

August 20, 2021

RE: Proposal to close the Center for Interprofessional Health Education (CIHE) as an educational unit and continue as an administrative center, taking on new responsibilities involving the Area Health Education Center (AHEC) Program, an administrative unit.

To: Aaron Cramer, PhD, Chair, University Senate Council

From: Janie Heath, PhD, Chair of CIHE Board of Directors, in collaboration with CIHE | AHEC Implementation Task Force

The correspondence below is in regard to the Center for Interprofessional Health Education. Established in 2010 as the Center for Interprofessional Healthcare Education, Research, and Practice, the Center was originally qualified as an educational unit due to one of its goals to “foster research on interprofessional health care delivery.” In 2014, a committee charged by the Provost reviewed the Center to “make recommendations regarding its future course.”¹

Programmatically, these recommendations resulted in the research responsibility on the study of interprofessional team-based practice moving to the Center for Health Services Research, effectively qualifying the Center, whose name was changed at that time to the Center for Interprofessional Health Education, as an “administrative” unit. The change to an administrative unit was not reviewed and approved by the Board of Trustees in 2014.

In Fall 2020, Dr. Janie Heath, Chair of the Center for Interprofessional Health Education Board of Directors, in conjunction with Provost David Blackwell, charged a team of individuals familiar with CIHE and AHEC to:

- Examine the CIHE and AHEC and suggest potential ways to increase efficiency, potentially through implementation of an alternative administrative structure;
- Identify which among their current functions are essential;
- Identify potential new functions of an alternative entity might usefully pursue; and
- Describe potential staffing needed to perform these functions.

The recommendations, vetted by the CIHE Board and endorsed by then Provost Blackwell, have prompted the initiation of this proposal officially to close the Center for Interprofessional Health Education as an education-unit Center, on the basis of both the programmatic and infrastructure/resource aspects, and recreate it as an administrative center. We are further asking the University’s Board of Trustees to rename it the Center for Interprofessional and Community Health Education, consistent with its assumption of responsibility for management of the AHEC Program.

Included in this proposal is the Senate Cover Form (Appendix 1), the responses to the Senate Guidelines Questions (Appendix 2), history of the Center (Appendix 3), the Report and Recommendations from the CIHE|AHEC Task Force that finalized their recommendations in November 2020 (Appendix 4), and email verification of former Provost Blackwell’s support of a merged center consisting of CIHE and AHEC (Appendix 5).

¹ See Appendix 3.

Please consider this proposal submitted for action by the Senate Academic Organization and Structure Committee, Senate Council, Senate, and the Board of Trustees in direct correlation to the recommendations, supported by former Provost Blackwell and Acting Provost DiPaola.

Thank you for your support and efforts with this proposal.

Appendix 1

COVER PAGE FOR CHANGES TO ACADEMIC ORGANIZATION OR STRUCTURE OF AN EDUCATIONAL UNIT

The Senate's Academic Organization and Structure Committee (SAOSC) is tasked by the University Senate with the review of proposals to change academic organization or structure. The information needed by the SAOSC for the review of such proposals is set forth in *Senate Rules 3.4.2.A.5*¹.

The SAOSC has developed a set of guidelines (from the *Senate Rules*) that are intended to ease the task of proposal submission (available at <http://www.uky.edu/universitysenate/forms>). As proposal omissions usually cause a delay in the review process, the individual(s) responsible for the proposal is (are) urged to familiarize themselves with these guidelines before submitting their proposals for review. In particular, the individual responsible for the proposal must fill out Sections I, II and III of this form, as well as include statements and documentation that provide a full accounting of the items a - i, below.

- a. Disposition of faculty, staff and resources (financial and physical);
- b. Willingness of the donating units to release faculty lines for transfer to a different educational unit;
- c. Consultation with the faculty of the unit to which the faculty lines are proposed to be transferred;
- d. Consultation with the faculty of educational unit that will be significantly reduced;
- e. Summary of votes and viewpoints (including dissents) of unit faculty and department/college committees;
- f. Ballots, votes expressing support for or against the proposal by unit faculty and staff and committees;
- g. Letters of support or opposition from appropriate faculty and/or administrators; and
- h. Letters of support from outside the University.

