URI HEALTH SUMMIT – May 1, 2014

SUMMARY NOTES

Panel

Summit Purpose:

- To bring together faculty and staff to discuss how we can synergistically capitalize on trends, challenges, and changes in healthcare
- To explore how we better integrate our work, more effectively teach the rising generation to meet growing related needs in healthcare

Important trends in Healthcare and education

- Healthcare is rapidly changing and has become a critical topic in society and politics.
    - New issues regarding the Affordable Care Act
    - How does the healthcare system respond to the changes in healthcare policy?
- Preventative Health Care
    - Hospitals are not keeping up with the needs of their communities, they should know what care is needed before people come to them for care
    - Involvement of employers in healthcare choices
    - The single most identified issue in the year-long Rhode Island hospitals study of community health was mental health
    - Aging population (about 1/4 will be over 65)
- Collaborative Care
    - Collaboration between the private sector and academics is essential for the future

    - Collaboration in education itself to create better address learning and research
    - Population health as an important focus
- Technology
    - Technology and prevention of healthcare issues: obesity, diabetes, heart disease etc.
    - Technology to provide care

Curriculum/Teaching Collaboration

Numbers of participants: 13 total (11 participants, 1 facilitator, 1 scribe)

What are you currently doing in your own curriculum for collaboration or how can University support this?

- Speech and communicative disorders: work with psychology (children w/ autism). Interdisciplinary staffing and students work with them 2X/semester
- Nutrition: work with nursing for sim labs. Nutrition prof teaches for nursing dept.
- URI 101: nursing + pharmacy. Lots of students, great experience. "Clue" game to work together. Focus: break down barriers early.
- Class (from lawyer perspective): interdisciplinary legislation needs to occur. Bring different perspectives together to work together. In this class- students from all different disciplines.
    - Only pharm students were in it. To get it approved by University, elective class offered at night. Pilot course. Had to fight to get it in curriculum. **Key point: Have to start early! Question: How do we get students to take these courses? – needs to be a part of core curriculum.

How can University support this (IPE, Health Center, etc.)?

- Barriers: "mechanics", collaboration between departments. Needs to be block of time set aside for IPE. *everyone needs to be on board,

including administration. Not all faculty on board. Curriculum already too jam-packed- no more space. No resources. IRB barriers- too many hoops, too excessive of a process. Process of getting new curriculum passed *especially if classes are crossed-listed. Interdisciplinary courses make it even more difficult. Graduate courses take even longer. Workload sharing between departments. Currently don't have a shared space.

- IPE is in all dept. core competencies. Departments need to plan for that. Medicine MUST do IPE b/c of accreditation.
- URI 101: 8 weeks in discipline, 8 weeks learning about other disciplines. Could break this up into 6 week blocks instead and have an IPE block/intro to other disciplines.
- Living and learning communities- isolating; RAM level: resident academic mentor can start collaboration. Supposed to be aligned with college. Create opportunities for non-academic mingling as well.
- Partner with student affairs and health services- cost savings, campus wide programs for health promotion (i.e. smoking cessation).

Would a physical space/center be a solution? And potential outcomes/advantages to having a division of Health:

- Could problem solve as a team.
- Ideas: cyberspace place, physical place on campus.
- Make sure there's an academic aspect to it, not just research.
- Start off small, with modules. –things that cross all disciplines: ethics, cultural competencies, caring, motivational interviewing, etc. And then move to courses and actual curricular revisions to joint teach concepts (can be a money saver).
- Create a core for different levels of study in their curriculum. Student would be required to participate in a certain number of those modules.
- All similar courses (listed above) taken together with all students from other disciplines. –Center would organize that. Provide courses at different levels of education.
    - Can be a $ saver for URI.

    - Has already been tried in the past: health related research class. Brought in all health programs together. 3 credits together, 1 credit w/ discipline. Didn't work out. Why? It was too much. Logistics were a huge problem.
    - Start with modules, start off small. Example: Every student needs to take 1 of them.
    - Involve financial information courses.
- Students take a trip together from different programs.
- Have a team (interdisciplinary) that needs to collaborate and make sure this is in line with how it should work within their department. Have a representative from each department on the team, make sure it meets their own department requirements.
- Take a course in health technology- like Dr. Kumar's work. Environmental courses also.
- Educate consumers- when over-treated and/or are overusing the health care system. Should be a responsibility of college/URI to start with the students in the university. Ethical responsibility of university to provide this education, possibly to ALL students.
    - A gen ed course. Topic: personal responsibility- to know what services are out there, and what role YOU play to not be a victim or over consumer. = health literacy.
- Create a course addressing big questions in health care. This will attract students from different disciplines.
- Address health determinants- need to include public health issues.
    - *create a public health program. Look at holistic health.
- Opportunities for new programs: MPH, Health care administration, health finance, health reform.
- Use courses to assess the process for IPE (example: HDF takes an environmental approach)

Key Ideas to support IPE:

