

BRIAN SANDOVAL
GOVERNOR



STATE OF NEVADA
Office of the Governor
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MINUTES

Name of Organization: Graduate Medical Education (GME) Task Force
Date and Time of Meeting: May 10, 2016, 9:00 AM
Place of Meeting: Legislative Counsel Bureau
401 South Carson Street
Room 2135
Carson City, NV 89701

This meeting will be videoconferenced to the following location:

Nevada System of Higher Education, South
4300 S. Maryland Parkway
Conference Room 101
Las Vegas, NV 89119

- I. Call to Order/Roll Call
Vance Farrow, Chair

Chair Farrow called the meeting to order at 9:10 am.

Members Present: Vance Farrow; Bill Welch; John Dougherty, DO; Thomas Schwenk, MD; Laura Hale; Gregory Boyer; Barbara Atkinson, MD; Sam Kaufman; Ramu Komanduri, MD

Members Excused: Mark Penn, MD; Stephen Altoff

Guests Present: Nagesh Gullapalli, MD; Neila Shumaker, MD; Chris Bosse; Stan Shumaker; John Packham; Mike Johnson; Lea Cartwright;

Brian Kirkpatrick, MD; Joy Royston; Mahendra Solanki; Miriam Bar-on, MD; Alison Netski, MD; Leon Ravin, MD; Vani Dandolu, MD; Lee Quick; Vick Gill, MD; Andy Eisen, MD; Jay Fisher, MD

Staff Members Present: Brian Mitchell; Dale Ann Luzzi; 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 were no public comments.

- III. **Approval of the Minutes From the February 5, 2016, meeting** (For possible action)
Vance Farrow, Chair

Chair Farrow was provided the following corrects to the minutes: on page two, the second paragraph; add Elyse Monroy: page two, sixth paragraph; change Proposal to Application, also on the same paragraph change take out “who has left state service”. Chair Farrow noted that the remainder of the corrections were grammatical. All the corrections will be made to the draft minutes and the final minutes will be replaced on the OSIT website. Dr. Atkinson made a motion to approve the minutes with the corrections noted. The motion was seconded. The motion passed unanimously.

- IV. **Welcoming Remarks**
Vance Farrow, Chair

Chair Farrow said the applications were very good. He thanked the Task Force members for their service scoring the applications. Chair Farrow said that this was a huge step for Nevada. After today the Task Force will be able to proceed with phase two of the RFA process and granting out the additional five million dollars starting on July 1. Nevada is well on its way of doubling the GME goal of 1200 slots. As Nevada’s population increases the number of slots will also need to increase.

- V. **Discussion and Possible Vote on Scoring and Making Recommendation to the Governor**
Vance Farrow, Chair

Mr. Mitchell opened the discussion with the following comments. He thanked the Task Force members for their participation in the process. Mr. Mitchell told the members that the Governor’s Office of Science, Innovation and Technology (OSIT) will need to collect all of the scoring sheets from the members at the end of the meeting today. The Task Force is here today to make recommendations to the Governor. There were eight applications submitted for over 15 million dollars in funding requests for the available five million dollars. Some of the applications won’t be funded and some may not be funded

in whole. He provided the members with the following reminders: any applications that aren't funded in this round will need to be resubmitted for the next round; the Task Force cannot encumber any money from the next round; the Task Force has the options of recommending partial funding and the applicant would have to agree; the Task Force can also conditionally fund an applicant; all applicants are present today to answer questions.

Mr. Mitchell proceeded to review the spreadsheet for the Task Force (Attachment A). He received the scores from the Task Force members before the meeting. The spreadsheet has the aggregate scores of the reviewers.

The review process started with the highest scored application and moved down. Each application will be discussed even if they are not funded since the Task Force is required to provide feedback to the applicant. Chair Farrow said that each of the application representatives would be asked to the table to answer clarification questions from the Task Force.

Applicant:

University of Nevada School of Medicine (UNSOM) - University of Las Vegas (UNLV) - Psychiatry Residence Program:

Representative: Alison Netski, MD, Chair, Department of Psychiatry Las Vegas UNSOM

Mr. Kaufman: Under sustainment; five new residence position till 2020 but nothing afterward? Do you have sustainability after 2020?

Dr. Netski: Our expansion period for growth is through 2020. At that point, we expect to continue with full support from the VA with resident stipends. There is no expectation that that will fall off.

Mr. Kaufman: The UMC letter pledges six new positions along with faculty support and education facilities. There is no mention of how long the support will last.

Dr. Netski: This is the same. At this time we can't predict what the specific dollars would look like but the expectation is that it would follow the model we have now with faculty support from UMC that supports our services there.

Mr. Welch: In the letters of support I see support for 11 of 15. If I understood the application there would be 15 new resident slots over this time period and I only see letters of support for 11 of those positions. If you could help me understand.

