

BRIAN SANDOVAL
GOVERNOR



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STATE OF NEVADA
GOVERNOR'S OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY
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DATE: June 5, 2018
TO: Governor Brian Sandoval
FROM: Brian Mitchell
RE: Graduate Medical Education Task Force Recommendations- Round IV

BACKGROUND

The Graduate Medical Education Task Force (Task Force), established pursuant to Executive Order 2015-30, is charged with providing recommendations to the Governor on how best to distribute the funds allocated by the Nevada State Legislature towards expanding the physician workforce in Nevada. The Legislature appropriated \$5 million for this purpose in each year of the biennium. Last biennium, the Governor approved the recommendations of the Task Force to fund 10 applications requesting a total of \$10 million. In Round 3, the Governor agreed with the Task Force's recommendations and awarded \$1,682,410 to two applicants. A summary of the first three rounds of funding is included as Attachment A. Staff from the Governor's Office and the Office of Science, Innovation and Technology (OSIT) staffed the Task Force.

The Task Force met in October 2017, March 2018 and again in May of 2018. In its meeting in October 2017, the Task Force convened to discuss the Request for Applications (RFA) used in previous rounds. A copy of the RFA is included as Attachment B. For the third and fourth rounds, the Task Force recommended expanding the scope of eligibility beyond residencies in primary care and mental health to include residencies in all specialties and subspecialties where a physician shortage exists, using data from the State Board of Medical Examiners and the State Demographer's Office (See Attachment C). It was determined that applications seeking funding for residencies in primary care or mental health would receive additional weight in the scoring. The Round 4 RFA also allowed previously-funded applicants to apply for funding to enhance resident training. The revised Round 4 RFA was posted on the OSIT website and was distributed widely to the State's schools of medicine, hospitals and clinics, and other interested parties.

APPLICATIONS AND SCORING

Any accreditor-approved GME program or sponsoring institution in Nevada was eligible to apply for funding. In the fourth round, OSIT received six applications requesting \$3,658,796 in total funding (see

Table 1). A summary of each application can be found in Attachment D. The applications were distributed to the members of the Task Force who individually scored the applications. Table 2 contains the average scores for each application. Task Force members reconvened on March 7, 2018, to discuss the applications and make recommendations.

TABLE 1

Applicant	Program Name	Type	Location	Requested Amount
Southern Nevada Health District	Preventive Medicine Residency	New	Clark	\$656,367.00
UNLV School of Medicine	Critical Care Fellowship	New	Clark	\$454,817.00
UNLV School of Medicine	Pediatric Emergency Medicine Fellowship	New	Clark	\$922,433.00
UNR School of Medicine	Family Medicine Training	Enhancement	Elko	\$251,969.00
Southern Hills Hospital	Psychiatry Residency	New	Clark	\$1,054,000.00
Valley Health System	Family Medicine Residency	Enhancement	Clark	\$319,210.00

TABLE 2

Applicant	Average Score (105 possible)
Southern Nevada Health District	70.17
UNLV School of Medicine	83.40
UNLV School of Medicine	83.00
UNR School of Medicine	84.67
Southern Hills Hospital	83.83
Valley Health System	79.75

The Task Force discussed each application in order beginning with the highest scoring application. Each applicant was present and responded to questions from Task Force members. Below is a brief summary of the discussion for each applicant.

UNR SCHOOL OF MEDICINE- Task Force members asked about the expanded training opportunities proposed by the applicant at Shriner’s Hospital and the VA in Elko. The applicant discussed how the grant would fund additional opportunities for residents to provide care to children with special needs and veterans living in the rural areas of Northeastern Nevada. Grant funding will build new facilities for telemedicine and additional patient rooms, in partnership with rural health centers.

SOUTHERN HILLS- The majority of the questions were about the applicant’s upcoming ACGME accreditation and the timing of grant funding to accelerate the program.

UNLV CRITICAL CARE- Task Force members asked about the relationship between the proposed critical care fellowship and an existing pulmonary critical care fellowship. The applicant informed the Task Force that the proposed critical care fellowship will complement the existing program and fast-track physicians to care for the sickest patients. The applicant also clarified questions about recruitment and ACGME accreditation.

UNLV PEDIATRIC- Task Force members clarified concerns about sustainability, the expansion of the Children’s Hospital and its role in providing sustaining revenue, and ACGME accreditation.

VALLEY HEALTH- The applicant demonstrated how the requested grant funds would purchase equipment that would significantly enhance its previously funded family medicine program in the areas of oversight and training and would impact a minimum of 100 residents over its 10-20 year lifespan.

SOUTHERN NEVADA HEALTH DISTRICT- There was significant concern from Task Force members regarding the sustainability of the proposed project and whether the proposed Program Director would meet accreditation standards. The applicant resolved some of the concerns.

TASK FORCE RECOMMENDATIONS

At the conclusion of the question and answer period with applicants, the Task Force began allocating available funding to the applications. The Task Force unanimously voted to fully fund five of the applications and award the remaining funds to the Southern Nevada Health District to begin its program while continuing to improve the sustainability of its proposal. Table 3 below contains the Task Force’s award recommendations.

TABLE 3

Applicant	Slots Per Year	Average Score	Requested Amount	Awarded Amount
Southern Nevada Health District	2	70.17	\$656,367.00	\$315,161.00
UNLV School of Medicine (Critical Care)	3	83.40	\$454,817.00	\$454,817.00
UNLV School of Medicine (Pediatric)	2	83.00	\$922,433.00	\$922,433.00
UNR School of Medicine	2	84.67	\$251,969.00	\$251,969.00
Southern Hills Hospital	4	83.83	\$1,054,000.00	\$1,054,000.00
Valley Health System	10	79.75	\$319,210.00	\$319,210.00
Total	23		\$3,658,796.00	\$3,317,590.00

NEXT STEPS

Once final funding decisions have been made by the Governor, OSIT staff will draft award agreements and advance the funding. Grantees will have two years from the award date to spend the funds.

