HealthPartners System Design for Graduate Education Project
People Working Group

What Change is Necessary?

   As an organization committed to education and clinical training, HealthPartners has the opportunity to ensure that it is training health professionals in the professions and specialties that are most needed for the future workforce. By defining the desired clinician workforce, HealthPartners then has the opportunity to redesign graduate education to support the workforce model.

   HealthPartners trains over 200 resident FTEs[1] (*over 500 residents*) in most specialties, over 25 physician assistant and nurse practitioner student FTEs (*over 300 physician assistants and nurse practitioner students*) and over 35 medical student FTEs (*over 400 medical students*) each year. **The objective of this project is to create a HealthPartners System Design for Graduate Education**.

Why is the Change Necessary?

   The current graduate education system at HealthPartners is a disconnected blend of high-quality educational programs housed in individual operational units with little enterprise input from care delivery and the health plan regarding distribution of professions, specialties and curriculum. The inventory and structure of this system is based on historical precedence, micro-financial considerations (cap count), operational unit dynamics, and relationships with the University of Minnesota and other schools.

   Approximately one-third of resident trainee FTEs are sponsored and employed by Regions Hospital and Park Nicollet, and two-thirds of resident trainee FTEs are employed by the University of Minnesota and rotate through the HealthPartners health system for clinical experiences of varied duration.

   While most graduates are clinically competent, there is a perception that significant retraining of clinicians occurs when they join HealthPartners, particularly in the areas of improvement science, patient and family centered care, stewardship, and "teaming" behavior. Addressing these challenges requires a system design to guide health professions education.

Expected Benefits of the Change

   The HealthPartners System Design for Graduate Education will be developed in collaboration with four work groups: People, Quality, Experience, and Finance. A graduate education system design will align with HealthPartners' long-term strategies, forecasted work force needs, and ensure HealthPartners clinicians a high quality education.

   Following completion of the system design, recommendations for the short-term will be implemented throughout HealthPartners. Recommendations for a long-term system will be assessed by operational units and piloted. Implementation will take into consideration variables such as timeline and cost. Project recommendations will be outlined in a written report and will include:

- **A list of HealthPartners Practice-Ready Competencies** and comparative lists from organizations such as Kaiser Permanente, Mayo Clinic, Cleveland Clinic, and others.

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[1] Residents' time at a HealthPartners site varies from two weeks to three years. FTEs show total hours at site.

- **An outline of the future HealthPartners HealthCare workforce** and a comparative outline of future workforce from organizations such as Kaiser Permanente, Mayo Clinic, Cleveland Clinic, and others.
- **A HealthPartners Health Professions Graduate Education Training Approach short term and long term** and a comparative training approach from organizations such as Kaiser Permanente, Mayo Clinic, Cleveland Clinic, and others.
- **A finance model for Graduate Education, short term and long term** and a comparative finance model from organizations such as Kaiser Permanente, Mayo Clinic, Cleveland Clinic, and others

Scope

The scope will be system wide. Working groups will assess health professions education at HealthPartners. This includes physicians, physician assistants, nurse practitioners, dentists and pharmacists. All departments will have an opportunity to provide input and engagement throughout the process.

People Working Group

Primary responsibility will be to provide guidance on HealthPartners future workforce modeling needs. Secondary responsibility will be to provide guidance on competencies and financial model.

People Working Group Members
- **Lead:** Cara Hull – VP HR and Planning at Park Nicollet Health Services
- **Institute Lead:** Michelle Noltimier – HP Director of Physician Assistant and Nurse Practitioner Graduate Education
- Pam Zoeller – HP VP Specialty Care
- David Dries, MD – HP Division Medical Director Surgery
- Roxanna Gapstur – Chief Operating Officer, Methodist Hospital and SVP Home care Hospice Geriatrics HP
- Marty Richards, MD – Assistant Department Chair Regions, Emergency Medicine
- Beth Averbeck, MD – HP Senior Medical Director, Primary Care
- Dan Nelson, MD – HP Senior Medical Director, Ophthalmologist
- John Misa, MD – Senior Medical Director, Primary Care at Park Nicollet
- David Gesko, DDS – SVP and Dental Director
- Rick Bruzek – VP Pharmacy Services
- Cheryl MagnusonGiese – Sr. Dr. Physician Services
- Julie Kirkham – HP Sr. Dir. Communication and Leadership Development
- Richard Paskach – Sr. Dir. Res Project Ops Tech & Information
- Melissa Fisher – Dir. Clinical Recruitment and Development
- Mary Russell, Dir. Organizational Effectiveness and Leadership Support at HP
- Stephanie Scheffler – Senior Director of Group Practice Building
- Priya Sury, MD, Emergency Medicine Resident