Dr. Netski: Our support over the course of four years will be for 16 additional slots per year and the slots will be from Mojave Child and Family clinic, which is a community outreach clinic.

Dr. Dougherty: The direct funding for the residences salaries. You say that the VA will be a funding source for the residences salaries?

Dr. Netski: For part of the salaries.

Dr. Dougherty: Yes 49.9999%. I am not seeing any residence salaries or direct expense for residences in your request.

Dr. Netski: We have received a commitment from Southern Nevada Adult Mental Health, UMC hospital and Mojave Child and Family to support residence stipends.

Dr. Dougherty: Do you have a percentage of what that support will be.

Dr. Netski: I believe it is six additional slots over the next four years.

Dr. Dougherty: So are they going to go over there cap?

Dr. Netski: I can't tell you how they are going to manage the slots.

Dr. Gill: UMC: we are currently over the cap and we have agreed to support this program in its complement. As well as any additional staff needs.

Mr. Welch: If this application were to be approved, can we asked for additional data that they are collecting and the evaluation of the data.

Chair Farrow said that this application had an average score of 95 making it the highest score application requesting \$899,206.

UNSOM- UNR- Internal Medicine

Representative: Nagesh Gullapalli, M.D., Program Director, Internal Medicine

Dr. Komanduri: The budget has the residence salaries for year one and year two and the budget looks like it also has year three salaries. Please comment on that.

Dr. Gullapalli: Only the residence salaries for the first cohort and in year two cohorts together, we have the two salaries. \$51,000 plus the benefits multiplied by five. In year two it would be multiplied by ten to add the second cohort. The grant from Renown is for all the three years together for 15 residences.

Dr. Atkinson: The question is whether we want to support the third year of residence in this proposal or only two. The third year is support by Renown and only two years are supported through this grant.

Dr. Schwenk made the comment that this program as a primary care internal medicine care track is more strongly based on Renown Health system.

Dr. Dougherty: It looks like your PRA for residences is about \$ 88,000. What is the plan for funding the residences beyond the two-year cycle? Are you going to continue the funding with Renown?

Dr. Gullapalli: Renown will be funding the residence salaries beyond the cap for year three onward.

Mr. Kaufman: The letter in our package doesn't state what Renown will actually fund or for how long.

Mr. Boyer: The letter that was attached says that Renown will sustain the program through support of the 15 residences for five years, five residences per year as well as .5 FTE program Director, full-time program coordinator and education development costs. He went on to say that they anticipant funding this on an ongoing basis.

Mr. Kaufman: This program is asking for almost 2.2 million dollars for 15 residences over three years. This will cost approximately \$146,000 per residence for this program. This is a tremendous amount of money for 15 residences.

Dr. Komanduri: Have you already started to develop the ACGME application or are you going to start to develop it in July?

Dr. Gullapalli: We think we will be successful base on our past application when we apply in July.

Mr. Kaufman: When you applied before was it one month, six months or 12 months.

Dr. Gullapalli: If I remember it was around three months.

Mr. Kaufman: So you will not be able to initiate that class size increase this July?

Dr. Gullapalli: We asked for funding starting July of 2017.

Mr. Kaufman: Considering the amount you are asking for, if this application is not fully funded, how do you intend to move forward with funding?

Dr. Gullapalli: If it was partially funded, there would be fixed costs for the five residence. We could potentially take a lesser number of residences. This would take away from the program and potentially get funding for the future.

Mr. Boyer said that it is important to note that the budget plan is strictly focused on the cost of the residences and the cost of the facility, you are not seeing a lot of ancillary expenses related to the program, and it's really a solid, bare-bones proposal.

Dr. Atkinson: The 15 residences in this program are going to be specify trained to go and practice primary care. For those of you who are not familiar with what internal medicine residencies do these days, I would say somewhere between 75-85% become hospitalists. Well, that is good for the hospitals, it doesn't do any good to mitigate the primary care needs of the state. And having five individuals who will go into communities across the state to provide primary care will really address the needs of the state.

Dr. Dougherty: What percentage of your current graduates go into subspecialties?

Dr. Gullapalli: In Reno, around 25%.

Dr. Dougherty: So are you counting hospitals as subspecialties?

Dr. Gullapalli: No this does not include hospitals. If you count the hospitals, about 90% go into subspecialties.

Dr. Dougherty: Are you going to have these residents sign an affidavit that they are going to go into primary care in rural Nevada when they sign up for this program?

Dr. Atkinson: That has not been discussed yet. Since we don't have a primary care track in Nevada we will have to wait. Research from other states that have primary care tracks, do have a very high percentage of those graduates going in and practicing primary care, as opposed to going in to be hospitalists.

Dr. Schwenk: Dr. Dougherty is correct the program is some much different in design. It focuses much more on outpatient and subspecialties care and the kind of things that take place in the office without getting too much into specialty territory. I, as a family physician, think this internal medicine and primary care track looks a lot like family medicine residency training and focuses much more on the career outcome. I do think this program is designed to have a major impact as compared to traditional track.

