APP POSTGRADUATE TRAINING: ***RETURN ON INVESTMENT*** **WORKSHOP**

AGENDA

Welcome, Introductions

Defining ROI

Purpose, Productivity and Pipeline

Mini-MBA for Program Directors

10:00 – 10:30 Refreshment Break

Building your Defensible Dashboard

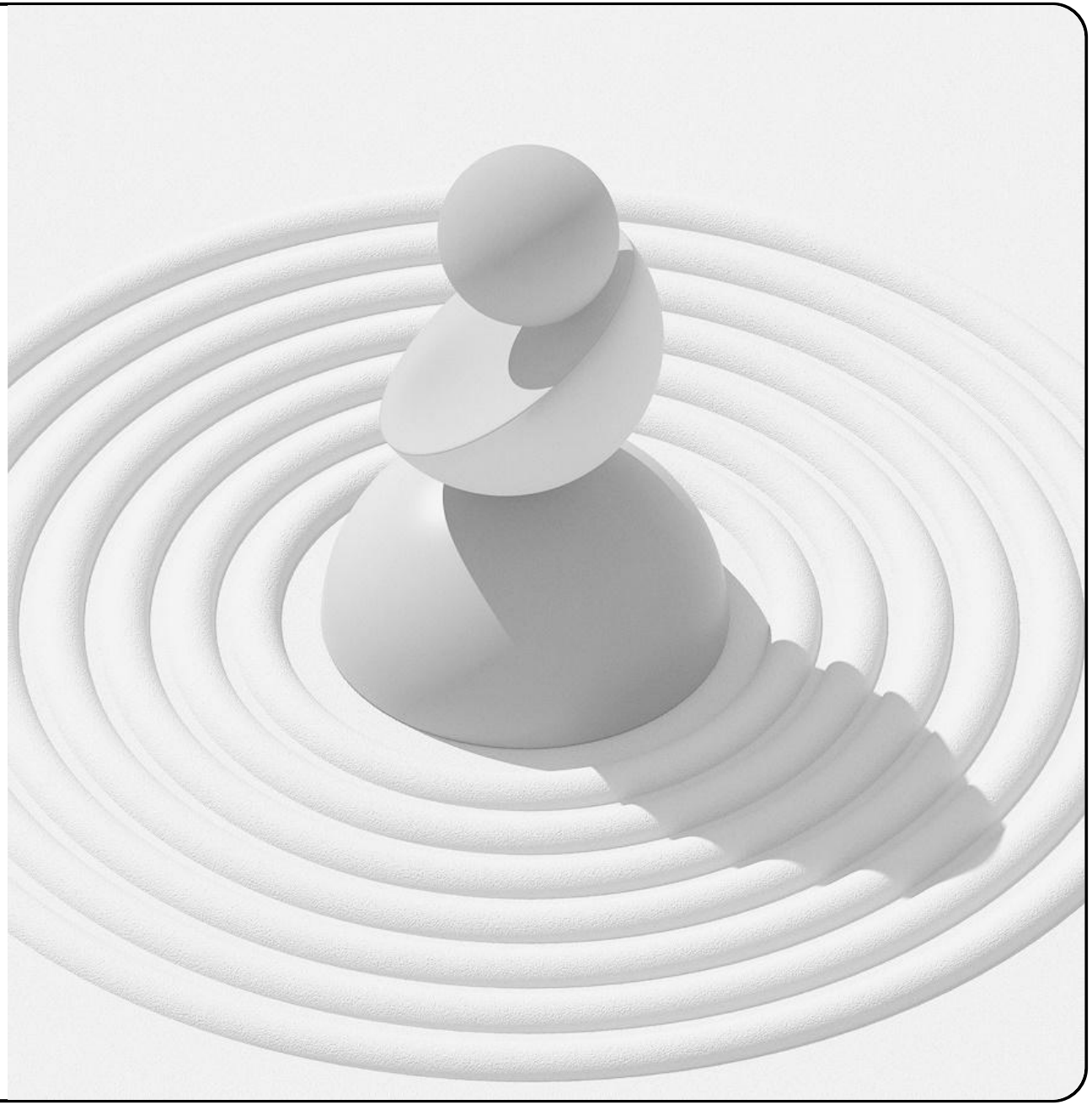
Executive Buy-in and Your Elevator Pitch

Wrap up and Q&A

WELCOME

Workshop Facilitators

- Cate Brady
- Melissa Bridges
- Lisa Pierce
- Frank Rizzuto
- Virginia Valentin



OBJECTIVES

1. **Describe what return on investment (ROI) means to health system leaders** and why demonstrating value is critical for optional APP Fellowship programs.
2. **Reframe APP Fellowships as strategic workforce investments rather than educational expenses**, aligning program outcomes with organizational priorities.
3. **Identify the key drivers of fellowship value**, including accelerated onboarding, workforce retention, provider productivity, and expanded patient access.
4. **Develop practical approaches to measuring and communicating fellowship ROI** using workforce, operational, financial, and quality-related outcomes.

DEFINING ROI

~200 Programs*

APP Fellowships are an ***investment***, not a required pathway. Demonstrating *return* on this investment helps leaders understand how the program supports workforce stability, clinical readiness, financial stewardship, and long-term organizational strategy.

**Registered with APPAP, APGAP*

WHAT IS RETURN ON INVESTMENT?

ROI

- Measures the **value generated, relative to its cost**

Real-world impact

- Fellowship Program ROI is **inherently complex** because **value is generated through both measurable financial outcomes and less tangible benefits** (workforce development, patient outcomes, quality, etc.), **making the complete story difficult to capture with a single metric**

WHY ROI IS IMPORTANT TO DEMONSTRATE

1. Demonstrates Clinical and Operational Value
2. Justifies initial and sustained institutional support
3. Connects program mission to system strategy
4. Aligns and Elevates program outcomes

WAYS TO DEMONSTRATE VALUE

Financial	Non-Financial
Revenue Generation	Practice Readiness
Productivity	Patient Access
Cost Reduction	Workforce Pipeline
Vacancy Savings	Quality Improvement
Retention*	Retention*

PURPOSE, PRODUCTIVITY & PIPELINE

WHY WAS YOUR FELLOWSHIP CREATED?

- Workforce Pipeline
  - Address provider shortages
  - Build a sustainable talent pipeline
  - Recruit and retain APPs in hard-to-fill specialties
  - Reduce onboarding time

- How ROI is demonstrated
  - Retention rates
  - Internal hiring outcomes
  - Vacancy reduction
  - Time-to-independence

WHY WAS YOUR FELLOWSHIP CREATED?

- Clinical Excellence & Competency
  - Accelerate transition to practice
  - Improve specialty-specific competency
  - Standardize onboarding and training
  - Enhance confidence and readiness

- How ROI is demonstrated
  - Competency achievement
  - Procedural proficiency
  - Quality and safety metrics
  - Preceptor and leader assessments

WHY WAS YOUR FELLOWSHIP CREATED?

- Productivity & Operational Impact
  - Develop APPs who become productive contributors
  - Improve team capacity and patient access
  - Support service line growth

- How ROI is demonstrated
  - Productivity trends over time
  - Patient volumes and access improvements
  - Reduced dependency on locums or overtime
  - Contribution to service expansion

WHY WAS YOUR FELLOWSHIP CREATED?

- Strategic Organizational Value
  - Leadership development
  - Research and quality improvement
  - Academic partnerships
  - Workforce innovation and succession planning

- How ROI is demonstrated
  - QI and scholarly output
  - Leadership engagement
  - Organizational awards and recognition
  - Long-term workforce development outcomes

ROI BEGINS WITH PURPOSE

1. Not all fellowships are designed to accomplish the same goal
2. Before measuring ROI, organizations must first define the Fellowship's purpose and strategic role
3. The metrics collected and displayed should reflect why the program exists

REFLECT & DISCUSS:
YOUR PROGRAM'S PURPOSE

GETTING THE *RIGHT MEASURE*

Not all specialties (or even subspecialties) generate the **same volume of wRVUs**, **making direct comparisons, across heterogenous population difficult.**

Less useful:

- Total wRVU
- Total Collections
- Total Charges

Benchmarking adjusts for these specialty differences and allows a fair comparison. **National benchmark databases** are commonly used to support these comparisons.

More Useful:

- Specialty-adjusted benchmark percentiles
- Productivity relative to national benchmarks
- Productivity relative to peers in the same specialty

PRODUCTIVITY

- Productivity is closely linked to **organizational value** and **financial performance**.
- Productivity measures **workforce readiness** and **successful transition to practice**.
- More **productive providers can improve access, patient throughput, and service-line capacity.**
- Productivity provides an **objective metric that can be compared across groups**.

COMPARISON GROUPS

The strongest productivity analyses compare fellowship-trained APPs to non-fellowship APPs performing similar work.

Steps:

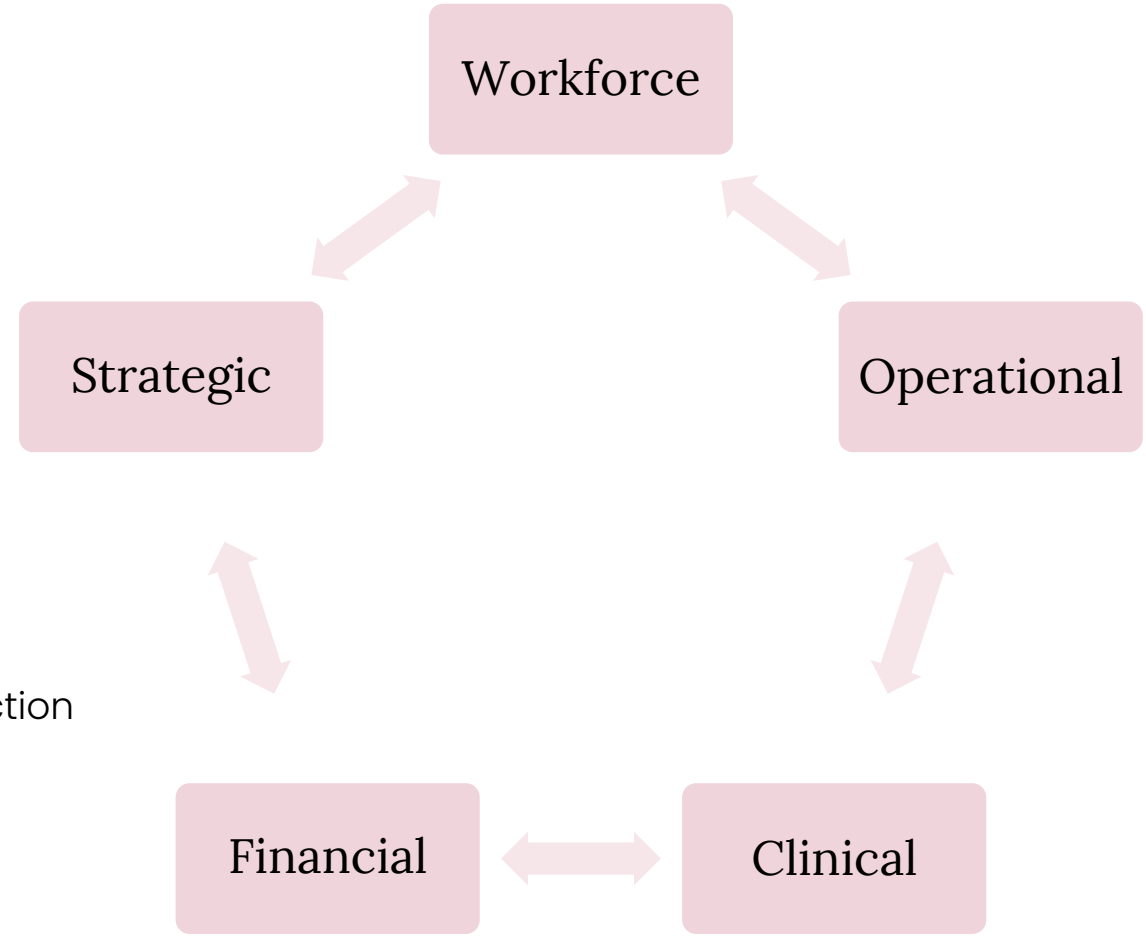
1. Identify APPs hired during a defined timeframe.
2. Separate fellowship-trained and non-fellowship hires.
3. Match providers by specialty or subspecialty.
4. Obtain annualized productivity data.
5. Compare specialty-adjusted benchmark performance.

