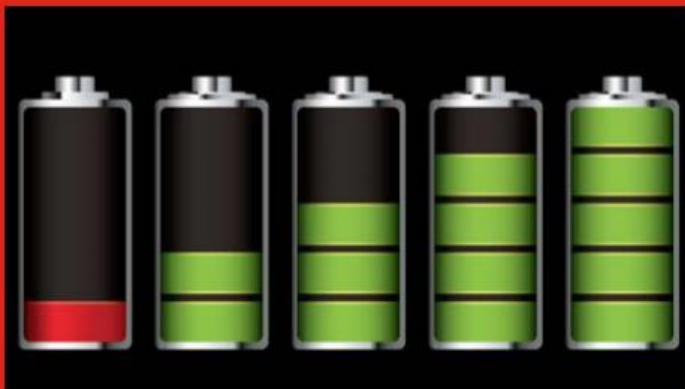
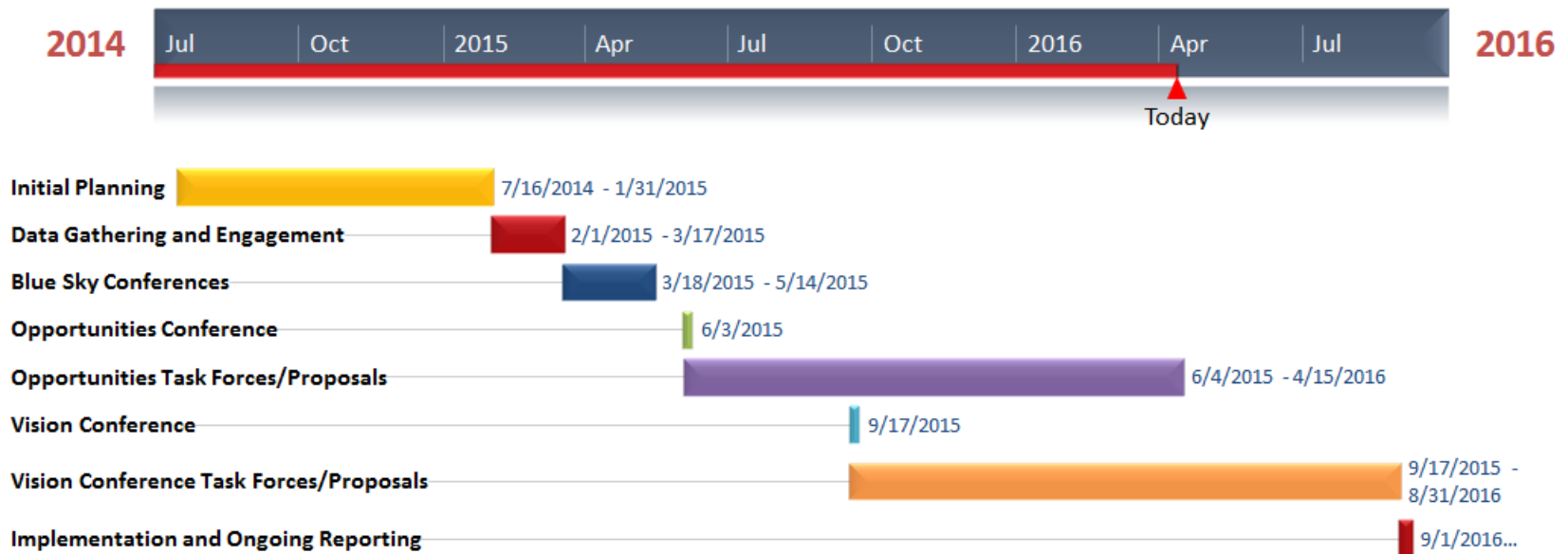


UW DFMCH ReCHARGED



Research
Community Health
Health Care Excellence
Affiliated Programs
Regional Sites
Global Presence
Education
Department Core

TIMELINE



VISION CONFERENCE TASK FORCE UPDATES

- Research
- Medical Student and Interprofessional Education
- Residency Education
- Clinical Care

**RESEARCH TASK FORCE
REGINA VIDAVER**

RESEARCH TASK FORCE PROCESS

- **Listening sessions & individual interviews**
 - Internal to the department
 - External to DFMCH, internal to UWSMPH
 - External to UWSMPH
- **Vision & Mission statement development**
 - Derived from what we heard
 - Task Force deliberated
 - Selected individuals across the department voted

RESEARCH VISION & MISSION:

- ***Vision:*** to develop the discoveries that enhance human health & well-being
- ***Mission:*** to perform innovative, cutting edge primary care research that improves the education, healthcare and community outreach we deliver



- **Developed:**

- **Goals (2)**
- **Objectives (5)**
- **Strategies (8)**
- **Tactics (15)**

- **In process:**

- **Prioritizations**
- **Workplan outlines (who, when, \$)**
- **Evaluation plans**

