

**BRIAN SANDOVAL**  
GOVERNOR



**BRIAN L. MITCHELL**  
DIRECTOR

STATE OF NEVADA  
**GOVERNOR'S OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY**  
100 North Stewart Street, Suite 220  
Carson City, Nevada 89701  
(775) 687-0987 \* Fax: (775) 684-0990

**DATE:** November 26, 2018  
**TO:** Governor Brian Sandoval  
**FROM:** Brian Mitchell  
**RE:** Graduate Medical Education Task Force Recommendations- Round V

---

**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 FY 2018, the Governor approved the recommendations for the Task Force to fund an additional 8 applicants at a total of \$5 million. A summary of the first four 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 with Brian Mitchell, Director of OSIT, serving as Chair.

In August, 2018, OSIT circulated the Round 5 Request for Applications (RFA) for FY 2019 GME funding (\$5 million). The Task Force met in November of 2018 to review applications for funding. A copy of the RFA is included as Attachment B. For the third and fourth rounds, the Task Force recommended expanding the scope of eligible specialties 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). The Round 5 RFA continued to use the same definitions of eligible specialties with the same added weight in scoring for residencies in primary care or mental health. The Round 5 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 fifth round, OSIT received five applications requesting \$4,373,301 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**

<b>Applicant</b>	<b>Program Name</b>	<b>Type</b>	<b>Location</b>	<b>Requested Amount</b>
<b>Southern Nevada Health District</b>	Public Health and General Preventive Medicine	New	Clark	\$1,048,781.00
<b>UNLV School of Medicine</b>	Critical Care Fellowship Addendum	New	Clark	\$80,000.00
<b>UNLV School of Medicine</b>	Critical Care Surgery Fellowship	Expansion	Clark	\$1,560,179.00
<b>UNLV School of Medicine</b>	Geriatrics Fellowship	New	Clark	\$722,346.00
<b>Valley Health System</b>	Infrastructure Develop-Henderson Hospital	New	Clark	\$961,995.00

**TABLE 2**

<b>Applicant</b>	<b>Average Score (105 possible)</b>
<b>Southern Nevada Health District</b>	64.78
<b>UNLV School of Medicine (Critical Care Addendum)</b>	93.63
<b>UNLV School of Medicine (Critical Care Surgery)</b>	90.13
<b>UNLV School of Medicine (Geriatrics)</b>	77.13
<b>Valley Health System</b>	83.43

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.

**UNLV CRITICAL CARE ADDENDUM-** The original application approved and funded in Round 4 contained an error in the budget table that only funded two of the three residents. UNLV submitted a revised budget and requested the additional \$80,000. The Task Force questioned if UMC's Board of Trustees had approved funds to sustain the program and UNLV informed the members that the vote would not have occurred regardless until the conclusion of the program in 2020.

**UNLV CRITICAL CARE SURGERY-** The Task Force questioned the salary levels in the budget and was informed that the salaries were comparable to similar programs in the Western United States. No significant concerns were raised.

**VALLEY HEALTH-** VHS representatives explained that the new Henderson Hospital was not designed for GME and the funding would provide space and equipment that would be used by many residents in the coming years. Although the proposal would not add new residents, it

would expand the opportunities, experiences, and exposure for the residents. VHS indicated that the construction of the new GME space would be completed by July, 2019 and would be ready for residents starting that month. At any given time, 30 residents at a time might be located at the hospital but residents would rotate through all of the VHS hospitals during their residencies.

UNLV GERIATRICS- The Task Force had some concerns regarding the sustainability and accreditation of the program, given that UNLV planned to fund 40% of the ongoing costs through philanthropic donations. UNLV indicated they want to include community resources in the sustainability of the program and would have other program resources if philanthropy came up short. The representative from the VA on the Task Force committed to funding one of the slots in the future. The Task Force also had questions regarding the recruitment of fellows, given that geriatrics programs around the country have had unfilled slots. UNLV responded that it expects there will be a strong internal pipeline for the program and that Las Vegas will be a popular destination for training.

