Request for Applications

Graduate Medical Education New and Expanded Program Grants Round III

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: February 12, 2018, 5:00 pm PT

Funding Available: $5,000,000

Cost Sharing/Match: None

Bidder's Call: December 6, 2018 at 4:00 p.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 February 12, 2018 at http://osit.nv.gov.

Final Funding Decisions: On or before March 23, 2018.

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
775-687-0987

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

<u>INTRODUCTION</u>:

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.

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 FY2018 and $5 million in FY2019) 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.

<u>SECTION I: DESIRED OUTCOMES</u>

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. However, applications may be made for GME programs in any specialty or subspecialty that meets eligibility criteria outlined below.

<u>SECTION II: AWARD INFORMATION</u>

Awards
The State intends to distribute two rounds of grants over the biennium. The State will distribute up to $5 million in each round. This Request for Applications represents the first round. It is anticipated that the solicitation and application process for the second round will take place during the spring and summer of 2018. 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., February 12, 2018 to:

<div align="center">

Brian Mitchell
Governor's Office of Science, Innovation and Technology
blmitchell@gov.nv.gov

</div>

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 fields or specialties where the number of licensed physicians per 100,000 population in the region where the GME program is located falls below the U.S. average. Added weight in scoring, described below in Attachment A, will be given to programs that provide training in 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. Please see Attachment B for the list of licensed physicians per 100,000 in Nevada by specialty, broken down by region, compared to the national average. For ease of reference, specialties in counties with green numbers are above the national average and are not eligible for funding.

The focus of this funding is on training in specialties where the number of licensed physicians in the region is below the U.S. average. Applications for programs that provide training in subspecialties or fellowships are welcome, provided the applicable rate of licensed physicians in the region also falls below the U.S average, and will need to provide a very strong articulation of need, backed by local data.

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 FY2018 and $5,000,000 in FY2019. FY2018 funding must be obligated by June 30, 2018. 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** (Pass/Fail)

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

<u>Format</u>: 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 entire narrative, including attachments, tables, graphs, and charts must conform to the twenty (20) page limit.

The following information must be contained within the Project Narrative:

A. Needs Assessment (25 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. Articulate, using data, why this program is needed.
2) Describe the community where this training program will take place including health disparities and unmet needs, how those challenges will be addressed through this program, and why it is critical to care for this unmet need.
3) Outline other efforts or resources, if any, currently being undertaken to remedy this need.
4) 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 2016 and 2017 and the expected number of accreditor-approved residency positions in 2018.
      2. The number of filled and unfilled residency positions in 2016 and 2017.
      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 2018.
      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 (35 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. Provide a brief bio for all faculty or instructors with information such a CV, relevant credentials, or prior teaching experience. If faculty will be hired after the grant is awarded, provide a plan and timeline for hiring instructors and the minimum qualifications required.
   b. What percentage of time will the GME program director spend on this program?
   c. Will a full-time residency coordinator be provided?
4) Provide 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) List the stakeholders consulted and how their comments influenced the design of the training program.
6) Provide a description of how the grant applicant will reach out to and recruit possible trainees to participate in the training program.
7) Provide a list of hospital partners and clinical training resources that will be used in this program.
8) Provide an articulation of the plan to achieve accreditation and the probability of success.
9) Does the applicant currently have or propose any efforts to encourage GME program participants to remain in Nevada following the completion of their graduate medical education?
10) Building on the information provided in "A. Needs Assessment", articulate how the proposed program will meet the needs identified.

Impact Analysis- Provide detailed estimates in a table format on the impact of the training program. Include a justification for how each estimate was determined. Please address the following:
1) The length of the program.
2) The number of residents who will complete training annually.
3) 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.
4) The estimated yearly program completion rate.
5) The estimated number of trainees from underrepresented minorities, rural areas, disadvantaged backgrounds, or veterans projected to receive training each year.
6) The estimated number of trainees practicing in Nevada one year after program completion.
7) The estimated number of trainees practicing in an underserved or rural area in Nevada one year after program completion.
8) The total cost of the training per resident.

D. **Sustainability Plan** (10 points possible)
1) Project the annual training program costs after grant funds are exhausted.
2) Indicate how the applicant will fund ongoing costs associated with the program. Provide a detailed plan for obtaining replacement/sustainment funds.
3) Provide an articulation of long-term institutional commitment to the program and ability to support ongoing program costs following startup phase.
4) Describe changes, if any, in the roles of the partners.