Section I – General Information about Proposal

<input type="checkbox"/>			
One- to two-sentence description of change:	Close the Center for Interprofessional Health Education (educational unit) by changing its status to be an administrative center (no longer MDRC educational unit)		
Contact person name:	Janie Heath, PhD	Phone:	859-323-6533
		Email:	jheath@uky.edu
Administrative position (dean, chair, director, etc.):	CIHE Board of Directors Chair and Dean, College of Nursing		
<input type="checkbox"/>			

Section II – Educational Unit(s) Potentially Impacted by Proposal

Check all that apply and name the specific unit(s).	
<input type="checkbox"/>	Department of: _____
<input type="checkbox"/>	School of: _____
<input type="checkbox"/>	College of: _____
<input type="checkbox"/>	Graduate Center for: _____
<input type="checkbox"/>	Interdisciplinary Instructional Program: _____
<input type="checkbox"/>	Multidisciplinary Research Center/Institute: _____

Section III – Type of Proposal

Check all that apply.

¹ Items a-i are derived from *Senate Rules 3.4.2.A.5*. The Senate Rules in their entirety are available at http://www.uky.edu/Faculty/Senate/rules_regulations/index.htm.

COVER PAGE FOR CHANGES TO ACADEMIC ORGANIZATION OR STRUCTURE OF AN EDUCATIONAL UNIT

A. Changes	
<input type="checkbox"/>	Change to the name of an educational unit.
<input type="checkbox"/>	Change to the type of educational unit (e.g., from department to school).
B. Other types of proposals	
<input type="checkbox"/>	Creation of a new educational unit.
<input type="checkbox"/>	Consolidation of multiple educational units.
<input type="checkbox"/>	Transfer of an academic program to a different educational unit.
<input type="checkbox"/>	Transfer of an educational unit to a different reporting unit.
<input type="checkbox"/>	Significant reduction of an educational unit.
<input checked="" type="checkbox"/>	Discontinuation, suspension or closure of an educational unit.
<input checked="" type="checkbox"/>	Other (Give a one- or two-sentence description below; a complete description will be in the proposal).
	The MDRC educational unit will be closed, but many activities will be managerially continued as an administrative center

Section IV is for internal use/guidance.

Section IV – Guidance for SAOSC, Senate Council and University Senate

SAOSC Review of Type A Proposals (Changes to Type of, or to Name of, an Educational Unit)

- ✓ SAOSC review of proposal.
- ✓ SAOSC recommendation for an additional or joint review by other Senate committee(s) (e.g. Senate's Academic Programs Committee).

SAOSC Review of Type B Proposals (All Other Changes)

- ✓ SAOSC review of proposal.
- ✓ SAOSC recommendation for an additional or joint review by other Senate committee(s) (e.g. Senate's Academic Programs Committee).
- ✓ SAOSC review of proposals for creation, consolidation, transfer, closure, discontinuation, or significant reduction and educational unit, or transfer of an academic program to a different educational unit (attach documentation).
- ✓ Program review in past three years (attach documentation).
- ✓ Request to Provost for new program review (attach documentation).
- ✓ Open hearing (attach documentation).
 - SAOSC information must be shared with unit 10 days prior to hearing.
 - Open hearing procedures disseminated.

Voting by SAOSC, Senate Council and University Senate

- ✓ Endorse (or do not endorse) the academic organization, reporting, infrastructure, etc.
 - This vote is taken by the SAOSC, SC and Senate for every SAOSC proposal.
- ✓ Approve (or do not approve) the academic status or content of academic program.
 - This vote is taken by the SAOSC, SC and Senate only when the review involves an MDRC.

Appendix 2

Proposal to Close the Center of Interprofessional Health Education (CIHE) by Changing it to an Administrative Center

1) What is the impetus for the proposed change?

In November 2020, a task force that included four Center for Interprofessional Health Education (CIHE) faculty fellows, one of whom is also a former CIHE director, the College of Medicine's vice dean for education, and a member of the Provost's office was charged with reviewing the CIHE and the Area Health Education Center (AHEC) Program. The resulting recommendation states:

"A new entity should replace the CIHE and AHEC. It should have a single Director and reside administratively in the Office of the Provost. Once created, it should assume responsibility for the Essential Functions of the existing entities (CIHE and AHEC) as well as others identified by the CIHE | AHEC Task Force (CATF)."²

2) What are the benefits and weaknesses of the proposed unit with specific emphasis on the academic merits for the proposed change?