SOUTHERN NEVADA HEALTH DISTRICT (SNHD)- The Task Force had concerns with SNHD's lack of accreditation. SNHD informed the Task Force that it was in the process of seeking accreditation and was confident that ACGME would accredit the program in April, 2019. The Task Force inquired whether an April accreditation would allow the program to start in July, 2019 and SNHD indicated that the timeframe would work. There were also concerns about the sustainability of the program given its expected ongoing costs and lack of an internal revenue source. SNHD indicated that a combination of applying for federal grants, legislation increasing property tax rates, and increases to its general fund from the County would cover the ongoing costs of the program. There were concerns that the two-year program only offered two months of direct patient care. However, SNHD said the program's emphasis on population-based health was different than other individual-care programs and that it followed the format of other, similar programs. There was discussion about whether a Master of Public Health (MPH) degree from UNLV was required and whether grant funds should pay for the tuition costs. SNHD indicated the MPH was required and was standard for this type of fellowship. SNHD also indicated they were looking to establish formal relationships with hospitals and thought student interest in the program would be high.

#### **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 four of the applications- the three applications from UNLV and the application from Valley Health. The Task Force was split on whether to fund SNHD's application with four members voting in favor, four against, and one member abstaining. Table 3 below contains the Task Force's award recommendations.

**TABLE 3**

<b>Applicant</b>	<b>Average Score</b>	<b>Slots per Year</b>	<b>Requested Amount</b>	<b>Awarded Amount</b>
<b>Southern Nevada Health District</b>	64.78	2	\$1,048,781.00	\$1,048,781.00 <sup>1</sup>
<b>UNLV School of Medicine (Critical Care Addendum)</b>	93.63	1	\$80,000.00	\$80,000.00
<b>UNLV School of Medicine (Critical Care Surgery)</b>	90.13	2	\$1,560,179.00	\$1,560,179.00
<b>UNLV School of Medicine (Geriatrics)</b>	77.13	2	\$722,346.00	\$722,346.00
<b>Valley Health System (Henderson)</b>	83.43	90 <sup>2</sup>	\$961,995.00	\$961,995.00
<b>Total</b>		97	\$4,373,301.00	\$4,373,301.00

**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.

After the Governor’s funding decisions, at minimum, \$626,699 will be available from this fiscal year’s total allocation of \$5,000,000. The Task Force agreed on a timeframe to do another round of funding with a new RFA to be released in January and applications due in late April. The Task Force will reconvene in May to make review the applications and make recommendations to the Governor.

The Task Force concluded the meeting with a discussion regarding the data needed by the State to most effectively grow the physician workforce. The Task Force endorsed the recommendation of soliciting via RFA applications to fund research that would inform the Governor, Legislature, and the Task Force on the limitations of existing data, GME data needs, including return on investment and retention, and the outcomes of the previous GME funding. The Task Force also agreed that GME funds in future biennia should offer more tools to programs to recruit and retain physicians in the state, including loan forgiveness and relocation programs.

---

<sup>1</sup> The Task Force was not unanimous in its recommendation. See summary of recommendations above for additional details.

<sup>2</sup> VHS’ application will not add any new slots; rather, it will add an additional location where the 90 residents in VHS’ program will do their residencies. See VHS summary above for additional details.

**Attachment A: GME Funded Applications**

<b>Applicant</b>	<b>Program Name</b>	<b>Type</b>	<b>Location</b>	<b>Awarded Amt</b>
UNLV School of Med	Psychiatry Residency Program	Expansion	Clark	\$900,000
Valley Health	Infrastructure Development- 4 programs	New	Clark	\$600,000
UNR School of Med	Adult and Child Psychiatry	New	Washoe/Rural	\$500,000
UNLV School of Med	OBGYN	New	Clark	\$1,300,000
UNR School of Med	Internal Medicine	Expansion	Washoe	\$1,700,000
UNR School of Med	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
UNR School of Med	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
SNHD	Preventive Medicine Residency	New	Clark	\$315,161
UNLV School of Med	Critical Care Fellowship	New	Clark	\$454,817
UNLV School of Med	Pediatric Emergency Medicine Fellowship	New	Clark	\$922,433
UNR School of Med	Family Medicine Training	Expansion	Rural	\$251,969
Southern Hills Hospital	Psychiatry Residency	New	Clark	\$1,054,000
Valley Heath	Family Medicine Residency	Expansion	Clark	\$319,210
<b>Total Funding Awarded</b>				<b>\$15,000,000</b>

