



U N I V E R S I T Y
of A L A S K A

Many Traditions One Alaska

Health Team Report

UA Strategic Pathways

January 18, 2017



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Charge

Develop and review options for organizational restructuring that strengthen workforce development for nursing and allied health professions in high demand.

Scope

Nursing and Allied Health.

Goal

Meet 90% of projected labor market demand by 2025.

Key Stakeholders

- | | |
|------------------------------|--|
| ▶ Students | ▶ Consumers |
| ▶ Faculty | ▶ Consumer advocacy groups |
| ▶ Staff | ▶ Practitioners |
| ▶ Executive Leadership | ▶ Regulators |
| ▶ Community | ▶ Payers (insurance, Medicaid, etc.) |
| ▶ Health Workforce Employers | ▶ Federal, State & Municipal Agencies |
| ▶ Healthcare Employees | ▶ K-12 Education |
| ▶ Parents | ▶ Accrediting Agencies |
| ▶ Alumni | ▶ Research Communities (internal and external to University) |
| ▶ Legislators | ▶ Foundations and Other Funders |
| ▶ Professional Associations | |

Team Participants

- | | | |
|-----------------|-------------------|-----------------|
| ▶ Barb Berner | ▶ Roald Helgesen | ▶ Fred Villa |
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Process Overview

The Health Team is one of eight teams in Phase 2 of Strategic Pathways. Phase 2 began in early October when the teams met for the first time. During that first meeting, Session 1, there was a thorough orientation to the overall effort, and the charge, scope, and goal were refined. Most teams also identified the first iteration of potential Options. In the weeks between Session 1 and the second meeting, Session 2, the Health Team continued to define the options with weekly teleconferences and virtual collaboration. The Pros and Cons for each Option were developed in Session 2 in the first week in November. Since then the Health Team has been continually refining the Options, Opportunities, Pros and Cons and writing them into the following document. These Reports served as the main source of information for the Presentations that will be presented to the Summit Team on January 18th.

Option 1 – Expansion of Current Model

Narrative Description

The expansion option maintains the organizational structure of allied health programs in multiple colleges on multiple campuses with coordination function, and nursing programs based at one college with multiple campus sites. This option provides additional resources to expand program capacity and program offerings in the current framework to meet the goal.

Key Change Elements

- ▶ **Program/Offering Changes**
 - Expand program capacity and program offerings in the current framework.
 - Offer more courses/sections to more sites, more often, to match student and market demand.
- ▶ **Staffing Changes**
 - Increase faculty and resources to meet goal.
 - Increase use of adjuncts for clinical/lab sections to allow for larger lecture.
- ▶ **Use of Facilities**
 - Complete assessment of classroom and clinical sites; expand as need is identified.
- ▶ **Access for Students**
 - Increase access to prerequisite classes and introductory requisite classes.
 - Expand offerings overall.
 - Expand student support and retention services.
 - Further ease transfer of classes and credit among campuses.
- ▶ **Administration**
 - Maintain distributed authority for fast response and decision-making at local levels.
 - Increase coordination, collaboration, development and resource allocation.
 - Note: Several impending high-level retirements will present short term challenges in the current system; large structural changes will present additional challenges.
- ▶ **Front-End Investment**
 - Increase faculty and resources at local campuses.
 - Increase technology resources at all campuses to facilitate communications and alignment.
 - Act to expand known opportunities/programs.
 - Assessment of expansion capabilities and delivery capabilities at all main and extended campuses.
- ▶ **Community (external) Engagement**
 - Increase community engagement and resources dedicated to responding to identified community needs.



Option 1 continued – Expansion of Current Model

- ▶ Budget Considerations
 - Increase budgets to meet the goal.
- ▶ Resource Allocation
 - Do not change the method of resource allocation across campuses.
- ▶ Technology
 - Ensure consistent, reliable access to support expansion of the programs.
 - Provide designated tech support on site at all campuses to ensure consistent and equal access.
 - Conduct an assessment of current technology resources - upgrade as needed.
- ▶ Accreditation
 - Notify and seek approval by accrediting bodies as required when making changes that will affect professional and regional accreditations.
- ▶ Authority and Responsibility
 - No changes.
- ▶ Degrees Awarding
 - No changes except for program additions.
- ▶ Internal Leadership and Engagement
 - Increase coordination and alignment of health programs across the UA system.

