

**BRIAN SANDOVAL**  
GOVERNOR



**BRIAN L. MITCHELL**  
DIRECTOR

STATE OF NEVADA  
**GOVERNOR'S OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY**  
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**DATE:** September 27, 2016  
**TO:** Governor Brian Sandoval  
**FROM:** Vance Farrow, Brian Mitchell, Elyse Monroy  
**RE:** Graduate Medical Education Task Force Recommendations

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**BACKGROUND**

The Graduate Medical Education Task Force (Task Force), established pursuant to Executive Order 2015-30, is charged with providing recommendations to the Governor on how best to distribute the funds allocated by the Nevada State Legislature towards improving Graduate Medical Education (GME) in Nevada. The Legislature appropriated \$5 million for this purpose in each year of the biennium. Staff from the Governor's Office and the Office of Science, Innovation and Technology (OSIT) staffed the Task Force.

The Task Force met four times from January to September. In its initial meeting in January, the Task Force convened to consider its charge and develop a plan to allocate the funding. The Task Force decided to create a competitive process with institutions responding to a Request for Applications (RFA) developed by the State. Members discussed criteria for funding that should be included in the RFA including applicant eligibility criteria, approved uses of funding and desired information about proposed programs. OSIT staff created a draft RFA which the Task Force reviewed and approved at its February meeting. A copy of the RFA is included as Attachment A. The RFA was posted on the OSIT website and was distributed widely to the State's schools of medicine, hospitals and clinics, and other interested parties.

Funding was divided into two rounds of \$5 million each. The Task Force solicited responses to its RFA initially in April and again in September. In Round I, the Task Force made recommendations for the initial \$5 million, which were accepted by the Governor. This report represents the recommendations of the Task Force to the Governor for distributing the second round of funding.

**APPLICATIONS AND SCORING**

Primary care and mental health residency programs as defined by the Task Force in the RFA were the focus of both rounds of the funding opportunity. Any accreditor-approved GME program or sponsoring

institution in Nevada was eligible to apply. In the second round, OSIT received five applications requesting \$6,587,531 in total funding (see Table 1): two from the University of Nevada School of Medicine (UNSOM UNR), one from Touro University School of Medicine, one from the Valley Health System and one from Mountain View Hospital. A summary of each application can be found in Attachment B. The applications were distributed to the members of the Task Force who individually scored the applications. Table 2 contains the average scores for each application. Task Force members reconvened on September 13, 2016, to discuss the applications and make recommendations.

**TABLE 1**

<b>Applicant</b>	<b>Program Name</b>	<b>Type</b>	<b>Location</b>	<b>Requested Amount</b>
<b>UNSOM (UNR)</b>	Geriatric Medicine	Expansion	Washoe	\$523,793
<b>Valley Health</b>	Infrastructure Development	New	Clark	\$2,060,065
<b>Mountain View</b>	OBGYN	New	Clark	\$945,000
<b>Touro University</b>	Geriatric Medicine	New	Clark	\$1,441,933
<b>UNSOM (UNR)</b>	Family and Community Medicine	Expansion	Washoe/Rural	\$1,616,740

**TABLE 2**

<b>Applicant</b>	<b>Average Score (105 possible)</b>
<b>UNSOM (UNR) Geriatric Medicine</b>	81.6
<b>Valley Health- Infrastructure Development</b>	81.3
<b>Mountain View- OBGYN</b>	82.7
<b>Touro University- Geriatric Medicine</b>	86.0
<b>UNSOM (UNR)- Family and Community Med</b>	85.8

The Task Force discussed each application in order beginning with the highest average score. Each applicant was present and responded to questions from Task Force members. Below is a brief summary of the discussion for each applicant.

TOURO- Most of the questions centered on two concerns: first, that geriatric programs nationally have difficulty filling slots; and second, Touro’s program had a relatively high cost per resident. Touro discussed their unique plans to recruit at the student level for the program and the involvement of their partners in recruiting students and retaining them when they graduate. Touro indicated that their costs reflected the total cost of the program, not all of which was included in the grant.

UNSOM Family Med- Task Force members questioned the composition of faculty in Elko and the sustainability of the program in rural areas, both in terms of funding and retaining residents after completion of the program. UNSOM is confident that with early exposure to the community its residents will remain.

MOUNTAIN VIEW- Task Force members clarified various aspects of this application and asked about the commitment of Mountain View’s parent company, HCA, to the program and residencies more broadly. Representatives pointed to other investments in GME by HCA as evidence of HCA’s strong commitment.

UNSOM Geriatric- This grant was not funded in the first round and was resubmitted for the second round. Task Force members asked about changes to the grant and the high faculty to student ratio. UNSOM explained some small changes including reducing some faculty and buildout costs and adding a rural component to the program. The high number of faculty reflects that some of the existing faculty cannot teach outside of a VA hospital.

VALLEY HEALTH- This grant was partially funded in the first round and was resubmitted for the second round. Task Force members asked about several details including the start date, specific infrastructure expenses, faculty to student ratios, and the commitment of Valley Health’s parent company. Valley Health assured members of the commitment to the project and provided answers about the other budget details.

**TASK FORCE RECOMMENDATIONS**

At the conclusion of the discussion, the Task Force began allocating available funding to the applications. Table 3 below contains the Task Force’s award recommendations. Each applicant was asked if its proposed program could still continue with a lower award amount than requested and all applicants expressed an ability to accept a reduction. All applications were funded partially.