- Start early
  -recreational teams
  -URI101

-Living and learning community as a college

**Question: How do you integrate undergraduate and graduate students?

- Make it a part of Core Curriculum across disciplines
- Block off specific time for IPE

Research Collaboration

Small Group: 23 Participants

- Collaboration
  - To establish collaboration tools, equipment, man power, and skills are needed
  - How do researches find people to fill the gaps in their research?
    - We need a process in place to know what other people are researching in order to identify the synergies between projects
    - Build a database of keywords that is searchable
    - Establish relationships with hospital associations and relationships with academic institutions, like medical schools
    - Establish research interest groups
  - Roadblocks to collaboration
    - Collaborating with other disciplines will require university support, including new ways to evaluate tenure and compensation and changes in the mindset of the individual researchers on the expectation of recognition

        - Narrow views of team science: researchers need to include people in team science who are in adjacent areas like prevention to provide different perspectives
        - Dysfunction in teams: collaboration will require us to think about how teams function, the science of team science
            - Group process is essential to think about including laying out expectations, shared visions, language use, and recognition
        - The distribution of resources, grants, and credit is often a deterrent to collaboration
    - Building a more collaborative future
        - Work with graduate students to teach them collaborative work
            - What do our student need to know, do and be able to stand for?
            - Can we educate graduate students to be able to do this kind of team science?
        - Identify areas where we can be world leaders
            - Health disparity and team science
            - Population health

Practice/Clinical Collaboration

Numbers of participants: 13 (including 2 facilitators)

- Health Science Center
    - Pediatric rotations would benefit from health center
        - Hasbro

            - Utilized for all rotations in nursing for all RI universities
            - Not enough patient population in the hospital for students
    - Clinical center for multiple diagnoses with many disciplines to the table, positive to include mental health
        - Discipline collaborations in training or conducting research, combine scholarship and research
        - Can drive many of these interests for outcome effectiveness and other barriers
- <u>Better Advocacy/Marketing of URI Services</u>
    - Recent discussion prior included ideas to meet with different levels at locations
        - Services for each disciplines described – brochure?
        - All dept doing the same thing trying to form relationships, duplicating efforts
    - Partner with commercial organizations doing something similar, ex – Coastal
        - Panels of patients need to be served within their organization
        - More control of discipline relationships
    - Hasbro – new initiative to create own hospital
        - Had a page with all their partners, etc
            - URI was not on it yet many of our students are there
        - Not doing well enough of a coordinated "face" of URI in clinical placements
    - How do we represent the varied things of what's happening on campus of URI with a single face?
    - Clinical psychology – look for opportunities with students that are not integrated while thinking about integrative care education
        - Aware – APA not doing well with integrative care and developing training opportunities
            - Backgrounds are silo models – referrals and phones calls slipping through

        - Clinical psychology want to have the integration of other discipline, would love to see that and be a part of it
- Legislative Outreach
    - Opportunity things from national level maybe from a PAC, their mandate
    - Help for better funding, especially in RI
        - No university or state funding right now at the two center in southern RI
    - National level of these centers– established a method to do regularly
    - Reach out to legislatures and universities to know what we are doing
        - Ambitious, but legislative outreach would be a nice thing.
- Innovative teams
    - Sporadic opportunities are existing on campus
        - Parkinson's disease patients, gateway café
        - Need a coordinative effort, also to include mental health, hasn't happened yet but needs to
    - More collaboration – in house clinics as well as external placements
        - Opportunity in house to create a collaborative care model, train students to integrative and innovative health care model
        - Then include outreach effort to external constituents to send out well trained teams to external sites instead of individual professions
        - Barriers – teamwork is hard to pull together, a lot of energy time and money investment to get that to work well
        - On campus as a provider, still learning resources available on campus to treat students
- Athletics
    - From health services perspective – not much interest in student athletes as patients
        - Need to build on campus in an integrative way to at least serve our students
    - Recommendation - ?

        - As health care providers, meet together, master that, determine a list of provided resources for health care on campus
            - Business engagement center to help create this, package it nicely
        - Can get different people in one room to work on problems, just small groups thinking of common themes and opening communication
            - Ex – small research poster worthy had three disciplines working together
- <u>Sharing Patients/HIPPA</u>
    - Across disciplines to create database of patients/clinics, some sort of registry for research projects, students
        - Everyone has a list of people to call for students, bring it together so people can use from other departments
    - HIPPA restraints, large concern
        - Privacy of patients, from the get go that their name could be provided to other disciplines?
- <u>Research</u>
    - Psychology got a grant to redo the behavioral change research ctr, psychological counseling center
        - Requirement to have the research occur within that space, not just psych needs to be multidisciplinary
    - Health education –
        - Smoking cessation research in psychology, need to be available to health services
        - Availability for experts internally to be available across disciplines – motivational interviewing
- <u>URI 101/Undergraduate experience</u>
    - Team building thinking of working as a healthcare team
    - Undergraduate health classes can be multidisciplinary, including psychology
        - People will be needed to do behavioral health and medical health education
- <u>Catalog of clinical services on campus</u>
    - Business students involved?
    - Internally –

