



**ETSU 125**

*Progressing toward ETSU's 125<sup>th</sup> Anniversary*

## **Health Sciences Task Force Meeting**

**Date:** October 2, 2012

**Time:** 10:00AM – 12:00 PM

**Location:** Presidents Conference Room

### **MEETING NOTES**

Next Steps:

- Meet every 2 weeks for 2 hours; those who can't attend can debrief with Dr. Bishop or Dean Calhoun
- Dean Calhoun will propose questions for next meeting and send by email – to continue brainstorming; committee also to read through materials and research provided to date
- Meeting dates – all 5 pm, College of Pharmacy conference room, Building 7, VA Campus; 2-hour meetings (with food) – Oct. 17, Oct. 24; Nov. 7, 14 and 27
- Agendas to be sent prior to meetings

Discussion question – where do you see your profession or industry in the next 10-25 years?

- ✓ Reality check – the class of 2016 will be still practicing in 2050 – what will that look like?
- Pharmacy:
  1. Move away from dispensing medication to providing knowledge and participating in patient care teams
  2. Dramatic changes in reimbursement rates
  3. Pharmacy Practice Acts developing in every state
  4. Inter-professional activities - pharmacy will no longer be a stand alone profession
- Public Health:
  1. Implement, scale up and reapply knowledge - "dissemination and implementation science"
  2. More focus on learning outcomes and assessment – but these activities not yet resourced
  3. Inter-professional research and collaborative training; interdisciplinary grants



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- Health systems (Mountain State)
  1. More care in home and outpatient settings not in hospitals, decline of inpatient admissions
  2. Retrain workforce from acute care to prevention and chronic care management in outpatient settings
  3. Significant legislative issues
  4. Consolidation of health care systems and hospitals; linkage between higher ed and employers
  5. Partnerships with universities and academic medical centers in developing the “product”
  6. Modeling interdisciplinary health care practice
  7. Effective delivery of primary/preventive care medicine and role of primary care practitioners and physicians assistants
  8. Telemedicine/new technologies – providing care in rural settings and in homes
  
- Medicine
  1. Shifting focus from “fixing” to outcomes and from acute care to “health care coaches” and preventive medicine
  2. Interdisciplinary nature of health care delivery and teams; training students for that future
  3. Educating physicians for changing workplace dynamics (schedules, etc) - e.g. ”shift work”
  4. Developing ETSU portfolio in preventive medicine/prevention
  5. Data mining/maximizing knowledge from electronic health care records to identify at-risk groups and individuals during routine checkups or specialty care interventions
  6. Anticipating sub-specialty trends, filling gaps through traditional (medical), advanced practice nursing and other specialists (e.g., physicians assistants)
  
- Research
  1. Adequate laboratory and infrastructure for basic research and federal funding for biomedical research; creative ways of sustaining biomedical graduate research
  2. More focus on recruiting researchers with outcomes based research experience
  3. Balancing PhD programs with practitioners training
  4. Improved environment for research



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- Students and Teaching
  1. Preparation for community outreach
  2. Inter-professional research
  3. Training graduate advisors as mentors; stronger mentor-mentee relationships
  4. Preparation of undergraduates aspiring to health care careers and graduate study in light of these trends— awareness of multiple career paths beyond what they may have imagined, study skills, career prep, completion to degrees for motivated but economically disadvantaged students in our region; recruitment and retention practices; training and other practical experience through mentor-mentee relationships. Making students more aware of the opportunities in the region.
  5. Learning outcomes; accountability for learning results to employers
  6. Applied classrooms vs lectures; simulation
  
- Audiology and speech pathology
  1. Evidence-based practice
  2. Global collaboration – across languages and treatments
  3. Seat at inter-professional practice table
  4. Both clinical and PhD research
  5. Translational research
  
- Safety – more emphasis on patient safety
  
- Nursing
  1. By 2020, 80% of nursing workforce must be prepared at BSN or higher level
  2. Need for greater numbers of graduate level prepared nurses, especially DNP & PhD for primary care and faculty needs.
  3. Primary care delivery will combine preventative and chronic care case management. Greater use of NP's and PA's and telehealth in homes, plus robotics.



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4. Higher education will largely be delivered outside the classroom. Combination of academic programs, certificate programs, and Massive Online Open Courses. Greater use of virtual reality and simulation.
  5. Interprofessional education.
  6. Nursing faculty will need a very different set. Teaching skills including web-based, virtual reality, team learning and competency-based.
  7. Increased use of analytics to plan academic programs.
- Health Systems (Wellmont)
    1. Will require higher levels of skill from nurses and nurse practitioners.
    2. Transformation through biomedical engineering.
    3. Will see new methods of prevention.
    4. Healthcare system will be forced to change, as our current system is not sustainable.
    5. Medicine will transform and current systems will be rebuilt.
  - Nutrition
    1. Evidence-based practice.
    2. Interprofessional activities and education.
    3. Incorporating more research into training and education programs.
    4. Moving toward becoming more culturally diverse and developing cross cultural skills.
    5. Focus on prevention and wellness and medical nutrition therapy in a variety of settings/populations.
    6. Technological advances driving our profession to look at ways to reach clients/students (telehealth, simulations, focus on outpatient/home care rather than acute care)
    7. Changes in health care systems and reimbursements
    8. determining if roles should include becoming "specialists" or "advanced practice"



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- Dr. Bishop – ETSU “advantage”
  1. Regional health care - ETSU as leader in this region
  2. Vantage point of focusing on entire health care team
  3. Niche in increased emphasis on translational and applied research
  4. Educational innovation
  5. Clinical outreach/models for collaborative care and team based medicine
  
- Dean Calhoun – key discussion themes:
  1. Inter-professional education and practice – education and models
  2. Differentiator regarding workforce quality (product we develop)
  3. New ways of educating and learning
  4. Translational research
  5. Alternative delivery systems
  6. New type of physician

Other –

- Outcomes research – high quality recruits
- Competition – other dental schools or colleges of medicine; competition inside; competition in region; training sites
- Public/private partnerships
- Collaborative research – e.g., with VA and use of BCBS databases; other institutions in the region
- With appropriate data, physicians may be able to assess patients and predict their behavior for preventive medicine
- Developing PhD researchers, strong research portfolio
- Infrastructure issues
- Explore new research program
- Health information technology – how use it to advance patient outcomes
- Role of physician assistant in an outcomes based system (cost/benefit)



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- Major shortfall predicted in specialists like endocrinologists may require more "physician extenders"
- Leverage ETSU nimbleness
- State Department of Health will be reaching out more to counties - should ETSU reach out more to counties?

## Summary of Key Themes (key words)

- Interdisciplinary
- Meeting market demand - matching students to market
- Market differentiation
- Prevention versus fixing
- Leveraging information technology
- Partnerships and collaboration
- Research is key for our growth, and we need to strategically build our research capacity.