N/A – Question applies to proposal of new units.

3) Describe the organization of the current structure and how the proposed structure will be different and better. Current and proposed organizational charts are often helpful in illustrating reporting lines.

The missions and many of the functions of the two entities are synergistic and, in some cases overlap. For example, both facilitate educational experiences for both students and professionals, and both are committed to collaboration and teamwork in those efforts. It is the collective thinking of the CATF that having two Director level positions managing these activities is unnecessary and redundant.

4) How does the change fit with department, college, and/or university objectives and priorities?

Both CIHE and AHEC are explicitly designed to serve all the Health Care Colleges. Therefore, the functions they perform should be managed at the level of the Office of the Provost, rather than by any one of the health care colleges, as is currently the case with AHEC (currently an administrative unit in the College of Medicine). Finally, there may be cost savings achieved by unifying administrative oversight and redesigning staff positions to address both current and new functions.

² See Appendix 4.

- 5) How does this change better position the proposers relative to state and national peers, as well as University Benchmark Institutions? How does the change help UK meet the goals of its strategic plan?**

Better alignment of health care colleges and university resources within the Community Engagement components of the University, UK HealthCare, and individual college strategic plans.

- 6) Who are the key personnel associated with the proposed unit? Provide qualifications of these personnel in brief form. A complete curriculum vitae for each person is not needed, although pertinent information in tabular format is helpful.**

The task force has recommended that staffing decisions in terms of positions and roles be the responsibility of the Director, once named, in consultation with the Provost and the health care college deans, or their designees. This would undoubtedly be a small, lean organization, likely with a group of program managers of equal status, in addition to a full-time individual managing business processes and running the office.

- 7) Discuss leadership and selection process for appointing a chair, a director, or interim leader and search process, etc.**

N/A – proposal is to become an administrative center to which GR VIII processes do not apply.

- 8) What is the function of the faculty/staff associated with the proposed change and how is that relationship defined? Discuss DOE, adjunct, fulltime, voting rights, etc.**

The change in status from multidisciplinary research center (MDRC) to an administrative center will not cause a change to the current distribution of effort (DOE) assignment of any faculty. There are no faculty with human resources prime salary status with the Center. The current activities of faculty in relation to the Center will continue as normal after the formal change in status from MDRC to administrative center. The incoming director will be charged with leading strategic planning efforts; as a result, staff positions may be impacted, but will be communicated several months before the change to allow staff an opportunity to apply for updated positions, if it is determined to be necessary.

- 9) Will the proposed change involve multiple schools or colleges?**

Both CIHE and AHEC serve all of the health care colleges, and those colleges with health programs. This synergistic coupling of both units will provide these colleges with a more streamlined process. Additionally, elevating AHEC out of the purview of the College of Medicine is more in line with the needs of each of the colleges.

- 10) If the proposed change will involve transferring personnel from one unit to another, provide evidence that the donor unit is willing and able to release the personnel.**

Two units, CIHE and AHEC, are combining into one unit. As conveyed in the Report and

Recommendations document (Appendix 4) leadership of both units were consulted and provided the primary data sources utilized by the fall 2020 task force directed by Dr. Janie Heath, in conjunction with Provost Blackwell.

11) What is the arrangement of faculty associated with the proposed change and how is that relationship defined? Discuss faculty DOE and status as adjunct, tenure track, or tenured. Describe the level of faculty input in the policy-making process including voting rights and advisory.

Pursuant to GR VII.F.2.f the CIHE as an educational unit center has a Director, who pursuant to GR VII.E.6.a is a member of the faculty of the CIHE. Pursuant to GR VII.E.6.a, there are faculty homed in other educational units who contribute time to the CIHE program activities.