THANK YOU TO THE TASK FORCE:

- **Jamie Conniff**
- **Marité Hagman**
- **Jon Meiman**
- **David Rabago**
- **Matt Swedlund**
- **Jon Temte**
- **Lou Sanner (SG liaison)**
- **Kathi Zich (admin support)**

**MEDICAL STUDENT AND
INTERPROFESSIONAL
EDUCATION
JOYCE JEARDEAU**

MEDICAL STUDENT AND INTERPROFESSIONAL TASK FORCE

- Ginny Snyder – co-chair
- Joyce Jeardeau – co-chair
- Mark Beamsley
- Bill Heifner
- Patrick McBride
- Lawrence Moore – M2
- Kirsten Rindfleisch – steering group liaison

**IN PURSUIT OF HEALTH EXCELLENCE AND EQUITY, WE WILL:
BE ON THE LEADING EDGE OF QUALITY & INNOVATION IN “INTERPROFESSIONAL
EDUCATION”, LOCALLY AND NATIONALLY
IDENTIFY, SUPPORT AND LEARN FROM INTERPROFESSIONAL TEAMS
CREATE MODELS FOR LEARNER EMPHASIZING TEAM-BASED CARE, COMMUNITY
ENGAGEMENT AND POPULATION HEALTH**



WHO, WHERE, WHEN AND WHAT

- Who – Medical students, PA students, Pharmacy students, Nursing students etc...
- Who – Clinics, Residents, Physicians, Nurse Practitioners, Pharmacy, MAs, Lab, RNs etc
- Where – Clinics, community, schools
- When – staggered enrollment and across the 18 month Phase 1 of the new MD student curriculum
- What – Educational experience of working as an interprofessional team, community enrichment, journal, state/national presentation

FORWARD THINKING

- **Start small and build**
- **Engage stakeholders**
 - ✓ Learners
 - ✓ Educators
 - ✓ Community
 - ✓ Clinics
 - ✓ Health professions
 - ✓ DFMCH
- **Collaboration**
 - ✓ Residency program
 - ✓ AHEC
 - ✓ POP Health
 - ✓ Path of Distinction
- **Benefits/ outcomes**
 - ✓ For the learners
 - ✓ For the educators/ clinics
 - ✓ For the community
 - ✓ For healthcare professions
 - ✓ For DFMCH

**RESIDENCY EDUCATION
ILDI MARTONFFY**

RESIDENCY EDUCATION TASK FORCE AIMING HIGH ...

To begin the process of growing statewide and DFMCH programs by 50% over the next 10 years in order to better meet statewide primary care needs using new and responsive financing methods. Educate these learners directly and intentionally on leadership, advocacy, population and community health, and communication skills in order to better equip them for their future roles as members of an inter-professional health care team; to engage residents with patients and families to improve the experience of care and to improve the health of their communities while delivering care in the place and manner that patients value most.

EXPAND AND IMPROVE

Expansion

- Rural and community focus
- Training for the future

Curricular innovation

- Longitudinal
- Room for individualization
- “Clinic first” and patients first

**CLINICAL CARE
TASK FORCE:
OPTIMIZING
APP/PHYSICIAN TEAMS
JEN LOCHNER**

Chair: Jen Lochner

Committee:

Trina Copus, Jeff
Heubner, Wen-Jan
Tuan, Jill Kietzke,
Christine Athmann,
Julia Lubsen,
Jessica O'Brian,
Stephanie Katzman

AIM STATEMENT:

Develop a care model that increases access for patients by:

- Increasing ratio of APP: physicians
- Clarifying role definitions within these teams
- Optimizing team efficiency: work flows/cost saving, etc.

TO DATE:

- Literature review
- Evaluated current APP numbers and current roles in clinics
- Surveyed APPs and providers on what works/doesn't work and ideas of changes
- Collecting financial data surrounding visit type/compensation to help guide work flows/visit type definitions

NEXT STEPS:

- Finish financial data gathering on visit types
- Develop recommendations on team roles/tasks/flows based on survey results/finance data, literature review
- Develop financial plan options for possible pilot clinic with departmental, UW Health, Unity finance leadership
- Present to Steering Group, June 2016

STRATEGIC PROCESS OVERSIGHT COMMITTEE (SPOC)

Member	How Nominated	How Decision is Made
Director (from existing Steering Group or any of 7 Task Forces)	Steering Group or Task Force members	Steering Group by vote
2 current Steering Group members	Self-nomination	Steering Group by vote
3 current Task Force members	Self-nomination or from Task Force members	Steering Group by vote
3 new members	Open call	Executive Team with input from Admin Team
1 member of Executive Team (rotating 1 yr term)	Exec Team discussion	Executive Team
Coordinator/Admin Support (non-voting member)	Appointed	Linda Haskins with Admin Team

SOCIAL TIME!

