AGENDA
Health Initiatives Committee Workshop
Dining Room, 2nd Floor, CAMLS
University of South Florida
Tampa, Florida
July 21, 2014
12:00 p.m. – 4:00 p.m. (or upon adjournment)

Conference Dial-In Number, 888-670-3525
Participant Passcode, 4122150353 then # (listen only)

Chair: Ed Morton; Vice Chair: Elizabeth Webster
Members: Beard, Carter, Chopra, Doyle, Levine

Purpose of the Meeting

- Review key points from the Health Initiatives Committee Advisory Group meeting
- Update the Committee on information gathered for the Work Plan
- Discuss health-related workforce gaps
- Present SUS examples of curriculum innovation in medicine, nursing, and physician assistant programs prompted by changes in health care delivery

1. Call to Order and Opening Remarks
   Governor Ed Morton

2. Summary of Committee’s Advisory Group
   April 28, 2014 Meeting
   Governor Ed Morton

3. Environmental Scan Research Questions and Progress to Date

   Health-related workforce gaps
   Amy Beaven
   Director, STEM/Health Initiatives
Nursing workforce gaps
Mary Lou Brunnell, MSN, RN,
Executive Director,
Florida Center for Nursing

Issues in health care delivery
Alma Littles, M.D.,
Special Advisor, STEM/Health Initiatives

Break

4. University Curriculum and Training Presentations

Florida State University
John P. Fogarty, M.D.,
Dean, College of Medicine
Chair, Florida Council of Medical School Deans

Florida International University
John Rock, M.D.,
Senior Vice President for Medical Affairs
and Dean, College of Medicine

University of South Florida,
Medicine Program
And Physician Assistant Program
Charles J. Lockwood, MD, MHCM,
Senior Vice President
and Dean, College of Medicine

Questions

Break

Florida Agricultural & Mechanical University
Ruena Norman, PhD, RN,
Dean, School of Nursing

University of Florida
Anna M. McDaniel, PhD, RN, FAAN,
Dean, College of Nursing

Questions

5. Discussion
All Participants

6. Closing Remarks and Adjournment
Governor Morton
Assessing Health Workforce Gaps: A Look at the Process, Physicians, and Physician Assistants

Amy Beaven, Director for STEM and Health Initiatives
July 21, 2014

www.flbog.edu
Health Initiatives Committee
Work Plan Update

• Work Plan approved March 2014
  – Environmental Scan (year 1), Strategic and Implementation Plans (years 2 and 3)

• Environmental Scan Question 1
  – Does Florida’s current bachelor’s and graduate degree production of the health care workforce align with the estimated need (quantity and quality) to the year 2030 given pending changes in population and practice?

• Sub-questions
  – What are the demographic and access factors influencing demand?
  – What are the opportunities and constraints in health education influencing supply?
The Supply-Demand Gap Analysis

Supply vs Demand → Gap Analysis + Contextual Metrics
Demographic Factors

Population Growth by Age Group


- Between 2010 and 2030, Florida’s population is forecast to grow by almost 4.8 million.
- Florida’s older population (age 60 and older) will account for most of Florida’s population growth, representing 56.9 percent of the gains.
- Florida’s younger population (age 0-17) will account for 13.8 percent of the gains.
Access to Care Factors

- Recent insurance exchange figures

National survey includes prior insurance status and their self-reported health status.

Florida had **983,775** individuals who selected a marketplace plan as of April 2014.


![Pie chart showing coverage types among non-group enrollees in plans purchased through a health insurance exchange.](chart.png)
High Demand Health Occupations

**Occupations with the highest total projected openings 2013-2021**, by rank order:

1) Nurses, including instructors
2) Physicians (require residency education beyond M.D.)
3) Pharmacists
4) Physical Therapists
5) Medical and Health Services Managers
6) Health Teachers, postsecondary
7) Dentists
8) Medical and Public Health Social Workers, Counselors, and Therapists
9) Occupational Therapists
10) Speech and Language Pathologists
11) Medical Technologists and Scientists
12) Environmental Scientists and Specialists, including health
13) Physician Assistants
14) Dietitians and Nutritionists
15) Health Educators