        - Promote services, what are here at URI, interprofessional classes
        - Nursing, PT, psychology, pharmacy, clinical health services represented
            - Need nutrition, gerontology?
        - Need to connect all departments and resources to students
        - Internal committee
    - Bill for services on campus?
        - Private pay sliding scales for psych, pharm, speech
        - Speech & PT bill insurances
    - Externally –
        - Each discipline has its own clinical pattern for experiences, variable and complex
        - Nice to sit down for all students, how do we do it, where, who, timeframe
            - Sense of an idea of what everyone is doing
            - How much do we value interdisciplinary education in this?
        - Issues – not on same clinical schedule, not easy to do
        - Start in the small group
        - Accrediting requirements? Will need to have a balance.
            - Pharmacy must have interdisciplinary education, now a key element.
            - Brown interprofessional education days – nursing, pharmacy, physical therapy
            - Psychology requirement? Not yet
                - Now students placed in chemotherapy/radiation at So. Cty Hospital
                - URI is relying on what is happening at Brown and not developing more

- **Next meeting is May 21st, 1:30 pm, Independence Square, Physical Therapy Department**
    - **External clinical placement coordination primarily**

Outreach Collaboration

Numbers of participants: 13

Topic: How can we stimulate collaborative, joint outreach programs? What would you like see done differently?

- The term "outreach" depends on each person's perspective. Some are paid staff members; some are students participating in outreach as a part of their academic program.
- **There is isolation between other disciplines on campus**. Very little collaboration & communal development.
- The ability to share education & resources for data, to build resources & have discussion, is really lacking. We're separated by silos, which are preventing us from crossing over.
    - The need for a list of partners

- **Having a list available of community partners will allow us to develop quick connections**. This would allow us to network and collaborate instead of cold calling.
    - Faculty does not have a space or time to come together and collaborate together. The point of this is to streamline relationships, share contacts. We've been trying to do it, but it hasn't happened.
    - We need an overarching snapshot of what's going on campus-wide between departments

Topic: Communication

- URI's communication systems are lacking (ex: email calendars).
- Other schools have much more developed calendars and technology.
- Advertising to the community (agencies) of what services we can provide, what teams are available for outreach?
- Can we send teams of students in? Students are way too busy to coordinate by themselves; there needs to be a simpler way to build networks and teams.
- Are we on the interface between experiential and clinical?

Topic: Students

- Students build rapport with the communities they work with.
- A lot of work has been established to build connections. To let another student in, they need to be trusted.
- It must be done in a way as to not ruin the relationship that has been established.
- This is not a "turf war", but rather, building trust and protecting what you've invested in.
- Students get credit for these outreach programs. This is merging education & curriculum with clinical participation.
    - Seminar for inter-professional groups?

- **Outreach needs to be valued by the university more than it is now**. Nobody currently is going to stake his or her promotion or tenure on outreach.

  We need better PR on outreach activities. Advertising all the great things other programs and students are involved in.
  - Outreached should be combined with education or research. It should be viewed as a component as our teaching duties, and should be used as a component of our tenure or promotion.
    - Our research is scattered and fragmented in different pockets.
- There must be clear understanding of how our discipline fits into (or compliments) the others', as to reduce friction and allow for easier collaboration.
  - Interface of clinical vs. teaching vs. outreach.

Topic: What populations can we reach?

<u>Potential Outreach Populations:</u>

- Homeless (under-served)
- Uninsured
- Imprisoned
- Geriatrics
    - Life-long learning community / healthy folks
    - Senior centers

        - Nursing homes
    - Substance abuse seminars
    - Developmentally disabled
    - School-based
        - Anxiety, depression, mental health issues within institutions
    - Faith-based health communities
        - Services delivered at churches

- Can we use these programs to train students how to work constructively together?
- It's hard to get your foot in the door if they don't know who you are. It took us so long to establish trust at report. Can't be a one-time thing; there needs to be consistency and excellency.
    - Must be valued more by the University!
- What about asking students themselves where they do outreach? A lot of them have done community service.
- This hinges on communication. It gets exhausting fielding all these calls and emails (ex: South Bay Manor outreach). Some facilities are just too busy already.
- If there is a sudden influx of new students, it might overwhelm the facility or agency.

Topic: What would you like the University to supply you with? What are your needs?

- A mechanism for coordinating outreach efforts
    - Ex: structure, committee, department ("Department of University Outreach?")
- Experiential coordinators
    - Making sure there is continual communication between departments and faculty
- Undergraduate vs Graduate programs – we need a unified focus
- Physical meeting spaces
- Website

- More value placed on tenure process, faculty member time, rewarding faculty for coordinating outreach programs. This must be higher in the pecking order.
- A true IT (data processing, computers)
    - University of Minnesota ("Extensions")
    - Creating collaborative extensions (instead of cooperative)
- Chief Outreach Officer position?
- Employers for Wellness Teams