Dr. Komanduri: If for some reason this program is not fully funded, I strongly encourage you to reach out to your partners to fund the additional portion.

Dr. Schwenk: I agree and said it would be discussed further at their leadership meeting with the VA.

UNSOM- UNLV- OBGYN

Representative: Vani Dandolu, MD, Chair, Department of OBGYN

Dr. Ramu Komanduri: In the feasibility part of the application, it was not focused on OBGYN, it was an overall discussion of the medical school. There was an issue of the board pass rate by residence historically and I want to see where that is addressed.

Dr. Dandolu: The board pass rate historically has been very good. With a few residences and one not passing, affects the rate. This past year 100% of the graduates passed the boards. We don't expect a problem in the future.

Mr. Kaufman: Under sustainment, the letter you received from NEILS discusses that intent to request funding approval and it does not state that the positions are funded.

Dr. Dandolu: They have to work with their corporate office and cannot give approval until they hear from the corporate office.

Mr. Kaufman: Regarding the letters of commitment from UNLV, UMC and Sunrise none of them mention funding positions faculty or staff for the two-year period.

Dr. Dandolu: We are specifically requesting funding for residences salaries which is what is included in the letter. We are confident that the clinical revenue will support the residences salaries.

Dr. Dougherty: Question on your budget narrative. You are asking for funding for four more faculty members. The supervision to resident ratio is four-to-one. So why are we funding four instead of three?

Dr. Dandolu: For our specialty, there is not faculty to student ratio. I was requesting for one FTE residency program director and .50 would be supported by the grant. The site director and four would be supported by the grant and two additional would and this is for the program expansion from 12 to 24 residents.

Mr. Kaufman: If this grant is not fully funded how you plan on moving forward considering you still have questions regarding the funding from NELIS and the others if it was.

Dr. Dandolu: Yes we would want to move forward with the program with the support of the hospitals. In reading the letter from UMC it does speak about supporting the faculty and other expense for the expansion of the program in addition to the residences spots.

Mr. Kaufman: The support letter does not talk about timing or how much. The letter is very vague.

Dr. Gill: The intent of the letter of support was to support the larger complement of residences. There is support from the hospital to support the necessary faculty and the need for more resources and that there was support at the bigger complement.

UNSOM- UNLV- Pediatric Emergency Med

Representative: Jay Fisher, M.D., Medical Director of Peds ER at UMC

Dr. Komanduri: No discussion on the fill rate for these types of programs. Is this a high demand specialty across the country?

Dr. Fisher: Yes, they all match typically and there usually is about 20% of applicants that don't get spots.

Mr. Kaufman: Are we talking about a fellowship and not a combined program.

Dr. Fisher: Yes, that is correct.

Dr. Schwenk: Can we get clarification on how we are going to handle applications that are not for typical primary care specialties and where we ended that conversation at the last meeting.

Chair Farrow said the pediatric emergency medicine as a specialty would be considered for funding and it was listed on the RFA.

Dr. Schwenk read the RFA *"Programs must provide training in the fields or specialties of 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".* Dr. Schwenk said that he didn't think this refers to Peds emergency medicine. He went on to say that the Task Force would consider other applications and we focused much of our discussion on the basis of merit but there would be some credit given for primary care and debit given for applications that were not specialty listed.

Ms. Hale also noted that the application has a reference to the need for mental health services in emergency pediatric, it seems sideway to look at pediatrics emergency medicine as the way to address the mental health in the community.

Dr. Fisher: We agree, we are champions of that effects actually in our department. The issues are that we have seen an evolution in our program over the last ten years. This has to transition us into about 10% of our work hours actually going toward managing emergency psychological patients in the adolescent pediatric community. This is unfortunate but it is a need. We are working to change this.

Mr. Welch: I would like a little more explanation under sustainability. You do have a letter of support from UMC, the sustainability is going to be dependent upon savings. I would like a better understanding of how you are going to generate the savings. I want to make sure what UMC is going to cover and what you are going to be able to save.

Dr. Fisher: In terms of saving, for the last 24 years we have been using APP's which are physician extenders to some degree, to see our patients. Some of our plans would be to reduce the amount of hours we use those providers and

have our team of attending physicians and fellows managing more of those patients.

Dr. Gill: UMC is committed to supporting the new fellowship program along with supporting the additional faculty needed for this program as well as any additional space in the hospital.

Mr. Boyer: With all due respect to the applicant, I think this falls outside the scope of the grant application as a list. There is not pediatrics emergency listed in the grant application process and secondarily I think it has a low impact on the primary care side, while it is a good application. I question whether it falls within the scope of the grant parameters.

Chari Farrow: I see med/Peds, but I don't see Peds ER as a category for funding in this round. It was not listed as such. We can decide to disqualify the application as it has been presented. I believe that is up to the Task Force as we move forward with the questions and answers.

