Not willing to be a spectator

BY LINDA PICONE

Badrinath (Badri) Konety, MD, FACS, MBA, brings not only experience and expertise to his new role as CEO of University of Minnesota Physicians (UMP), he brings a passion for identifying and changing health care disparities.

Konety may not have been born to be the head of University of Minnesota Physicians, but he has definitely done what he needed to be prepared for the role—including earning an MBA at the same time he was doing a fellowship in urologic oncology at Memorial Sloan-Kettering Cancer Center in New York.

“I got my MBA just after I finished my residency, but the motivation was different at that time,” he says. “I knew I wanted to be a department chair someday and thought that of all I’d learned, the only thing I had no knowledge of was finances and the business aspects of medicine.”

Konety practiced medicine in a university setting at the University of Iowa and the University of California-San Francisco, before coming to the University of Minnesota. He took on a number of administrative roles as well, including vice chair of the Department of Urology at UCSF. At University of Minnesota, he has been chair of the Department of Urology, director of the Institute for Prostate and Urologic Cancers and associate director for clinical affairs of the Masonic Cancer Center. He became CEO of UMP on December 1, 2018.

Why does someone who values the practice of medicine—he will continue to be in clinic for 20 percent of his time—and academic research want to be an administrator, an often seemingly thankless job?

“You can either be a spectator, or you can be part of the solution,” he says. “I view being an administrator, if you do it well, as being part of the solution. I’m a surgeon and most surgeons have this idea—whether it’s based on ego or a high level of self-confidence—that you want to fix it. It’s hard for us to watch issues and not jump in and take action.

“So becoming an administrator is, to some degree, a natural extension of that sort of thinking. It allows you to get in and see if you can help more directly.”

University of Minnesota Physicians was created in 1997 as the consolidation of 18 separate practice groups of physicians into one clinical entity. That was the year when Fairview Health System and the University of Minnesota merged the operations of what had been the University Hospital and the Minnesota Children’s Hospital. Today, UMP is an independent nonprofit organization with more than 50 specialty clinics and five family medicine clinics. UMP contributes a part of its operating revenue to support medical research and education at the University of Minnesota.

In short, it was a complicated relationship at the beginning and, with a new partnership of Fairview and the University, the relationship continues to be complicated.

And UMP is part of a health care landscape that is itself both complicated and unpredictable. The challenges ahead for UMP and Konety are significant.

The biggest issue, Konety says: to be able to improve efficiency, to maintain and improve clinical care quality and to continue to burnish the organization’s reputation.

“We’ve always had a great academic reputation,” he says. “I think that to continue to maintain it and elevate it while you offer more services and expand your ability to offer more services and see more patients, is harder.”

He compares it to a simple manufacturing challenge: “If you’re only making three nice bags, that’s easy, but if you’re mass producing bags and you want to maintain the same quality, that gets harder.”

Also, he says, the challenge is even greater because, in the partnership with Fairview, UMP is responsible for the quality of care delivered through all service lines, throughout the system.
Particular concerns include:
- Maintaining high-quality faculty and staff—and paying them well, “in this era when reimbursement is declining.”
- Maintaining the spirits of faculty. “Our biggest issue now is burnout at the resident and trainee level, at the physician level, at the nurse level,” Konety says. “Electronic medical records is one of the biggest sources of stress.”
- Keeping everyone energized about the academic components of the UMP mission. “Everybody is focused on providing excellent and efficient and rapid clinical care, but we can’t forget the importance of the other component,” Konety says. “That’s what we’re all about as a medical school.”
- In the long term, the organization and resources for health care in the United States are, if not a mystery, at least a puzzle. Where does the puzzle piece that is UMP fit? “What is our place in this cosmos?” Konety asks. “Where are physician groups going? The optimal place for them needs to be defined.”