**TABLE 3**

<b>Applicant</b>	<b>Slots Per Year</b>	<b>Average Score</b>	<b>Requested Amount</b>	<b>Awarded Amount</b>
<b>UNSOM (UNR) Geriatric Medicine</b>	1.5	81.6	\$523,793	\$500,000
<b>Valley Health- Infrastructure Development</b>	70	81.3	\$2,060,065	\$1,050,000
<b>Mountain View- OBGYN</b>	4	82.7	\$945,000	\$850,000
<b>Touro University- Geriatric Medicine</b>	4	86.0	\$1,441,933	\$1,200,000
<b>UNSOM (UNR)- Family and Community Med</b>	2	85.8	\$1,616,740	\$1,400,000
<b>Total</b>			\$6,587,531	\$5,000,000

**NEXT STEPS**

Once final funding decisions have been made by the Governor, OSIT staff will draft award agreements and advance the funding. Grantees will have two years from the award date to spend the funds. The Task Force has concluded its work on the second round of grants and will await further instructions from the Governor. If there is funding for GME in the next biennium, the Task Force recommends expanding eligible uses of funding beyond primary care to other high-need specialties and subspecialties.

# Attachment A

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## ***Request for Applications***

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

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#### **IMPORTANT INFORMATION**

- Purpose:** To increase and fill the number of accreditor-approved residency positions in existing programs, and/or establish new graduate medical education (GME) programs with positions.
- Proposals Due:** September 6, 2016, 5:00 pm PT
- Funding Available:** \$5,000,000
- Cost Sharing/Match:** None
- Bidder's Call:** June 23, 2016 at 9:00 a.m. and/or August 3, 2016 at 10:00 a.m.  
Dial in info:  
775-687-0999  
Access code: 70987#
- Applicant Q&A** There will be an optional opportunity for applicants to be present to answer questions from the review committee made up of members of the GME Task Force. The date, time and locations in Carson City and Las Vegas for the question and answer session will be posted on or before September 6, 2016 at <http://osit.nv.gov>.
- Final Funding Decisions:** On or before October 1, 2016.
- Eligibility:** An eligible applicant is an accreditor-approved GME program or a sponsoring institution that has an eligible program or intends to create an eligible program within the grant term.
- Website:** Updates to the Frequently Asked Questions document will be posted at <http://osit.nv.gov>. Please check the website regularly for updates.
- Contact:** Brian Mitchell  
Director, Governor's Office of Science, Innovation and Technology  
[blmitchell@gov.nv.gov](mailto:blmitchell@gov.nv.gov)  
775-687-0987

# **REQUEST FOR APPLICATIONS- GRADUATE MEDICAL EDUCATION NEW AND EXPANDED PROGRAM GRANTS**

## **INTRODUCTION:**

Nevada consistently ranks among the most underserved states in most areas of healthcare delivery, both in urban and rural settings due in large part to shortages of physicians. It is well established that physicians are most likely to stay and practice near where they complete their GME training. This is especially true in Nevada, which ranks 6<sup>th</sup> in the number of trainees staying in-state following GME.

On March 11, 2014, Governor Brian Sandoval issued Executive Order 2014-07 which created a Task Force on Graduate Medical Education (GME) and directed it to make recommendations in a report to the Governor on how to increase the graduate medical workforce in Nevada. The Task Force recommended that the Governor fund additional residency slots and that funding be available to both public and private institutions to either expand or create new GME programs.

As a result of the Task Force's recommendations, the Governor requested and the Legislature appropriated the sum of \$10 million (\$5 million in FY2016 and \$5 million in FY2017) for the purpose of GME. The primary focus of the additional slots is to be for primary care and mental health. On November 13, 2015, the Governor issued Executive Order 2015-30, reestablishing the GME Task Force to act as an advisory body and provide recommendations to the Governor on how best to distribute the GME funds allocated by the Legislature, and directed the Governor's Office of Science, Innovation and Technology (OSIT) to manage the grant. The Task Force will review and score responses to this Request for Applications to inform its recommendations to the Governor. The Governor will make final funding decisions.

## **SECTION I: DESIRED OUTCOMES**

### *Purpose:*

The State, through Graduate Medical Education New and Expanded Program Grants (hereafter GME Grants), seeks to meet its growing healthcare needs and grow its physician workforce by increasing support for training. Given limited resources, the State has chosen to focus this application on increasing the number of physicians with primary care and/or mental health training. Primary care and mental health training are defined in Section II, under the eligible uses of funding section.

## **SECTION II: AWARD INFORMATION**

### *Awards*

The State intends to distribute two rounds of grants over the biennium. This Request for Applications represents the second round. Funding from the first round was allocated in June of 2016. The State reserves the right to determine the number of applications awarded based on funds available and projects selected, and may issue subsequent Requests for Applications beyond the two rounds. Applications should be crafted without expectation of future funding. In order to receive funding, applicants must completely follow application instructions, including formatting, and provide all required information. More information on the award decision process may be found in Section V.

### *Submission Timeline and Instructions*

Submit one (1) electronic copy of the application in a single pdf by 5:00 p.m., September 6, 2016 to:

**Brian Mitchell**  
**Governor's Office of Science, Innovation and Technology**  
**[blmitchell@gov.nv.gov](mailto:blmitchell@gov.nv.gov)**

Applications must be received by the date above. Applications received after the date above will not be considered.

