



Brian Sandoval
Governor

STATE OF NEVADA

GOVERNOR'S OFFICE OF SCIENCE, INNOVATION & TECHNOLOGY

100 North Stewart Street, Suite 220
Carson City, Nevada 89701
775-687-0987 Fax: 775-687-0990



Brian L. Mitchell
Director

PUBLIC MEETING MINUTES

Name of Organization: Graduate Medical Education (GME) Task Force

Date and Time of Meeting: Monday, November 19, 2018 at 1:00 pm – 4:00 pm

Place of Meeting: Nevada State Library and Archives (NSLA)
Boardroom (First Floor)
100 North Stewart Street
Carson City, NV 89701

This meeting will be video conferenced to the following location:
Grant Sawyer State Office Building
Suite 1400 (First Floor – DHRM Conference Room)
555 East Washington Ave
Las Vegas, NV 89101

If you are unable to join the meeting in person, please use the following numbers:

Northern: 775-687-0999 or

Southern: 702-486-5260

Access code: 70987 then push #

I. Call to Order/Roll Call

Brian Mitchell

The Graduate Medical Education (GME) Task Force was called to order by Chair Brian Mitchell at 1:00 PM on Monday, November 19, 2018, at the Nevada State Library and Archives Boardroom, 100 North Stewart Street, Carson City, NV 89701.

Members Present:

Barbara Atkinson, MD

Bill Welch

Brian L. Mitchell

Chris Bosse

Gillian Barclay, DDS, DrPH

Julie Kotchevar, PhD

Paul Kalekas, DO

Ramanujam Komanduri, MD

Sam Kaufman

Members Absent:

Thomas L. Schwenk, MD
Mark A. Penn, MD, MBA
Steven Althoff, MD

Guests Present:

John Packham, PhD, Director of Health Policy Research at the University of Nevada, Reno School of Medicine
Scott Jones, PhD, Director of Health Planning & Primary Care Office, State of Nevada Department of Health and Human Services
Kate Martin, MD – Associate Dean for GME Education & Designated Institutional Official (DIO) University of Nevada, Las Vegas School of Medicine (UNLV SOM)
Ji Won Yoo, MD, Assistant Professor, Department of Internal Medicine, UNLV SOM
Deborah Kuhls, MD - Program Director, Surgical Critical Care Fellowship, UNLV SOM
Kush Modi, MD – Assistant Professor Department of Internal Medicine, UNLV SOM
Cortland Lohff, MD - Public Health & General Preventive Medicine Specialist, Southern Nevada Health District (SNHD)
Joseph Iser, MD – Chief Health Officer, SNHD
Andrew Eisen, MD – Chief Academic Officer, Valley Health System (VHS)

Staff Present:

Tracey Gaffney, OSIT

II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

There was no public comment.

III. Welcoming Remarks and Announcements

Brian Mitchell

Mr. Mitchell welcomed everyone to the meeting and thanked the members of the GME Task Force for their time and input on the scoring sheets for this round of GME applications.

IV. Approval of the Minutes from the July 11, 2018 GME Meeting (For possible action)

Brian Mitchell

Chair Mitchell asked if there were any corrections to the July 11, 2018 Minutes. None were made. Sam Kaufman made a motion to approve the Minutes of July 11, 2018. Dr. Atkinson seconded the motion. The motion passed unanimously.

V. Discussion and Possible Vote on Funding Recommendations to the Governor Regarding Applications Received for the GME New and Expanded Program Grants Round V (For possible action)

Brian Mitchell

Chair Mitchell open the conversation on funding recommendations for the Governor regarding applications received for the GME New and Expanded Program Grants Round V.

He pointed out that funding requests total \$4.3 million and were received from five applicants. He said the scoring received from members of the GME Task Force have been averaged, as follow:

VHS (Infrastructure Development, Henderson Hospital).....	83.43
UNLV (Critical Care Surgery Fellowship Expansion).....	90.13
UNLV (Critical Care Medicine Addendum from previous grant).....	93.63
SNHD (Public Health and General Preventive Medicine)	64.78
UNLV (Geriatrics Fellowship).....	77.13

Mr. Mitchell said the discussion will start with the highest scoring application and work down to the applicant with the lowest score.

UNLV (Critical Care Medicine Addendum from previous grant)

Kate Martin, MD – Associate Dean for GME Education & Designated Institutional Official (DIO) UNLV SOM

Kush Modi, MD – Assistant Program Director and Professor Department of Internal Medicine, UNLV SOM

Mr. Mitchell reminded everyone that this application was not for a full grant, but rather an addendum to their previous GME grant. He asked for questions from the task force for the two representatives from UNLV.

Mr. Welch said after reviewing this application it appears to him the circumstances remain the same as when the original grant was submitted at the last round of funding, and asked whether this addendum had been approved by the hospital board of trustees, and whether the University Medical Center (UMC) Board will support this grant initiative. Dr. Martin replied that nothing had changed, and they have the same support as the original request for three fellows and pointed out that one of the salaries had been missing in the original grant request submitted. She commented the board is supportive of the three fellows and will continue to be supportive in the future for sustainment of the grant.