Option 1 continued – Expansion of Current Model

Pros and Cons

Pros

- ▶ Potential to meet the goal
- ▶ Increases the ability to produce a greater number of graduates to meet the goal in a timely manner
- ▶ Fulfills community college mission
- ▶ Familiarity with the structure allows for greater anticipation of need - sustain what we know is good - alter what we need to improve
- ▶ Student recruitment and retention in smaller communities
- ▶ Grow our own, close to home
- ▶ Engages all locations of the university system
- ▶ Less risk of negative unintended consequences
- ▶ Delivery of existing programs and committed faculty/staff
- ▶ Additional needs assessment, coordination and development resources
- ▶ Maintains ability to align courses and continue to collaborate increasing student flexibility within the Allied Health programs.
- ▶ Continues Allied Health Alliance to maintain communication, collaboration, and coordination statewide

Cons

- ▶ Does not meet the charge to “restructure”
- ▶ Hard to get political/legislative support for “more of the same”
- ▶ Does not address the need to have authority and advocacy at a senior level
- ▶ Will not promote faculty recruitment
- ▶ More challenging to coordinate with research
- ▶ Maintains silos
- ▶ The structure does not require additional collaboration between community campuses and main campuses
- ▶ Resources are finite and external constraints cannot be avoided (i.e. hospital availability for clinical rotations)
- ▶ Program development is impacted by both internal and external constraints
- ▶ System is currently unable to flex to meet the needs of students, programs, communities, and employers in a timely manner – unlikely additional resources will mitigate all factors related to inflexibility and delays

Further Analysis Needed

- ▶ Is it possible to make the necessary adjustments in the current system, including the curriculum approval process, to allow for greater response to community/market need?
- ▶ How do we more concisely identify community need to expand appropriately to meet the goal?

Option 2: Senior Level Position (Vice President of Health Programs)

Narrative Description

Advocacy and leadership are critical to developing Alaska's healthcare workforce. This is a cross cutting option that establishes a senior position with access to executive leadership and the Board of Regents to promote, develop and implement health programs – both training and research – throughout the UA system. This option should be considered in conjunction with any other option.

Key Change Elements

- ▶ Program/Offering Changes
 - No suggested changes to academics at this time.
- ▶ Staffing Changes
 - See administration.
- ▶ Use of Facilities
 - No major changes anticipated.
- ▶ Access for Students
 - Improve and increase access through coordination and advocacy for students and programs at a senior level.
- ▶ Administration
 - Hire Vice President of Health Programs.
- ▶ Front-End Investment
 - Provide recruitment cost for senior level position.
- ▶ Community (external) Engagement
 - Work with employers to create partnerships to meet the workforce needs of medical and health communities.
 - Engage government executive and legislative leaders.
 - Increase access to research opportunities.
 - Manage relationships and opportunities between health programs and other disciplines.
- ▶ Accreditation
 - N/A
- ▶ Budgetary Considerations
 - One FTE and associated costs (i.e., travel, office, supplies, etc.).
- ▶ Resource Allocation
 - N/A
- ▶ Authority and Responsibility
 - Note: The focus of this executive level position is leadership, communication, collaboration, and planning statewide. The VP would have the authority needed to lead the university system in meeting healthcare workforce needs.

Option 2 continued – Senior Level Position (Vice President of Health), (continued)

- ▶ Technology
 - N/A
- ▶ Degree Awarding
 - N/A
- ▶ Internal Leadership and Engagement
 - Provide strong internal leadership and advocacy within the UA community.
 - Seek additional funding opportunities for health programming.
 - Prioritize and coordinate capacity development.