---

## ***Attachment B: Request for Applications***

### ***Graduate Medical Education New and Expanded Program Grants Round V***

---

#### **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:** October 30, 2018 at 5:00 p.m. PT

**Funding Available:** \$5,000,000

**Cost Sharing/Match:** None

**Bidder's Call:** September 25, 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 October 30, 2018 at <http://osit.nv.gov>.

**Final Funding Decisions:** On or before November 30, 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:** <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](mailto: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 fifth round since the inception of the grant program. 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., October 30, 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 residency or fellowship 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.

### *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. FY2019 funding must be obligated by June 30, 2019. 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 2017 and 2018 and the expected number of accreditor-approved residency positions in 2019.
    2. The number of filled and unfilled residency positions in 2017 and 2018.
    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 2019.
    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 separately.
- 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 FY2019 must be obligated by the state by June 30, 2019. 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
<b>Needs Assessment</b>	<b>Maximum Points: 25 Reviewer Score</b>	<b>Comments/Recommendations</b>
<ol style="list-style-type: none"> <li>1. Provide clear overview of need, using data</li> <li>2. Describe community including health disparities and unmet needs. Why is it critical to care for this need?</li> <li>3. Other efforts to remedy this need?</li> <li>4. Student demand for the program. What undergraduate medical schools do students come from?</li> </ol>		
<b>Feasibility Assessment</b>	<b>Maximum Points: 5 Review Score</b>	<b>Comments/Recommendations</b>
<ol style="list-style-type: none"> <li>1. Current and projected resident capacity assessment</li> <li>2. Description of payer mix</li> </ol>		
<b>Work Plan &amp; Impact Analysis</b>	<b>Maximum Points: 35 Reviewer Score</b>	<b>Comments/Recommendations</b>
<p>Work Plan</p> <ol style="list-style-type: none"> <li>1. Program description (specialty, learning outcomes, settings and activities, assessment, didactic activities)</li> <li>2. Estimates (hours seeing patients, number of patient visits, cost to train each resident, length of time to train cohort)</li> <li>3. Faculty description</li> <li>4. Project phases/timeline</li> <li>5. Stakeholders</li> <li>6. Recruitment plan</li> <li>7. Hospital partners/clinical training resources</li> <li>8. Accreditation plan</li> <li>9. Retention in Nevada</li> <li>10. How does the program meet needs identified in Needs Assessment?</li> </ol>		

<p>Impact Analysis</p> <ol style="list-style-type: none"> <li>1. Length of the program</li> <li>2. Number of residents who complete annually</li> <li>3. Total number of residents in the program when at full capacity</li> <li>4. Estimated completion rate</li> <li>5. Trainees from underrepresented groups</li> <li>6. Estimated number practicing in Nevada upon completion</li> <li>7. Estimated number practicing in underserved geographic area</li> <li>8. Total cost of training per resident</li> </ol>		
<p><b>Sustainment</b></p>	<p><b>Maximum Points: 10 Reviewer Score</b></p>	<p><b>Comments/Recommendations</b></p>
<ol style="list-style-type: none"> <li>1. Annual program costs</li> <li>2. Detailed plan to fund those costs</li> <li>3. Statement of long-term commitment</li> <li>4. Describe changes of partners in the future</li> </ol>		
<p><b>Evaluation and Data Collection</b></p>	<p><b>Maximum Points: 5 Reviewer Score</b></p>	<p><b>Comments/Recommendations</b></p>
<ol style="list-style-type: none"> <li>1. Program goals</li> <li>2. What data will be collected to measure success</li> <li>3. How will success be evaluated</li> </ol>		
<p><b>Certification of Accreditation</b></p>	<p><b>Pass/Fail</b></p>	<p><b>Comments/Recommendations</b></p>
<p><b>Letters of Commitment</b></p>	<p><b>Maximum Points: 5 Reviewer Score</b></p>	<p><b>Comments/Recommendations</b></p>
<p><b>Budget Plan</b></p>	<p><b>Maximum Points: 15 Reviewer Score</b></p>	<p><b>Comments/Recommendations</b></p>
<ol style="list-style-type: none"> <li>1. Budget Narrative (1 page) is detailed and aligned with work plan</li> <li>2. Budget Plan (Table) is specific and includes line-item details</li> </ol>		