INSTITUTIONAL EXAMPLE

	Non-Fellow (N=393)	Fellow (N=84)	P-value (Wilcoxon rank-sum)
Specialty adjusted Benchmark %tile, median (IQR)	61% (26%, 85%)	75% (53%, 87%)	0.023
wRVUs/cFTE median (IQR)	2836 (1583, 4650)	3033 (1698, 3862)	0.74

NO BILLING? NO PROBLEM

- What organizational value did the fellow create?
  - Number of patients seen (per day, month)
  - Reduced wait times
  - Appointment availability
  - Procedures Performed
  - Additional consults
  - Reduced ED boarding
  - Faster discharge throughput
- Internal hire, Retention (even 3+ years out), Vacancy reduction
- Time to independence
- Succession planning
- Cost Avoidance



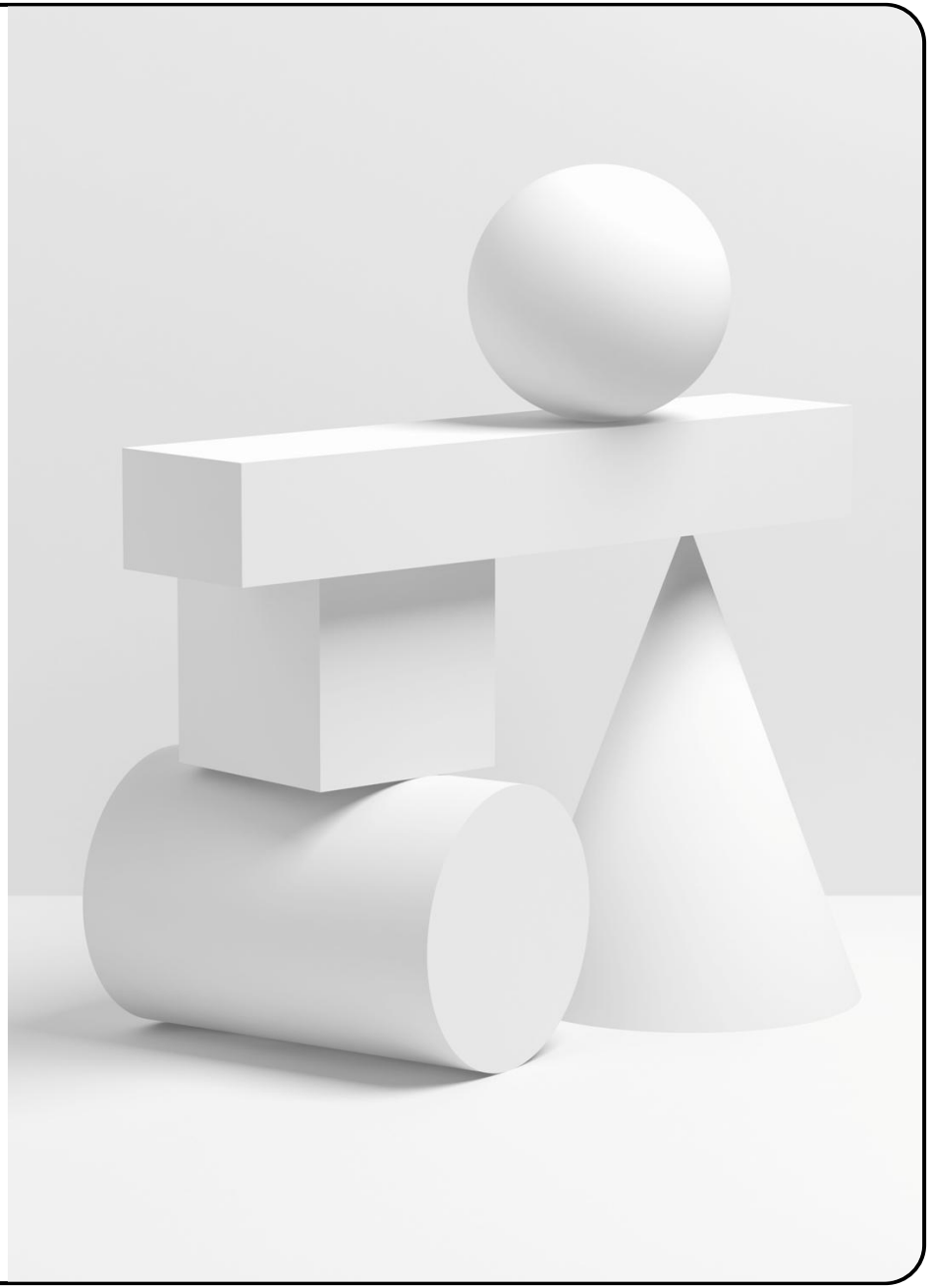
PIPELINE?

NOT EVERY OUTCOME NEEDS TO CONVERTED INTO DOLLARS AND CENTS. OUTCOMES CAN BE MEASURED, AND THIS SHOULD BE PART OF YOUR STORY.

Ultimately, the question is not simply whether a Fellowship program pays for itself financially. The question is whether it helps build, retain, and develop the workforce your organization will depend on.

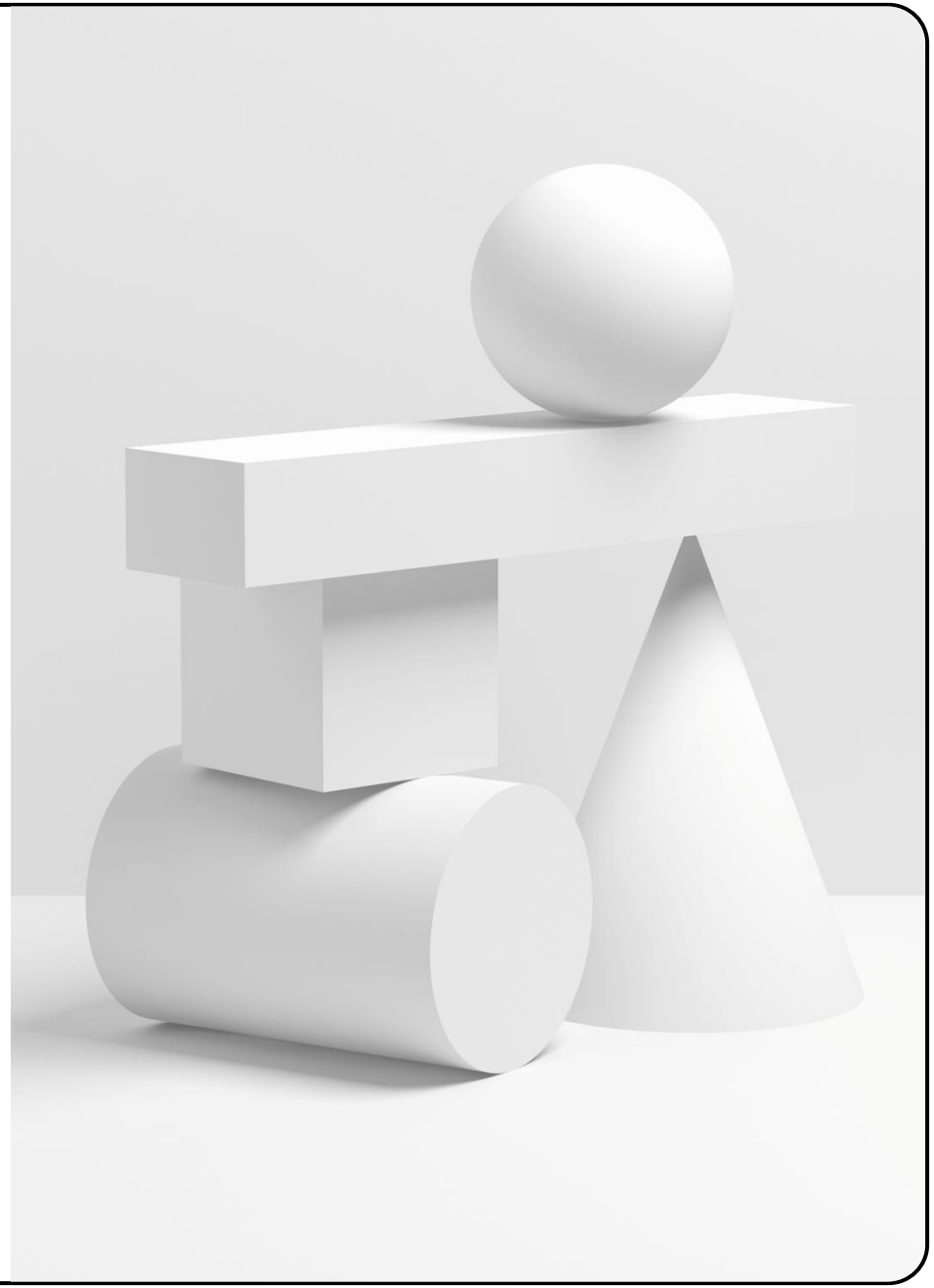
RECRUITMENT

- Predictable source of highly trained talent, proactive not reactive
- Reduced reliance on sources external and externally trained candidates
- *Try before you buy*
- Showcase what makes your organizational, Fellowship unique



