

**Date:** July 18, 2013  
**Time:** 12:00 – 1:00 pm  
**Location:** SCC 322

Name	✓	School
Dave Anderson	✓	HS Administration
Christene James	✓	Pharmacy
Jean Garber	✓	Dentistry
Brenda Zierler		Nursing ( <i>unable to attend</i> )
Eric Hausman	✓	Nursing
Ellen Cosgrove	✓	Medicine
Dave Green	✓	Medicine
Vicki Anderson-Ellis	✓	Social Work
Paula Nurius		Social Work ( <i>unable to attend</i> )
Lawrie Robertson	✓	Public Health
Susan Allan	✓	Public Health

#### Discussion:

- Draft Governance Model
  - Financial Model

#### Summary:

- We are continuing the process of refining the Governance model, last meeting we looked at the meeting in broad strokes. We're looking in more detail at the financial model today. (See handout)
- Financial Model Discussion
  - There are two main financial pieces. First is distribution model, the second piece is base/activity components.

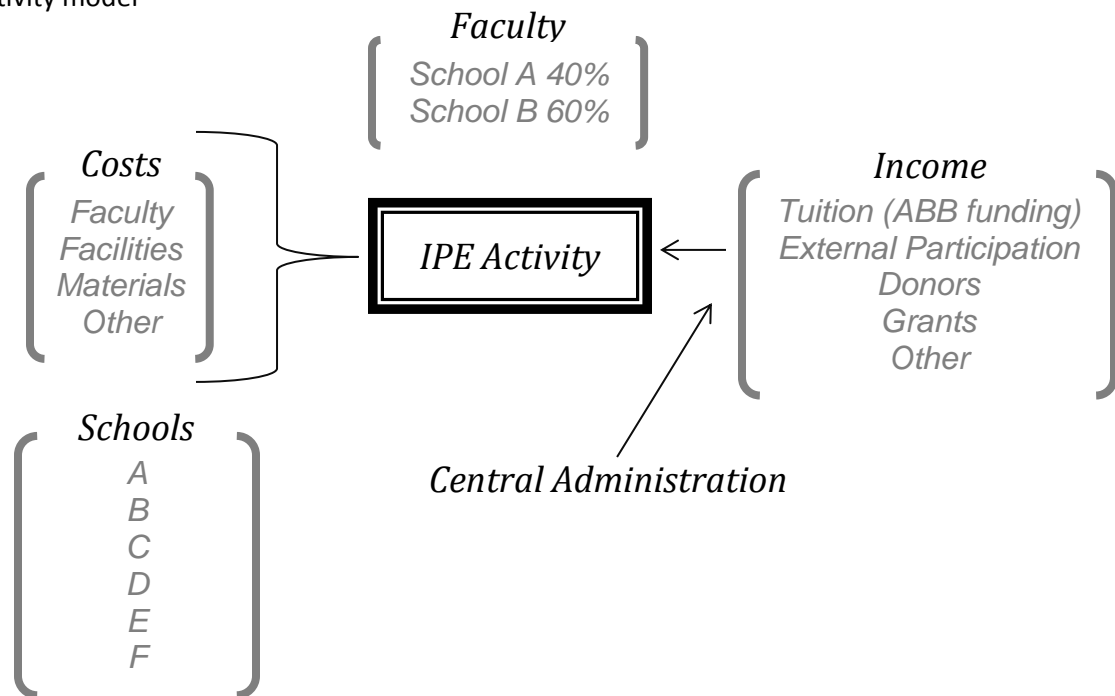
#### Distribution Model

- Two Options for Distribution:
  - **Option 1: School Centered (current practice)**
    - Schools receive funds via ABB distribution model.
    - HSA receives resources from each participating school then distributes funds where they need to go. HSA is responsible for reporting and transparency.
    - The challenge with this is time lags, upfront cost vs. reimbursement costs, and each school has their own process and time requirements to process the funds.
  - **Option 2: Central Distribution**
    - We could tweak the ABB model to send the money to the central administrative unit (HAS for Phase I) directly, then distribute appropriate funds to the schools and other creditors for IPE-related expenses.
- The first model will probably have a significant time lag because the each school would have to process their ABB funds before IPE-related funds could be made available to HSA. In this model we will need a mechanism to address the upfront costs until funds are transferred from schools to HSA.
- Centralized model has the benefit of less time-lag between distribution of ABB funds and ability for HSA to distribute funds.
- Option 2 (centralized) would be more streamlined for HSA.
- Schools like the flexibility in Option 1, could allow them to identify funding sources other than ABB for IPE support.

- Option 1 provides a period of time for development of trust and optimization for the funding mechanism(s).
- Option 2 will be a good way to evolve as people learn that option 1 works, as option 2 will be cleaner in the long run (Phase 2)
- Consensus: all six schools believe that option 1 is the best approach for phase I and then as IPE creates history and moves to phase II, then consider scale up to discuss when and how to consider a central distribution system.

#### Base Component and Activity component

- Base component will be straight forward, including central administration, training, and some capital elements
- The activity component we will need to have more discussion around.
  - *Activity Component:* This component is more complex and reflects many components (see diagram)
- We want a sustainable model not dependent on a single funding source, below is an example generic IPE activity model



- Something to note is some schools, including Schools of Nursing and Dentistry, need central supplementation to pay for the cost of professional education – tuition does not fully cover it. ABB is 70% of the funding (for Nursing), and is not reflective of the full cost of tuition.
- In order to be effective IPE will need to integrate into student's daily routines, as shown by the NIH cultural competency research study. This is what we're ultimately working towards, but the program is currently in a pilot phase where we will include stand-alone elements for IPE.
- Pilot Curriculum
  - Right now there are 7 stand-alone IPE activities planned, recognizing as this initiative matures the goal is to integrate IPE into standard curriculum for each school
  - The key is to "integrate" rather than "add" to curriculum
  - How do you decide what funding gets allocated where?
    - Vicki Anderson-Ellis shared with the committee that the School of Social Work has gone through their courses/objectives to find courses with specific content (in this case it was a focus on children, youth, & family) and have figured out how much of a resource to

allocate to the courses. It's not easy and it's time consuming, but it can be done, and there is a model we could consider expanding to IPE.

- Curriculum committees would need to identify and quantify IPE elements in each course
- We want to have transparency with Planning and Budgeting.
- Dave wants to present the model to the Deans at the Next Board of Health Sciences Deans meeting to be held on August 14, please provide him with feedback on the model and the elements. We want the model to allow for flexibility but with enough broad strokes and details in place that it is presentable to the deans.

**Action Items**

Item	Action Item	Date Added	Assigned To	Date Due	Status
Financial Model Feedback	Look at the financial model and provide Dave with feedback on the elements	07/18/2013	All committee Members	07/25/2013	In Process

**Next Meeting: August 15, 12pm-1pm in T-269**