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GOVERNOR'S OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY

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MINUTES

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

Date and Time of Meeting: Tuesday, October 3, 2017, 9:00 AM

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

This meeting will be video conferenced to the following location:

Grant Sawyer State Office Building
555 East Washington Ave,
Suite 5100
Las Vegas, NV 89101

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- I. Call to Order/Roll Call
Brian Mitchell, Director of the Governor's Office of Science,
Innovation and Technology (OSIT)

Mr. Mitchell called the meeting to order at 9:15 A.M.

Members Present: Gillian Barclay; Bill Welch; John Dougherty; Thomas Schwenk; Chris Bosse; Barbara Atkinson; Sam Kaufman; Mark Penn; Ramu Komanduri; and Julie Kotchevan

Members Excused: Stephen Altoff

Guests Present: John Packham, PhD; Jennifer Haley

Staff Members Present: Brian Mitchell; Debra Petrelli, Elyse Monroy; Jodi Bass

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**

Brian Mitchell, Director- OSIT

Mr. Mitchell welcomed everyone and thanked the group for being present. He said he believes Graduate Medical Education (GME) is very important within the state to grow our physician's workforce. He said the Governor has allocated \$10 million in his budget again this year and it was approved by the legislature. He gave a brief overview of the task force. He said in 2014 Governor Sandoval issued an executive order that created an original GME Task Force. That task force did a number of studies and ultimately recommended to the Governor that he include funding in his budget for GME, after they had examined the physician shortage in Nevada as well as a number of different funding mechanisms. The Governor agreed and included \$10 million initially in his 2015 Budget and the legislature agreed to fund it. Mr. Mitchell said shortly after that legislative session, the Governor issued another Executive Order creating this GME Task Force with a focus on primary care and mental health. Their task was to make recommendations to the Governor on how to allocate the funding. He said the task force met several times in 2015 and 2016 and developed a Request for Application (RFA), then allocated the funding into tranches.

Mr. Mitchell reported on the GME Task Force's progress to date. He said there were 10 grants issued at the last round, with \$5 million the first tranche and \$5 million the next, for a total of \$10 million. These included established residency programs in OBGYN, Geriatric Medicine, Adult and Child Psychology, Family Community Medicine, Internal Medicine and other primary care specialties. He said the grantees were advanced the funding and were given 2 years to spend the money. He said OSIT is very thankful for the diligence and comprehensiveness in their reporting, which is extremely helpful. He added, thus far, of the \$10 million, \$1,132,000 has been spent, leaving a balance of approximately \$8,867,000. He said 5 of the grantees were awarded their funding in July 2016 and will have until July 2018 to finish

spending their funding. The second tranche of grantees were awarded in October 2016 and will have until October 2018 to finish spending their funds. This report covers spending up and until June 30, 2018. He added that OSIT has been requesting that the grantees report quarterly. He said the July, August and September quarter just ended and he expects a round of reports later this month, which shall make that number of \$1,132,000 rise significantly. He said for those of you who represent institutions that did receive funding, we hope to continue to see the funding being spent.

He said the purpose of this meeting is to discuss and make recommendations to the Governor on how this \$10 million funding should be spent. He added the Governor will have the final decision. This task force can only make recommendations. He pointed out that the Governor was very grateful and had expressed his thanks for this group's knowledge, expertise and wisdom for the last funding round. The purpose of today's meeting is to determine whether the state should stay their course with the previous funding categories of primary care and mental health or whether there is a need, or best interest or policy of the state, to expand the scope of what the eligible funds could be used for.

IV. Presentation on Physician Workforce Supply and Demand (For information only)
John Packham, PhD, Director of Health Policy Research- UNSOM

Dr. Packham referred the task force to his presentation, "Physician Workforce Supply in Nevada - 2017. He also referred to the recently completed report, UNR Med Health Policy Report, which is a summary of the findings from their annual UNSOM GME Exit Survey, and a set of tables he has put together titled Physician Workforce Supply in Nevada – 2017, which contains data on current physician workforce supply in the State of Nevada, broken up by specialty and county.