CIHE, being an educational unit center, does not home any adjunct, tenure track or tenured faculty academic appointments. However, faculty fellows with CIHE have a closer association to activities of the CIHE and hence are 'members of the faculty' of CIHE within the meaning of GR VII.E.6.a. Faculty fellows and a former Director were included on the task force that made the recommendations forming the basis of this proposal, and hence were actively consulted for, and support, the proposal.

Going forward, the administrative center director will be a faculty member devoting time to management of the center. In doing its work, the center collaborates with faculty across the health care colleges, who employ the center to achieve college educational and research objectives. How those faculty members' DOEs are managed is outside the scope of center administration.

12) Discuss any implications of the proposal for accreditation by SACS and/or other organizations.

There are no accreditation issues for SACS or other accrediting bodies. The Center currently assists the health care colleges in addressing accreditation standards for interprofessional education and will continue to do so.

13) What is the timeline for key events in the proposed change? Student enrollments, graduates, moved programs, closed courses, new faculty and staff hires, etc.

Budgets and functions of both CIHE and AHEC remain the same during fiscal year 2022 to ensure no gaps in service while strategic planning of the combined center is under way. The new combined administrative center is intended to launch on July 1, 2022 with its own operating budget.

14) If the proposal involves degree changes*, describe how the proposed structure will enhance students' education and make them more competitive. Discuss the impact on current and future students. State assumptions underlying student enrollment growth and describe the plans for student recruitment.

This proposal does not involve degree changes; however, by combining interprofessional

education opportunities with regional rotations of students within the University's health care colleges, the combined center will be able to offer more robust opportunities for our students to gain more competitive experiences.

- 15) Include evidence that adequate financial resources exist for the proposed unit to be viable. A general description of the new costs and funding should be provided. A letter from the Provost, Dean, or other relevant administrators may affirm commitment to provide financial resources as appropriate. An exhaustive budget is not expected.**

N/A – the question applies to the establishment of a new center.

- 16) The proposal should document any faculty votes and departmental or school committee votes as appropriate leading up to this point in the process. The SAOSC recommends that faculty votes be by secret ballot. Include in your documentation of each vote taken the total number of eligible voters and the number that actually voted along with the break-down of the vote into numbers for, against and abstaining. A Chair or Dean may appropriately summarize supporting and opposing viewpoints expressed during faculty discussions.**

There are no faculty with recurring, formal assignment to duties of the Center, who would be the voting faculty body; however, to ensure that faculty voices were valued and heard, four of the six task force members have been, or are currently, faculty fellows of the center and one is also a former director of the center.

Additionally, the CIHE Board of Directors (consisting of health care and related college deans) was consulted and supported the outcomes associated with the task force evaluation.

- 17) The committee will want to see evidence of academic merit and support from key parties. Letters of support (or opposition) are encouraged from the relevant senior faculty and administrators. Relevant faculty and administrators include those in units directly involved in the proposed change (including existing units from which a new unit may be formed.)**

See response to question 16, above.

- 18) Indicate how the new structure will be evaluated as to whether it is meeting the objectives for its formation. Timing of key events is helpful.**

N/A as the unit will cease to be evaluated as an educational unit MDRC.

- 19) Letters of support from outside the University may be helpful in understanding why this change helps people beyond the University.**

N/A – there will be no change in activities of the Center that affect persons external to the University.

Appendix 3:

Brief on Academic Status of “Center for Interprofessional Health Education”

Summary

The UK Board of Trustees approved the *Center for Interprofessional Healthcare Education, Research, and Practice*, in the Office of the Provost, on June 8, 2010. At that time, the Center had a three-fold mission: to provide interprofessional education; to foster research on interprofessional health care delivery; and to facilitate modification and improvement of practice patterns to increase the prevalence of interprofessional care. The proposal was endorsed by the University Senate. When CIHE was first created in 2010, it was approved as an “educational unit” center, per the UK Governing Regulations. (GR VII.B.1. & GR VII.C.1.) The CIHE qualified as an “educational unit” center at that time because of its research component.

