



STATE
UNIVERSITY
SYSTEM
of FLORIDA
Board of Governors

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 Governor Ed Morton
April 28, 2014 Meeting
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



BOARD *of* GOVERNORS

Health Initiatives Committee

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?



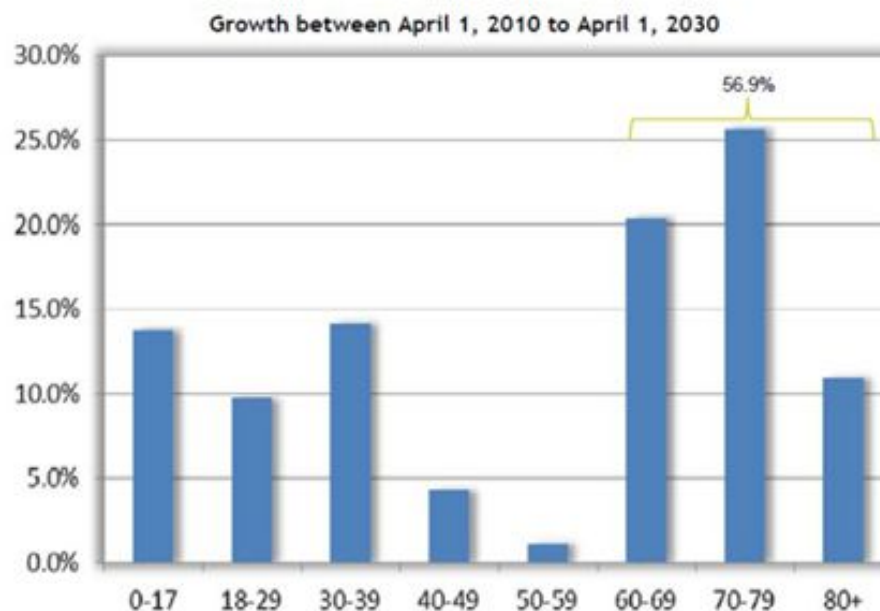
The Supply-Demand Gap Analysis





Demographic Factors

Population Growth by Age Group



Source: The Florida Legislature's Office of Economic and Demographic Research, *Demographic Overview and Population Trends* 11/6/13, accessed online at <http://edr.state.fl.us/> on 7/10/14.



- 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

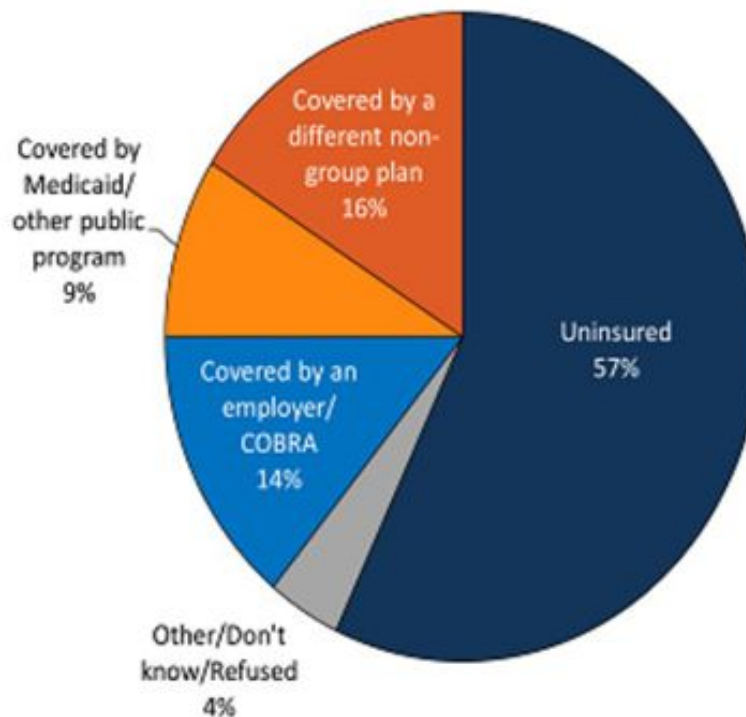
National survey includes prior insurance status and their self-reported health status.

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

Source: Kaiser Family Foundation, accessed online at <http://kff.org> on 6/23/14.

Nearly Six In Ten In Exchange Plans Were Previously Uninsured

AMONG NON-GROUP ENROLLEES IN PLANS PURCHASED THROUGH A HEALTH INSURANCE EXCHANGE:
Percent who say before purchasing their current plan, they were...



SOURCE: Kaiser Family Foundation Survey of Non-Group Health Insurance Enrollees (conducted April 3 – May 11, 2014)





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

Field	SOC (Demand)	CIP (Supply)	Bachelor's Gap*	Graduate or Professional Gap*
Nurses (including instructors)	291141 291171 291151 251072	51.3801 51.3808 51.3818 (18 CIP codes for instructor)	<div>Possible Scenarios for the Fields</div> <div>Those showing gaps between supply and demand</div> <div>Those not showing gaps, but may have gaps once programs and occupations are looked at more closely (migration issues, post-professional issues)</div> <div>Those not showing gaps, or showing an oversupply, even when considering additional supply and demand factors</div>	
Physicians	291069 291062 291063 291067	51.1201		
Pharmacists	291051	51.2001		
Physical Therapists	291123	51.2308		
Dentists	291021	51.0401		
Occupational Therapists	291122	51.2306		
Physician Assistants	291071	51.0912		
*Gaps indicate fields in which Florida experiences at least 100 annual unfilled openings.				



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

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

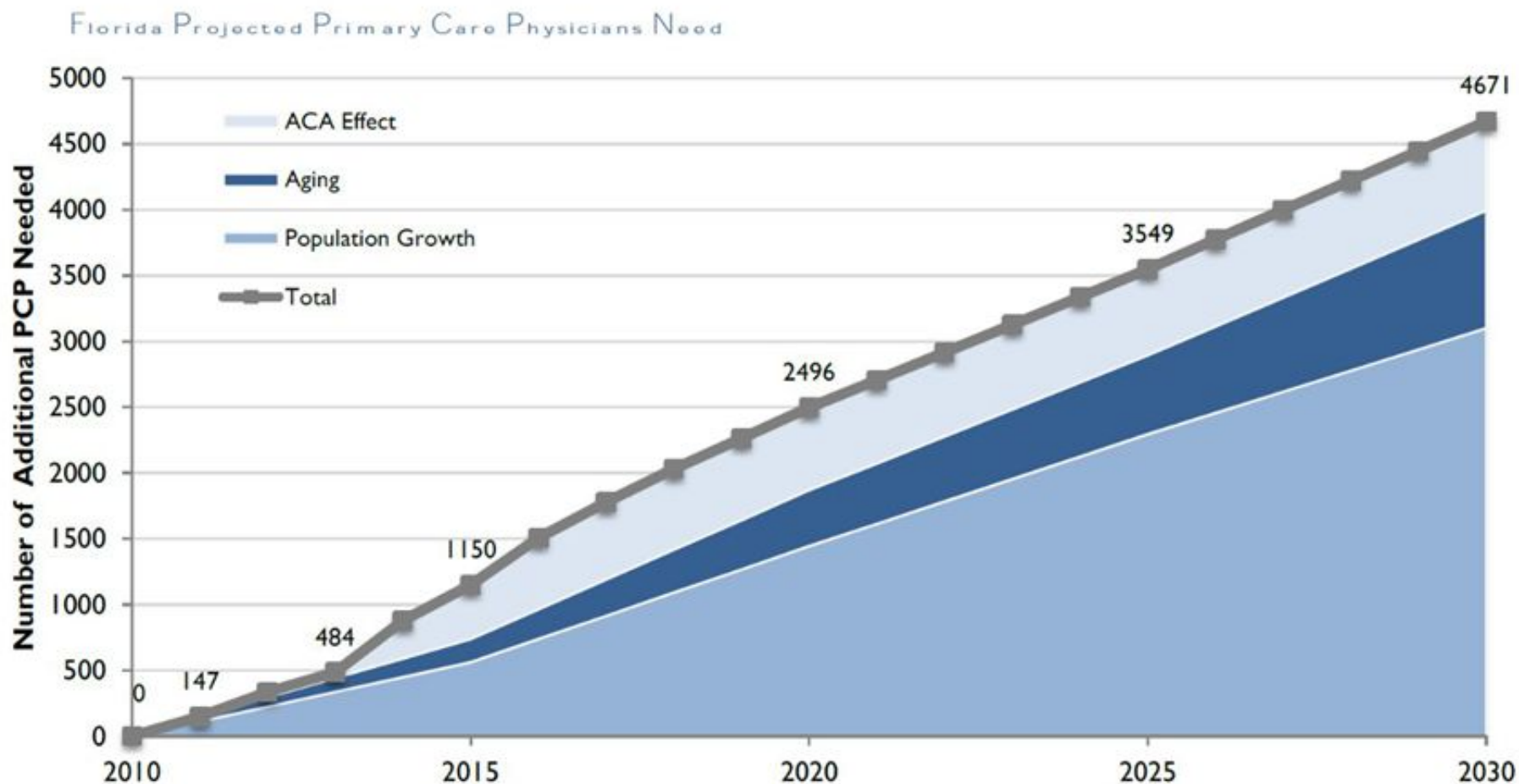
Source: AAMC Center for Workforce Studies, June 2010 Analysis

