



Brian Sandoval
Governor

STATE OF NEVADA

GOVERNOR'S OFFICE OF
SCIENCE, INNOVATION &
TECHNOLOGY

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Brian L. Mitchell
Director

PUBLIC MEETING MINUTES

Name of Organization: Graduate Medical Education (GME) Task Force
Date and Time of Meeting: Wednesday, March 7, 2018 @ 9:00 A.M – 12:00 P.M.
Place of Meeting: Nevada State Capitol – Old Assembly Chambers
100 North Carson 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

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:

The Graduate Medical Education (GME) Task Force was called to order by Brian Mitchell at 9:05 A.M. on March 7, 2018, at the Nevada State Capitol, Old Assembly Chambers, in Carson City, Nevada. He will be running the meeting today.

Members Present:

Brian L. Mitchell
Bill Welch
Chris Bosse
Barbara Atkinson, MD
Mark A. Penn, MD
Ramanujam Komanduri, MD
Thomas L. Schwenk, MD
John Dougherty, DO
Julie Kotchevar
Sam Kaufman

Members Absent:

Gillian Barclay, DDS, DrPH
Steven Althoff, MD

Guests Present:

John Packham, PhD, Associate Dean Office of Statewide Initiatives, University of Nevada, Reno (UNR) School of Medicine

Bryan Werner, Chief Physical & Rehabilitation, VA Southern Nevada Healthcare System

Dr. Andy Eisen, Chief Academic Officer, The Valley Health System, Las Vegas

Dr. Saju Joseph, MD FACS, General Surgery Residency Program Director, The Valley Health System

Dr. Ferenc Puskas, MD, PhD, MBA, Assistant Designated Institutional Official, Mountain View Hospital, Las Vegas

Kelly Kern, Chief Operations Officer, Mountain View Hospital, Las Vegas

Staff Present:

Debra Petrelli

I. 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.)

Brian Mitchell

There was no public comment.

II. Welcoming Remarks and Announcements

Brian Mitchell

Chair Mitchell welcomed everyone for coming today both in Las Vegas and in Carson City. He thanked everyone for their time and expertise to assist in allocating the funding for Graduate Medical Education (GME) on behalf of the Governor.

III. Approval of the Minutes from the September 13, 2016 and October 3, 2017 GME Meetings (For possible action)

Brian Mitchell

Chair Mitchell asked if there were any corrections to the September 13, 2016 or October 3, 2017 Minutes. It was noted the October 13, 2017 Minutes had a spelling error on page 2, under "Members Present," correct spelling should be "Julie Kotchevar." Bill Welch made a motion to approve the Minutes of September 13, 2016 and the Minutes of October 3, 2017 as corrected. Tom Schwenk seconded the motion. The motion passed unanimously.

IV. Discussion and Evaluation of Submitted Applications for Graduate Medical Education Funding and Possible Vote on Making Funding Recommendations to the Governor (For possible action)

Brian Mitchell

Chair Mitchell pointed out the purpose of the GME Task Force is to make funding recommendations to the Governor, who in turn makes final funding decisions. He said this is

the third round of funding and in the past two rounds the Governor fully accepted the recommendations from this task force and funded the applicants as recommended. He said this task force has basically four options in funding the applicants; Option 1: fully fund the applicant or application as proposed, Option 2: partially fund the application as proposed, awarding a reduced amount, Option 3: conditionally fund the applicant and request the applicant to make changes to their application; Option 4: not fund the application. He added that for various reasons in the past they have used all of these options. Dr. Komanduri asked whether the total dollar amount of application requests was less than the total amount of funding available, and if so what happens to the remaining funding. Chair Mitchell suggested they postpone discussion on that question until Item VI on the agenda. He added there will be funding remaining, regardless of any decisions made today. He said there is \$5 million in funding available with only two applicants in this round totaling \$1.6 million, therefore discussion will be required for a future round of funding once the decisions have concluded in this current round of funding.