A review of the Center in 2014 found that the Center was not addressing research or practice, so a proposal was made to change the name of the Center to reflect the shift in its focus to only interprofessional education. On June 19, 2015, the UK Board of Trustees approved the name change to “*Center for Interprofessional Health Education*” (CIHE), dropping “research” and “practice” from the name. The name change was endorsed by the University Senate. Although the Senate Council and the University Senate discussed that the Center might need to be reclassified as an “administrative unit” center, i.e. “administrative unit”, because it no longer met the criteria to be an “educational unit” center, the 2015 Board action did not address it. The Board only approved the name change. No formal action was taken to reclassify the CIHE as an “administrative unit” center.

Establishment of the “Center for Interprofessional Health Care Education, Research, and Practice”

College of Medicine Dean Perman in 2009 initiated a [proposed](#) new center for

“integration of the education and training of the spectrum of health care professionals, including education in working as teams [to] maximize patient outcomes ... and [to] conduct the research necessary to validate” the underlying premise. ... We propose the creation of a multidisciplinary research center – the Center for Interprofessional Healthcare Education, Research, and Practice – to facilitate the University’s work in this area.

“... the primary work of the Center will be to design, facilitate, coordinate, promote, and evaluate Interprofessional Healthcare Education, Research, and Practice. ... the Center will also exist for the purpose of advancing the knowledge, skills, attitudes and characteristics of interprofessional practice ...”

The proposal was discussed several times by the Senate Council, including whether the Center would generate research funding ([March 1](#) and [April 19, 26](#) 2010). It was observed that research was not described in the proposal as the “primary” activity of the Center (e.g., only one of the 6 performance assessment [criteria](#) involved research). A [revised](#) proposal submitted to the Senate addressed the research concern, with further [explanation](#) that “a key function of CIHERP is a research component.” (emphasis added here). A senator also [noted](#) that, as an educational unit, if educational policy of the Center needed to be made, it would be made by the faculty body of the Center, not the advisory board of the Center. With those clarifications, the Senate [acted](#) to approve the academic program of the

Center, and endorse its infrastructure, resources and reporting to the Provost. The Board of Trustees [approved](#) establishment of the Center (June 2010). The College of Medicine then launched its [web site](#).

Removal of Title with “Research” from the Center’s Mission; Change in Name of the Center

In 2014 a committee charged by the Provost reviewed the Center to “make recommendations regarding its future course. ... better to reflect its current, and expected future, functions.” A [proposal](#) was submitted to the University Senate [describing](#) removal of a research function of the Center, and to hence change its name:

“[The Center, CIHERP] was not meeting meaningfully addressing the last two elements of the mission and, furthermore, that it was unreasonable to expect that it would. Research on interprofessional health care is more logically the purview of the Center for Health Systems (sic) Research and implementation of changes in the direction of team-based care is more reasonably left to UK HealthCare. What the CIHERP was doing effectively, however, was addressing the first element of the mission, *facilitating* IPE (Interprofessional Education). Accordingly, the committee recommended and the Board of Directors and Provost agreed that the mission should be limited to IPE. The committee further recommended that the name of the CIHERP be changed to reflect this reorientation of mission.”

A reoriented primary mission to ‘*facilitate interprofessional education*’ that is not primarily a research program does not meet the criteria of ‘providing/delivering’ a program that is ‘primarily research’ in educational nature. Hence, the Senate Council [noted](#) and Senate [discussed](#) that the Center may need formal reclassification as an administrative center and not an educational unit center. A new [web site](#) for the Center was launched December 2015, displaying and explaining the new name (that does not contain the word research): “Center for Interprofessional Health Education.” The previous research responsibility on study of interprofessional team-based practice was [moved](#) to the administrative unit “Center for Health Services Research.”

Appendix 4

Report and Recommendations from the Center for Interprofessional Health Education (CIHE) and Area Health Education Center Program (AHEC) Task Force (CAFT) November 30, 2020

CATF Members:

1. Chipper Griffith, MD – College of Medicine – Vice Dean for Education
2. Carol Hustedde, PhD – College of Medicine, Dept of Family Medicine and CIHE Fellow
3. Janice Kuperstein, PhD – College of Health Sciences – Associate Dean for Faculty Advancement and Clinical Engagement, and CIHE Fellow
4. James Norton, PhD (Chair) – College of Medicine, Dept of Psychiatry; Former CIHE Director and CIHE Fellow
5. Stacy Taylor, PharmD – College of Pharmacy and CIHE Fellow
6. Lisa Wilson – Associate Provost for Finance

Introduction:

This document describes the work of the CATF and the conclusions it reached after a six-week assessment. The Report begins with the charge given the CATF, then describes the primary data sources employed. The consensus recommendations follow, along with their rationales. First, we discuss a potential new structure for addressing the functions and missions of the two existing entities, CIHE and the AHEC. Second, we identify functions associated with the two entities that we deem essential to addressing their missions in the context of the proposed new structure. Finally, we share some ideas on staff for a combined unit, were one to be developed. A brief **Summary and Conclusion** follows.

