



Greenville Hospital System University Medical Center Strategic Plan

Introduction

The 2008 Greenville Hospital System (GHS) University Medical Center Strategic Plan remains true to the vision created by past leaders, including innovators such as Mr. Robert Toomey and Dr. Ray Ramage. It is a blueprint for the continued, deliberate transformation of our organization that addresses near-term objectives in the areas of clinical quality, patient satisfaction, market growth, and financial stewardship. It also addresses longer-term goals associated with defining GHS' central role in an evolving academic health system that integrates the core elements of clinical service, research and teaching for the purpose of improving health care delivery. It positions GHS to be able to respond to the growth in the upstate and meet the healthcare needs of the population.

The structure and configuration of GHS reflects its mission, the environment in which it operates, and the strategic choices made by leadership over the years. GHS looks very different today as compared to its beginnings in 1912 as Greenville City Hospital — the first public hospital and “training school for nurses” in Greenville. Over the years, GHS has progressed from a standalone hospital serving the city of Greenville, to a hospital serving a county (1947 - Act 432), to the nation’s first hospital system with a satellite hospital serving a major urban hospital (1952 – Allen Bennett), to an integrated delivery system with academic teaching and research programs (1983 – elective rotations for University of South Carolina students) serving the 10-county Upstate. This truly unique organizational evolution was necessary for GHS to continue to serve its mission in a rapidly changing healthcare market place. By any measure, GHS and its medical staff provide excellent care to those who are seen in our physician practices and hospital facilities, but cannot completely address the underlying causes of disease and health by merely working harder in its current care delivery model. GHS must continue to evolve and transform in a manner that further integrates teaching, research, and clinical service within a structure that enhances not only how the diagnosis and treatment of injury and illness, but allows a focus on preventing their onset.



Process for Establishing Strategic Plan Priorities

The 2008 GHS Strategic Plan priorities were developed from a system-wide process that began with a comprehensive, rigorous review of internal and external data affecting health care delivery and economics. Recommendations were presented to physician and administrative leadership. Through many meetings and discussions with various leadership groups, GHS leadership's recommendations were finalized and are outlined below:

- enhance our competitive stance in local and regional markets
- generate revenues and patient volumes essential to maintain the financial strength of the organization
- advance improvement in clinical quality and patient safety efforts
- achieve the synergies among academic, total health, and clinical program development activities which are fundamental to favorable outcomes in patient care, market position, and finances
- leverage new models for health care delivery and health services management
- establish points of integration between GHS and University of South Carolina (USC) for the advancement of health care delivery and support the development of an academic health system
- provide GHS with the capital and resources necessary to support its role as the safety net provider to the underserved in our communities

Strategy Development: Organizing our Planning Around What We Aspire to Be

Three different organizational roles were considered in the early stages of strategy development in order to sharpen the focus of strategic planning by asking the question: "Do we aspire for GHS to be:

The Community Provider of Choice, or
The Upstate's Leading Specialty Provider, or
South Carolina's Premier Academic Medical Center?"

The answer to this question has significant implications as to GHS' place in the market, investment decisions, organizational priorities, and partnership and affiliation needs. Based upon GHS' mission, the imperatives in the areas of growth, regionalization, academics, and Total Health, the dynamics of our regional health care marketplace, and in recognition of continued organizational transformation, a unique planning model was created for GHS. Through a commitment to balanced excellence, GHS fulfills all three roles in a manner that creates synergies and efficiencies among system components to the benefit of GHS' patients and other constituencies.



The Plan

Organizational Role: Community Provider of Choice

The Market: Greenville County and selected submarkets in proximal communities

The Business: Primary and secondary care, prevention and wellness

The Focus:

1. Physicians: primary care and specialty care practice development
2. Improve access to GHS services
3. Improve community health status in selected areas
4. Manage payer mix to support mission activities
5. Protect and grow market share in primary and secondary service areas
6. Expertise in ambulatory services development and management

Environmental and Organizational Factors Influencing Recommendations:

1. Increasing competition for commercially insured patients.
2. Significant residential growth in areas where there is limited or no GHS care delivery outlets and where other healthcare providers are planning or developing facilities and services.
3. Majority of clinical volume growth for GHS in the primary service area will be in the ambulatory (outpatient) sector.
4. Chronic disease management, prevention, and wellness services are provided by clinicians primarily in the ambulatory environment.
5. Many primary care practices have a long wait for an initial visit or are not accepting new patients

Recommendations:

- #1: Increase access to GHS physician services in targeted locations.
- a. Expand GHS primary care and community-based specialty physician practices.
 - b. Establish multispecialty ambulatory care centers (MACC) in selected locations.
- #2: Organize and deliver services around needs of targeted demographic groups.
- a. Create an ambulatory Women's Total Health Center (WTHC).



