

MINUTES  
STATE UNIVERSITY SYSTEM OF FLORIDA  
BOARD OF GOVERNORS  
TASK FORCE ON ACADEMIC AND WORKFORCE ALIGNMENT  
TELEPHONE CONFERENCE CALL  
MAY 11, 2021

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

1. Call to Order and Opening Remarks

Chair Eric Silagy convened the meeting on May 11, 2021, at 1:00 p.m. with the following members present: Governors Cerio, Huizenga, Jr., Jones, Kitson, Lamb, and Stermon. A quorum was established.

2. Discussion with Florida Business Leaders: Healthcare

Chair Silagy reported the agenda item for the meeting was a continuation of a series of discussions with Florida employers across various industries critical to our state. He said that the committee would hear from business leaders in Florida's healthcare industry regarding future talent needs and how the State University System (SUS) can help address those needs.

Chair Silagy welcomed and recognized Mr. Pat Geraghty, President and CEO of GuideWell and Florida Blue; Mr. Carlos Migoya, President and CEO of Jackson Health System; and Mr. Shane Strum, President and CEO of Broward Health. He expressed his appreciation for their participation in this important discussion and appreciation for the unique employer perspective each would bring to the discussion.

Following a brief introduction by each panelist, Chair Silagy thanked everyone for providing care during the pandemic. He commented that a number of changes resulted from the pandemic and said there would be structural changes going forward.

Chair Silagy asked the panelists to comment on what the future talent needs for each healthcare system are going to be. He also asked each panelist what the SUS is doing well and what could be changed to help attract and retain the talent that each healthcare system needs.

Mr. Geraghty started by saying that, of their hiring, 88% is in-state hiring, and they rely heavily on the SUS to produce the talent they need. He said the pandemic heightened the need for the ability to be virtual in much of the delivery of care. Mr. Geraghty predicted that the future system would be in a place somewhere between pre-pandemic and where we've been over the past months. He stated people have become used to the convenience of virtual care in certain circumstances and commented more virtual

care will advance the needs in technology. Mr. Geraghty said there is also greater delivery of care to the person in their home, and there is a lot of opportunity for delivering in-home primary care.

Mr. Geraghty noted over the years that the system awarded a lot of nursing scholarships due to the great need and continued need for nurses. He said the future of primary care delivery would be by clinical professionals, or extenders, other than primary care physicians and is an area of need. Mr. Geraghty said the ability to take technology to the home for treatment would also be an area of need. Additionally, students trained in cyber technology and cybersecurity are a growing need to protect systems disruptions across the healthcare infrastructure.

Mr. Migoya also commented on the change in primary care, especially in the urban environment. He said that not many doctors want to go into primary care, but they want to specialize. In part, Mr. Migoya said this is due to the primary care physician's salary, which is much less than the salary of a specialist. He stated doctors are looking for a higher salary to pay their student debt. Mr. Migoya said primary care is starting to be absorbed by groups that employ many primary care extenders who work with primary care doctors. The greater the number of extenders, the greater outreach for that primary care doctor. According to Mr. Migoya, the future training of primary care doctors and the extenders will be dramatically different than it is today. He said this would be a significant need, especially given the focus on how to cover primary care in the urban environment.

Mr. Migoya noted one challenge in hiring is that people either really like living in south Florida or they do not. He stated that having locally educated and trained healthcare workers is important, and his system tries to bring in local people from the area because they are more likely to stay. He continued by saying bringing people from the midwest or west coast or northeast is not as effective because many do not like living south Florida.

Mr. Migoya said that the number of teaching hospitals and the number of slots available for residencies are big challenges. He noted that students who attend a university in south Florida and complete their residency in Ohio, for example, are less likely to return to Florida. Mr. Migoya said we need more residency slots to keep those graduates in our market.

Mr. Migoya noted there is a large shortage of nurses as well as positions on the technical side. He said once students graduate with a bachelor of science in nursing, the training in specialties they need creates a challenge. He continued to say this challenge also exists with the technical programs as we are doing more and more telehealth and looking at how to address specialties such as behavioral health, dermatology, and pre/post-surgery. Mr. Migoya said we need to continue building on the teaching of telehealth and the advancements of technology.