V. Discussion on the Timeline for the Next Round of Funding and a Date for the Next Task Force Meeting (For Possible Action)

Brian Mitchell

Chair Mitchell said there were two applications in this round of funding; Valley Health System, requesting \$794,410 for Video Based Operative Skill Evaluation and Mentorship Program for Surgery Residents; and Mountain View Hospital, requesting \$888,000 for their Physical Medicine and Rehabilitation Residency Program

Valley Health System (VHS) Discussion

Requested Funding: \$794,410

Video Based Operative Skill Evaluation and Mentorship Program for Surgery Residents

Dr. Saju Joseph, MD FACS, General Surgery Residency Program Director, Valley Health System

Dr. Andy Eisen, Chief Academic Officer, Valley Health System

Chair Mitchell said that a concern had been raised by several members of the task force whether this application fit the eligibility criteria of the proposal. He said in the Request for Applications (RFA), the task force had requested applications for either a new or the expansion of an existing GME program. He suggested this application appears to be for the purchase of equipment and asked for clarification on the program and how it actually fits into either a new or an existing GME program.

Dr. Joseph said the Valley Health System's (VHS) Video Based Operative Skill Evaluation and Mentorship Program for Surgery Residents is a new program. He said this is a brand new general surgery residency. He said VHS intends to take 5 categorical residents and 7 preliminary residents per year. He said they plan to start the program in July of 2019 and when completely filled they will be training 32 residents, graduating 5 residents per year, making it the largest surgery program in Nevada. He added this is a new area of education, where currently there is a significant shortage of surgical educators both in Nevada and in the country. He said for example, UNLV has numerous surgeons but they do not have a full complement of subspecialists. He said residents from Nevada are traveling outside of the state to get fellowship training. He said they are getting trained throughout the country in surgical

subspecialties by people who are not fellowship trained and has been identified by the American Board of Surgery (ABS). He said VHS's video grant proposal is an innovative and first run idea at addressing that problem. He said the idea is that residents in the program will be able to connect to other fellowship trained educators around the world who can provide mentorship and training here in Nevada without having to travel elsewhere. Dr. Schwenk asked how the quality of the supervision and the credentials of the faculty are assessed, and how this fits into an accreditation process that can continue to be monitored for quality. Dr. Joseph said this is connected with ABS and the Association of Program Directors in Surgery (APDS). He pointed out that in 2014, the ABS reported that new residents graduating from residency programs were unsafe to practice general surgery. He said graduating surgical residents have less than ½ the operative experience of surgeons graduating 10 years ago (850 cases in 2018 versus 1,600 cases in 2008). He said this led the ABS to recommend graduates do fellowship training to gain adequate experience to practice surgery safely, which fed into the idea that a better mentoring system within a residency training program was needed. He said mentors selected within this video-based system are all world-wide surgical leaders at the top in their fields. He said the counter to that is almost all of them are either Program Directors or Chairs, so their residents will also have the opportunity to have mentorship through these video platforms. He said this program is taking 21st century technology and applying it to education. He said residents in Nevada fall under the same rules and guidelines of the ABS, the Accreditation Council for Graduate Medical Education (ACGME) and Institutional Review Committee (IRC). He said at the completion of their residencies they will have world-class surgical leaders declaring them safe to perform that particular procedure.

Dr. Eisen said VHS is building this new program in general surgery, which clearly qualifies as a new program, and believes it is important to not only develop a program that can meet accreditation, but also to develop a program they are confident will train residents well. He said the issue Dr. Joseph raised has been a concern of the ABS for some years, which is that newly graduated residents are not prepared to practice independently, which led the ABA to define this list of core procedures in which residents should demonstrate competency before they graduate. He said this video mechanism will allow residents to have their competency in these core procedures assessed, not only by local faculty but by renowned world-class surgery experts who have no bias. He added it will also help those residents on the credentialing side when they apply for privileges at various hospitals by having the ability to provide both the documentation from that review by world-class surgical experts demonstrating their competency to perform those procedures, as well as being able to provide the videos themselves. He added if a credentials committee had any question about a residency competency, they could identify their own experts in that area to review the videos and ensure the residents' competence. He said by creating this new program, the need for qualified general surgeons is addressed. He said graduating residents that are not yet prepared will not fix the problem, but rather graduating residents who are prepared to provide the care Nevada's patients require is needed. Dr. Komanduri commented that this program is essentially virtual supervision along with live supervision, which will ultimately need additional funding to build an entire training program. He asked how institutions are actually using this program. Dr. Joseph replied the video mentorship program is developed in numerous different areas, in surgery there are about ten programs actively using it, with another twenty that are in testing of the program. He added that the market for this program lies in rural hospitals, community programs and programs that solely rely on community surgeons for education in mentorship programs.

