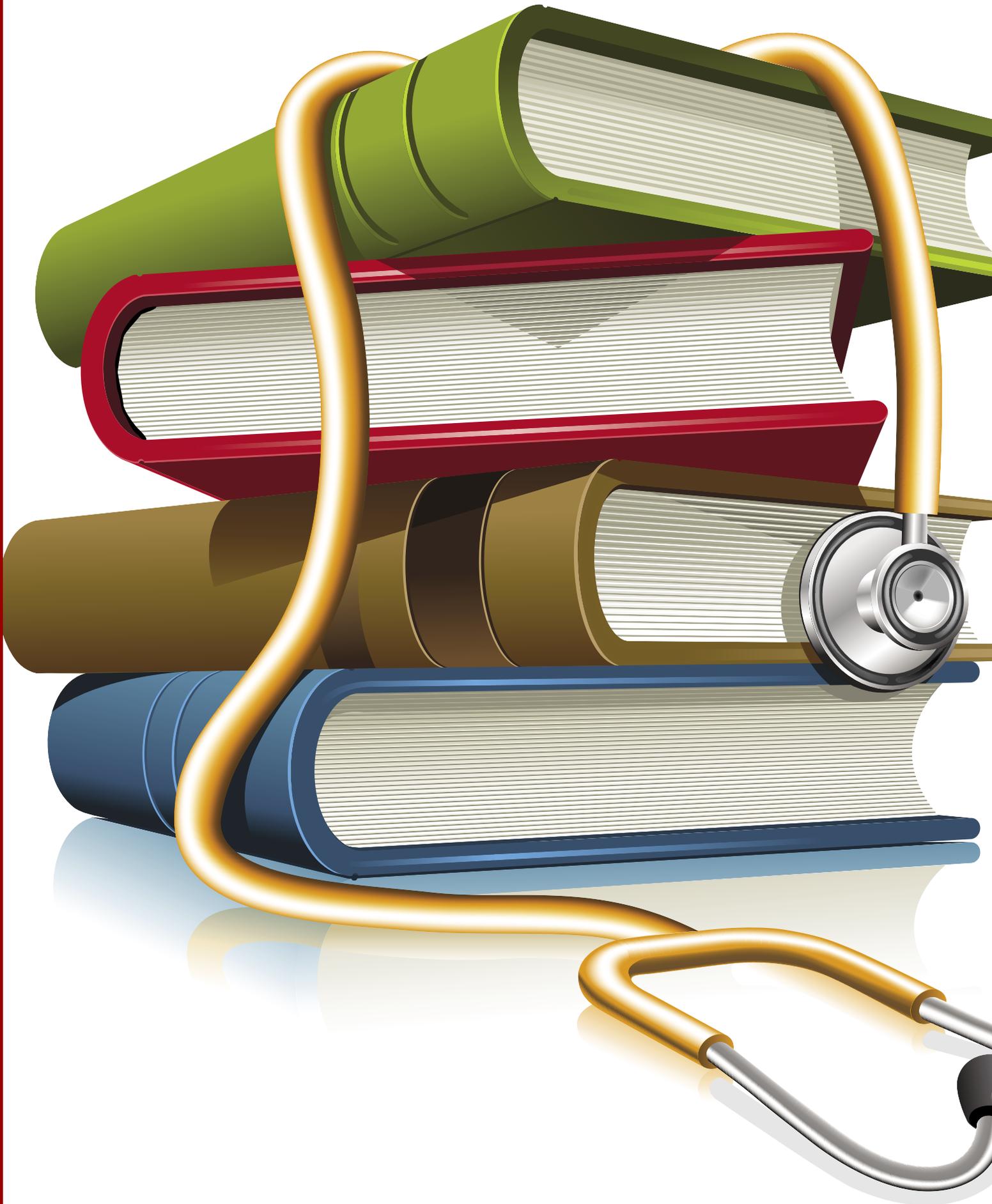
UAMS has not been immune from these trends. We have had to absorb reductions in our state appropriation and federal funding for both research and patient care.

That put pressure on the clinical enterprise to provide even more support for education and research at the same time that billions of dollars are being cut from Medicare. This is requiring the forging of new partnerships between health care organizations

This is a time of disruptive, transformational change in every aspect of health care and the financial models of academic health centers. At UAMS, it has allowed us to take bold steps in redesigning our clinical enterprise and our educational efforts. It has brought new leadership to the forefront to meet these challenges head on and ensure that UAMS emerges stronger to meet the health needs of Arkansans well into the future.

This optimistic outcome will not be possible, however, without partnerships and a broad recognition of the importance of a vibrant UAMS to the future of Arkansas. ●







The initiative makes it easier for all of us to pull in the same direction. No longer is a difficulty just the physician's problem or the hospital's problem; we share that responsibility together for the patient."

The Integrated Clinical Enterprise

By Ben Boulden

IN AN EFFORT to further enhance health care delivery, UAMS has become one of the first academic health centers in the nation to adopt a new system of care aimed at improving the patient experience while creating new efficiencies.

The Integrated Clinical Enterprise has changed the relationship between UAMS Medical Center and the faculty physicians in its College of Medicine, strategically aligning them in support of the triple aim of better patient care and improved patient experience, improving the health of populations and decreasing the cost of care.

The Institute for Healthcare Improvement developed the triple aim concept as an approach to improve health system performance.

As part of the new UAMS Integrated Clinical Enterprise, patient care has been reorganized into patient-centered service lines so everyone involved in the care of patients is part of a defined service line team.

"The initiative makes it easier for all of us to pull in the same direction,"

said Roxane Townsend, M.D., vice chancellor for Clinical Programs and UAMS Medical Center CEO. "No longer is a difficulty just the physician's problem or the hospital's problem; we share that responsibility together for the patient."

Julie Moretz, UAMS associate vice chancellor for patient- and family-centered care, said patient experience and quality of care go hand in hand. The service line concept means fewer bumps in care from the front desk to the clinic to billing.

"That means patients and families can expect the same level of service across different areas of care," she said.

The Integrated Clinical Enterprise departs from the traditional academic health center model in which patient care is organized in alignment with its academic departments. That system distributed responsibility for patient care to dozens of departments and divisions such as internal medicine, nephrology, surgery, neurology and orthopaedics.

As part of the Integrated Clinical Enterprise, 15 areas of care at UAMS have been reorganized into service lines that cross departments. They are: women's services, behavioral health, ➔



We're building a foundation
to make meaningful
discoveries."

primary care, cancer, multiple myeloma, neurosciences, surgical specialties, medical specialties, musculoskeletal, emergency medicine, imaging, pathology, interventional care, pharmacy, and therapeutics and nursing.

"UAMS has historically beaten the national average for overall patient satisfaction scores," Townsend said. "But, we want to continue to improve the patient experience and push those numbers higher. With these new service lines, UAMS will better coordinate patient care while better controlling costs and strengthening communications in all areas."

Although clinical care is shifting away from an academically aligned model to one that is more robustly patient-centered, educating health providers remains a central mission of UAMS.

As part of the Integrated Clinical Enterprise, 15 areas of care at UAMS have been reorganized into service lines that cross departments.

"Service lines enhance education at UAMS," said College of Medicine Dean Pope L. Moseley, M.D. "Students aren't just exposed to interdisciplinary and interprofessional concepts in the classroom. In this clinical environment, they work with individuals in multiple specialties and health care professions. Students learn how the whole team works together to provide the very best care."

Educating students of medicine, nursing, pharmacy and other health professions to work in teams is preparing them to work in the kind of team-based clinical care that is a part of the Integrated Clinical Enterprise. That means those team members are communicating with each

other and the patient instead of communicating through the patient. Together the care team can engage patients and families in preventive services, promote and reward healthy behaviors and support chronic disease management in ways that improve public health overall and reduce health care costs in the long term.

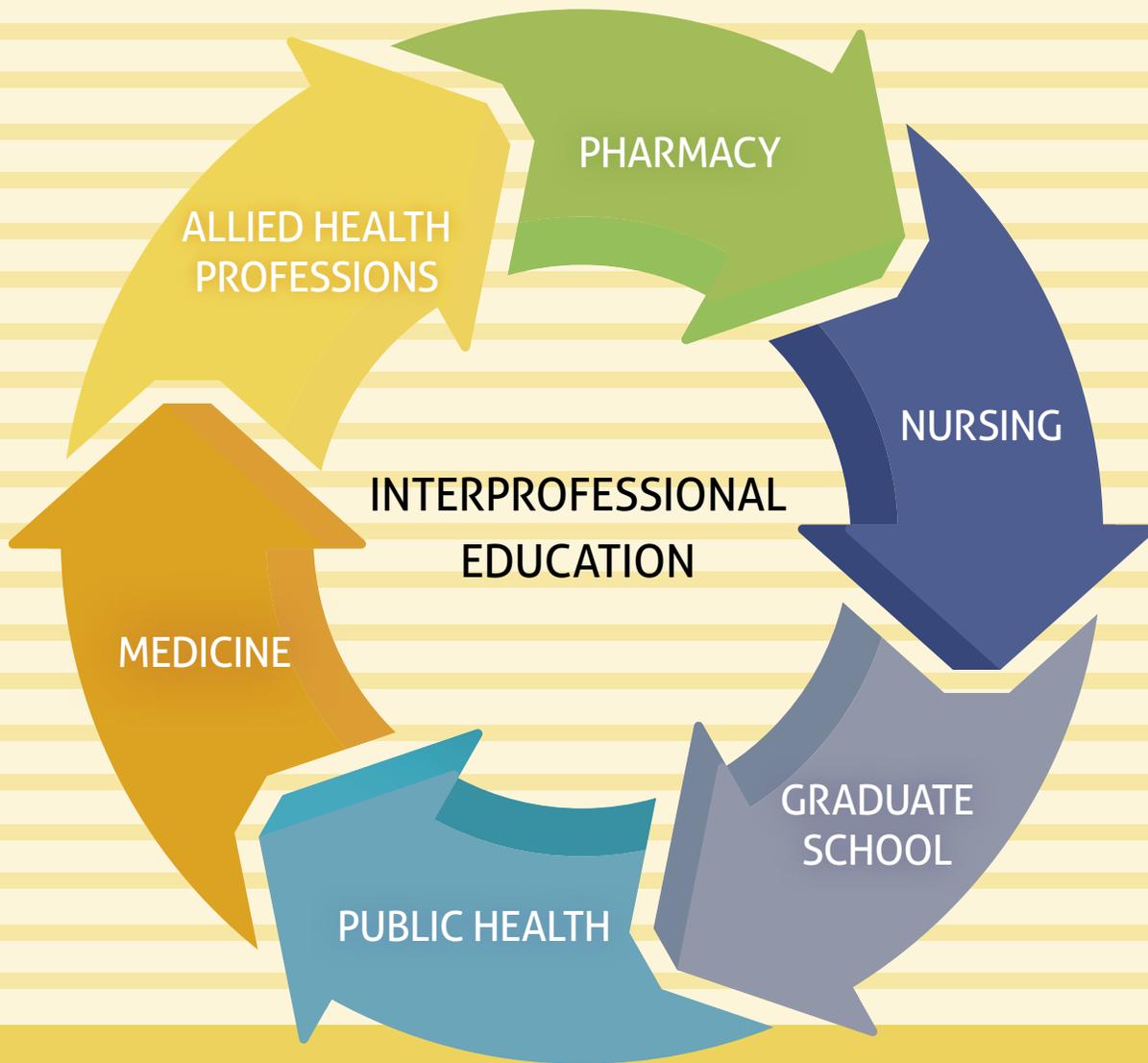
Moseley said College of Medicine department chairs and faculty recognize the importance educationally and financially of finding new efficiencies that support the educational mission. The chairs remain as the leaders of the faculty, evaluating performance and continuing to engage in all three parts of UAMS' mission: educating health professionals, scientific research and clinical care.