Dr. Schwenk: I would also like to add to my previous comments that we wanted to focus on primary care and mental health this round. If we were interested in expanding the scope into other specialties in the second round, that may be a solution. I agree with Mr. Boyer, it was a very strong application.

UNSOM- UNR- Geriatric Medicine

Representative: Neila Shumaker, M.D., Program Director of Geriatric Medicine

Ms. Hale: With regard to the need. You identified that there were only 17 licensed geriatricians in Nevada. Is there a ranking of how Nevada compares to other states?

Dr. Shumaker: I'm not sure if there is a ranking available. Geriatrics is a specialty that is very hard to fill. Nevada's growth rate in the over 65 population is the most rapid in the country. So we have additional need based on that.

Dr. Komanduri: One of the challenges I face is that geriatricians don't want to practice geriatrics. How do you get folks to stay in geriatrics?

Dr. Shumaker: We geriatricians tend to be system thinkers and since there is a shortage of us, we tend to get pulled in helping in a variety of ways. I'm really excited about the primary care track that was discussed previously. Primary care and family medicine are natural feeds into geriatrics fellowships. I'm hopeful that we will be able to attract some of them into geriatrics. There are currently four at the VA.

Dr. Atkinson: Why did you choose only to add one fellow at a time?

Dr. Shumaker: There is plenty of clinic need and material for larger fellowships. Filling geriatric medicine fellowships is difficult. Some of that is due in part to the salaries. My idea with the Sanford Center is that we would have an innovative state of the art training program in Nevada that would attract fellows. This year was not a problem filling the fellowships, due in part to changes in scheduling. I am really looking forward to adding the Sanford Center experience. I take candidates out there when they interview and they have all been very impressed. Add this and we will get our fellowship on the map. Only

30% of geriatric fellowships fill each year and ours fills each year. We would like to continue to grow and starting out with one is the way to go.

Dr. Dougherty: Question regarding your structure. How many attending physicians do you currently have in your program?

Dr. Shumaker: There are four part-time clinic attendees at the VA. One semi-retiree who is helping with the primary care experience. We all practice both geriatrics and palliative medicine. So we are rotating in both specialties. Two of us are program directors.

Dr. Dougherty: What is the FTE total?

Dr. Shumaker: The other program director and I are each .50 FTE programs directors and it is funded by Renown and the VA. The other faculty all have other day jobs so to speak. One is the chief of geriatrics at the VA and the other one is a home health medical director.

Dr. Dougherty: So in your fellow current cohort, how many fellows?

Dr. Shumaker: Three

Dr. Dougherty: I am just challenged with the additional faculty request. It seems that you have adequate supervision without adding the salary for addition faculty.

Dr. Shumaker: The challenge for us is that we are trying to add the experiences that will be highly valuable to the fellowship called "community geriatrics". It's a combination of Sanford Center and other community experiences such as community nursing home, practice without walls. All the faculty we have are part time and have other work and they are VA employees, they are not free to go out into the community and supervise fellows in the community. So that is why we are asking for the junior faculty that would be split between the department of medicine and the Sanford Center.

Dr. Dougherty: So just so I am clear, you are asking for financial support for just one full FTE in this proposal.

Dr. Shumaker: We asked for .8 for the first year and .4 for the second year.

Dr. Komanduri: I didn't see any support offered by Sanford Center except to serve as a site. So would they be offering to fund any of the faculty?

Dr. Shumaker: That is where the additional .2 and the .5 hope to come from. The Sanford Center really just geared up and started seeing patients in November and they are adding the specialist clinics. That is why we thought this was a good opportunity to get the support as they ramp up. The Sanford Center is funded particularly by request, grant funding and clinical funding as they gear up for clinic services.

Dr. Schwenk: I would like to expand on Dr. Shumaker's response as I have a responsibility as the Vice President for of Health Sciences for the Sanford Center. I would like to emphasize what Dr. Shumaker said. This is a donor-funded/state funded aging center that was focused on community outreach and volunteer programs. It has now launched this very innovative geriatric clinical services program that is an opportunity for training but as they grow they will be able to provide additional support but that is hard to predict at the moment. I think there is potential for sustainability after that.

Mr. Kaufman: Across the country, are there statistics that show the number of geriatric fellowship positions in a university setting?

Dr. Shumaker: Yes there are but I don't have that information with me.

Mr. Kaufman: Is it safe to say that possibly anywhere 30-50% of the positions across the county are vacant now? If that is the case, is spending \$561,064 the best use of state money? What makes you think your program can attract people considering all the vacant positions across the county.

Dr. Schwenk: I would like to emphasize Dr. Shumaker's previous comments that they have indeed successfully filled three positions a year which is remarkable. There is a substantial desire for this fellowship in Reno. They have a good track record to date. This is not a very high demand. I just think Dr. Shumaker has done fairly well locally.