Pros and Cons

Pros	Cons
<ul style="list-style-type: none">▶ Could synergistically and positively impact any other option if combined▶ Engages all levels and locations in the university system▶ Will work for all health academic programs and research integration▶ Outcomes focused position▶ Could impact quality of programs▶ Positive impact on political outreach▶ Elevates healthcare programming and UA health priority to the cabinet level▶ Potential to improve university response time to community need▶ Increased overall partnership and engagement▶ Positive impact on private fundraising▶ Provides a unified vision/message for health at the University of Alaska	<ul style="list-style-type: none">▶ Will not reduce cost▶ Increased growth and staffing at statewide will be perceived negatively▶ Upfront cost▶ Potential impact to authority specifically related to academic programs - possible conflict with deans, directors, faculty▶ Does not directly address the goal▶ The outcome is person dependent▶ Resources are finite and external constraints cannot be avoided▶ Program development is impacted by both internal and external constraints▶ System is currently unable to flex to meet the needs of students, programs, communities, and employers in a timely manner – unsure if this position can mitigate all factors involved in inflexibility and delays

Further Analysis Needed

- ▶ How do you structure the authority of the position?
- ▶ Would the existence of this position be sufficient to streamline universities' curriculum approval processes to enhance responsiveness?

Option 3 – Single College of Health, Matrix Organization

Narrative Description

All nursing and allied health programs at the University of Alaska are combined into a single College of Health. A matrix organization is employed for reporting relationships, recognizing the important interactions that health programs will continue to have at local campuses across Alaska. This concept facilitates unimpeded information flow at statewide, regional and local levels.

Key Change Elements

- ▶ **Program/Offering Changes**
 - Review all programs; implement changes as needed to meet the goal.
 - Change curriculum to increase cross-campus collaboration and alignment.
 - Maximize economies of scale in instruction.
 - Offer more courses/sections to more sites, more often, to match student and market demand.
 - Add programs when market demand warrants.
- ▶ **Staffing Changes**
 - Formalize matrix organization – one scenario: faculty/staff coordinate locally and report to College.
 - Establish one faculty - faculty members for each discipline, no matter where located, would be part of a joint faculty for that discipline in the state.
 - Increase faculty and staff to support changes to programs.
 - Identify senior College leader at each of the other two Universities (see Administration).
 - Provide comprehensive training for advising staff; hire additional advisors.
- ▶ **Use of Facilities**
 - Increase coordination and standardization across campuses; collaborate on facility scheduling and maintenance.
 - Expand facilities as needed when program offerings expand.
- ▶ **Access for Students**
 - Coordinate/expand advising and admissions, no matter where a student contacts the system, including online and other resources.
 - Designate student services leadership responsible for above.
 - Take concerted action to provide programming at feasible locations; no deterioration of extended programs unless review indicates.
 - Assure student experience comparable at all program locations.

Option 3 continued – Single College of Health, Matrix Organization, (continued)

- ▶ Administration
 - Restructure nursing and allied health programs into one College of Health with a single Dean.
 - Identify a College of Health senior leader at each of the other two universities, responsible for coordination between the College and University leadership and with related communities.
 - Faculty and staff report to the College and interact with on-campus leadership in a matrix arrangement.
- ▶ Front-End Investment
 - Cover travel/communication and other costs to implement the structure.
 - Invest in accreditation costs as necessary to accomplish the structural change.
 - Provide further investment as needed after a thorough assessment of all aspects of the structural change.
- ▶ Community (external) Engagement
 - Be transparent concerning all structural changes in interactions with students and industry/community partners.
 - Coordinate a communication blitz.
 - Develop consistent statewide approach and message.
 - Attend to both local and broad-based stakeholder engagement.
 - Recognize the need for a strong, unified, consistent structure to protect and strengthen health workforce development efforts and interactions with industry.
- ▶ Accreditation
 - Note: Multiple program accreditations will be impacted; extent of programmatic accreditation changes to be determined.
 - Expect significant changes will affect Northwest Commission accreditation.
- ▶ Budgetary Consideration
 - Unify statewide Health budgeting process to be completed by College in consultation with programs, campuses, and Universities.
- ▶ Resource Allocation
 - Consider the implications of allocation of resources, including revenues, between campuses; this will be complicated and must take into account changes occurring at the statewide level.



Option 3 continued – Single College of Health, Matrix Organization, (continued)

- ▶ Authority and Responsibility
 - Change academic responsibility and authority for programs to lie with the single College of Health, in collaboration with campuses where programs are located.
 - Pair College-level accountability with local expertise in working with community partners.
 - Establish that statewide strategic and action planning for health programs is carried out by College.
- ▶ Technology
 - Provide new or expanded technologies to accommodate new structure and program changes; best fit for programs and faculty use.
 - Ensure consistent, reliable access to support expansion of the programs.
 - Provide designated tech support on site at all campuses to ensure consistent and equal access.
 - Conduct an assessment of current technology resources – upgrade as needed.
- ▶ Degree Awarding
 - Award degrees from one university instead of three.
- ▶ Internal Leadership and Engagement
 - Note: Successful development of a single College will fundamentally require significant development of internal leadership and engagement to meet the needs of all programs.