Mr. Mitchell stated that during the last round of funding, this grant was approved. He pointed out there was an error which ultimately shorted the grant \$80,000, which in turn meant the three fellows' positions could not be fully funded as intended in UNLV SOM's original application. He said this grant request is for funding one of the three fellows' salaries that was in the original application, but not in the budget. Mr. Welch asked why this application had not gone before the Hospital Board of Trustees for consideration and when it is expected to go before that board. It was suggested that a revised letter stating that UMC will support the \$80,000 funding in addition to the original amount would answer the question. Dr. Martin asked for reconsideration on the original recommendation, which did contain salaries for three fellows and that funding has already been pledged. She wanted to make clear they are not requesting an additional amount to what has already been approved but was left out of the budget table. She clarified the application had not been revised, but rather an addendum was added indicating one of the salaries was missing as a line item. She confirmed that UMC supports funding the \$80,000. There was further discussion that at the last meeting of the GME Task Force, the original application for this program submitted to the task forces was approved, however it had been requested to get approval for the grant funding from the hospital board at that time.

Mr. Mitchell clarified this grant was approved by the GME Task Force earlier this year and the funding was distributed in June 2018. Mr. Welch asked whether the hospital board's approval and commitment to fund had ever been received. He pointed out a letter of support from the County Commissioners and/or the Hospital's Board of Trustees was never received to approve UMC's funding support. Dr. Martin replied that conversation has not yet happened, however, they have expressed their support to this team present today to include the salaries and annual funding request, and because it is being supported by the grant at this time, the request has not been made. She said she has no problem asking for a clarification statement from the board. Mr. Mitchell summarized that regardless of whether the error in the budget had been made, and regardless of returning to request the additional \$80,000, the formal approval by the UMC Board would not have yet taken place. Dr. Martin acknowledged that is correct. She added she could certainly obtain verification that all the fellows' salaries will still be supported and sustained. There was further discussion by the group on the approval process and roles of the county commissioners and hospital board of trustees. Mr. Welch said the funds would not be drawn down until at least 2020, but part of the scoring on this application is sustainability and the sustainability was contingent upon the hospital board approving the ongoing funding. Dr. Martin replied Tony Marinello, Chief Operations Officer at UMC, is well aware of the discrepancy that occurred and he is very supportive of the sustainment period.

Dr. Barbara Atkinson announced she recused herself from scoring on this application.

UNLV (Critical Care Surgery Fellowship Expansion)

Kate Martin, MD – Associate Dean for GME Education & Designated Institutional Official (DIO) UNLV SOM

Deborah Kuhls, MD - Program Director, Surgical Critical Care Fellowship UNLV SOM

Mr. Mitchell asked for clarification on UNLV's budget plan for this program, wherein it states the director is a .2 full time employee (FTE) and faculty is .1 FTE, and asked whether that is correct. Dr. Martin confirmed it is correct. Mr. Mitchell said the salaries appear to be quite high for an individual who only gives 10% of their time to this grant, and asked whether these salaries are in line with other salaries of project directors and faculty. Dr. Kuhls replied the salaries are based on the Association of American Medical Colleges (AAMC) Faculty Salary Survey Reports for the Western Region of the United States of Clinical Science Departments/Specialties, 2016-17 Academic Year, at the median level of compensation for the following positions: Assistant Professor rank for the Associate Program Director, Associate Professor rank for the core faculty members and Professor rank for the Program Director. She added there are separate program directors, associate program directors and core faculty assigned to each year of the separately accredited years of the combined two-year fellowship program. Mr. Mitchell asked whether the Program Director, working full time, would have a salary of over \$500,000 per year. Dr. Kuhls confirmed that is correct.

Dr. Barbara Atkinson announced she recused herself from scoring on this application.

VHS (Infrastructure Development, Henderson Hospital)

Andrew M. Eisen M.D., Chief Academic Office/DIO, Valley Health System

Sam Kaufman announced he recused himself from scoring on this application.

Dr. Komanduri said infrastructure is always a challenge, and asked how VHS views infrastructure versus data processing in future projects. Dr. Eisen replied the task force recommended, and the Governor approved funding in the first two rounds of this grant for the same kind of work at other VHS facilities. He pointed out this is space and equipment that our residents can use for potentially decades and it will accommodate literally hundreds of residents over the course of the next few years, allowing a high return on the dollars spent.

Dr. Atkinson asked about the accreditation status and whether detailed letters about the program had been received. Dr. Eisen replied detailed letters of accreditation had not been received at this time. He said they are now in the application process and are very close to a signed contract. Dr. Atkinson said she also noticed the Accreditation Council for Graduate Medical Education's (ACGME) overall accreditation had deficiencies. Dr. Eisen replied that just last week, VHS had received the defect letter of notification from that site visit a year ago, which included two very minor deficiencies. He added the deficiencies are now corrected.