### *Eligible Uses of Funding*

The State will provide initial startup funding to eligible institutions for costs not already incurred that are associated with starting new programs or expanding existing GME programs. 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. Examples of startup costs include:

- costs associated with hiring faculty or administrative support;
- facilities costs associated with education such as classrooms and associated IT;
- salaries, benefits, and professional liability insurance for participating residents of residents and fellows. Funding requested for salaries, benefits, and insurance will require special justification in terms of impact, return on investment, and sustainability.

### *Ineligible Uses of Funding*

Grant funds may not be used for:

- research or feasibility studies including travel for the purpose of research;
- the training of undergraduate medical students;
- compensation for residents subsidized by any other funding sources;
- compensation which is higher than the normal rate for a similar position at the institution;
- construction costs not directly related to education, such as facilities that are strictly clinical in nature or parking;
- equipment costs not directly related to education;
- salary expenses, such as bonuses, beyond base salaries and standard benefits;
- no indirect cost allocation is allowable under this grant; and
- any costs associated with applying for, administering, or complying with the requirements of this grant.

### *Cost Sharing*

No cost sharing or matching is required.

### *Grant Period*

The grant reporting period is 10 years from the grant award date. The Legislature appropriated \$5,000,000 in FY2016 and \$5,000,000 in FY2017. FY2017 funding must be obligated by June 30, 2017. More information on the award process is contained in Section V. Awardees are required to submit quarterly reports to OSIT until all grant funding has been spent and annual reports thereafter until the conclusion of the grant period. More information on the reporting process can be found in Section V.

## **SECTION III: ELIGIBILITY INFORMATION**

### *Eligible Applicants*

An eligible applicant is an accreditor-approved GME program or a sponsoring institution located in Nevada that has an eligible program or intends to create an eligible program within the grant term. Institutions may be public or private, allopathic or osteopathic. Awards may be granted to individual institutions, including universities, hospitals, community health centers or other healthcare entities, or to consortia where two or more institutions share resources including facilities, administration, faculty and costs. Institutions may submit more than one application.

## **SECTION IV: APPLICATION AND SUBMISSION INFORMATION**

A comprehensive, well-written application provides all the information necessary for a complete evaluation. The review committee will use the rubric located in Attachment A to evaluate applications. A complete application will include the following five (5) components listed below and described later in greater detail. Each section inside the grant should include headings and subheadings.

- 1) Cover Sheet
- 2) Project Abstract;
- 3) Project Narrative;
- 4) Budget Plan;
- 5) Letters of Commitment.

**Incomplete applications or applications that do not follow the submission requirements, including the formatting requirements described in detail below, as of the filing deadline, will be disqualified and will not be scored.**

### **1. Cover Sheet (1 point possible)**

Format: The cover sheet must not exceed one (1) page, is not included in the 20-page narrative limitation and must contain the following information:

- **Applicant Information**  
Organization name, full mailing and physical addresses, phone number, fax number, federal tax ID number, DUNS number, and website (if applicable)
- **Project Information**  
Title, county location, type of award requested (expanded or new), program specialty and length, original accreditation date (existing programs) or accreditation application date and expected start date (new programs), and proposed dollar amount
- **Project Director Information** (overall project responsibility)  
Full name, title, mailing and physical address, day-time & evening phone, email address
- **Project Contact** (daily project contact – if different than director)  
Full name, title, mailing and physical address, day-time & evening phone, email address
- **Signature**  
The Cover Sheet must be signed by an individual who is legally authorized to submit the application on behalf of the applicant. Include printed name and title.

### **2. Project Abstract**

Format: The Project Abstract must not exceed one (1) page, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper.

The project abstract must succinctly summarize the proposed project and should include:

1. A brief summary of the project;
2. Specific, measurable objectives and/or goals;
3. Collaboration and partnerships; and
4. Expected results and/or outcomes.

### **3. Project Narrative**

Format: The Project Narrative must not exceed twenty (20) pages, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper. Tables, graphs, charts, and other visuals may be used and do not have to be double-spaced.

The following information must be contained within the Project Narrative:

#### **A. Needs Assessment (8 points possible)**

- 1) Provide a clear and concise overview of the need for the proposed training program, including gaps in the current workforce, illustrated with local labor data. Describe the community where this training program will take place including health disparities and unmet needs, and how those challenges will be addressed through this program.
- 2) Outline other efforts or resources, if any, currently being undertaken to remedy this need.
- 3) Discuss student demand for the program. Use institutional and statewide data. Include an analysis of where students completed or will complete their undergraduate medical education.

**B. Feasibility Assessment (5 points possible)**

- 1) Current and Projected Resident Capacity Assessment:
  - i. Existing Programs- Provide by postgraduate year (PGY) as of July 1:
    1. The number of actual accreditor-approved residency positions for 2015 and 2016 and the expected number of accreditor-approved residency positions in 2017.
    2. The number of filled and unfilled residency positions in 2015 and 2016.
    3. The number of new residency positions specific to this program.
    4. The estimated total number of residents trained per year at the institution.
  - ii. New programs- Provide by postgraduate year (PGY) as of July 1:
    1. The number of expected accreditor-approved residency positions for 2017.
    2. The number of new residency positions specific to this program.
    3. The estimated total number of residents trained per year.
- 2) Include a description of the payer mix at the institution applying for funding.