The university's senior leadership has been unanimous in its support for the new service line reorganization, making it easier to get the effort off the ground.

As Moseley joined UAMS in July while the change was getting underway, preparation and planning for the new service lines began with his predecessor, G. Richard Smith, M.D.

"The best example of this spirit of collaboration is the fact that Dean Smith and I truly took the door down between the College of Medicine and the hospital and we've started acting like a single unit," Townsend said.

Moseley said UAMS is among the first of academic health centers nationwide to organize along the service line model. In the next 10 years, he expects 50 percent or more will be. "It's the reason I took the job," he said. "It's an unusual opportunity to participate in a real transformation of an academic medical center. That's the attraction." ●



Education Redesign

By Jon Parham

SHORTLY AFTER CLASSES BEGAN at UAMS for the fall 2015 semester, more than 750 incoming students from every college received their first dose of interprofessional education.

Attending a workshop hosted by the UAMS Office of Interprofessional Education, the students participated in discussions and team-based activities. Students in medicine, nursing, pharmacy, public

health, the graduate school and the allied health professions worked together on activities covering the topics of cultural competency, health literacy, patient- and family-centered care and social determinants of health in Arkansas.

It's a sign of how UAMS is adjusting its academic programs for the changes in health care — preparing students for more team-based care and payments based on patient

outcomes. Completing a new interprofessional curriculum, with a framework of experiences stretching across the entire length of the student's degree program, is now a UAMS graduation requirement starting with these incoming students.

“Instead of working like consultants or independent contractors on the same project, these students will understand how to be fully integrated into a multi-disciplinary health ➔



Through the course of their education at UAMS, they now have a roadmap to competence in interprofessional concepts.”

care team where everyone is responsible for a patient’s outcome,” said Stephanie Gardner, Pharm.D., Ed.D., provost and chief academic officer. “As payment reform occurs we have to work this way and our students will graduate more prepared for the health care environment that awaits them.”

The initial workshop was phase one of a three-phase curriculum that connects interprofessional education to the Triple Aim approach to health care performance — improving the patient experience, improving the health of the population and decreasing the cost of care.

Integrating the Triple Aim philosophy into UAMS academic programs in many ways mirrors the reorganization of UAMS clinical programs into service lines. A service line provides an organizational structure that enables physicians and staff to work as a team, in partnership with patients and families, to provide quality care in an efficient manner.

“Our students are going to be graduating into a different health care environment than in the past,” Gardner said. “The increased focus on

interprofessional education aligns with the Triple Aim by giving our students a framework for how to function as team, delivering care efficiently and effectively.”

More team-based instruction is occurring across UAMS colleges. Concepts such as the “flipped classroom” and “active learning” are de-emphasizing the traditional lecture class and moving toward class time being for work by student teams.

The students must still learn the information, Gardner said, but that can be accomplished away from the classroom through reading, online education or videos streamed to computers, tablets or phones. When students are in class, the focus is shifting to more active practice of learned concepts, guided by faculty members serving more as facilitators than lecturers.

Interprofessional education extends team learning across professions, cognizant to the realities of the modern health care environment.

Students can learn to be highly competent in their profession but now they must understand how interdisciplinary teams can deliver care that produces the

best outcomes most efficiently and factors in population health.

The interprofessional curriculum, created around the Triple Aim, will first expose students to the processes and benefits of patient-centered care delivered by interdisciplinary teams. As students continue to learn, they will participate in more activities that promote stronger collaboration — including team projects, presentations and clinical simulation exercises.

“The exposure workshop allowed these new UAMS students to learn from, about and with one another so that they model a culture of collaboration very early in their education,” said Gardner.

“Through the course of their education at UAMS, they now have a roadmap to competence in interprofessional concepts,” she said.

While learning how to work better together, the students also will learn about interprofessional methods for improving a patient’s outcome: patient- and family-centered care, the value of diversity, health economics and health literacy.

Health literacy — communicating complicated medical information to patients



Most academic health centers across the nation now have an interprofessional education requirement for students."

and families in the plainest language to improve a patient's outcome — is now an element of the new interprofessional framework. UAMS has been promoting health literacy education, research and best practices since 2011, and opened a Center for Health Literacy in 2014. The center offers programs for graduate students to learn how to assess written health materials and edit to reduce the misunderstanding by patients.

“Health literacy is relevant for all health professionals, so completing projects at the center helps students prepare to be better communicators with patients, regardless of their area of study,” said Kristie Hadden, Ph.D., director of the Center for Health Literacy.

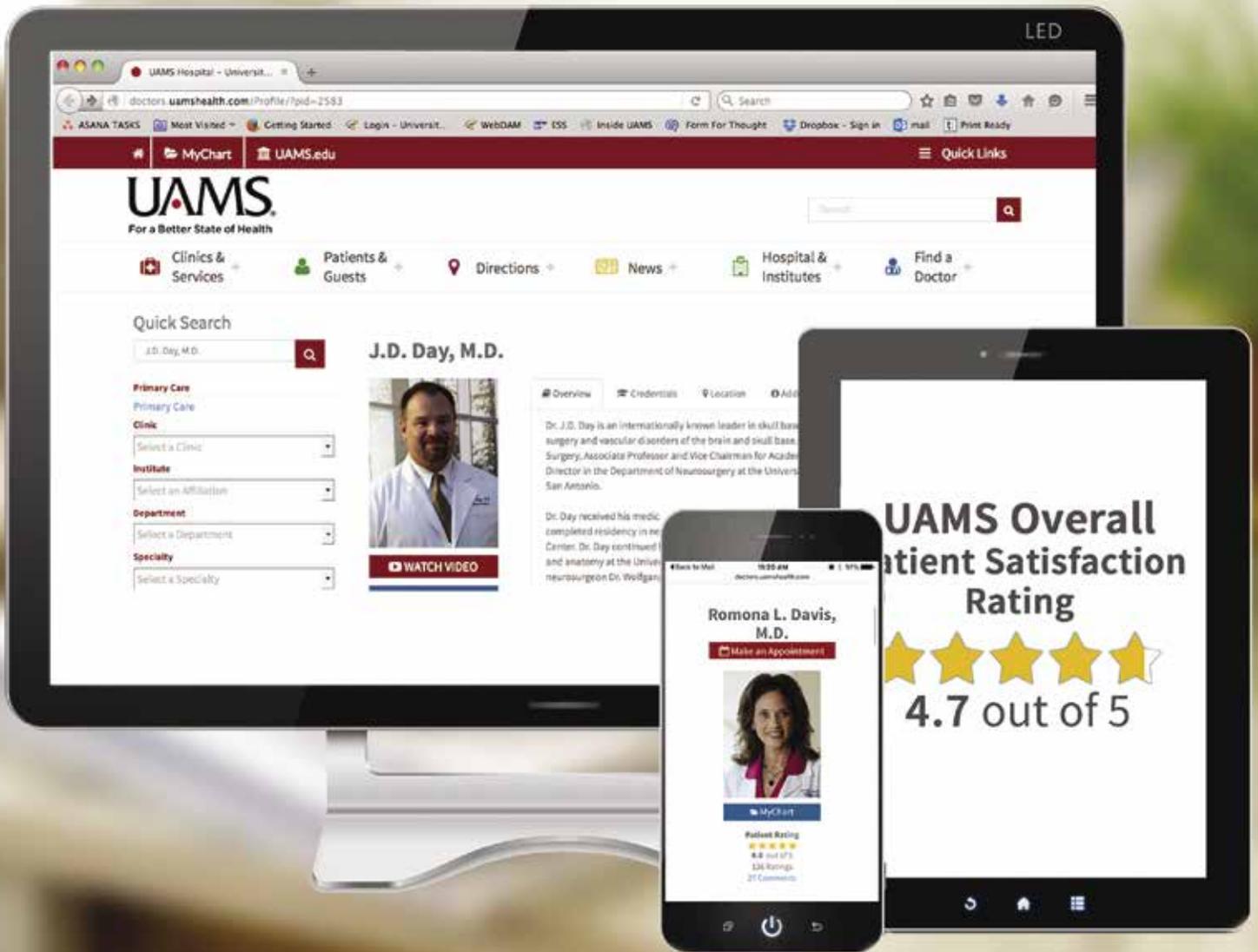
Organizing the offices of Interprofessional Education and Health Literacy in the UAMS Division of Academic Affairs ensures they are a resource for all UAMS programs. It

also sends a message, Gardner said, that this curriculum and these philosophies are critically important for the university.

“Most academic health centers across the nation now have an interprofessional education requirement for students,” Gardner said. “I think this framework and the model for implementing it across the student’s academic experience is unique and is proving effective.” ●

Lanita White, Pharm.D., director of the UAMS 12th Street Health & Wellness Center, speaks to students from several UAMS colleges as part of their interprofessional education.





Physician Ratings / Transparency

By Ben Boulden

UAMS IS COMMITTED TO TRANSPARENCY when it comes to giving patients the information they need to select the physician who is right for them.

To that end, UAMS last year became the first medical center in Arkansas and among the first in the nation to implement a star rating system for UAMS physicians that displays patient ratings and

comments about its physicians on its website.

The ratings by patients are shown using a star rating system from one to five stars, with five being the best. About 190 physicians are listed at doctors.uamshealth.com, with the ratings displayed on each physician's profile webpage. The ratings and comments are drawn from patient surveys, and as more surveys are received, the number of rated



UAMS is focused on providing an exceptional experience in every aspect of care.”

physicians will increase.

“UAMS, its physicians and our Medical Center have created this rating system to be more transparent, to enhance relationships with patients, to provide better care and give patients information they can use in making decisions about their health care,” said UAMS Chancellor Dan Rahn, M.D. “The university has been doing patient surveys for years, but we now are making this information accessible to the public.”

To have a rating posted, a physician must have a minimum of 30 completed surveys. The results are based entirely from patients who have actually been treated by the physician.

Although physician ratings have been available online from other websites unaffiliated with a health care provider, they sometimes have comments from only one or two people and those people aren’t even verified as patients.

“We are interested in making sure we have a more balanced, fair and representative evaluation system before it is released to the public,” said Christopher Westfall, M.D., professor and chairman of the UAMS Department of Ophthalmology, who helped lead the effort to create the new ratings system. “That is why, before we publish patient satisfaction ratings, we require that there be at least 30.”

Patients are asked to complete the survey and provide comments regarding specific aspects of their care experience. UAMS uses this feedback to improve and enhance the care it offers.

As part of its commitment to transparency, UAMS will post all relevant feedback — both positive and negative. However, it will not post comments that are libelous, profane, or those that risk the privacy of patients. Every provider rating is

published regardless of the nature of the comment.