The Task Force concluded the meeting with a discussion of other ways to grow Nevada’s physician workforce. The Task Force determined that the Task Force would reconvene in the next 45 days to evaluate and make recommendations to the future of GME. The Task Force also asked OSIT to convene

evaluate and make recommendations to the future of GME. The Task Force also asked OSIT to convene a separate working group to discuss other non-GME ways to grow the physician workforce, such as loan repayment or forgiveness programs.

Attachment A: GME Funded Applications

Applicant	Program Name	Type	Location	Awarded Amt
UNSOM (UNLV)	Psychiatry Residency Program	Expansion	Clark	\$900,000
Valley Health	Infrastructure Development- 4 programs	New	Clark	\$600,000
UNSOM (UNR)	Adult and Child Psychiatry	New	Washoe/Rural	\$500,000
UNSOM (UNLV)	OBGYN	New	Clark	\$1,300,000
UNSOM (UNR)	Internal Medicine	Expansion	Washoe	\$1,700,000
UNSOM (GM)	Geriatric Medicine	Expansion	Washoe	\$500,000
Valley Health	Infrastructure Development- 4 programs	New	Clark	\$1,050,000
Mountain View	OBGYN	New	Clark	\$850,000
Touro University	Geriatric Medicine Fellowship	New	Clark	\$1,200,000
UNSOM (FM)	Family & Community Medicine	Expansion	Washoe/Rural	\$1,400,000
Valley Health	Surgery	New	Clark	\$794,410
Mountain View	Physical Medicine and Rehabilitation	New	Clark	\$888,000
Total Funding Awarded				\$11,682,410

Attachment B: Request for Applications

Graduate Medical Education New and Expanded Program Grants Round IV

IMPORTANT INFORMATION

- Purpose:** To increase and fill the number of accreditor-approved residency positions in existing programs, and/or establish new graduate medical education (GME) programs with positions.
- Proposals Due:** May 15, 2018, 5:00 pm PT
- Funding Available:** \$3,317,590
- Cost Sharing/Match:** None
- Bidder's Call:** March 27, 2018 at 11:00 a.m.
Dial in info:
775-687-0999
Access code: 70987#
- Applicant Q&A** There will be an optional opportunity for applicants to be present to answer questions from the review committee made up of members of the GME Task Force. The date, time and locations in Carson City and Las Vegas for the question and answer session will be posted on or before May 15, 2018 at <http://osit.nv.gov>.
- Final Funding Decisions:** On or before June 15, 2018.
- Eligibility:** An eligible applicant is an accreditor-approved GME program or a sponsoring institution that has an eligible program or intends to create an eligible program within the grant term.
- Website:** Updates to the Frequently Asked Questions document will be posted at <http://osit.nv.gov>. Please check the website regularly for updates.
- Contact:** Brian Mitchell
Director, Governor's Office of Science, Innovation and Technology
blmitchell@gov.nv.gov
775-687-0987

REQUEST FOR APPLICATIONS- GRADUATE MEDICAL EDUCATION NEW AND EXPANDED PROGRAM GRANTS

INTRODUCTION:

Nevada consistently ranks among the most underserved states in most areas of healthcare delivery, both in urban and rural settings due in large part to shortages of physicians.

On March 11, 2014, Governor Brian Sandoval issued Executive Order 2014-07 which created a Task Force on Graduate Medical Education (GME) and directed it to make recommendations in a report to the Governor on how to increase the graduate medical workforce in Nevada. The Task Force recommended that the Governor fund additional residency slots and that funding be available to both public and private institutions to either expand or create new GME programs.

As a result of the Task Force's recommendations, the Governor requested and the Legislature appropriated the sum of \$10 million (\$5 million in FY2018 and \$5 million in FY2019) for the purpose of GME. The primary focus of the additional slots is to be for primary care and mental health. On November 13, 2015, the Governor issued Executive Order 2015-30, reestablishing the GME Task Force to act as an advisory body and provide recommendations to the Governor on how best to distribute the GME funds allocated by the Legislature, and directed the Governor's Office of Science, Innovation and Technology (OSIT) to manage the grant. The Task Force will review and score responses to this Request for Applications to inform its recommendations to the Governor. The Governor will make final funding decisions.

SECTION I: DESIRED OUTCOMES

Purpose:

The State, through Graduate Medical Education New and Expanded Program Grants (hereafter GME Grants), seeks to meet its growing healthcare needs and grow its physician workforce by increasing support for training. Given limited resources, the State has chosen to focus this application on increasing the number of physicians with primary care and/or mental health training. Primary care and mental health training are defined in Section II, under the eligible uses of funding section. However, applications may be made for GME programs in any specialty or subspecialty that meets eligibility criteria outlined below.

SECTION II: AWARD INFORMATION

Awards

The State intends to distribute several rounds of grants over this biennium. The State will distribute up to \$5 million in each fiscal year. This Request for Applications represents the fourth round since the inception of the grant program. It is anticipated that the solicitation and application process for the fifth round will take place during the summer and fall of 2018. The State reserves the right to determine the number of applications awarded based on funds available and projects selected, and may issue subsequent Requests for Applications. Applications should be crafted without expectation of future funding. In order to receive funding, applicants must completely follow application instructions, including formatting, and provide all required information. More information on the award decision process may be found in Section V.