**C. Work Plan and Impact Analysis (50 points possible)**

Provide a detailed **work plan** with specific data and information that addresses each of the following and ties back to the needs identified above:

- 1) Program Description-
  - a. A description of the specialty for which the program will provide training.
  - b. The learning outcomes of residents.
  - c. Describe in detail the settings and activities in which residents will demonstrate competence to perform all medical, diagnostic, evaluative and surgical procedures and treatments considered essential.
  - d. Describe how competence will be assessed.
  - e. Describe the didactic activities that form part of the program.
- 2) Estimate the following:
  - a. The average number of hours per week residents of this program will see patients.
  - b. The average number of patient visits by residents of this program per year.
  - c. The cost to train each resident of this program.
  - d. The time to train first and subsequent cohorts of residents of this program.
- 3) List the proposed faculty and support staff positions that will oversee this program. Include an organizational chart.
  - a. What percentage of time will the GME program director spend on this program?
  - b. Will a full-time residency coordinator be provided?
- 4) A detailed timeline of project phases from award of funds to the completion of the first cohort of trainees, include measurable goals for each project phase. Identify the staff responsible for achieving each step in the timeline, including support from and the roles of any outside partners.
- 5) The stakeholders consulted and how their comments influenced the design of the training program.
- 6) A description of how the grant applicant will reach out to and recruit possible trainees to participate in the training program.
- 7) A list of hospital partners and clinical training resources that will be used in this program.
- 8) An articulation of the plan to achieve accreditation and the probability of success.

**Impact Analysis-** Provide detailed estimates in a table format on the impact of the training program including addressing the following:

- 1) The estimated yearly program completion rate.
- 2) The estimated number of trainees from underrepresented minorities, rural areas, disadvantaged backgrounds, or veterans projected to receive training each year.
- 3) The estimated number of trainees practicing in Nevada one year after program completion.
- 4) The estimated number of trainees practicing in an underserved or rural area in Nevada one year after program completion.
- 5) The total number of residents in training when the program is at full capacity. If the proposed program is an expansion, include both the number of existing residents and the expanded number to be funded by this grant.
- 6) The number of residents who will complete training annually.
- 7) The total cost of the training per resident.

**D. Sustainability Plan** (10 points possible)

- 1) Projected annual training program costs after grant funds are exhausted.
- 2) Detailed plan for obtaining replacement/sustainment funds.
- 3) Articulation of long-term institutional commitment to the program and ability to support ongoing program costs following startup phase.
- 4) Description of any changes in the roles of the partners.

**E. Data Collection and Evaluation** (15 points possible)

This section should include performance evaluation measures. At a minimum, the measures indicated in the impact analysis should be a part of the overall program evaluation. As a reminder, data collection is not a performance measure but used in developing and evaluating the measure. Please describe:

- 1) The goals of the program.
- 2) What data will be collected to measure the success of the program.
- 3) How the success of the training program will be evaluated.

**F. Certification of Accreditation** (1 points possible) (Does not count toward Project Narrative page limit)

Existing programs must provide a copy of the most recent accreditation letter from the Accreditation Council for Graduate Medical Education. New programs must provide a plan for achieving accreditation or documentation relating to an application in process for program accreditation.

**4. Budget Narrative and Plan** (5 points possible)

Format: The budget narrative must not exceed one (1) page, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper.

Applicant is required to submit a 1) budget narrative and a 2) budget plan.

- 1) The budget narrative must demonstrate a clear and strong relationship between the program's expenses and the program's goals and activities. The budget narrative should be detailed, reasonable and adequate, cost efficient, and should align with the proposed work plan. From the budget narrative, the reviewer should be able to assess how the budget expenditures relate directly to the goals of the program. The budget narrative does not count towards the page limit of the Project Narrative.
- 2) The budget plan should be completed in a table. Please be specific and include as much line-item detail as is reasonably possible. Use this space to provide more specific justification for expenditures mentioned in the Budget Narrative. Break down cost categories such as "Faculty," "Facilities," "Salaries," and "Insurance" to individual components so that it is clearly understood how funding will be spent. For example, for travel, list costs for flights, hotel, per diem, and transportation. All program expenses should be accounted for.

## 5. Letters of Commitment (5 points possible)

Format: Letterhead with signature.

Applicant is required to submit letters of commitment from each partner. Letters should be on letterhead and signed. Letters should outline how the partner will contribute to the project and what commitments they will make including contributions to the sustaining of the program. Letters of commitment do not count towards the 20 page limit of the Project Narrative.

### **SECTION V: AWARD ADMINISTRATION INFORMATION**

#### **Grant Review and Selection Process**

Applications that meet the minimum standards laid out above will be reviewed, evaluated, and competitively scored by the Governor's GME Task Force using the scoring matrix located in Attachment A. Applicants have the opportunity, but are not required, to be present in person to answer clarifying questions from the Task Force. Selected applications along with the Task Force's recommendations will be forwarded to the Governor for a final funding decision. The Governor may award all or part of an applicant's request and may require modifications to an application prior to funding. Applications selected to receive a grant award will enter into a contract with the State of Nevada in compliance with the State of Nevada regulations. The State reserves the right to award all, part or none of available grant funding during this grant round. In cases where the ranked applications may "tie", the State reserves the right to consider "Work Plan and Impact Analysis" scoring independently to determine placement. To avoid disqualification, all application areas must be concise and complete; the application cover sheet must be signed and dated; objectives must be measurable. Denial letters will be sent to applicants that are not funded.