Dr. Shumaker: I think the reasons are partly our proximity to California. Very excited about the primary care track and the family medicine is still growing.

Dr. Atkinson: I agree that the program has had an excellent fill rate since in 2006. They have had a very high board passage rate and retention rate in Northern Nevada. With the release of the residents' surveys in the last five days, the fellows are very happy which I have to say is a huge recruitment tool. With the new innovative experiences, the program is getting stronger and stronger as it moves forward.

Mr. Boyer: On the application, the description of the payer mix is not addressed.

Dr. Shumaker: The vast majority of the patients would be Medicaid eligible.

Ms. Hale said that the majority of the geriatrics are in Northern Nevada and with the aging population in Clark County, how you will try to address the need in southern Nevada.

Dr. Shumaker: There will be a proposal for a geriatric fellowship in southern Nevada and we do have trainees who would like to be in Las Vegas. The more trainees we have, the more we will be able to address the state's need.

**UNSOM- UNR- Adult and Child Psychiatry
Representative: Joy Royston, Program Officer
Brian Kirkpatrick, MD, Chair, Psychiatry, UNR**

Ms. Hale: I liked a lot of elements of this application, but I think there were things that didn't get addressed. Also one of the things that was mentioned at the top of the application was that they would be serving rural areas through telemedicine but there was no elaboration of that in the application, so I kind of felt that I would like to know more about the program.

Dr. Kirkpatrick: We are actually providing telemedicine services daily in rural areas in both adult and child psychiatry.

Mr. Welch: I read the needs assessment in regards to describing the shortage situation in Nevada but I don't see data supporting that it is a problem.

Dr. Kirkpatrick: I don't know the exact number, but we are somewhere in the 40's in terms of ranking as a state for adult psychiatry.

Mr. Welch: The letters of support were regarding the decision to be made versus decision that had already been made. Can you tell me how the sustainability will play out?

Dr. Kirkpatrick: What I would direct you to is the letter from the VA. They say in addition to 2.0 in PGY-1 we are requesting an additional 4.5 FTE psychiatry residents. The letter from Renown says they will support five additional trainees that will be phased in over the next four academic years.

Mr. Welch: I see that from Renown but the other letters say that they will be requesting. I'm not sure how that plays out. I don't know how the VA process works.

Dr. Kirkpatrick: In continuing conversations since we have turned in the application their enthusiasm to be willing to help us has continued.

Dr. Atkinson: I did not think there was a lot of specificity on how you were going to evaluate the program. Most of the other programs had a lot more clarity in the evaluation section. I also was unclear on the sustainability of the associate program director for the Carson Tahoe administration. Usually, in associate programs, the director is more like 25% instead of 50%. I think that is a high salary, to begin with.

Dr. Kirkpatrick: Regarding the associate program director, we are anticipating state support of the actual associate director time. The .75 and .50 FTE are really about when a new faculty member begins, it takes a while before they will begin to cover their costs. So really the request is in large part to cover the clinical costs as they built up their practice. As the evaluation each year we have a resident survey that is for all the school of medicine programs. The feedback is very valuable. Also on the less formal basis, we get a written commentary from residences. This is rough feedback. They review all of their rotations. They put this together at their annual retreat. We share all this information with the faculty.

Dr. Atkinson: In addition to looking at those program evaluations, it was expressed to me in conversations with Dr. Carlson that they were going to look at sites where these people were employed, retention in the state and board passage rate.

Mr. Boyer: I think that the needs assessment, when you are talking about psychiatric, is not specific to psychiatry, it refers to the shortage of general physicians in the state. I didn't see a detailed timeline in the work plan with measurable goals and staff responsible for achieving each step. There was not a description of the payer mix in the feasibility assessment. I think those things need to be addressed.

Dr. Kirkpatrick: With regard to payer mix, we have our residents in so many different institutions it really varies for each one.

VALLEY HEALTH – Infrastructure Development – 4 Programs
Representative: Andy Eisen, MD, Chief Academic Officer, Valley Health System

Dr. Komanduri: The way this was structured didn't help your application.

Dr. Eisen: I would have to agree. The bulk of the questions on the application addressed the program rather than the project. We made an effort in the budget narrative to make the distinction of what exactly the project was and what the best use of the funds. The infrastructure would be lasting and support the large programs. We are talking about 220 residents in these four disciplines and an additional 90 in other disciplines that are needed but are outside the scope of this grant. Half of the request is for physical infrastructure. Spaces that we expect to last a long time. About 15% of the request is for IT infrastructure. If this technology has a five-year lifespan, with 220 resident positions, we are talking about affecting the training of 1,100 residents. That puts our dollar request per resident at just under \$3,000 per resident. This takes the money as far as we can and gets the greatest impact.

