

Health Presentation

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



UNIVERSITY
of ALASKA
Many Traditions One Alaska

UA Strategic Pathways
January 18, 2017

(Please reference Report regarding Goal - pages 18-19.)

Team Members

- ▶ Bill Hogan
- ▶ Robin Wahto
- ▶ Barb Berner
- ▶ Jan Harris
- ▶ Fred Villa
- ▶ Leslie Gordon
- ▶ Cathy Winfree
- ▶ Chris Fallen
- ▶ Kirsten Pickard
- ▶ Arthur Hussey
- ▶ Roald Helgesen

Key Stakeholders

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

Options

Option 1 – Expansion of Current Model

Option 2 – Senior Level Position

Option 3 – Single College of Health, Matrix Organization

Option 1: Expansion of Current Model

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

(Please reference Report regarding Current Status of Programs – pages 16-18.)

Option 1: Pros and Cons

Pros

- ▶ 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
- ▶ Engages all locations of the university system
- ▶ Continues Allied Health Alliance to maintain communication, collaboration, and coordination statewide

Cons

- ▶ Does not meet the charge to “restructure”
- ▶ Does not meet the need to have authority and advocacy at the senior level
- ▶ More challenging to coordinate with research
- ▶ Maintains supervision silos
- ▶ 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 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, Health Programs)

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.

Option 2: Pros and Cons

Pros

- ▶ Could synergistically and positively impact any and all other options if selected in combination
- ▶ Engages all levels and locations within the university system
- ▶ Will work for all health academic programs and research integration
- ▶ Outcomes focused position
- ▶ Positive impact on political outreach
- ▶ Elevates healthcare programming and UA health priority to cabinet level
- ▶ Provides a unified vision/message for health at the University of Alaska

Cons

- ▶ Increased growth and staffing at statewide will be perceived negatively
- ▶ Potential impact to authority specifically related to academic programs – possible conflict with deans, directors, faculty, chancellors, provosts
- ▶ The outcome is person dependent
- ▶ Does not directly address the 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 – unsure if this position can mitigate factors involved in inflexibility and delays



Further Analysis Needed

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

Option 3: Single College of Health, Matrix Organization

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.

(Please reference Report regarding Charge and Scope – pages 15-16.)

Option 3: Pros and Cons

Pros

- ▶ Would have positive political and legislative support
- ▶ Increased opportunity for internal collaboration
- ▶ Will provide a single point of contact for students and community partners
- ▶ Engages all levels of the university system
- ▶ 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

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 lead 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?
- ▶ To what extent will this structure be able to mitigate factors involved in inflexibility and delays?

Other Opportunities for Change

- ▶ Sweep all medical/behavioral/public and other health programs into one college with nursing and allied health
- ▶ Do a concerted review of all health programs across the state to ensure each is strong, needed, coordinated, and resourced - adjust as results indicate
- ▶ Address challenges for nursing programs in conjunction with campus and industry stakeholders
- ▶ Improve advising and connectedness, especially for distance students
- ▶ Expand existing models to engage and support underrepresented students
- ▶ Maximize tele-education options to all sites; for every class assure technology is both available and supports both local and distance sites
- ▶ Develop clinical proctor locations in ambulatory services locations and shoulder seasons
- ▶ 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.



Q&A