

# THE CLINICAL COORDINATION PARTNERSHIP (TCCP) Advanced Practice Providers Committee Meeting

April 8, 2015  
Fairview Energy Park Offices

## Meeting Minutes

**Attendees:**

TCCP Partners:

Wally Boeve Bethel (PA)	Sarah Bordewyk Bethel (Nurse-Midwifery)	Rhonda Cornell MNSU-Mankato	Shannon Eberhardt Augsburg (PA)
Greg Ekblom Bethel (PA)	Heather Froehlich Allina	Jen Gonzaga St. Kate's (PA)	Brian Goodroad Metro State
Rachel Herman Winona State	Patty Kelley HealthEst	Charrise Konetski HCMC	Sue Kostka U of M
Sue LaMotte St. Kate's (NP)	Amber Lozaro (filling in for Hannah Duenow) (North Memorial)	Christina Marshall Essentia	Bill McBreen Winona State
Paula McGrew St. Scholastica	Sonja Meiers Winona State	Michelle Noltinich HealthPartners	Lynn O'Donnell Allina (United Hospital)
Maggi Seybold Augsburg (PA)	Ilze Smith Augsburg (PA)	Suzan Ulrich St. Kate's (NP)	Tanya Velishek Fairview
Patricia Young MNSU-Mankato			

TCCP Staff:

Elizabeth Biel TCCP Director	Judith Mitchell TCCP Assistant
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Troy Taubenheim MMCGME
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Elizabeth Biel led the welcome and introductions.

Biel gave an overview of 2015 Advanced Practice Provider (APP) requests. (See PowerPoint slides #3-4) Fall data is still incomplete as the deadline was extended.

Something to remember regarding these numbers: There are only four active clinical users. Other sites are tracking, but the data may not be complete.

Biel asked what the timeline/deadlines should be for Spring/Summer 2016 planning. The group decided to use the same deadline as last year: Sept 30th for schools, Oct 31st for decisions from clinical sites.

It was discussed that part of the problem with the delay in entering the Fall requests was that the schools may have the number of slots they need, but they don't have all the student names yet. The group agreed that it would be okay for the schools to submit their requests without the student names, and then fill them in as soon as they are known.

Biel gave a recap of the last TCCP-APP Committee meeting. (PP slide #5) At that meeting the group identified a number of initiatives to take, but TCCP has not been able to move forward on them yet; not because we don't understand the importance, but due to a lack of time/staffing.

Biel re-introduced the Metro Minnesota Council on Graduate Medical Education (MMCGME) fiscal sponsorship opportunity, and to put it in context gave a brief description of TCCP and the APP Committee's history for any newer members not already familiar with it: Initiative funds are a part of TCCP's budget. APP was the first initiative chosen: funds were to be used for software, staffing, etc. (The second year's initiative was Student Passport.) APP is funded through the pre-licensure fees. Pre-licensure is our top priority, thus our staffing goes there first. The demands of pre-licensure have not left time to address the APP' identified initiatives.

[A question was asked referring back to the earlier discussion of the deadlines: During last year's scheduling for Spring 2015, many of the clinical sites' decisions were not entered until well after the October 31st deadline. The schools did not pursue other options while those decisions were pending, and were left scrambling to find placements up to a couple of weeks before they began. The question was: Would the clinical sites be able to meet that October 31st deadline during the coming year for all or most of their decisions?

The group discussed briefly, and it was noted that the reason for the delay was that the clinical sites were still actively trying to find placements, but were not always successful. It was then asked when it would be appropriate for schools to begin looking for alternate placements.

Judith Mitchell explained how "Frozen Time" works for pre-licensure: There is a period of time when no new requests are made so that the clinical sites can work on the initial requests without new ones coming in. After Frozen Time has ended, schools may submit new requests to cover their denials or undecided requests.

It was agreed that APP would work in a similar fashion. If clinical sites still have decisions pending at the October 31st deadline, at that time schools may begin requesting placements for those students at additional sites.]

Biel returned to the MMCGME proposal:

Gave the history of how the pre-licensure group proposed our future organization to go. The members didn't want to become an autonomous nonprofit right away. There is too much infrastructure to handle. (Staffing, billing, etc.) They wanted the first step to be a partnership with another existing organization. The group established a set of criteria to be met by any proposed partnership. (PP slide #8)

The proposed MMCGME fiscal sponsorship meets all the criteria we established.