Dr. Atkinson: It would be hard to fit the whole program in since it is new and in its beginning stages. The work is good and so is the planning. I think that the Valley system is supporting most of the cost. If you would have just come in with the technology piece, that would have looked like something we should fund but not the whole of everything. I do think what you are doing is great.

Dr. Eisen: Thank you. Our goal here was to identify all of the startup costs. We had already begun this plan long before the grants were approved. The issues are can we do this with some support from the state to offset some of the costs. We are going to do this. We are hoping for some degree of support. If it was 100% that's great but a lesser amount would help us out. The budget is very detailed and these are one-time expenditures. Any help from the state would be great.

Dr. Schwenk: I think we are all circling around the request. First a question to the group. Some of these facility requests are not allowed or specified in the RFA. I think education rooms are appropriate but I don't think offices are what we had in mind in discussing facilities. The other concern I had was parking which I don't think was part of the definition of educational facilities. So I did some recalculations and took out some items and come up with a budget of about 1.9 million. This number is more consistent with our eligible criteria. The bigger question I have for Dr. Eisen is the way you have this structured, the letter of support is committing to possible a 220 or 310 resident program. Having done many of these programs in the past is the intent to spend tens of millions of dollars over the next ten years. I just wonder if that is the intent of the letter and is that your intent and the intent of the Valley leadership.

Dr. Eisen: This is a great opportunity for me to underscore the commitment of Valley Health System, our Board of Governors and Universal Health Services, our parent corporation, to the GME enterprise. The Board of Governors is aware of the amount of dollars we are talking about. You are correct that tens of millions of dollars will be spent over the next ten years. We have run the

numbers and we know what we are getting into. The system and our parent company are committed to this and get more involved with GME. This is a big investment and we are not going to be able to fit the physician shortage without developing these GME programs. Increasing the workforce is important for the hospitals, medical schools and essential for our patients which are what the one-page commitment letter is all about.

Dr. Schwenk: Thank you for that strong response.

Dr. Dougherty: Dr. Eisen, if I am looking at the numbers correctly, you are looking at taking 40 first-year residences.

Dr. Eisen: Yes for internal medicine, correct.

Dr. Dougherty: So what is the number of matriculates you will have to every first-year class?

Dr. Eisen: We are looking at 40 in internal medicine, 20 in family medicine, four in psychiatry and six in OB.

Dr. Dougherty: So 70 a year, the first year matriculate. So that will increase the number in the state by 50%. We are at 138 and you are going to take it to 208. So relative to the programs that you have in place where are you at with AOA and the application process?

Dr. Eisen: In terms of family medicine, internal medicine and surgery which is outside the scope of the grant, are nearly complete and they will begin in just over a year.

Dr. Dougherty: So the current target date is 2017?

Dr. Eisen: Yes that is the current target date.

Dr. Dougherty: So you will not receive any reimbursement from CMS until July of 2018? So the system is putting up the salaries for the first year for all the residents?

Dr. Eisen: Yes as well as faculty costs and additional support staff.

Dr. Dougherty: I agree with Dr. Schwenk, I did the calculations and I agree with him. I think this is a very positive return on the state's investment for the number of FTE's you are looking for.

Dr. Komanduri: Can you comment on the existing training programs that you have at Valley and if they are going to be linked to the new programs.

Dr. Eisen: Currently at Valley Hospital we have a number of programs that are accredited by the American Osteopathic Association (AOA), as you know that accreditation process is going away by 2020 and all the programs will be a transition to ACG accreditation. As we go through this process the programs will remain separate. The long-term plan is for the all the programs to be together under a single umbrella. We are still discussing this and nothing has been decided at this time.

Mr. Boyer: I think that Dr. Schwenk has it right. I think this is a great application with a lot of impact. I would support the 1.9 million round number that Dr. Schwenk indicated. I commend Valley Health System for the impact they are planning to make.

MOUNTAIN VIEW- Internal Medicine

Representative: Mahendra Solanki, Vice President – Academic Affairs

Dr. Komanduri: It didn't seem like the sustainability plan was very clear and the goal is to exhaust the grant funds within six months.

Mr. Solanki: The infrastructure is the main issue. We are building a whole new building for the internal medicine program which will create an environment for the GME residents. We want to make sure the residents are happy.

Chair Farrow: Regarding the projective project costs of 13 million dollars and that there would be a second grant funds submission. Can you tell me what that is referring to?

Mr. Solanki: We will not be able to finish the project using the funds we have and we will be doing further improvements.

Ms. Hale: The needs assessment references to the need for primary care and then looking at the detail list of subspecialties, it seems like a mismatch in terms of need and how this proposal would meet the need identify.

Mr. Solanki: I think the residents need to have all the exposure they need to have and that is what our focus is.

Dr. Atkinson: It is good to have new residences added at this level. I think that Mountain View has already committed to the residence program and I'm hopeful that you already have the infrastructure in place. It was a little hard to tell if it is there now and what isn't there yet and what you are asking this grant to support.