*Source: Florida Department of Economic Opportunity*

*NOTE: Limited to occupations with 100 or more annual openings and requiring a Bachelor’s, Master’s, Doctoral, or Professional level degree. Chiropractors and optometrists had 100+ openings but were not included because SUS institutions do not offer these degrees. Veterinarians were also not included in order to limit the list to 15 occupational groups. Some occupations above include multiple SOC codes.*
Assessing Workforce Gaps

<table>
<thead>
<tr>
<th>Field</th>
<th>SOC (Demand)</th>
<th>CIP (Supply)</th>
<th>Bachelor’s Gap*</th>
<th>Graduate or Professional Gap*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses (including instructors)</td>
<td>291141</td>
<td>51.3801</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>291171</td>
<td>51.3808</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>291151</td>
<td>51.3818</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>251072</td>
<td>(18 CIP codes for instructor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td>291069</td>
<td>51.1201</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>291062</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>291063</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>291067</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>291051</td>
<td>51.2001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>291123</td>
<td>51.2308</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>291021</td>
<td>51.0401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>291122</td>
<td>51.2306</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>291071</td>
<td>51.0912</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Gaps indicate fields in which Florida experiences at least 100 annual unfilled openings.

Possible Scenarios for the Fields:

- Those showing gaps between supply and demand
- Those not showing gaps, but may have gaps once programs and occupations are looked at more closely (migration issues, post-professional issues)
- Those not showing gaps, or showing an oversupply, even when considering additional supply and demand factors
Documented National Shortage of Physicians

The AAMC projects a shortage of 45,000 primary care physicians and 46,000 surgeons and medical specialists by 2020.

Projected Supply and Demand, Full-time Equivalent Physicians Active in Patient Care Post Health Care Reform, 2008-2025

<table>
<thead>
<tr>
<th>Year</th>
<th>Physician Supply (All Specialties)</th>
<th>Physician Demand (All Specialties)</th>
<th>Physician Shortage (All Specialties*)</th>
<th>Physician Shortage (Non-Primary Care Specialties)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>699,100</td>
<td>706,500</td>
<td>7,400</td>
<td>None</td>
</tr>
<tr>
<td>2010</td>
<td>709,700</td>
<td>723,400</td>
<td>13,700</td>
<td>4,700</td>
</tr>
<tr>
<td>2015</td>
<td>735,600</td>
<td>798,500</td>
<td>62,900</td>
<td>33,100</td>
</tr>
<tr>
<td>2020</td>
<td>759,800</td>
<td>851,300</td>
<td>91,500</td>
<td>46,100</td>
</tr>
<tr>
<td>2025</td>
<td>785,400</td>
<td>916,000</td>
<td>130,600</td>
<td>64,800</td>
</tr>
</tbody>
</table>

Source: AAMC Center for Workforce Studies, June 2010 Analysis
*Total includes primary care, surgical, and medical specialties.
Florida Physician Workforce Shortage

To maintain current rates of utilization, Florida will need an additional 4,671 primary care physicians by 2030, a 38% increase compared to the state’s current (as of 2010) 12,228 PCP workforce.

Source: Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.
Physician Workforce Factors for Supply-Demand Gap Analysis

• Demand factors of the physician workforce
  – Geographic distribution
  – Differs by type of provider; primary care, specialties, and sub-specialties
  – Retirement and retention
    • Data is available for the above factors in the 2013 Physician Workforce Annual Report
  – Policy changes, such as Patient Protection and Affordable Care Act implementation, reimbursement models, and scope of practice laws

• Supply factors of the physician workforce
  – Graduate Medical Education (GME)
    • Data is available from recent reports:
      – Board of Governors 2009 GME Report
      – AAMC Florida Physician Workforce Profile reports on GME positions and retention

  – Undergraduate Medical Education (UME)
    • Data is available from various sources:
      – University Work Plans offer projected enrollments and tuition of SUS medical schools
      – National Resident Matching Program reports on residency matching
      – AAMC Florida Physician Workforce Profile reports on UME enrollments and retention
We should be cautious not to interpret this as providing enough GME in Florida.
## Undergraduate Medical Education