Mr. Mitchell asked for clarification on the timeline to spend down the funding. Dr. Eisen replied the timeline will be very quick. They already have the nearly-final drawings which only require a final round of approval and the plans are in place. He said these are dollars that can be spent before the construction is complete. Mr. Mitchell, referring to page 9 of the application, asked for clarification on the technical impact going beyond their institution including community education, collaboration with other clinical and educational programs, and outreach to rural areas. Dr. Eisen said one thing they set forth as a requirement in terms of the capability of the equipment, was that it didn't require "high-end" equipment, thereby allowing it to be utilized to video conference with rural areas of Nevada, or for communities to use for faculty development or long distance medical education. He added the equipment they are looking at would be capable of the delivery of telemedicine services as well, even though it is not necessarily part of their plan. He said it will also give VHS the ability to link to their rural health clinic, lab and hospital in Pahrump, as well as Desert View Hospital, stressing it is important to link all of their facilities together as well as to the rest of the state.

Mr. Mitchell said in terms of the different residency programs they are starting, asked whether all of the different disciplines will pass through Henderson Hospital or will Henderson Hospital have a focus on only one discipline, with Summerlin Hospital focusing on another discipline, and so forth. Dr. Eisen said the program will be spread across multiple hospitals with no one program set at one hospital. He pointed out the amount of time each resident will spend at each hospital is currently in development. He said the idea is to maximize the learning opportunities for the residents across all facilities.

Mr. Mitchell asked what the capacity is for the building in Henderson, and the number of residents that could be placed there at one time. Dr. Eisen replied the capacity of the space being built will be capable of supporting approximately 30 residents at a time, not necessarily over-night, however, he pointed out, in terms of a day rotation that number could be 30 and this number could include space for residents and medical students as well.

Mr. Welch said this program does not expand the number of residents, which the original application had planned for, but said he believes this program does give a more diversified

and broader range of where they will do residency programs, which ultimately brings opportunity. Dr. Eisen agreed. He said one of the big drivers for VHS is making sure all residents have the opportunity to rotate through all of VHS's hospitals, as each hospital has a different personality and each is situated in a different type of community. He said VHS is hoping, as an overall goal, to encourage residents to stay in the State of Nevada.

UNLV (Geriatrics Fellowship)

Kate Martin, MD – Associate Dean for GME Education & Designated Institutional Official (DIO) UNLV SOM

Ji Won Yoo, MD, Assistant Professor, Department of Internal Medicine, UNLV SOM

Dr. Komanduri pointed out a correction on the letter of support for the UNLV Geriatrics Fellowship submitted by the Department of Veterans Affairs. He referenced the statement, "...regarding plans to expand the Geriatrics and Extended Care (GEC) Service to include a Community Living Center (CLC, akin to Skilled Care) in the very near future and the details of this are being worked out." He clarified that the proposal for the CLC has a timeframe of possibly two years from now. He asked whether there is a demand for Geriatrics Fellowship programs and what might be the attraction for a resident to come to Las Vegas. Dr. Martin replied they have a built-in pipeline of students who haven't accumulated the tradition debt typically faced when trying to get recruits, and with full and partial scholarships, UNLV SOM Undergraduate Medical Education (UME), future doctors are protected from feeling the crushing weight of student loans, which is also an advantage for UNLV.

Mr. Mitchell pointed out, in the application, the work plan shows residents will work approximately 40 hours per week in this program, whereas in other applications received it was noted that residents typically will work 70 – 80 hours per week, and asked what the discrepancy is between the hours. Dr. Yoo said they base this on a federal schedule, and work hours are less stringent when based on these hours. Dr. Martin pointed out there is a difference with residents and fellows and with primary care, and in doing a comparison of funding cycles, critical care for example, is going to be much more likely a burden on work hours.

Mr. Mitchell asked for clarification on the anticipated sustainability plan to fund ongoing costs; 60% from clinical revenues and 40% from philanthropic donations. Dr. Martin replied their inspiration was based on the short timeframe they had to partner with others, and in "thinking outside of the box," UNLV SOM anticipates raising philanthropic donations from the community, healthcare industry (e.g. mega-insurance companies) and patients/caregivers. She said based on the successful experiences of accomplishing a scholarship program, Southern Nevada communities are responsive to community sustainability, which can result in the gains of the successful implementation of the UNLV SOM Geriatrics Fellowship program that will be the cradle of caring for complex and frail older adults in Southern Nevada. Mr. Welch asked what the backup for sustainability would be if they do not get those philanthropic donations and the revenues are not there. Dr. Yoo discussed the premium of specialized geriatric care for the public that is anticipated. Dr. Martin confirmed this is their goal and were encouraged when they submitted their application by the strong show of support by UMC. Mr. Mitchell pointed out he did not see a letter of support from the Veterans Affairs Southern Nevada Health System (VA) for funding an FTP salary, and asked for confirmation from Dr. Komanduri. Dr. Komanduri,

Chief of Staff at the VA Southern Nevada Healthcare System, confirmed the VA will fund 50% of one FTP fellows' salary. Dr. Martin also confirmed that support.

Mr. Mitchell, said he is not familiar with the ACGME accreditation process, and asked for the opinion of the Task Force on whether this program would be accredited with the sustainment plan outlined by UNLV. Dr. Komanduri commented it is not a big stretch for UNLV to acquire the other 50% of one FTP fellows' salary because it is not a substantial dollar amount. There was further discussion on funding accreditation. Dr. Martin pointed out that core faculty clinical infrastructure will be coming on board with those faculty and that ACGME will look at case volume in the application for those fellows and UNLV can benefit from that.

