Building a healthier MIT: From strategy to implementation

Administrative and Fiscal Officers Meeting
Spring 2019
Mission Statement

Building a healthier MIT, so MIT can build a better world.
Vision Statement

Through collaboration, innovation, education, and excellence in service, MIT Medical redefines campus health. Our community depends on our expertise, and other universities and healthcare organizations look to our example. Every patient who comes through our doors knows they will receive excellent care.
Vision Statement in Practice

• Growing, not shrinking
  – Not just a student health center — an MIT health center

• Treating patients, supporting populations
  – Care for patients outside of visits and beyond our walls

• An integral part of MIT and its mission
  – We care for those who innovate, and we innovate too
MIT Medical Strategic Plan

Deliver an excellent MIT Medical experience

Cultivate a healthier MIT

Develop a vibrant laboratory of innovation

Promote and support a culture of sustainability stewardship

Position MIT Medical to engage in the next generation of healthcare
Organizational “Deferred Maintenance”

- We defined a bold strategic vision that is tempered by our recognition of required organizational “deferred maintenance”
  - Significant work to strengthen, and build, supporting capabilities
  - Shore up gaps in policies, standard procedure, physical infrastructure, and the capabilities of our team
Organizational “Deferred Maintenance”

Electronic medical record
- State-of-the-art when launched in the late 1990's, limited upgrades since

Care delivery model
- Individual provider-centric approach supplanted by teams and “Patient-Centered Medical Homes”

Flat organizational structure
- Senior leadership-biased, with limited mid-level managers

Too little information
- Robust data collection, but limited tools to convert into actionable information for front-line clinicians

Compliance gaps
- Policies and procedures lagged behind best practice models in the ever-changing healthcare ecosystem
Our Approach...

- Deliver an excellent MIT Medical experience
- Cultivate a healthier MIT
- Develop a vibrant laboratory of innovation
- Promote and support a culture of sustainability and stewardship
- Position MIT Medical to engage in the next generation of healthcare
Foundation Year Components

**Capabilities**
- Population Health
- Project Management Office

**Approaches**
- Zero-based Budgeting
- Zero-based Staffing

**People**
- Organizational Structure Redesign
- Investing in our Team
Population Health

Care “Beyond the Walls”

• Helps to convert data into actionable information
  – Patient registries
  – Risk scoring

• Supports care improvements and value-driven approaches

• Creates visibility of care outside of MIT Medical

Population Health Universe
Project Management Office (PMO)

Role of the PMO

- Ensure that projects align with MIT Medical’s strategic vision
- Monitor progress and provide reporting to stakeholders and executive sponsors
- Identify risks and proactively develop mitigation and contingency plans
- Creating a culture of production, on-time delivery of project milestones

Tools and Approaches

- Clarity of project ownership and executive sponsorship
- Industry-standard project documentation, including project charters, plans, and risk registers
- Online team collaboration and Organization-wide dashboards with “Smartsheets”
Zero-based Budgeting

Building from the Ground Up

- **Look to efficiency**
  - Look ahead to estimate efficiency-related changes

- **Seek savings**
  - Look for savings wherever possible

- **Actuals, not estimates**
  - Compare to prior year’s actual results, not budget

- **Granularity**
  - Review budgets at the G/L level

- **No assumptions**
  - Every dollar, every year, must be justified for every cost center
Zero-based Staffing

Staffing Without Assumptions

1. Existing position opens
2. Requirement to justify replacement
3. Weighed against all open requests
4. Allocate headcount to highest need

Outcomes

• Attrition creates opportunities to evaluate each role, function
• Process is consistent and transparent
  – No surprises when roles are not backfilled
  – Creates culture of demonstrating need
  – Emphasizes organizational priorities
• Limits annual headcount requests
Organizational Structure Redesign

Challenges of a Flat Organization

- Too few middle managers providing “on-the-ground” leadership
- Limited pathways for employee development
- Managers with excessively large spans of control

Reorganization Approach

- Align administrative functions with clinical teams, creating partnerships
- Create new functional managers and front-line team leads across the organization
- Add more differentiated and achievable steps for professional advancement
Investing in Our Team

Engaging and Developing

• Conduct annual healthcare-specific employee engagement survey
  – Set a baseline for interventions and measure progress

• Executive coaching for key leaders

• Comprehensive management training program – creating MIT Medical leaders at all levels

“Leadership Everywhere”

- Executive leadership
  “Drivers of change”

- Managers & supervisors
  “Coaches and champions”

- Functional leads
  “On-the-ground experts”

- Individual contributors
  “Leaders-in-training”
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Foundation Year+
The “Why” of a Foundation Year

Creating a foundation isn’t easy, fast or glamorous… but if you want to dream big, it is a requirement.

And we are dreaming big.
Building a healthier MIT, so MIT can build a better world.