Dr. Packham gave an overview by discussing health workforce demand and supply in Nevada, Recent GME completion and retention trends in Nevada and current physician workforce supply by specialty and county in Nevada and the US. He said primary factors that drive physician workforce demand include population growth and aging, reform-related insurance coverage expansions, and gross domestic product (GDP) and income growth. The secondary factors include population health needs, non-physician practitioners, healthcare system change and technology change. He further discussed his data on healthcare employment in Nevada, which demonstrates uninterrupted growth in the health sector in terms of employment, as well as the increasing demand for health professionals in Nevada. He said according to the Nevada Department of Employment, Training & Rehabilitation (DETR), they foresee, over the course of the decade from 2014 to 2024, some pretty substantial job growth in healthcare and the social assistance sector in general, including ambulatory care and skilled

nursing. He discussed the physician workforce supply in Nevada and several general observations he has made which includes steady growth in the number of physicians (MDs and DOs) across most areas of the state under the following topics; “Treading water” in the number of licensed physicians and other health professionals per capita (with some important exceptions); severe shortages compounded by an improving economy, Affordable Care Act (ACA)-related demand, and an aging health workforce; and persistent specialty shortages and geographic maldistribution of physicians and providers. He further discussed the current physician workforce rankings for active licensees in Nevada and the slow, steady increase statewide of licensed allopathic physicians (MDs) for the last decade in urban areas. He also shared the latest information on primary care health professional shortage areas (HPSAs), which include shortages in most rural areas as well as inner urban areas within Clark and Washoe Counties. He discussed mental health (HPSAs) and said it is a bit distressing throughout the state. He pointed out that every rural and frontier county has shortages as well as inner urban areas within Clark and Washoe Counties, which is very similar to primary care HPSAs. Dr. Komanduri suggested these shortages may be direr than we think, as some of these professionals who hold licenses across the state may not even be practicing. Dr. Packham agreed.

Dr. Packham discussed the University of Nevada, Reno School of Medicine (UNSOM) GME Exit Survey. He said it is an annual survey of physicians completing UNSOM residency and fellowship programs since 2004. It is an online, 29-item questionnaire administered from May 1 to 31 each year. He said they had a 93% response rate in 2017. He said some of that historical and trend data has been updated. At the heart of the survey, he added, are the findings that indicate what residents and fellows are doing on completion of their residency or fellowship. It indicates whether they are going on for additional sub-specialties or beginning practice and more importantly, whether they are they leaving the state. He pointed out with the 120 participants in the survey, only 30% are planning on remaining in Nevada upon the completion of their programs in 2017, and 70% are planning on leaving the state and have indicated they are leaving the state for additional training. He discussed the numbers of graduates from Southern Nevada and Northern Nevada programs and the graphs showing graduates remaining in Nevada from both of these areas over the last decade. Accumulatively, about half of those completing residencies and fellowships remain in Nevada.

Dr. Packham discussed the handout, Physician Workforce Supply in Nevada – 2017, which is a table of licensed physicians (MDs and DOs) with rates per 100,000 population in Nevada for 2017. The table is a breakout of physician specialty fields and to which county within the state those licenses were mailed. He pointed out if you look at the county level rates, in Clark County there are only 11 of 36 specialties that are above the state average. He said this is a different story in Washoe County, where 32 out of 36 specialties were

above the state average. He pointed out that when these rates were compared to the entire United States (US), in Clark County only 2 of the 36 specialty areas were above the US average and in Washoe County, 18 of 36 were above the US average. He pointed out that both Clark and Washoe Counties are well below the US average in Pediatrics and Internal Medicine.

Mr. Mitchell asked whether Nevada's need was more or less of any of these specialty occupations listed, and should Nevada necessarily be shooting for the national average for every specialty. Dr. Packham discussed location quotients for all sectors of healthcare and current data being collected by DETR, which also demonstrates economic demand. It was discussed whether these numbers correctly reflect the correct calculation of effected population and whether there is an additional need we are not capturing. There was further discussion on demographics and age groups. Dr. Komanduri pointed out that ultimately the number of healthcare providers needs to be improved, we are not getting good outcomes with the current number of physicians we have. Dr. Penn asked for which specialties are residencies leaving to go outside of our state. Dr. Packham replied the initial place to look for that answer would be in the UNR Med Health Policy Report and the report found on pages 5 and 6. It shows what we currently have, as far as residents and fellows in residency programs and fellowships, both in the north and south, and calculates capacity. Dr. Penn added he is curious about those specialties and where Nevada fits in with the rest of the nation. Dr. Packham agreed to collect and coordinate more of this type of data for the task force.