Mr. Mitchell commented that other geriatric programs around the country have trouble filling their slots and asked for clarification on recruitment. Dr. Martin commented on their internal pipeline from UNLV SOM and their medical team having an advantage to be retained within primary care, mainly because they will not have the same debt burden as other medical students carry. She added they have a strong connection to medical teams already in place and internal recruitment within. She said additionally, Las Vegas is a popular destination for training programs for residency or fellowships and they plan to put much effort towards this worthwhile and needy program for Southern Nevada. Mr. Mitchell asked how long the UNLV SOM's undergraduate medical education scholarship lasts. Dr. Martin replied they offer full, four-year tuition scholarships.

Southern Nevada Health District (SNHD) - Public Health and General Preventive Medicine

Cortland Lohff, MD, MPH, Residency Program Director SNHD
Joe Iser, MD, Chief Health Officer SNHD

Mr. Welch asked, with regards to SNHD's letters of support, whether SNHD has the sole authority to obligate the Clark County Health District for this program, or whether there is a governance structure in place that would also need to endorse this application. Dr. Iser commented they are no longer the Clark County Health District, but rather the Southern Nevada Health District, and their government structure involves all governmental authority in Southern Nevada. He said there is one member on the board from each city within Clark County including Las Vegas, North Las Vegas, Boulder City, Henderson, and Mesquite, with an additional member from the City of Las Vegas and two members from the Clark County Commission, as well as a physician, a gaming member and a business/Industry member. He added that Marilyn Kirkpatrick, Chair of the Board, has written a letter of support as the governance authority, for support of this program, which was submitted to ACGME and will forward it to the task force. Mr. Welch asked for more information on the sustainability of the program. He pointed out that on the grant application beyond the grant funding there is legislation that SNHD will have to get past to get funding through the state legislative process, and commented there is a significant budget shortfall being anticipated in the upcoming legislative budget process. He added the application also denotes funding through contributions. Dr. Iser said he is confident in the sustainability of the program. He said they are currently looking at a variety of mechanisms. He said this program receives property tax dollars, which the legislature has already approved, on an annual basis, i.e. \$.035 per \$100 valuation, and the county designates how much funding to put into SNHD's budget. He pointed out if the property tax cap were to be raised, that would be an additional

source of funding. He said another possible source of funding is from a proposed Bill Draft Request (BDR) for a per capita fund for health authorities to support their Community Health Assessments and should it become available, SNHD will explore options for allocating funds from these sources towards the residency program. He added they are also seeking funding from The Health Resources and Services Administration (HRSA) grant that supports public health and preventive medicine residency training programs. He said when additional funding becomes available, SNHD will apply. He pointed out these are public health programs offered on an annual basis and are very reliable sources of funding.

Dr. Atkinson asked whether the program would be able to start up in 2019. Dr. Lohff replied that is a concern, and discussed upcoming timelines and SNHD's plan to meet accreditation approval, enrollment and recruitment. Dr. Iser discussed recent recruitments and SNHD's upcoming recruitment expectations. He said, by agreement, finishing residents from UNLV in internal and family medicine, as well as pediatric programs, may also be coming over to SNHD to complete those residencies. He said he is hoping to work together with Dr. Martin (UNLV) on a joint internal medicine or family medicine/general preventive medicine public health program.

Dr. Atkinson commented on the application concerning resident activities and that during each of the two years, residents will spend a total of only 2 months providing direct patient care at one of several SNHD clinics. Dr. Iser replied this is the amount of time the accreditation requires and further discussed standard resident rotation times, and pointed out more time with direct patient care is not always necessary, and defined practicing medicine at SNHD involves mostly programmatic and population-based care, which does not involve seeing very many patients on an annual basis.

Dr. Barclay asked whether a Master of Public Health (MPH) had a minimum requirement of credit hours for core competency in public health medicine. Dr. Lohff replied he believes it does and understands it is a requirement to graduate from their residency program. Dr. Barclay pointed out that an aggressive approach would be necessary to retain residents with an MPH because they are very attractive to all states, opening up the potential for a retention strategy with an aggressive approach. Dr. Iser responded that salaries for physicians in the State of Nevada are low, which is why many physicians will continue to be tempted to leave the state, but agreed that Nevada needs more graduate programs for MPH positions and discussed upcoming additional training opportunities.

Dr. Komanduri commented that he did not see anything in the application about SNHD reaching out to other stakeholders and discussed the values of emergency preparedness, and the tremendous work from all hospitals including Air Force base hospitals. Dr. Lohff said he was not sure about partnering with a military hospital, and commented that if a resident wants to have aerospace experience, SNHD can offer that, however, it is not required for this residency program. Dr. Iser explained how SNHD has created opportunities for research with other collaborators and residency rotation at hospice, and could certainly partner with them or these types of institutions and do research projects. Dr. Iser pointed out that SNHD is on the forefront of getting antibiotic stewardships, and SNHD has currently produced five antibiograms, or tables that chart the resistance patterns within a specific facility, for Clark County alone. Mr. Welch agreed he would like to see a more formal relationships with other hospitals, especially since there are 14 hospitals in Southern Nevada. He added in reference to needs assessments, SNHD's student demand was lacking,

and reiterated he has concerns on how the program will be sustained, especially with the short time-frames for getting ACGME approval. He pointed out another concern is if the task force awards the funding now, and the funding is not used, the appropriation will dissolve.