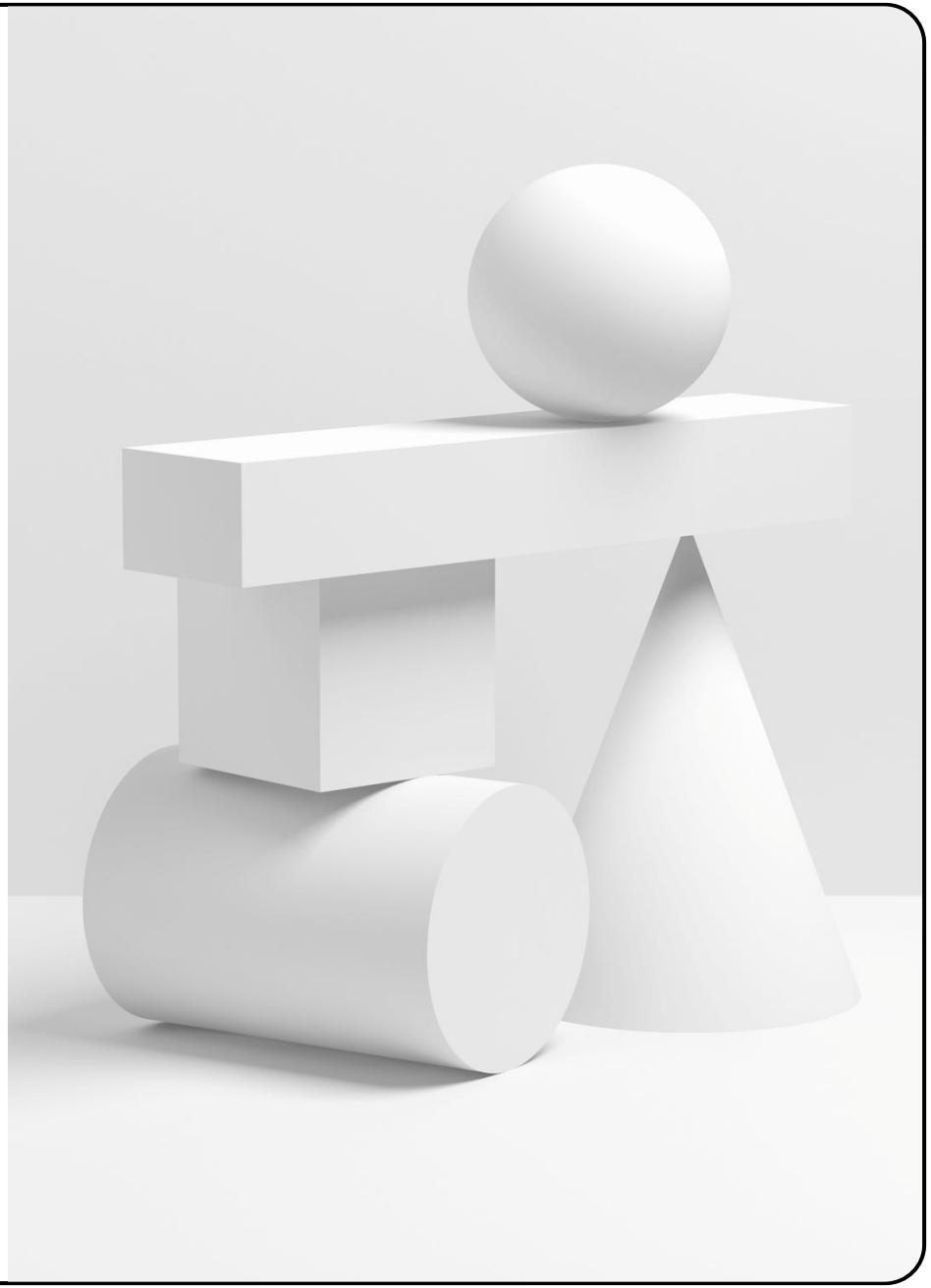
PRODUCTIVITY

- Accelerating time to contribution
- Advances critical thinking, systems thinking
- Specialty training can yield better productivity



ENGAGEMENT

- Builds organizational expertise
- System evolution, innovation and adaptation
- Quality Improvement, Education, Operational leadership development
- Promoting longer tenure within the organization



REFLECT & DISCUSS:
WHAT ARE STRONG WAYS YOU CAN SHOW YOUR PROGRAM VALUE

MINI-MBA FOR PROGRAM DIRECTORS

FINANCIAL CONCEPTS THAT SUPPORT YOUR ROI STORY

Cate Brady, PA-C
Medical Director
University of Colorado
September 2026

Lisa Pierce, DNP, APRN, CPNP-AC
Vice President
Advanced Practice OSF HealthCare
September 2026

Learning Objectives

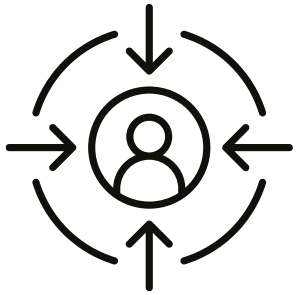
1. Explain the financial concepts that support the ROI of an APP fellowship program.
2. Compare how ROI is measured and communicated in community and academic practice settings.
3. Identify opportunities to leverage private, industry, and philanthropic funding to support APP fellowship development and sustainability.
4. Describe how HRSA and other federal funding opportunities can be incorporated into workforce development and fellowship funding strategies.

1. Have you been involved in calculating the cost of an APP vacancy beyond just the recruitment line?

Not everyone in this room is working in an RVU-driven system. Everything we're going to talk about today can — and should — be adapted to reflect what value looks like in your environment.

Today's Goal

Give you the financial concepts and tools to build YOUR ROI story.



Our Approach

Two case studies, two models, different paths — same destination.

The Workforce Crisis

Growing Workforce

NPs grew 49%, PAs grew 74% in just six years (2016-2022)

APP Turnover

Nearly 1 in 3 early-career APPs leave their first practice within three years

Cost of Turnover

The direct cost of a single NP turnover episode is $86,000 to $115,000 on average

DIMENSION	COMMUNITY HEALTH CENTER	PRIVATE PRACTICE	ACADEMIC MEDICAL CENTER
Primary mission	Access for underserved	Revenue + practice growth	Education, research, clinical excellence
Biggest pain point	Recruitment in shortage areas; turnover most disruptive	Overhead ratio; lost revenue from unfilled panels	Ramp-up time; physician time diverted to supervision
What "value" looks like	Visits/week, wait time, retention, locum avoidance	Collections, panel size, revenue/FTE	wRVUs, academic output, GME mission
Fellowship ROI language	Access + workforce stability + cost avoidance	Fastest financial ROI + billing offset	Pipeline + quality + mission alignment

Direct Costs
Fellows' salary, benefits, liability

Why it is miscalculated
Institutions and practices ignore downstream return

INVESTMENT

Hidden Costs
Faculty/preceptor time, admin effort, reduced preceptor productivity

It will always look like an expense
The fellowship line item looks like an expense — until you compare it to the alternative

THE TRUE COST OF VACANT POSITIONS

LOST REVENUE FROM UNFILLED PANELS, DOWNSTREAM REFERRAL LOSS

Cost of locum tenens
$150-250+/hr

Cost of limited clinic access
Unused capacity = unrealized revenue

Cost avoidance
The money you DON'T spend because you trained and retained

Setting specific impacts
CHC: Hundreds of patients without access
Private practice: Lost annual collections
Academic: MDs diverted from obligations for clinical coverage