### Medical Student Headcount Enrollments

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Florida Atlantic University</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENT</td>
<td>156</td>
<td>205</td>
<td>205</td>
<td>205</td>
<td>205</td>
<td>205</td>
<td>205</td>
</tr>
<tr>
<td>NON-RESIDENT</td>
<td>31</td>
<td>51</td>
<td>51</td>
<td>51</td>
<td>51</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>TOTAL</td>
<td>187</td>
<td>256</td>
<td>256</td>
<td>256</td>
<td>256</td>
<td>256</td>
<td>256</td>
</tr>
<tr>
<td><strong>Florida International University</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENT</td>
<td>308</td>
<td>385</td>
<td>368</td>
<td>402</td>
<td>402</td>
<td>402</td>
<td>402</td>
</tr>
<tr>
<td>NON-RESIDENT</td>
<td>60</td>
<td>55</td>
<td>72</td>
<td>78</td>
<td>78</td>
<td>78</td>
<td>78</td>
</tr>
<tr>
<td>TOTAL</td>
<td>368</td>
<td>440</td>
<td>440</td>
<td>480</td>
<td>480</td>
<td>480</td>
<td>480</td>
</tr>
<tr>
<td><strong>Florida State University</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENT</td>
<td>472</td>
<td>471</td>
<td>472</td>
<td>474</td>
<td>472</td>
<td>472</td>
<td>472</td>
</tr>
<tr>
<td>NON-RESIDENT</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>481</td>
<td>480</td>
<td>481</td>
<td>484</td>
<td>483</td>
<td>480</td>
<td>480</td>
</tr>
<tr>
<td><strong>University of Central Florida</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENT</td>
<td>269</td>
<td>*</td>
<td>316</td>
<td>347</td>
<td>362</td>
<td>362</td>
<td>362</td>
</tr>
<tr>
<td>NON-RESIDENT</td>
<td>82</td>
<td>*</td>
<td>103</td>
<td>113</td>
<td>118</td>
<td>118</td>
<td>118</td>
</tr>
<tr>
<td>TOTAL</td>
<td>351</td>
<td>*</td>
<td>419</td>
<td>460</td>
<td>480</td>
<td>480</td>
<td>480</td>
</tr>
<tr>
<td><strong>University of Florida</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENT</td>
<td>524</td>
<td>513</td>
<td>513</td>
<td>513</td>
<td>513</td>
<td>513</td>
<td>513</td>
</tr>
<tr>
<td>NON-RESIDENT</td>
<td>6</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>TOTAL</td>
<td>530</td>
<td>513</td>
<td>540</td>
<td>540</td>
<td>540</td>
<td>540</td>
<td>540</td>
</tr>
<tr>
<td><strong>University of South Florida</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENT</td>
<td>468</td>
<td>480</td>
<td>480</td>
<td>480</td>
<td>480</td>
<td>480</td>
<td>480</td>
</tr>
<tr>
<td>NON-RESIDENT</td>
<td>16</td>
<td>0</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>496</td>
<td>480</td>
<td>496</td>
<td>496</td>
<td>496</td>
<td>496</td>
<td>496</td>
</tr>
<tr>
<td><strong>State University System</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,413</td>
<td>2,169</td>
<td>2,632</td>
<td>2,716</td>
<td>2,735</td>
<td>2,732</td>
<td>2,732</td>
</tr>
</tbody>
</table>

Source: Florida Board of Governors, 2014-2015 University Work Plans
Physician Assistant Demand

• Physician shortages will increase demand for physician assistants.

• The percentage of physician assistants practicing primary care will partially determine how much of the physician shortage is alleviated.
Physician Assistant Supply

• Two PA programs in the SUS inventory of academic programs: at USF and UF

• The UF program: 121 enrollees and 59 graduates in 2013

• Non-SUS Florida programs: 357 graduates in 2012

• Proposed programs: FSU, FAU, FGCU, and a partnership between UWF and UF

Sources: Florida Board of Governors Interactive University Database accessed online at http://flbog.edu on 3/15/14 and the Integrated Postsecondary Education Data System accessed online at http://nces.ed.gov/ipeds/datacenter/ on 3/15/14
Next Steps

• On-going work on the Environmental Scan
  – Supply-demand gap analysis for 15 occupational groups will continue
  – Presentation today from Dr. Alma Littles on health care delivery issues
  – Surveys on health-related research have been turned in by the universities and information will be compiled and presented
### Supplemental Slide 1: Healthcare Exchange Enrollments