“UAMS is focused on providing an exceptional experience in every aspect of care,” said Roxane Townsend, M.D., UAMS Medical Center CEO. “To ensure we are holding ourselves to the highest standards, we are partnered with National Research Corporation (NRC) — a leading independent patient satisfaction company. We measure all aspects of patient satisfaction, and all ratings are submitted by verified actual patients.”

The surveys ask patients to evaluate how well their physician communicated, listened, and showed courtesy and respect toward them. Results are used to evaluate patients’ overall perception of care and to identify areas for improvement. Patient names are not displayed through the online ratings and commentary reviews. Every effort is made to remove personally identifiable information prior to display.

“The key driver in this initiative is what is best for our patients and their families,” Westfall said. “Transparency and improved patient satisfaction are our goals. We want the public, particularly those going online to find a doctor, to know how other patients view their experience with our physicians. Transparency regarding performance also will motivate all of us at UAMS to become better at what we do.”

“When one of our physicians received a less than glowing comment,” Westfall said. “He admirably responded, ‘I am going to learn from this and learn how to become better.’ That is the the approach we hope to see.

“We believe we have superb physicians and we want the world to know. We believe this so strongly that we are willing to stake our reputation on it.” ●

ADAPTING TO CHANGES IN HEALTH CARE

Primary Care, Patient- and Family-Centered Care, Regional Centers, Patient-Centered Medical Homes

By Ben Boulden



Primary care doctor, Tobias "Toby" Vancil, M.D., meets with a patient and family member as a medical student looks on.

WHILE THE HEALTH CARE SECTOR nationwide is in the early stages of fundamental, economic change, UAMS already is adapting to that change.

It is leading by example with an expansion of primary care, an emphasis on patient- and family-centered care, a more integrated partnership

between UAMS' main campus in Little Rock and its regional centers across Arkansas, and the move to model of care called patient-centered medical homes.

"All these changes are related," said Richard Turnage, M.D., UAMS College of Medicine executive associate dean for clinical services.

“These are the themes of health care change: Excellence, teamwork, working toward a common goal and leadership. Everyone has to be involved in performance improvement.”

PRIMARY CARE EXPANSION

Primary care is increasingly at the center of new efforts to better manage chronic conditions and head off health problems before they become critical.

Assisting this effort are new financial incentives from the federal government and private insurers compensating health care providers to encourage more effective preventive and team-based care.

“We’re moving toward getting paid for better health outcomes rather than for services and procedures performed for patients,” said Charles Smith, M.D., director of the UAMS primary care service line. “It’s the old volume of services versus the new emphasis on the value and quality of health care and the important outcomes for patients.”

Along with 14 other areas of care at UAMS, primary care recently was organized into its own service line to improve care while finding new efficiencies. Called the Integrated Clinical Enterprise, the effort brings together everyone involved in a patient’s care in a particular area →



NEW UAMS Orthopaedics Clinic



UAMS also expanded access to its orthopaedics services in 2015 by opening a **UAMS Orthopaedics Clinic** in west Little Rock led by C. Lowry Barnes, M.D., one of the region's foremost joint replacement experts.

The new location at 2 West Shackleford provides easy access for those with orthopaedic injuries. The clinic is open five days a week and allows patients to drive right up to the front door. UAMS also continues to see orthopaedic patients at its main campus.

such as primary care, cancer, mental health or labor and delivery.

Communication is improved along with understanding about each person's role. It replaces the older, traditional model in an academic health center in which a patient moves from department to department.

To reach patients in the timely manner that makes preventive care possible and to engage them in other initiatives, UAMS has to be closer to them physically and more accessible.

That's one reason it has established UAMS Neighborhood Clinics at Rahling Road in Little Rock and in Maumelle. A third is planned to open soon near the Capitol Mall in downtown Little Rock.

All of these clinics operate from the patient-centered medical home model that emphasizes



UAMS is focused on providing an exceptional experience in every aspect of care."

team-based care, along with improved access to appointments and easier communication with the providers and the clinic staff.

Smith said UAMS also is making even more use of telephone contacts, computer outreach, electronic health records and care management nurses to open communication between provider and patient. UAMS' MyChart system enables patients to email their physicians or a nurse to ask a question and to better determine if an office visit is necessary.

"A substantial part of my communication with patients is going on through the online portal," Smith said. "You're not going to have a thriving practice without it in the future. It's silly to go to a doctor's office just to get a question answered."

REGIONAL PROGRAMS

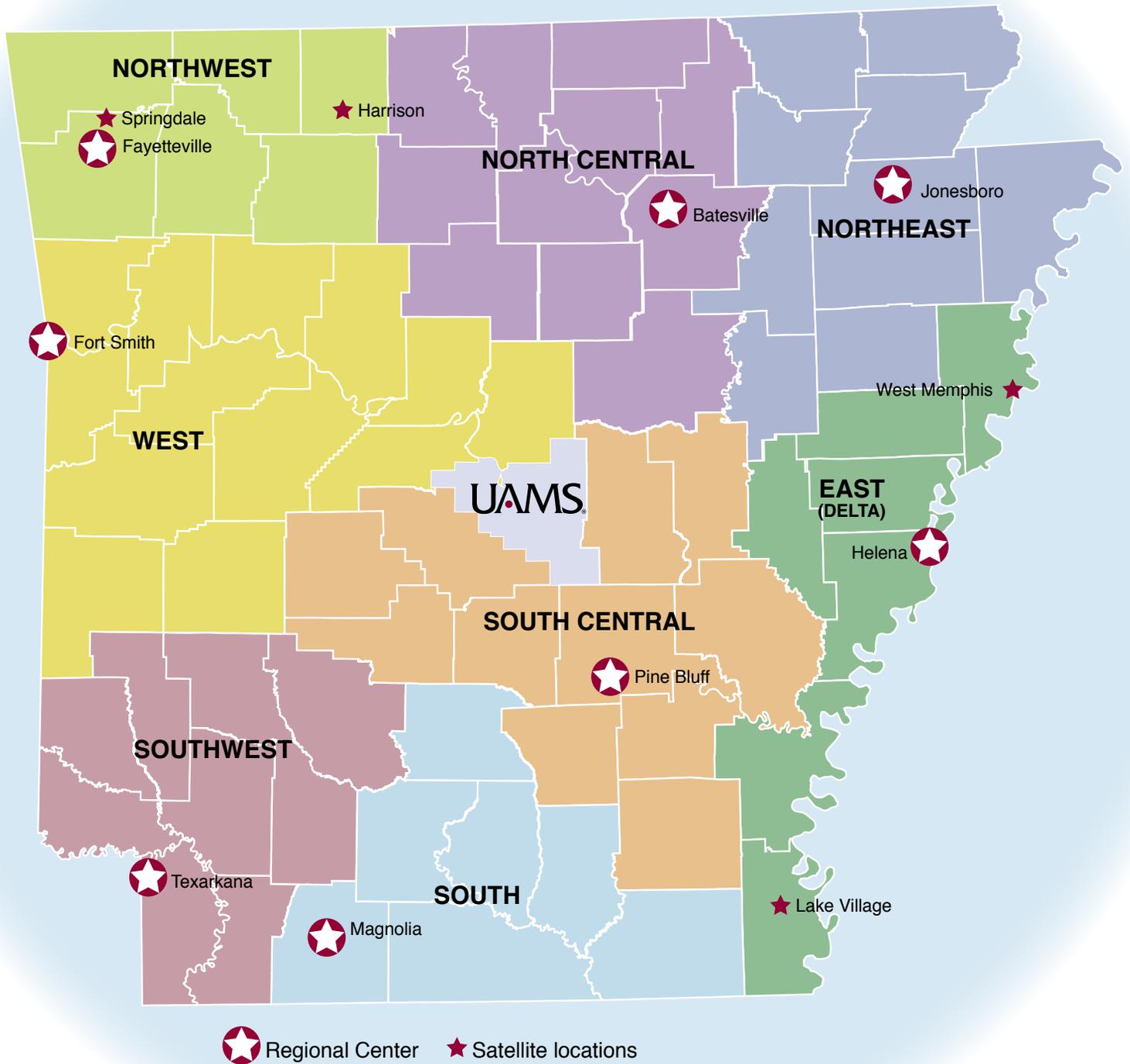
Not only does UAMS provide high-quality medical care at its main campus and Neighborhood Clinics, Arkansans throughout the state can find care at family medical centers located at UAMS regional centers.

These UAMS family medical centers are helping meet the challenge presented by a largely rural population. They are located in Fayetteville, Fort Smith, Jonesboro, Magnolia, Pine Bluff, Springdale and Texarkana. Each has earned the highest level patient-centered medical home recognition from the National Committee for Quality Assurance (NCQA).

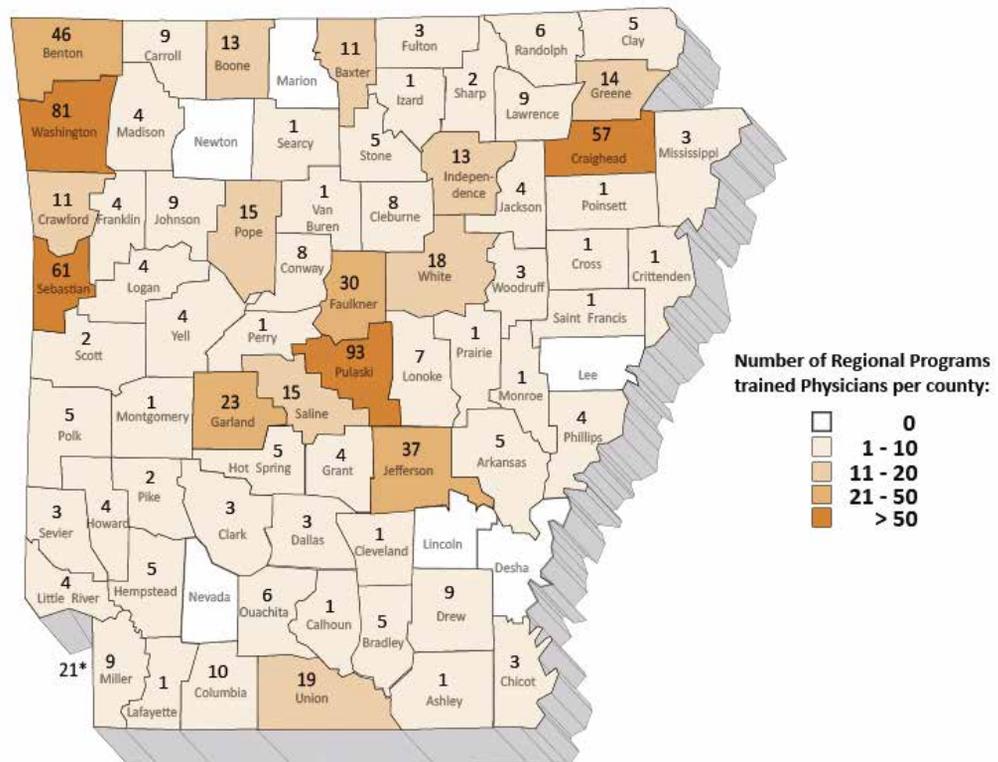
Through these centers and with local hospital partners, UAMS educates resident physicians in family medicine while providing primary care and outpatient services.