Dr. Komanduri asked if, by having this program, it will enhance the competitive nature by getting higher quality candidates for surgical residency programs. Dr. Eisen replied it is appealing to applicants, and will help in the competitive nature of this process. He added that nobody expects a first-year resident to be fully competent in these surgical procedures. He said however it is imperative residents are competent by the end of their residency. He said by getting unbiased neutral feedback from surgical experts around the world, it gives us the opportunity for additional training or remediation that is necessary so two years later these residents are ready to serve the patients within the community. Dr. Joseph commented that from a resident's standpoint, this is a very large draw, this is an opportunity for residents to get feedback from these world-class surgeons and actually develop a mentorship model, as this is an interactive platform. He said not only does that surgeon give the residents feedback, but the residents can also ask questions on that same platform. He said the video is first edited down to 10 minutes, then broken down into key components, which is done by the platform in a very quick manor. He said the surgeon mentor watches it and can write comments on the side of the screen. He said the resident not only sees the comments, but will have the opportunity to reply back and ask questions.

Dr. Schwenk asked why a resident is currently allowed to perform these surgical procedures under the supervision of a local surgeon who is credentialed, but somehow is now not adequate supervision for providing feedback and teaching at the time the case is actually done. Dr. Eisen replied the question is whether the aim is adequacy or excellence. He said this program will ensure that residents are getting feedback, not just from the local surgeon, but also from an expert in their field of surgery. He said this makes the level of training and feedback for the resident the absolute best it can be. He said this all goes back to the ABS's concern that graduating residents are not ready. He said there has been discussion of mandatory fellowships in surgery trying to address this need. He said he believes this program will allow the existing structure of surgery residency, which is expected in most circumstances to be five years, to give the best possible feedback. He added he believes this program will provide to the community the kind of surgeons this state deserves.

Dr. Atkinson asked how responsive community physicians are to this system, with others overseeing their work. Dr. Joseph discussed his work experience on this program while at Texas Tech University in Texas and the positive feedback he had received. He said the training and mentorship between the community surgeon and the world-class expert surgeon actually developed. Dr. Eisen commented the response from local surgeons in the Las Vegas area for this program has been positive. Dr. Joseph added there is no financial downside to this program for community surgeons that want to refine a technique without leaving their own operating room to attend a class outside of their practice.

Dr. Schwenk asked what happens when the video review reveals a performance or technique that is truly substandard, and whether there is some sort of sanction or other concern raised about the true quality of a resident's surgery technique. Dr. Joseph said there are numerous remediation pathways that can be taken that are built into all surgery residencies, which can vary from case volume to video skillset simulation training, depending upon the type of case. He said each remediation plan goes through the clinical competency committee and gets reported to the resident. Dr. Schwenk asked what happens when the world-class review surgeon sees something that is technically the responsibility of the local community surgeon in

attendance. Dr. Eisen said he believes it is far better to know if that is the case, than not knowing, which could potentially have a bad outcome. Currently there is no mechanism of knowing whether there is an opportunity for significant improvement or whether a surgical technique is not meeting standards with local community surgeons. He added that depending upon how serious the concern is, the question would be whether to continue having residents work with those surgeons. He added the outcome might be that the remote faculty member (expert) may give very specific examples of irregularities in a procedure, alerting a community surgeon that perhaps specific training in their technique is necessary.