**Source:** Keiser Family Foundation, accessed online at http://kff.org on 6/23/14.

<table>
<thead>
<tr>
<th>Location</th>
<th>Marketplace Type</th>
<th>Total Number of Individuals Determined Eligible to Enroll in a Marketplace Plan</th>
<th>Number of Individuals Eligible to Enroll in a Marketplace Plan with Financial Assistance</th>
<th>Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace</th>
<th>Number of Individuals Who Have Selected a Marketplace Plan</th>
<th>Data as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td></td>
<td>13,547,592</td>
<td>8,748,037</td>
<td>6,724,660</td>
<td>8,019,763</td>
<td>4/19/2014</td>
</tr>
<tr>
<td>1. California</td>
<td>State-based</td>
<td>1,886,867</td>
<td>1,458,433</td>
<td>1,700,000&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1,405,102</td>
<td>4/19/2014</td>
</tr>
<tr>
<td>2. Florida</td>
<td>Federally-facilitated</td>
<td>1,603,575</td>
<td>1,114,877</td>
<td>180,479</td>
<td>983,775</td>
<td>4/19/2014</td>
</tr>
<tr>
<td>3. Texas</td>
<td>Federally-facilitated</td>
<td>1,371,157</td>
<td>835,519</td>
<td>141,494</td>
<td>733,757</td>
<td>4/19/2014</td>
</tr>
</tbody>
</table>
Supplemental Slide 2:
Florida Physician Workforce

Source: Annals of Family Medicine, accessed at http://annfammed.org/content/10/6/503.full on 7/15/14.

Source: Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.
Supplemental Slide 3:
Physician Workforce Supply

Florida Physician Workforce Profile

For additional data, including maps and tables, please see the 2013 State Physician Workforce Data Book online at www.aamc.org/statemedian.

Below State Median

Above State Median

Below State Median
Florida Board of Governors
Health Initiatives Committee
Mary Lou Brunell, RN, MSN
Executive Director
Florida Center for Nursing

- Established in law (FS 464.0195) 2001
- Purpose – to address issues related to nursing manpower in Florida
- Overseen by 16 member Board of Directors appointed through the Governor’s Office
- Vision

  To be the definitive source for information, research, and strategies addressing the dynamic nurse workforce needs in Florida.

- Housed at the University of Central Florida
Nurse Workforce Information

The nurse data “trifecta”:

- **Nurse Supply Data** – licensure and renewal survey data analyzed biennially (consistent with renewal cycle)
- **Nurse Education Data** – LPN / RN pre-licensure and graduate programs surveyed and analyzed annually
- **Nurse Demand Data** – employer surveys of 6 industries conducted and analyze biennially (odd years)

These data elements permit forecasting.
Florida Nurse Supply as of January 2014

- Registered Nurse: 269,760
- Advanced Practice Nurse: 207,884
- Estimated Working: 178,232
- Potential Workforce: 20,226
- Licensed Practical Nurse: 78,142
- Estimated Working: 61,631
- Licensed Practical Nurse: 50,580
Trend in Number of New Graduate Nurses 2007-2013

- ADN programs
- Pre-licensure BSN Programs

- 2006-07: ADN = 1,906, BSN = 1,904
- 2007-08: ADN = 2,031, BSN = 1,904
- 2008-09: ADN = 2,189, BSN = 2,031
- 2009-10: ADN = 2,258, BSN = 2,189
- 2010-11: ADN = 2,523, BSN = 2,258
- 2011-12: ADN = 2,523, BSN = 2,258
- 2012-13: ADN = 2,408, BSN = 2,189

Total for each year:
- ADN: 11,564
- Pre-licensure BSN: 11,312

Increase from 2006-07 to 2012-13:
- ADN: 2,408
- Pre-licensure BSN: 2,189

Total for 2007-2013:
- ADN: 67,488
- Pre-licensure BSN: 65,931

2007-2013: ADN = Pre-licensure BSN = 8,443

Visit us at: www.FLCenterForNursing.org
Changes in RN FTE Vacancy Rates by Industry
Florida’s Registered Nurse Forecast

- RN FTE Supply
- RN FTE Demand

50,321
Solutions

- Increase production of new licensees
- Decrease turnover of existing workforce
- Extend work life beyond current anticipated retirement age
- Change care delivery models
Solutions

✧ Increase production of new licensees
✧ Decrease turnover of existing workforce
✧ Extend work life beyond current anticipated retirement age
✧ Change care delivery models
State University System