Mr. Strum stated the nursing shortage is a big challenge and not only specialized nurses but bedside nurses. He continued to say that there is also a need in the areas of medical laboratories, lab technicians, and biomedical engineering. He reported that many work from home on the technical side, and some are starting to return to the hospital. Mr. Strum commented on the importance of the human touch and real-world experience. He said the academic degree overshadows finding the balance between technical and social skills. Mr. Strum stated that a lot was learned on telehealth, and the use of telehealth is increasing.

Chair Silagy noted several themes discussed by the panelists that included telehealth and in-home care. He said that COVID-19 forced people to become more comfortable with videoconferencing, and structurally, there has been a change in how to serve customers going forward. Chair Silagy asked the panelists what the SUS needs to do to help graduate people who can meet the stated needs. He also asked how many teaching hospitals Florida has and what the Board of Governors and the SUS can do to help fill any gaps.

Mr. Migoya stated there are seven teaching hospitals, with Jackson, Shands, and Tampa General being the three largest. He noted the legislature was looking to create smaller teaching programs and commented that there is not enough hand-holding regarding the state regulatory standards. Mr. Migoya said we need to be creating the right slots in the right specialties in the different teaching programs to make sure we are benefitting the state. According to Mr. Migoya, large biotech investors have moved to south Florida to invest in research, biomedicine, and biotechnology. Governor Silagy added investors are also looking at medical manufacturing, pharmaceuticals, and medical devices.

Mr. Strum commented on the critical importance of teaching hospitals and having enough residency programs. He said that his system conducts a needs assessment to determine key areas and specialties that will meet the needs of tomorrow.

Mr. Geraghty said there were two needs to prioritize - more primary care doctors and getting them to go where they are needed in the state. He noted that incentives might include some forgiveness of the medical school tuition. Mr. Geraghty also commented that overall mapping of the state would help identify the needs, which will take planning and policy change.

Chair Silagy asked the panelists to elaborate on the particular challenges of a healthcare system regarding cybersecurity. He asked what the SUS can be doing to help meet those needs.

Mr. Geraghty stated good strong cybersecurity training and education programs are needed throughout the marketplace. He said some institutions already have programs, but the need will be deep and for many years.

Governor Kitson thanked the panelists for their service during the COVID-19 pandemic. He asked what the SUS can do to work better with their healthcare systems. He asked if the SUS is on target with communication to understand what their needs are, and if not, asked what needs to be done to train and educate students to be prepared for the needs over the next 5-10 years.

Mr. Geraghty said communication is one of the key things we are looking for, as well as communication between the healthcare systems and the university system. He commented this would ensure the needs are understood and address students' communication skills coming out of the schools. Communication skills are critical. Mr. Geraghty stated we are in the early stages of the revolution in the change of healthcare delivery that we have. He added human-centered design thinking is critical. Mr. Geraghty said the healthcare system was built around the convenience of the doctor delivering the service, and now it is around the patient and involves technology and thinking about how the individual patient is going to be served conveniently. He said this would take innovators and entrepreneurs, those thinking about driving convenience in this sector. Mr. Geraghty noted there is a host of opportunities to remake the healthcare system.

Mr. Migoya said the incoming doctors are technically trained exceptionally well, but they have no communication skills. He commented they want to look at health records and lab tests, but they do not know how to talk to a patient about what they have found.

Mr. Geraghty commented that communication is important in the health equity discussion and that we need to look at how to create justice and fairness in our system. In addition, cultural competency is needed from providers of care, and that takes a deeper look at communication.

Mr. Strum said regarding soft skills, the communication skills just aren't there. He said the communication with the university system would be enhanced if the healthcare system providers could have a seat at the table every month. Mr. Strum commented that many people could be added to the conversation, including financial officers and operating officers. He said they could offer opportunities for mentoring and internships and help design programs for tomorrow.

Governor Lamb stated healthcare disparities exist across Florida. He asked the panelists to comment on the available pathways to create more work-upward mobility for diverse students and talent both on the clinical and administrative sides. Governor Lamb also asked what their organizations are doing about diversity, equity, and inclusion.

Mr. Migoya said that 40% of nurses in his system are Black and 45% of nurses are Hispanic, and there is diversity in the administrative roles. He said they do not see much diversity in medical school students but commented they see more women. Mr. Migoya stated they are limited to the students graduating from medical schools.

