



# UBMD Taking Shape

BY LOIS BAKER

## UB'S 18 GROUP PRACTICES MOVING TOWARD SINGLE GROUP

THE 18 SEPARATE SPECIALTY PRACTICES affiliated with the School of Medicine and Biomedical Sciences are a step closer to becoming one 450-member clinical practice group of academic and community physicians that will be called UBMD.

**W**HEN THE CONSOLIDATION is complete, which is expected to take another year at the minimum, UBMD, based on its size and the scope and quality of its expertise, is expected to change the dynamics of medical care in the region.

A 31-member group composed of representatives from all interested UB parties is writing new bylaws that will govern the consolidated practice; developing a business plan; establishing methods for integrated billing, scheduling and electronic record keeping; and implementing a practice-wide electronic health record with a variety of functions.

These functions will include the ability to track laboratory data, request consultations from other physicians and prescribe drugs electronically. These administrative underpinnings are expected to be in place this fall.

The 18 clinical practice plans currently operate as individual corporations. UB Associates (UBA), a management service organization, handles financial and legal affairs for the corporations. Michael Quinn, chief financial officer of UBA, and Tak Nobumoto, UBA director of operations, will assume these responsibilities with UBMD.

This UBMD management arm initially will perform contracting and manage administrative functions needed by all departments. There ultimately will be centralized billing, credentialing, referrals and a system for tracking patient outcomes and facilitating clinical research.

"UBMD will be the largest, most comprehensive group practice in the region and the only one composed of academic practitioners," says Steven L. Dubovsky, MD, head of the administrative committee working on the consolidation and chair of the UB Department of Psychiatry.

"We will offer expert, seamless, integrated and comprehensive health care to patients in the same setting within the same group—care that is not currently available," he adds. "It will raise the practice standards of the region."

David L. Dunn, MD, PhD, UB vice president for health sciences, has been overseeing creation of UBMD from the start. He says he is very pleased with the results.

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—DAVID DUNN, MD, PhD, UB VICE PRESIDENT FOR HEALTH SCIENCES

dedicated, thoughtful faculty," he says. "The economies of scale, efficiency of management and operations, and ability to measure and monitor the quality of clinical practice outcomes make this an exceedingly worthwhile venture.



"The cohesion and collaboration that underpins such a large, inclusive clinical practice assuredly will spill over into other facets of the academic mission, leading to enhancements in education, training, and clinical and translational research."

Michael E. Cain, MD, dean of the School of Medicine and Biomedical Sciences, says bringing the separate clinical practice plans together under the UBMD banner is a required prerequisite to establish uniform and higher-quality practice standards across the clinical departments.

"This will enable recruitment and retention of the best clinical faculty, fill current gaps in clinical services and promote the image and identity of our faculty and our clinical mission," says Cain. "UBMD will be a robust and efficient academic health center

program that is destined to improve the public health of Western New York and beyond."

Plans for a consolidated practice began to take shape on December 5, 2005. The medical school launched the "UBMD" brand at a news conference that day, which featured Dunn modeling the first UBMD-embroidered lab coat. UB physicians in the audience received the coats, plus lapel pins, lanyards, clipboards and mugs stamped with the new logo.

Dunn established a strategic planning group the following November to study the steps needed to bring the 18 sepa-

rate clinical practices under one UBMD umbrella. At the group's meeting in February 2007, he appointed a 13-member project team, led by Dubovsky, charged with developing a governance and organizational structure for a unified practice.

Eight months of meetings and negotiations later, the team submitted its proposal to the full strategic planning committee in September, which approved it unanimously.

The proposal then was submitted to the Faculty Practice Management Plan (FPMP) Governing Board, an independent

19-member body composed of elected representatives from each clinical department and one member from a basic-sciences department, which approved the plan in principal that November.

The 31-member group—which is composed of the 18 clinical department chairs or their designees, three FPMP members, six at-large members elected by the full clinical faculty, one basic sciences chair, plus President John B. Simpson, Dunn and Cain—then began working on the first phase, set to be completed in the coming months. **BP**

## THE CLASS OF 2012, at a glance

THIS YEAR'S WHITE COAT CEREMONY was held on August 15, 2008, at Slee Hall on UB's North Campus. During the ceremony, Charles Severin, MD '97, PhD, interim associate dean for medical education, shared the following statistics about the class.

MALE/FEMALE RATIO: 60/75	SCIENCE GPA: 3.60
PHD/MASTER'S DEGREES: 1/13	OVERALL GPA: 3.67
AVERAGE AGE: 23	MCAT AVERAGE: 30.69
OLDEST/YOUNGEST: 36/19	



Franklin Zepelowitz, MD '88, pinning Sonja DeVaul, scholarship recipient of the Franklin Zepelowitz, MD, and Piera Zepelowitz, RN, Scholarship Fund.

R. Joseph Naples, MD '46, pinning Mojdeh Kappus, the Dr. Ange S. Naples Memorial Scholarship recipient.

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