Submission Timeline and Instructions

Submit one (1) electronic copy of the application in a single pdf by 5:00 p.m., May 15, 2018 to:

Brian Mitchell
Governor's Office of Science, Innovation and Technology
blmitchell@gov.nv.gov

Applications must be received by the date above. Applications received after the date above will not be considered.

Eligible Uses of Funding

The State will provide initial startup funding to eligible institutions for costs not already incurred that are associated with starting new programs or expanding existing GME programs. Programs must provide training in fields or specialties where the number of licensed physicians per 100,000 population in the region where the GME program is located falls below the U.S. average. Added weight in scoring, described below in Attachment A, will be given to programs that provide training in primary care and/or mental health. Primary care is defined as: family medicine, internal medicine, pediatrics, internal medicine/pediatrics, geriatrics, and OB/GYN. Mental health care is defined as: psych and psych fellowships. Please see Attachment B for the list of licensed physicians per 100,000 in Nevada by specialty, broken down by region, compared to the national average. For ease of reference, specialties in counties with green numbers are above the national average and are not eligible for funding.

The focus of this funding is on training in specialties where the number of licensed physicians in the region is below the U.S. average. Applications for programs that provide training in subspecialties or fellowships are welcome, provided the applicable rate of licensed physicians in the region also falls below the U.S average, and will need to provide a very strong articulation of need, backed by local data.

Examples of startup costs include:

- costs associated with hiring faculty or administrative support;
- facilities costs associated with education such as classrooms and associated IT;
- salaries, benefits, and professional liability insurance for participating residents of residents and fellows. Funding requested for salaries, benefits, and insurance will require special justification in terms of impact, return on investment, and sustainability.

Additionally, previously funded GME grant applicants from Rounds I and II that were awarded less than the total amount requested in their original application may request supplemental funding to enhance the training experience of residents beyond what currently exists.

Ineligible Uses of Funding

Grant funds may not be used for:

- research or feasibility studies including travel for the purpose of research;
- the training of undergraduate medical students;
- compensation for residents subsidized by any other funding sources;
- compensation which is higher than the normal rate for a similar position at the institution;
- construction costs not directly related to education, such as facilities that are strictly clinical in nature or parking;
- equipment costs not directly related to education;
- salary expenses, such as bonuses, beyond base salaries and standard benefits;
- no indirect cost allocation is allowable under this grant; and
- any costs associated with applying for, administering, or complying with the requirements of this grant.

Cost Sharing

No cost sharing or matching is required.

Grant Period

The grant reporting period is 10 years from the grant award date. The Legislature appropriated \$5,000,000 in FY2018 and \$5,000,000 in FY2019. FY2018 funding must be obligated by June 30, 2018. More information on the award process is contained in Section V. Awardees are required to submit quarterly reports to OSIT until all grant funding has been spent

and annual reports thereafter until the conclusion of the grant period. More information on the reporting process can be found in Section V.

SECTION III: ELIGIBILITY INFORMATION

Eligible Applicants

An eligible applicant is an accreditor-approved GME program or a sponsoring institution located in Nevada that has an eligible program or intends to create an eligible program within the grant term. Institutions may be public or private, allopathic or osteopathic. Awards may be granted to individual institutions, including universities, hospitals, community health centers or other healthcare entities, or to consortia where two or more institutions share resources including facilities, administration, faculty and costs. Institutions may submit more than one application.

SECTION IV: APPLICATION AND SUBMISSION INFORMATION

A comprehensive, well-written application provides all the information necessary for a complete evaluation. The review committee will use the rubric located in Attachment A to evaluate applications. A complete application will include the following five (5) components listed below and described later in greater detail. Each section inside the grant should include headings and subheadings.

- 1) Cover Sheet
- 2) Project Abstract;
- 3) Project Narrative;
- 4) Budget Plan;
- 5) Letters of Commitment.

Incomplete applications or applications that do not follow the submission requirements, including the formatting requirements described in detail below, as of the filing deadline, will be disqualified and will not be scored.

1. Cover Sheet (Pass/Fail)

Format: The cover sheet must not exceed one (1) page, is not included in the 20-page narrative limitation and must contain the following information:

- **Applicant Information**
Organization name, full mailing and physical addresses, phone number, fax number, federal tax ID number, DUNS number, and website (if applicable)
- **Project Information**
Title, county location, type of award requested (expanded or new), program specialty and length, original accreditation date (existing programs) or accreditation application date and expected start date (new programs), and proposed dollar amount
- **Project Director Information** (overall project responsibility)
Full name, title, mailing and physical address, day-time & evening phone, email address
- **Project Contact** (daily project contact – if different than director)
Full name, title, mailing and physical address, day-time & evening phone, email address
- **Signature**
The Cover Sheet must be signed by an individual who is legally authorized to submit the application on behalf of the applicant. Include printed name and title.

2. Project Abstract

Format: The Project Abstract must not exceed one (1) page, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper.

The project abstract must succinctly summarize the proposed project and should include:

1. A brief summary of the project;
2. Specific, measurable objectives and/or goals;
3. Collaboration and partnerships; and
4. Expected results and/or outcomes.

3. Budget Narrative and Plan (15 points possible)

Format: The budget narrative must not exceed one (1) page, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper. There is no page limit on the budget plan (table).

Applicant is required to submit a 1) budget narrative and a 2) budget plan.