#### **Grant Commencement and Duration**

Project implementation must be initiated within thirty days (30) after funding is awarded. Requests for an exception to this rule must be justified and submitted in writing within thirty days of award. At the discretion of OSIT, the grantee risks losing the award if the project does not commence as required.

All grant funding in FY2017 must be obligated by the state by June 30, 2017. Awardees have two years to spend awarded funding from the award date. Any unspent funds after two years must be returned to the State. Projects must demonstrate sustainability beyond the initial reporting period. By submission of the grant application and acceptance of the award, the grantee is certifying its intention to continue and sustain the program beyond the initial grant implementation award. There is no expectation of funding beyond awarded grant funds.

#### **Award Process**

All awards will be obligated to funded applicants in advance. Awardees are required to spend grant funds in accordance with approved budgets and submit reports as detailed below. Any changes to budgets must be approved in advance. The state reserves the right to claw back funds that are not spent in accordance with approved budgets.

#### **Fiscal Responsibilities**

All recipients of funding are required to identify a fiscal agent if the grantee is not its own fiscal agent. All recipients of funding are required to establish and maintain accounting systems and financial records to accurately account for awarded funds. Accounting systems for all projects must ensure the following:

- Funds are not commingled with funds from other grant sources.
- Funds specifically budgeted and/or received for one project cannot be used to support another.
- All grant awards are subject to audits during and within three years after the grant award reporting period has concluded.
- The accounting system presents and classifies historical cost of the grant as required for budgetary and auditing purposes.
- If, after the application is approved, either costs are lower than expected or CMS later provides funding for activities contemplated by the proposal, previously approved funding must be returned to the State.

### **Reporting Requirements**

The reporting period is defined as the period of time from the day the grant is awarded until ten years after the grant is awarded. All recipients of funding are required to submit to OSIT quarterly fiscal reports and quarterly progress reports until all grant funds have been expended; annual fiscal and progress reports for the entire reporting period, and a final evaluation. Recipients have the option of submitting monthly reports in lieu of quarterly reports. The final evaluation is due within thirty (30) days after the conclusion of the reporting period. Grantees must continue to submit annual reports and a final evaluation even after all state funding has been spent. All reports must include the performance measures proposed in 3(e) of the application, satisfaction of partners, and sustainability. The annual reports must also include an annual roster of residents. OSIT maintains the right to withhold payments if reporting requirements are not met in a timely and efficient manner.

### **Additional Information**

Financial obligations of the State are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available. In the event funds are not appropriated, any resulting contracts (grant awards) will become null and void, without penalty to the state of Nevada.

All materials submitted regarding this application for OSIT funds becomes the property of the state of Nevada. Upon the funding of the project, the contents of the application will become contractual obligations.

### **Reconsiderations**

Funding decisions made by the Governor are final. There is no appeals process.

### **Bidding Process**

The grantee must follow all applicable local, state and/or federal laws pertaining to the expenditure of funds. Proof of Invitation to Bid, contracts, and any other pertinent documentation must be retained by the grantee. Likewise, all local, state, and federal permits required for construction projects must be acquired by the grantee within 90 days after the contract is entered into.

### **Access for Persons with Disabilities**

The grantee shall assure that persons with disabilities are not precluded from using GME grant funded facilities. Projects must meet requirements as set by the Americans with Disabilities Act.

### **Maintenance and Operation**

The grantee is responsible to see that GME grant funded projects are maintained and operated in a condition equal to what existed when the project was completed; normal wear and tear is accepted. Maintenance and operations standards should be adopted upon completion of the project.

### **Nondiscrimination**

Projects funded with GME grant funds shall be available for public use, regardless of race, religion, gender, sexual orientation, age, disability, or national origin. In any instance that the grant notice, award, rules, regulations and procedures are silent – prior written approval is required.

**ATTACHMENT A: APPLICATION REVIEW INFORMATION**

Each proposed project will be evaluated for inclusiveness and succinctness of their application using the scoring matrix below.

<b>Evaluation Criteria</b>	<b>Maximum Points &amp; Reviewer Score</b>	<b>Comments/Recommendations</b>
<b>Cover Sheet</b>	<b>Maximum Points: 1 Reviewer Score</b>	<b>Comments/Recommendations</b>
<b>Needs Assessment</b>	<b>Maximum Points: 8 Reviewer Score</b>	<b>Comments/Recommendations</b>
<b>Feasibility Assessment</b>	<b>Maximum Points: 5 Review Score</b>	<b>Comments/Recommendations</b>
<b>Work Plan &amp; Impact Analysis</b>	<b>Maximum Points: 50 Reviewer Score</b>	<b>Comments/Recommendations</b>
<b>Sustainment</b>	<b>Maximum Points: 10 Reviewer Score</b>	<b>Comments/Recommendations</b>
<b>Evaluation and Data Collection</b>	<b>Maximum Points: 15 Reviewer Score</b>	<b>Comments/Recommendations</b>
<b>Certification of Accreditation</b>	<b>Maximum Points: 1 Reviewer Score</b>	<b>Comments/Recommendations</b>
<b>Letters of Commitment</b>	<b>Maximum Points: 5 Reviewer Score</b>	<b>Comments/Recommendations</b>
<b>Budget Plan</b>	<b>Maximum Points: 5 Reviewer Score</b>	<b>Comments/Recommendations</b>

