

MINUTES  
STATE UNIVERSITY SYSTEM OF FLORIDA  
BOARD OF GOVERNORS  
HEALTH INITIATIVES COMMITTEE  
UNIVERSITY OF SOUTH FLORIDA  
TAMPA, FLORIDA  
July 21, 2014

1. Call to Order and Opening Remarks

Chair Ed Morton convened the workshop of the Health Initiatives Committee at 12:05 p.m. on July 21, 2014, with Committee member Manoj Chopra present in person and Committee members Elizabeth Webster and Dick Beard participating by telephone. A quorum was established. Committee member Alan Levine joined the meeting in person at 1:00 p.m.; Committee member Matthew Carter joined by telephone at 1:01 p.m.

Chair Morton welcomed participants to the Health Initiatives Workshop and expressed a desire to get a free exchange of ideas as part of the environmental scan process. He noted the importance of health care, the health workforce, and research innovation as drivers in Florida's economy.

2. Summary of Committee's Advisory Group Meeting

Chair Morton provided a brief summary of the Health Initiatives Committee's Advisory Group meeting held on April 28, 2014. Chair Morton reiterated key themes, including care for Florida's aging population and disproportionate share of elderly, the trend of increasing disease complexity, the need for highly skilled and inter-professional teams, the need to reduce chronic disease and the associated high costs, and trends in third party reimbursement and payments systems.

3. Environmental Scan Research Questions and Progress to Date

Amy Beaven, Director, STEM and Health Initiatives of the Board of Governors, presented an update on the Committee's Work Plan and information gathered to date for the environmental scan. She described the process that is underway to analyze supply and demand for 15 health-related occupational groups. She presented

information on physician shortages, nationally and in Florida, and discussed the limitations on graduate medical education. She also shared information on physician assistant programs, which elicited comments from the audience and workshop participants about the lack of data collected from licensed physician assistants, especially when compared with data collected on nurses and physicians.

Mary Lou Brunell, Executive Director of the Florida Center for Nursing, presented nursing workforce data. She stated that through analysis of supply, demand, and education data, the Center projects a nursing shortage of roughly 50,000 registered nurses (RNs) by 2025. She presented a graph of associate degree (ADN) and pre-licensure baccalaureate degree (BSN) programs and discussed the contribution of each to overall workforce supply. Chair Morton noted from Ms. Brunell's slides that the 1,234 pre-licensure BSN graduates from the State University System accounted for roughly 11% of the new RN supply (out of approximately 11,000 newly licensed RNs in 2013). She also confirmed that the SUS supplied approximately half of the pre-licensure BSNs in 2013, with the other half supplied by private institutions. She noted that all 28 colleges in the Florida College System currently offer ADN programs and 20 colleges offer RN to BSN programs.

Due to time limitations, Alma Littles, Special Advisor, STEM and Health Initiatives of the Board of Governors, shortened her presentation to noting specific shifts in health care delivery as context for the afternoon's presentations.

#### 4. University Curriculum and Training Presentations

John Fogarty, Dean of the Florida State University College of Medicine, presented on the mission, training model, and admissions process of FSU's medical program. He stated that as the first of the third generation of medical schools in Florida, FSU has tried to innovate from the beginning. He included the following as examples: setting a goal of doubling the number of rural students, African American students, and Hispanic students compared to national averages; developing pipeline programs for junior and high school students interested in STEM and health careers; providing undergraduate support and a masters-level Bridge program; establishing a distributed model with six regional campuses; offering a higher percentage of training in doctor's offices rather than hospitals for the third and fourth years; developing peer relationships; and providing early exposure to clinical encounters.

He noted that FSU's program is structured to recruit and train students in areas where shortages are more critical to increase the likelihood they will return there for practice. He also noted that an FSU physician assistant program is on the horizon and will be integrated with the medical program for team-based training.

Chair Morton asked if there are more opportunities to develop residencies in community settings. Dr. Fogarty confirmed that there is capacity in the state for community-based residencies but noted that payment structures for graduate medical education would need to change to make this financially feasible for many community sponsors. Dr. Fogarty also cautioned that some graduate medical education programs will continue to require hospital sponsorship for accreditation purposes. The participants discussed alternative funding and public-private partnership ideas.

John Rock, Senior Vice President for Medical Affairs and Dean of the Florida International University College of Medicine, gave a presentation on the social value mission and inter-professional training of FIU's medical program. He provided details on FIU's NeighborhoodHelp health education model, which is supported in part by an endowment from the Green Family Foundation and has been developed as sustainable and fully integrated into the medical school curriculum. The model brings together teams of medical, nursing, social work and law students to train in designated Panther Learning Communities. Students and faculty form inter-disciplinary teams to provide services to specific communities at the household level. The program continues to track health outcomes and has already seen high success rates in the use of preventive services and chronic disease management.