Option 3 continued – Single College of Health, Matrix Organization, (continued)

Pros and Cons

Pros

- ▶ Would have positive political and legislative support
- ▶ Student recruitment and retention would be improved
- ▶ Increased opportunity for internal collaboration
- ▶ Will provide a single point of contact for community partnerships
- ▶ Positive impact on progress toward the goal
- ▶ Engages all levels
- ▶ Positive impact on program quality
- ▶ Impact on faculty recruitment and retention
- ▶ Provides opportunities for multi-site research
- ▶ Leverages the resources of the entirety of the university
- ▶ Unified approach to program delivery, development of new programs, and assessment
- ▶ Provides a unified vision/message for health at the University of Alaska

Cons

- ▶ Loss of local authority/accountability
- ▶ Timeliness - would take greater time and effort to implement depending on how matrix is structured
- ▶ Significant impact to accreditation
- ▶ Front end investment – considerable administrative, curriculum and related work
- ▶ Resources are finite and external constraints cannot be avoided
- ▶ Time required to complete restructure would impact ability to meet goal
- ▶ Program development is impacted by both internal and external constraints
- ▶ System is currently unable to flex to meet the needs of students, programs, communities, and employers in a timely manner –to what extent will this structure be able to mitigate all factors involved in inflexibility and delays?

Further Analysis Needed

- ▶ How would the matrix be structured (dotted line to local campus and solid line to single college is assumed in above description)?
- ▶ What would the accreditation impacts be and how do we address them (Northwest and program)?
- ▶ Would it be possible to streamline University's curriculum approval process to enhance responsiveness?
- ▶ Do we have adequate capacity for high quality change management assistance?
- ▶ How do we navigate complicated cost sharing within the university system?

Other Opportunities for Change

- ▶ Do a concerted review of all health programs across the state to ensure each is strong, needed, coordinated, resourced - base review on standard criteria, and adjust as results indicate
- ▶ Sweep all medical/behavioral/public and other health programs into one college with nursing and allied health
- ▶ Expand statewide data collection in collaboration with state agencies, employers and professional associations
- ▶ Enhance analysis, dash-boarding and presentation of data within UA and to interested and affected stakeholders
- ▶ Address challenges for nursing programs in conjunction with campus and industry stakeholders
- ▶ Redirect money to increase nursing faculty salaries
- ▶ Develop academic practice partnerships
- ▶ Access additional potential capacity
- ▶ Reassess numbers of nursing students at rural campuses
- ▶ Meet nursing workforce demand
- ▶ Consider annual nursing admissions to AAS program in rural sites
- ▶ Increase BSN capacity to meet demand with additional distance delivery
- ▶ Establish RN residency program
- ▶ Establish RN clinical specialty program
- ▶ Develop clinical proctor locations in ambulatory services locations and shoulder seasons for final year
- ▶ Look at freshman admission to programs
- ▶ Expand transition services
- ▶ Develop measures to promote student retention and program completion
- ▶ Enhance advising and connectedness, especially for distance students lacking a sense of “community” and direct connection to their program (major component of retention)
- ▶ Increase faculty resources to support high-demand programs to grow enrollment
- ▶ Expand existing models to engage and support underrepresented students (e.g. Alaska Native Science and Engineering Program, Recruitment and Retention of Alaska Natives into Nursing, Native Student Services)
- ▶ Maximize tele-education option to all sites; for every class assure technology is both available and supports both local and distance sites
- ▶ Re-sync all calendars
- ▶ Seek single accreditation for all Nursing and Allied Health programs throughout the UA system



Other Opportunities for Change, continued

- ▶ Reduce waste and inefficiency
- ▶ Embrace agility
- ▶ Meet needs of labor market
- ▶ Support new start programs
- ▶ Streamline curriculum process
- ▶ Reserve pool of development funds
- ▶ Recognize that exceeding needs of labor market is not necessarily undesirable
- ▶ Consider restructuring curriculum to enhance place- and competency-based education and training opportunities; this could expedite opportunities for students to develop skills for new and emerging occupations to meet the needs of employers in the healthcare industry, including through apprenticeship
- ▶ Leverage significant investments in health programming by Department of Labor to support expansion needs for health workforce training



Addendum

During the course of deliberations by the Health Team, related data and information were provided and are summarized here, along with other notes regarding discussions.