The Onboarding Data

The Strongest ROI Evidence

Without Fellowship

About 25.4 weeks to independent practice; cost ~$361,714 per APP

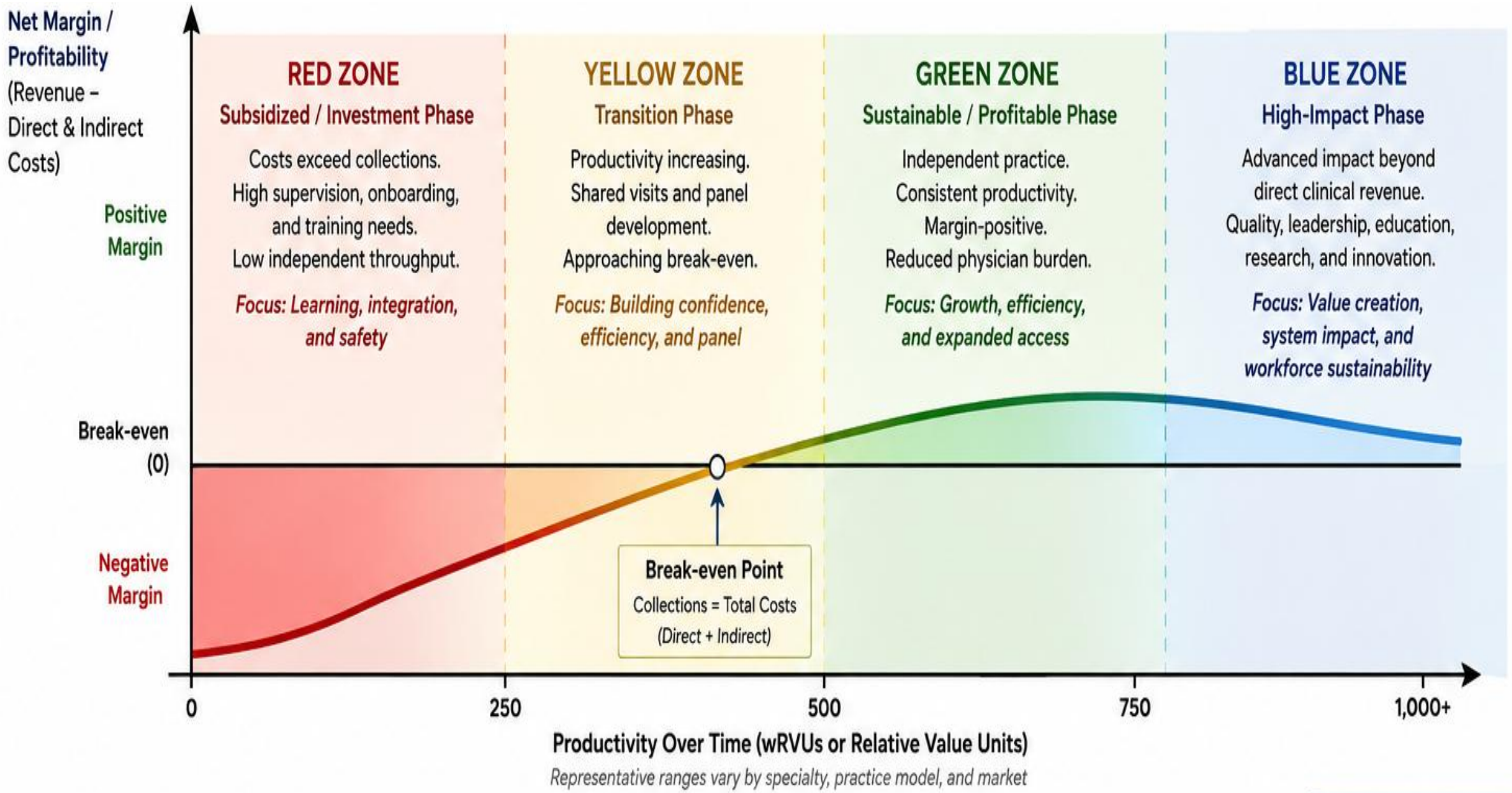
With Fellowship

About 11 weeks to independence; cost $66-80k

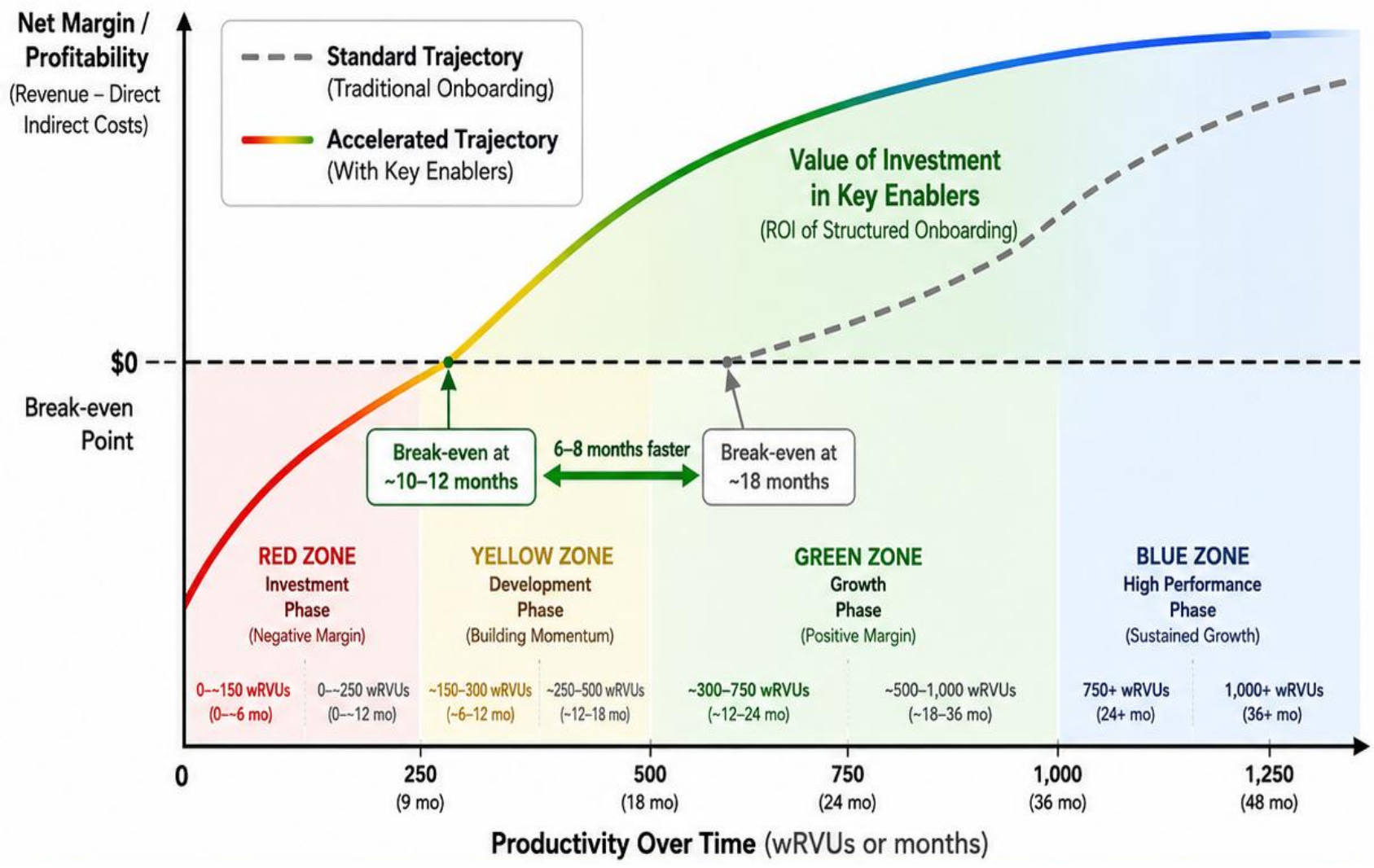
Fellow Goals

Fellow reaches 100% template at 12 months vs. 18–24 months for traditional hire

The Clinician Productivity Continuum



The Impact of Key Enablers



- Structured onboarding and mentorship
- Team based care and workflow design
- Data driven feedback
- Education and skill development
- Leadership support and alignment

Grant Funding

Funding for fellowship education is widespread but ethically complex

Partnerships between private foundations, pharmaceutical industries, home institutions and federal agencies can be powerful forces

Federal Agencies
HRSA • Graduate Nurse Education • VA • Medicare

Pharmaceutical Industry
APP Educators • Centrally Administered• Unbiased

Private Foundations
Names foundations• Charitable foundations• Endowments

Institutional Investment
Direct & Indirect Medical Education • Downstream Revenue

Specialty National Organizations
Disease specific foundations • National specialty platforms

REFLECT & DISCUSS:

DISCUSS WHAT TYPE OF PRACTICE YOU WORK AT AND HOW IT IMPACTS YOUR FINANCIAL GOALS

Program context

OSF APP Fellowship

A scaled, accredited workforce strategy

Before we talk ROI, this is the program model behind the investment.

Program scale

10 tracks

Specialty fellowship tracks help OSF align APP development with workforce, access, and service line priorities.

Quality signal

Accreditation with Distinction

External recognition supports credibility, consistency, and leader confidence in the fellowship platform.

Leadership model

PD + MD dyad

Program Director and Medical Director partnership connects education, clinical rigor, and operational sponsorship.

Executive leader role

Connect the APP Fellowship to strategy, sustainability, and long-term organizational value.

How does this program advance organizational strategy?

Funding

Organizations use strategy to prioritize what will be the focus, and therefore, where the spending will go

Success

The strategy map tells leaders how the outcomes will drive organizational success

Value

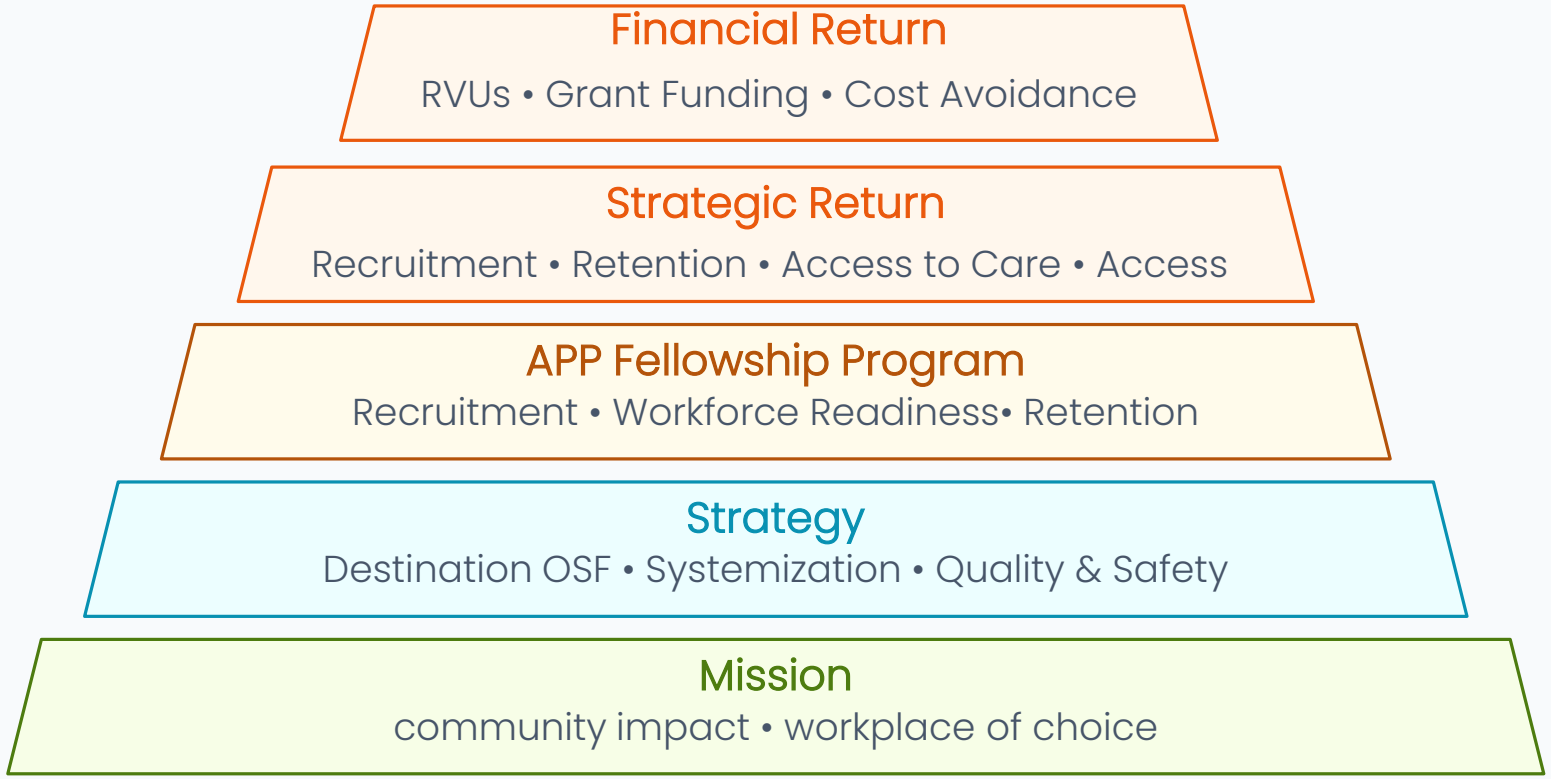
Allows you to show value for the entire program and big picture planning

22.5 min

Strategic ROI

Financial return can come from many places

A fellowship also changes the workforce system: vacancy risk, ramp-up time, retention, practice-readiness, patient access, and leadership pipeline.



Serving others with the greatest care and love in a community that celebrates the gift of life

Synergizing the fellowship to system strategy

OSF strategic goals + Fellowship contribution = SYNERGY

Excellence

Practice-ready APPs
Standardized clinical development
Exceptional patient experience
Quality + competency signals

Workforce Strategy

Increase recruitment, especially in hard to recruit specialties
Long term retention
Leader readiness
Access support

Destination OSF

Create workforce ready to support care for Destination OSF
Create access capacity
Build a visible brand

FY26 Strategy Summary – OSF HealthCare Strategic Areas of Focus

OUR MISSION: In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

OUR VISION: Embracing God's great gift of life, we are one OSF Ministry transforming health care to improve the lives of those we serve.

- 5-Star Patient Care
- Research and Academic Medicine

- Destination OSF

- Access to Care
- Primary Care Redesign

- Financial Stewardship
- Philanthropy

- OSF Talent Development
- Physician and APP engagement, recruitment and retention
- Culture of Belonging

OUR VALUES: Compassion • Employee Well-being • Integrity • Justice • Leadership • Stewardship • Supportive Work Environment • Teamwork • Trust

OSF APP Fellowship FY 26 Strategy Summary

OUR MISSION: In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

OUR VISION: Embracing God's great gift of life, we are one OSF Ministry transforming health care to improve the lives of those we serve.