*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:
 - Office of Program Policy Analysis and Government Accountability (OPPAGA) 2014 GME Report
 - 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



Graduate Medical Education

Excerpted from the OPPAGA presentation to the House Health Care Appropriations Subcommittee on February 11, 2014

Florida Medical School Graduates

- In 2013, Florida GME had 9% more positions than they could fill with Florida medical school graduates
 - In academic year 2012-13, approximately 980 students graduated from medical school
 - GME institutions reported 1,081 available positions for residents starting programs
- Florida medical schools project a 25% increase in graduates by academic year 2017-18
- For GME program, 15 institutions reported planned growth in 31 specialties with a total of 339 positions by academic year 2018-19

We should be cautious not to interpret this as providing enough GME in Florida

oppaga

THE FLORIDA LEGISLATURE'S OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY

15



Undergraduate Medical Education

Medical Student Headcount Enrollments		Estimated Actual 2013-14	Funded 2014-15	Planned 2014-15	Planned 2015-16	Planned 2016-17	Planned 2017-18	Planned 2018-19	Planned 2019-20
Florida Atlantic University	RESIDENT	156	205	205	205	205	205	205	205
	NON-RESIDENT	31	51	51	51	51	51	51	51
	TOTAL	187	256	256	256	256	256	256	256
Florida International University	RESIDENT	308	385	368	402	402	402	402	402
	NON-RESIDENT	60	55	72	78	78	78	78	78
	TOTAL	368	440	440	480	480	480	480	480
Florida State University	RESIDENT	472	471	472	474	472	472	472	472
	NON-RESIDENT	9	9	9	10	11	8	8	8
	TOTAL	481	480	481	484	483	480	480	480
University of Central Florida	RESIDENT	269	*	316	347	362	362	362	362
	NON-RESIDENT	82	*	103	113	118	118	118	118
	TOTAL	351	*	419	460	480	480	480	480
University of Florida	RESIDENT	524	513	513	513	513	513	513	513
	NON-RESIDENT	6		27	27	27	27	27	27
	TOTAL	530	513	540	540	540	540	540	540
University of South Florida	RESIDENT	468	480	480	480	480	480	480	480
	NON-RESIDENT	16	0	16	16	16	16	16	16
	TOTAL	496	480	496	496	496	496	496	496
State University System	TOTAL	2,413	2,169	2,632	2,716	2,735	2,732	2,732	2,732

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

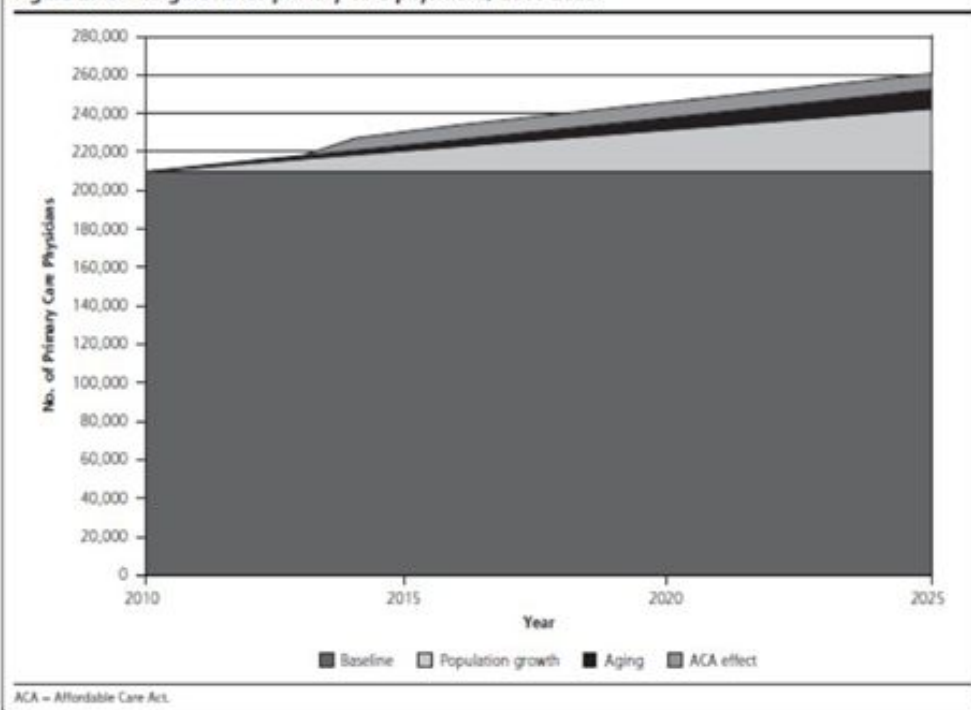
Location	Marketplace Type	Total Number of Individuals Determined Eligible to Enroll in a Marketplace Plan	Number of Individuals Eligible to Enroll in a Marketplace Plan with Financial Assistance	Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace	Number of Individuals Who Have Selected a Marketplace Plan	Data as of
United States		13,547,592	8,748,037	6,724,660	8,019,763	4/19/2014
1. California	State-based	1,886,867	1,458,433	1,700,000 ¹	1,405,102	4/19/2014
2. Florida	Federally-facilitated	1,603,575	1,114,877	180,479	983,775	4/19/2014
3. Texas	Federally-facilitated	1,371,157	835,519	141,494	733,757	4/19/2014
4. New York	State-based	707,638	369,380	646,018	370,451	4/19/2014

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



Supplemental Slide 2: Florida Physician Workforce

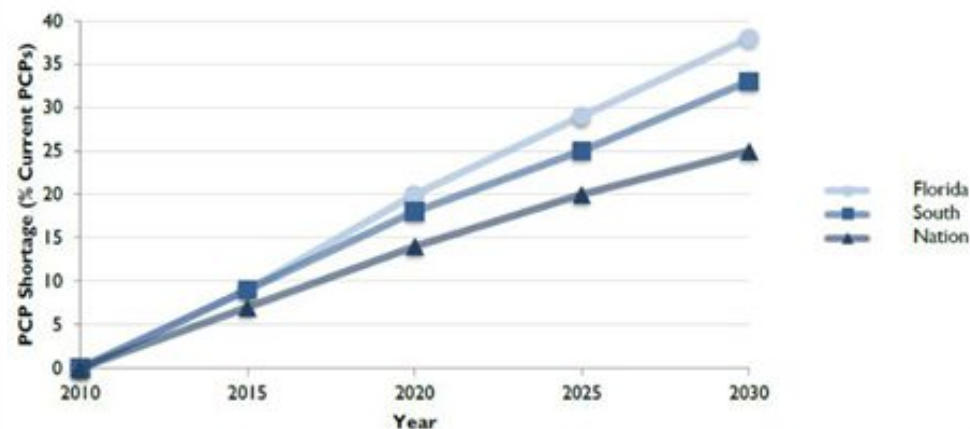
Figure 2. Growing need for primary care physicians, 2010-2025.



ANNALS OF FAMILY MEDICINE • WWW.ANNFAMMED.ORG • VOL. 10, NO. 6 • NOVEMBER/DECEMBER 2012

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

Physician Demand Comparison - State, Region, Nation



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



2	State Population:	19,317,568	Total Female Physicians:	13,040
0	Population ≤ age 18	4,240,843	Total Medical or Osteopathic Students	4,781
1	Total Active Physicians:	48,852	Total Residents:	3,632
2	Primary Care Physicians:	16,381		

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

		FL	FL Rank	State Median	
Physician Supply	Active Physicians per 100,000 Population, 2012	252.9	23	244.5	Below State Median
	Total Active Patient Care Physicians per 100,000 Population, 2012	226.4	20	217.6	
	Active Primary Care Physicians per 100,000 Population, 2012	84.8	30	90.3	
	Active Patient Care Primary Care Physicians per 100,000 Population, 2012	77.4	29	81.5	
	Percent Active Female Physicians, 2012	26.7%	39	30.8%	
	Percent of Active Physicians who are International Medical Graduates, 2012	35.3%	3	18.2%	
	Percentage of Active Physicians Who Are Age 60 or Older, 2012	29.4%	11	26.5%	
Undergraduate Medical Education (UME)	Students Enrolled in Medical or Osteopathic School per 100,000 Population, AY 2012-2013	24.7	33	29.1	Below State Median
	Students Enrolled in <i>Public</i> Medical or Osteopathic Schools per 100,000 Population, AY 2012-2013	11.9	34	18.8	
	Percent Change in Students Enrolled in Medical or Osteopathic Schools (2002-2012)	109.1%	4	18.6%	
	Percent of Medical School Matriculants from In-State, AY 2012-2013	64.7%	26	67.7%	
Graduate Medical Education (GME)	Total Residents/Fellows in ACGME Programs per 100,000 Population as of December 31, 2011	19.0	42	26.8	Below State Median
	Total Residents/Fellows in Primary Care ACGME Programs per 100,000 Population as of Dec. 31, 2011	6.6	45	10.4	
	Percentage of International Medical Graduates in ACGME Programs as of December 31, 2011	29.4%	13	22.4%	
	Ratio of Residents and Fellows (GME) to Medical and Osteopathic Students (UME), AY 2011-2012	0.9	29	1.05	
	Percent Change in Residents and Fellows in ACGME-Accredited Programs, 2001-2011	29.5%	11	19.7%	
Retention	Percent of Physicians Retained in State from Undergraduate Medical Education, 2012	49.8%	9	38.7%	Above State Median
	Percent of Physicians Retained in State from Undergraduate Medical Education (<i>Public</i>), 2012	52.2%	8	44.9%	
	Percent of Physicians Retained in State from Graduate Medical Education, 2012	58.7%	4	44.9%	
	Percent of Physicians Retained in State from UME and GME Combined, 2012	77.8%	6	68.1%	

State Rank: How a particular state ranks compared to the other 49. Rank of 1 goes to the state with the highest value for the particular category.
State Median: The value directly in the middle of the 50 states, so 25 are above the median and 25 are below and excludes the District of Columbia and Puerto Rico.