Charge to the CATF:

Dr. Janie Heath, Chair of CIHE Board of Directors, in collaboration with Provost Blackwell charged the CATF to:

1. examine the CIHE and AHEC and suggest potential ways to increase efficiency, potentially through implementation of an alternative administrative structure,
2. identify which among their current functions are essential,
3. identify potential new functions an alternative entity might usefully pursue,
4. describe potential staffing needed to perform these functions.

Primary Data Sources:

The Directors of the two entities were asked to complete the standard Template for Review of Operations. Once received, these were shared with the CATF. (Attached as Appendix 1a and 1b)

The CATF then met with the Directors separately. The Directors gave brief opening comments, then engaged in dialogue with CATF members, responding to their questions and sharing their thoughts on how performance might be improved, and

efficiency increased.

Based on their review of the Directors' documents, the interviews, and their knowledge of the two programs, the Chair asked members to prepare a document that:

1. rated the specific functions of the two entities as Essential, Desirable or Not Essential,
2. described an alternative administrative structure the member felt would improve efficiency in meeting the missions and executing the essential functions of the two entities,
3. identified minimum staffing needed effectively to perform Essential functions, and to perform both Essential and Desirable functions.

The Chair created a Summary of these documents and identified areas of consensus and areas requiring further discussion (Attached as Appendix 2). A final meeting of the group addressed these issues.

Major Recommendations:

Administrative Structure: A new entity should replace the CIHE and AHEC. It should have a single Director and reside administratively in the Office of the Provost. Once created, it should assume responsibility for the Essential Functions of the existing entities as well as others identified by the CATF.

Rationale: First, the missions and many of the functions of the two entities are synergistic and, in some cases overlap. For example, both facilitate educational experiences for both students and professionals, and both are committed to collaboration and teamwork in those efforts. It is the collective thinking of the CATF that having two Director level positions managing these activities is unnecessary. Second, both entities are explicitly designed to serve all the Health Care Colleges (HCCs). Therefore, the functions they perform should be managed at the level of the Office of the Provost, rather than by any one of the HCCs, as is currently the case with AHEC. Finally, there may be cost savings achieved by unifying administrative oversight and redesigning staff positions to address both current and new functions.

Essential Existing Functions: The CATF came to consensus on several functions performed by the two existing entities that it deemed essential for the new entity to continue. They include:

From AHEC:

1. support both financial and logistical, for community clinical rotations for HCC students
2. the Annual Voluntary Faculty Conference
3. management of regional AHECs
4. faculty development at regional sites

From CIHE:

1. iCATS curriculum
2. the Deans' Interprofessional Honor Colloquium
3. development of IPE delivery in clinical sites (Authentic Clinical IPE)
4. serving as an incubator for the development of innovative interprofessional education, practice, and research
5. the Fellows and Associates Program that honors faculty committed to IPE and serves the Center in support roles

Rationale:**AHEC Functions:**

1. The UK HCCs have a decades long tradition of encouraging and supporting clinical education at community sites, particularly in underserved communities. These experiences are well received by students and there is some evidence that ultimate election of professional practice in such communities is more likely when students experience clinical education at such locations.
2. Voluntary Faculty are essential for community rotations, so provision of professional development to them is mutually advantageous and has the side benefit of creating bonds between the University and the practice community. It is further essential that these Voluntary Faculty are aware of and meet expectations of the University and the HCC to which they are appointed.
3. Such rotations benefit from locally arranged housing and integration into the community, hence a regional staff presence adds value to the experience.
4. Development of IPE experiences at local sites requires faculty development that is accessible to regional Voluntary Faculty. AHECs have historically provided professional development and could be effective vehicles for the delivery of such content locally if so charged.