Dr. Dougherty asked Dr. Joseph if while implementing this program at Texas Tech University, whether there was any requirement for the remote supervising physicians to have a license in the State of Texas to supervise and whether that is a requirement in Nevada. Dr. Joseph replied that the supervising physician watching the video was not required to have a Texas license, and that is because there is already a supervising physician in the operating room with the resident, therefore the resident is not operating independently. He commented he has not looked into this topic in Nevada. He said there is an affiliation agreement for the residency program with those reviewing surgeons. Dr. Eisen clarified that the supervising physician is in the room and is licensed and credentialed as a local surgeon.

Dr. Penn asked what the liability is for each of the mentors. Dr. Joseph replied there is no liability for the mentors/experts in this program. Dr. Penn asked whether community surgeons were queried on this program and whether there is any documentation data from those queries. Dr. Joseph said he has discussed this program with all the community faculty that are involved with the VHS surgery program. He added he did not do a contract per se with the faculty. He has discussed the program across the board with every surgeon who has signed up to be part of the residency program from the community side and everyone has accepted and understands this program. Dr. Penn said he understands this is to be a new residency program and this is only a portion of the program. He asked what percent of this budget is the overall budget, because this is actually a small portion of the overall cost. Dr. Joseph agreed and said VHS's residency program has gone through a site visit and currently is awaiting approval. He added the cost to start a five-resident program, on an average, which fluctuates, is close to \$300,000 per resident per year. He said there is a large amount of expense, which includes a tremendous amount of curriculum that is mandatory through the ABS and the RFC. He said this includes simulation, plus there is a tremendous push in surgery for wellness and counseling. He added that 80 percent of graduating residents are testing positive for burn-out before they walk onto their first faculty job. He commented there is everything from rotational issues within VHS, which is a five-hospital consortium, making it even more complicated. He said all of those costs are separate from the cost of this program. He added that none of the funding requested for this program is tied to the actual running of the residency program, but is a separate program, as well as the costs associated with it. Dr. Eisen commented the cost to prepare and establish the residency program requires several million dollars of expenditures, which is even before they have residents on board. He added this residency program will last for many years and the request for \$794,410 to initiate the program will get a lot of impact for a relatively small amount of funding to serve the public interest.

Dr. Schwenk commented it is not an issue for him to support this program, as he now understands where it fits into the curriculum. He said he has concerns of a video review showing seriously substandard care and being faced with the dilemma of whether that surgeon

be dropped from faculty or how it would be reported to medical staff/executives and suggested being prepared for that possibility. Dr. Eisen commented that VHS has an obligation to report, directly to the State Board, anything identified through any mechanism that raises concerns about the quality of care being delivered to patients.

Mr. Welch discussed his involvement with telemedicine within the state. He said he believes this is an opportunity to introduce physicians to video capabilities for oversight as well as a potential better understanding of how telemedicine may help with medical needs in the future. He added he is in support of the application.

Chair Mitchell asked for more detail on the \$150,000 annual training costs, in moving forward after the grant period. Dr. Joseph replied the \$150,000 per year is basically split into two parts. He said the larger portion of \$120,000 is for use of the video platform. He said the video platform allows VHS to transfer cases in a Health Insurance Portability and Accountability Act (HIPAA) compliant fashion that edits the case down to approximately a 10-minute video for the reviewer. He said it then allows the program director to assign those 10-minute videos to the remote faculty member (expert). He added the platform contains information on those experts and their fields, world-wide. He said the second part of the funding is for the video equipment, to include annual training for staff due to large turnover in the operating room. Chair Mitchell asked whether these world-renown surgeons will require an additional fee for their services. Dr. Joseph replied the reviewers do not get paid for their service. Chair Mitchell asked what the purpose of the requested funding for travel is to attend two different meetings; one in Chicago and one in Orlando. Dr. Joseph replied that both meetings, the ABS and the APDS, are presentations of not only the program but the overall system as it works, which will assist Nevada's health system to be on the forefront of video-based training modules. Chair Mitchell said one of the areas of focus of this task force is building the physician workforce in Nevada and making sure that after training physicians, and then building and funding residency programs for physicians, they do not end up going out of state to practice medicine. He asked whether VHS has any data on residents and retention following the residency program, to include numbers of how many residents are staying and practicing in rural areas. Dr. Joseph said there is excellent data that demonstrates surgery has an outstanding retention rate within the state. He added if a person attends medical school outside of the State of Nevada, then does a surgery residency in the State of Nevada, their likelihood of staying in Nevada is over 65%. He said if a person completes medical school and residency in the same state, that retention rate is 94%. He commented that VHS has already incorporated a rural hospital to be included in the rotation of residents within their program and will be a focus of their training.