Source: 2013 State Physician Workforce Data Book
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AAMC Center for Workforce Studies



Florida Board of Governors Health Initiatives Committee

Mary Lou Brunell, RN, MSN
Executive Director



Addressing Nurse Workforce Issues for the Health of Florida

Visit us at: www.FLCenterForNursing.org



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



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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

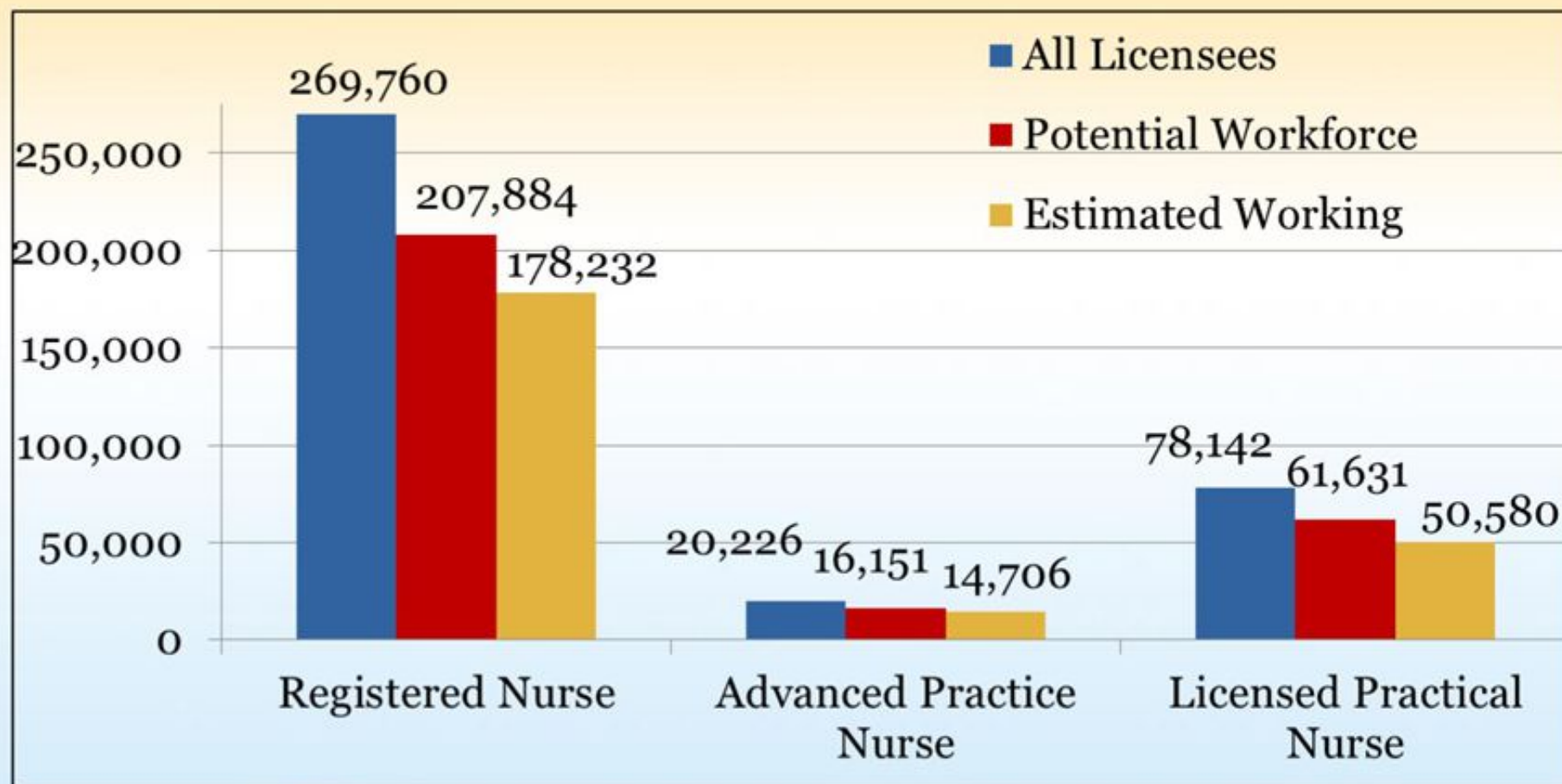


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Florida Nurse Supply as of January 2014

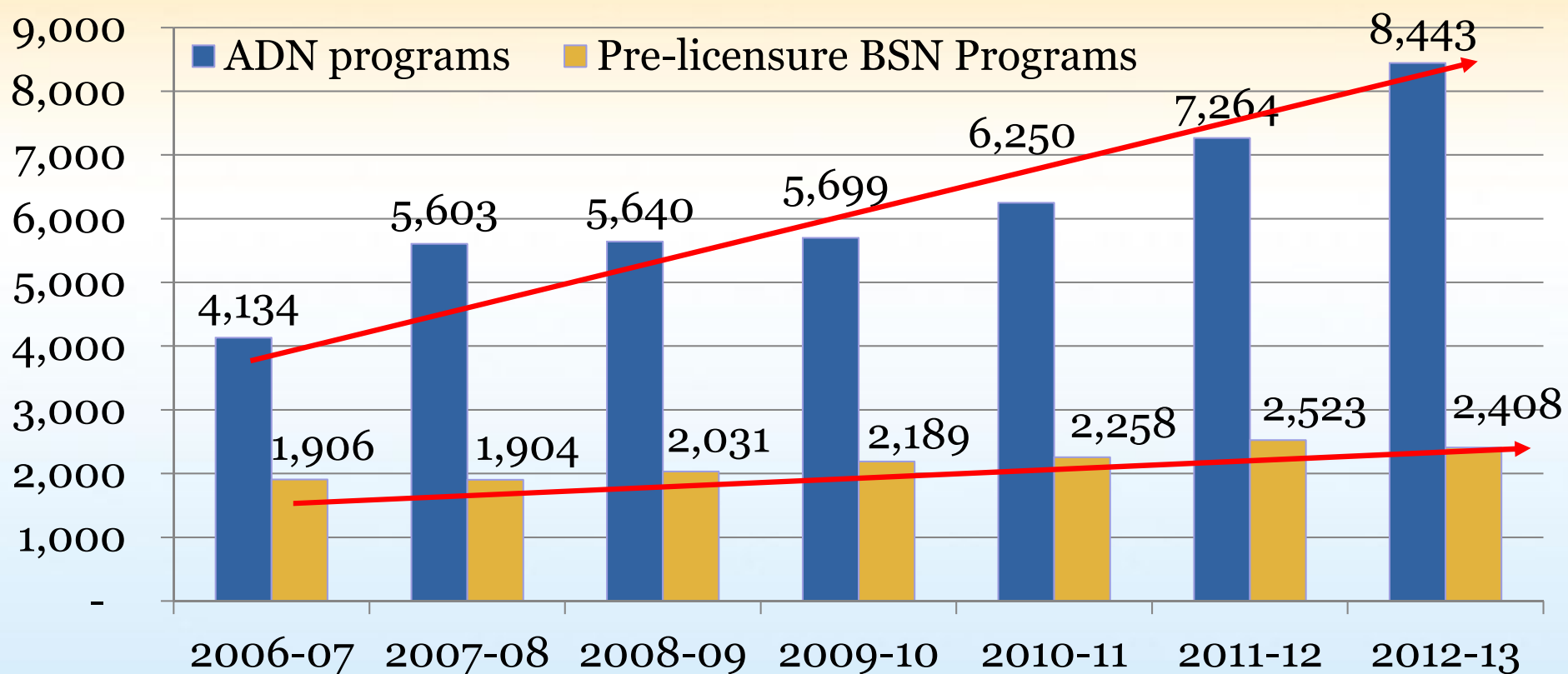


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Trend in Number of New Graduate Nurses 2007-2013