A description was given of how the vetting process has gone so far: Who has worked on the proposal at different stages. (PP slide #9) Talking to the APP group is another step of the process.

Went over MMCGME's structure: (PP slides #10-15)

They are a clinical-partner driven entity.

They lease their software (TCCP owns ours).

Their relationship with the University of Minnesota is as a fiscal host. MMCGME is autonomous from the University. Their membership guides their activities.

Listed their member organizations.

The members of their board are different from the TCCP representatives, but mostly the same organizations TCCP works with.

They are operationally focused, similar to TCCP.

Listed the services they provide to their members.

Listed their board committees.

Showed their staff structure.

MMCGME thinks that having members from our group might be helpful on some of their committees.

MMCGME is staff rich, unlike TCCP.

Described the synergies between TCCP and MMCGME. (PP slide #16)

Both groups need to expand services, such as TCCP's Student Passport initiative. Both share a need for standardized onboarding, and systems to track all the students in one place.

The two groups' software synergy is important because TCCP is becoming more of a development entity for tracking information.

Described the fiscal sponsorship opportunity before us (PP slide #18): MMCGME will help with accounting, staffing, help streamline hiring, contracts, and administrative details. TCCP would be autonomous and would continue to self-govern. TCCP would set its own membership rates, guide the groups' activities, etc. MMCGME could help with the process if TCCP ever decides to become an independent nonprofit.

TCCP is in a bad spot for a "hit by a bus" scenario. If Biel left, there would be little continuity. MMCGME has offered to train some of their staff to back us up if necessary.

TCCP is piloting Student Passport in the fall in Duluth. MMCGME can help with funding for these types of initiatives because it helps their partners.

Why is MMCGME coming to us? What value do we provide to them? - TCCP could expand to other programs, meaning more interdisciplinary education opportunities if the data is all stored in one place, and we could work together to improve the onboarding process.

What are the benefits for TCCP? - If we have more support, we can grow faster. If we add more members, we can reduce costs for current members.

We are already at capacity for expansion just from people who come to us each year asking to participate. No marketing or expansion efforts have been made.

There is potential for expansion of Student Passport to be used for hiring when students graduate.

During the early vetting process there were lots of questions about how the two groups would connect. Ex: Would MMCGME overpower TCCP? In the first draft, there was going to be a “parent organization.” This was changed, because the top-level committee is not going to govern the sub committees in any way. It is now called the ‘Fiscal Sponsor Committee.’ This group will have equal membership from TCCP and MMCGME, beginning with three members from each group.

The fiscal sponsorship agreement will be annually re-evaluated to make sure things are going in the right direction.

The Fiscal Sponsor Committee won’t set TCCP’s budgets, but will make sure we are being fiscally responsible. (HealthForce currently does that for TCCP.)

At first the thought was that the top committee would work on common initiatives, but it was realized that both groups already have good committees, so it would be better for the groups to send members to each other’s groups instead of reinventing the wheel.

Current TCCP Advisory Committee Representation. (PP slide #22) This lists which kinds of partners will be represented on the TCCP Advisory Committee. This policy would not change under the new fiscal sponsorship unless the Advisory Committee voted to change.

Areas of concern that have been raised:

That TCCP would be minimized by MMCGME because they have higher-level membership. TCCP wants to be sure we don’t get “lost.” Response was to make sure TCCP has equal representation on the top committee.

It needs to be ensured that no members be adversely affected.

The biggest concern raised was competition for clinical sites between APP and medical students. It needs to be ensured that this in no way makes this situation worse for TCCP members. There is also a related concern that students not have to start paying for placements, which would be far more damaging to nursing programs.

Scope of practice issues. (Primarily referring to conflict over the recent legislative decision to expand the scope of practice of APRNs, which was opposed by some doctors.)

How these concerns were addressed: (see PP slides #24-28)

If something comes up that wasn’t anticipated, at the annual review the partnership could be dissolved.

The Memorandum of Understanding (MOU) addresses many of the concerns raised. It is a raft at this point - exact legal language would be developed later.

The Advisory Committee will continue to govern TCCP.