Mountain View Hospital Discussion

Requested Funding: \$888,000

Physical Medicine & Rehabilitation (PM&R) Residency Program

Dr. Ferenc Puskas, MD, PhD, MBA, Assistant Designated Institutional Official, Sunrise Health Graduate Medical Education

Dr. Bryan Werner, Chief Physical & Rehabilitation, VA Southern Nevada Healthcare System
Kelly Kern, Chief Operations Officer, Mountain View Hospital

Dr. Schwenk, Dean of UNR School of Medicine, disclosed a possible conflict of interest issue with the application from Mountain View Hospital (MVH). He said as the application notes, the University of Nevada Reno (UNR) School of Medicine is technically the academic affiliate

to MVH dating back to early days when UNR provided guidance with regards to their residency programs. He said MVH is now fully accredited and has a full GME structure. He added UNR has had nothing to do with the recent GME programs, but have moved on to talk about student teaching. He added that he nor UNR had any involvement with this application from MVH. Chair Mitchell said he sees no conflict of interest with Dr. Schwenk or UNR School of Medicine and this applicant and asked whether any members might disagree. There was no disagreement. Ms. Bosse commented that she would very much appreciate Dr. Schwenk weighing in on the topic and would appreciate his expertise.

Dr. Komanduri commented that Touro University was not mentioned in this application and a lot of DO graduates actually seek PM&R residency. Dr. Puskas commented it was not an intentional omission.

Dr. Atkinson said this is a program needed in the state and she is impressed that PM&R physicians are very hard-working in Las Vegas currently. She asked how many new people will need to be recruited in order to actually provide the teaching load for this number of new residents. Dr. Werner commented that Sunrise Hospital has two faculty members for their inpatient program and are in the process of hiring a third faculty member for the pediatric component of the program opening up in the next few months. He said MVH has two attending physicians for their inpatient program. He said the VA has twelve board-certified PM&R physicians in Las Vegas, with six of those physicians having subspecialty certifications as well. He added that all together they have an excellent resident to faculty ratio compared to the same programs nationally. He said a good number of attending physicians with expertise are currently at MVH, and they are in the process of recruiting a program director as well. Dr. Komanduri commented the VA in Las Vegas also has a state of the art prosthetics lab.

Dr. Schwenk said one of his concerns about this application is the clinical curriculum, not so much adequacy of the faculty, but rather the actual clinical training. He said he is concerned the application has too much focus on didactic teaching and various types of presentations and journal clubs rather than clinical training. He said he would like to hear more about the clinical training that is proposed. Dr. Puskas responded the clinical training proposed includes rotation between three clinical sites to include Sunrise Hospital, Mountain View Hospital and the VA Southern Nevada Healthcare System, with several clinics to provide outpatient experience sections. He said they have significant inpatient access to rehabilitation services at MVH. He added that part of this proposal is building an outpatient and an Electromyography (EMG) clinic combined with Sunrise Hospital for both inpatient and pediatric rehabilitation patients. Mr. Kern said in addition, with the established intern medicine program, the PM&R residents will be participating on the high end side of rotating through those blocks as well, receiving internal medicine experience. Dr. Werner said he envisions a one to one teaching format with an attending physician and a resident working together in their clinics. He said the VA's model treatment is a little bit different than private practice, with longer time periods to see patients and a lower patient volume. He said this will allow an ample opportunity for one to one teaching and reviewing opportunities, on a case by case basis in real time. He said they currently have many students from UNLV, UNR and Touro University rotating through their programs. He said they do have didactic lectures prepared, with most teaching done in the moment.