With the move to the Integrated Clinical Enterprise, the distance between the clinics and the Little Rock campus requires close coordination, said Tim Hill, vice chancellor for ➔

UAMS Regional Programs



PHYSICIANS TRAINED THROUGH UAMS REGIONAL PROGRAMS



UAMS provides many of the state’s doctors. More than half the family physicians in Arkansas were trained through UAMS residencies in Little Rock and its regional centers. Currently 757 family doctors trained at UAMS are practicing in 69 of the state’s 75 counties.

UAMS has historically kept a high number of physicians in state after completing their residencies. According to the Association of American Medical Colleges, from 2004 to 2013, only seven other states had higher retention rates.

Regional Programs.

In time, he said, Regional Programs will likely become its own defined service line, and then he and other UAMS leaders will look at how to integrate it into the overall clinical enterprise at UAMS.

Not just with patient care, but with its mission to educate resident physicians and to look for operational efficiencies, incorporating the regional clinics into the overall UAMS structure can only strengthen the program.

“I think integrative strategies that leverage the strength and value of UAMS make sense,” Hill said.

One such strategy in the planning stage is for each regional center’s health library to be

integrated into a single library delivery system in coordination with the main UAMS library in Little Rock.

Additionally, the regional centers may cooperate in service contracts for its buildings, procurement of supplies, human resources, risk management, contracting and revenue cycle.

PATIENT-CENTERED MEDICAL HOMES

By helping patients manage chronic conditions, the health care team is providing better care while better managing costs.

For several years, UAMS has been working toward implementing the patient-centered medical home care model within its family



I think integrative strategies that leverage the strength and value of UAMS make sense.”



Health professionals at UAMS South Central in Pine Bluff discuss a patient's treatment.

medical centers statewide.

By 2014, all original family medical centers statewide had earned national recognition by the National Committee for Quality Assurance (NCQA) as Level III — the highest level patient-centered medical home recognition.

The NCQA is a private, nonprofit organization dedicated to improving health care. It has worked with leading national medical organizations like the American College of Physicians and the American Academy of Family Physicians to develop PCMH recognition standards.

The care model is a clinical setting where health professionals work as a team to address patients' immediate and long-term medical needs.

The UAMS family medical center in Little Rock led the way by achieving Level III in 2010, followed by Fort Smith in 2013. In 2014, UAMS family medical centers in Jonesboro, Fayetteville, Pine Bluff, Magnolia, Springdale and Texarkana

also attained Level III status.

“I'm immensely proud of our UAMS family medical centers in Regional Programs for accomplishing this significant task,” said Hill. “Not only does it mean we will obtain better outcomes for our patients, but this new team-based model of care will mean a better experience for our providers.”

The patient-centered medical home creates partnerships between individual patients, their physicians and the patient's family. Care is facilitated by registries, information technology and health information exchange so patients get the indicated care when and where they need and want it.

It also means for patients same-day appointments, quickly answered telephone calls, an on-call resident they can reach after hours and on weekends, and overall improved care coordination. ➔



The service lines are aligning the physician's efforts toward patient care with the hospital's efforts toward patient care."



With the patient-centered medical home model, more frequent communication takes place outside the exam room between each patient and each center's physicians and staff. Between visits, more is done to monitor a patient's

condition and help the patient stay on a treatment plan.

In addition to improving patient outcomes, the model promises to cut costs by reducing the need for hospitalization or emergency room care.

Nationally, about a quarter of the primary care practices have adopted the patient-centered medical home model.

PATIENT- AND FAMILY-CENTERED CARE

In addition to expanding access to patient care, UAMS has also shifted focus to a patient- and family-centered care approach that allows UAMS to offer the best patient experience while providing the best medical care. It redefines the relationships in health care.

"Patient- and family-centered care is a philosophy and way of relating to patients by engaging them in the care process. The patient-centered medical home is a way of organizing providers —and patients — around that idea," said Julie Moretz, UAMS associate vice chancellor for patient- and family-centered care (PFCC).

PFCC seeks to empower patients to be involved in their own care decisions to the fullest extent they want to be. It also recognizes the vital role that families play in ensuring the health and well-being of patients. The approach allows UAMS to reshape its policies, programs, facility design and staff interactions to promote a healing atmosphere to patients and families.

For instance, families are considered allies, not visitors, and as such, are welcome to visit and stay with patients anytime day or night as opposed to formal visitation hours.

Also, family members are invited to participate with the patient and care team during rounding and communication boards are in every inpatient room to let families know who is caring for their loved one and other aspects of care.

Seven patient/family advisory councils are active at UAMS to advise on inpatient and outpatient process improvements.

Moretz serves on the Service Line Medical Directors Committee and the Integrated Clinical



Enterprise Implementation Team to help ensure the patient- and family-centered care philosophy is woven into the new service line organization and other innovative changes that are occurring.

This includes a physician five-star rating system UAMS introduced in fall 2015 in an effort to be more transparent and provide patients with information they can use in making decisions about their health care. The ratings by patients are posted online, making UAMS the first hospital in Arkansas and among the first in the nation to do so.

EVER-EVOLVING CHANGE

All of these initiatives are helping UAMS adapt to the ever-evolving climate of health care system change.

“The service lines are aligning the physician’s efforts toward patient care with the hospital’s efforts toward patient care,” Turnage said.

Turnage sees one of his chief missions to be clearly communicating to UAMS physicians how the changes can improve efficiency and effectiveness. UAMS has reorganized its medical staff committees and restructured administration throughout to drive performance improvement.

Interprofessional education and collaborative professional practice are renewing focus on educating students and clinicians to work in patient care teams.

“The way to look at these changes in health care is as a big wave,” Turnage said. “The goal of this response is to surf on top of the wave and to not be consumed by it. I think we are doing pretty well. We are on top of the wave.” ●

UAMS Patient/Family Advisory Councils

Hospital Advisory Council

PRI Advisory Council

Emergency Department Advisory Council

Primary Care Councils

- ✓ Internal Medicine Clinics
- ✓ Family Medicine Clinic
- ✓ Thomas & Lyon Longevity Clinic
- ✓ Neonatal Intensive Care Unit
- ✓ Employees as Patients Advisory Council
- ✓ Women’s Health Advisory Council

Some Policy Changes Made After Patient/Family Advisor Involvement

- 1.** Families now can be with patient 24/7 in the hospital, emergency department or ICU
- 2.** Family members can choose to participate during a **code blue**
- 3.** **Patient Handbook Guides** provide beneficial information to patients from the perspective of patients
- 4.** **Communication Boards** for inpatient rooms encourage communication with care team



Christopher T. Westfall, M.D., director of the Harvey & Bernice Jones Eye Institute at UAMS, leads a committee to increase patient access to all UAMS clinics.

Improving Patient Access

By David Robinson

AFTER ALL THE YEARS devoted to becoming a subspecialty eye surgeon, Christopher T. Westfall, M.D., F.A.C.S., naturally prefers to work with patients who need his oculoplastics skills.

But the director of the Jones Eye Institute also wants UAMS to survive this era of financial uncertainty for hospitals, so when his surgery

clinic is not full, he sees patients who need routine eye exams.

“I know how to fit eyeglasses and provide comprehensive eye care,” he said.

Seeing patients outside his specialty contributes to a UAMS-wide effort to improve patient access to its clinics. Westfall is leading by example; he chairs the UAMS Patient Access Committee.



The committee was formed in March 2014 to find ways to increase patient volume, a high priority for Chancellor Dan Rahn, M.D. Before Westfall was named chair, Medical Center CEO Roxane Townsend, M.D., and then-College of Medicine Dean G. Richard Smith, M.D., concluded that patient access to UAMS clinics was a significant barrier.

This required operational changes, ensuring that physicians, who also teach and conduct research, had enough room in their schedules to see patients.

The Patient Access Committee's goal is for all primary care clinics to schedule appointments within one week of the request and specialty clinics to schedule within two weeks. The committee turned out to be one of the most effective on ➔



Many of the traditions of academic medicine require reassessment to allow UAMS to be successful.”

which he has ever served, Westfall said.

“It was powered by the engine of Dr. Townsend and Dr. Smith, and all eight cylinders — faculty and staff working — were firing,” he said.

The number of billed visits to UAMS increased by 16 percent in the fiscal year that ended June 30, 2015, which covers the committee’s most active period, said Holly Naramore, director of the Project Coordination Office and a member of the Patient Access Committee. While the Affordable Care Act and Epic implementation contributed to the increase in patient volume, the committee can share the credit, Westfall said.

“If you can imagine an institution as large and as busy as UAMS increasing access by 16 percent — that’s a significant effect,” he said. “And it is because we had the right leadership in the room, which was the power necessary to effect change.”

The committee gathered data across all clinical areas so that it could see which clinics were meeting the goals for seeing patients within one and two weeks. To address operational efficiencies, the committee assessed clinics’ and doctors’ utilization of time, resources and the number of patients seen. The data also reviewed doctors’ allotted time for research and education to determine if this was in balance with their clinical responsibilities.

After identifying areas where operational efficiencies could be improved, the Patient Access Committee members delivered their results to the department chairs, who were able to make changes so their faculty had adequate time to see patients.

The committee asked doctors to see patients outside their specialty areas as time allows, and urges doctors to loosen the expectation that they will have all medical records of patients before seeing them.

“Many of the traditions of academic medicine require reassessment to allow UAMS to be successful,” Westfall said. “And our success demands that we pay attention to the needs of our patients.” ●

Making an Appointment

Some clinics allow patients to make appointments directly without a referral from their primary care physician. Appointments may be scheduled by calling (501) 686-8000 or online at uamshealth.com/MyChart, for UAMS patients.

MyChart is a free Internet-based service that gives patients access to all of their UAMS medical records. MyChart is available through a secure Internet connection at <http://www.uamshealth.com/MyChart>. With UAMS MyChart, patients can:

- Request medical appointments
- See their medical information from the MyChart electronic health record
- See test results
- Refill prescriptions
- Send a secure electronic message to their doctor or nurse

When appointment requests are made, UAMS staff will work with patients to ensure that their appointment needs are met. In addition, UAMS is happy to assist patients with requests for their medical records. For more information, contact the UAMS Release of Information office at (501) 603-1520.

To ensure efficient care, patients previously seen at clinics or hospitals not affiliated with UAMS should always bring their medical records, including lab results, and images such as computed tomography (CT) and Magnetic Resonance Imaging (MRI). For more information, visit <http://uamshealth.com/patientsandguests/appointments/>.



Glenda Smoke of Bismark (right) gets advice from financial counselor Lisa Hodge-Sims about her eligibility for private insurance under the federal Affordable Care Act.

PATIENT STORIES

By Katrina Dupins

IT WAS A SUSPICIOUS SPOT that got Glenda Smoke of Bismarck into the doctor's office in June 2015. A few weeks later, the tests showed she had Paget's disease, a rare type of cancer involving the skin around the breast.

"At first I was in shock," she said. "But my

second thought was worrying about my ability to pay for it. I had no insurance."

Smoke and her husband, Ricky, have three adult children and six grandchildren. She cares for two of her grandchildren, ages 2 and 3, during the day. ➔



I think the goal all of us in health care have is to provide a health system that produces greater value for the public.”

When she arrived at UAMS for treatment, a financial counselor told her about her eligibility for private insurance under the federal Affordable Care Act and helped her get enrolled.

