

Mission-Based FTE: Defining Mission

Mission-Based FTE (MBFTE) Final Report, 2021

Purpose of this report is to provide guidance to defining **mission** when reporting faculty and non-physician provider FTE information to the Workforce Planning (WFP) Committee

Sections include:

- Workgroup Purpose, Rationale, and Benefits
- Mission Based Definitions
 - clinical definition
 - education definition
 - research definition
 - administration definition
- MBFTE Steering Team membership

Creating Standard Mission Definitions When Reporting Faculty and Non-Physician Provider FTE

Purpose:

- UW Health (UWH) and the UW School of Medicine and Public Health (SMPH) recognize that our faculty and non-physician providers are key to delivering the tripartite mission effectively. The ability for UWH and SMPH to meet the needs of our patients, learners and research effort is dependent on knowledge of our faculty's available time for each mission.
- Bring clarity to the provider workforce available to deliver the clinical, teaching and research missions by establishing consistent definitions of provider FTE for each mission.

Rationale:

- Lack of reliable and consistent provider data FTE by mission, as well as inconsistent definitions of missions across departments leading to inconsistent data to inform planning and decision-making
- Need to provide input to other related initiatives (Funds Flow Transition/Academic Dept Budget Process, Physician Compensation Plan Guidelines, Workforce Planning, Medicare Cost Report, etc.)
- Inform Provider Resource Scheduling system

Benefits of Standardizing Provider FTE by Mission Definitions

- Provide consistent and reliable data across departments for decision-making
- Standardize the way physician activities are measured
- Quantify FTE for research, education, and clinical work
- Promote provider wellbeing through appropriate measurement of effort (e.g. standardizing FTE will help identify situations where an individual might have significantly more effort than 1.0, such as 50% effort in teaching or research but they are still expected to work 80% clinical)
- Clinical benchmarking for workforce planning, including provider recruitment and retention analysis
- Provide mission definition clarity when providers are doing multiple missions simultaneously

Mission-Based Definitions:

Recognizing that multiple missions frequently occur simultaneously the following guidelines were developed to provide consistent treatment of activity when declaring FTE by mission:

1) Clinical Mission FTE:

Direct and indirect patient care, including all work required to document patient care.

- a. Call as defined by individual departments.
- b. Routine medical student, resident and fellow teaching and research that takes place coincident with clinical activity (routine as defined by the individual department).
- c. Inpatient: Consults, Service, OR/Surgical, Labor and Delivery
- d. Ambulatory (Primary Care and Specialty Clinics): Patient face-to-face care, care coordination (non-face to face, clinical documentation, record review, MyChart), OR/Surgical, Interventional Radiology
- e. Shift-Based: Hospitalists, anesthesia, and urgent care. Time scheduled for call coverage or interpretations (reads).
- f. Other clinical care: Tumor Board, Antimicrobial Stewardship / Infection Control Teams, Clinical trial effort that is incidental to a standard clinical setting (e.g., identifying a potential study subject), Patient care for other organization via purchased service agreements (Outreach), Community Health projects

2) Education Mission FTE:

Teaching and training of medical students, residents, and fellows (accredited and non-accredited).

- a. Didactic Education: Course-based, classroom, small group, mentoring. Includes preparation for teaching, development of lectures, and evaluations.
- b. Patient-Based Education: Evaluation of students, including appropriate face-to-face feedback and evaluation forms are part of the education FTE. Patient-based education above the routine teaching requirements of the individual department is considered education FTE (routine patient-based education is part of clinical FTE).
- c. Research Education/Mentoring (MBFTE had to pick one, and this is it!)
- d. Global Health

3) Research Mission FTE:

Systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

- a. Research: Collection of data, supported documentation, writing of grants and papers, community engagement and intervention. Basic Sciences Research. Health Services Research. Clinical research, including clinical trial oversight as a PI or equivalent. Research study visits. Compliance Review
- b. Research Supervision

4) *Administration Mission FTE:*

Responsible for managing and directing a program, service, division, or department.

- a. UW Health: Medical Director, Inpatient / Outpatient Dyad, other System Administrative Role
- b. SMPH: centrally appointed Research - Center Director (ICTR, Carbone Cancer Center, other). Institutional research training program director. Deans (assistant and associate). Education Leader (i.e., Thread Leaders, CT Leaders, Ambulatory Block Leaders, other).
- c. Department: Clinical Vice Chair, Research Vice Chair, Education Vice Chair, Section or Division Chief, Residency / Fellowship Program Director, Community Health Outreach.
- d. Non-UWH clinical administrative role via purchased service agreement
- e. Admin Effort EXAMPLES:
 - i. Clinical Admin effort/FTE:
 1. Medical Directorships
 2. Vice Chair of Clinical Affairs
 - ii. Education Admin effort/FTE:
 1. Vice Chair of Education
 2. Residency Program Director
 3. Fellowship Director
 - iii. Research Admin effort/FTE:
 1. Vice Chair of Research
 2. Co-Director Clinical Research
 3. IRB Chair
 - iv. General Admin effort/FTE:
 1. Chair Admin effort will either be coded as General or have a portion of admin FTE in each of the three core missions
 2. Some administrative roles and activity support all mission and can then be coded to General Admin
 3. Executive Vice Chair
 4. Senior Vice Chair

MBFTE Steering Team Membership, 2021

Role	Participant	Content Expertise/Rationale for Participation
Physician Lead	Dr. Betsy Trowbridge	Clinical Faculty Representative
Administrative Leads	Kelsie Doty Teresa Neely	Funds Flow Transition Lead, Practice Plan Administration Provider Resource Scheduling Lead, Operations
Chairs	Dr. Beth Drolet Dr. Stephen Nakada	Chair Representative Chair and Practice Plan Representative
Faculty	Dr. Erik Ranheim Dr. Lee Wilke	Academic Dept Budget Process Workgroup Lead, Faculty Rep. Faculty Representative
NPPs	Rhonda Hoyer	Non-physician Provider Representative
Department Administrators and Staff	Jenni Stevens	Former Mission Definitions Workgroup Lead, DA Representative
Operations and Administration	Ken Mount	Funds Flow Transition Lead, Academic Dept Budget Process Workgroup Lead, SMPH Representative