Expertise in 5-Star/Quality Patient Care
Culture of excellence in the clinical learning environment
Clinical readiness for delivery system redesign

Community Engagement
Expansion of the APP Fellowship Program clinically supporting Destination OSF
Relationships with APRN & PA programs and affiliated medical schools

Health equity and social determinants of health
Stakeholder satisfaction
Interprofessional collaborative learning

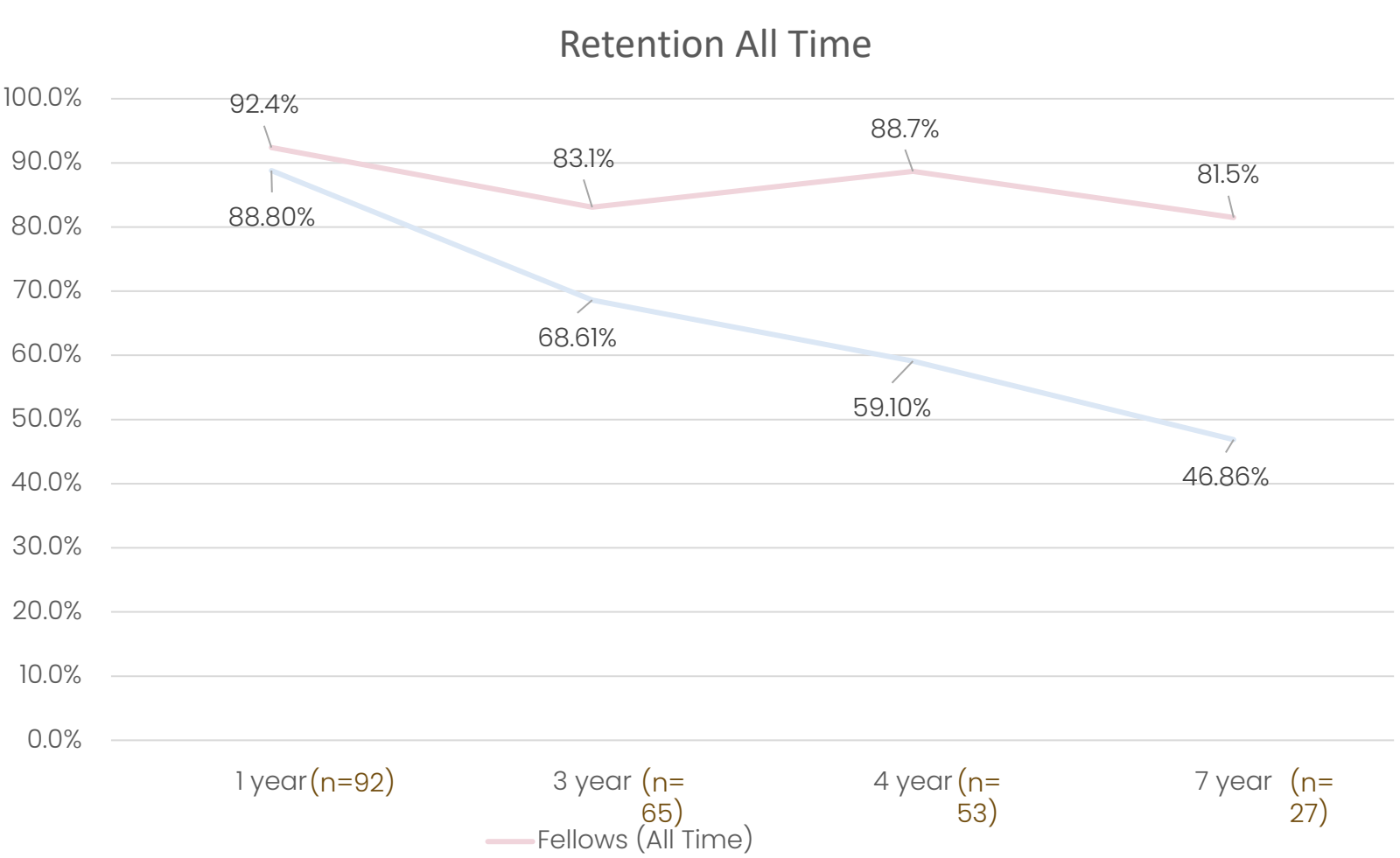
Systems-based thinking
Leadership development and professional growth
Demonstrating return on investment

Innovative talent acquisition
Fellows representative of the diverse communities we serve
Fellow engagement, recruitment, and retention
National recognition of the OSF APP Fellowship

OUR VALUES: Compassion ● Employee Well-being ● Integrity ● Justice ● Leadership ● Stewardship ● Supportive Work Environment ● Teamwork ● Trust

The long game: 7-year retention return

Retention converts a training investment into compounded organizational value.



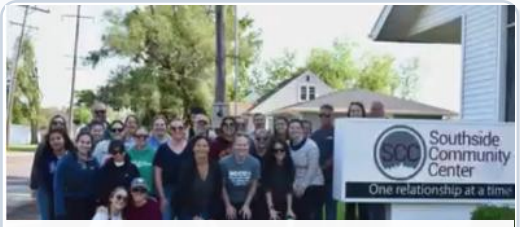
Fellowship graduates are nearly twice as likely to stay with OSF at 7 years, demonstrating the long-term outcomes associated with the program

Retention value long term is poorly understood- how and when to capture the cost avoidance of turnover, exceeding $300,000 per APP

APP Fellowship Volunteerism

Non-productive time can still be high-value strategic work.

Service experiences help fellows live the OSF mission, connect to communities, and develop a future employee identity rooted in service.



Southside Community Center
Community service

Children's Home – Scott's Prairie
August 2025

Dream Center Peoria
January 2026

Peoria Park District – Riverfront
May 2026

Mission alignment

Fellows practice service as part of professional formation, not as an extracurricular add-on.

Community connection

Volunteerism creates visible value in the communities OSF serves and strengthens purpose-driven recruitment.

83
Volunteer events

230
Hours

ROI reframing

Use protected, non-productive time to build retention, service identity, community trust, and mission-connected workforce commitment.

Mission-driven service is a strategic ROI enabler—not "time away" from value creation.

HRSA ANE Grant Funding

HRSA funds are not only dollars—they are a strategic mechanism to build workforce capacity where the community need is greatest.

ANE-NPRIP 2020-2023

Prepares new primary care or behavioral health nurse practitioners to work in integrated, community-based settings. Primary care grantees must have with a dedicated focus on **behavioral health and telemedicine**

ANE-NPRF 2023-2027

Prepares new APRNs to provide primary care by establishing, expanding, or enhancing accredited/in-process community-based NP residency and fellowship programs. HRSA specifically notes **integration of behavioral health and/or maternal health** into primary care.

High-level funded focus areas: Primary care | Behavioral health | Maternal health | Rural / underserved

Executive takeaway: External funds create an on-ramp to scale a program while proving outcomes until sustainable funding is secured

How grant funding supported OSF expansion

External dollars offset costs in one track, while the infrastructure created can strengthen the broader fellowship platform.

External funding

HRSA capital offsets startup / expansion costs

Primary care focus

7 NP fellows per year; rural / medically underserved focus

Program infrastructure

Expanded clinical experiences through grant funding

Transferable assets

New model allowed us to demonstrate improved results. Repeatable operating model beyond one grant-funded track

ROI story

Lower internal risk; clearer ask for sustainability

OSF award fact

OSF has secured nearly $4 million in funding since 2020

Incremental scaling

Continued to strategically scale programs by 1-2 per year. Programs are introduced by fellowship faculty to clinical leaders

Expansion logic

Grant narrative language ties the Primary Care Fellowship enhancement to targeted rural and underserved populations with behavioral and maternal health focus.

Grant funding is not “free money”

Competitive writing, compliance, reporting, data quality, and institutional support are required.

Heavy Lift

NOFOs are competitive opportunities released by HRSA, not a predictable annual entitlement. The work usually includes interpreting eligibility, building the case for community need, writing aims and evaluation plans, aligning partners, developing budgets, and preparing attachments.

Institutional Support
Required that programs have internal funding that exceeds HRSA grant dollars

After the award: stewardship rhythm

Non-competing continuation
Annual narrative (10 pg) and budget review to describe impact

Annual performance reporting
Yearly performance data and outcomes reporting through HRSA systems, primarily retention and rotations.

Quarterly progress updates
Ongoing progress toward project goals to demonstrate stewardship.

UDS Report
UDS is annual core-measure reporting that describes patient and community level impact

Strategic Takeaway
Grant funding de-risks innovation—but only if the organization can absorb the reporting, data quality, and sustainability work.

Financial ROI measures program earnings. Strategy ROI explains the value it creates

DEFENSIBLE DASHBOARD

SMALL GROUP WORKSHOP

Building Your Defensible Dashboard

Value understood simply

Cate Brady, PA-C • Medical Director, University of Colorado
Lisa Pierce, DNP, APRN • Vice President, Advanced Practice OSF

1. Investment Inputs

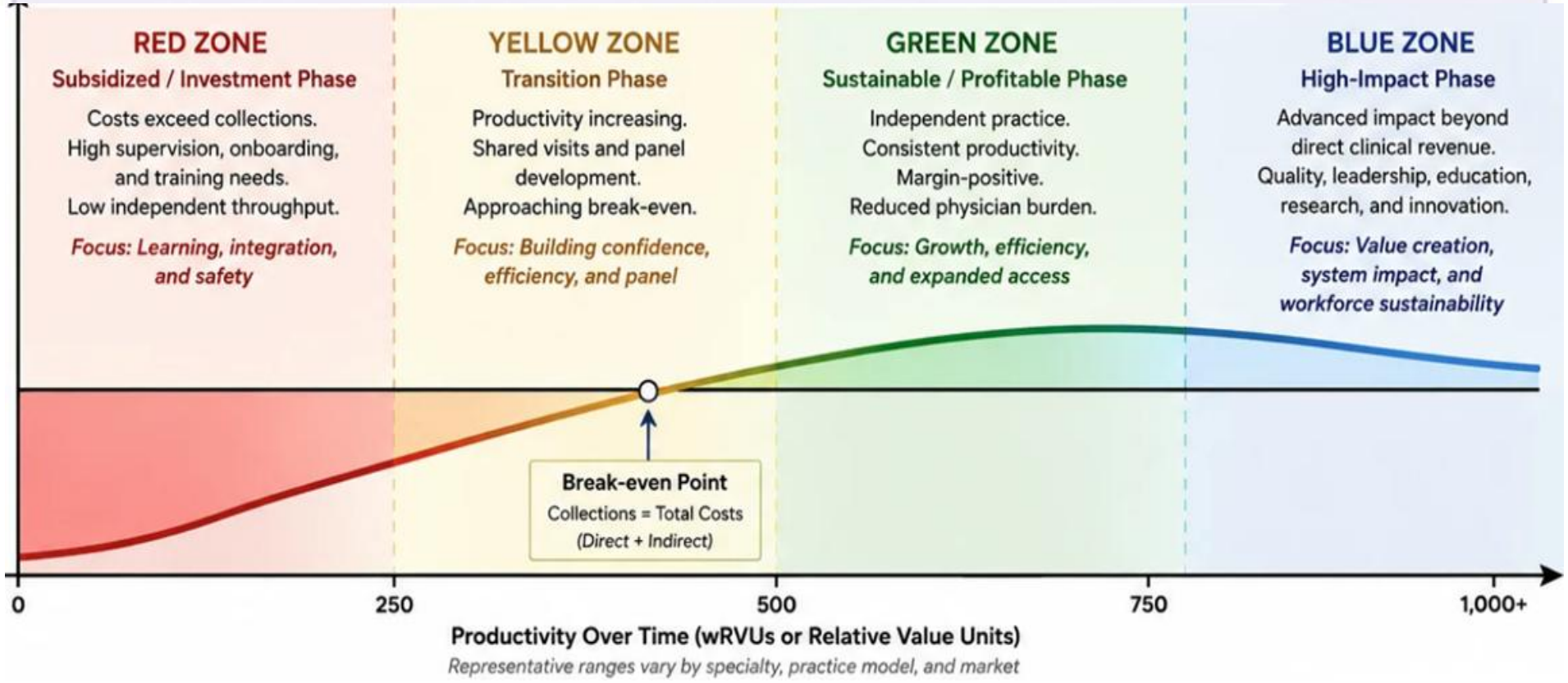
Cost Category	Your Program	Typical Range	Notes
A. Fellow stipend + benefits	$_____	$65,000 – $100,000	Varies by region and specialty
B. Program director time (FTE fraction)	$_____	$25,000 – $50,000	0.1–0.2 FTE typical
C. Preceptor productivity loss	$_____	$20,000 – $40,000	Reduced patient volume during teaching
D. Didactic/simulation/ materials	$_____	$5,000 – $15,000	Can leverage existing GME resources
E. Administrative support	$_____	$5,000 – $10,000	Coordinator time, credentialing
F. TOTAL FELLOWSHIP INVESTMENT (A+B+C+D+E)	**$_____**	**$120,000 – $215,000**	**Per fellow per year**