List of things the fiscal sponsorship will not do:

Address scope of practice issues. It will be included in the MOU that Scope of Practice issues will not be addressed in either group, or by the partnership.

Competition for clinical placements:

This has previously been a concern for TCCP members, such as competition between pre-licensure and advanced practice nursing, or Physician Assistant vs. nursing programs. In practice, TCCP participation has not played any part in increased competition for any group. It is included in the MOU that neither organization will have any influence on the clinical site decisions about which programs receive placements. This will prevent “stealing” of existent placements.

Other MOU pieces:

Like with a prenuptial agreement, if the two groups do decide to split in the future, TCCP will retain ownership of its assets, staff, software, etc.

Presented draft evaluation criteria. (PP slide #28)

TCCP has already experienced some benefits just from the discussion of this proposal, such as a new chance to work with the VA Hospital: From Troy Taubenheim, about the VA: They work very closely with MMCGME. Their leadership has changed, and they want to start tracking all of their clinical experiences in one place. Taubenheim has heard from the VA that they want more Nurse Practitioner students, but at least one school has heard they are going to take fewer. A potential opportunity from this partnership is that Taubenheim could bring these issues to the MMCGME members and say “what’s happening; how can we fix this?” MMCGME wants to support our efforts as much as possible, but without interfering in our process.

Biel went over the feedback received so far from TCCP members (PP slide #29). By next week’s Advisory Committee meeting, she will have received feedback from about 90% of pre-licensure members.

The issue was opened for discussion by the group.

Question: What about MMCGME’s representation on the legislative agenda?

Taubenheim: The MMCGME Advocacy Committee began in 2009. They began with trying to educate legislators about what Graduate Medical Education is, and how it works. The committee is about communication and education. Example 1: In 2010 the legislature turned over from Democratic to Republican control. MMCGME needed to change their efforts to advocacy immediately because GME’s MERC funding was at risk. They needed to demonstrate why the funding was important to the state in order for it to continue. Example 2: To address the issues of clinical expansion, diversity, etc., they needed to look at new support ideas such as loan forgiveness. The committee included Physicians, Physician Assistants (PAs) and Nurse Practitioners (NPs) in their language for this advocacy, which shows that their past efforts have already been about supporting the programs collectively, not solely the medical programs.

If you take a look at the MMCGME member slide (#12), every hospital that they represent that has medical students also has PAs and NPs. They recognize that some of the health systems’ sites have nursing education but not medical students. The clinical site leadership is just as interested in nursing as medical students. They need to hire PAs and NPs and thus they need to train them. They were looking to organize these collective efforts themselves, but then found out TCCP already does it, so they asked “how can we help them?”

The MMCGME members are concerned about what is good for the organizations in total. They are looking at the big picture, not just one area such as medical students. They bring their CEOs into their meetings to talk strategically about the big picture. Even though the MMCGME group is nominally for medical students it is, in practice, in service of the bigger issues.

Question: Does MMCGME intend to use TCCP’s software?

Taubenheim: They don't intend to use it for their GME programs. They do have an interest in our software because their member organizations are using it. MMCGME does not do anything with medical student tracking, only with Resident/Fellows. The clinical sites want to have them all tracked.

None of the MMCGME members were initially aware of TCCP before it was brought up in their group.

Question: About the TCCP Advisory Committee representation – is there any graduate program representation? How do Advanced Practice programs fit in? Could it be added to the membership criteria that a certain number of members should be in graduate nursing?

Biel: This will be brought up to the TCCP Advisory Committee.

Question: Is this partnership a premature consideration for APP since it's such a new effort?

Biel: This partnership will help get pre-licensure responsibilities off of her plate so she can move forward better with Advanced Practice.

Question: What is the fiscal foundation for MMCGME?

Taubenheim: They get their money from their member organizations. The hospitals get federal funding for their students, and some of this goes to MMCGME (about a million dollars a year). The total number of residents/fellows is divided by FTEs per clinical group, and that's how they decide which members pay how much. Each site pays a proportional share of the budget.

Question: How will their process affect our staff?

Biel: Liz Biel and Judith Mitchell would become employees of the University of Minnesota. The MMCGME staff could also supply some support. The potential staffing solution is not just about adding MMCGME's help, but also about the problems TCCP has had adding our own staff.

Question: Their funding flows through their members. Where do the members get their funding?