Dr. Kalekas asked, with regards to “hospital input,” whether the ACGME requires that SNHD be linked to acute-care hospitals. Dr. Iser replied they are not. He pointed out it is due to the type of specialty program, which is very similar to aerospace and occupational medicine which also do not have to be linked to an acute-care hospital. Dr. Kalekas questioned their budget plan and the number of residents indicated. Dr. Iser clarified the budget plan and how each of the resident’s salaries would be funded. Dr. Kalekas asked when a student enrolls that already has an MPH, whether they can skip the MPH requirement portion. Dr. Iser replied they can, it is not necessary they repeat the MPH requirement, and said resident’s schedules can be rearranged to accommodate this.

Dr. Atkinson asked whether a resident in this program, seeking an MPH, would be specializing in public health or something else. Dr. Iser explained the various tracks for the MPH and said by the end of the training program, residents should be able to apply knowledge and skills learned in coursework in epidemiology, biostatistics, health services management and administration, environmental health and behavior aspects of health to address real-world public health issues, and align more closely with ACGME accreditation. He pointed out that all training is done internally and all requirements of the hospital board, SNHD covers.

Mr. Mitchell summarized comments from several task force members who were unable to attend today’s meeting concerning accreditation and sustainability. He said there were concerns of the program being fairly expensive, which also contributes to the sustainability of the program. He added that several things that stood out in the budget plan included the 38% on their fringe, whereas UNLV was asking 25%. He pointed out that typically in the past, in-state travel, car allowance, cell phones, or paying for associated ACGME accreditation fees were not paid. He added there was also concerns raised about paying for UNLV tuition out of the program. Dr. Iser commented on the fringe benefits they offer and said they are standard Nevada Public Employees Retirement System (PERS) benefits all government entities provide. He added he is surprised that a required cell phone is not supported in other programs. He pointed out that primarily in their program, all calls take place in the evening and on weekends, as well as extended emergencies. He said they would be happy to review their budget and cover those costs internally.

Funding Allocation:

Mr. Kaufman said regardless of how the task force votes on the funding of these programs, if every program is funded 100%, there would be a total shortfall of approximately \$626,000, and asked whether any of those funds could be used for other recommendations. Mr. Mitchell said with regard to the shortfall, or possibly surplus, this task force will have to reconvene this fiscal year to determine how to spend any remaining money. He pointed out any recommendations this task force makes will be processed and sent to the Governor. He said, as mentioned in the past, these funds were originally purposed for Graduate Medical Education and to expand the number of residency and fellowship slots in Nevada. He said he believes it would not be appropriate to allocate any remaining funding for projects

outside that scope, however the Governor or the Governor-elect will ultimately make those decisions. He said for other purposes beyond GME, those funding requests may have to wait until next fiscal year.

Mr. Kaufman said he thought there would be more discussion on retention. He suggested a discussion on loan forgiveness and asked whether some of the funding could be used for that purpose. Mr. Mitchell replied there has been conversations at both the last GME Task Force meeting and in the Governor's office on retention and expanding the scope of GME funds beyond the GME programs to other programs like loan forgiveness and retention. He pointed out the consensus among the task force has been to approve these added uses for GME funding and look for new legislation.

UNLV (Critical Care Medicine Addendum from previous grant)

Requested Proposal: \$80,000

A motion was made by Mr. Welch to fund the UNLV Critical Care Medicine Addendum (from previous grant) program for \$80,000. Ms. Kochevar seconded the motion. None were opposed. Dr. Atkinson abstained from the vote. The motion to fund UNLV Critical Care Medicine Addendum (from the previous grant) program for \$80,000 was unanimous.

UNLV (Critical Care Surgery Fellowship Expansion)

Requested Proposal: \$1,560,179

Mr. Kaufman made a motion to fund the UNLV Critical Care Surgery Fellowship Expansion program for \$1,560,179. Dr. Kalekas seconded the motion. None were opposed. Dr. Atkinson abstained from the vote. The motion to fund UNLV Critical Care Surgery Fellowship Expansion for \$1,560,179 was unanimous.

VHS (Infrastructure Development, Henderson Hospital)

Requested Proposal: \$961,995

Dr. Kalekas made a motion to fund the VHS Infrastructure Development, Henderson Hospital program for \$961,995. Ms. Kochavar seconded the motion. None were opposed. Mr. Kaufman abstained from the vote. The motion to fund VHS Infrastructure Development, Henderson Hospital program for \$961,995 was unanimous.

