

MINUTES
STATE UNIVERSITY SYSTEM OF FLORIDA
BOARD OF GOVERNORS
HEALTH INITIATIVES COMMITTEE
UNIVERSITY OF NORTH FLORIDA
JACKSONVILLE, FL
JANUARY 21, 2015

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and its Committees are accessible at <http://www.flbog.edu>*

1. Call to Order

Chair Ed Morton convened the workshop at 8:45 a.m. on January 21, 2015, with the following members present and answering roll call: Governor Beard, Governor Carter, Governor Doyle, Governor Levine and Governor Robinson. A quorum was established.

Chair Morton introduced the workshop as a joint meeting of the Health Initiatives Committee and the Committee's Advisory Group members, who represent business and clinical perspectives in health care. He noted that the workshop agenda would be divided into three parts, beginning with a presentation from researchers at the Max Planck Institute in Munich, Germany, on medical school admission criteria, training and assessment of future healthcare professionals. The second and third items of the agenda would address supply and demand data on workforce gaps, as well as emerging and evolving trends in healthcare and ways of measuring demand.

2. Holistic Admissions for Medical School Candidates: Assessing IQ, EQ, and CQ

Governor Morton recognized Dr. Jan Woike of the Max Planck Institute for Human Development to present research on medical school and health program admission criteria, communication training, assessment, and life-long learning.

Dr. Woike presented current figures on patient care and outcomes and suggested that an improvement in communication and shared-decision making between providers and patients could improve outcomes. He suggested that educators can improve on the identification and development of these skills for their students, principally by linking program selection, training, practice outcomes, and lifelong learning in a reflective feedback loop.

Some points from his presentation were:

- Currently there is insufficient evidence to support emotional intelligence measurements as part of the admissions criteria.
- Selection should not be the only area of focus as students' attitudes and abilities, including communication skills, change during the course of study.
- There is a need for more training in statistical literacy and risk. Statistical figures are often misunderstood and misrepresented because of poor training but communicating accurately about probability can improve shared decision-making.
- Currently there is overutilization of services based on patient demand and expectations, which can lead to over-diagnosis and overtreatment. Physicians are reluctant to provide less treatment due to a desire to meet patient demand, a fear of litigation, and financial incentives to provide treatment.
- If communication is working, there is a true understanding of risks and benefits, which builds trust between the doctor and patient.
- Communication training and shared decision-making skills should be incorporated into other courses, ongoing and formative, provided incrementally and allowing for feedback, and practiced within a team of healthcare trainees.
- There is a need to improve the process for life-long learning for healthcare providers. One role for universities is the maintenance of alumni networks to support the dissemination of new knowledge in accessible and easy to understand forms.
- There is a need to re-frame physicians as health communicators rather than experts and to capture and communicate how well they are doing by using data in a learning loop.
- Universities can accumulate best practices; look at the selection process as it is and always seek to improve it; focus on training; and continue communicating with practicing physicians and feed this back to the selection process.

Governor Morton asked Dr. Woike if he is seeing changes in Germany's selection process and degree of inter-professional training. Dr. Woike responded that institutions should select medical school candidates based upon their motivation to learn and ability to benefit the most from the training, rather than selecting candidates based upon the final desired characteristics. Governor Morton also asked if there are changes to medical board certification to address the need for continuing education in Germany. Dr. Woike replied that currently any changes are in the form of initiatives and not any binding regulations that he is aware of.

Members of the Committee and Advisory Group (Dr. Andres Gil, Governor Robinson, Dr. Celeste Philip, Governor Carter, and Dr. John Fogarty) provided additional questions and comments. Governor Morton recognized Dr. Deborah German, Dean of the UCF College of Medicine, for a comment. She noted that educators see a change in the second or third year in a student's ability to communicate, and she suggested that problems actually arise when students are thrown into real-world practice settings. Dr.

Woike confirmed that a shift to much shorter patient visits could lead students to greater disillusionment with real-world practice, but he noted that communication within the confines of practice is still important. Yet, this disillusionment and disconnect with patient care should prompt reflections on the design of practice.

Governor Morton thanked Dr. Woike for his time and travel to speak on the topic.

3. Gap Analysis for Designated Health Occupations

Governor Morton provided an introduction to a presentation by Amy Beaven on the health workforce supply and demand data to be considered as part of the Committee's environmental scan.

Ms. Beaven presented two overarching questions for the Committee's health workforce gap analysis. Which health occupations are currently undersupplied? Where is the workforce supply not meeting the occupational demand in Florida? She then explained the gap analysis methods of the 2012-2013 Board of Governor's Access and Attainment Commission and noted where the health analysis overlapped and differed.

Ms. Beaven provided details on the methodology for assessing demand and supply, calculating the initial gap, and considering contextual factors. She presented several data limitations, as well as additional data sources to consider for context. She provided information on the Classification of Instructional Programs (CIP codes) and the Standard Occupational Classification (SOC codes) and how they are linked through a crosswalk of educational programs to job openings.