- 1) The budget narrative must demonstrate a clear and strong relationship between the program's expenses and the program's goals and activities. The budget narrative should be detailed, reasonable and adequate, cost efficient, and should align with the proposed work plan. From the budget narrative, the reviewer should be able to assess how the budget expenditures relate directly to the goals of the program. The budget narrative does not count towards the page limit of the Project Narrative.
- 2) The budget plan should be completed in a table. Please be specific and include as much line-item detail as is reasonably possible. Use this space to provide more specific justification for expenditures mentioned in the Budget Narrative. Break down cost categories such as "Faculty," "Facilities," "Salaries," and "Insurance" to individual components so that it is clearly understood how funding will be spent. For example, for travel, list costs for flights, hotel, per diem, and transportation. All program expenses should be accounted for.

4. Project Narrative

Format: The Project Narrative must not exceed twenty (20) pages, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper. Tables, graphs, charts, and other visuals may be used and do not have to be double-spaced. The entire narrative, including attachments, tables, graphs, and charts must conform to the twenty (20) page limit.

The following information must be contained within the Project Narrative:

A. Needs Assessment (25 points possible)

- 1) Provide a clear and concise overview of the need for the proposed training program, including gaps in the current workforce, illustrated with local labor data. Articulate, using data, why this program is needed.
- 2) Describe the community where this training program will take place including health disparities and unmet needs, how those challenges will be addressed through this program, and why it is critical to care for this unmet need.
- 3) Outline other efforts or resources, if any, currently being undertaken to remedy this need.
- 4) Discuss student demand for the program. Use institutional and statewide data. Include an analysis of where students completed or will complete their undergraduate medical education.

B. Feasibility Assessment (5 points possible)

- 1) Current and Projected Resident Capacity Assessment:
 - i. Existing Programs- Provide by postgraduate year (PGY) as of July 1:

1. The number of actual accreditor-approved residency positions for 2016 and 2017 and the expected number of accreditor-approved residency positions in 2018.
 2. The number of filled and unfilled residency positions in 2016 and 2017.
 3. The number of new residency positions specific to this program.
 4. The estimated total number of residents trained per year at the institution.
- ii. New programs- Provide by postgraduate year (PGY) as of July 1:
1. The number of expected accreditor-approved residency positions for 2018.
 2. The number of new residency positions specific to this program.
 3. The estimated total number of residents trained per year.
- 2) Include a description of the payer mix at the institution applying for funding.

C. Work Plan and Impact Analysis (35 points possible)

Provide a detailed **work plan** with specific data and information that addresses each of the following and ties back to the needs identified above:

- 1) Program Description-
 - a. A description of the specialty for which the program will provide training.
 - b. The learning outcomes of residents.
 - c. Describe in detail the settings and activities in which residents will demonstrate competence to perform all medical, diagnostic, evaluative and surgical procedures and treatments considered essential.
 - d. Describe how competence will be assessed.
 - e. Describe the didactic activities that form part of the program.
- 2) Estimate the following:
 - a. The average number of hours per week residents of this program will see patients.
 - b. The average number of patient visits by residents of this program per year.
 - c. The cost to train each resident of this program.
 - d. The time to train first and subsequent cohorts of residents of this program.
- 3) List the proposed faculty and support staff positions that will oversee this program. Include an organizational chart.
 - a. Provide a brief bio for all faculty or instructors with information such a CV, relevant credentials, or prior teaching experience. If faculty will be hired after the grant is awarded, provide a plan and timeline for hiring instructors and the minimum qualifications required.
 - b. What percentage of time will the GME program director spend on this program?
 - c. Will a full-time residency coordinator be provided?
- 4) Provide a detailed timeline of project phases from award of funds to the completion of the first cohort of trainees, include measurable goals for each project phase. Identify the staff responsible for achieving each step in the timeline, including support from and the roles of any outside partners.
- 5) List the stakeholders consulted and how their comments influenced the design of the training program.
- 6) Provide a description of how the grant applicant will reach out to and recruit possible trainees to participate in the training program.
- 7) Provide a list of hospital partners and clinical training resources that will be used in this program.
- 8) Provide an articulation of the plan to achieve accreditation and the probability of success.
- 9) Does the applicant currently have or propose any efforts to encourage GME program participants to remain in Nevada following the completion of their graduate medical education?
- 10) Building on the information provided in "A. Needs Assessment", articulate how the proposed program will meet the needs identified.

Impact Analysis- Provide detailed estimates in a table format on the impact of the training program. Include a justification for how each estimate was determined. Please address the following:

- 1) The length of the program.
- 2) The number of residents who will complete training annually.

- 3) The total number of residents in training when the program is at full capacity. If the proposed program is an expansion, include both the number of existing residents and the expanded number to be funded by this grant.
- 4) The estimated number of trainees from underrepresented minorities, rural areas, disadvantaged backgrounds, or veterans projected to receive training each year.
- 5) The estimated number of trainees practicing in Nevada one year after program completion.
- 6) The estimated number of trainees practicing in an underserved or rural area in Nevada one year after program completion.

D. Sustainability Plan (10 points possible)

- 1) Project the annual training program costs after grant funds are exhausted.
- 2) The total annual ongoing cost of the training per resident.
- 3) Indicate how the applicant will fund ongoing costs associated with the program. Provide a detailed plan for obtaining replacement/sustainment funds.
- 4) Provide an articulation of long-term institutional commitment to the program and ability to support ongoing program costs following startup phase.

E. Data Collection and Evaluation (5 points possible)

This section should include performance evaluation measures. At a minimum, the measures indicated in the impact analysis should be a part of the overall program evaluation. As a reminder, data collection is not a performance measure but used in developing and evaluating the measure. Please describe:

- 1) What results can be expected?
- 2) What data will be collected to measure the success of the program?
- 3) How will the program expand the physician workforce in Nevada and improve health outcomes for Nevadans?