✈️ 10 out of 12 offer a nursing program
✈️ All 10 offer a pre-licensure BSN program
✈️ 7 out of 10 offer a 2nd degree program which is also a pre-licensure
✈️ 7 out of 10 offer a RN to BSN program which is **not** pre-licensure so does not add to supply.
✈️ **SUS added 1,234 new RNs** to Florida’s supply in AY 2012-2013 (about half of total)
Factors Influencing Degree Choice

Employer preferential hiring of BSN graduates
- Influence of Magnet Recognition program
- Baccalaureate grads are better prepared for critical thinking and technological demands

Institute of Medicine Report – *The Future of Nursing: Leading Change, Advancing Health*
- 80% of all employed RNs should hold a BSN or higher degree by 2020
- Double the number of doctoral prepared nurses in Florida by 2020
Trend in Number of RN to BSN Graduates 2007-2013

Addressing Nurse Workforce Issues for the Health of Florida

Visit us at: www.FLCenterForNursing.org
Effect of State College offering RN to BSN

- Does not increase the supply of licensed RNs
- Does help meet employer interest in BSN degree preparation
- But does it achieve the IOM goal of 80%?
Highest Degree Reported by Florida RNs

- 6.1% ADN / DIP in 2011, 6.8% in 2013
- 33.4% BSN in 2011, 35.0% in 2013
- 60.5% Higher in 2011, 58.2% in 2013
Trend in Number of New Graduate Nurses 2007-2013

- ADN programs
- Pre-licensure BSN Programs

<table>
<thead>
<tr>
<th>Year</th>
<th>ADN Programs</th>
<th>Pre-licensure BSN Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>1,906</td>
<td>4,134</td>
</tr>
<tr>
<td>2007-08</td>
<td>1,904</td>
<td>5,603</td>
</tr>
<tr>
<td>2008-09</td>
<td>2,031</td>
<td>5,640</td>
</tr>
<tr>
<td>2009-10</td>
<td>2,189</td>
<td>5,699</td>
</tr>
<tr>
<td>2010-11</td>
<td>2,258</td>
<td>6,250</td>
</tr>
<tr>
<td>2011-12</td>
<td>2,523</td>
<td>7,264</td>
</tr>
<tr>
<td>2012-13</td>
<td>2,408</td>
<td>8,443</td>
</tr>
</tbody>
</table>

RN to BSN added 2,000
Double the Number of Nurses with a Doctorate

Addressing Nurse Workforce Issues for the Health of Florida

Visit us at: www.FLCenterForNursing.org
Requirement of Accreditation in 5 Years

- Senator Grimsley and Representative Pigman
- Require all professional nursing programs to be accredited within 5 years
- All SUS nursing programs already meet the requirement
- About ½ to 2/3 of other BSN and ADN programs are accredited
Moratorium on Community College Baccalaureate Degrees

What is really needed?

Significant increase in production of pre-licensure graduates with a BSN degree at our state universities

Florida’s state colleges should offer pre-licensure BSN programs

- Promote shift from ADN admission to BSN
- Requirement of accreditation addresses quality concerns
For more information and to follow our work:

MaryLou.Brunell@ucf.edu

407-823-0980

www.FLCenterForNursing.org
Issues in Health Care Delivery

Alma B. Littles, M.D.
Special Advisor, STEM/Health Initiatives

July 21, 2014

www.flbog.edu
Question 2: Health Care Delivery

What are the emerging and evolving trends in health care delivery? How will they affect the State University System?

- 2b. How is the delivery of healthcare emerging and evolving in ways that will have an impact on the preparation of healthcare workers by Florida universities? What healthcare delivery is currently provided within the State University System

- 2e. What technological changes in health care delivery will require concomitant changes in health care education?
Goal

Discuss the Past, Present and Future Environment of Healthcare Delivery
History of Medical Practice

• Solo Practitioner
• Small Groups
• Independent Hospitals
• Paper Charts
• Employed vs. Independently Practicing Physicians

– In 2010, Medical Group Management Association (MGMA) found that more than 65 percent of established physicians and 49 percent of physicians coming out of training were placed in hospital-owned practices.
Team-Based Practices/Care Delivery

• Healthcare delivery has become too complex for the single physician or physician office to manage alone
  – Sicker inpatients
  – Increased burden of Chronic Disease

• Expanded Roles of ARNP’s and PA’s in Patient Care are recognized

• Roles of other Healthcare Personnel are essential
  – PT, OT, Pharmacists, Social Workers, Patient Navigators
Patient Centered Medical Home

- Model of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.
- Practices that use a PCMH model that relies on an EHR achieve a higher quality of care.

