Figure 3.6

Sample funding request

The Section of Nephrology within the Department of Internal Medicine of the University of Nebraska Medical Center has applied to the ACGME to begin a training program in Nephrology (Nephrology Fellowship).

In addition to the academic facets of the fellowship (training nephrologists, research, additional educators of medical students and residents), from a business perspective, nephrology fellows will provide significant increases in charges for The Nebraska Medical Center.

Each Fellow:

Summary (projected – per fellow per annum):
(See pages 3 and 4 for breakdown)

Clinical activity	Annual ancillary/facility charges
Continuity clinic	
Transplants/evaluations	
Vascular access procedures	
Annual total	

Continuity Clinic:

4–6 new consult visits per month, or approximately 60 per year
16–20 return visits per month, or approximately 200 per year

Ancillaries (lab/radiology):
Level 5 Consult:
Level 4 Consult:

Level 3 return:
Level 4 return:

Yearly lab/radiology (clinic only):

Transplant Referrals:

It is expected that each fellow will conservatively generate 12 transplant referrals yearly, equating to at least six kidney or kidney/pancreas transplants each year (three living donor, three cadaveric). Assuming

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Figure 3.6 Sample funding request (cont.)

90-day pre- to 90-day post-transplant hospital charges of $ _____, each fellow would generate approximately $ _____.

New dialysis starts:

It is expected that each fellow will generate 10 dialysis starts each year. Fifty percent of these would have fistulas placed prior to dialysis, and approximately 50% would start dialysis by having interventional radiology place a hemodialysis catheter. All of these procedures are performed at The Nebraska Medical Center. Many of these patients will require replacement of additional catheters or fistulagrams to assess fistula patency. All patients who have fistulas placed require venous mapping studies in the vascular lab at The Nebraska Medical Center. Average charges for a fistula are approximately $ _____ and dialysis catheter charges are approximately $ _____. Combined, each fellow will generate approximately **$ _____ in hospital charges for vascular access procedures yearly**.

These data do not include hospital admissions or ER visits.

Based on the increase in patient numbers seen in clinic alone, each nephrology fellow should generate approximately $_____ in charges for the hospital annually.

Projected ancillary charges per nephrology fellow (generated from continuity clinic)	
Level 5 outpatient consult	Level 4 outpatient consult
Metabolic panel	Metabolic panel
CBC	CBC
HbsAg	HbsAg
HCV	HCV
ANA	ANA
ANCA	SPEP with IFE
GBM	UPEP with IFE
C3, C4	Urine P:C
SPEP with IFE	
UPEP with IFE	Retroperitoneal Ultrasound

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Figure 3.6 Sample funding request (cont.)

Urine P:C	
Retroperitoneal Ultrasound	
Level 3 return	Level 4 return
Metabolic panel	Metabolic panel
CBC	CBC
Urine P:C	Urine P:C
Phosphorous	PTH
Magnesium	Phosphorous
	Magnesium
	25-OH vit D

Hospital charges for kidney transplantation

Transplant type	Data	FY 2006	FY 2005	FY 2004
Kidney–All types	Sum of discharges			
	Average length of stay			
	Median length of stay			
	Average gross charges			
	Average of Medicaid screen (60% of charge)			
	Average variable costs			
	Average direct costs			
	Average total costs			

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Figure 3.6 **Sample funding request (cont.)**

	Average pre-admit charges (90 days prior)			
	Average post-discharge charges (90 days after)			
	Average pre- and post-transplant charges			
	Average pre-admit costs (90 days prior)			
	Average post-discharge costs (90 days after)			

Source: University of Nebraska GME Office

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