Smoke is one of the more than 250,000 Arkansans who now have health insurance through Medicaid expansion as a part of the federal Affordable Care Act. With federal approval, the Arkansas Legislature devised a plan that allows people who qualify for the expanded Medicaid coverage to use that money to purchase private health insurance.

In 2014, the first year Medicaid expansion was approved, the rate of uninsured patients at UAMS dropped from 14 percent to 3 percent. Not only was that important for the UAMS Medical Center’s bottom line, but it has improved the quality of life for thousands of Arkansans who can now afford to go see a doctor, said UAMS Chancellor Dan Rahn, M.D.

Since Medicaid Expansion began, UAMS has seen an increase in patient volume: 15 percent in outpatient visits, 15 percent in surgical cases and 6 percent in inpatient visits.

Rahn said that providing access to health care for the previously uninsured will increase productivity in the workforce and overall community health.

“I think the goal all of us in health care have is to provide a health system that produces greater value for the public,” Rahn said.

Before she had insurance, Smoke said, she’d often worry about getting sick and would neglect preventive care. At 61, she had not had a mammogram, colonoscopy or any other recommended screening.

The Smokes had been insured until 11 years ago when Ricky Smoke had a heart attack at age 55.

“He had complete blockage and the attack was

so severe that it damaged his heart.”

The couple had just switched insurance companies and were surprised to find that the new company wouldn’t cover the heart attack.

“We paid that bill for years,” Glenda Smoke said. “Since then we haven’t been able to afford insurance.”

He’s now insured through the Department of Veterans Affairs and she’s grateful to now be insured at an affordable rate.

Mark Brooks

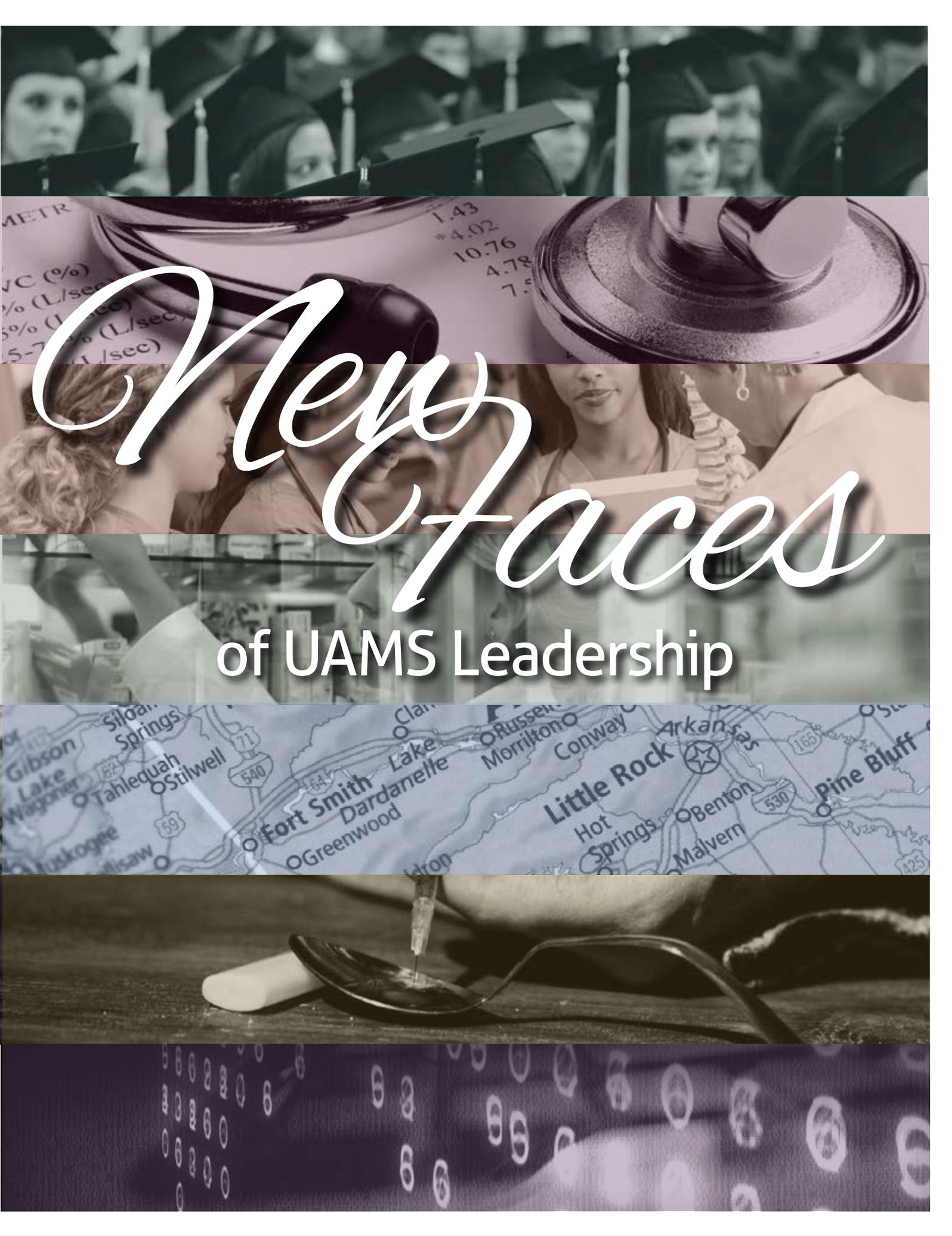
Mark Brooks, 52, of Hot Springs, is also covered through the expansion. He signed up with the help of a local clinic and the state Department of Human Services.

Brooks says going to the doctor without the worry of how much it will cost has been a relief. “Not only is it not costing me \$100 each time I visit the doctor, I’m also receiving quality medical care,” Brooks said.

Brooks has thyroid eye disease. It has caused the muscles that control movement in his eyes to swell, threatening his vision. As he awaits a surgery at UAMS, Brooks says the Medicaid expansion has eased his mind.

“It’s really turned out to be a positive thing for me.” ●





New Faces

of UAMS Leadership



As a strategic thinker, Stephanie Gardner, Pharm.D., Ed.D., approaches a challenge by attempting to identify multiple options before defining the best path to a solution.

IT'S A TRAIT SHE NEEDS as UAMS provost and vice chancellor for academic affairs since July 1, facing a time of tight resources but increasing need for the university to produce more health care professionals for an industry undergoing deep, systematic change.

She also leads at a time when UAMS is making significant changes to the structure of its clinical enterprise and realigning elements of its academic programs to prepare students for a future with more interprofessional, team-based care delivery.

Gardner's career journey included considering other options that might have had the book lover majoring in comparative literature or becoming a community pharmacist in her native North Carolina.

"Nobody plans to be a provost. I intended to go back home and have an independent pharmacy with a soda fountain," she said. "I had worked in a community pharmacy. I knew I liked it. I knew I'd be happy."

Then a good teacher and a clinical rotation in a cardiac care unit while in pharmacy school led her to consider becoming an educator.

She got her first faculty appointment in 1991 as an assistant professor in the

STEPHANIE GARDNER

By Jon Parham

Pharm.D., Ed.D., Provost

UAMS College of Pharmacy. Opportunity, timing and determination clicked when a departure led to her becoming acting chair for the Department of Pharmacy Practice in 1995, then full-time chair the following year.

During that period, Gardner represented the college in opening the UAMS Clinical Skills Center, first encountering Jeanne Heard, M.D., Ph.D., then serving as the center's medical director.

I remember Dr. Gardner was serious and practical in approach and always prepared," said Heard, who later left UAMS, returning in 2011 as vice chancellor for academic affairs and provost before retiring the end of June 2015.

In 2003, Gardner was appointed College of Pharmacy dean. While dean, her work earned the Dale Bumpers AHEC Leadership Award and the Outstanding Dean Award by the American Pharmacists Association's Academy of Student Pharmacists.

Gardner serves as a member of the Board of Directors of the Accreditation Council for Pharmacy Education and was elected its president in 2014.

As a member of the UAMS Council of Deans, she interacted more closely with Heard. Gardner's 24 years of institutional knowledge, including 12 years as dean, and the familiarity of the program accreditation process are her strengths, Heard said.

"She's right for the position. She has in-depth understanding of all academic programs along with seeing the potential for the expanding programs and partnerships across the state," Heard said. "She's someone who is easy to work with and who listens to all sides, and she will not back down from a course of action she believes best for UAMS. She is committed to getting the job done."

Gardner knows the job's challenges — from limited financial resources to the dramatic changes in health

care for which students must be prepared. The provost's office is not only to manage academic support services but to support UAMS colleges as they grow in education, patient care and research aspects.

"We must balance our role of meeting workforce needs and creating academic programs to meet the health care needs of Arkansas with not a lot of excess resources," she said.

Still, UAMS must do the right thing for its health improvement mission. Continuing to grow UAMS dental programs will be expensive, she said, but Arkansas has among the lowest number of dentists per capita in the nation and reports high numbers of children with tooth decay and adults with oral disease along with too many residents lacking access to dental care.

An option in addressing the expense of needed programs and expansion is to develop partnerships. "We need to build strong relationships with

external partners — and I don't mean just educational institutions but potentially health care organizations or others," Gardner said.

Gardner also wants to continue the momentum in academic services started under Heard. She cited growing programs in interprofessional education and health literacy available to all students. The newly created central Office of Continuing Education and Faculty Center will seek to better serve all faculty members with easier access to professional development, career support and continuing education.

"We need to look more broadly at the services we can offer across the colleges, which is more efficient and can be more effective," she said. "Establishing these offices as a shared resource at the university level will strengthen our faculty, which in turn benefits the students they teach, the patients they care for and the research they conduct." ●



*A*s the new leader of Arkansas' only medical school, Pope L. Moseley, M.D., is ready to tackle the opportunities that lie ahead.

FROM WORKING WITH CLINICAL LEADERS

to ensure efficient, patient-centered care to addressing physician workforce shortages, Moseley has taken on some of health care's most challenging issues during his first year as dean of the UAMS College of Medicine.

"This is an exciting place to be right now," Moseley said. "The leaders at UAMS are transforming the way health care is provided for Arkansans, and the College of Medicine plays an essential role in that process."

A fellowship-trained specialist in pulmonary and critical

care medicine, Moseley arrived at UAMS in July 2015 from the University of New Mexico School of Medicine. His multiple roles there included serving as distinguished professor and chair of the Department of Internal Medicine and associate dean of research.

UAMS Chancellor Dan Rahn, M.D., was drawn to Moseley's diverse skills and commitment to the core principles of an academic health center.

"The integration of education, research and clinical care is what makes an academic health center elite. Dr. Moseley's

POPE L. MOSELEY

By Susan Van Dusen

M.D., College of Medicine Dean



expertise in each of these areas will help us advance the College of Medicine’s mission both in Arkansas and nationally,” Rahn said.

It’s his commitment to those three areas that drove Moseley to pursue an administrative role.

“Academic health centers need leaders who are champions of education and research. Not only are we providing the highest quality patient care, we also are a community of scholars engaged in creating new knowledge and training the next generation of health care providers,” Moseley said. “At our core, we will always be scholars, teachers and investigators.”