Charge and Scope

Both Charge and Scope limited the Team to addressing structure related to only Nursing and Allied Health programs, particularly those in high demand. This caused some difficulty in identifying options.

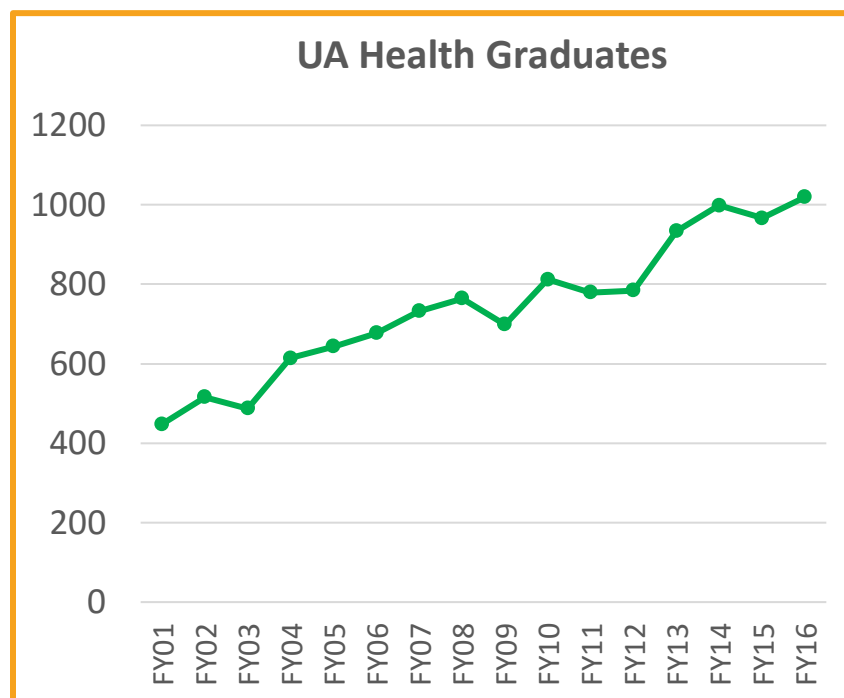
Generally, the Team subscribes to the World Health Organization definition of health: *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* In Alaska, as elsewhere in the nation, the development of interdisciplinary, coordinated practice teams that include all relevant disciplines are the current and growing trend. There is considerable work being done in this area at present, and is expected to only increase in the future. Therefore, it is difficult to consider university nursing and allied health programs in isolation from other health disciplines.

Further, even among the group, the definition of Allied Health proved to be difficult to determine. For some, Allied Health is a highly inclusive term. Exploring the definition found one important national resource with a very broad definition, virtually everything not medicine or nursing. This source provided a long list of occupations and professions including what might instead be considered behavioral and public health, therapies, nutrition and other wellness occupations, even health administration. A federal source also excluded medicine and nursing, but also health professions requiring doctoral education and some other graduate degrees. The Team never finalized a definition, but mostly considered those programs that currently exist or