UNLV (Geriatrics Fellowship)

Requested Proposal: \$722,346

Dr. Kalekas made a motion to fund the UNLV Geriatrics Fellowship program for \$722,346. Dr. Barclay seconded the motion. None were opposed. Dr. Atkinson abstained from the vote. The motion to fund UNLV Geriatrics Fellowship program for \$722,346 was unanimous.

Southern Nevada Health District (SNHD) - Public Health and General Preventive Medicine

Requested Proposal: \$1,048,781

Dr. Atkinson made a motion to fund the Southern Nevada Health District (SNHD) Public Health and General Preventive Medicine program, with some adjustments to the budget. Dr. Kalekas seconded the motion.

Mr. Kaufman asked whether funding ‘evaporates’ for GME purposes within the budget if the SNHD program should not become accredited for a 2019 start, and if so, whether that funding could be re-appropriated for another program. Mr. Mitchell pointed out this funding of \$5 million must be spent by June 30, 2019. He said the task force will need to meet again before June 30, 2019 to allocate just over \$600,000. He added he is unsure of when SNHD’s accreditation for this program will be received or even announced. He said if SNHD submits the required paperwork in April 2019 and was not accredited before June 30, 2019, and SNHD returned the funds, that funding would go back into the State of Nevada’s General Fund, and not be available to spend by the task force or the Governor for GME purposes. Dr. Atkinson asked if the program is being built within this fiscal year and the entire amount is appropriated by June 30, 2019 and only half of the funds are spent, whether remaining funds could be spent the following year. Mr. Mitchell replied if the program is not accredited, it means the task force would be allocating funds to an unaccredited program. Dr. Atkinson said she would think a program would have multiple opportunities to request accreditation within the two years.

Mr. Mitchell pointed out there were numerous concerns from the task force for this program’s sustainability and accreditation. He said his recommendation for this program, which is a good program and very much needed in the community, is to wait until the next round of funding and reapply with a stronger sustainability plan and more certainty on the accreditation. Mr. Welch said he supports Mr. Mitchell’s recommendation, and agrees this is a worthy program, but still has many unanswered questions regarding the sustainability and accreditation. He suggested that SNHD be charged with the challenge of addressing those questions more fully and then reapply for funding with a more complete application.

Ms. Kotchevar asked for clarification on task force questions not addressed by this program. Mr. Welch replied the timing on the accreditation process was discussed by SNHD, but not when it will definitively take place. He pointed out if these funds are not allowed to be expended this fiscal year, for the purpose they were granted, that funding will have come and gone and will return back to the State of Nevada’s general fund and can no longer be used for GME purposes. He said, secondly, questions on the allocation of fringe benefits within their budget could be more consistent with other GME programs, and lastly, no letter of support from the governance authority for support of this program was submitted with SNHD’s application to the task force. He also pointed out Dr. Iser’s discussion on property values as a funding source and doing an analysis to demonstrate those values over the last three years validating that tax revenue has increased over time and there is a projected increase of tax revenue over the life of this grant and that source of revenue will actually materialize, should be included because this type of information would make this a stronger application. Mr. Mitchell said he would like to see in a future application additional partnerships, perhaps a partnership developed with the VA which would help with sustainability. He said he saw no letters of commitment from any clinics that were to be a part of the program, and suggested those letters would help in the process. Regarding sustainability, he said, by depending on possibly legislation getting passed or the possibility of SNHD receiving a grant, he pointed out that not all legislation gets passed and not all grants are awarded. He said a more defined sustainability plan with more concrete

information, assuring this program will be a long-term success, would really help the task force in their scoring and ultimate award of funding for this application.

Dr. Iser responded that SNHD does not need to be affiliated with any other clinic to get clinical times in. He said they have multiple clinics that run 8 hours a day, 5 days a week, providing clinical services, including primary care services. In addition, SNHD performs traditional public health services including family planning, sexually transmitted diseases, tuberculosis, HIV, some nurse family partnership home visitation programs and immunization. He added SNHD has clinics that meet the requirements for preventive medicine accreditation. He pointed out that SNHD was able to put \$300,000 from tax revenue into their budget last fiscal year, and received approximately \$500,000 more than what was originally projected this fiscal year.

Dr. Komanduri asked whether SNHD could guarantee this program will be accredited. Dr. Lohff said he was told by ACGME that if the application could be submitted by the end of the year, that a site visit would be set just after the first of the year, and the accreditation determination would be made in early to mid-April. Dr. Iser explained that SNHD provides all of their own clinical care rotations. He pointed out they have reached out to two programs accredited last year for any pitfalls they may have encountered in those programs and have used that information in order to meet the application for the Public Health and General Preventive Medicine program.

Dr. Komanduri, Dr. Barclay, Dr. Kalekas, and Ms. Kotchevar agreed to the motion to fund Southern Nevada Health District (SNHD) Public Health and General Preventive Medicine for \$1,048,781. Mr. Kaufman, Mr. Welch, Ms. Bosse, and Mr. Mitchell opposed the motion. Dr. Atkinson abstained from the vote. Mr. Mitchell commented that Dr. Schwenk, who is unable to be here today, had written a lengthy comment and did not score SNHD's application very high. He said given that the GME Task Force was far less than unanimous for funding this SNHD's application, the motion to fund Southern Nevada Health District (SNHD) Public Health and General Preventive Medicine program for \$1,048,781 has been denied.