# Attachment B

**Applicant Information**

Organization: **University of Nevada, Reno School of Medicine**  
**Department of Internal Medicine**  
Address: 1664 North Virginia Street  
Reno, NV 89557-0357  
Phone: (775) 327-5174  
Fax: (775) 327-5178  
TIN: 88-6000024  
DUNS: 14-651-5460  
Website: <http://medicine.nevada.edu/reno/internal-medicine>

**Project Information**

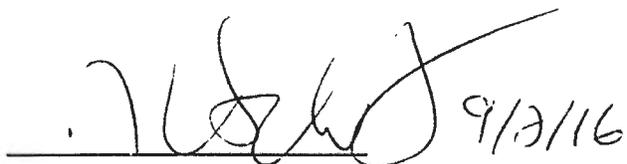
Title: **Graduate Medical Education New and Expanded Program Grants**  
County: Washoe County  
Award Type: Expansion  
Program Specialty: Geriatric Medicine  
Program Length: 1 Year  
Accreditation Dates: 07/01/2006 through present  
Proposed Award: \$523,793.00

**Project Director Information**

Full Name/Title: Neila Shumaker, M.D.  
Program Director-Geriatric Medicine Fellowship  
Address: Division of Geriatric Medicine, Department of Internal Medicine  
975 Kirman Ave (018)  
Reno, NV 89502  
Phone: Day: (775) 785-7103 Evening: (775) 384-4999  
Email: [nshumaker@medicine.nevada.edu](mailto:nshumaker@medicine.nevada.edu)

**Project Contact Information**

Full Name/Title: **Gayle Halminiak, Director of Finance and Administration**  
Address: Department of Internal Medicine-UNR MED  
1155 Mill St., W11 RRMC, MS 0355  
Reno, NV 89502  
Phone: Day: (775) 327-5174  
Email: [ghalminiak@medicine.nevada.edu](mailto:ghalminiak@medicine.nevada.edu)

**Signature:**

Thomas L. Schwenk, M.D. Professor of Family Medicine  
Dean, University of Nevada Reno, School of Medicine  
Vice President, Division of Health Sciences

## 2. PROJECT ABSTRACT

Enhancing Nevada's capacity to deliver high-quality geriatric medical care is a critical need. Estimates show that Nevada's 65 and older population will increase by 23.8% during the period 2013 – 2020, making this the fastest growing demographic in the state. With the high prevalence of multiple chronic conditions leading to both physical and cognitive disability among elders, there is an urgent need to increase the number of trained geriatricians in the state. The primary purpose of this request is to expand the existing Geriatric Medicine Fellowship program in a stepwise manner by 50%, from three fellows per year to 4.5, while enhancing trainee experiences through better integration with the community. If this proposal is successful, we will apply to ACGME to request one additional slot in year one and an additional 0.5 in year two, with a goal of graduating 4.5 total fellows per year (1.5 additional). We are confident we will receive accreditor approval to expand the program. We will also increase marketing of the program to target non-traditional fellows such as mid-career physicians.

There are two specific objectives for this proposal: 1) to expand the existing geriatrics fellowship program by 1.5 fellowship slots annually; and 2) to incorporate as clinical training sites the Sanford Center Geriatric Specialty Clinic (SCGSC) and additional community sites. The expanded program will be a collaborative effort among the University of Nevada, Reno School of Medicine (UNR MED) Department of Internal Medicine (IM), the VA Medical Center, Renown Regional Medical Center (RRMC) and the SCGSC. UNR MED IM hosts the existing program with clinical sites at the VA and RRMC. The specific targeted outcomes are: increasing the current fellowship program from three fellows per year to 4.5 over two years, including trainees from underrepresented groups, and ultimately increasing the number of geriatricians serving Nevada and its rural communities.

**Graduate Medical Education New and Expanded Program Grant Application – Round II**

- **Applicant Information**

The Valley Health System  
10105 Banburry Cross Drive, Suite 230  
Las Vegas, NV 89144  
(702) 233-7043  
(702) 233-7092 fax  
Tax ID: 23-2937646  
DUNS: 09-372-5133  
<http://www.valleyhealthsystemlv.com/>

- **Project Information**

Infrastructure Development for New ACGME-Accredited Primary Care Residencies in the Valley Health System Consortium – Clark County, NV  
New Programs planned include:

<b>Specialty</b>	<b>Program Length</b>	<b>Application Date</b>	<b>Planned Start Date</b>
<b>Family Medicine</b>	3 years	Early 2017	July 1, 2018
<b>Internal Medicine</b>	3 years	Early 2017	July 1, 2018
<b>Obstetrics &amp; Gynecology</b>	4 years	Late 2017	July 1, 2019
<b>Psychiatry</b>	4 years	Late 2017	July 1, 2019

Anticipated grant-funded project costs: \$2,060,065

- **Project Director Information (overall project responsibility)**

Andrew M. Eisen, MD, FAAP  
Chief Academic Officer/DIO  
Valley Health System  
10105 Banburry Cross Drive, Suite 230  
Las Vegas, NV 89144  
(702) 419-4747 cell  
(702) 233-7043 office  
(702) 233-7092 fax  
andrew.eisen@uhsinc.com

- **Project Contact (daily project contact – if different than director)**

Same as above

- **Signature**



Andrew M. Eisen, MD, FAAP  
Chief Academic Officer/DIO

August 31, 2016  
Date

## **Project Abstract**

The Valley Health System, accredited as a Sponsoring Institution (Institution #318090) by the Accreditation Council for Graduate Medical Education (ACGME), is applying for approval for new programs, including Family Medicine, Internal Medicine, Obstetrics & Gynecology, and Psychiatry. Applications for Family Medicine and Internal Medicine are to be submitted early in 2017, with a planned start date of July 1, 2018. Applications for Obstetrics and Gynecology are to be submitted late in 2017, with a planned start of July 1, 2019.