2. Value Return

Return Category	Your Program	Typical Range	How to Calculate
G. Fellow billing revenue (during training)	$_____	$15,000 – $200,000	~50% of programs bill; track wRVUs or encounters
H. Vacancy cost avoided (per position filled)	$_____	$150,000 – $400,000	Monthly vacancy cost × months avoided
I. Locum tenens cost avoided	$_____	$50,000 – $150,000+	Locum rate × shifts that would have been covered
J. Recruitment cost avoided	$_____	$15,000 – $30,000	Recruiter fee (15–25% of salary) per hire
K. Accelerated ramp-up value	$_____	$50,000 – $150,000	Revenue difference: 11 wks vs. 25 wks to independence
L. Retention savings (avoided re-turnover)	$_____	$86,000 – $115,000	Per turnover episode avoided
M. TOTAL RETURN (G+H+I+J+K+L)	$_____	**$366,000 – $1,045,000+**	**Per fellow retained**

3. Break-Even Calculator

$$\text{Break-even} = \frac{\text{Total Fellowship Investment}}{\text{Total Annual Return}} \times 12 \text{ months}$$



4. Three Year ROI Model

Year	Investment	Cumulative Return (if fellow retained)	Net ROI
Year 0 (fellowship year)	-$150,000	+$40,000 (billing during training)	-$110,000
Year 1 (first year as staff)	$0	+$350,000 (avoided vacancy + full productivity)	+$240,000
Year 2	$0	+$350,000 (continued productivity + avoided re-turnover)	+$590,000
Year 3	$0	+$350,000 (continued productivity)	+$940,000

3-year net ROI: +$940,000 per fellow retained (conservative estimate)

Each additional year of retention multiplies the return

Compare to: 3-year cost of serial external hires with 30% turnover rate

DON'T INFLATE YOUR ROI BY COUNTING EVERYTHING YOU CAN. **BUILD CREDIBILITY BY COUNTING WHAT YOU CAN DEFEND.**

Without data, your just another person with an opinion

-W. Edwards Deming

Dashboard: A Fellowship Asset

Defensible

Aligned to organizational goals; clear metrics .

Actionable

Built to trigger program revision and leader decisions.

Transparent

Shared enough to create ownership; protected enough to preserve trust.

Strategic

Turns fellowship outcomes into a credible ROI story.

Dashboard Architecture: Strategy → Goals → Metrics → Action

1. Detect

Which metric changed, missed target, or overperformed?

2. Diagnose

What driver, cohort, track, or process explains the signal?

3. Revise

What program change, support, workflow, or leader decision follows?

4. Re-measure

Did the revision move the measure or reveal a new issue?

OSF APP Fellowship: goal domains that organize the dashboard

Use domains to prevent metric sprawl.

Clinical Excellence

Quality, safety, and readiness signals

Strategic Growth

Scale, access, community engagement

Personalized Experience

Fellow and stakeholder satisfaction

Ministry Sustainability

Retention, contracted transition, leadership

Employer of Choice

Completion, turnover, scholarship

Start with your organization's strategic pillars, then translate them into fellowship outcomes guided by accreditation standards.

A defendable metric portfolio: not everything belongs on the main page

Separate scorecard metrics from driver metrics.

Main dashboard scorecard

Few measures. Strategic. Targeted. Visible enough to support leader confidence and program accountability.

Perfectly correlated to the OSF Key Results dashboard to demonstrate intentional program contribution toward organizational success

Key result drivers

Operational signals that explain why scorecard measures move: pipeline, engagement, experience, transition, and leadership.

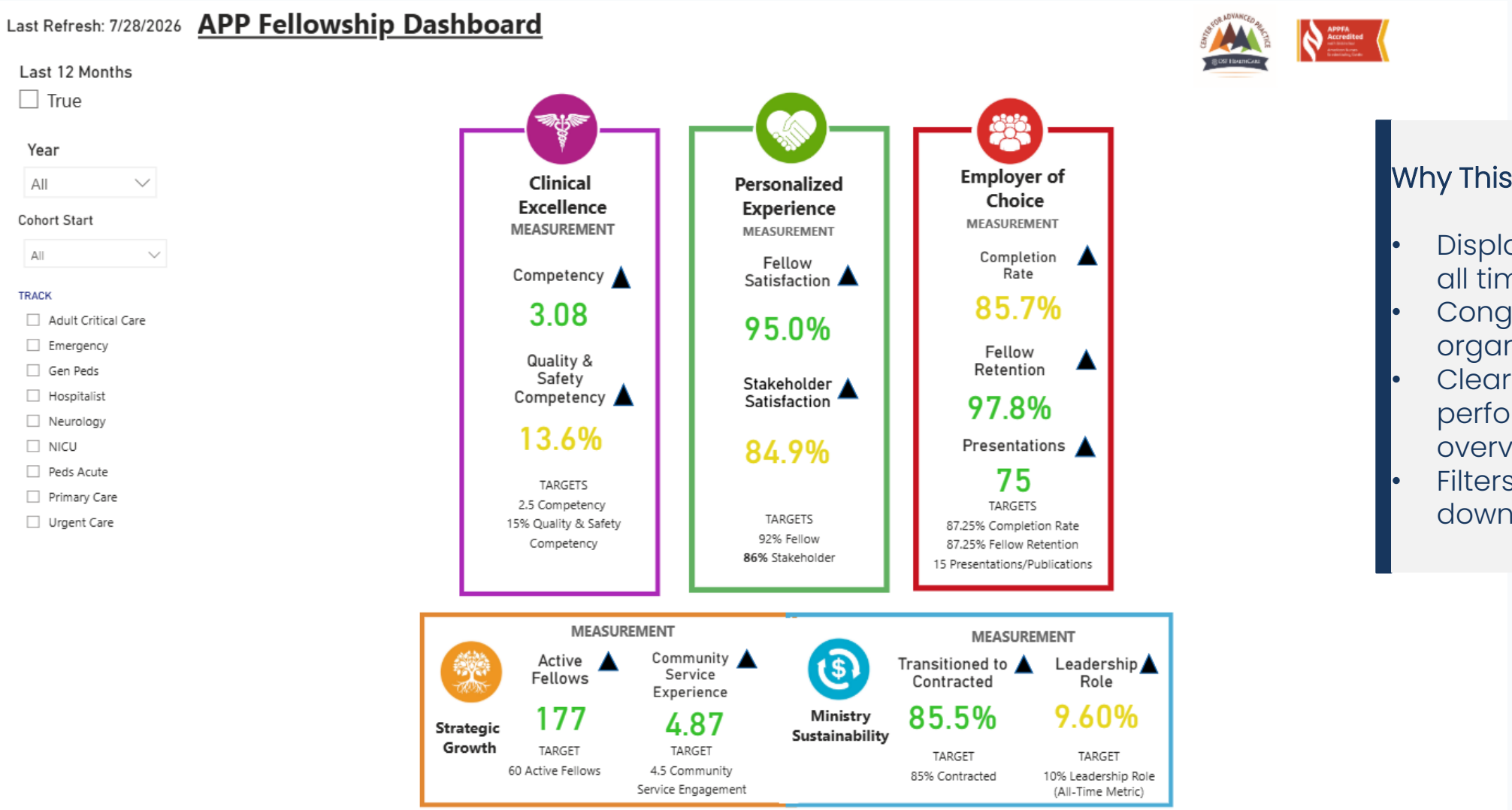
Analysis / drillthrough

Detailed cuts by track, cohort, or stakeholder group. Useful for leaders and program owners, not always broad transparency.

Main page answers: Are we on track?
Driver pages answer: Why is the metric moving?
Drillthrough answers: Where do we need to intervene?

Main fellowship dashboard: high-level signals to lead with

A balanced story of scale, relevance, experience, and sustainability.



Why This Works

- Display shows all tracks, all time
- Congruence to organization results
- Clearly shows performance as well as overview of target
- Filters allow to be drilled down

DASHBOARD DISTRESS:
WHAT ARE WAYS YOU CAN BEGIN VISUALIZING FELLOWSHIP METRICS

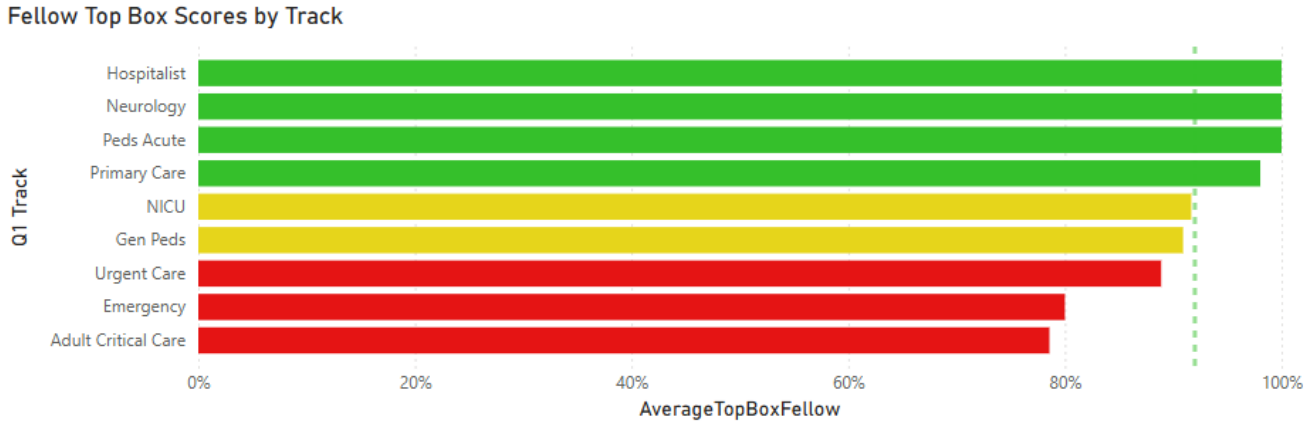
Diving Deeper to View the Breakdown by Track