CIHE Functions:

1. The CATF agreed that, among the many functions currently pursued by the CIHE, maintenance of the first two courses listed above is essential. They have a long history and are successful as reflected in their evaluations.
2. Efforts at promoting and/or developing IPE at clinical sites remains inchoate but is of tremendous importance and should be a major focus of the new entity.
3. CIHE has served as a faculty convener and incubator of IPE innovation since its inception and the new entity must build on that tradition. The content area has not yet become endemic in the HCCs, hence the new entity should expand and diversify this function. As noted in 2 above, there must be a concerted effort to embed IPE in experiences at clinical sites both within and outside UKHC. In the latter, involving Voluntary Faculty in such incubator activities should be pursued when possible. Similarly, within UKHC, the inclusion of both faculty and staff in incubator activities will increase the likelihood that Authentic IPE will be

supported on site. Finally, the new entity's incubator function should be highly visible and widely publicized.

4. The Fellows and Associates Program honors contributions to IPE and should be maintained. Further, the CATF believes better, more systematic use of this organization should be a priority for the new entity, enlisting members for incubator projects and helping them be advocates for IPE in their disciplines and work sites.

Functions Deemed Not Essential:

AHEC:

HCC Voluntary Faculty Appointment and Reappointment:

The CATF concluded that the AHEC role in the appointment and reappointment of HCC Voluntary Faculty is not essential and should not be transferred to the new entity.

Rationale: The importance and utility of this centralized process appears to have waned over the years, with HCCs and Departments relying on it less and less. Accordingly, this responsibility should officially belong to the Colleges and Departments in which the faculty member is to be appointed or reappointed. Should Colleges or Departments desire the assistance of regional AHECs in either recruitment or appointment, they are free to seek it.

AHEC Pipeline Programs:

Historically, the AHEC Program has pursued pipeline activities both regionally and on the Lexington Campus. The CATF did not reach consensus on the continuation or abandonment of leadership of this function by the new entity.

Rationale:

Within the University and the HCCs, a number of pipeline initiatives are in place. The occasion of the proposed reorganization of CIHE and AHEC may provide an opportunity for a broader consideration of these efforts and potentially increased coordination among them. Whether or not the current regional and campus based AHEC pipeline work should continue might best be considered in the context of a broader review of such activities.

CIHE:

The CATF did not reach consensus that any of the current activities of the CIHE are not essential. Rather, the sense of the group was that there are too many functions being pursued and that decisions should be made during strategic planning for the new entity as to which of the activities beyond those already identified as essential should be continued, if any.

New Functions:

The CATF also came to consensus on several new functions that it deemed essential to the successful implementation of the new entity. They include:

1. **Grant Funding:** Grant writing should be a high priority function of the new entity, with appropriate support for such expertise within it.
2. **Regional AHEC Assessment:** The role of the regional AHECs and the personal services contracts and other vehicles under which they operate and are funded should be reviewed and potentially realigned based on current needs, priorities, and financial realities. In that effort, collaboration with Extension and other University entities involved with community engagement is advised.
3. **Enhanced Faculty Development:** Faculty development in IPE should be substantially expanded for Voluntary Faculty as well as practitioners within UKHC, both faculty and non-faculty. Collaboration with CE Central, UKHC professional development, regional AHECs, and other HCC professional development programs is critical to the success of this endeavor.
4. **Strategic Planning:** A strategic planning process is important in assuring the successful launch of the new entity and the CATF strongly urges one be pursued expeditiously.