There was discussion on what the task force could do in each of their environments to improve the retention rate of residents and fellows in Nevada. It was suggested that perhaps they are leaving due to the poor economic circumstance for physicians in the state. Dr. Packham said he could put that question in the survey and breakout that data. He said they also have an additional question; "What type of additional training will you be pursuing and where will you be receiving it?" The question was asked whether there is a study available showing why some states are doing as well as they are and whether it is because they had existing medical programs already in place much longer than Nevada or possibly a higher financial outcome for the physician. Dr. Packham replied he would argue that in comparison to other states with our licensure numbers, physicians and workforce supply, we do a remarkable job of attracting physicians from other states.

Mr. Mitchell asked whether we know who our GME residents are and where they came from. He said if all of our residents are being imported from other states and countries, we might expect them to return to those places and be more likely to leave Nevada. Dr. Packham responded not necessarily and added he has data on that subject.

V. Discussion and Possible Vote on Changes to the Request For Applications (RFA) (For possible action)

Brian Mitchell, Director- OSIT

Mr. Mitchell suggested a discussion on the eligibility for different types of funding. Dr. Schwenk commented the process has gone well in past years and believes we have the material needed to make good decisions and agreed that further discussion on eligibility is needed. He asked whether the Governor would support expanded criteria if we go past primary care and mental health. Mr. Mitchell said the Governor is open to this task force's suggestions and feedback. He hears a lot about primary care and mental health having huge shortages, which is the reason for their focus. He said he believes if this task force suggests we move in another direction, we would need to provide a compelling case as to why. Dr. Schwenk said he believes we have done well in supporting primary care and mental health programs, leaving few additional opportunities still out there. He added we will tap-out capacity, both north and south to some extent and suggested the task force open up to programs below the average for the two metropolitan areas. Dr. Dougherty disagreed. He said they have six untapped hospitals in Southern Nevada and all of those facilities are open to and agreeable to start primary care residencies. He added that he does not believe we have tapped-out our primary care opportunities. He said some of these facilities are in a transition point in leadership and in the very near future will initiate primary care programs. Dr. Atkinson suggested the task force use the charts provided by Dr. Packham to assist in making any recommendations and choose programs that will be the most effective and best for the state by considering what the needs are. Dr. Penn agreed and said we need more specialties without a question, and advocated the task force include both primary care and specialties. The group further discussed specialty fields and their importance overall.

Mr. Mitchell said it appears we are below the national average in almost every medical field, perhaps we should keep the application process very broad. He asked how the group intends to prioritize the process of scoring for sub-specialty field applications. It was discussed that some specialties have more of an urgency than others, including specialties related to someone needing to get in to see a physician, which without may create residual health problems for that person. There was further discussion on licenses per 100,000 in Nevada as compared to the US and the potential flaws there may be with using this data as it relates to population, how it relates to the medical needs in Nevada versus the US average, how it relates to using licenses as opposed to active physicians and why this data may be too directional. Ms. Bosse said we must be careful if this data is used in the scoring methodology. To help prioritize, it was discussed there may be a need for a data set from our licensing boards. With that data we could potentially see what types of

licensees are not actually taking patients as well as how many are applying to get licensure. Mr. Mitchell requested policy recommendations from the group to include in the report to the Governor. He said this task force is not only about how we want to spend the funding, but also how to improve healthcare outcomes in the state.