#3: Improve access to GHS ambulatory services.

a. Create an ambulatory imaging center.

#4: Improve health care delivery to the medically underserved.

a. Develop a medical home for the pediatric Medicaid population.

b. Improve access to outpatient psychiatry services for targeted populations.



Organizational Role: The Upstate's Leading Specialty Provider

The Market: 10 county Upstate region

Greenville, Spartanburg, Laurens, Oconee, Pickens,
Anderson, Greenwood, Union, Abbeville, Cherokee

The Business: Specialty medicine with an emphasis on:

1. Oncology
2. Cardiovascular
3. Musculoskeletal/Spine
4. Pediatric specialties
5. Neurosciences
6. Medicine and Surgery specialties

The Focus:

1. GHS University Medical Group (UMG) physician practice growth and development.
2. Growth of specialty services in secondary and tertiary service areas.
3. Operating efficiency and performance improvement of hospital and ambulatory services.
4. Improving clinical outcomes and advancing patient safety in all care venues.
5. Expansion into secondary service area through physician practice development/affiliation, and hospital network development via formal and informal mechanisms.
6. Growth and coordination through system service line approach to planning and organizing service delivery.
7. Improving access and customer service throughout the clinical enterprise.

Environmental and Organizational Factors Influencing Recommendations:

1. Inpatient clinical growth will primarily originate from the secondary service area due to our strong market position in the primary and secondary service areas.
2. Referral cases from outside the primary service are usually more complex and cannot receive the appropriate level of care in the local area.
3. Being too reliant on Greenville County for volume limits growth opportunities, hampers managed care contracting leverage, and provides inadequate volume for the clinical and academic enterprises.

4. Cardiovascular, Oncology, Musculoskeletal, and Pediatric specialties have demonstrated an ability to grow and regionalize, and their underlying medical economics make expansion of these services desirable.
5. Spine is a significant clinical growth opportunity for the system – all the components for a regional center of excellence are available or attainable.
6. Neuroscience is not an organized service line.
7. UMG and tightly aligned physicians can be counted upon to staff facilities, provide mission-based services, develop clinical and academic programs, and impact market share.
8. Hospital network and affiliation activity is increasing in our market areas which threatens existing referral relationships and could thwart system regionalization and secondary service area market growth plans.

Recommendations:

- #1 Improve physician alignment with system mission and market-based priorities
 - a. Secure uncommitted physician specialties critical to growth, access, quality and priority service line development initiatives.
- #2 Extend GHS hospital network beyond primary service area.
 - a. Regionalize through affiliations with selected community hospitals.
- #3 Invest in service lines poised for growth and regionalization
 - a. Position oncology as a leading growth service line from volume, margin, clinical quality and academic perspectives.
 - b. Establish a spine center of excellence.
 - c. Create a Neurosciences service line.
- #4 Organize and deliver services around needs of targeted demographic groups.
 - a. Create a children's imaging center on the Patewood campus.
- #5 Penetrate new markets with sophisticated GHS services
 - a. Establish a satellite GHS Children's Hospital ambulatory specialty clinic
 - b. Establish Musculoskeletal Institute satellites in targeted communities
- #6 Position GMH as the tertiary referral center of an academic health system



Organizational Role: South Carolina's Leading Academic Medical Center

The Market: South Carolina and neighboring states

The Business: Innovation in health care delivery to improve health of individuals and communities

The Focus:

1. Vertically integrated education that increases the supply of high quality clinicians in the Upstate
2. Research in improving health care delivery and rapid adoption of proven approaches as standard of care
3. Partnership with USC

Environmental and Organizational Factors Influencing Recommendations:

1. Significant health care manpower supply issues exist within the regional and national marketplace with a worsening forecast. A focus on attracting top talent by training and retaining our own work force is required to ensure we have the right number and complement of providers to care for our patients and our communities.
2. Significant improvements in individual and community health status cannot be achieved with current approaches to care delivery; we need new tools, models, partners, and resources (which are primarily available only to academic health systems) to address the underlying causes of disease and illness.
3. Our role within an academic health system is primarily that of the clinical delivery system. GHS needs to partner with those organizations that conduct basic and translational research, and provide classroom education to learners, in order to realize the full spectrum of services and resources found in an academic health system.