Mr. Solanki: If we can save some funding that we already have we want to put the clinics out in the communities. So you can improve the access and the care.

Dr. Atkinson: The other thing that bothered me was that you were asking for the entire five million dollars for your program. I would have liked it better if you would have asked for something more specific.

Mr. Solanki: I understand, we asked for the highest goal.

Dr. Atkinson: The other piece that I was really interested in was teaching piece. The program looked pretty traditional to me and can you tell me where you are adding something special or how you are going to sell your program.

Mr. Solanki: We are going to be out in the community focusing on primary care, the positive effect this has on the community and this will bring them back.

Dr. Komanduri: In a traditional grant in your budget plan you would go through your budget. This proposal doesn't break down the funds as how they would be spent. If it would have been more specific it would have been more useful to me.

Mr. Solanki: I understand. The CFO is not here today so I can't answer that question.

Mr. Boyer: This program has a sizable impact and it is certainly fully funded by the hospital, HCA and the others that were identified in the application. I was scoring this grant very high until I decided that it was a bit parsimonious of the organization to assume that they would get five million dollars so I didn't score it that high based on the process.

Chair Farrow: We have heard from representatives from each of the programs. We are now at a point we need to discuss recommendations either in whole or part and what would be the best return on investment for the state.

Dr. Komanduri: There was a proposal from Valley Health System for 1.6 or 1.7 million. If we looked at the IT infrastructure and just fund that part which would be around \$400,000 that would be an option to spread the dollars around.

Dr. Schwenk: Let me start the conversation with some budget revision and Mr. Mitchell can update the excel spreadsheet (attachment A) on the screen and we can see a running total. So based on the discussion we heard it seems to me that Las Vegas Psychiatry expansion is a high impact for the number of new psychiatric trainees, so I would leave that one where it is. The second program Reno Internal Medicine and we heard some discussion about the possibility of supporting the VA so I would take that down to 1.5 million. The third program Las Vegas OB-GYN, we heard some comments about possibility restricting the faculty expense and some of the clinic revenue that comes with that so take that down to 1.2 million. The next program is Pediatric Emergency Medicine, we heard comments that they may not be eligible for this cycle. Geriatric Medicine program comments about possible VA support and support from Sanford Center so I would take that to \$400,000. The next program is the Adult and Child Psychiatry program in Reno. I recall the discussion regarding the time devoted to the program director activities and salary so maybe we take that down to \$400,000. Next program is Valley Health System. We heard some comments about the IT support from Dr. Komanduri supporting \$400,000. So Mr. Chair, this could be a place to start our discussion. Ms. Hale said she appreciated Dr. Schwenk efforts and the resulting totals. She asked to hear from the applications if the proposed reductions would be prohibitive. Dr. Komanduri asked if we could do the review in the sequence that they were presented in. He said that psychiatry had unanimous support and to leave the dollars as they are. Next is internal medicine at UNR, he asked to hear their comments if the program was reduced from 2.1 1.5 and what the impact would be.

Dr. Gullapalli said they would be able to work with the reduced budget.

Mr. Kaufman said that if the number of resident slots was to drop by one per year, could you still work within that number? Dr. Gullapalli said that was where he was thinking of doing the reduction. That would be four residents per year. 1.5 million would support a total of 12 residents in three years. Mr. Boyer said he was not sure how they would manage this process. They may look for alternative sources to maintain the five slots. There are other partners in the north that could work with to maintain the five slots. I think it is important to demonstrate that we can reduce our request to 1.5 million but we still may do five residents.

Dr. Komanduri said he thinks that the fifth resident could be funded from the VA. Chair Farrow asked Mr. Mitchell to add a slot column to the spreadsheet and as we talk through this keep adding slots. Chair Farrow said the next program would be the OB-GYN and the impact if we are talking about an FTE

adjustment. Can you still keep the ratio and still double the program with that amount of money. Dr. Dandolu said they could make it work on the reduced budget. She suggested awarding the “extra” amount that was not spoken for to her budget.

Dr. Schwenk proposed numbers to this program. It would really help with the FTE. Dr. Shumaker said with the proposed reduction to the budget they would have to eliminate the faculty because the VA faculty cannot supervise in the community; she would just have to completely rework the entire budget.

Chair Farrow asked what the sustainability was for the 1 FTE. More revenue will be generated as time goes on. Dr. Komanduri asked if this proposal would be better applied a year from now when Sanford Center is more robust and is able to be more supportive because at this stage they are really not able to support you. Dr. Dandolu said she didn't think that the Sanford Center could pay for the fellow any better a year from now.