Mr. Mitchell invited SNHD to schedule a time with him to discuss their application and specifically what the task force would like to see and invited SNHD to reapply later this fiscal year when the application process is reopened. He reiterated that today's vote is only a recommendation to the Governor and the Governor will make the final decision.

VI. Discussion Regarding Physician Workforce Data Needed by the State of Nevada (For discussion only)

Brian Mitchell

Mr. Mitchell pointed out that physician workforce data has previously been discussed by the task force to assist in making better recommendations to the Governor and legislature on ways to grow the physician workforce, both via GME and other methods. He said Dr. John Packham, PhD, Director of Health Policy Research at the University of Nevada, Reno School of Medicine has in the past presented a wealth of information to the task force on this topic. He said there has been a discussion that GME funds could be used either to create a series of reports on the physician workforce or build an infrastructure that would be necessary in order to create more of those reports in the future. He said one such proposal

suggested by Dr. Schwenk is to provide startup funding for a physician workforce planning center that would then become sustainable and continuously provide information regarding physician workforce to policymakers in Nevada. He said another option for funding, as the task force directs, would be to pay for individual separate data reports based on state needs. Mr. Mitchell said the purpose of today's conversation is two-fold; one is to discuss what data is needed by the state, and secondly, the best way to procure that information.

Dr. Packham summarized the data required falls into two groups; one is assessment of workforce demand and need, (i.e. demand from hospitals, clinics and health centers), and secondly, what type of data is needed for GME outcomes. He pointed out that geriatric fellowships and preventive medicine are not always captured by the demands of employers. He said there are abundant population health and public health needs in this state and the bias of any researcher is that more research is always needed. He said he believes there is limitations to existing data that could be improved to inform this task force and others in their efforts in physician workforce planning. He said he is guardedly optimistic there might be legislation coming forth in this legislative session that would put a requirement on licensing boards to provide that type of data. He pointed out his office has collected data for over a decade on GME outcomes, looking at retention of primary care providers, retention of specialists, who is leaving the state, who is staying in the state to practice or continue training, and currently his office has that information down to the program level. He said with this additional information from program directors, campuses, and sponsors that are willing to share that information, it would be information that can improve planning efforts. He said in addition to workforce retention and increasing the supply of physicians, there is data that can demonstrate outcomes. He concluded that several important reports have come from the National Academies of Science Engineering and Medicine, namely a report called *GME Outcomes and Metrics*, which provides an inventory of GME outcomes and metrics.

Mr. Welch, in his capacity with the Nevada Hospital Association, said he was asked to survey the Hospital Association members on thoughts as to how excess GME funds beyond funding residency training programs might be used. He said the number one and most consistent response he received was loan forgiveness, which ties into retention in the state. He said the number two response received was relocation packages to help relocate individuals based on the ability of not filling all residency and fellowship programs with just graduates from Nevada schools of medicine, by financially assisting out of state candidates in relocating to the State of Nevada for those residency or fellowship programs. He said there was another suggestion to centralize the medical library to make it accessible to all hospitals participating in accredited residency training programs, rather than replicating throughout the community, and would be a cost savings and also help to build a more robust library for residency training purposes. He said he received a couple of responses on how not to use the funding. He said PA's and nurse practitioners do not agree that hospitals should be allowed to exceed their CMS Corrective Action Plan (CAP). He said they believe that until such time the route of residency training programs is exhausted, that lowering mid-level practitioners as an option should not be considered. He commented that feedback was received statewide from Southern and Northern Nevada hospitals, as well as rural hospitals.

Scott Jones, PhD, Director of Health Planning & Primary Care Office, State of Nevada Department of Health and Human Services, commented that it was great to hear about the benefit of loan forgiveness and pointed out his office helps support a national program of

loan repayment. He said his office supports Dr. Packham's reports on the need for data collection and that his office uses that data in assisting those national programs assigning where funding can go for loan repayment.

Mr. Mitchell asked for suggestions on the type of data the state lacks and whether funding from the GME allocation should be used. He recapped Dr. Packham's suggestions for types of data needed, to include demand for workforce, GME outcomes, workforce retention, population health and distribution of care. He also asked whether these funds should go towards the production of that data.

Mr. Welch asked whether there is a data source for GME and/or residency training program individuals that choose to leave the state after their residency, and whether they are asked why and what could have been done differently for them to have stayed. Dr. Packham responded when residents leave the state, they are asked those questions. He said most are pursuing fellowships, many in primary care, pediatrics, emergency medicine, and surgery, that are in short supply in Nevada or that simply do not exist in Nevada. He said he feels there is real opportunity here and said he has a list of fellowships that residents tend to leave Nevada for. He pointed out these survey findings are only a "point in time," but are asked of GME graduates each spring. He said there are limitations, but it is additional research that needs to take place. He said he is confident if those fellowship programs are created, particularly in Southern Nevada, many more physicians will stay. Mr. Welch agreed and added that many residents say they are leaving the state because they want to get expanded education into a fellowship program. He said when these reports are produced there should be a structured way the report is being disseminated to the multitude of medical schools in the state, creating a process to make sure the information is going to Nevada medical schools, as well as hospitals who are involved in residency training programs.