Personalized Experience

Fellow Satisfaction ▲

95.0%

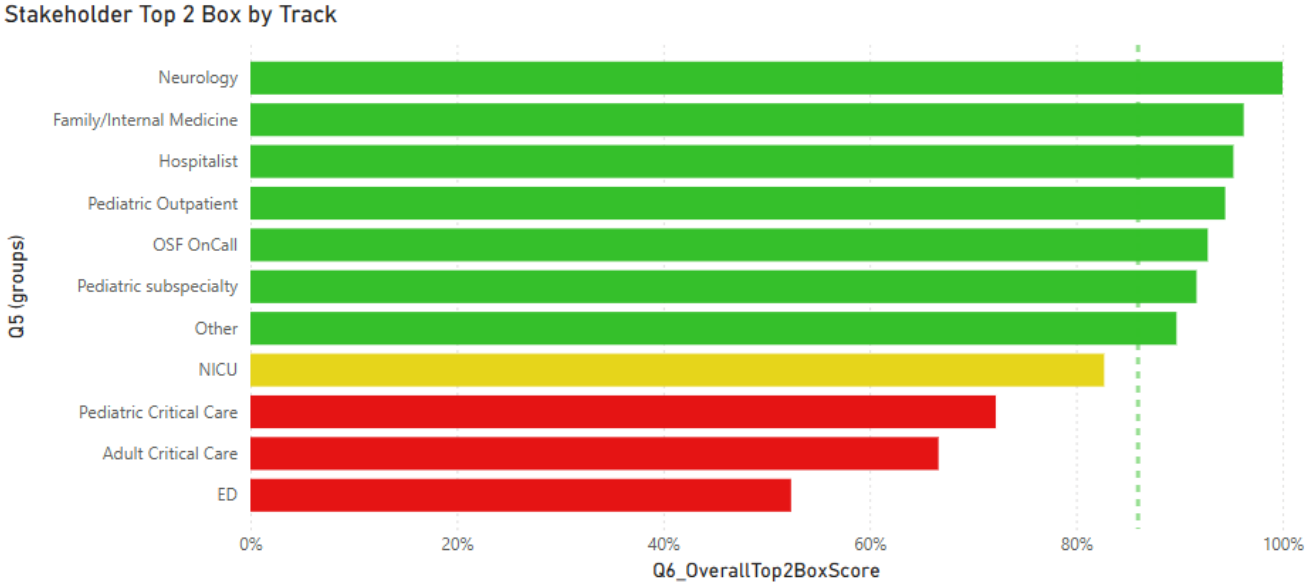
TARGET
92% Fellow



Stakeholder Satisfaction ▲

84.9%

TARGET
86% Stakeholder



Seeing Change over Time

Drilling down to the individual fellow

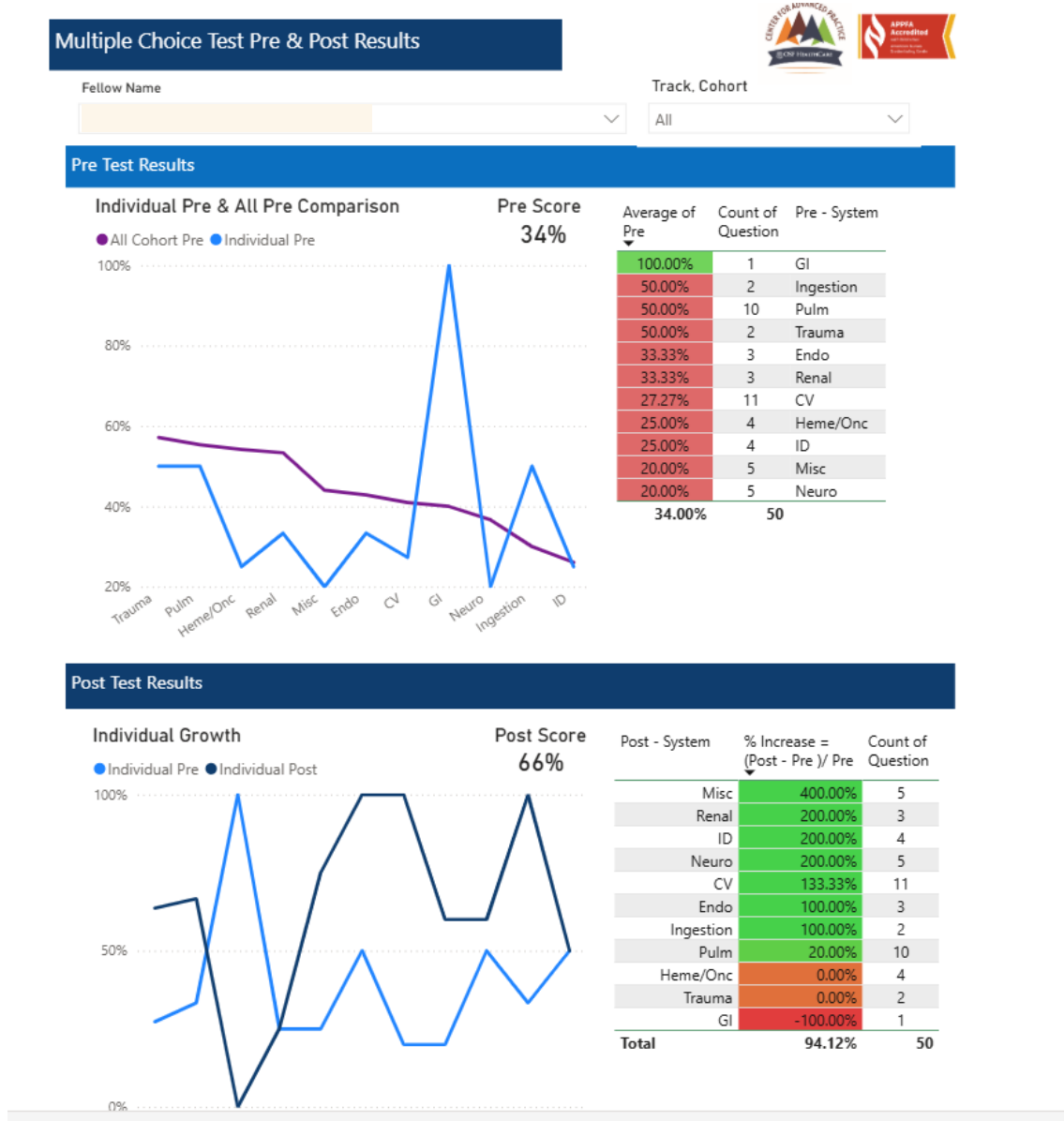
Radical Efficiency for Metrics

Measuring return of program on clinical preparation for expanded roles and scope

Previously manual evaluations were tedious

Dashboard view allows real time view of program metrics, track metrics, cohort metrics, and individual fellow metrics

All program data exists in one dashboard



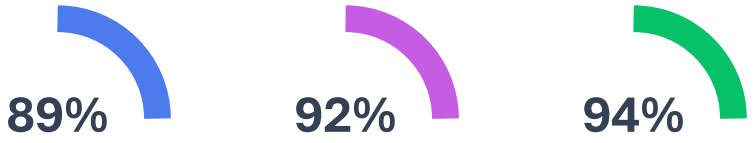
APP Fellowship Impact- Board Report

Defensible dashboard view: outcomes + longitudinal signal

Ongoing Views

Data is analyzed first through pivot tables and graph views in excel before building into the dashboard.

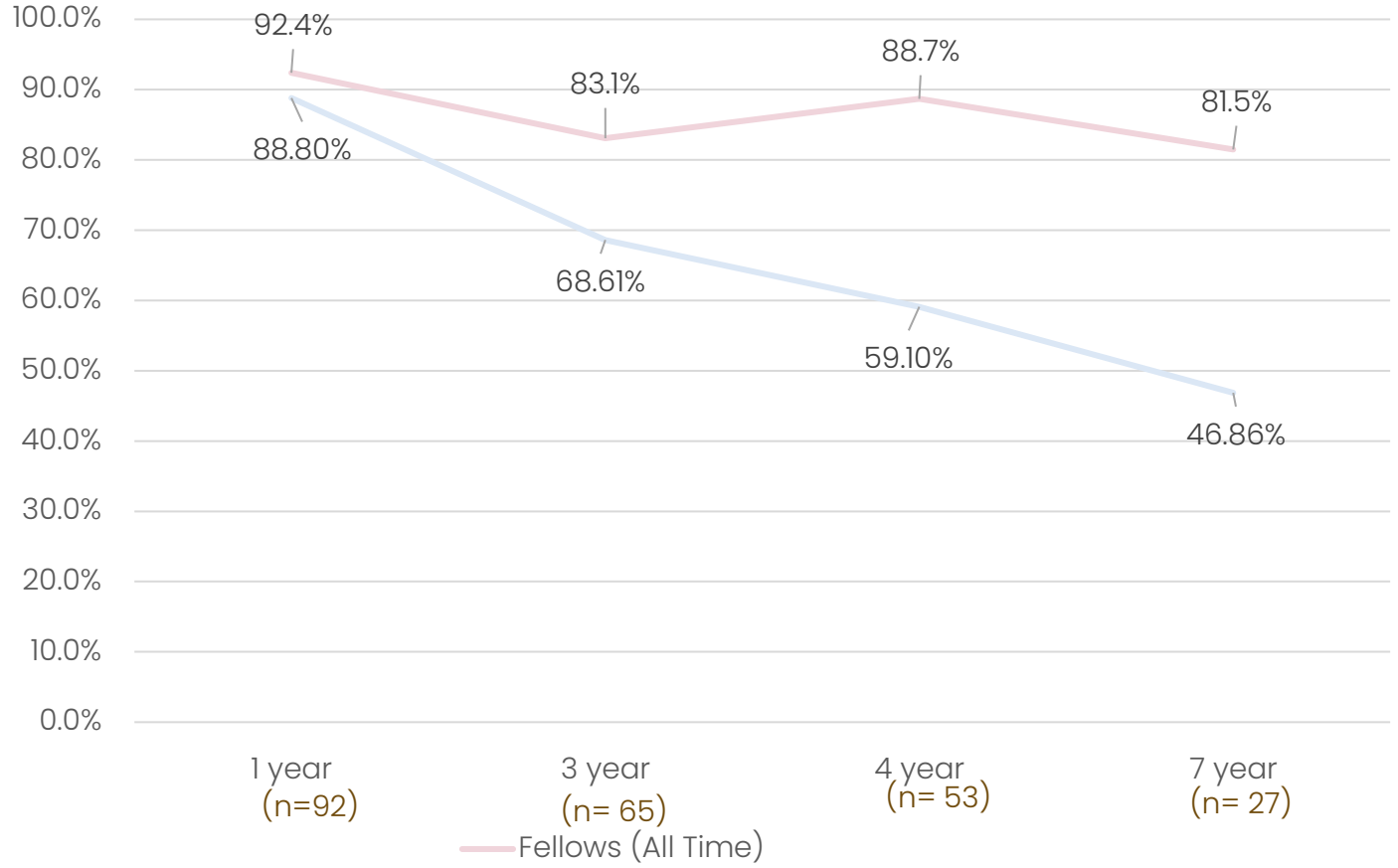
Short-term conversion metrics



Completed | Applied | Transitioned

Quick summary to present to clinical executives

Long-term retention metrics



APP Fellowship Impact- Executive Summary

Defensible dashboard view: outcomes + longitudinal signal

Track	Completion	Applied	Offered	Conversion	True Conversion
Primary Care	83%	93%	89%	96%	79%
Urgent Care	63%	100%	100%	93%	93%
Adult Critical Care	93%	92%	92%	91%	77%
Peds Acute	100%	100%	100%	100%	100%
Gen Peds	100%	80%	100%	100%	80%
NICU	100%	100%	100%	80%	80%
Emergency	100%	50%	100%	100%	50%
Neurology	100%	0%			
Hospitalist	100%	100%	100%	100%	100%

Region	Completion	Applied	Offered	Conversion	True Conversion
Central	83%	93%	100%	100%	100%
Eastern	82%	89%	63%	80%	44%
Western	83%	100%	100%	100%	100%

Analysis / drillthrough

- Data helps to communicate to senior leaders the return on investment through employee conversion rates and highlight challenging areas
- Drilling down to regional or facility level data helps to show internal opportunities for better alignment to strategy

Self-Service Dashboard Building: Start Before Power BI

Workshop frame for program directors

Core message
You do not need analytics support to start. Build the metrics first in Excel, validate the logic, then move to excel dashboard or Power BI when the data is stable.

Start simple: Excel → Power BI

1. **Define 5–10 metrics**
   Purpose, owner, numerator, denominator
2. **Build an Excel tracker**
   One row per learner/cohort/site
3. **Validate calculations**
   Manually check before automating
4. **Visualize only stable data**
   Trends, KPIs, filters, drill-downs

If it cannot be calculated consistently in Excel, it should not be in Power BI.