F. Certification of Accreditation (Pass/Fail) (Does not count toward Project Narrative page limit)

Existing programs must provide a copy of the most recent accreditation letter from the Accreditation Council for Graduate Medical Education. New programs must provide a plan for achieving accreditation or documentation relating to an application in process for program accreditation.

5. Letters of Commitment (5 points possible)

Format: Letterhead with signature.

Applicant is required to submit letters of commitment from each partner. Letters should be on letterhead and signed. Letters should outline how the partner will contribute to the project and what commitments they will make including contributions to the sustaining of the program. Letters of commitment do not count towards the 20 page limit of the Project Narrative.

SECTION V: AWARD ADMINISTRATION INFORMATION

Grant Review and Selection Process

Applications that meet the minimum standards laid out above will be reviewed, evaluated, and competitively scored by the Governor's GME Task Force using the scoring matrix located in Attachment A. Applicants have the opportunity, but are not required, to be present in person to answer clarifying questions from the Task Force. Selected applications along with the Task Force's recommendations will be forwarded to the Governor for a final funding decision. The Governor may award all or part of an applicant's request and may require modifications to an application prior to funding. Applications selected to receive a grant award will enter into a contract with the State of Nevada in compliance with the State of Nevada regulations. The State reserves the right to award all, part or none of available grant funding during this grant round. In cases where the ranked applications may "tie", the State reserves the right to consider "Work Plan and Impact Analysis" scoring independently to determine placement. To avoid disqualification, all application areas must be concise and complete; the application cover sheet must be signed and dated; objectives must be measurable. Denial letters will be sent to applicants that are not funded.

Grant Commencement and Duration

Project implementation must be initiated within thirty days (30) after funding is awarded. Requests for an exception to this rule must be justified and submitted in writing within thirty days of award. At the discretion of OSIT, the grantee risks losing the award if the project does not commence as required.

All grant funding in FY2018 must be obligated by the state by June 30, 2018. Awardees have two years to spend awarded funding from the award date. Any unspent funds after two years must be returned to the State. Projects must demonstrate sustainability beyond the initial reporting period. By submission of the grant application and acceptance of the award, the grantee is certifying its intention to continue and sustain the program beyond the initial grant implementation award. There is no expectation of funding beyond awarded grant funds.

Award Process

All awards will be obligated to funded applicants in advance. Awardees are required to spend grant funds in accordance with approved budgets and submit reports as detailed below. Any changes to budgets must be approved in advance. The state reserves the right to claw back funds that are not spent in accordance with approved budgets.

Fiscal Responsibilities

All recipients of funding are required to identify a fiscal agent if the grantee is not its own fiscal agent. All recipients of funding are required to establish and maintain accounting systems and financial records to accurately account for awarded funds. Accounting systems for all projects must ensure the following:

- Funds are not commingled with funds from other grant sources.
- Funds specifically budgeted and/or received for one project cannot be used to support another.
- All grant awards are subject to audits during and within three years after the grant award reporting period has concluded.
- The accounting system presents and classifies historical cost of the grant as required for budgetary and auditing purposes.
- If, after the application is approved, either costs are lower than expected or CMS later provides funding for activities contemplated by the proposal, previously approved funding must be returned to the State.

Reporting Requirements

The reporting period is defined as the period of time from the day the grant is awarded until ten years after the grant is awarded. All recipients of funding are required to submit to OSIT quarterly fiscal reports and quarterly progress reports until all grant funds have been expended; annual fiscal and progress reports for the entire reporting period, and a final evaluation. Recipients have the option of submitting monthly reports in lieu of quarterly reports. The final evaluation is due within thirty (30) days after the conclusion of the reporting period. Grantees must continue to submit annual reports and a final evaluation even after all state funding has been spent. All reports must include the performance measures proposed in 3(e) of the application, satisfaction of partners, and sustainability. The annual reports must also include an

annual roster of residents. Awardees are also required to administer annual surveys of residents as directed by OSIT and provide the results of the surveys to OSIT.

Additional Information

Financial obligations of the State are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available. In the event funds are not appropriated, any resulting contracts (grant awards) will become null and void, without penalty to the state of Nevada.

All materials submitted regarding this application for OSIT funds becomes the property of the state of Nevada. Upon the funding of the project, the contents of the application will become contractual obligations.

Reconsiderations

Funding decisions made by the Governor are final. There is no appeals process.

Bidding Process

The grantee must follow all applicable local, state and/or federal laws pertaining to the expenditure of funds. Proof of Invitation to Bid, contracts, and any other pertinent documentation must be retained by the grantee. Likewise, all local, state, and federal permits required for construction projects must be acquired by the grantee within 90 days after the contract is entered into.

Access for Persons with Disabilities

The grantee shall assure that persons with disabilities are not precluded from using GME grant funded facilities. Projects must meet requirements as set by the Americans with Disabilities Act.

Maintenance and Operation

The grantee is responsible to see that GME grant funded projects are maintained and operated in a condition equal to what existed when the project was completed; normal wear and tear is accepted. Maintenance and operations standards should be adopted upon completion of the project.

Nondiscrimination

Projects funded with GME grant funds shall be available for public use, regardless of race, religion, gender, sexual orientation, age, disability, or national origin. In any instance that the grant notice, award, rules, regulations and procedures are silent – prior written approval is required.

ATTACHMENT A: APPLICATION REVIEW INFORMATION

Each proposed project will be evaluated for inclusiveness and succinctness of their application using the scoring matrix below.

