

FLORIDA ATLANTIC UNIVERSITY

The time is now...



MISSION AND VISION

- To best serve the healthcare needs for our community through collaborative education and research integration and interprofessional practice.
- To drive our region's healthcare of the future through academic medicine by leveraging our collective resources, developing an exceptional workforce, and innovating in healthcare with the goal of setting a national standard.



THE GOALS

- Increase pathways for careers in health from pre-k through adulthood.
- Optimize the interprofessional training of future physicians, nurses, allied health professionals, and health technologists/ engineers.
- Establish synergies and leverage technology for bench to bedside research and education.

- Drive models for predictive analytics derived patient care where patients reside.
- ► Expand FAU Health Network mission-centric faculty.
- ► Grow healthcare workforce for today and tomorrow.
- Through partnership, build nationally recognized centers of excellence here in our community.
- Nurture all members of the community.



A STRATEGIC PLAN PLAN FRAMEWORK FOR EACH GOAL

- 1) Assess existing portfolio
- 2) Identify gaps
- 3) Procure appropriate resources and funding
- 4) Develop new initiatives
- 5) Build infrastructure and continue cultivating resources to launch the initiatives
- 6) Formalize communication plans around the initiatives





PATHWAY PROGRAMS

- OUTREACH: Programming designed to serve the needs of our communities
- RECRUITMENT: Improving access to healthcare professions training for diverse populations and retaining the brightest and the best to shape our future healthcare workforce
- SERVICE: Providing educational and career development to best serve our most vulnerable communities



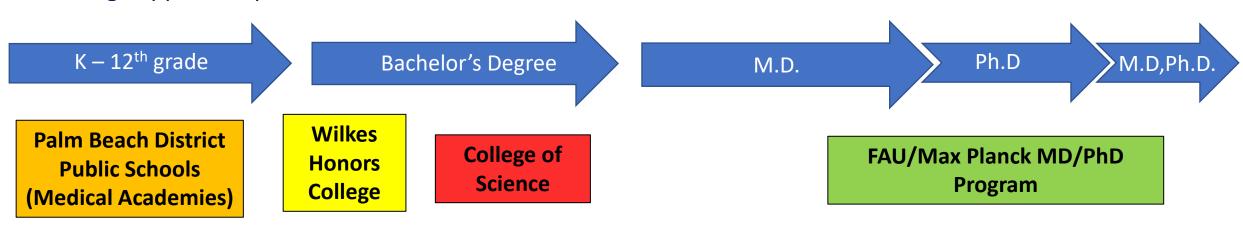




- College of Medicine Jennifer Caceres, MD
 - Office of Pre-Health Affairs Mario Jacomino, MD
 - Office of Community Engagement Alicia Rootes, MBA
- College of Science Evonne Rezler, PhD
 - Pre-Health Professions Office Gina Jones, M.Ed., MSW; Latarsha Morgan, M.Ed.
- Wilkes Honors College Justin Perry, PhD
 - Co-Curricular Activities and Research Monica Maldonado, Ph.D.
- FAU High School Tricia Meredith, PhD; Molly Adams, PhD

RECRUITMENT AND RETENTION: CURRENT PATHWAYS

- **Bridge gap** from K-12 → Undergraduate studies → Medical School
- Collaborating with FAU colleges and external community partners
- Inspiring and training future physician scientists (MD/PhD program)
- Longitudinal mentoring and relationships, enhancing retention to practice medicine within our community
- Large applicants pool of national merit scholars

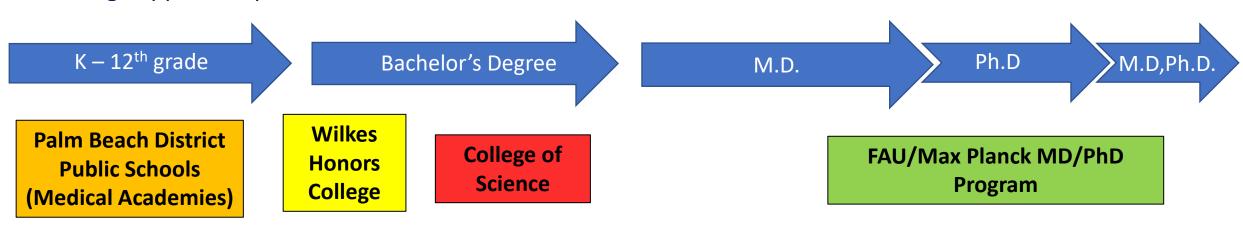


FAU
High School
(dual
enrollment)

FAU High School - Jupiter Campus Max Planck Academy

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LONGER TERM GOALS

Creating additional pathways that encompasses more pre-health professions:

- Nursing
- Pharmacy
- Dentistry
- Physical Therapy
- Social Work
- Psychology
- And more!