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

### 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
<b>Totals</b>	<b>352.7</b>	<b>129.6</b>	<b>164.5</b>	<b>173.4</b>	<b>71.8</b>	-	-	<b>53.9</b>	<b>32.1</b>	<b>39.9</b>	<b>22.3</b>	<b>66.0</b>	<b>24.2</b>	<b>29.8</b>	-	<b>278.3</b>	<b>96.4</b>	<b>175.0</b>	<b>261.8</b>

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

**Attachment D: Application Summaries**

## **Addendum to Proposal**

Date: October 30, 2018

This addendum is submitted as a request to modify the attached, previously funded proposal entitled, "Critical Care Medicine Expansion Grant Proposal."

In the proposal, there is an error in "Table 2. Budget Table," wherein there should be three fellow salaries listed, instead of two fellow salaries. The plan to expand this program by three fellows was described in the proposal narrative, discussed at the question and answer session with the GME Task Force members, and subsequently approved by the Accreditation Council for Graduate Medical Education (ACGME). This request seeks consideration to fund the third fellow salary of \$80,000, which was accidentally omitted from the budget table.

## **Project Abstract**

The UNLV School of Medicine (UNLV SOM) Acute Care Surgery (ACS) Fellowship is a two-year fellowship that provides three essential components: trauma surgery, surgical critical care and emergency surgery. The first year is an ACGME approved Surgical Critical Care Fellowship (SCC) and the second year is an Acute Care Surgery (ACS) Fellowship year, approved by the American Association for the Surgery of Trauma (AAST). The UNLV SOM has the first approved ACS Fellowship in the U.S., accredited in 2008. There have been no unfilled positions since its inception and the demand for this training continues to increase.

The AAMC projects a surgical shortfall of up to 30,500 surgical specialists by 2030. Nevada ranks 47th in the country for number of physicians per capita, with a shortfall of 540 surgeons to meet the national per capita average. In response, the UNLV SOM Department of Surgery, in collaboration with University Medical Center, proposes to expand our accredited two-year ACS fellowship by two positions per year, to a total of five fellows per year, beginning in 2019. We have the curriculum, number and diversity of patients, along with faculty experience, to provide outstanding training for additional fellows. In addition, this would allow more consistent care of acutely ill or injured patients. With more Nevada general surgery residency programs coming into existence, we anticipate these graduates will apply for our fellowship, resulting in retention of physicians to augment the surgery workforce in Nevada.

This grant proposal requests funds for recruitment and initial salary support for essential program personnel and other expansion costs. To ensure the program attains its goals, the ACS fellowship will continue to collect outcome data, including Nevada workforce statistics, graduating fellows' geographical location of practice, board pass rates, and academic scholarship.