Evaluation Criteria	Maximum Points & Reviewer Score	Comments/Recommendations
Cover Sheet	Pass/Fail	Comments/Recommendations
Needs Assessment	Maximum Points: 25 Reviewer Score	Comments/Recommendations
<ol style="list-style-type: none"> 1. Provide clear overview of need, using data 2. Describe community including health disparities and unmet needs. Why is it critical to care for this need? 3. Other efforts to remedy this need? 4. Student demand for the program. What undergraduate medical schools do students come from? 		
Feasibility Assessment	Maximum Points: 5 Review Score	Comments/Recommendations
<ol style="list-style-type: none"> 1. Current and projected resident capacity assessment 2. Description of payer mix 		
Work Plan & Impact Analysis	Maximum Points: 35 Reviewer Score	Comments/Recommendations
<p>Work Plan</p> <ol style="list-style-type: none"> 1. Program description (specialty, learning outcomes, settings and activities, assessment, didactic activities) 2. Estimates (hours seeing patients, number of patient visits, cost to train each resident, length of time to train cohort) 3. Faculty description 4. Project phases/timeline 5. Stakeholders 6. Recruitment plan 7. Hospital partners/clinical training resources 8. Accreditation plan 9. Retention in Nevada 10. How does the program meet needs identified in Needs Assessment? 		

<p>Impact Analysis</p> <ol style="list-style-type: none"> 1. Length of the program 2. Number of residents who complete annually 3. Total number of residents in the program when at full capacity 4. Estimated completion rate 5. Trainees from underrepresented groups 6. Estimated number practicing in Nevada upon completion 7. Estimated number practicing in underserved geographic area 8. Total cost of training per resident 		
<p>Sustainment</p>	<p>Maximum Points: 5 Reviewer Score</p>	<p>Comments/Recommendations</p>
<ol style="list-style-type: none"> 1. Annual program costs 2. Detailed plan to fund those costs 3. Statement of long-term commitment 4. Describe changes of partners in the future 		
<p>Evaluation and Data Collection</p>	<p>Maximum Points: 5 Reviewer Score</p>	<p>Comments/Recommendations</p>
<ol style="list-style-type: none"> 1. Program goals 2. What data will be collected to measure success 3. How will success be evaluated 		
<p>Certification of Accreditation</p>	<p>Pass/Fail</p>	<p>Comments/Recommendations</p>
<p>Letters of Commitment</p>	<p>Maximum Points: 5 Reviewer Score</p>	<p>Comments/Recommendations</p>
<p>Budget Plan</p>	<p>Maximum Points: 15 Reviewer Score</p>	<p>Comments/Recommendations</p>
<ol style="list-style-type: none"> 1. Budget Narrative (1 page) is detailed and aligned with work plan 2. Budget Plan (Table) is specific and includes line-item details 		

Type of Program	Primary Care or Mental Health: +5	
Programs that meet the definition of primary care or mental health are awarded 5 additional points.		
Total Score		

Attachment C: Licensed Physicians (MDs) per 100,000 Population in Nevada and the U.S. – 2017

Specialty	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine	Nevada	U.S.
Aerospace Medicine	-	-	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.1	0.1
Allergy	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	1.6	-	0.7	1.4
Anesthesiology	16.3	-	14.6	6.2	-	-	-	-	-	-	-	-	-	-	-	21.6	-	14.3	14.6
Cardiovascular Diseases	10.9	-	6.0	-	3.7	-	-	6.0	-	-	-	-	2.2	-	-	9.4	-	6.2	7.5
Child / Adolescent Psychiatry	-	-	0.8	4.1	-	-	-	-	-	-	-	-	-	-	-	2.0	-	1.0	2.6
Colon / Rectal Surgery	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	0.1	0.5
Dermatology	14.5	-	1.4	8.3	-	-	-	-	-	-	-	-	2.2	-	-	4.0	-	2.0	3.8
Diagnostic Radiology	14.5	3.9	6.0	8.3	-	-	-	6.0	-	-	-	-	2.2	-	-	9.7	-	6.4	8.5
Emergency Medicine	21.7	3.9	8.4	35.1	1.8	-	-	-	-	-	-	-	-	14.9	-	23.2	28.9	10.8	12.1
Family Medicine	36.2	19.6	17.2	26.8	9.2	-	-	24.0	-	39.9	13.0	-	4.4	14.9	-	36.9	19.3	20.3	29.6
Gastroenterology	10.9	-	2.6	-	1.8	-	-	-	-	-	-	-	-	-	-	5.4	-	3.0	4.5
General Practice	3.6	3.9	1.8	-	1.8	-	-	-	16.0	-	3.7	44.0	2.2	-	-	0.9	-	1.8	2.1
General Surgery	16.3	11.8	6.4	2.1	7.4	-	-	6.0	-	-	-	-	-	-	-	11.5	19.3	7.1	12.4
Internal Medicine	43.4	23.6	40.3	22.7	14.7	-	-	6.0	16.0	-	1.9	22.0	6.6	-	-	50.2	38.5	39.0	56.0
Medical Genetics	1.8	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	0.1	0.2
Neurology	5.4	-	3.0	2.1	1.8	-	-	-	-	-	-	-	-	-	-	3.6	-	3.0	5.7
Nuclear Medicine	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.4
Neurological Surgery	-	-	0.9	-	-	-	-	-	-	-	-	-	-	-	-	3.8	-	1.2	2.0
Obstetrics/Gynecology	23.5	19.6	9.6	2.1	9.2	-	-	-	-	-	-	-	2.2	-	-	13.5	9.6	9.9	14.0
Occupational Medicine	3.6	-	0.5	4.1	-	-	-	-	-	-	1.9	-	-	-	-	1.1	-	0.7	0.7
Ophthalmology	10.9	-	3.5	-	1.8	-	-	-	-	-	-	-	-	-	-	7.4	-	3.9	6.1
Orthopaedics	1.8	3.9	4.3	39.2	1.8	-	-	6.0	-	-	1.9	-	-	-	-	12.8	-	5.9	8.4
Otolaryngology	12.7	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	3.8	-	1.7	3.4
Pathology, Anatomic	3.6	-	2.9	2.1	3.7	-	-	-	-	-	-	-	-	-	-	4.7	-	3.0	6.1
Pathology, Forensic	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.7	-	0.1	3.8
Pediatrics	14.5	7.9	15.7	6.2	9.2	-	-	-	-	-	-	-	-	-	-	15.1	-	14.4	26.7
Pediatric Cardiology	-	-	0.6	-	-	-	-	-	-	-	-	-	-	-	-	0.4	-	0.5	0.8
Phys Med & Rehab	7.2	-	2.3	4.1	1.8	-	-	-	-	-	-	-	-	-	-	5.8	-	2.8	3.3
Plastic Surgery	-	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	2.5	-	1.1	2.5
Psychiatry	9.0	-	5.5	-	-	-	-	-	-	-	-	-	-	-	-	13.3	-	6.2	12.9
PH & Gen Prevent Med	-	-	0.1	-	-	-	-	-	-	-	-	-	-	-	-	0.4	-	0.1	0.5
Pulmonary Diseases	3.6	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	4.0	-	1.5	4.0
Radiology	5.4	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-	2.2	-	1.5	3.2
Radiation Oncology	3.6	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	1.1	-	0.9	1.6
Thoracic Surgery	1.8	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	1.3	-	0.9	1.5
Urology	9.0	-	1.4	-	1.8	-	-	-	-	-	-	-	-	-	-	3.4	9.6	1.7	3.5
Other Specialties	-	-	1.3	2.1	-	-	-	-	-	-	-	-	2.2	-	-	1.6	-	1.3	3.7
Totals	352.7	129.6	164.5	173.4	71.8	-	-	53.9	32.1	39.9	22.3	66.0	24.2	29.8	-	278.3	96.4	175.0	261.8