Annals of Internal Medicine – 6/3
Patient-Centered Medical Home (PCMH)

Source: Commonwealthfund.org
A network of doctors and hospitals that share financial and medical responsibility for providing coordinated care to patients in hopes of limiting unnecessary spending. At the heart of each patient's care is a primary care physician.

Eligible for bonuses when they deliver care more efficiently and liable for penalties when they do not.
Total Accountable Care Organizations by Sponsoring Entity

Source: Leavitt Partners Center for Accountable Care Intelligence
Accountable Care Organizations by State

Source: Leavitt Partners Center for Accountable Care Intelligence
Accountable Care Organizations (2013)

- California leads all states with 58 ACOs followed by Florida with 55 and Texas with 44.

- ACOs are primarily local organizations, with 538 having facilities in only one state.

- At the Hospital Referral Region level (HRR), ACOs now are present through much of the United States, though some regions, primarily rural areas in the northern Great Plains and Southeast still have limited ACO activity.

- Los Angeles (26), Boston (23) and Orlando (17) have the most ACOs.

Source: Leavitt Partners Center for Accountable Care Intelligence
Estimated Accountable Care Organization Covered Lives by State

Source: Leavitt Partners Center for Accountable Care Intelligence
Estimated Accountable Care Lives

Source: Leavitt Partners Center for Accountable Care Intelligence
Electronic Health Records

- Increased need for sharing medical information with teams of health professionals
- Need for Data Retrieval for Quality and Billing Purposes
- Patient Safety Concerns
Telemedicine

Seeks to improve a patient's health by permitting two-way, real time interactive, electronic communication between the patient, and the physician or practitioner at a distant site.
Personalized Medicine

The Right Treatment
At the Right Dose
For the Right Patient
At the Right Time
For the Right Outcome
Changes in Patient Visits

- Population Health
- Group Visits
- Transition Care Centers/Chronic Disease Management
Regulatory and Reimbursement Issues

- HCAP Scores for Physicians
- Role of Patient Satisfaction Scores
- ACA
- ICD-10
- SGR
THANK YOU!
Beyond Traditional Medical Education
Preparing Students for the Realities of the Future

John A. Rock, M.D.
FOUNDING DEAN AND SENIOR VICE PRESIDENT FOR HEALTH AFFAIRS
BACKGROUND

Created in 2007 to:

Address community healthcare challenges by educating physicians to be socially responsible and expertly trained

Prepare physicians for the new millennium where a national and regional physician shortage is projected
Curriculum

Five thematic integrated strands in four years of study:

- Human Biology
  (Core sciences)

- Disease, Illness and Injury
  (Pathology)

- Clinical Medicine
  (Doctor-patient communication, physical exam)

- Professional Development

- Medicine and Society
Medicine and Society Strand

Period I:
- Ethical Foundation
- Socio-Economic and Cultural Aspects
- Interdisciplinary Professional Approaches

Period II:
- Community Engaged Physician I

Period III:
- Community Engaged Physician II
- Family Medicine Clerkships

Period IV:
- Community Engaged Physician III
- Community Medicine Practicum
An obligation to address health concerns, which consists of seven competencies:

- Medical Knowledge
- Patient Care
- Interpersonal Communication Skills
- Professional Development
- System-Based Practice
- Practice-Based Learning and Improvement
- Social Responsibility
Designed a new structure and education model

Green Family Foundation NeighborhoodHELP™:
A community-based medical education program woven throughout the curriculum that trains 21st century health professionals and addresses health needs

Panther Learning Communities:
An educational and social structure that promotes a sense of community and unity within the medical school environment
Educational Objectives:

Interdisciplinary teams connect to a household in the community for hands on learning about:

- SOCIAL DETERMINANTS OF HEALTH
- CULTURAL DIVERSITY
- INTERDISCIPLINARY TEAM SKILLS
- COMPREHENSIVE APPROACH TO HEALTH ISSUES
- FRAMEWORK TO MANAGE ETHICAL ISSUES

Develop socially responsible, community engaged physicians and healthcare professionals.
WHAT IS NEIGHBORHOODHELP?