Mr. Mitchell asked Dr. Packham to distinguish between what data is already produced by his office and others in the state, and what data might be needed beyond that. Dr. Packham replied in addition to the GME exit survey, they have produced several reports on the nursing workforce, the physician workforce and general health workforce supply. He said they also produce a biannual rural and frontier health data book, which is county level data, done in advance of the legislative session. He said they also publish a healthcare careers manual, which provides an inventory of health occupations high in demand for training. With respect to the specific workforce needs, he believes they can do a better job of collecting data on physicians, the nursing workforce, and allied health. He pointed out his office is trying to lead the way and encompass statewide and regional demands for physicians and other healthcare workers over the next 5 -10 years.

Mr. Mitchell asked the task force, based on the above discussions, whether funding should be used for the purpose of research and data collection in the future. Dr. Komanduri asked whether proposals for research could be considered and funded by GME and suggested that requests come by way of proposals and be evaluated by the task force. Mr. Mitchell agreed that as an option, the task force consider proposals for research and data collection and be funded the same as other GME grants. He added he believes the research should focus on the physician workforce rather than nursing or allied health, not that those professions are not important, but funding for GME is specific to physicians. Dr. Packham agreed and said if the task force would like his recommendation it would be through a transparent RFP process, the same as existing applications. Mr. Welch stated he believes this type of data

will be helpful to the task force in making informed decisions. He suggested Dr. Packham put together a proposal for submission to the GME Task Force and said he supports that funds be used for this purpose. Mr. Mitchell stated this data research could be very useful to the task force and he will include funding for research on the physician workforce in the package of recommendations that will be submitted to the Governor. He said there will be another task force meeting to receive the proposals.

Mr. Kaufman asked if the task force decides to include other items beside funding for research, such as loan forgiveness and repayment or relocation, perhaps in the future a percentage could be used for dollars not used for direct GME program funding, making it clear to the Governor that they are keeping the initial charge of this task force in place. Mr. Mitchell agreed the order of operations will be to ensure the Governor and legislature are both in agreement with having a broader scope for the programs in addition to GME, and agreed the first step is determining whether these programs are good for the state.

Dr. Komanduri commented on the loan forgiveness program at the VA and pointed out that loan forgiveness programs typically entail enormous amounts of money. Mr. Mitchell asked if the state were to contribute to a loan forgiveness program, whether there is federal funding the state could match. Dr. Komanduri replied he is not sure about federal matching.

Deborah Kuhls, MD - Program Director, Surgical Critical Care Fellowship, UNLV SOM, commented on physician workforce data, and pointed out that in some areas of medicine, Nevada does not have residency or fellowship programs in place and often loses the “best and brightest,” when they go out of state for additional training. She asked whether there might be any thought on allocating dollars not being spent this year, and distributing them to certain return programs for physicians, especially in highly needed specialties. She feels this is in the spirit of increasing the physician workforce. Dr. Iser said he believes there are several data sources that could be brought together to help direct that idea. He said in determining where the surplus is with the physician supply in Nevada and by using existing data, it may assist in getting more commitments from medical school students or residency graduates to come back to Nevada. He suggested integrating and analyzing data that Dr. Packham already has. Dr. Kalekas said it has been noted it is difficult to fill geriatric fellowships, as well as hospice and palliative care and the reason is these students have big loans to pay back and many times they do not want to spend another year doing one of those fellowships while their loan burden expands. He said this would not only bring back physicians to practice, but also help fill some of these fellowships. He said helping students out with their loan burden would actually help fill some of these program we are worried about filling. Mr. Welch agreed that loan forgiveness can be very costly, and pointed out that in one of his hospital responses he was informed there are federal match opportunities for loan forgiveness and said he would suggest this respondent to reach out to Mr. Mitchell with more information on federal match programs. He added there may be a loan match opportunity for more federal monies if we put more into the loan programs.

VII. Discussion on the Timeline for the Next Round of Funding and a Date for the Next Task Force Meeting (For possible action)

Brian Mitchell

Mr. Mitchell commented that regardless of how the Governor decides on the recommendations from the task force, there will be in excess of \$600,000 remaining in

GME funding to be spent. He said the task force will need to meet at least one more time before the next fiscal year, and asked for suggestions on a timeline for another round of grants. He recommended RFP's to go out either late-December 2018 or early-January 2019 with applications due back in late-March 2019 or early-April 2019, then the task force make their funding decisions by late-April 2019.

SNHD commented on the timeline for their accreditation in early-April and because it is a big issue for them, requested to delay the application due date until late-April. Mr. Mitchell agreed that is a good point and asked if everyone was in agreement to extend the due date for applications to late-April 2019. It was agreed. It was also agreed the next meeting of the task force take place by the end of May 2019.

VIII. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

There was no public comment.

IX. Adjournment

Brian Mitchell

Chair Mitchell adjourned the meeting at 3:21 P.M.