Governor Levine asked for clarification on the difference between the size of the demand and the size of the workforce gap. Ms. Beaven answered that the gap would be unmet demand after considering all sources of workforce supply. Governor Carter, Governor Beard, and several Advisory Group members discussed capturing the availability of medical residencies (graduate medical education) and other internships that may influence the availability of supply. Dr. Glen Finney noted that availability of physician residencies and fellowships could each influence the decision of trainees to stay in Florida for practice.

Governor Levine and Advisory Committee member Mary Lou Brunell raised concerns that the use of licensing data could overstate supply (underestimating any gap) unless license-holders who are not working in Florida, or working in a limited capacity in the occupation, were backed out of the supply estimates. Dr. Alma Littles commented that healthcare is seeing transitions that may change the number and type of health professionals that are needed in the workforce. Mary Lou Brunell announced a partnership with CareerSource Florida to convene a Health Leadership Council to identify some of these shifts and their potential impact. Governor Morton agreed that

changes in reimbursement structure will change the mix of services and types of treatment from what is current practice.

The Committee and Advisory Group provided additional suggestions around contextual factors to be considered in the next round of analysis. Of particular interest were in-migration, out-migration, adequate demand estimates with consideration of retirements, and the number of medical residencies in Florida.

4. Emerging and Evolving Health Occupations

Governor Morton introduced the second half of Ms. Beaven's presentation covering emerging and evolving health occupations. He also listed three doctoral proposals in evolving health occupations that would be coming to the Board of Governors for approval in March and on which he wanted to seek comments today from the Advisory Committee members.

Ms. Beaven provided definitions for emerging occupations (few jobs currently but fast growth) and evolving occupations (existing occupation but job skills are changing). She noted the difficulty for measuring the demand for emerging and evolving occupations under the current gap analysis methodology. She suggested several resources to gauge demand for emerging and evolving occupations, including short-term demand estimates and feedback from industry partners.

Governor Morton asked about proteomics and genomics as an emerging area for the training of additional geneticists and genetic counselors. Dr. Glen Finney responded that advances in these fields show most factors are polygenetic and have complicated interactions. Therefore, the workforce may shift to require more lab professionals to do appropriate, rigorous lab studies, but a lot of the counseling will still come back to the physician to interpret the results. The future of personalized medicine requires improved quality, through research, and then increased sophistication in the knowledge of healthcare providers and computer-aided decision and risk tools.

Governor Robinson agreed there is a need to expand clinical training in epigenetics for many professionals. Mary Lou Brunell suggested the Florida Department of Economic Opportunity projections are likely behind in estimating emerging and evolving occupations and supported bringing industry leaders into the discussion.

As specific cases of potentially evolving occupations, the Committee was asked to discuss the demand for three professional practice doctorates to be considered for approval in March. Each of the three proposed professional doctorates was an education level above what was currently required for licensure and practice in the occupation. Therefore, demand estimates using the Bureau of Labor Statistics established typical education level did not necessarily represent the demand for the doctorally-prepared students. The Committee was asked to consider whether there is

evidence of hiring preference, promotion potential, or higher earnings with the advanced degree and if the program would be sustainable given student demand.

Amy Beaven introduced each of three professional doctorates: a Doctorate in Clinical Nutrition at UNF, a Doctor of Nursing Practice at FGCU, and a Doctor of Social Work at FAU. Governor Levine asked if Florida needs doctorally-prepared professionals to train others and fill the need for clinical faculty. He also asked if the professional organizations are driving the higher degree options to drive up pay and noted that for some occupations he is not seeing the demand for providers with this high degree level. He expressed concerns that supply is driving the demand rather than the demand driving the supply. Governor Morton asked how we measure the marginal utility of moving to the higher degree level.

Representatives from each of the three universities noted the design of their programs in response to regional demand and the ability to fill clinical faculty positions in the future. Dr. Celeste Philip noted that advanced dietitian education would be beneficial and appeal to hospitals, health departments, and public health wellness programs. Governor Robinson said a range of degrees are needed in the workforce, but this advanced professional would be able to apply and interpret the latest knowledge into the practice setting in a way that professionals at other degree levels are not trained to do. Governor Cavallaro added that, from a student perspective, the Board and the programs have a responsibility to make sure that students who invest in the program will actually see a return in the marketplace.

Dr. Andres Gil asked to what extent this demand can be filled by existing programs and suggested looking at where graduates, including PhD graduates, are going to see if they currently fill clinical demand. Governor Morton and other Committee members continued to express general concern that increases in degree requirements, once formalized by licensing, would only constrain the supply of healthcare practitioners.

5. Closing Remarks and Adjournment

Chair Morton thanked members for their participation and adjourned the meeting at 12:23 p.m.

Ed Morton, Chair

Amy Beaven,
Director, STEM and Health Initiatives