An interdisciplinary health education learning model that:

- Educates future physicians while engaging them with the community
- Provides services to medically underserved communities
- Exposes students to social determinants of health
- Brings together teams of medical, nursing, social work and law students
- Develops collaborative solutions with the community and university partners
- Is long-term and sustainable, not episodic
- Is a signature program in the Medicine and Society strand of the curriculum
PANTHER LEARNING COMMUNITIES

Neighborhoods: Unincorporated NW Miami-Dade County

Communities:
- Anderson
  - 120 Students
    - 30 from each class
  - Coordinator
    - Assistant
    - 4 Faculty
  - Students from: Social Work Nursing Law
- Hippocrates
  - 120 Students
    - 30 from each class
  - Coordinator
    - Assistant
    - 4 Faculty
  - Students from: Social Work Nursing Law
- Pasteur
  - 120 Students
    - 30 from each class
  - Coordinator
    - Assistant
    - 4 Faculty
  - Students from: Social Work Nursing Law
- Semmelweis
  - 120 Students
    - 30 from each class
  - Coordinator
    - Assistant
    - 4 Faculty
  - Students from: Social Work Nursing Law

Health Initiatives Committee Workshop - Health Initiatives Committee Workshop
September 2010 – June 2014, 677 FIU medical, social, nursing, and law students conducted 3,255 visits to 512 households with 1202 household members.

Data showed a decrease in the use of emergency room visits as a regular place of care for household members, from 61% to 26%.

In a study completed by Trip-Umbach over the last two years, it was estimated that for every dollar invested in NeighborhoodHELP, the state receives eight dollars in return.
An innovative curriculum that prepares medical students to lead the delivery of healthcare in the new millennium and simultaneously improves health outcomes in communities and families.
INTEGRATING MEDICAL EDUCATION AND HEALTHCARE DELIVERY

Leverage what we have learned to

> EDUCATE FUTURE HEALTH PROFESSIONALS

> IMPLEMENT INTERDICIPLINARY HOUSEHOLD-CENTERED CARE

> INTEGRATE WITH COMMUNITY-BASED SERVICES

> IMPROVE HEALTH OUTCOMES

> LOWER HEALTHCARE COSTS

> INCREASE PATIENT SATISFACTION

Develop a new health care delivery model that carves the path to the 21st century
Beyond Traditional Medical Education
Preparing Students for the Realities of the Future

John A. Rock, M.D.
FOUNDING DEAN AND SENIOR VICE PRESIDENT FOR HEALTH AFFAIRS
Board of Governors
Health Initiatives Committee

Ruena Norman, PhD, RN
Dean, School of Nursing
FAMU School Of Nursing

Bachelor of Science in Nursing
200 professional level students

Master of Science in Nursing
Focus: Advanced Practice Nurse
Face to face and Distance
Curriculum Innovations

- Use of Simulation
- Distance Education
- Interprofessional Education
Use of Simulation

Simulations are defined as activities that mimic the reality of a clinical environment and are designed to **demonstrate** procedures, decision-making, and critical thinking through techniques such as role playing and the use of devises such as interactive videos or mannequins. (Jefferies, 2005)
Use of Simulation

Fostered by:

1. Clinical sites
2. Nursing faculty
3. Knowledge

NCSBN study

Longitudinal

Are there differences in (a) clinical competency and (b) knowledge in 3 simulation groups

1. Clinical as usual (10%)
2. 25% simulation
3. 50% simulation
Simulations at FAMU

Used in all five clinical practicum courses

100%
Distance Education

- Popular: RN-BSN & Graduate Students
- Impact on FAMU MSN Program
  - Doubling of enrollment
  - Removal from low productivity list
Interprofessional Education

American Association of Colleges of Nursing (2008)

Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care

In 2011, core IPE competencies endorsed

- American Association Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Dental Education Association
- Association of American Medical Colleges
- Association of Schools of Public Health
Potential for IPE at FAMU

- School of Nursing
- College of Pharmacy and Pharmaceutical Sciences
- Institute of Public Health

One Initiative

“Center of Health Equity”