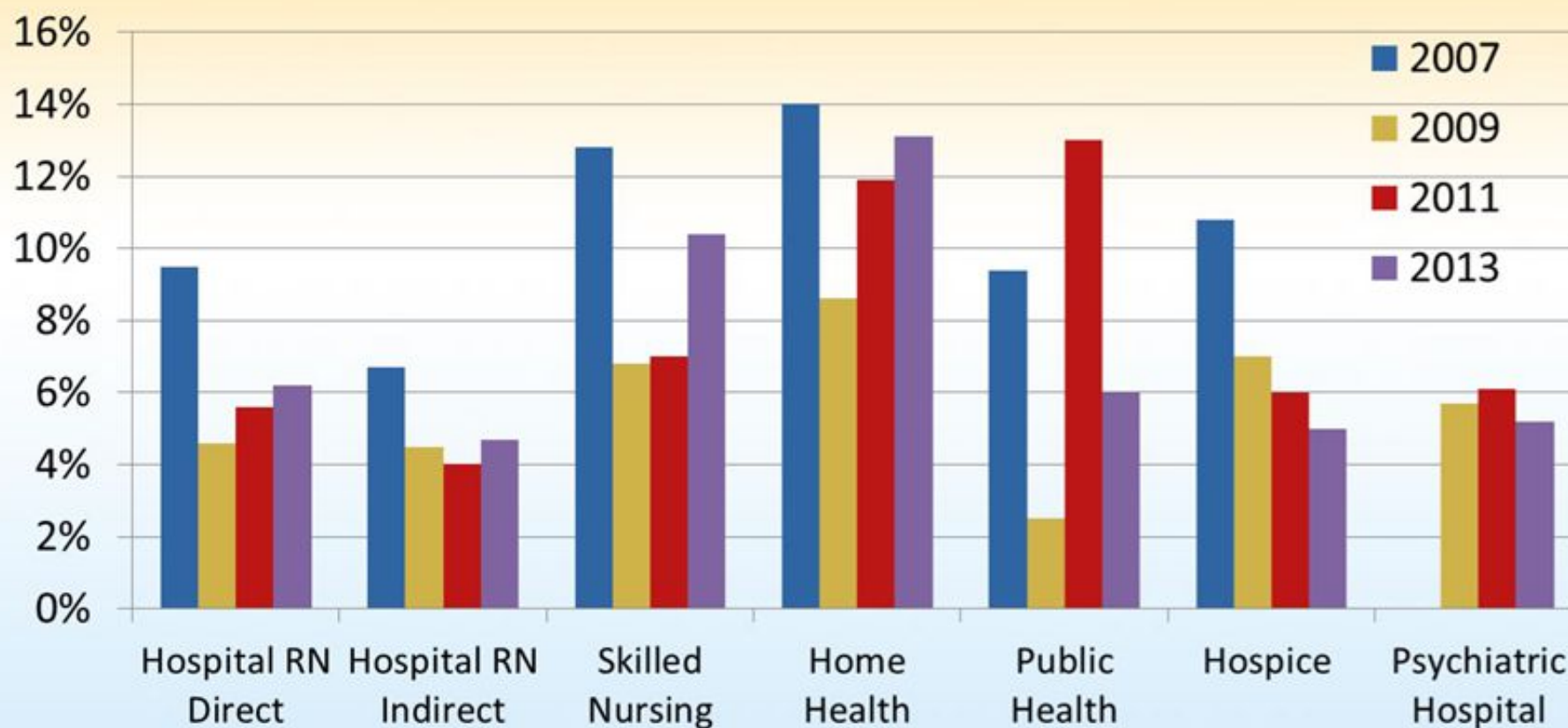


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Changes in RN FTE Vacancy Rates by Industry



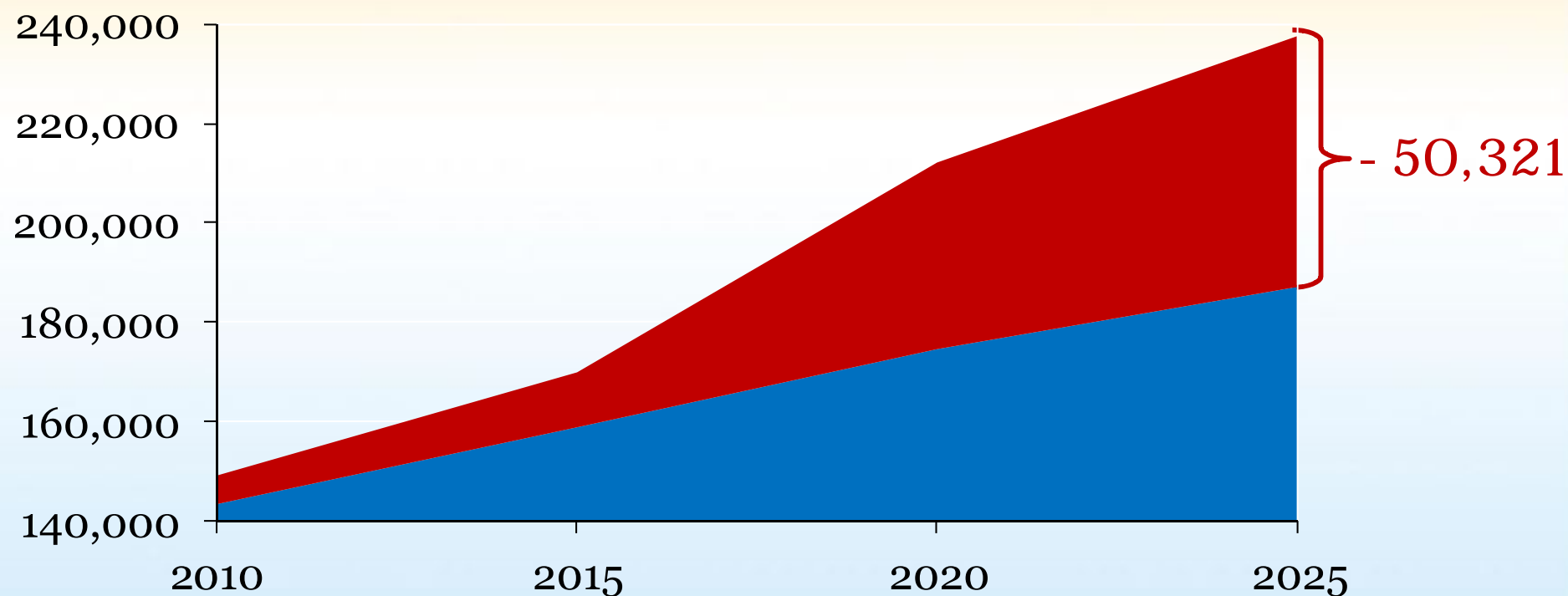
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Florida's Registered Nurse Forecast

■ RN FTE Supply ■ RN FTE Demand



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Solutions

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



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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)



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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

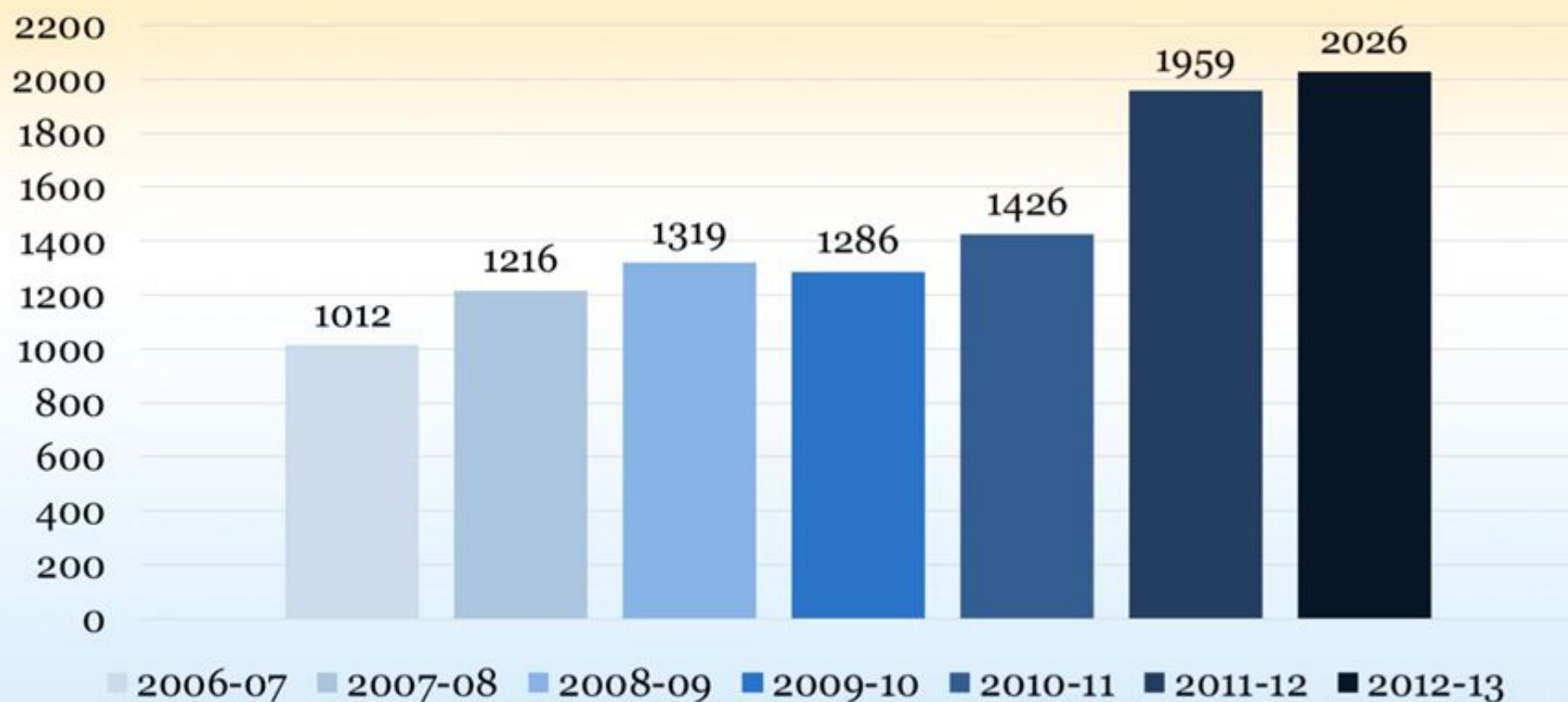


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Trend in Number of RN to BSN Graduates 2007-2013