Rationale:

1. While historically AHEC has successfully pursued HRSA and other sources of programmatic support, such efforts appear to have waned. CIHE also has had limited success garnering extramural funding. The CATF deems inclusion of, or access to, grant writing expertise from the Proposal Development Office and logistical support for such efforts are important to the CATF to the long-term viability of the new entity.
2. A major portion of the AHEC budget supports the four eastern Kentucky AHEC sites overseen by UK. U of L supports four in the west. It is time to review these expenditures and assure that regional AHEC activities are congruent with University and HCC objectives and are cost effective. All eight AHECs logistically support student rotations from UK and U of L, but many of them also provide such support for rotations from other institutions. An examination of this practice, possibly in consultation with counterparts at U of L seems timely, given resource pressures both institutions face.
3. At present, CIHE has made remarkable strides in facilitating the development of IPE for students but has not had a comparable impact with practitioners. Given the importance of collaborative care in the context of evolving health care payment models, a coordinated effort in IPE professional development, both regionally with Voluntary Faculty and other providers, and internally engaging UKHC should be a high priority of the new entity. In addition, health care disparities, systemic injustice, and cultural sensitivity represent important content areas this new entity should adopt as a priority. It could serve as a critical partner with the Office of Institutional Diversity, Integrated Health Partners, and others as we begin to hold faculty and clinical sites both within UKHC and outside it, accountable for modeling and teaching these elements of practice. We must also educate our

interprofessional students in how to respond to experiences in the world as we currently see it, where such modeling is far from universal. Center sponsored curricular offerings, in which we educate health care students together, represent optimal environments to accomplish such education.

4. In reviewing the various activities currently being pursued by CIHE, while there was a consensus that too much is being attempted, leading to a diffusion of focus, the CATF did not feel it appropriate to comment further on specific activities. Rather we suggest that, once the new entity is created and a Director named, a high priority should be placed on a strategic planning process involving stakeholders to guide prioritization of functions and deployment of resources to those deemed to be high impact. Further, this process will guide the Director in crafting staff roles aligned with the emergent strategic plan.

Staffing Models:

The CATF recommends that staffing decisions in terms of job descriptions and roles be the responsibility of the Director, once named, in consultation with the Provost and the HCC Deans or their designees, and suggests this be deferred until after strategic planning has been done. Accordingly, a specific recommendation on staff seems premature at present. That said, the CATF discussed potential models and would like to share these observations:

1. This will undoubtedly be a small, lean organization and one in which an Associate Director may not be necessary. Rather, under the Director, there might be a group of Program Managers of equal status among whom Director duties could be delegated on occasion as needed.
2. The CATF also advises that there be a full-time individual managing business processes and running the office. Such an individual is critical to managing financial support for student rotations, for example, and since its inception, CIHE has lacked a designated individual to manage its business affairs.

Summary and Conclusion:

The CATF recommends a substantial reorganization of these two entities and their leadership. There should be one Director managing the essential functions of CIHE and AHEC in the context of a new, unified authority located in the Office of the Provost. Once a determination is made to pursue that change, a strategic planning process involving stakeholders and the Director should begin immediately.

During that process, the current functions of the CIHE and AHEC not deemed essential by the CATF should be addressed and determinations made as to their continuation within the new entity, their transfer to other entities within the University, or their termination. We further recommend that transitioning to the new model be completed no later than August 1, 2021.

The members of the CATF wish to express their appreciation for the opportunity to contribute to the important task of developing more efficient and effective ways of

meeting the critical missions of CIHE and AHEC. Further, we would like to acknowledge the significant contributions the leaders and staff members of both entities have made in advancing IPE and community-engaged health care education at the University of Kentucky over many years.

Appendix 5

From: Blackwell, David W. <David.Blackwell@uky.edu>
Sent: Wednesday, April 14, 2021 1:53 PM
To: Heath, Janie <jheath@uky.edu>; DiPaola, Robert S. <RSDiPaola@uky.edu>
Cc: Larry Holloway <holloway@engr.uky.edu>; Wilson, Lisa S. <lisa.wilson@uky.edu>; Blanton, Jay <jay.blanton@uky.edu>; King, Eric L. <ericl.king@uky.edu>; Hardin, Lucian B. <bart.hardin@uky.edu>; Monday, Eric N. <emonday@uky.edu>
Subject: AHEC-CIHE merger

Deans Heath and DiPaola,

I have reviewed the CIHE-AHEC Task Force Report and Recommendations of 11-30-20. I appreciate the thoughtful evaluation by the task force to seek operational efficiencies, streamline operations, and improve effectiveness in meeting critical elements of their important mission. I am in support of the proposed reorganization of AHEC and CIHE to merge them together as a single entity.

Regards,

Dave



David W. Blackwell

Provost and Professor of Finance

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