Mr. Welsh said along that line of thought, trying to be equitable as we can, supporting existing programs, as well as new developmental programs. Would it be feasible and what would it do to your time schedule resubmitted at the next cycle? This program has the least impact as far as residences which is what we are trying to improve. Dr. Dandolu said she would go with the recommendations of the committee. Chair Farrow said that if this would be feasible that would free up \$400,000 plus the \$200,000. That would certainly impact another program. The Adult and Child Psychiatry program was discussed next with a proposed \$100,000 reduction. Dr. Kirkpatrick pointed out that this was the lowest budget request of all the application. Partly because of that, we have a different issue in regards to fixed costs and per unit costs. Another way to say that is that we are closer to the bone losing that other \$100,000. What we are doing here and the bulk of our application is to support faculty to build up their clinic practice. Chair Farrow went on to Valley Health System. Dr. Eisen said they are happy to receive any support the state is willing to make. If this is focused on tasks, our IT budget is about \$400,000. We would appreciate any funds beyond the \$400,000 and whatever amount that is we will apply to towards the total cost.

Mr. Welch asked for clarification, if an applicant took a reduction in this cycle does that mean they are exempt from applying in the next cycle or would we be anticipating that they would be coming back for additional funding.

Mr. Mitchell said the next round would be open to anybody and anybody would be able to apply. If someone was not funded they could adjust their application and resubmit. Or someone who was not fully funded could make a new application for the amount not funded or for any other amount. Dr. Eisen suggested for the next round of funding that the Task Force focuses on the projects.

Mr. Kaufman recommended increasing the UNLV Psychiatric expansion by the remaining \$794 dollars to exhaust the funds.

Dr. Schwenk made a motion to accept the list of projects and the budgets (Attachment A). Mr. Kaufman seconded the motion. Mr. Mitchell wanted all the applicants to know that the OSIT office would need revised budgets and

revised scopes of work (if applicable) based on the amounts awarded today. This would have to be received before any funding would be released.

Chair Farrow asked Mr. Mitchell when that information was needed.

Mr. Mitchell said June 1. Dr. Atkinson stated for the record that Mr. Mitchell has been extraordinarily helpful in this process. She went on to say that he was on top of everything, gave second chances to fix little things. His support has been outstanding. Dr. Schwenk seconded Dr. Atkinson's comments.

The motion passed unanimously.

Dr. Atkinson said for the record that the next cycle would be more than just primary care. The state is just as short on subspecialist as they are in primary care. Chair Farrow said this leads to agenda item number six.

VI. Discussion and Possible Vote on the Timeline and the RFA for a Second Round of Grants for Fiscal Year 2017

Vance Farrow, Chair

Chair Farrow said that the scope would be widened for the next round and asked for a suggestion on what should be considered. Dr. Atkinson said any applications should be accepted as long as they show the need for the state. Chair Farrow added when the legislators agreed to the ten million dollars it was for primary care and behavioral health. It was suggested that a point bonus be added if the applicant meets certain criteria. Mr. Welsh asked Chair Farrow to contact legal counsel to see if the scope could be expanded for the next round of grants. Dr. Schwenk said that if we are going to fund on the basis of merit combined with need, we can't keep pushing primary care and mental health. We do need to explore the options for opening up the criteria, once legal counsel has been consulted, to fund other strong programs.

Mr. Mitchell agreed that the state needs every specialty, but both the Governor and the legislature wanted to focus the ten million dollars on primary care. He will review the executive order and report back to the Task Force. Mr. Mitchell recommended taking a two-track approach. One, if we can widen the scope, what that would look like and two, if we can't widen the scope, then would you make any changes to the definition of primary care from the original application. Mr. Welch suggested changing the scoring sheet. He will send his suggestion to Mr. Mitchell.

Chair Farrow asked what additional residence scope/programs the Task Force would like to include. The following were suggested: general surgery, Peds ER, physical medicine and rehabilitation, pathology, nuclear medicine, oncology, radiology, anything related to geriatric, acute stroke care and the fellowships associated with pediatrics, psychiatry, and OB-GYN.

Dr. Komanduri said he would like the max score on the round two of the RFA to equal 100.

VII. Consider Agenda Items for the Next Meeting (For Possible Action)
Vance Farrow, Chair

- Getting feedback on what is going to be allowed for the second RFA, what the final scope will be
- Timeline to release the next RFA

VIII. Discussion and Possible Vote on the Next Meeting Date (For Possible Action)
Vance Farrow, Chair

The Task Force will be polled on the next meeting date.

IX. 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.)

Dr. Eisen made the following comment: “I want to thank OSIT for the work that was done to get the RFA out in a short amount of time under a lot of pressure and they did a great job. This is a monumental occasion for the State of Nevada. This is a fight that I have been fighting for many years in different roles. To see the real investment by the state in GME is just the first step. There is a great deal of more work that needs to be done and I hopes to be sitting at the legislative table with some of the Task Force members making the point that ongoing support for Graduate Education Medicine by the State of Nevada is an important and valuable investment that has a tremendous return”.

X. Adjournment
Vance Farrow, Chair

Chair Farrow adjourned the meeting at 12:40 pm.