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Effect of State College offering RN to BSN

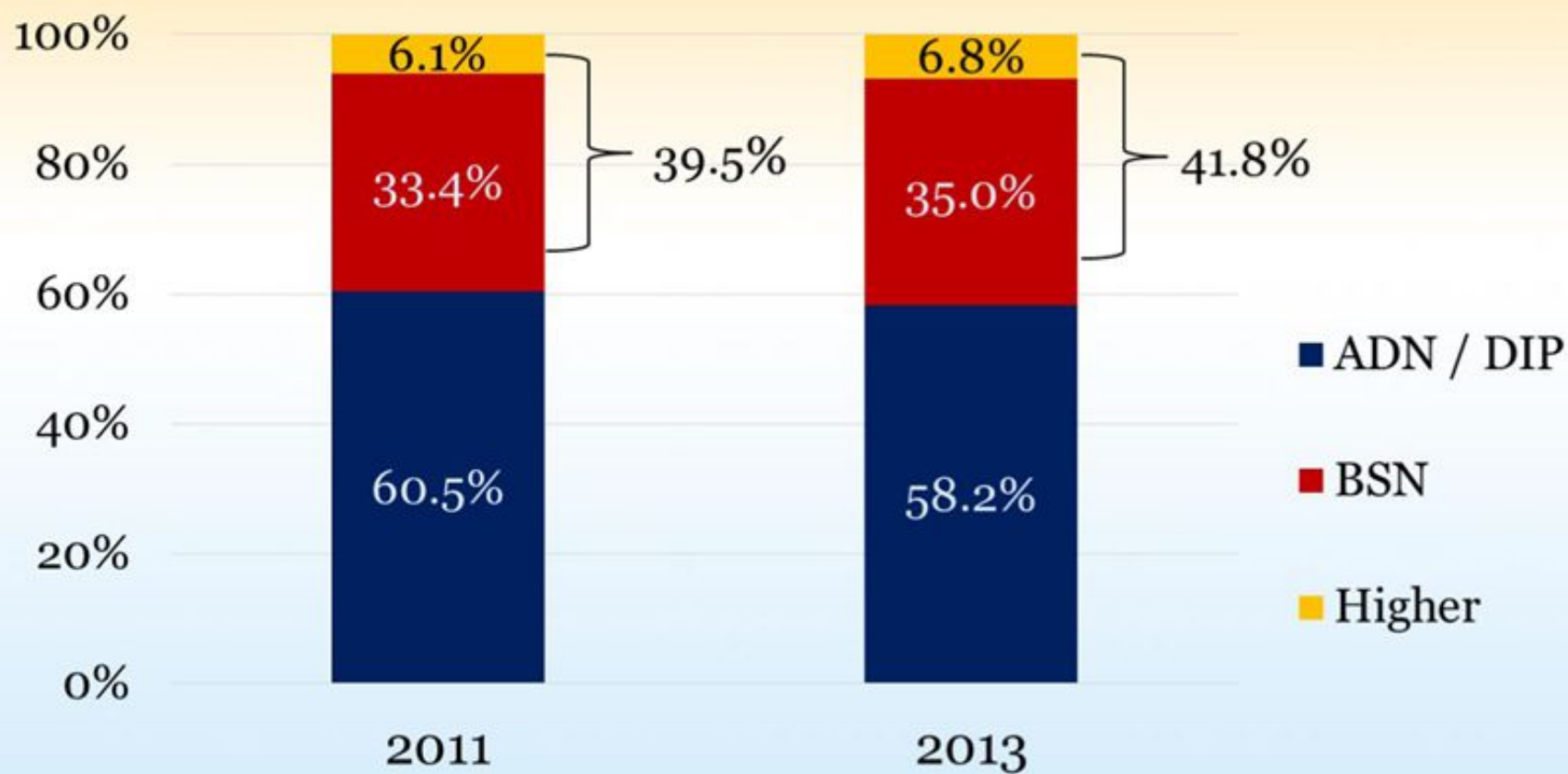
- ✧ Does not increase the supply of licensed RNs
- ✧ Does help meet employer interest in BSN degree preparation
- ✧ But does it achieve the IOM goal of 80%?



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Highest Degree Reported by Florida RNs

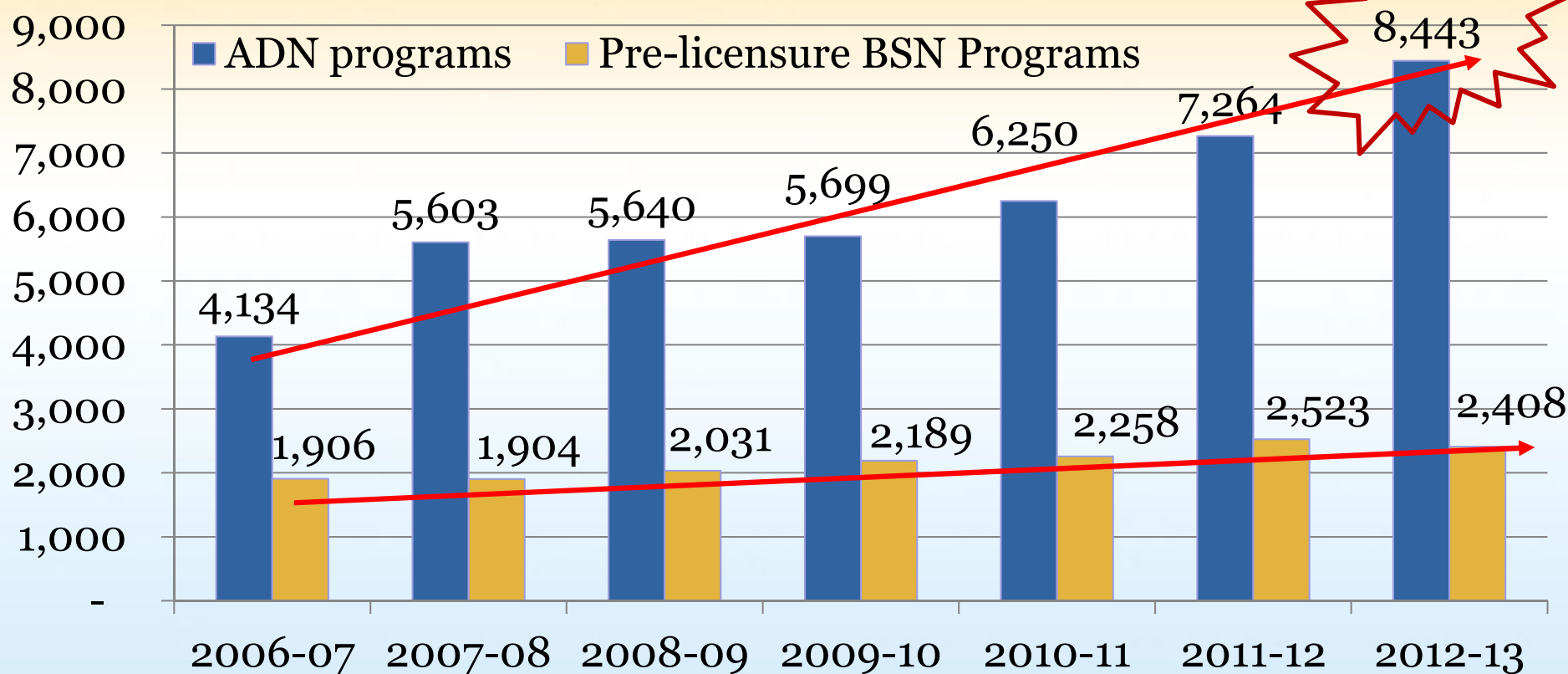


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Trend in Number of New Graduate Nurses 2007-2013