The Hospitals comprising the Sponsoring Institution's primary teaching sites are community-based acute care facilities which have been designed and built for the purpose of direct delivery of patient care, and not in anticipation of graduate medical education (GME) programs. The ACGME requires for the approval of any programs sufficient and appropriate space for resident activities, including classroom/teaching space, lounge space, and call room space, as well as sufficient space for administration and support personnel.

This project is designed to address the space requirements of the ACGME in order to facilitate the establishment, accreditation, and ongoing operations of multiple GME programs, including Primary Care and Mental Health training. A communications and videoconferencing technology infrastructure to link the teaching spaces at the various facilities, as well as outside entities, for the purposes of educational programming, was funded in the first round of grants this biennium.

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

## 1) Cover Sheet

- **Applicant Information**

MountainView Hospital, 3100 N Tenaya Way, Las Vegas, NV 89128

Phone: 702.562.5619

Fax: 702.562.5801

Federal Tax ID #62-1600397

DUNS# 080068920

<http://mountainview-hospital.com/home/index.dot>

- **Project Information: Obstetrics and Gynecology Residency Program (ACGME# 2203100319)**

GME Program	Residency Program
County location	Clark County
Type of award requested	New
Program specialty and length	OBGYN / 4 Years
Original accreditation effective date	April 14, 2016
Accreditation application date and Expected start date	January 2016 July 1, 2017
Proposed dollar amount	\$945,000

- **Project Director Information: Full name, title, mailing and physical address, day-time & evening phone, email address:**

**Siri Kjos, MD, MSED**

Residency Program Director - Obstetrics and Gynecology

Graduate Medical Education

3150 N. Tenaya Way, Ste. 480, Las Vegas, NV 89128

818.985.2674 (Day-time) & 702.985.2674 (Cell)

Siri.Kjos@hcahealthcare.com

- **Project Contact (daily project contact – if different than director) Full name, title, mailing and physical address, day-time & evening phone, email address:**

**Mahendra Solanki, MS, MPH**

Vice President - Academic Affairs

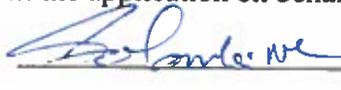
Graduate Medical Education

3150 N. Tenaya Way, Ste. 480, Las Vegas, NV 89128

702.562.5622 (Day-time) & 848.333.7424 (Cell)

Mahendra.Solanki@hcahealthcare.com

- **Signature** The Cover Sheet must be signed by an individual who is legally authorized to submit the application on behalf of the applicant. Include printed name and title.

 9/6/2016

**Mahendra Solanki, MS, MPH / Vice President - Academic Affairs**

## **Section 2: Project Abstract**

### **1. A brief summary of the project;**

- MountainView Hospital (MVH), a provider of health care in the Northwest community of Las Vegas, is committed to decreasing the women's primary care physician shortage of Nevada through the development of a robust and academically stimulating OBGYN residency program. The requested grant money is very critical to building a start-up infrastructure for success of our OBGYN residency program before it begins on July 1, 2017.

### **2. Specific, measurable objectives and/or goals;**

- Graduate four resident physicians per year trained in OBGYN with a high retention rate within Nevada post-graduation. Improve and increase women's healthcare services.

### **3. Collaboration and partnerships; and**

- MVH and the University of Nevada School of Medicine completed a Master Affiliation agreement in December 2014 and Agreement with Sunrise Hospital for resident rotations. Partnerships will occur with community physicians in their development as clinical faculty and research mentors through a robust faculty development program.

### **4. Expected results and/or outcomes.**

- Increase the access to primary health care in Nevada through the training and retention of OBGYN physicians, and the development of a continuity clinic for women.
- Improve the delivery and quality of health care in Nevada through the development of an academic residency program bringing the latest research and scientific information through community based grand rounds, faculty development, and case based lectures.

Cover Sheet

- I. Touro University Nevada Geriatric Fellowship  
874 American Pacific Drive  
Henderson, NV 89014  
Phone: 702.777.8687  
Fax: 702.777.3191  
Federal Tax ID: 20-0363127  
DUNS number: 180279692  
Website: [www.tun.touro.edu](http://www.tun.touro.edu)
- II. Touro University Nevada Geriatric Medicine Fellowship  
Clark County, Nevada  
New Program  
Geriatric Medicine: 1 year  
Accreditation Dates:  
AOA: 6/23/2015  
ACGME: Application anticipated in 2018  
Proposed dollar amount: \$1,441,933
- III. Aurelio Muyot, M.D., AGSF, FACP  
Program Director  
874 America Pacific Drive  
Henderson, NV 89014  
Phone: Daytime: 702.777.3858 Evening: 702.513.0692  
Email: [aurelio.muyot@tun.touro.edu](mailto:aurelio.muyot@tun.touro.edu)
- IV. Lisa Ross, M.S.  
Graduate Medical Education (GME) Administrator  
874 American Pacific Drive  
Henderson, NV 89014  
Phone: Daytime: 702.777.1757 Evening: 702.277.1661  
Email: [lisa.ross@tun.touro.edu](mailto:lisa.ross@tun.touro.edu)
- V. Signature