Mr. Geraghty stated that each system should be as diverse as the state of Florida. He noted 75% of his board is either gender or ethnically diverse and said they had surveyed throughout the organization to ensure diversity at every level. Mr. Geraghty commented that some areas did better than others, and the organization worked on that. He said they have pipelines to historically Black colleges and universities, including FAMU, and are making sure they connect with diverse populations.

Mr. Strum said healthcare industries are very diverse, but there are limited numbers of diverse physicians, as only 5% of physicians are African American and 6% are Hispanic. He stated that this diversity starts at the university or even earlier. Mr. Strum commented that there would be a physician shortage, as many people are accessing healthcare post-COVID. He noted that increasing diversity in physicians would be one big step forward.

Governor Jones said there had been a lot of talks nationally about a decline in the applicant and hiring market. He asked the panelists about their organizations' availability of workers to return to work post-COVID.

Mr. Strum stated that due to the amount of stimulus and other dollars being pumped into the economy, his system is having difficulty filling some job roles. He said applications are down, they have to pay much more to keep nurses, and they are having a difficult time recruiting in some areas of healthcare.

Mr. Migoya said his system had been increasing hourly rates for lower-level employment with the goal to reach the \$15 per hour rate within three years. He stated his system is having a challenge with the technical jobs, both on the vocational side and continuing education. Mr. Migoya commented that many medical and clinical programs, such as nursing, need continuing education programs. He said there needs to be more flexibility in making continuing education programs available, especially for nursing and the technical sides, to get them job-ready.

Mr. Geraghty stated that his system committed to no lay-offs, and they were able to keep all staff employees with approximately 90% working remotely. He said essential workers were on campus. Mr. Geraghty stated they are on a living wage program, which has kept the workforce intact, and no significant challenges were experienced in this area.

Chair Silagy stated there is a future need for primary care physicians and a focus on that need geographically. He asked the panel to comment on who in America was doing a good job on this and asked what is being done.

Mr. Geraghty commented that ideas could be borrowed from a variety of different places. He commented that some offer scholarships to students to relieve debt and address state needs.

Mr. Migoya commented that Kaiser Permanente is a good example and has clinics where extenders may be in rural areas, and the primary care physician can be accessed through telehealth.

Governor Haddock commented there had been a lot of mention of the need for technicians, administrators, and facilities. He asked if there is a need for a program for technicians to operate communication systems that every business has to deliver effectively on Zoom or remote medical delivery to fill the gap between medical services and technology and communication systems.

Mr. Migoya stated there is a need, and while medicine is a little late to the digital world, they are moving fast.

Mr. Geraghty agreed with Mr. Migoya and added that data analytics is an area for a university to offer an interdisciplinary program that includes the use of data, use of technology, management, and healthcare, which would have a lot of utility.

Governor Stermon asked why supply and demand have not fixed the primary care physician dilemma.

Mr. Geraghty commented that much of medical education is done with a specialist as the featured role model who makes a much greater salary. He said some programs are starting to use a field program with primary care doctors seeing patients. Mr. Geraghty said this broader role model might create greater interest in primary care roles.

According to Mr. Migoya, the reimbursement for the primary care physician is not enough to make a living. He said the only solution is to have extenders working for them to get more patients and create revenue.

Governor Levine stated the market is working as designed. Specialists are paid substantially more than primary care physicians, and with anything that we do, we will bump up against that market dynamic. He said Florida is producing many medical school graduates, but until we build up enough residencies in the specialties we want in Florida, we are exporting our medical students when we graduate them. Governor Levine said we need data to see where the mismatch is between the number of medical school graduates we are producing and the number we can keep. He continued by commenting we need to look at primary care residency slots and whether we want to put resources behind that for academic institutions to expand those programs. Governor Levine concluded that if we send our medical school graduate out of state for residency, we have lost that doctor.

Chair Silagy thanked all for participating in the discussion. He stated there would be follow-up with the goal to produce actionable items to assure success.

### 3. Concluding Remarks and Adjournment

Having no further business, Chair Silagy adjourned the meeting at 2:03 p.m.

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Eric Silagy, Chair

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Lynn Nelson, Ed.D.  
Director, Student Affairs