Source: Nevada State Board of Medical Examiners (2017). Population data from Nevada State Demographer's Office (2017).

Attachment D: Application Summaries

PROJECT ABSTRACT

1. Project Summary

The *SNHD Preventive Medicine Residency Program* will provide a well-structured, two year, graduate medical education training program to increase the number of physicians practicing general preventive medicine/public health in Clark County, and in Nevada.

2. Specific Measurable Objectives and/or Goals

Our goal is to increase the number of general preventive medicine/public health physicians practicing in Clark County and Nevada. Objectives are: 1. To recruit and enroll an annual average of 2 to 4 qualified physicians; 2. To provide a minimum of 4 hours of orientation to 100% of newly enrolled residents to acquaint them with the internal structure and operation of SNHD and Public Health in Nevada; 3. To provide a two year residency rotation schedule (the first year MPH program, in-service education, and rotation through SNHD's four Divisions); and, 4. To conduct resident evaluations enabling 10-12 graduates over the grant period.

3. Collaborations and Partnerships

This project is collaborating with the School of Community Health Sciences (SCHS) at the University of Nevada Las Vegas. SCHS will offer the required master's in public health degree for residents needing that credential to enter the residency program.

4. Expected Results and/or Outcomes.

SNHD desires to provide a long term preventive medicine/public health residency program that will graduate fully trained preventive medicine physicians, with a specialty in public health, to upgrade the preventive medicine/public health capacity of the entire state. Expected project results are a pool of 10-12, well qualified, general preventive medicine/public health physicians that are providing care in practice settings in Clark County and/or elsewhere in Nevada.

Project Abstract

There is a nationwide shortage of fellowship trained Critical Care Medicine (CCM) physicians, and Nevada currently ranks 47th nationwide per capita number of Pulmonary and Critical Care Medicine (PCCM) physicians. Clark County alone projects a need for an additional fifty-three PCCM physicians in the near-term. Increasing the number of fellowship trained CCM physicians in Nevada is crucial for Nevada residents to receive high quality, cost effective critical care. In response to this need, the UNLV School of Medicine, Division of PCCM proposes to implement a two-year CCM fellowship dedicated to training three fellows per year in the Internal Medicine subspecialty of CCM. This new two-year CCM Fellowship track will build on the already successful three-year fully accredited UNLV PCCM Fellowship program, which currently trains three PCCM fellows per year. The addition of three CCM fellowship positions per year (six total trainees) will expand the current complement of nine PCCM/CCM trainees to a total of fifteen CCM trained physicians beginning in July 2019. Importantly, two thirds of the fellows completing their UNLV PCCM fellowship in July 2018 elected to remain in Nevada, and the program anticipates that future retention rates will favorably impact the state-wide shortage of CCM physicians. This grant proposal request supports faculty recruitment and initial salary, program coordinator, program start-up costs including technology and supplies, and the space and furnishings needed to accommodate an expanded CCM program. To ensure the program attains its goals, the CCM fellowship will regularly collect and analyze data such as the match rates of its trainees, workforce statistics to assess per capita number of CCM physicians who practice in Nevada, graduating fellows' geographical location of practice, CCM board exam pass rates, and the faculty's academic scholarship.