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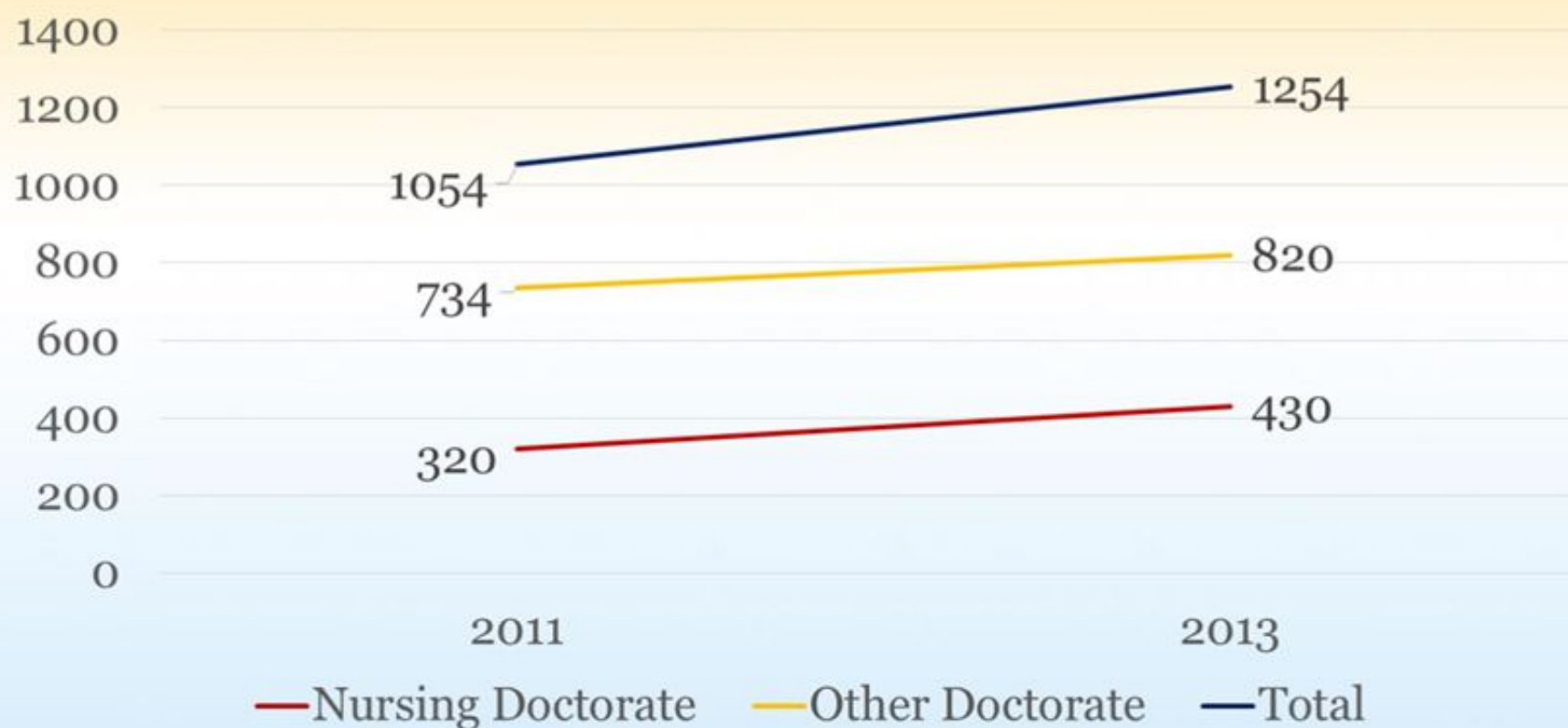
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RN to BSN
added 2,000

15



Double the Number of Nurses with a Doctorate



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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 1/2 to 2/3 of other BSN and ADN programs are accredited



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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



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For more information and to follow our work:

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Health Initiatives Committee