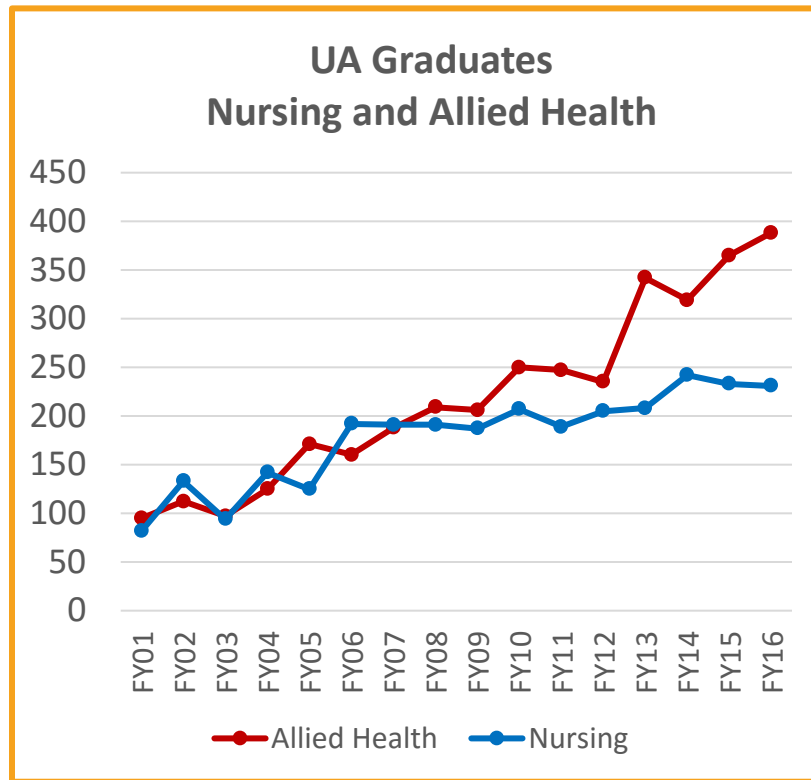
are in development throughout UA.

Current Status of Programs

Health programs and related research are presently found in 22 locations (colleges, campuses and other units) across the system. There are about 130 programs and 14 research/service units, though research also occurs in virtually all academic health programs at the bachelor's level and above. The number of health programs and program graduates has steadily increased over the years.



Nursing and Allied Health have contributed to this growth, as shown on the following graph:



These graphs do not include approximately 200-300 students each year who complete allied health training programs that are not transcribed.

Nursing programs are located in one college and distributed from there across the state. Of all the allied health programs, only six are currently offered by more than one of the three UA universities. Those six are as follow:

- Phlebotomist (OEC, training)
- Nursing aide/assistant (OEC, certificate)
- Medical coder (OEC)
- Medical assistant (AAS/certificate, OEC)
- Dental assistant (AAS/certificate)
- Paramedic (AAS, certificate)

Emergency technician courses are also found in multiple locations, but are not transcribed. At

present, the dental hygiene program is suspended at UAF, so that program is only found at UAA. The value in significantly changing the structure of nursing and allied health programs for only six, primarily entry-level, programs was a consideration for the Team.

Goal


For the Health Team, the Goal of the restructuring was to: Meet 90% of Market Demand by 2025. In considering and finally developing three options, the group moved back and forth between the Charge and Goal in assessing them. Late in the discussions, data was pulled from Alaska DOLWD and UA IR that suggested the following:

- Nursing, at present level of graduation, will meet 110% of DOLWD projected demand 2014-2024
- Allied health, at present level of graduation, will meet 88% of DOLWD projected demand 2014-2024

Discipline	2014	2024	Growth	Replacement	Total Openings	Projected Demand Per year	Projected Graduates Per Year	% of Market Demand Provided
Allied Health	23171	26660	3497	4169	7666	767	673	88%
Nursing	6341	7029	690	1600	2290	229	252	110%

This table is not limited to “high demand” nursing and allied health programs. With the rare occurrence that a UA program is over-producing for the Alaska market (e.g. radiographic technology), the program has been reduced to accommodate the decrease in demand. Otherwise, demand is generally high.

This does not necessarily mean that the types of graduates will match openings exactly or are distributed correctly in the state per need. DOLWD projections are for positions requiring all levels of education and experience, so the demand for new and generalist UA graduates is likely



considerably lower. Also, DOLWD projections do not include military members or the self-employed. For nursing and allied health, the self-employed would tend to be limited to some advanced nurse practitioners, physical therapists, speech-language pathologists, and perhaps pharmacists if that profession is included in allied health. Most of these professionals, however, are employed by a business rather than self-employed.

Even though this is the best trended projection data we have in the state for the health workforce, it does not capture all environmental factors affecting the workplace, and targeted studies must be done to get clearer on the specifics of demand. Industry partners feel the projections are too low. There is presently decreased capacity in the state to develop additional informative data due to budget cutbacks, yet the evidence base is critical to effective planning and development moving forward.