



**ONE TEAM**  
United on Integration

## *UVA Community Health: Frequently Asked Questions March 2023*

On July 1, 2021, UVA Health made an important step forward in its delivery of clinical care across the Commonwealth by becoming the sole owner of the entity now known as UVA Community Health. Prior to the transaction, UVA Community Health was a joint venture entity, with the majority of ownership and management decision-making controlled by Novant Health, a North Carolina based healthcare entity. While the timing of the transaction pre-dates the development of UVA Health's Strategic Plan: One Future Together, nearly every pillar of the plan is impacted by the extensive work happening around integration across the system and these efforts have served as a catalyst to many of the initiatives underway as part of plan implementation.

With this transaction, UVA Health joined many of its academic peers who have long been adopters of a diversified academic and community enterprise given the array of benefits from integrations of this nature. These benefits include: expanded clinical care offerings and catchment area, support to all missions (teaching, research, community and clinical) with increased clinical revenues, broader depth and scope of clinical trials, potential for increased training sites and access to lower cost sites of care. By way of example, our nearby academic peers have expanded their enterprises to 7 hospitals for Johns Hopkins, 11 for UNC Health, and 3 for Duke Health. This is in keeping with the national trend as evidenced by the recent announcements from University of Michigan Health, University of Kansas Health System and WVU Health regarding similar integrations with local community hospitals.

UVA Health has firmly positioned itself to align its delivery of community clinical care alongside its academic offering. Our goal is to keep care local when possible, but use our network to ensure high tertiary and quaternary care is delivered at UVA Medical Center in Charlottesville. This important step is critical to delivering efficient, patient-centered care, grounded upon system-level synergies and economies of scale that benefit all organizations that support UVA Health and its core mission to serve the patients of the Commonwealth.

Given the magnitude of the integration and transition efforts underway, this document is intended to address various questions as we strive toward an integrated system as one UVA Health.

### **What is UVA Community Health?**

UVA Community Health is one of the seven entities supporting the multiple missions of UVA Health, with a primary focus on the growth and expansion of community clinical care across the Commonwealth. It is a wholly-owned 501(c)(3) non-profit entity, which owns and operates three acute care facilities (UVA Health Prince William Medical Center, UVA Health Haymarket Medical Center, UVA Health Culpeper Medical Center), a medical group (UVA Community Health Medical Group), a cancer care center, imaging facilities and a philanthropic foundation.

There are 260 beds among the three acute facilities, providing access to over 1,000 beds system-wide when combined with the number of beds at the UVA Medical Center. UVA Community Health employs over 2,500 team members and saw over 125,000 patients in Calendar Year 2022 with nearly 14,000 inpatient admissions and close to 100,000 emergency department visits. The UVA Community Health facilities play a vital role in delivering clinical care within each of the communities served and create a continuum of care provided by UVA Health across a broader geographical area with the goal of creating and maintaining a statewide presence.

### **Are there financial risk/implications created by UVA Community Health?**

Each of the seven entities within UVA Health is responsible for managing its own budget and any risk to the overall enterprise. All related transition expenses have been borne entirely by UVA Community Health, through its cash flow and reserves, and it remains in a strong financial position as we continue to drive cost savings through integration and synergies across the system. With sole ownership, UVA Health is better positioned to make decisions that benefit UVA Community Health and the system as a whole as it continues to grow financially.

By leveraging our position as a \$3.8B+ health system and aligning across each of the entities, we have great opportunity to strengthen our financial foundation by reducing redundancies and creating integrated, cost-efficient systems of care delivery and operational models.

### **How do we ensure that patients receive the same world-class level of care, which UVA Health is so well known for, across the system?**

The delivery of patient-centered, high-quality clinical care is the core of our mission in serving our patients and is the expectation of all UVA Health entities. As part of our commitment to alignment around quality, all UVA Health entities, including UVA Community Health, are measured on the same set of quality and safety scorecard metrics, a critical tool in ensuring transparency and alignment across all entities. This coordination also creates a foundation for driving system-wide areas of focus e.g. mortality index, hospital acquired infection, etc. Notably, all three of the UVA Community Health acute care facilities have maintained Leap Frog A rankings for their superior approach to patient quality and safety.

In addition, we have implemented systems to ensure that we are recruiting the highest quality providers and maintaining the highest levels of care. These include: a system-level provider recruitment function, as well as a centralized credentialing function to ensure that all recruited providers are held to the same standard of rigor when applying for privileges in any of our clinical care settings.

### **Why are there two medical groups supporting the delivery of care for UVA Health?**

When we purchased UVA Community Health almost two years ago, this included the three hospitals and their associated facilities, as well as a thriving community medical group which we have continued to grow, now called UVA Community Health Medical Group. There are many distinctions between the delivery of academic and community clinical care, including expectations of time commitment, compensation models, etc. Consequently, maintaining separate medical groups for each has become the standard for Academic Medical Centers around the country.

At UVA Health we are using UVA Community Health and its medical group as the platform for statewide expansion in community medicine, with the University of Virginia Physicians Group (UPG) serving as the organization supporting our academic faculty who are focused on all four of our vitally important academic missions.

We have encouraged our departments and service lines to be aligned with our community providers so the delivery of clinical services is seamless across the system and throughout the Commonwealth. There is much work being accomplished now to create this alignment and integration. The key aim is for community care to be performed locally across the state with the more complex patients receiving their care at UVA Medical Center in Charlottesville.

### **What is the relationship between the UVA School of Medicine clinical departments and our service lines and the employed providers at UVA Community Health?**

The nexus between the community providers and the academic faculty is one of the most important considerations of our integration efforts and provides UVA Health with the opportunity to be a leader in this space. There are active planning discussions with the UVA Community Health leadership, departments/respective chairs and service lines to ensure that we are creating infrastructures and reporting models that drive alignment across all providers supporting UVA Health.