Dr. Dougherty asked whether it is correct that the PM&R program only accepts second-year residents postgraduate year 2 (PGY2s) as a first-year traditional rotating internship is done in a different location. Dr. Werner replied that is correct. He said MVH accreditation programs nationally accepts categorical PGY1s and that may be the goal down the road, but it does take some collaboration with internal medicine and other residency programs. He said in terms of a PM&R residency starting at PGY2, it was the easiest to focus on at this point. Dr. Dougherty asked whether within the system they have potential programs that can provide traditional rotating internships at other locations. Dr. Puskas replied they do. He said they have two transitioning programs at MVH and at Sunrise Hospital with a total of 26 per year transitional residents at both sites. Dr. Komanduri commented that for the VA's portion of time with these residents, the VA will fund their entire program and will guarantee the FTEs (time that residents spend at the VA). Dr. Schwenk asked for comment on student interest and why the shortage of students is so great and what they intend to do. Dr. Puskas replied, as mentioned in the application, they plan to form a student interest group by introducing PM&R to graduating students at UNR, UNLV and Touro Universities. He said he believes the lack of student interest is because students are unaware of the wide breadth of clinical subspecialties they can do after their residency programs. He said if focus groups are formed in these universities, he believes they will attract more students. Dr. Werner said in reviewing national residency program data, PM&R is one of the most competitive residencies around the country. He said last year there was close to 400 slots and over 550 applicants for those slots. He added they have had a tremendous amount of interest from students at UNR, UNLV and Touro University, who have rotated with the VA interested in PM&R. Dr. Werner said the last national residency matching program data showed that PM&R is one of ten specialties with more than ten slots at 100% fill rate, comparable to neurosurgery, orthopedics, pediatric psychiatry, making it a very competitive field.

Ms. Bosse asked for clarification on the program reference to four residents per year, however under the budget section it references two residents per year. Dr. Puskas replied the application is for four residents. Ms. Bosse also questioned the budget component, directly after page 20, entitled "Budget Summary." She said there is \$334,000 budgeted for clinical space without much detail, and asked for clarification. Mr. Kern replied there are three components. He said the incorporation of PM&R residency adding to the bed counts of which MVH currently has a 36-bed rehabilitation unit and Sunrise Hospital currently has a 42-bed rehabilitation unit, and adding a component of space for the program director for their education, and a classroom to accommodate the residents, all of which is one component of that \$334,000 request. He said the second component is to add space in the PM&R clinic at the VA sites, as well as the existing Continuity Clinic at the MVH site, which is growing, for the education of the residents when they are consulting and seeing patients, so the clinical instructor can observe. He said the third component is the expansion of the Sim Center, which is being developed directly on the MVH campus incorporating space for equipment for teaching simulation activities.

Chair Mitchell asked, in moving forward, what the sustainability plan is for extending the faculty salaries. Mr. Kern replied the grant funding will be used to start the program up at MVH. He said once the program is operational, the facility has the commitment to continue the funding as they currently do with their existing programs. Dr. Werner said most of the salaries for the attending physicians are already in place, the program is being built with mostly existing faculty already working at Sunrise Hospital, MVH and at the VA. He added this is a

collaboration to build a city-wide residency program with the additional program director position, which MVH is currently seeking. Chair Mitchell asked for more detail on how, in moving forward, MVH will continue to fund the annual program costs of \$1.6 million per year, including faculty salaries, and \$277,000 for multiple different workshops. Dr. Puskas replied that the \$277,000 is not annual expense, but rather a one-time simulation training expense. Dr. Werner replied that under the Program Budget Plan it is “Workshop/Sim Training Expense,” and pointed out the three line items are all equipment for the education of the residents, (i.e. High Fidelity Ultrasound Simulation Trainer: \$178,000, EMG Unit: \$48,000, and Ultrasound Unit: \$51,000), and reiterated it is a one-time expense, not an annual expense. Dr. Puskas added the program director salary is a more significant administrative cost for providing clinical education. He said the program director’s recruitment is currently confidential at this point, but noted that he has a very busy outpatient clinical practice in New York and will be doing significant clinical work. He said the rest of the faculty members are located within Las Vegas, and are currently practicing, receiving salaries. He added they will be able to sustain the costs as the program moves forward.