EXPAND FAU HEALTH FACULTY

The initial steps

- Role out of FAU Health
 - Legislative meetings
- Engaging and Working with Consultant
- Establishing practice plan
 - Need 150 MDs over 5 years
- Understanding the reality of the costs



A SIMPLE PROFORMA

	FY 24	FY 25	FY 26	<u>Total</u>
Revenue				
1 hire	\$269,904	\$763,825	\$1,167,149	\$2,200,878
1 hire		\$220,206	\$438,116	\$658,322
1 hire	\$335,406	\$570,498	\$570,498	\$1,476,402
Total Professional Fee Revenue	<u>\$269,904</u>	\$1,554,529	\$2,175,763	\$4,000,196
	FY 24	FY 25	FY 26	<u>Total</u>
Clinical				
1 hire	\$90,000	\$90,000	\$90,000	\$270,000
1 hire	\$517,500	\$517,500	\$517,500	\$1,552,500
1 hire		\$517,500	\$517,500	\$1,035,000
1 hire		\$420,900	\$420,900	\$841,800
1 hire	\$621,000	\$621,000	\$621,000	\$1,863,000
Space		\$220,000	\$220,000	\$440,000
Total	<u>\$1,228,500</u>	<u>\$2,386,900</u>	\$2,386,900	\$6,002,300
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Administration				
Productivity Dashboards	\$30,000	\$30,000	\$207,000	\$267,000
Practice Manager	\$131,100	\$138,000	\$144,900	\$414,000
Billing group	\$40,000	\$40,000	\$40,000	\$120,000
Consultant	\$45,000	\$45,000	\$45,000	\$135,000
Total	\$246,100	\$253,000	\$436,900	\$936,000
Marketing				
Personnel	\$60,000	\$75,000	\$75,000	\$210,000
Contracts and Outside Events	\$60,000	\$60,000	\$60,000	\$180,000
Total	\$120,000	\$135,000	\$135,000	\$390,000
Expenses Total	<u>\$1,594,600</u>	<u>\$2,774,900</u>	<u>\$2,958,800</u>	\$7,328,300

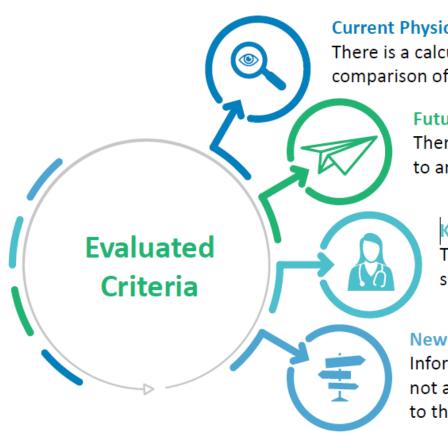


THE NEXT STEPS

- 1) Perform a needs assessment re: services needed in the community
- 2) Explore Joint Ventures and Cost Sharing Models
- 3) Determine focus of clinical care based on needs assessment and partnership opportunities, and available facilities
- 4) Determine appropriate finances and contractual arrangements for mutually beneficial arrangements
- 5) Establish talking points related to the goals

Summarized Community Need Factors

The community need factors are summarized into four categories.



Current Physician Shortage/(Surplus)

There is a calculated shortage of physicians in the community based on a comparison of physician demand less verified physician supply.

Future Incremental Growth Need

There is an additional projected demand for physician services due to anticipated population growth over the next five years.

Known Succession Risk

There are physicians in the service area over age 65 who will eventually require succession replacement.

New-Patient Access Barriers

Information gathered during primary source verifications indicates physicians do not accept new Medicaid patients into their panels and/or have long average days to third next, non-urgent new-patient appointment.

Quadrant Key

Medical and surgical specialties were plotted on quadrants to summarize need and opportunity based on the assessment outputs.

3

Need Due to Access Barriers

No physician shortage, but new-patient access barriers are present. 1

Area of High Need

Both a physician shortage and new-patient access barrier are present.



Area of Low Need

No physician shortage, access appears sufficient.

2

Need Due to Supply

Physician shortage is present, but access appears sufficient.

Physician Supply Deviation from Demand (%)

X-Axis: Physician Supply Deviation from Demand (%)

The deviation from demand represents the difference between the expected specialty supply based on calculated demand and the existing physician supply.

Y-Axes

Two new-patient access indicators were plotted against the physician supply deviation from demand:

- Closure to new Medicaid patients (%): Specialties with more than 25% of responding physician FTEs who indicated they are closed to new Medicaid patients have new-patient access barriers.
- Average Days to Next New-Patient Appointment (# of days): Specialties with an average wait time of 14 days or more among responding physician FTEs have new-patient access barriers.

Specialties in quadrant #1 are opportunities for expansion based on the presence of current need.



GROW HEALTHCARE WORKFORCE





APPROVAL TIMELINE

DATE	ACTION	STATUS
8/23	Revision and Approval of FAU Accountability Plan by BOT	Completed
8/24	Prepare and submit pre-proposal for review by CAVP Academic Program Working Group.	Completed
9/7	Discussion of pre-proposal by CAVP Working Group	Completed
9/14	BOG Considers FAU's Revised Accountability Plan	Completed
9/19	BOT Consideration of the Proposal Packet and LBR. (Approval of Proposal Continent Upon Faculty Senate Approval)	Completed
9/23	FAU Faculty Senate Consideration	Completed
9/26	Submission of BOT-Approved Proposal Packet to BOG	Completed
10/13	Feedback from BOG Staff	Completed
11/10	BOG Strategic Planning Committee Presentation	Next Steps
11/21	Submit Revised Proposal Packet to BOG Staff	Next Steps
1/24	Seek BOG Approval	Next Steps
1/2023- 8/2025	Implement the DMD for Fall 2025 Launch	Next Steps