PROJECT ABSTRACT

1. The Pediatric Emergency Services division of the Department of Emergency Medicine at the Children's Hospital of Nevada at UMC is seeking a GME 'New Program' grant to initiate an ACGME approved fellowship in Pediatric Emergency Medicine. The fellowship leads to eligibility for Board certification in Pediatric Emergency Medicine by the American Board of Pediatrics. Candidates for the fellowship must have completed residency training in Pediatrics or Emergency Medicine. The fellowship will train two fellows per year and will require two to three years to complete.
2. The objective of the grant is to train board certified Pediatric Emergency Physicians who will go on to practice in-state. Currently, the state of Nevada does not have any Pediatric subspecialty training programs and recruitment and retention of Pediatric subspecialist from outside the state remains a challenge. The measurable goal of the project is to increase the number of board eligible/board certified pediatric emergency providers by 50% over the course of the reporting period.
3. The project will require collaboration from Clark County government, the University Medical Center, the University of Nevada Las Vegas School of Medicine Emergency Medicine and Pediatric Residency Programs, the Children's Hospital of Nevada at UMC, as well as the Trauma and Burn Centers at UMC.
4. The anticipated outcome of the project is a Pediatric Emergency Medicine Fellowship that produces a steady stream of Board Certified Pediatric EM providers for the state of Nevada. The project will become self-sustaining through growth in pediatric emergency patient care revenues and efficiencies in staffing models at the Children's Hospital of

Nevada at UMC. In addition, the project will help support substantial growth in the provision of pediatric services in the state of Nevada.

PROJECT ABSTRACT

This project proposes to build upon an awarded 2016 Graduate Medical Education Expansion Grant awarded to the University of Nevada, Reno School of Medicine (UNR Med). The Elko program is established as an alternative training site for the Reno program. This proposal will add and enhance training in Elko in conjunction with the Veterans Administration (“VA”) and Shriners Children’s Health Care System. The Elko VA partnership provides new training with VISN 19, which provides service to rural Nevada. With expanded training activities and unexpected costs associated with the renovation of the Elko clinical training facility, we are seeking funds for equipment, infrastructure, and additional salary support while we continue to recruit a second Elko-based physician and work to implement the VA training and Shriners Hospital telemedicine experience. Both the VA and Shriners Hospital are extremely supportive of working with UNR Med to benefit their respective populations. The interest and support of the VA and Shriners Hospital demonstrate that the expansion of the UNR Med family medicine residency program with an alternative training site in Elko, supported by the 2016 Graduate Medical Education Expansion Grant, is embraced by the community and is accomplishing the goal of expanding access to medical care. The additional funding is critical to continue meeting this important goal.

The additional funds will support faculty time to implement VA residency training and organize the Shriners Hospital telemedicine experience as well as supporting costs associated with the clinical educational facility improvements. Specifically, UNR Med is seeking support for equipping exams rooms and other equipment. UNR Med and Nevada Health Centers have each provided additional support outside of the original grant funds for capital improvements and equipment totaling more than \$500,000 and these funds would help defray costs above this amount for equipment.

Section 2. Project Abstract

1. A brief summary of the project

- Southern Hills Hospital, a community hospital in Southwest Las Vegas, is committed to decrease the shortage of psychiatrists in southern Nevada by building a new psychiatry residency program. A new 80-bed inpatient psychiatry unit is currently under construction and anticipated to open in late 2018. This GME grant is critical to develop the infrastructure for the new Psychiatry program in order to improve access to specialized psychiatry services for our communities, from Southwest Las Vegas, across Clark County and beyond.

2. Specific, measurable objectives and/or goals

- Graduate 4 (four) new psychiatrists per year. Retain 75% in practices in the state, with a focus on southern Nevada. Improve access to specialized mental health services.

3. Collaboration and partnerships

- Our GME Consortium partner, MountainView Hospital, and various community mental health sites, will expand the opportunities for both required and elective rotations. These additional partners include Mojave Mental Health, Nevada Health Centers, Inc., Southern Nevada Adult Mental Health Services, and Solutions Recovery and others to be identified.

4. Expected results and/or outcomes

- Increase access to psychiatric care in southern Nevada for patients of all ages with acute and chronic psychiatric problems, integrating inpatient services and outpatient services with community behavioral health.
- Improve the continuity and quality of care across all settings requiring psychiatric services, from community health centers, to outpatient mental health clinics, acute care hospitals, emergency departments, addiction treatment centers, inpatient psychiatric units and other sites.

2. Project Abstract

Valley Health System Consortium Family Medicine Residency Program (VHSFMRP) (ACGME Program #1203100704) is a three-year residency program slated to begin in July 2019. This grant application seeks funding for simulation and video monitoring equipment to provide realistic, high quality training experiences for our future residents.

Simulation-based education refers to “any educational activity that employs simulation aids to replicate clinical scenarios.” The use of simulation-based clinical scenarios is an important component of an engaging and meaningful curriculum. This type of teaching aligns with national trends in medical education and satisfies the rigorous requirements of our accrediting body, the ACGME. This equipment will be used in a myriad of ways including procedural skill training; professionalism assessment; communication skills assessment; and in complex interprofessional training scenarios. The goal is to provide hands-on experiential learning opportunities for residents and prepare them for independent practice.

The sponsoring institution financially supports this program and therefore we do not seek operating funds but rather equipment that will provide long-term benefits to the residents attending the program for many years to come. In addition, the equipment requested will be available to other residency programs and future residency programs planned by the Valley Health System Consortium including internal medicine, OB/GYN and psychiatry.

The expected outcomes of this program will be to attract future physicians to our training programs, prepare residents for the rigors of primary care practice, enhance patient quality and safety and ensure graduation of competent family physicians.