As UAMS continues to advance to a service line model for patient care, Moseley is working closely with campus leaders to make sure education and research remain top priorities and benefit from the enhancements to the clinical side.

“Dr. Moseley is a great partner with tremendous energy,” said UAMS Medical Center CEO Roxane Townsend, M.D. “Not only is he ensuring we hire and retain the highest caliber medical providers for our patients and their families, he also is dedicated to improving the quality of our training and research programs.”

A significant step forward in this endeavor began shortly after Moseley’s arrival with the recruitment of an internationally known imaging informatics expert to chair a new department at UAMS dedicated to one of Moseley’s primary research interests — biomedical informatics.

The practice of informatics is concerned with analyzing large data sets in an attempt to find relevant patterns. Biomedical informatics specifically examines medical data from thousands or even millions of people to find patterns of disease, which, when combined with an individual’s genetic information, can lead to advances in personalized medicine.

Moseley’s expertise in biomedical informatics is widely recognized through his work in developing networks of linked diseases across the entire population of Denmark, one of the largest countries with a national health registry. Published

in the academic journal *Nature Communications*, the study examined medical data from 6.2 million Danes compiled over the course of 15 years.

Moseley said he’s looking forward to building on the strength of biomedical informatics that has already begun at UAMS.

“We’ve already shown a track record of innovation by looking at problems differently, specifically in the groundbreaking research conducted at the UAMS Myeloma Institute,” he said.

During its 26-year history, the institute has used patient data to determine subsets of multiple myeloma and develop treatments based on each patient’s genetic profile and risk factors, taking the disease from untreatable to highly treatable.

“We have one of the few departments of biomedical informatics in the country. By creating this department at UAMS, we have taken a leap forward in recognizing this specialty as a vital research tool,” Moseley said.

Looking ahead, Moseley welcomes the chance to work closely with faculty and staff from other UAMS colleges as they continue improving the quality of care for patients.

“It’s efficient, cost effective and patient-centered when doctors, nurses, pharmacists and other health care professionals understand the value of each other’s role and work cohesively for the good of the patient,” he said.

He also plans to develop a thoughtful approach to increasing the physician workforce in Arkansas, which ranks 48th in the country per 1,000 citizens. Excellent training programs and support for medical students will ensure they are prepared to enter highly competitive residency slots for further training, he said, adding that the vast majority of Arkansas doctors earned their medical degree at UAMS.

“UAMS is the state’s medical center. Arkansans shouldn’t have to leave the state for care. You can receive excellent medical care right here at home,” he said. ●



Her extensive and varied experience in all areas of nursing promises to serve Patricia Cowan, Ph.D., R.N., well as the new dean of the UAMS College of Nursing.

DURING THIS TIME of large scale change in health care, Cowan's experience in academics, clinical practice and research will help the college play a leading role as UAMS adapts its processes and educational approach to meet the challenges.

Cowan began at UAMS on Nov. 9, succeeding Lorraine Frazier, who left UAMS in January 2015.

Previously, Cowan was with the University of Tennessee Health Science Center in Memphis where she served as professor and associate dean for academic and student affairs.

"Our College of Nursing is the most comprehensive nursing college in Arkansas and the only one with a research doctoral program," said UAMS Chancellor Dan

Rahn, M.D. "Dr. Cowan's appointment affirms our continued commitment to preparing nurses to deliver on the UAMS mission of health and health improvement in Arkansas."

As Arkansas continues to experience a shortage of health care professionals, the UAMS College of Nursing is stepping up its efforts to provide more trained

graduates who can help reach the underserved.

"While the Affordable Care Act has expanded coverage to more Americans, the shortage of health care professionals, including nurse practitioners, may limit accessibility to care," said Cowan. "The UAMS College of Nursing is committed to educating highly qualified nurses to lead system improvements and provide exemplary care."

Nursing must be well-prepared to address the needs of diverse patients

PATRICIA COWAN

By Lee Hogan

Ph.D., R.N., College of Nursing Dean



with complex chronic health problems, many of whom have limited resources, she said.

“As a college, we must continuously evaluate our nursing programs and assure that the education and training of our students prepares them to meet the current and future needs of all Americans.”

Cowan has had an interest in nursing for most of her life.

“I saw nurses able to help during crises, while remaining calm,” said Cowan. “A nurse is one of the most trusted health care professions to this day. As nurses we have the privilege and responsibility to provide the best care possible.”

It was an influential high school counselor that encouraged Cowan to pursue nursing in college at the University of Missouri. She was the first in her family to graduate from college.

Ultimately, that led to a master’s from the University of Kansas and a doctorate from the University of

Tennessee Health Science Center.

Jean McSweeney, Ph.D., R.N., served as interim dean of the UAMS College of Nursing until Cowan’s arrival in addition to being associate dean for research and director of the doctoral program.

“Dr. Cowan comes with a very strong education background and is able to appreciate the complexities of a college this size and the variety of programs we have to offer,” said McSweeney, a nationally recognized researcher and educator.

Cowan said she was attracted to UAMS because of the outstanding faculty, opportunities for interprofessional practice and research, and the programs offered, especially the research-focused Ph.D. program and the recently implemented Doctor of Nursing Practice (D.N.P.) program.

“The faculty here has realized the D.N.P. program has an essential role in improving the quality of

care,” said Cowan.

Cowan is enthusiastic about interprofessional education and practice opportunities at UAMS in which nurses, doctors and other providers learn to work together to improve communication and care coordination, with the goal of improving patient outcomes.

Additionally, the patient-centered medical home, in which health care teams including nurses help coordinate a patient’s care, is an important new facet of health care. These educational and practice models have the potential to provide higher quality care at lower costs to patients in Arkansas.

She also appreciates the college’s emphasis toward diversity in the health care workforce and reaching out to rural communities with efforts such as the Growing Our Own in the Delta (GOOD) Scholars Program, which supports Master of Nursing Sciences (MNSc) students from underrepresented

backgrounds, particularly in the Arkansas Delta.

“Finding more ways to connect with rural areas is an important aspect of building trust throughout the state and positively impacting health care across Arkansas,” she said.

Cowan sees her role as empowering faculty, promoting effective teamwork, and fostering innovations in research, practice and education.

“A dean’s success is directly tied to providing opportunities for faculty to flourish,” she said. “That’s made possible by providing connections across the campus and community, and providing resources for development.”

She is working to quickly acclimate to UAMS and the health care community in Arkansas.

“Collectively we’ll create the vision of where we want the College of Nursing to go.” ●



*I*t wasn't until Keith Olsen, Pharm. D., had finished running over the top of Heartbreak Hill in the Boston Marathon that he realized that legendarily difficult slope already was behind him.

THE BOSTON CLIMB had been made easier because of an earlier marathon experience over a longer slope in the Wasatch Mountains of Utah.

Similarly, it was his background of previous successes and accomplishments in pharmacy education, clinical care and research that led to his selection as the new dean of the UAMS College of Pharmacy and prepared him to meet the challenges of his new job.

“Keith Olsen has over two decades of experience as a

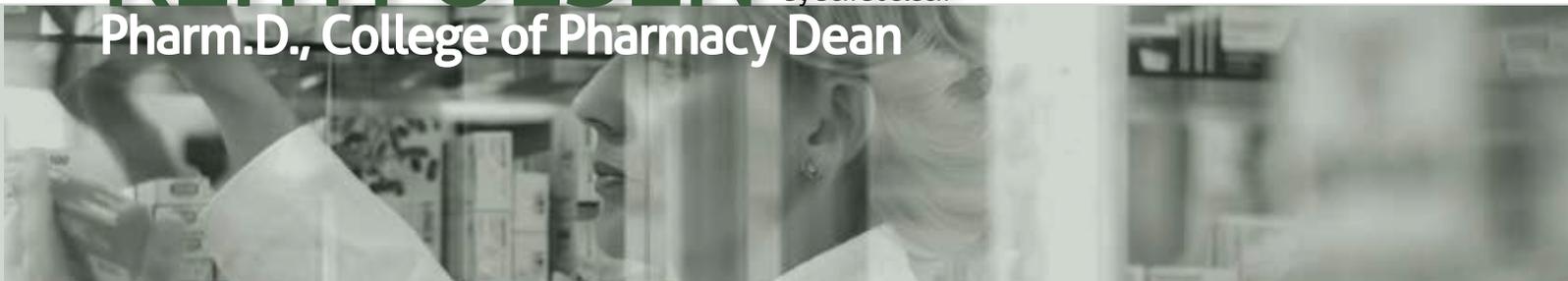
teacher, researcher and leader at an academic health center,” said Stephanie Gardner, Pharm. D., Ed. D., UAMS provost and former dean of the UAMS College of Pharmacy. “He will bring new ideas, enthusiasm, and a true passion for pharmacy education. Dr. Olsen is well equipped to take the college to the next level of excellence.”

Olsen succeeded Gardner as dean Nov. 1, but that wasn't the first time their paths had crossed. Olsen, while working at UAMS from 1985-1993, served on the search committee

KEITH OLSEN

By Ben Boulden

Pharm.D., College of Pharmacy Dean



that hired Gardner in 1991 as an assistant professor.

Though familiar with UAMS, Olsen wasn't looking for a new job when he first was approached about the dean's position last year. But when he took a look at the college he was impressed with its progress under Gardner in graduation rates, research and fundraising, Olsen said.

"It's a great challenge to continue the advancement of the college where it already has come from and build on its accomplishments," Olsen said. "Considerable dynamic change is taking place in health care education. I really am glad to be a part of an equally dynamic UAMS leadership team that is embracing new initiatives like interprofessional education where students from several professions learn about, from and with each other to improve patient outcomes."

Another new initiative UAMS has incorporated in the last few years is the patient-centered medical home where health professionals — physicians, pharmacists, nurses and others — work as a team to address patients' immediate and long-term medical needs. Olsen noted that the College of Pharmacy has been a leader in working with the other UAMS colleges to educate health care professionals to work in this new model.

Olsen's experience as a pharmacist started in 1980 when he received a doctor of pharmacy from the University of Nebraska Medical Center College of Pharmacy.

It was while practicing in an Oklahoma City hospital in the early 1980s, that he was drawn to UAMS for his first stint. He wanted to work on an academic medical center campus and determined UAMS fit the bill. He worked in

drug analysis, critical care research and practice, and taught classes in the college.

Family and some appealing research opportunities eventually led him from Arkansas back to his native Nebraska, initially as an associate professor at the University of Nebraska Medical Center (UNMC) College of Pharmacy in Omaha. Starting in 2007 and until his return here, Olsen served as chair of the college's Department of Pharmacy Practice and also as an education and research manager in the Nebraska Medical Center there.

Looking forward, Olsen said he wants to maintain the college's excellence and use it as the foundation to continue its progress.

"We also want to build on the scholarship that already is established and increase our total funding as well as the faculty investment in scholarship," Olsen said. "I mean scholarship in a broad sense because some might not bring in the money but may advance patient care."

Additionally, he hopes to establish some faculty and student exchanges with universities in China with which he already has academic ties.

"Dean Olsen has a strong background in pharmacy practice in an academic medical center," said Jeanne Heard, M.D., Ph.D., former UAMS provost. "The emphasis on team care and patient- and family-centered care makes the need for a dean with that experience very important. He knows how to partner with physicians, nurses and other health care professionals and can use that knowledge to help UAMS and the College of Pharmacy be even stronger in these areas." ●



As a young man, business finance and accounting major Tim Hill had ambitious career objectives but none to do with health care. He certainly couldn't have foreseen his appointment last year as vice chancellor for UAMS Regional Programs.