Several Chairs of the clinical departments have already been actively interacting with UVA Community Health, helping to recruit UVA Community Health employed physicians (e.g. Radiology, Surgery, OB/GYN, Urology). Several service lines have also engaged in a productive dialog including Cancer and Cardiovascular. Ultimately, the goal is for UVA Community Health providers to continue providing high quality primary, secondary, and low tertiary care to patients in their local environment and for high tertiary and quaternary level cases to be cared for by subspecialist faculty physicians at the UVA Medical Center in Charlottesville.

Lastly, as part of the strategic plan, we hope to expand clinical trial options to all patients within UVA Health. As such, the UVA School of Medicine is embarking on creating a UVA state-wide clinical trials unit. This effort will facilitate the ability of UVA Community Health providers to enroll their patients in clinical trials based out of the UVA Medical Center, benefiting all.

### **Will UVA Community Health Medical Group providers have professorial faculty appointments?**

Only those providers that meet the requirements for professorial faculty appointments, as determined by existing criteria for the UVA School of Medicine, will have such appointments. It is anticipated that few providers will pursue this option. For those providers that meet criteria for a professorial appointment, there will be a specific designation/title for the UVA Community Health clinical providers in recognition of the relationship to and alignment with the clinical departments (similar to how the INOVA providers have faculty appointments and distinct titles based on their teaching of our UVA medical students). This title is to be determined.

### **Will there be teaching sites at UVA Community Health?**

In the future, if there is interest in developing clinical training sites at any of the UVA Community Health locations, all requests will be processed through the UVA School of Medicine for medical students and

our Graduate Medical Education (GME) office for GME training. We also may consider future training opportunities for nurses as well as other health professions. The benefit of these additional sites is that our students and trainees will be able to expand their exposure to community clinical care models. This exposure to community medicine has been well received by our students and trainees who are currently rotating outside of UVA Health (i.e., INOVA, Salem VA, Bon Securs, etc.). These experiences will foster relationships between our students/trainees and UVA Community Health providers and will hopefully encourage our trainees pursuing a non-academic pathway to remain within the UVA Health system.

### **Is UVA Community Health a competitor?**

Quite the opposite. UVA Community Health is positioned to expand care throughout the Commonwealth and any potential for competition will be mitigated by clear coordination with the departments and service lines. With UVA Health's state-wide expansion, patients are able to receive their primary and secondary care locally, while remaining in the same system for more high tertiary and quaternary care here in Charlottesville.

Our strategy and marketing departments are UVA Health corporate services that support the entire system and these entities will further ensure coordination and alignment of key clinical programs and strategic growth across the Commonwealth.

### **Will UVA Medical Center in Charlottesville continue to be a destination for subspecialty care?**

Absolutely. There is tremendous opportunity for UVA Community Health to retain patients in their respective communities for primary and secondary care, and for these same patients to remain within a single system and be cared for in Charlottesville for their more complex care. There is currently considerable outmigration to other systems throughout northern Virginia and elsewhere due to a lack of availability of clinical services in local areas served by UVA Community Health. The ultimate aim is to grow and develop local clinical care offerings in order that patients can remain close to home, while also having access to more high tertiary and quaternary care at UVA Medical Center.

A key part of this relates to our One Team | United on Access initiative that will help to ensure that subspecialty care can be accommodated by our providers here in Charlottesville. Additionally, as we integrate toward a singular Electronic Medical Record (EMR) platform, there will be enhanced opportunity for greater coordination of care and telemedicine outreach in UVA Community Health communities.

### **How are medical records and other IT related systems being integrated?**

Following the go-live of UVA Health Culpeper Medical Center which will occur on June 1, 2023, all UVA Health entities will be on a singular instance of EPIC, allowing for seamless care across the system, benefitting our patients, as well as our providers, who will have access to labs, imaging, etc. for patients seen in any UVA Health facility.

In addition, we have created a centralized credentialing office that serves the entire system with a single application for credentialing and privileging across all facilities, subject to the review and oversight of the respective medical staffs. As well, we now have integrated systems for supply chain, finance and revenue cycle.

**Is there a singular provider directory?**

Yes. A single provider directory went live in mid-December, inclusive of a best-in-class technology platform to manage both the integrity of provider data feeding our credentialing process, as well as the feed to the UVA Health website provider directory. The new platform includes all providers with privileges at any UVA Health facility (<https://uvahealth.com/findadoctor>). Each provider's specific status within the organization, including whether they hold an academic title, whether they are employed/non-employed, etc. is detailed in their provider profile with specifics about their practice areas. There is ongoing optimization work in progress, which is scheduled to be completed between March and May of 2023.

**Is the work for integrating UVA Community Health taking priority over other projects that support UVA Health?**

This is a period of transition for our organization, especially in health information technology (HIT) where we are establishing our instance of EPIC across all of UVA Health. This will greatly benefit our patients, particularly those from Culpeper as well as Prince William and Haymarket where the transfer of information has been challenging in the past because of the varying IT platforms. However, despite these extensive integration efforts, our HIT team completed 21 major health information and technology related projects at UVA Medical Center in Charlottesville this past year, which is consistent with the number of initiatives in prior years. There are also an additional 20 HIT initiatives underway that will be completed this fiscal year.

**How does UVA Community Health support UVA Health's strategic plan?**

The work of UVA Community Health touches every pillar of our strategic plan and is a clear demonstration of UVA Health's ability to plan and execute on its strategic vision. UVA Community Health is uniquely positioned to support multiple areas of the strategic plan and will be key in providing a platform for many of our strategic imperatives.