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John Dougherty, DO, FACOFP, FAOASM, FAODME  
Dean  
Touro University Nevada College of Osteopathic Medicine

## **Project Abstract**

The state of Nevada has seen a dramatic rise in its geriatric population, and currently does not have enough practicing certified geriatricians to address the healthcare needs associated with the medical complexities of this growing population of older patients. The American Geriatrics Society 2014 Report indicated a shortfall of 139 geriatricians for the state. Southern Nevada, where most of the state's population resides, is home to a sizeable population of older patients with disabilities and/or complex healthcare needs, and a limited supply of practicing geriatricians. The Geriatric Medicine fellowship training program through Touro University Nevada was envisioned and established to address the need for clinicians with expertise essential to care for older adults. The fellowship is a one year program with the goals of educating and training physicians to develop skills and competence in all facets in the subspecialty of Geriatric Medicine, leading to board certification and clinical practice in this field. The program was designed around attaining milestones in Geriatrics training using Entrustable Professional Activities (EPA). The program will begin with two fellows in the first year of operation, and then increase the number to its capacity of four in the second year. Aside from Touro University Nevada and its Health Center, training under supervision will also occur at affiliated institutions such as Veterans Administration Southern Nevada Healthcare System (VASNHS), Nevada Senior Services (NSS), Fundamental Healthcare, Las Ventanas, and Lou Ruvo Brain Center/Cleveland Clinic. Outcomes will be tracked through the achievement of all Geriatrics milestones upon graduation, successful completion on board certification of the graduates, and percentage of fellows establishing clinical practice locally or within the state of Nevada. Touro University Nevada and its affiliated institutions are committed to sustaining the fellowship after State financial support ends.

## COVER SHEET

### Applicant Information

Organization: University of Nevada, Reno School of Medicine  
Family and Community Medicine  
Address: 1664 North Virginia Street MS0316  
Reno, NV 89557  
Phone Number: (775) 784-1533  
Fax Number: (775) 682-8610  
Federal Tax ID #: 88-6000024  
DUNS #: 146515460  
Website: <http://med.unr.edu>

### Project Information

Title: Graduate Medical Education New and Expanded Program Grants Round II  
County: Elko  
Award Type: Expansion  
Program Specialty: Family and Community Medicine  
Program Lengths: 3 year traditional residency program  
Original  
Accreditation Date: 09/12/1988  
Proposed Amount: \$1,616,740.00

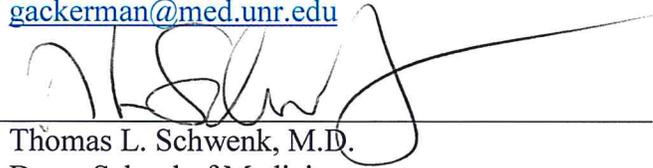
### Project Director Information

Full Name/Title: Daniel R. Spogen, M.D.  
Chairman and Professor of Family and Community Medicine  
Address: 1664 North Virginia Street MS0316  
Reno, NV 89557  
Phone: (775) 750-2221 (24/7)  
Email: [dspogen@med.unr.edu](mailto:dspogen@med.unr.edu)

### Project Contact Information

Full Name/Title: Gerald Ackerman  
Assistant Dean of Rural Programs; Director of Office of Rural Health  
Address: 701 Walnut Street  
Elko, NV 89801  
Phone: Day: (775) 738-3828  
Email: [gackerman@med.unr.edu](mailto:gackerman@med.unr.edu)

Signature

  
\_\_\_\_\_  
Thomas L. Schwenk, M.D.  
Dean, School of Medicine  
Vice President for Health Sciences

Date

9/6/16

## **2. PROJECT ABSTRACT**

This project proposes to establish a graduate medical education program in a rural community of northern Nevada through the Department of Family and Community Medicine (FCM) at the University of Nevada, Reno, School of Medicine (UNR Med). This proposal proposes to expand to an additional site in Elko that would be a Rural Training Track (RTT). The total complement of residents affiliated with this RTT would be 6: 2 per year for a 3 year training program. The RTT proposes to have the 1<sup>st</sup> year resident training in Reno and the 2<sup>nd</sup> and 3<sup>rd</sup> year training at the new site in Elko. The grant request includes funding for resident salaries, additional faculty, administrative support staff, educational facility improvement and development in both the Reno and Elko campuses. Nevada ranks at the bottom of the nation in its primary care physician workforce, making health care access for Nevadans difficult. The objective of this project is to improve the primary care physician workforce in rural northern Nevada by having a robust, state-of-the-art training program based in Elko. The best way to encourage physicians to practice in a rural area is to train in a rural area. The ultimate measure of success of the project will be an increased number of primary care physicians practicing in rural Nevada. The coordinator and entity in charge of this project is the FCM. Renown Regional Medical Center (RRMC) is the main hospital training site in Reno, but training will also occur in Elko at the Northeast Nevada Regional Medical Center and Elko's Nevada Community Health Center. Recruitment for residents and faculty will occur immediately. The first year of training will be in Reno, starting in July 2017. Program and facilities in Elko would need to be operational by July of 2018 when the first 2<sup>nd</sup> year residents arrive. In addition, search committees will be formed in the fall of 2016 for the 4 academic faculty and 2 administrative faculty members proposed to be recruited. Facility improvement will occur as soon as funds are secured.