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



Present and Evolving Healthcare Delivery Environment

- 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



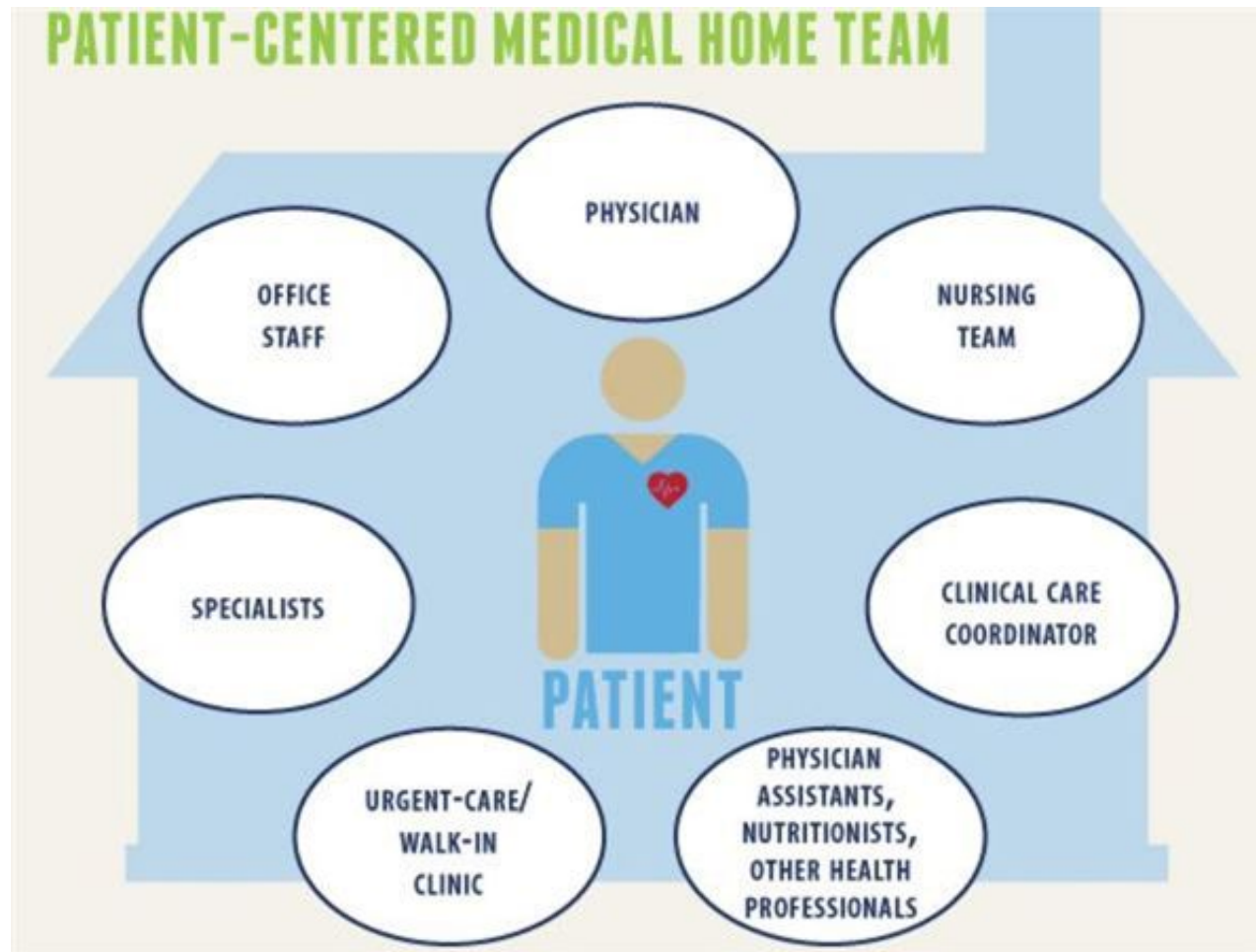
Patient Centered Medical Home

- 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

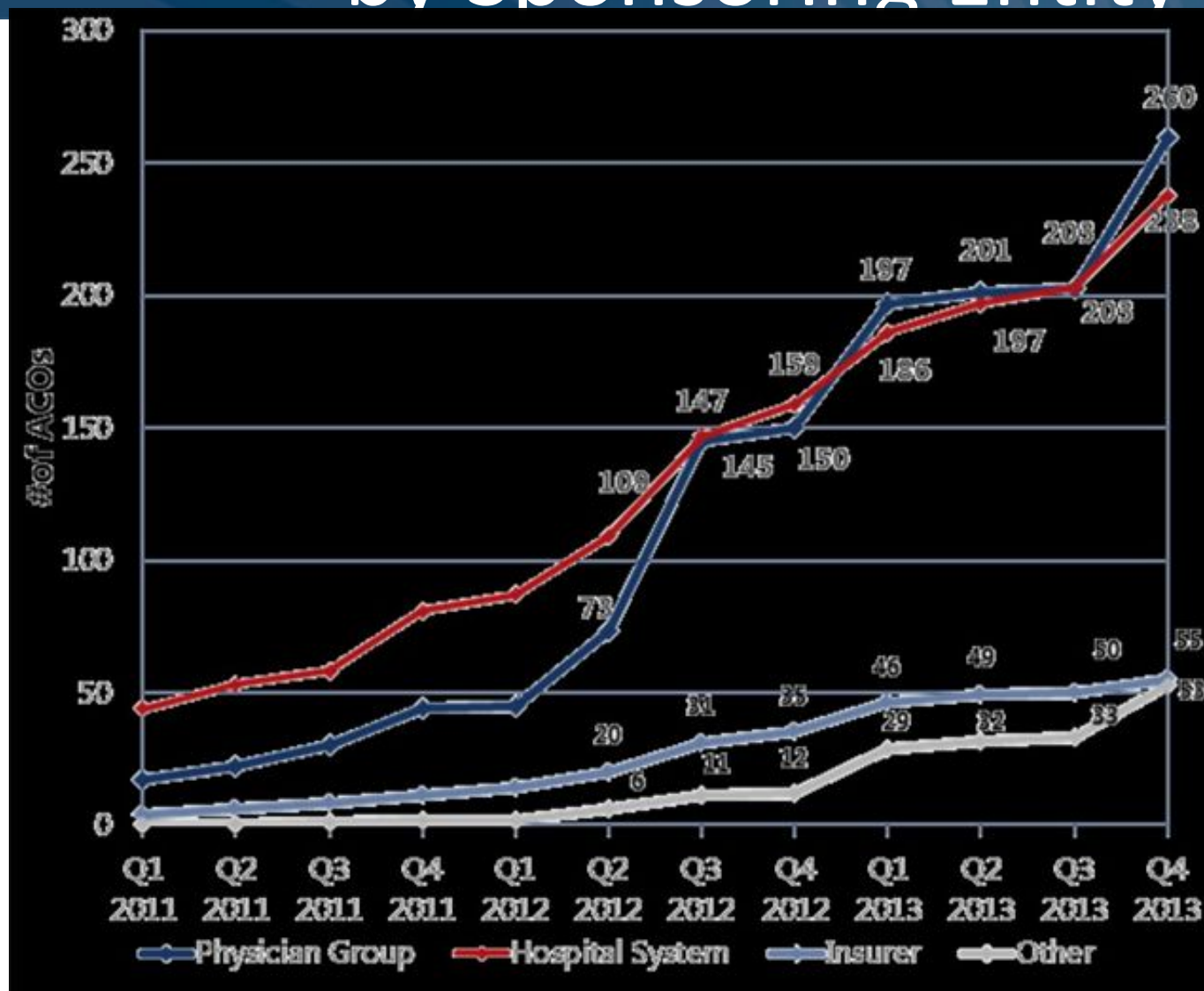


Accountable Care Organizations (ACO)

- 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.



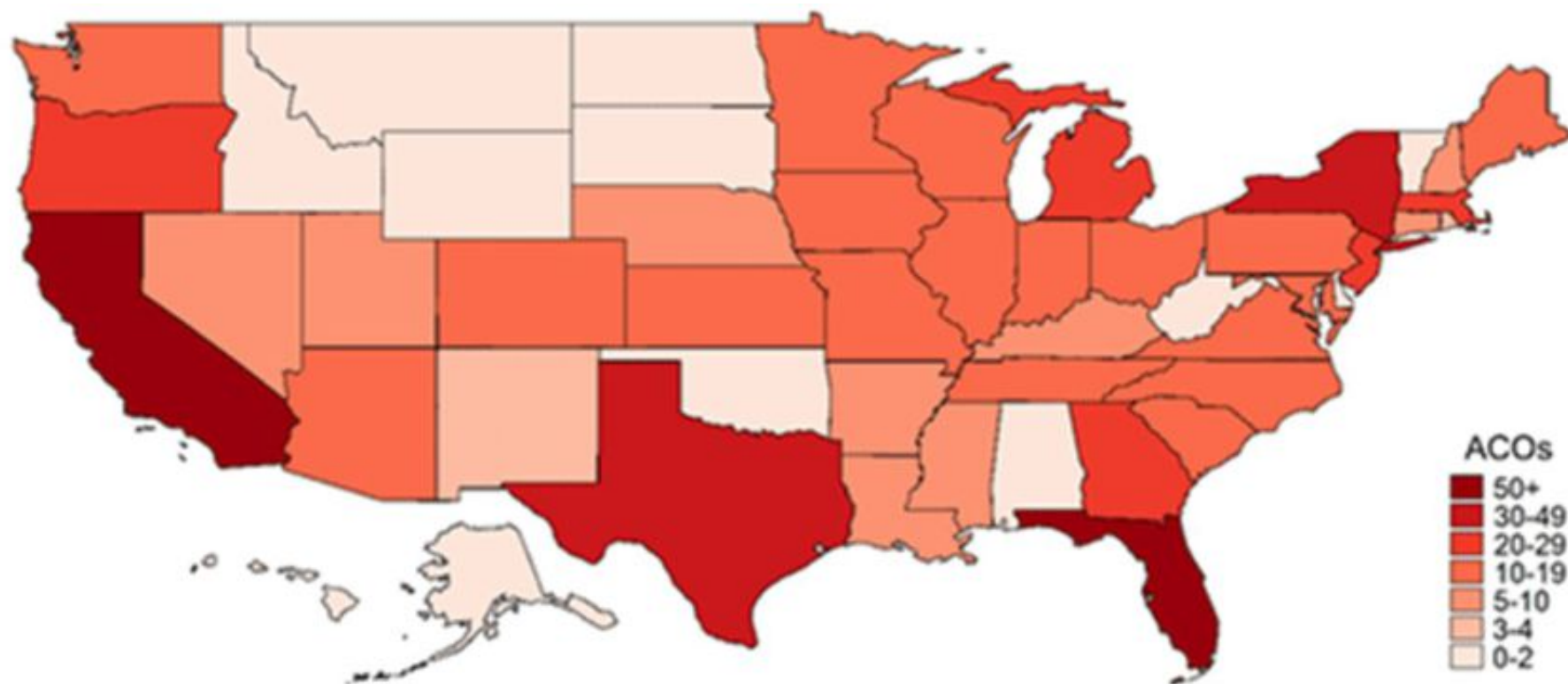
Total Accountable Care Organizations by Sponsoring Entity



Source: Leavitt Partners Center for Accountable Care Intelligence



Accountable Care Organizations by State



Source: Leavitt Partners Center for Accountable Care Intelligence



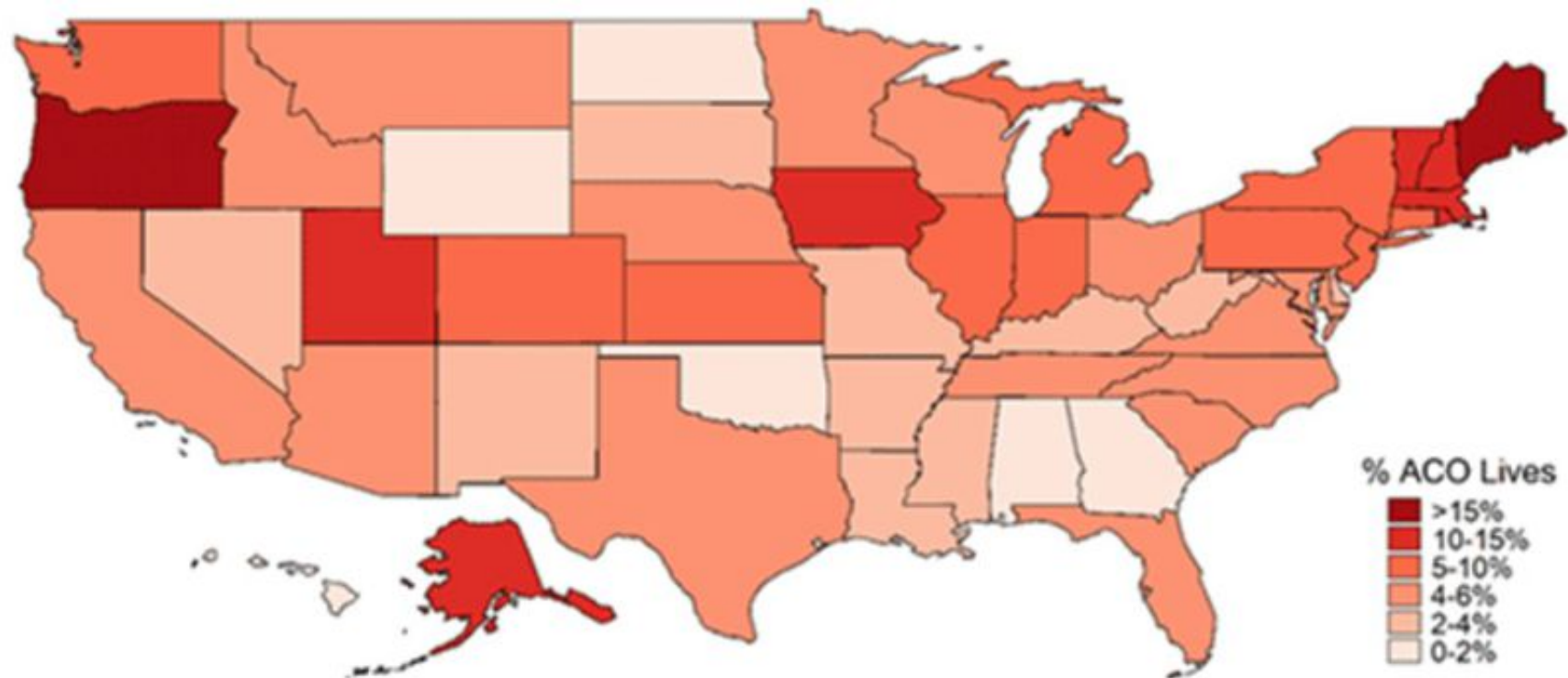
Accountable Care Organizations (2013)

