Department Demographics

- Chair- Sancy Leachman, MD, PhD
- Administrator- Don Glazier, MPH, FACHE
- Clinical Faculty – 27
- Research Faculty – 3
- Volunteer Clinical Faculty – 13
- Residents – 13
- Fellows - 2
Employment Status

• Dermatology Faculty- All employees of OHSU

• Dermatology Clinicians- All affiliates of the OHSU Faculty Practice Plan under the School of Medicine
OHSU Dermatology Staff Distribution

- Cosmetics- 5 MA/LPN
- Clinical Trials- 5 coordinators
- Dermatopathology- 10 lab techs/adm
- General Dermatology- 16 MA/LPN
- Mohs Surgery- 5 MA/LPN
- Pediatric Dermatology- 4 MA/LPN
- Basic Science Labs- 8 research assts.
- Residency/Fellowships- 1
- Administrative Staff- 3 Sr Dirs, 6 Mgrs, 1 RN, 4 Assts.
OHSU Hospitals (UH)

- 501C3, 398 beds Adult & 145 beds Peds
- No Derm staff employed by UH
- UH provides facility billing for Dermpath lab and Mohs surgery unit. Collections returned to Derm.
- Fund 5.5 Residents
- Provide stipend for Chair and Quality Comm Chair ($96,000)
OHSU Faculty Practice Plan (FPP)

- FPP includes all professional service providers practicing at OHSU. Reports to the SoM Dean.

- 501C3 University Medical Group Billing Service incorporated under FPP. Performs professional fee billing and collection. UH/FPP one statement. (5.3/7% billing fee)

- Includes all inpatient and procedural coders

- Clinical Development Fund (.75%) for new faculty recruitment requests.
OHSU School of Medicine (SOM)

• One of 4 OHSU schools (Nursing, Dentistry, Public Health, Medicine)

• SOM reviews all new hires (faculty/staff)

• 18 Clinical & 4 Basic Science Depts.

• Administers “Faculty First” compensation subsidy funded by UH.
OHSU Dermatology
Dept Administrator’s Role

• Administration- 65% (Financial analysis, Recruitment, Chair meetings, Committee meetings, OHSU meetings, Emails!!!, Policies, Strategies)

• Clinical Practice- 30% (Rev cycle, Provider productivity, Operations improvement, Program development)

• Research/Education- 5% (Bridge funding, financial tracking)
Pluses & Minuses

- + Financially profitable
- + Facility revenue from Lab & Surg
- + Melanoma big tie to Knight Cancer Institute.
- + Spectacular facilities
- + Outreach locations & agreements
- - Lack of Space (clinical & offices)
- - Uncertainty of value-based reimb.
- - Faculty comp ~65% of community
- - Access (can’t keep up with demand)
# Clinical Payor Mix

<table>
<thead>
<tr>
<th>Primary Fin Class</th>
<th>% of Charge</th>
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</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>7.09%</td>
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<tr>
<td>Medicare</td>
<td>37.27%</td>
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<tr>
<td>Medicaid</td>
<td>7.40%</td>
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<tr>
<td>Self-Pay</td>
<td>3.61%</td>
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<tr>
<td>Worker's Comp</td>
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<tr>
<td>Tricare</td>
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<td>Blue Cross</td>
<td>14.98%</td>
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<tr>
<td>Managed Care</td>
<td>28.96%</td>
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</tbody>
</table>
Measures of Productivity

• Collections- 38% to provider

• cFTE- top down, 1.0 less funded duties= cFTE.

• Benchmarks- AAMC Western Region 50% comp (3 yr ave), FPSC wRVU/cFTE.

• Faculty First- wRVU subsidy to AAMC 50%tile
What Does the Future Hold?

- OHSU Partners- State-wide health system
- Focus on value & quality of care
- Faculty comp disparity
- Access- expand high margin services
- Extended hours for clinic
- Telederm expansion- access, cost
- Increased philanthropy
Questions?

Thank You