Dr. Dougherty said Sunrise Hospital has met its Centers for Medicare & Medicaid Services (CMS) cap and asked whether MVH is still in the cap-building phase. Dr. Puskas replied that yes, MVH is still in the cap-building phase. Dr. Dougherty asked whether MVH will be eligible for indirect medical education funds for Medicare. Dr. Puskas said that is correct. Chair Mitchell commented on the evaluation and data collection section, saying most of the metrics listed are inputs to the programs (i.e. whether or not you remain accredited, quality of residents accepted, publications of faculty, faculty retention), and asked what metrics they would like to propose for the outputs of the program, (i.e. how can the program be judged on whether it is ultimately meeting the goals of this task force, including that these physicians will continue to practice in Nevada). Dr. Puskas replied their GME is graduating their first class of residents in July 2018, and one of their strategic plans is to very closely track employment and whether they stay in the state, city and/or site of training. He said they plan to collect this information upon the conclusion of their residency program.

Chair Mitchell suggested in moving forward, there be a discussion for funding one, both or none of the applicants, as well as any suggested modifications to the programs if the decision is made to go forward with funding. Mr. Kaufman stated he did not score the Valley Health System application due to a conflict of interest, as he is the CEO at Henderson Hospital, a member of the Valley Health System.

Dr. Dougherty made a motion to fund the Valley Health System and Mountain View Hospital GME applications. Dr. Atkinson seconded the motion. The motion passed unanimously.

Chair Mitchell said for the benefit of the applicants, the Governor’s Office of Science, Innovation and Technology (OSIT) will reach out for additional detail in each of their budgets, as well as request MVH to work on some additional metrics.

Chair Mitchell read a brief comment from GME task force member Gillian Barclay, who was unable to be present at today’s meeting, who was interested in taking a look at some of the unfunded proposals from the first round of applications, in particularly an application from the UNLV School of Medicine on Pediatric Emergency Medicine that was not funded at the time because it was deemed a subspecialty and the task force was only focused on primary care and

mental health specialties at that time. He noted she had concerns about funding proposals that fell outside of that core-scope of the task force's mission, (i.e. Primary Care and Mental Health specialties) and she is hopeful the task force will have a conversation about moving into some subspecialties in those two areas.

Dr. Atkinson commented she believes the UNLV School of Medicine's Pediatric Emergency Medicine application was the top-scored program in the last round of GME funding, but was turned down because it was not considered primary care. She said there has been discussion at UNLV and they would be happy to reinstate their application into this round of funding if the task force agrees. She said since last year, UNLV has changed the practice plan, by added 160 doctors, and 1,000 other people to the practice plan. She said at that time they were not prepared to add additional residencies.

VI. Discussion on the Timeline for the Next Round of Funding and a Date for the Next Task Force Meeting (For Possible Action)

Brian Mitchell

Chair Mitchell commented that in this round of funding the GME Task Force has funded approximately \$1.6 million worth of grant applications, with an additional \$3.3 million in funding still available this fiscal year. He said this task force has been very active in communicating the need to the legislature for this type of funding. He said he had been asked whether the remaining funds could be transferred from this fiscal year to next fiscal year, and that answer is no. He said the \$3.3 million remaining this fiscal year will need to be awarded by June 30, 2018. He added he is looking into different ways of spending the funds, but for now it should be assumed this funding is intended to expand existing residency programs. He said it is the intention that OSIT put out another solicitation within the next two weeks for another round of GME funding with hopes of receiving more applications and ultimately funding more programs. He commented that in the last meeting of the GME Task Force, it was discussed there may be an opportunity to fund loan forgiveness programs for residents or graduates who agree to stay in the State of Nevada and work in high-shortage areas, or as mentioned earlier in this meeting, funding a wider health study on the healthcare workforce that would include medial professions in need that go beyond physicians. He added he does believe however, it is the intention that another application process goes out and then bring this group back together in early June 2018 to make another set of funding decisions.