Taubenheim: The teaching hospitals get funding from the state and federal government (Medicare, MERC) to cover costs incurred for training medical students. The MMCGME support money comes from this fund. Then the MMCGME cuts a check to the University of Minnesota to pay for the staff.

Heather Froelich (Allina): She has been there from the beginning of TCCP. This partnership will benefit TCCP by having the medical sites on our side so they will know more about what we're doing, and will be able to support us more.

Comment: There hasn't previously been any big overview from the leadership of the clinical sites, knowing how important APP training is to them. Will this help with a philosophical change?

Tanya Velishek (Fairview): This will help start building interprofessional partnerships. We will have more legislative influence, such as with the preceptor pay initiatives. How can we get more providers overall to train the people they need to fill the hiring gap? Providers don't have a consistency in their participation; they aren't accountable. With TCCP's tracking, they can see that they're hiring the people they're training. The connection between training and hiring can be directly correlated. Currently, Velishek doesn't have a lot of backup as far as convincing potential preceptors to take students.

Froelich (Allina) – The health systems can start to look collectively at what they need to do to expand preceptorships. And this will mean TCCP is “at the table” when these decisions are being made. More people will hear our story, and the concerns.

Question: Why would they care about us? Why don't they just care about the medical students?

Christina Marshall (Essentia): They do care. Essentia hires about 65% of their APP students, but only 3% of their medical students. It's in their own interest to train these people. The clinical sites know they are going to NEED more nurses.

Velishek: It takes a lot more time for a provider to add a medical student than to add an advanced practice person. From the preceptor point of view, if the programs work together collectively, it will build a better preceptor and students will have better learning experiences.

Taubenheim: The number of physicians trained annually in Minnesota is virtually the same since 1996. The federal government capped the number they would pay to train. Physician training has increased in some states, but not in developed medical education states. The number of PA/NP students has grown considerably, but medical students have not. The likelihood of there being an increase in the number of physicians being trained is very minimal. All the MMCGME members say they won't do it. Even when the state is talking about offering funding for additional medical training, the members don't want to up their numbers if that funding isn't guaranteed long term.

Charrise Konetski (HCMC): The advantage to this kind of synergy is to increase awareness and visibility at the higher level, so there can be more initiatives.

Biel: HealthPartners and Park Nicollet are hoping to expand their APP placements.

Question: Who will be advocating for APP? How will we be participating with the advocacy that MMCGME does? How do we stay in tandem with the new partnership? How do we avoid tripping over each other? TCCP doesn't currently do advocacy.

Taubenheim: He remembers being at a legislative meeting where Margo Marko was saying the same things on behalf of University of Minnesota nursing students as the MMCGME was for the medical students. They were repeating the message. By working together, we could eliminate that redundancy.

Regardless of whether this proposal goes through, 'scope of practice' issues will still exist; physicians will still oppose certain things. But they do not talk about those issues at MMCGME and it is not on their legislative agenda because their members realize they need people from all fields. They will not “choose sides” in these issues.

Question repeated: How do we parallel our issues?

Taubenheim: There is a council for the state about what kind of workforce we need. This will be an issue for all fields. They will all have to work together to expand the workforce.

The legislative finance committee is looking at \$9 million for preceptor grants that will affect everyone. In order to receive the money, the health sites will need to know who their preceptors are and how many of them there are. The majority of that grant money will go to APP.

Biel: Our role is going to be to provide the APP member perspective. If someone needs to know what we do, we can meet and get that information to them. We have already educated people about what APP people do, and about what pre-licensure nurses do.

Taubenheim: He's aware of problems with their name (i.e. "Graduate Medical Education"), because MMCGME is much bigger than just physicians. They also have "Metro" in the name but it isn't just the metro area involved in the issues. He doesn't know if MMCGME's name will change, but there will be a number of changes in their bylaws, etc. to align with TCCP. They will hire an independent council to help with the changes. There's a lot still unknown; lots of nuts and bolts will need to be figured out.

Question about the transition: Has the advisory committee discussed the fee structure? Would that be set before or after the merger?

Biel: The Advisory Committee would still make those decisions. The fees would not be directly affected by the sponsorship.

Biel asked for any more questions/comments – no response.

Biel will bring this meeting's feedback to the TCCP Advisory Committee meeting next week.

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