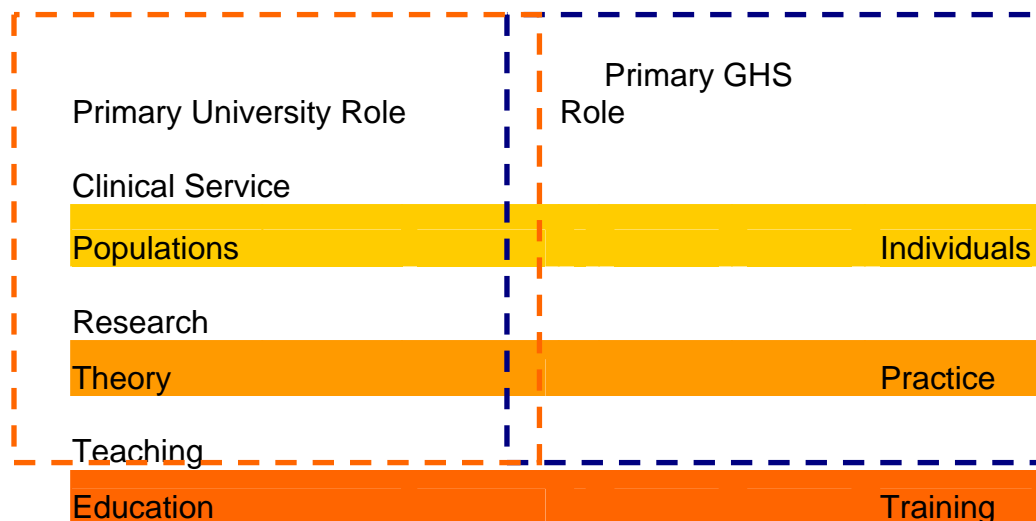
The Value of an Academic Health System and GHS' Role

The 2008 GHS Strategic Plan references an emerging academic health system with GHS playing a pivotal role in its formation. The plan does not place the creation of an academic health system as the front-and-center priority, but its development is of critical importance. In order to transform the organization to one that is positioned and resourced to improve the ability to diagnose and treat, and to address the underlying causes of disease and illness in individuals and populations in keeping with its mission, GHS must evolve into an academic health system. To place this in context, one needs to understand the value inherent in an academic health system and the role and expectations of GHS within such a system.

The value of an academic health system can be found in its unique ability to transform health care delivery and improve the health of communities as measured by its:

- Commitment to care for the whole person, not just the disease.
- Scientists and clinicians working together applying their best ideas to foster a healthy society.
- Advanced research and learning environment that quickly adopts promising new discoveries to improve patient care.
- Attracting, training, and retaining the brightest and best health care providers for the benefit of our patients and our communities.
- Commitment to a rising standard of clinical quality and community health status driven by clinicians, scientists, researchers, and others dedicated to improving society and the lives of people.
- Dedication to community outreach and helping the medically underserved and medically vulnerable populations.

GHS alone cannot achieve the academic health system value proposition. It has a central role, but the successful development and operation of an academic health system depends upon collaborative efforts and shared resources of other organizations committed to innovations in health care with integrated programs in clinical service, research, and teaching.





Clinical Service: This is GHS' main contribution to an academic health system. It provides the inpatient and outpatient clinical volume required for quality teaching and research programs. GHS is the integrated delivery system where novel methods of preventing, diagnosing, and treating disease and illness can be quickly evaluated, adopted into clinical practice, and rapidly deployed to the benefit of individual patients and targeted populations.

Research: GHS' role is that of active participant in the evaluation, adoption, and implementation of research that improves health care delivery. Through research and adoption efforts, GHS will be known as an organization committed to: excellent clinical care and customer service; continuous clinical quality improvement; innovation in health care delivery; providing safe patient care; disease prevention; and, wellness.

Teaching: GHS' role in education is primarily that of providing clinical training experiences for health care providers who have completed the classroom portion of the medical education curriculum. The organization strives to provide the highest quality nursing, allied health, resident, and fellowship training experiences within selected disciplines, with the goal of retaining the brightest graduates for our future workforce.

Recommendations:

- #1 Expand scope of vertically integrated education to increase quantity, quality and variety of clinical workforce.
- #2 Partner with outside organizations to bring new technologies and therapies to GHS first in the market.
- #3 Establish the Institute for Advancement of Health Care.
- #4 Expand affiliation with the University of South Carolina.