Dr. Schwenk asked what the budget was for the UNLV School of Medicine on Pediatric Emergency Medicine application from the last funding round. Chair Mitchell replied it was \$1,070,000. Dr. Schwenk said he would like to give his support to the notion that the task force reconsider that application be recycled within this current fiscal year and agreed it was a strong application but did not fit previous eligibility criteria, but would now fit new eligibility criteria. He asked whether there might be additional applications that could be considered in this quick turnaround timeframe. Chair Mitchell said in looking back at previous applications, that one was the only one deemed a high quality application, but was not funded for meeting eligibility requirements. He said he would certainly encourage UNLV to resubmit that application.

Dr. Eisen said VHS has two applications from previous rounds of funding that were both only partially funded. He said since those funding rounds, VHS has added an entirely new hospital

to their system and because it didn't exist at the time of that initial application, it was not included and they could potentially expand that previously approved project to the new hospital. He asked that in the next round, particularly if the task force is seeking renewals of previously reviewed projects, that they could streamline the application process as well, possibly in the "Needs Assessment" section. Dr. Schwenk replied that recycling prior proposals is good, but applications should be sure to respond to the feedback received at the original time of submittal. He suggested original applications with an added addendum attached to indicate the response to the task force's critique be submitted. Chair Mitchell agreed that it would be fine to recycle a previously submitted application while also providing updates in terms of what has been done and what the current need is in order to be funded. He commented that the "Needs" section is a highly weighted section and the rationale for that section is that it is the best way to differentiate and make decisions in the event all the programs are high quality. He added it comes down to which program articulates the greatest need to the state. He said all applications submitted will have to go through the review process. He added, to be clear, no funding decisions on anything other than the Valley Health System and Mountain View Hospital applications, reviewed and approved today, have been made.

Mr. Welch said he recalls several applications from the last round of funding that the task force asked to downsize the number of residents so to be sure to award as many applications as possible. He suggested that staff could provide a summary of those applications that were approved but were downsized, not necessarily because of a need issue, but because of funding availability. He said he supports the task force awarding the entire \$5 million in fiscal year 2018 for appropriate programs to expand residency programs, because any remaining funding from that \$5 million will be returned to the state's general fund. He said as a member of the hospital community he will continue to support 2019 legislative funding for ongoing expansion of the development of residency programs in the state, because as pointed out, there is a continued physician shortage in this state. He said he would be very concerned if the task force has to send money back to the state and believes it may put the task force in a very compromising position in 2019 when asking for ongoing funding. Chair Mitchell agreed that several applications funded in previous rounds were asked to take a reduced award amount, however each of the applicants that accepted an offer of a reduced award amount committed to producing the same number of residents. He said they may have made other cuts within their budgets or used institutional funds to make up the difference.

Chair Mitchell said a new Request for Applications (RFA) will be circulated in the next two weeks and agreed that previously submitted applications should not have to do additional work. He agreed that resubmitting previously submitted applications with adjustments and updates would be fine as long as all questions are addressed in the application. He said he would circulate another calendar poll to members of the task force to schedule a meeting in early June 2018, giving applicants approximately 2½ months to complete and submit their application. Dr. Komanduri suggested that, since the funding has to be allocated by the end of June, perhaps this task force should meet sooner, maybe in May 2018. Chair Mitchell pointed out that in the past, upon approval of GME funding specifically, the task force has advanced the money in full to the awardee. He said as long as a three-week timeframe is enough for the institutions to get approved and sign the award agreement, he foresees no problem with the funding.

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
Brian Mitchell

Chair Mitchell adjourned the meeting at 10:39 A.M.

DRAFT