Working Group Responsibilities:
- Read working group memo prior to meeting. Memo will outline meeting objective, include summary of HealthPartners current practice and research, and provide options for group to consider.
- Engage in conversation at meeting.
- Provide feedback and support on requests for information.

People Working Group				
Date	***Project Objective***	***Meeting Deliverable***	***Agenda Topics***	***Other Working Groups***
September 19th-30th (2 hours)	Determine HP Graduate Education Practice Ready Competencies	List of HP Practice-ready competencies	- Overview of Project/Wiki - Overview of what is a competency. Examples. - Discussion on what is important to HP. "What are new hires missing?" - Follow up survey requesting members to rank competencies.	***Finance, Experience, and Quality*** - Competencies

November 7th-17th (1.5 hour)	Determine HealthCare Workforce for Future	Determine Healthcare workforce plan	- Define Healthcare workforce plan purpose and scope.
			  o What is the goal of health workforce planning?
			  o What are the results of successful workforce plan? (System, patient, clinician, etc.)
				Finance – Discuss National GME landscape, list benefits and costs
				Quality and Experience – Define success by competency (HP, Clinic, System)

January 9th-19th (1.5 hours)	Determine HealthCare Workforce for Future	Determine gap in workforce	- HP GME Finance overview (30 mins.)
			- Overview of current workforce
			- Comparables/national healthcare projections
			- Determine HP gap:
			  o What skills are missing?)
			  o What positions should fill need?
			  o Define desired clinician workforce (mix of professions and specialties)
				Finance- Outline indirect costs and benefits of the HP GME structure. Determine Common finance language, for HP GME
				Quality – Determine milestones for HP competency assessment.
				Experience - Define clinical learning environments that support each curriculum.

February 27th –March 3rd (1.5 hours)	Determine HealthCare Workforce for Future	Propose framework to support workforce model through grad. Ed.	How to address gap in workforce? - Recruit (costs/benefits – trainings role) o Partnerships with fellowship programs, university, community, etc. - Retain health profession trainees (costs/benefits) - Comparables Develop high-level framework to support	***Finance*** – Clarify HealthPartners budget for grad education ***Quality*** – Identify curriculum framework for each clinician in line with HP competencies and workforce needs. (meet following People Group) ***Experience*** - Assess training programs as a recruitment tool and make recommendations

			workforce model through grad ed. - (Chart) Workforce need – specialty – physician/APC ratio – grad ed. training supports/role	
April 10th-April 21st (1.5 hour)	Determine HP Health Professions Graduate Education Training	Review Quality and Experience Working Group recommendations and further assess workforce model.	- Walk through Quality and Experience Working Group recommendations - Concerns, questions, comments, etc. - Assess workforce model recommendation in light of recommendations.	*Finance* – Conduct SWAT analysis on funding structure options. *Quality* – Identify training resources and partnerships **Experience** - Define supports for faculty and administrative functions
May 29th – June 9th (1 hour)	Determine Finance Model for Graduate Education.	Review and provide feedback on Finance Working Group Recommendation.		*Finance -* Recommend short-term and long-term finance structure to support HP system for grad education **People and Experience** – Review short-term and long-term finance structure to support HP system for grad education
June 26th-June 30th (1 hour)	People Working Group **does not** meet			*Finance -* Finalize short-term and long-term finance model recommendation **Quality and Experience** – No meeting
July 10th – July 21st (1 hour)	HealthPartners System Design for Graduate Education	Review full report and provide feedback and final recommendations.		**Finance, Experience, and Quality** – Full Report
August 7th – 18th	Final Report Finalized and shared with Sponsor Group	**No Working Group Meeting**		