## **Project Abstract**

The Valley Health System, accredited as a Sponsoring Institution (Institution #318090) by the Accreditation Council for Graduate Medical Education (ACGME), is creating several new GME programs. However, the Hospitals comprising the Sponsoring Institution's primary teaching sites are community-based acute care facilities which have been designed and built for the purpose of direct delivery of patient care, and not in anticipation of graduate medical education (GME) programs. The ACGME requires for the approval of any programs sufficient and appropriate space for resident activities, including classroom/teaching space, lounge space, and call room space. This project is designed to address those space requirements and to create a communications and videoconferencing technology infrastructure to link the teaching spaces at the various facilities, as well as outside entities, for the purposes of educational programming.

This physical and technological infrastructure development represents one-time startup costs with a useful lifespan that will extend far beyond the term of the grant period, offering a positive impact on the training opportunities for hundreds of residents in these disciplines, and supporting the System's goal of training physicians to serve generations of Nevadans.

Funds for this project have already been granted by the State for development of this space and infrastructure at four of our facilities, and that work continues to progress. Since the time of those disbursements, however, our System has built a new facility, Henderson Hospital, a 166-bed acute care hospital opened on October 31, 2016, and it has quickly become a key part of the healthcare community, already moving to expand services. We intend to include Henderson Hospital as a significant part of the experience for many of our residencies, and the current funding request is to support the development of the same kind of GME space and infrastructure at this facility that the State has seen fit to provide at our other hospitals.

## **Project Abstract**

1. **Brief summary:** There is a nationwide dilemma, a shortage of geriatricians, who are physicians specially trained to evaluate and manage the unique healthcare needs and treatment preferences of older people, in an era of prolonged life expectancy. Among the 148 Accreditation Council for Graduate Medical Education (ACGME) accredited geriatric fellowship programs, there is no active fellowship program in the Las Vegas metropolitan area, where more than 2 million people reside.
2. **Objectives and goals:** The proposed geriatric fellowship program at the University of Nevada, Las Vegas School of Medicine (UNLV SOM) aims to narrow the gap between supply and demand for care from a geriatrician. This grant proposal request supports fellow and faculty, program coordinator, and case manager salaries, as well as program start-up costs that are essential to begin the project. The measurable goals are to increase the number of board eligible/certified geriatricians in Nevada, especially, underrepresented ethnic or gender minorities, graduating fellows' geographic location of practice, geriatric medicine board exam pass rates, and the faculty's academic achievements, along with that of the fellows.
3. **Collaboration and partnerships:** The project will involve collaboration from University Medical Center, Veterans Affairs Southern Nevada Health System, and University of Nevada Las Vegas School of Medicine, as well as several other community partners.
4. **Expected results:** The geriatric medicine fellowship program at the UNLV SOM will graduate two fellows every year. At least half of them will remain in Nevada, based on recent graduate medical education statistics. Nevada's demographic changes, population expansion, especially, in ethnic minorities, necessitate this new patient-centered program for older adults.

## **2. PROJECT ABSTRACT**

**1. Project Summary:** The Southern Nevada Health District (SNHD) is seeking funding to implement a public health and general preventive medicine residency program, a two-year program during which residents will receive training in direct patient care, complete coursework towards a MPH degree, rotate through various public health programs, and participate in other didactic activities.

**2. Goals and Objectives:** The primary goal is to increase the number of physicians trained and practicing in public health and general preventive medicine in both Clark County and Nevada. To meet this goal, the SNHD intends to meet the following objectives: 1) by April 2019, complete the development of the residency program and receive initial program accreditation from ACGME; 2) by July 1, 2019 recruit and enroll the first cohort of two residents; 3) by July 1, 2020 recruit and enroll the second cohort of two residents; 4) by June 30, 2021, graduate the first cohort of two residents; and 5) continue to sustain the program so as to enroll a new cohort of two residents each year who will complete their training in two years.

**3. Collaborations and Partnerships:** Residents will be completing coursework towards completion of a MPH degree from the University of Nevada Las Vegas (UNLV) School of Community Health Sciences.

**4. Expected Results and/or Outcomes:** SNHD expects to implement a well-structured two-year public health and general preventive medicine training program. Upon completion of their training, residents will have met all ACGME-required competencies and be eligible for board certification in public health and general preventive medicine.