MOVING UP IN THE BANKING WORLD, then advancing to leadership at IBM were the goals that dominated Hill's career list. However, an undergraduate program at St. Mary's Hospital in Rochester, Minn., gave him a glimpse of the immense impact of the health care industry. Immediately, those business-focused aspirations changed course.

"Health care touches everything on the educational spectrum. It works with every discipline, it is people focused and it is not without challenges," said Hill. "My experience gave me a laser focus on this dynamic field and that was it for me, there was no turning back. I was setting out on this career journey called health care."

His odyssey has taken him many places across Arkansas and the country. In 2011, after decades in various positions as a hospital administrator and chief executive, Hill became director of the UAMS Center for Rural Health, then a part of Regional Programs.

"The draw for me was to experience UAMS from the inside, having watched it from the outside since the late 1980s," said Hill. "When you consider that UAMS serves the entire state and Regional Programs had partnerships with several community hospitals, it made it an absolute perfect fit for me because of the positive relationships I had developed and maintain across the state."

TIM HILL

By Lee Hogan

Vice Chancellor for Regional Programs



That appointment was followed by a nearly two-year stint as director of the UAMS Center for Healthcare Enhancement and Development, which seeks to promote best care close to home by looking for partnerships and collaborations in underserved areas.

In August, Hill became vice chancellor for Regional Programs after serving as interim for two months following the retirement of Mark Mengel, M.D. Now, Hill oversees eight regional centers in Batesville, Fayetteville, Fort Smith, Helena, Jonesboro, Magnolia, Pine Bluff and Texarkana.

Regional Programs, originally called the Area Health Education Centers (AHECs), was started in 1973 through the efforts of then-Gov. Dale Bumpers, the Arkansas Legislature and UAMS to train medical residents and provide clinical care and health education services around the state. In 2012, the AHECs were rebranded UAMS Regional Centers to promote a stronger, unified UAMS across the state.

“Tim Hill has done an exceptional job in leading Regional Programs during this transition,” said UAMS Chancellor Dan Rahn, M.D. “He has clearly demonstrated that he has the skills, knowledge and inclusive and transparent management style needed to provide excellent leadership of Regional Programs in the future.”

In addition to his expertise and grasp of the health care landscape in Arkansas, UAMS Medical Center CEO Roxane Townsend said Hill’s ability to communicate with staff would serve him well in a position that requires a strong leader.

“As director of Regional Programs, you have to be a great communicator because you have staff at sites all over the state,” said Townsend. “Since you cannot meet with everyone on a daily basis, you have to take advantage of other communication tools and Tim’s skill set and background give

him the ability to do that.”

Strong communication — along with honesty, hard work and fun — is central to Hill’s management style.

“Throughout my career, at the root of most breakdowns, you will likely find poor communication,” said Hill. “If there is an issue important enough to call to my attention, I have a responsibility to be available, no matter the time.”

The distance between each of the regional centers means the staff has to be perceptive and connected.

“Regional Programs has a tremendous wealth of experience and knowledge on staff,” said Hill. “Valuing each team member and the different experience and wisdom each brings is important to what we are trying to do.”

He wants Regional Programs to continue to capitalize on chances to expand across the state.

“Most importantly, we have to continue to do good work and foster good relationships with partners in the communities,” said Hill.

Last year UAMS began streamlining patient care into service lines by categories such as women’s services, primary care and surgical specialties. This integrated clinical enterprise approach is replacing the traditional academic medical center model of aligning care by academic department.

Constructing a closer relationship between Regional Programs and UAMS’ integrated clinical enterprise have benefits for all involved, said Hill.

“UAMS is becoming a full-on, integrated health care delivery system,” said Hill. “Looking at the areas where we have assets, programs and significant, positive relationships in those communities, we can leverage that into a full integration model for care delivery, which will mean better care for patients.” ●



Michael Owens, Ph.D., has spent his entire career researching ways to combat drug abuse.

HIS CHOSEN FIELD OF STUDY fits perfectly with his personal goal of making “an impact on human health.” But to fully reach that goal, he said, his findings needed to move out of the laboratory and into the realm of pharmaceutical development.

So in 2004, he co-

founded InterveXion Therapeutics LLC with Brooks Gentry, M.D., chair of the Department of Anesthesiology in the UAMS College of Medicine; Ralph Henry, Ph.D., distinguished professor of biological sciences at the University of Arkansas, Fayetteville; and Barry

Holtz, Ph.D., pharmaceutical biotechnology expert, now retired.

Misty Stevens, Ph.D., M.B.A, joined the company the next year as a staff scientist and is now the operations director. The UAMS BioVentures startup company is pursuing FDA approval of two drugs, an

antibody and a vaccine, to combat methamphetamine addiction.

“We knew that if we didn’t champion this, no one else would,” said Owens, a professor in the UAMS College of Medicine’s Department of Pharmacology and Toxicology and director of the Center for Alcohol and Drug Abuse Studies. “So it has taken a long-term commitment by our team to do that — one person doesn’t do that alone.”

The combination of groundbreaking research and an entrepreneurial spirit made Owens an ideal candidate for the Arkansas Research Alliance to recognize, said Jerry Adams, president and CEO of the group.

In December, Owens was one of five researchers selected as a 2015 ARA Fellow, a program that recognizes distinguished university research leaders who are working at one of the state’s five research universities — UAMS; Arkansas State University; University of Arkansas, Fayetteville; University of Arkansas at Little Rock; and University of Arkansas at Pine Bluff.

The Fellows program, which is in its second year and comes with a three-year \$75,000 grant, is a companion to the ARA Scholars Program that recruits researchers to Arkansas.

“We are looking for research excellence with our Fellows

MICHAEL OWENS

Ph.D., Arkansas Research Alliance Fellow

By Yavonda Chase

program,” Adams said. “Mike’s demonstrated history of entrepreneurship and continual federal funding for his work made him a great choice for the program.”

Owens joins an elite group at UAMS that includes the university’s inaugural Fellow Laura James, M.D., director of the UAMS Translational Research Institute; and three ARA Scholars — Daohong Zhou, M.D., a professor in the Division of Radiation Health of the UAMS College of Pharmacy’s Department of Pharmaceutical Sciences; Peter Crooks, Ph.D., D.Sc., chair of the College of Pharmacy’s Department of Pharmaceutical Sciences; and Gareth Morgan, M.D., Ph.D., director of the UAMS Myeloma Institute.

“Mike represents the triple threat academician, which is someone who excels in all three mission areas of research, teaching and service,” said Lawrence E. Cornett, Ph.D., vice chancellor for research. “He

is just excellent in every area that you would want a faculty member to excel.”

A career in academia wasn’t initially in Owen’s plans. After majoring in chemistry at Wofford College in Spartanburg, S.C., he spent a couple of years working at The Medical University of South Carolina as a clinical lab technician before heading to graduate school at The University of North Carolina at Chapel Hill. He majored in experimental pathology and intended to become a forensic toxicologist.

All of that changed when he started analyzing data about marijuana use in fatal accidents. As he worked on various projects relating to marijuana usage, he “got very interested in academics and the problems associated with drugs of abuse,” he said.

“So I changed routes from being a forensic toxicologist to being an academic scientist,” Owens said, a shift that would take him to

the University of Arizona in Tucson to study therapeutics.

It was in Arizona where he started working on antibodies to treat drug abuse, a field of study that would continue when he came to UAMS in 1985 and ultimately become his life’s work.

Owens and his research team at UAMS have developed an antibody that binds to methamphetamine and hampers the drug’s ability to move from the bloodstream into the brain, thus lessening its ability to produce a euphoric high. They also have created a methamphetamine vaccine.

“Methamphetamine is one of the major drugs of abuse in the world,” Owens said, explaining why he chose that drug to combat. “Stimulants like methamphetamine are very dangerous because they take over the pleasure centers of the brain and can lead to addiction.”

Since 1986, Owens’ work has been continually funded by the National Institute on

Drug Abuse (NIDA), part of the National Institutes of Health. In September 2014, InterveXion was awarded two federal grants totaling \$14.5 million to help with needed testing for the FDA.

The antibody medication has already been successfully tested in its first clinical safety trial in healthy adults. More research is underway to show that the antibody is safe for use in methamphetamine users. Research is also ongoing to determine whether the vaccine may be safely advanced into a clinical trial with human participants.

Owens has already started researching another drug of abuse — cathinones, better known as bath salts, which he said “are even more dangerous than methamphetamine,” because “they cause severe psychosis.”

In April 2015, his UAMS team was awarded a \$2.76 million grant by the NIDA to fund these studies. ●



Fred Prior, Ph.D., didn't envision his skills being the hot commodity they are today. The inaugural chair of the Department of Biomedical Informatics said he had only an inkling in 2003, when the world learned that the entire human genome had been sequenced.

"THAT MOVED US INTO THE WORLD OF BIG DATA," said Prior, who joined the UAMS College of Medicine in October 2015. "I knew it was only going to get bigger."

As he explains, biomedical informatics extracts knowledge from data with computers rather than in traditional laboratories, and understanding the human genome isn't

possible without informatics. Today, research leaders see biomedical informatics as the core of 21st century science. Practitioners in the field are exploiting terabytes of data to achieve the dream of personalized medicine, helping scientists in other fields, and leading their own biomedical research programs.

"It has really exploded in the last five years," said Prior, who joined UAMS from Washington University in St. Louis, where he established an international reputation in imaging informatics.

What may separate Prior most from his peers is his leadership in both private industry and academic research. He began his career building CT imaging devices before moving into academia, then back to industry. His résumé includes senior management positions at Philips Medical Systems, Eastman Kodak Co. and Silicon Valley startups.

"I've developed information technology tools in industry, but I've lived in an academic environment and hospital environment, so I understand how they're being used," Prior said. "I've seen this from both sides and learned how to

FRED PRIOR

By David Robinson

Chair of the Department of Biomedical Informatics, College of Medicine

manage projects, work effectively with people, and understand problems from different perspectives.”

He bonded with College of Medicine Dean Pope L. Moseley, M.D., as they were interviewing last year for their respective positions at UAMS. Prior became Moseley’s first major recruit.

“We share the same vision,” Prior said. “We want to have one of the top five biomedical informatics departments in the country.”

UAMS was courting Prior at the same time as other schools, and he could have picked from a list of prestigious academic medical institutions.

“Dr. Prior is an internationally renowned expert in imaging informatics,” said Moseley, a physician scientist who has focused extensively on biomedical informatics initiatives in the United States and at the University of Copenhagen in Denmark. “I can’t stress enough how important this field is to our institution, our state and the future of medicine.”

Prior said he found that UAMS’ leadership understands – where others do not – the value and promise of a robust biomedical informatics program.

By elevating biomedical informatics from a division to a department and with Prior at the helm, Moseley said, UAMS will ensure continued momentum in the advances it has made toward improving health and health care.

Plans include expanding the department and developing a curriculum that prepares biomedical informatics students for jobs outside of academia.