Avoid the common beginner trap

Start here	Not here
Metric definitions	Fancy visuals first
Clean Excel table	Multiple messy sources
Cohort/site filters	Too many slicers
Trend over time	One-time snapshot
Simple action question	“Interesting” data only

How Program Directors Can Learn Dashboards

A practical self-service learning path

Encouragement

You do not need to become an analyst. Learn the Excel skills that directly support your dashboard: import data, clean data, build visuals, add filters, and publish safely.

Learn in this order

1. Excel basics

- One row one fellow, one column one variable
- Determine what metrics and fields to include
- Determine what metrics and fields to include

2. Explore the Data

- Sort and filter
- Conditional format
- Pivot tables and charts
- Slicers

3. Prepare for Reporting

- Organize meaningful metrics
- Learn how to model
- Refine metrics

4. Dashboard design

- Build visuals
- Trend lines
- Drill-downs
- Executive summary

5. Scale & Sustain

- Refresh data
- Refine definitions
- Automate where able
- Share with stakeholders

Suggested learning sources: Microsoft Excel training or Microsoft learn, Linkedin Learning; Excel Campus, Chandoo, Guy in a Cube (Youtube), Microsoft PowerBI learning.

Dashboard Platforms Beyond Power BI

Choose the tool based on the job

Practical takeaway

Power BI is a strong option for interactive dashboards, but program directors can start with lighter tools when the goal is tracking, learning, or local improvement work.

Tool choice matrix

Excel	Best first prototype, quick charts, pivot tables
Power BI	Interactive dashboard, sharing, refresh, drill-downs
Microsoft Lists	Simple data collection and structured tracking
Smartsheet	Project tracking, workplans, operational status
Tableau	Advanced visualization if licensed/available
Looker Studio	Lightweight web dashboard option if allowed
Forms / Survey tools	Experience, evaluation, and feedback dashboards

A realistic maturity path

Level 1 — **Excel tracker**
One clean source table + basic charts

Level 2 — **Excel dashboard**
Pivot tables, slicers, trend visuals

Level 3 — **Power BI report**
Interactive pages, filters, measures

Level 4 — **Governed executive dashboard**
Refresh plan, access control, definitions

The goal is not to learn Power BI. The goal is to answer important program questions with reliable data.

Transparency inside the program: shared truth without shame

The best dashboards create learning conditions.

Share

Definitions, targets, program-level trends, and what will happen next.

Protect

Personally identifying detail, early sensitive signals, and comments

Close the loop

Every visible gap should have an owner, next action, and review date.

Transparency is most credible when the program can say: “Here is what we saw, what we changed, and what we learned.”
Leader-only areas should still have a pathway for program-level themes to come back to the team.

Takeaways

Build inputs, value calculations, and meaningful data

Build transparent dashboards for single source of truth

Turn data into actionable decisions

DASHBOARD DISTRESS:
TWO THINGS YOU LEARNED AND WILL TAKE BACK TO YOUR PROGRAM

EXECUTIVE BUY-IN

EXECUTIVE BUY IN AND YOUR ELEVATOR PITCH

Frank Rizzuto, MBA, PA-C

Virginia L. Valentin, DrPH, PA-C

OBJECTIVES AND AGENDA

1) Identifying key decision-makers and champions
2) Aligning ROI messaging to institutional priorities
3) Translating data into an elevator pitch

1) Brief presentation
2) Role play with example elevator pitches
3) Develop and practice your elevator pitch
4) Demonstrate elevator pitch

FRAMEWORK OF ELEVATOR SPEECH

- Time: 30-60 seconds with simple sequence
    - Hook to Problem to Solution to Value to Ask
- •Hook: Get attention and establish relevance *(Ie. Challenging recruitment of APPs)*
- •Problem: State the business problem, not all the background *(Ie. Vacancies are expensive, new grads new support)*
- •Solution: Explain what you do in one clean sentence *(Ie. Our fellowship creates a structured pipeline that prepares APPs specifically for all our clinical workforce needs)*
- •Value: This is the most important part *(Ie. We shorten the path to productivity and increase retention)*
- •Ask: Finish with what you want from this person *(Ie. Can we schedule 20 minutes for me to show you how our fellowship can address your workforce gaps)*
-

BEFORE YOU STEP INTO THE ELEVATOR...

Know Your Audience. Know Their Problem. Know Your Value.

DO YOUR HOMEWORK
Know the person's role, responsibilities, priorities, and influence.

UNDERSTAND THE CHALLENGE
Identify the problem they need solved: vacancies, turnover, recruitment, productivity, or readiness.

SPEAK THEIR LANGUAGE
Administrator, finance leader, and educator may value the same program for very different reasons.

LEAD WITH THEIR NEED
Start with what matters to them—then position Fellowship as part of the solution.

KNOW YOUR NUMBERS
Be ready to discuss cost, retention, recruitment, productivity, salary differentials, and cost avoidance.

MAKE THE VALUE CLEAR
Answer the unspoken question: "What's in this for me and my service?"

KEEP IT SHORT
Use 30–60 seconds to create interest—not to explain the entire Fellowship.

KNOW YOUR ASK
Funding? A position? Faculty support? Clinical rotations? A follow-up meeting? Know what you want.

PEARL: The goal is not to close the deal in the elevator—it is to get invited into the room where the deal can happen.

VIGNETTE 1

The Service Line Administrator

THE SCENARIO

You have 30–45 seconds with a service line administrator.

Their service has difficult-to-fill PA/NP positions, vacancies, and experienced staff carrying the onboarding burden.

YOUR CHALLENGE

How do you pitch Fellowship as a workforce solution—not simply an educational program?

WHAT MATTERS TO THEM

Staffing and recruitment

Retention

Hard-to-fill positions

Faster integration into the service

Building a workforce pipeline

A STRONG PITCH

"Fellowship creates a pipeline of clinicians trained specifically for your environment. Rather than repeatedly recruiting and hoping people stay, we recruit highly motivated candidates, develop them within your clinical culture, and create a workforce pipeline around your service line's needs."

VIGNETTE 2

Frontline PAs & NPs

THE SCENARIO

You have 30–45 seconds with experienced frontline PAs and NPs who may become preceptors, mentors, and future colleagues of Fellows.

They are already busy and may worry that Fellowship means more work for them.

WHAT MATTERS TO THEM

Workload and onboarding burden

Stronger future colleagues

Mentorship and professional growth

Team readiness and retention

YOUR CHALLENGE

How do you make them see Fellowship as an investment in their future team—not another task being added to their day?

A STRONG PITCH

"Fellowship lets us deliberately develop the colleague you want working beside you. Yes, teaching requires investment, but the payoff is a clinician who understands the service, knows the team, has been mentored in your standards, and enters practice better prepared. We are not just adding a learner—we are building your future colleague."

THE UNCOMFORTABLE ELEVATOR RIDE:
LET'S PRACTICE

VIGNETTE 3

Physician Leaders

THE SCENARIO

You have 45 seconds with a Medical Director or physician service chief considering whether their specialty should support a Fellowship track.

They want clinicians who can safely manage complex patients and integrate quickly into the team.

WHAT MATTERS TO THEM

Clinical competence and consistency

Patient safety

Specialty-specific training

Team integration

Growth and succession

YOUR CHALLENGE

How do you connect Fellowship to clinical quality and the future workforce of their specialty?

A STRONG PITCH

“A Fellowship gives you the opportunity to train PAs and NPs specifically for your clinical environment rather than hoping an external hire arrives with the right experience. Through structured education, supervision, simulation, and progressive responsibility, you help build a clinician around the standards and needs of your service.”

VIGNETTE 4

Nursing & ACP Leadership / Executives

THE SCENARIO

You have 45 seconds with a senior nursing, ACP, or executive leader who is responsible for workforce strategy across multiple services.

They need scalable solutions—not isolated educational projects.

WHAT MATTERS TO THEM

Recruitment and retention

Workforce stability

Professional development

Succession planning

Organizational growth

YOUR CHALLENGE

How do you position Fellowship as an enterprise workforce strategy?

A STRONG PITCH

"Fellowship is more than transition-to-practice education—it is a workforce strategy. It creates a repeatable pipeline for recruiting, developing, and retaining PAs and NPs while building organizational knowledge, engagement, and future leadership. Instead of solving vacancies one hire at a time, we create a sustainable source of clinicians trained within our system."

VIGNETTE 5

HR & Talent Acquisition

THE SCENARIO

You have 30–45 seconds with an HR or Talent Acquisition leader who repeatedly hears that services cannot find experienced PAs and NPs.

The traditional strategy is to keep searching the same limited candidate pool.

YOUR CHALLENGE

How do you make Fellowship part of the recruitment strategy rather than something that happens after recruitment?

WHAT MATTERS TO THEM

Candidate pipeline

Time-to-fill

Hard-to-recruit specialties

Employer brand

Retention after hire

A STRONG PITCH

“Instead of competing only for experienced clinicians, Fellowship allows us to create them. We can recruit high-potential PA and NP graduates, train them in specialties that are traditionally difficult to fill, and convert successful Fellows into permanent employees already familiar with our organization, culture, and clinical expectations.”

VIGNETTE 6

Finance: “What’s the Return on My Monetary Investment?”

THE SCENARIO

You have 45 seconds with the finance leader who must approve a $100,000 Fellowship salary line.

The question is simple: What does the organization get back for the investment?

YOUR CHALLENGE

You cannot lead with education or mentorship. Make the financial case.

WHAT MATTERS TO THEM

Cost avoidance

Vacancy and recruitment costs

Productivity

Turnover and replacement costs

Long-term retention

A STRONG PITCH

“Don’t view the $ solely as an educational expense. It is a workforce investment: we develop a clinician at a lower initial salary while creating a candidate for a permanent role and potentially reducing recruitment, vacancy, onboarding, turnover, and replacement costs as they seamlessly transition to practice. When that fellow stays, the return continues beyond the Fellowship year.”

VIGNETTE 8

The Educator: “Why Not Just Orient Them?”

THE SCENARIO

You meet an education leader who supports transition-to-practice education but questions the need for a formal Fellowship.

Their challenge: Don’t we already orient new PAs and NPs?

WHAT MATTERS TO THEM

Competence and confidence

Standardization

Progressive responsibility

Mentorship

Patient safety and professional development

YOUR CHALLENGE

Pitch the educational ROI without making the argument primarily about money.

A STRONG PITCH

“Orientation teaches someone how to function in a job. Fellowship develops the clinician. Structured transition to practice, deliberate mentorship, progressive responsibility, simulation, and education create a better-prepared provider with the confidence and competence to enter permanent practice.”

PITCH PEARLS

Same Program. Same ROI. Different Pitch.

ADMINISTRATOR

Solve my workforce problem.

Lead with pipeline, recruitment, retention, vacancies, and service-line needs.

FINANCE

Show me the value of my investment.

Lead with cost avoidance, productivity, retention, and sustainability.

EDUCATOR

Show me how this develops better clinicians.

Lead with competence, confidence, standardization, mentorship, and readiness.

"A good elevator pitch isn't about telling someone everything your program does. It's about telling them why what your program does matters to them."

PEARL: Know your audience • Lead with their priority • Make the value clear • Keep it brief

THANK YOU!

Q & A

Panel discussion session