



The Organ Donation and Transplantation Alliance connects organ procurement organizations, transplant centers and hospitals to education and best practice resources nationwide.

TRANSPLANT C-SUITE SNAPSHOT SERIES

ESTABLISHING A TRANSPLANT INSTITUTE:

A MODEL FOR ALIGNMENT & INTEGRATION

A Transplant Institute is an interdisciplinary entity that requires a unique process to unify its theme, mission, and vision toward a common purpose. Of paramount importance to the operations of a Transplant Institute is the alignment of goals and objectives with its parent organization in the following areas: Quality, Accountability of Operations, Compensation, Command and Control, and Support for Resources and Investments. Based on the experience of the Henry Ford Transplant Institute, this C-Suite Snapshot issue highlights one approach to developing a successful Institute and incorporates guidelines that could be used to adopt this model.

WHY AN INSTITUTE?

Henry Ford Hospital has been known as a tertiary/quaternary private academic institution since its founding in 1915. An early employment-model closed hospital practice, it led many educational and clinic innovations in the state. Departments were structured along the classic academic model. The first kidney transplant was in 1969 with later expansion to other organs. However, the institution faced many challenges. Financial support and incentives were misaligned with silos between

hospital and departments. Investment in needed resources (staffing, space, technical support etc.) was always stymied by budgets, which were often misguided by limited understanding of transplant finance. Quality management and oversight was scattered and ineffective. Marketing and public relations were not focused on transplant. Staff from different departments were not aligned toward a common cause or programmatic thinking with conflicting division/department strategies. The Institute proposed to: (1) create a model to better understand and manage finances, (2) align strategies, staffing, services and needed resources for clinical programs, (3) break down silos financially and clinically, (4) ascertain excellent clinical services and innovations, and (5) expand philanthropic efforts.

A STRUCTURED APPROACH

Accurate finances were developed and illustrated the scale of transplant contributions to the institution in its entirety with attributions. A profitability model with revenue allocation was developed. A framework for services to be managed by the Institute was outlined. These included financial management and contracting, quality improvement and regulatory compliance, outreach operations, marketing and public relations, transplant research and registry management, philanthropy and development, and patient centered education. A governance structure was developed that included all key stakeholders from hospital and departments leadership. Senior leadership was educated, and feedback incorporated. Leadership approved the initial model. All expectations were met and the value proposition materialized at all levels. In recent years, the model was expanded to include physicians from abdominal transplant programs with a matrix relationship to clinical departments.

To further strengthen the culture and the coalition, regular meetings and yearly retreats were conducted. These engaged all transplant support and administrative staff from all services and all physicians. This allowed creating a common culture, knowledge sharing and building of common strategies. Inter service learning and awareness allowed for team building and sharing of knowledge and expertise across services. We succeeded at creating a common culture and community.

BENEFITS & ACCOMPLISHMENTS FROM AN INSTITUTE MODEL

There were many benefits to the creation of an Institute model:

- Growth of clinical programs with new programs and innovations, and revenues accordingly
- Understanding and optimization of finances, ROIs, contracting, organ acquisition, downstream
- Expansion and improvement in contracting with participation in COE programs
- Robust quality improvement and regulatory compliance
- Improved visibility via marketing and public relations
- Expanded outreach operations throughout the state
- Improved research collaborations
- Patient centered activities and structures

REFLECTIONS

Formation of an Institute, the breakdown of financial and clinical silos and alignment of finances, services and culture, are counter current to the academic model. Hence co-existence of both models requires strong and visible senior leadership support and acculturation of department and divisional leaders. The journey has been a great success for transplant, the staff and patients. It does take time, patience and work of leadership to develop and sustain such a model.

FUTURE DIRECTION

In the current environment of escalating healthcare costs, the need for a value-based approach is necessary for survival in the market. In transplant more than any other specialty, this requires perfect clinical alignment to achieve desired results, shared accountabilities for outcomes and financial imperatives, effective cost containment and continuous quality improvement, and patient and family engagement in care. The Institute model can deliver on these promises, albeit with an understanding that the academic department is a partner in this evolution.

TRANSPLANT C-SUITE SNAPSHOT WEBISODE SERIES

Visit organdonationalliance.org/csuite to view a special webisode presentation on *The Transplant Institute: A Model for Alignment and Integration*, presented by Dr. Marwan Abouljoud and Robert Hawkins of Henry Ford Transplant Institute in Detroit, Michigan.