- 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



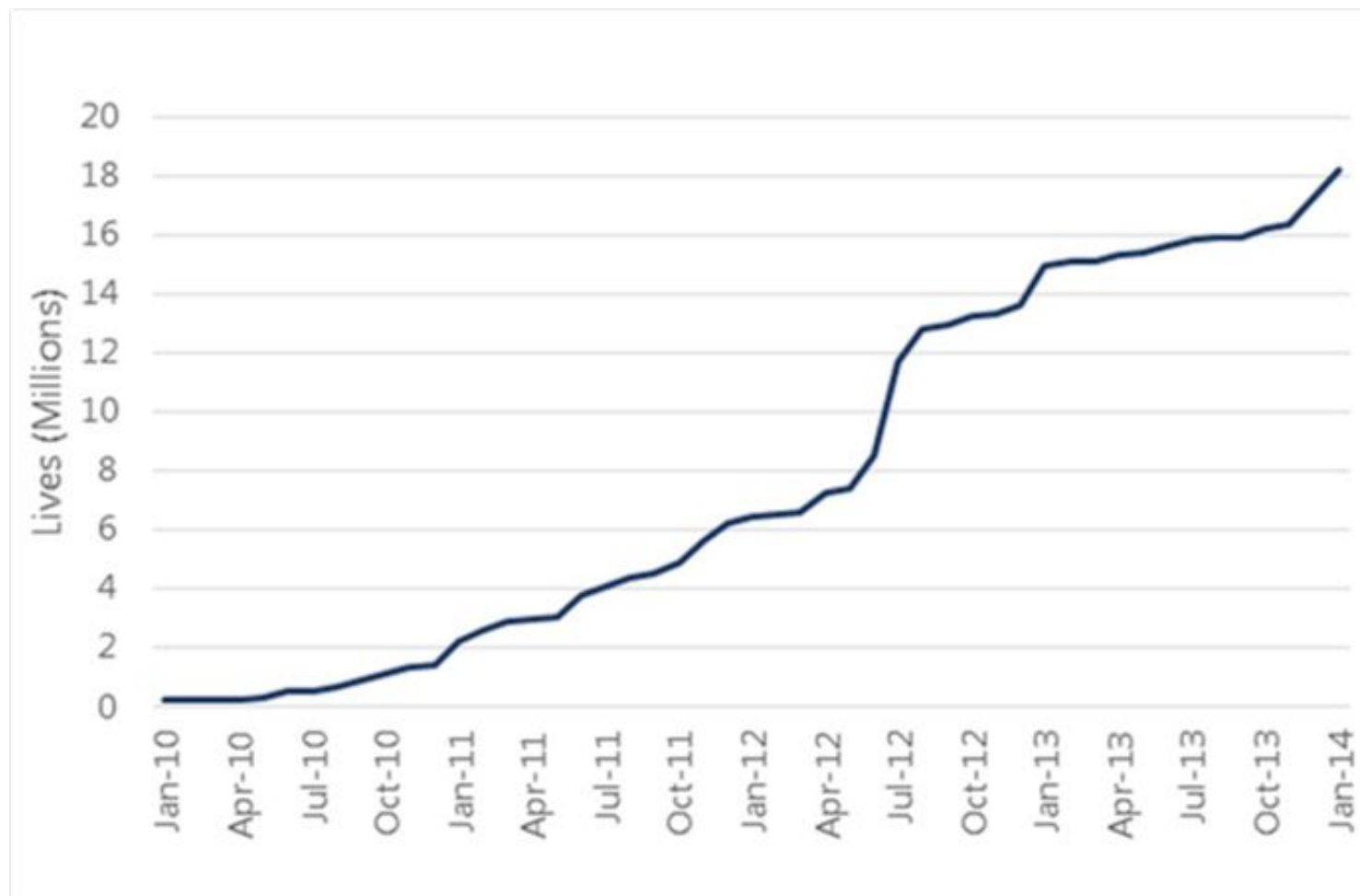
Estimated Accountable Care Organization Covered Lives by State



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!



**Herbert Wertheim
College of Medicine**

**Green Family Foundation
NeighborhoodHELP™**

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**

THE WHY

**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

THE How

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:

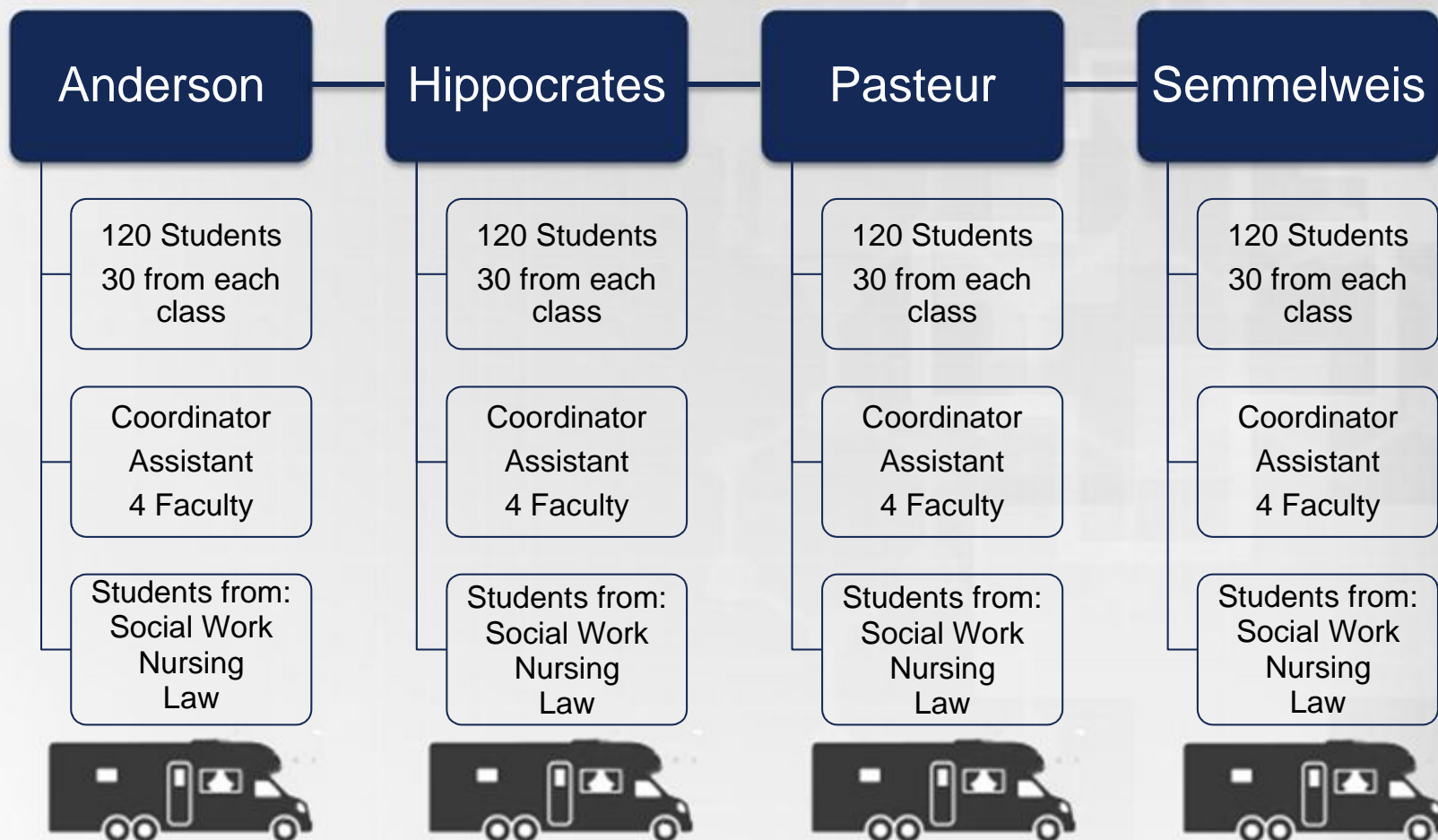
- ✓ **Educates future physicians while engaging them with the community**
- ✓ **Provides services to medically underserved communities**
- ✓ **Exposes students to social determinants of health**
- ✓ **Brings together teams of medical, nursing, social work and law students**
- ✓ **Develops collaborative 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** **Miami Gardens** **Opa-Locka** **NE Miami-Dade**

Communities:



THE Impact

**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**

THE FUTURE

**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 INTERDISCIPLINARY 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



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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 devices such as interactive videos or mannequins. (Jefferies, 2005)



Use of Simulation

Fostered by:

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



clinical sites



nursing faculty



knowledge

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

- o 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”