Governor Levine and Chair Morton commented on the fit of the FIU model with accountable care organizations and the desirability of replicating the program's outcomes in more communities across Florida. Dr. Rock noted a return of eight dollars for every state dollar invested and Andres Gil, Vice President for Research of Florida International University, mentioned the program's appeal for recruitment of faculty and researchers who want to study community health. Dr. Rock commented that, like FSU's medical program, he believes FIU's medical program is designed to recruit and train physicians who are more likely to return to Florida to practice and more likely to practice primary care.

Charles Lockwood, Senior Vice President and Dean of the University of South Florida College of Medicine, presented an overview of USF's new physician assistant program,

noting that it is currently awaiting accreditation approval to begin in May 2015 and building to 48 graduates per year. USF is seeking to admit students from groups underrepresented in medicine, as well as veterans, and has developed a curriculum of inter-disciplinary study with public health, anatomy, and medicine. Dr. Lockwood presented national workforce figures on physician assistants and provided Florida-specific supply data. Dr. Lockwood noted that one reason physician assistants may choose to leave Florida to practice is Florida's more stringent scope of practice laws compared to other states.

Governor Levine asked what factors are being considered for starting new physician assistant programs if practice data is limited. Dr. Lockwood responded that USF administrators recognize a strong labor market demand for physician assistants in the state and nation, with many job openings and high pay. Dr. Fogarty reasoned that, for FSU's program, it is another way to satisfy provider shortages, realizing that it takes 7 years to train a family medicine physician but only 2 years to train a physician assistant. Anna McDaniel, Dean of the University of Florida College of Nursing, said the UF experience has been one of strong student demand for the physician assistant program.

Dr. Lockwood also presented on the University of South Florida's medical program, agreeing with the characterization of it having a more traditional model developed during the second wave of medical schools. He noted USF's mission for preparing physician scientists, as well as cultivating students to become primary care doctors, and highlighted opportunities for research and inter-professional training. He briefly described the Select Program offered at USF, in partnership with Lehigh Valley, and noted that the program still needs to be assessed to see if a focus on interpersonal skills and emotional quotient (EQ) produce the intended outcomes.

Ruena Norman, Dean of the Florida Agricultural and Mechanical University School of Nursing, provided a brief overview of the nursing programs offered at FAMU. She identified distance learning, clinical simulation, and inter-professional training as areas having a significant impact on nursing programs at FAMU and across the state. She noted that after FAMU's nursing programs appeared on the low productivity list, they have since used distance learning to increase enrollments and access for nurses who are already working. They are now seeing growth in the RN to BSN program, as well as the MSN program.

Dr. Norman discussed the Florida Legislature's recent amendment to increase the allowance of clinical simulation in nursing education from 25% to 50% of clinical instruction. Additionally, the National Council of State Boards of Nursing will soon be releasing the results of a national, multi-site, longitudinal study on outcomes of simulation in pre-licensure clinical nursing education. Dr. Norman suggested that the study will help inform the use of simulation in nursing programs.

Dr. McDaniel stated that access to simulation technology is not enough, and it is necessary to have faculty who are trained and have developed appropriate pedagogy. Dr. Norman also mentioned the high cost of simulation technology, use of both high-fidelity and low-fidelity simulation in programs, and the opportunities for clinical simulation to help relieve a shortage of clinical training sites. Ms. Brunell noted that nursing programs typically cite a limit on clinical training sites first, and a shortage of nursing faculty second, as reasons they can't expand.

Dr. McDaniel presented on the variety of nursing programs offered in the University of Florida College of Nursing. She provided figures on the limited access BSN program, noting that roughly 30% of students are accepted (200 of 700 qualified undergraduate applicants). Chair Morton and Governor Levine asked about students who don't get into these programs and whether they transfer to other nursing programs. Participants suggested that most programs in the SUS are facing the same problem due to faculty shortages and clinical training limitations and therefore do not accept many transfer students. Governor Levine suggested that programmatic solutions to these problems be part of university work plans next year.

##### 5. Closing Remarks and Adjournment, Governor Morton

Chair Morton closed with the following themes: nursing shortages, potential for community-based residencies, physician shortages, roles of other healthcare professionals, and the need for better demand-matching. Having no further business, Chair Morton adjourned the meeting at 4:20 p.m.

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Ed Morton, Chair

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Amy Beaven, Director for STEM/Health