Although he doesn’t know the answer to those questions, or at least not yet, he has a strong opinion about who should lead the process: “I’m convinced that the best systems have significant physician leadership—Cleveland Clinic, Mayo … Many of the top health systems are led by physicians.” But, he says, most physicians are not trained to be administrative leaders.

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CHAAMPS
Disparities in health care has been an interest of Badri Konety for more than 20 years, starting when he was a resident at the University of Pittsburgh and looked at prostate cancer rates in Tobago and the United States. He and Selwyn Vickers, MD, former chair of the Department of Surgery at the University of Minnesota, developed a project to make a positive difference in the health of African American men. A five-year grant from the National Institute on Minority Health and Health Disparities has just been extended for an additional year. The Center for Healthy African American Men through Partnerships (CHAAMPS) is a collaborative center through the University of Minnesota Medical School and the University of Alabama-Birmingham (UAB) Medical School to do research, outreach and training; Vickers is now at UAB, hence the collaboration between researchers in very different parts of the country.

CHAAMPS, working with community partners, has set up centers on African American men’s health, focusing particularly on cancer, heart disease and violence prevention, “because these are the three main issues that we felt affected African American men disproportionately.”

The centers use a community participatory research model, Konety says, which is crucial to being able to not only do research but to involve men whose health may be improved. “If you don’t have community partners, it’s difficult to reach out.” Community partners identify the themes for research and help facilitate the execution of any projects.

Churches have been sites for recruiting participants. One investigator ran a project using Fitbits to educate men who had been recruited through their church how to monitor their exercise and blood pressure and be careful about their eating habits.

There is a project looking at the attitudes of African American men towards genetic analysis of prostate cancer. “There’s a lot of good data suggesting that knowing your genetic makeup is going to help you better understand the disease and better tailor treatments,” Konety says. “But African American men are very suspicious, given history, of subjecting themselves to genetic testing—even when it was testing of specimens, not individuals.”

One of CHAAMPS’ main projects explores violence prevention for children in school. Sonya Brady, PhD, an associate professor in the University of Minnesota School of Public Health, is developing a model in Northeast Minneapolis with interventions, coaching for parents, coaching for teachers and a supportive community network. A matching project is going on in Alabama, which will look at similarities and contrasts. In middle school, Konety says, children—in particular, African American boys—may be labeled as troublemakers and taken out of mainstream classes. “A kid who is not African American, they say, ‘Oh, he’s just being a boy’ for similar behavior,” Konety says. “But frankly, there’s just blatant disparity in the way these kids are treated, and that perpetuates the bad behavior. Breaking the cycle early is very important.”

CHAAMPS also has done “some beautiful pure science,” Konety says, including trying to identify markers for prostate cancer that only predict aggressive disease in African American men and a similar research project on pancreatic cancer.

For more information about CHAAMPS and its projects, go to https://chaamps.com.
ers; building that capacity for the future is yet another challenge.

“One thing I am pretty convinced of,” he says. “As we aggregate and get bigger as groups of physicians, I think we are in the best position to solve our problems. It’s always better for physicians to get together with each other and figure out how we can address our issues, monitor and police our quality internally and continue to push to make things better for our patients.”

Getting together is a bit of a stretch for many physicians. “Physicians are inherently very autonomous,” Konety says. “You are taught to be a single player; it’s not a team sport—although we are all parts of teams. Look at how medical education happens: you have to be a really committed student in high school, you have go through college and get great grades—it’s all on you. You are by yourself when seeing the patient, and you are ultimately responsible for their care. And then, when you come out on the other end, you have to work as part of a well-integrated team.”

In his first months as CEO, he has found an energy and enthusiasm from physicians and other staff at UMP that he didn’t quite expect—but definitely appreciates. “Everybody realizes that change is needed and change is coming; somebody has already switched the tiller. So everybody wants to control the direction in some way.

“Physicians come up to me all the time and say, ‘How can I be part of this?’ They want to be on the team, they want to be on committees. Suddenly there’s a lot of interest and I think that’s tremendous. It shows engagement.” MM