It was suggested, because so many residents are leaving the state, that it makes sense to put a value on an application showing fairly good retention of residents staying in Nevada but still experiencing a shortage. Also suggested, the group look outside of primary care and look at other areas where those physicians are leaving the state for other advanced education. It was suggest perhaps the group would benefit from looking at residencies and fellowships that help us to retain a larger number of residents and fellows in Nevada, as well as looking at the most popular locations they leave for. Mr. Kaufman added we have had a lot of success in the past in recruiting nurses and retaining nurses, for example, which proves creating programs is important, however, it does not guarantee we can retain these positions. He said perhaps we consider some of the funding for keeping physicians by either changing the acceptance requirements in the programs or adding a bonus or stipend for making a commitment to stay in Nevada. It was suggested that a retention type bonus be paid to keep residents in Nevada. We keep putting money into these programs but it does not seem to increase our retention rates. Mr. Mitchell said he could certainly see the merit in this, however this funding was specifically allocated by the legislature for the creation of GME programs. Perhaps we could make a recommendation for the legislature in 2019, with wording like, "in addition to creating residency programs we also want to provide the residency programs with additional funding beyond what it takes to create the program in order to provide retention bonuses." He noted these GME dollars in this program have always been viewed as start-up dollars only, to include money to start a program to create the infrastructure, to buy the equipment, or to hire the faculty. He said then the facility uses incoming revenue to sustain the program. He said a retention bonus may be considered an ongoing expense. There was a brief discussion on loan forgiveness.

The group discussed how to weigh a potential program and which strengths would count more towards receiving funding, such as already have existing faculty for the program. Mr. Mitchell said most programs funded to date have not had existing faculty, they have gone out and hired the faculty after being awarded funding. There was further discussion on whether existing certain well-known faculty would add value or an additional strength to an application.

The discussion continued on how to assess needs and how to compare specialties with different needs, as well as the difficulty in setting that criteria. It was suggested it could potentially be done by a new application process, to include a new section showing expansion over primary care to include other

specialties, with the expectation that the applicant make a case for their particular specialty and its needs by making a clear, persuasive case.

Mr. Mitchell summed up the conversation, he said the suggestion is rather than having a list of specialties that are eligible, as in the past, we should open up the process to any specialty, using criteria that they are under the national average, then allow the program to make their case. The difficulty would be if a program from a specialty that everyone agrees is necessary does a poor job articulating that information. We do not want, as a committee, to assist in making the argument for the applicant, which could ultimately make for additional difficulty in judging these programs. It was suggested they caution applicants to make a strong case for specialties falling under the national average and perhaps offer guidance. Mr. Mitchell asked for suggestions of what types of questions should be asked of an applicant to make their case stronger. The group responded, an applicant should demonstrate the need and include data on why this specialty is critical to healthcare in Nevada. A potential opportunity to look at this is under the rubric "Work Plan and Impact Analysis", which totals 50 points for the applicant. This is a very subjective category. It was discussed that this may be a place for the group to use some objectivity associated with those 50 points as far as impact analysis and need, which will ultimately assist with who may receive the grant. It was suggested to perhaps allocate more money to programs that have a greater training capacity. There was further discussion on what could be added to an application that would show justification of their program.

Mr. Mitchell said he would restructure the application, specifically adding a new section or additional criteria for specialties beyond primary care and mental health that demonstrate the need, or critical need due to timely health issues, to apply, as well as an area requesting information on retention rates for their program. He said he would circulate a copy to all members of the task force for comment then incorporate that feedback.

VI. Discussion and Possible Vote on the Timeline of the RFA Process (For possible action)

Brian Mitchell, Director- OSIT

Mr. Mitchell said he would work on a revision to the questions in the Request for Applications (RFA) in the next couple of weeks then send it to all members of the task force for review. He requested comments and feedback within the next few weeks in order to get the RFA out by the end of October. This would give programs approximately 3 months to apply. He suggested the task force meet again in February 2018 to review applications and make recommendations, and have further discussion on the RFA. He added if we do not receive the number of applications we expect, we can have another application period in late spring or early summer 2018, with the task force meeting again in either June or July 2018. He pointed out the Governor will

need to approve the changes being made prior to the RFA going out at the end of the month.

It was suggested that once the RFA is finalized, the task force consider holding a public workshop for applicants to further understand the RFA and some of the points made today. Mr. Mitchell commented that a bidder's call would be sent out.

- VII. **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.

- VIII. **Adjournment**

Mr. Mitchell adjourned the meeting at 10:56 A.M.

DRAFT