Prior also brings a coveted program to UAMS’ research enterprise: the Cancer Imaging Archive. The archive provides researchers, educators and the general public with a vast, freely accessible, open collection of cancer-specific medical images and metadata. The archive is supported by the National Institutes of Health (NIH) National Cancer Institute, and Prior is its principal investigator.

Prior, who holds seven U.S. and international patents, worked with a consortium of investigators on the recently concluded Human Connectome Project, mapping neural pathways of the human brain. He collaborated with his wife, Linda Larson Prior, Ph.D., a neuroscientist who directed a component of the Human Connectome. She recently joined the UAMS Psychiatric Research Institute from Washington University.

Laura James, M.D., director of the UAMS Translational Research Institute, said Prior brings an extraordinary array of research expertise and experience that will lead to new opportunities for collaboration among investigators in diverse areas of biomedical research.

“He will accelerate our capacity for multidisciplinary team science and has an exciting vision for developing the translational research workforce of the future,” she said. “He also has a clear vision for collaboration within the national Clinical and Translational Science Award network of research sites, which includes UAMS.”

Charlotte Hobbs, M.D., Ph.D., executive associate dean for research in the College of Medicine, said expertise in biomedical informatics is essential for academic health centers in the 21st century. She noted Prior’s international reputation and that he has led teams in private industry and academia on both sides of the Atlantic.

As a demonstration of his success and accomplishments, she said, Prior will be transferring two large, multicenter awards funded by the engineering company Leidos and the NIH to UAMS, as well as two sub-awards on NIH-funded projects.

“We are indeed very fortunate that Dr. Prior has joined the College of Medicine faculty at UAMS, and that he brings his wealth of training and experience to UAMS and the state of Arkansas,” Hobbs said. ●



NWA CAMPUS

By Jon Parham

CREATING OR EXPANDING strategic partnerships will play a key role in strengthening UAMS clinical, academic and research programs in the fast-growing northwest corner of the state now and in the future.

When the UAMS northwest campus in Fayetteville opened in 2007, its initial focus was to expand academic enrollment. Adding

facilities to accommodate some upper-level medical and pharmacy students would broaden their educational experience while plans for a new internal medicine residency program meant more new physicians would be starting their careers in the state.

The campus has grown to 201 students in medicine, nursing, pharmacy and the allied health

professions. There also are 30 UAMS family medicine and two psychiatry resident physicians in the region.

“The health care and academic situation has changed and UAMS has an opportunity now to assess the region’s needs and how we can best deliver on our health improvement mission moving forward,” said Peter O. Kohler, M.D., vice chancellor for the UAMS Northwest Arkansas Campus.

A UAMS strategic planning effort for the region underway has highlighted potential avenues forward that balance regional needs and statewide impact. The planning assessed needs in academics, patient care and research.

Stephanie Gardner, Pharm.D., Ed.D., UAMS provost and chief academic officer, said UAMS has opportunities to build on the successful foundation of the regional campus with new programs. However, these programs must be able to sustain themselves financially in a time of tighter budgets and declining funding for research grants nationally.

“We know there’s likely not going to be new money for expanding or creating programs, so what we do has to have a sustainable business plan,” she said. “We’re going to look for opportunities to build programs and partner with other institutions in collaborations that benefit the programs and Arkansas.”

UAMS and its regional campus both already have a strong reputation for adapting to changing health care needs. Partnerships with health care or community organizations have been a proven catalyst.

One of the university’s newest programs, and the first to be based solely on the Fayetteville campus, is physical therapy. It welcomed its first 24 students in August 2015. The Northwest Outpatient Therapy Clinic opened on the campus in late 2014 with a staff of experienced physical, occupational and speech therapists and top-of-the-line therapeutic devices.

The clinic provides treatment to elderly patients, veterans and athletes, whether they are recovering from an injury or a chronic condition that

affects their mobility or speech. In addition, the clinic provides UAMS physical therapy students experience working with patients while under supervision of clinic staff.

An occupational therapy academic program is now in development. The program would be operated jointly between UAMS and the University of Arkansas, Fayetteville, Gardner said, similar to how the audiology and speech pathology program is jointly operated between UAMS and the University of Arkansas at Little Rock.

“Building a joint program allows us to leverage the strengths already in existence on each campus,” Gardner said. “Also, it complements our physical therapy program.”

The first occupational therapy students could arrive as soon as fall 2017.

Kohler also points to a regional need for medical specialists. Creating new medical residency programs will have new physicians beginning their careers in the region while receiving specialty training as they serve their residency following graduation from medical school.

“No one else is positioned to do that,” Kohler said of graduate medical education in the state.

Plans for an internal medicine residency in northwest Arkansas date back to the original concept for the regional campus. In September 2015, UAMS received accreditation for the residency program, with the first resident physicians to arrive in July 2016.

The three-year residency program will admit eight new physicians annually for specialized training while serving residencies at Mercy Health System Northwest Arkansas in Rogers or at the Veterans Health Care System of the Ozarks in Fayetteville. They also will see patients at a new outpatient clinic opening this year on the UAMS Northwest Arkansas Campus.

Kohler said the program could be a blueprint for future residency programs in the region, addressing needs for more physicians trained in emergency medicine, surgery or any of the internal medicine subspecialties such as cardiology, pulmonology and gastroenterology. ➔



Building a joint program allows us to leverage the strengths already in existence on each campus.”

Gardner said efforts to expand research in northwest Arkansas will focus on possible collaborations and opportunities to tie clinical activity to areas of need.

One example is the Center for Pacific Islander Health, co-directed by Nia Aitaoto, Ph.D., and Pearl McElfish, Ph.D., that opened on the northwest Arkansas campus in 2015. Northwest Arkansas is home to the largest Marshallese population in the continental United States, as well as a smaller number of other Pacific Islanders.

The center focuses on health disparities research, disease prevention and management, cultural competency training for health care providers, and community health worker training. Kohler said strategies developed by the center could translate to effective approaches for the state’s growing Hispanic population and other underserved populations.

The North Street Clinic opened on the campus in 2014 and provides health services to the Marshallese community and education opportunities for UAMS students. The Marshallese have one of the highest rates of type 2 diabetes in the world, affecting as many as 50 percent of adults in northwest Arkansas.

UAMS students from all programs on the campus manage clinic services and coordinate care under supervision, giving them experience providing care for populations that experience health disparities.

“This clinic is a convergence of our commitments to addressing health disparities in our community and offering opportunities for our students to strengthen their skills through interprofessional education,” Kohler said.

Family medicine resident physicians have helped provide care for residents of the Arkansas Veterans Home, a skilled nursing facility operated



by the Arkansas Department of Veterans Affairs in space leased on the UAMS campus. Since 2014, students from other campus programs have participated in interprofessional visits to the home as part of the overall care given by facility staff. In addition, the Northwest Outpatient Therapy Clinic is the therapy provider for the facility.

Through the formation of non-profit corporation ARHealth Ventures, UAMS has joined with Washington Regional Medical Center and the Area Agency on Aging of Northwest Arkansas in another potential partnership — applying to the federal Centers for Medicare & Medicaid Services to create a Program of All-Inclusive Care for the Elderly (PACE) organization.

A model for managed care, PACE strives to enable people 55 years of age or older who have been certified by the state to need nursing facility care, to live as independently as possible.

For enrollees, UAMS would offer the physical, speech and occupational therapy services of its clinic and the home caregiver training delivered through the Schmieding Home Caregiver Training Program of the UAMS Donald W. Reynolds Institute on Aging.

“If approved, the PACE organization will be another example of UAMS working with local partners to address a particular health care need in the region — in this case improved care for our aging population,” Kohler said. ●



“Because all members of this collaboration are headquartered in Arkansas and all rooted in a not-for-profit mission, we share a focus on improving the financing and delivery of health care to Arkansans.”



The Partnership for a Healthy Arkansas

By Elizabeth Caldwell

UAMS IS WORKING in collaboration with other health care organizations across the state to implement programs that improve health care quality and lower health care costs for patients and providers.

The Partnership for a Healthy Arkansas, a Shared Services Organization, was announced in 2015, bringing together UAMS, Arkansas Blue Cross and Blue Shield, Baptist Health, St. Bernards Healthcare and Washington Regional Medical System.

A Shared Services Organization is a business model to lower costs and improve performance while each entity remains independent and community focused. It will not include a merger among any of the founding organizations.

“Our organizations share a common commitment to deliver the best health care and health value to Arkansas citizens,” said Washington Regional Medical System President and Chief Executive Officer Bill Bradley, who was elected chairman of the new organization.

“Because all members of this collaboration

are headquartered in Arkansas and all rooted in a not-for-profit mission, we share a focus on improving the financing and delivery of health care to Arkansans,” he said.

Chris Barber, president and chief executive officer of St. Bernards Healthcare in Jonesboro was elected vice chairman of the new organization.

“Following extensive discussions on how best to improve health care for Arkansans, our organizations came to the conclusion that collaboration on innovative health improvement and efficiency initiatives across the state is the right approach,” Barber said. “We retain our focus on our communities’ needs and learn best practices from each other.”

The Partnership for a Healthy Arkansas is evaluating opportunities to achieve cost savings and performance improvement in three main areas – operational shared services, population health shared services and clinical improvement shared services.

Troy Wells, Baptist Health president and →



chief executive officer, is secretary/treasurer of The Partnership for a Healthy Arkansas. He said specific programs in these three areas will reduce duplication, share the cost of expensive operations and improve performance for the benefit of patients and insurance plan members.

“To be successful, we will engage our affiliated physicians as leaders and partners in many initiatives,” Wells said.

Examples of potential collaborative efforts include information technology, customer call centers, patient care management and coordination, expensive bio-medical equipment maintenance, and quality and financial data analysis.

Having Arkansas Blue Cross participate in

this effort is unique among such organizations nationwide.

The collaborative will facilitate cooperation between the health systems and the insurance company to provide the best care at the lowest cost for the state’s most financially vulnerable individuals as well as those residents who receive employer-sponsored coverage whether self-funded or fully insured.

Mark White, president and chief executive officer of Arkansas Blue Cross, said the partners have a common goal to ensure Arkansans receive high-quality, efficient care under new and innovative payment arrangements and insurance projects.

“Our collective efforts will ultimately improve



the health of Arkansans by working in concert with our health system and physician partners,” White said.

Roxane Townsend, M.D., vice chancellor of clinical programs for UAMS and chief executive officer of UAMS Medical Center said the state is fortunate that the leading health systems and the state’s largest health insurer “have a truly collaborative relationship and shared goals.”

UAMS and Baptist Health already are working together to reduce duplication in two clinical areas: vascular surgery and inpatient rehabilitation. More areas of clinical cooperation are under consideration. In addition, UAMS collaborates with St. Bernards and Washington Regional through its Regional Programs, partnering on

family medicine residency training, telemedicine and a variety of clinical programs including family medicine, geriatrics and high-risk pregnancy.

“UAMS is a valuable state asset and serves all Arkansans with services in all parts of the state,” said UAMS Chancellor Dan Rahn, M.D.,

“Because Arkansas ranks 49th in overall health outcomes among the 50 states, we face a collective challenge and responsibility to address high percentages of smoking, poverty, obesity and cardiovascular disease,” Rahn said. “Cooperation to maximize resources and improve access to care is the key to improving the health of our citizens, and has a direct impact on employers and our entire economy.” ●

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