E. **Data Collection and Evaluation** (5 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** (Pass/Fail) (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** (15 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. There is no page limit on the budget plan (table).

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.

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. Awardees are also required to administer annual surveys of residents as directed by OSIT and provide the results of the surveys to OSIT.

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.

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

Evaluation Criteria	Maximum Points & Reviewer Score	Comments/Recommendations
Cover Sheet	**Pass/Fail**	**Comments/Recommendations**
Needs Assessment	**Maximum Points: 25 Reviewer Score**	**Comments/Recommendations**
1. Provide clear overview of need, using data 2. Describe community including health disparities and unmet needs. Why is it critical to care for this need? 3. Other efforts to remedy this need? 4. Student demand for the program. What undergraduate medical schools do students come from?		
Feasibility Assessment	**Maximum Points: 5 Review Score**	**Comments/Recommendations**
1. Current and projected resident capacity assessment 2. Description of payer mix		
Work Plan & Impact Analysis	**Maximum Points: 35 Reviewer Score**	**Comments/Recommendations**
Work Plan 1. Program description (specialty, learning outcomes, settings and activities, assessment, didactic activities) 2. Estimates (hours seeing patients, number of patient visits, cost to train each resident, length of time to train cohort) 3. Faculty description 4. Project phases/timeline 5. Stakeholders 6. Recruitment plan 7. Hospital partners/clinical training resources 8. Accreditation plan 9. Retention in Nevada 10. How does the program meet needs identified in Needs Assessment?		

Impact Analysis 1. Length of the program 2. Number of residents who complete annually 3. Total number of residents in the program when at full capacity 4. Estimated completion rate 5. Trainees from underrepresented groups 6. Estimated number practicing in Nevada upon completion 7. Estimated number practicing in underserved geographic area 8. Total cost of training per resident		
Sustainment	**Maximum Points: 5 Reviewer Score**	**Comments/Recommendations**
1. Annual program costs 2. Detailed plan to fund those costs 3. Statement of long-term commitment 4. Describe changes of partners in the future		
Evaluation and Data Collection	**Maximum Points: 5 Reviewer Score**	**Comments/Recommendations**
1. Program goals 2. What data will be collected to measure success 3. How will success be evaluated		
Certification of Accreditation	**Pass/Fail**	**Comments/Recommendations**
Letters of Commitment	**Maximum Points: 5 Reviewer Score**	**Comments/Recommendations**
Budget Plan	**Maximum Points: 15 Reviewer Score**	**Comments/Recommendations**
1. Budget Narrative (1 page) is detailed and aligned with work plan 2. Budget Plan (Table) is specific and includes line-item details		

Type of Program	Primary Care or Mental Health: +5	
Programs that meet the definition of primary care or mental health are awarded 5 additional points.		
Total Score		

Attachment B: Licensed Physicians (MDs) per 100,000 Population in Nevada and the U.S. – 2017

Specialty	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine	Nevada	U.S.
Aerospace Medicine	-	-	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.1	0.1
Allergy	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	1.6	-	0.7	1.4
Anesthesiology	16.3	-	14.6	6.2	-	-	-	-	-	-	-	-	-	-	-	21.6	-	14.3	14.6
Cardiovascular Diseases	10.9	-	6.0	-	3.7	-	-	6.0	-	-	-	-	2.2	-	-	9.4	-	6.2	7.5
Child / Adolescent Psychiatry	-	-	0.8	4.1	-	-	-	-	-	-	-	-	-	-	-	2.0	-	1.0	2.6
Colon / Rectal Surgery	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	0.1	0.5
Dermatology	14.5	-	1.4	8.3	-	-	-	-	-	-	-	-	2.2	-	-	4.0	-	2.0	3.8
Diagnostic Radiology	14.5	3.9	6.0	8.3	-	-	-	6.0	-	-	-	-	2.2	-	-	9.7	-	6.4	8.5
Emergency Medicine	21.7	3.9	8.4	35.1	1.8	-	-	-	-	-	-	-	-	14.9	-	23.2	28.9	10.8	12.1
Family Medicine	36.2	19.6	17.2	26.8	9.2	-	-	24.0	-	39.9	13.0	-	4.4	14.9	-	36.9	19.3	20.3	29.6
Gastroenterology	10.9	-	2.6	-	1.8	-	-	-	-	-	-	-	-	-	-	5.4	-	3.0	4.5
General Practice	3.6	3.9	1.8	-	1.8	-	-	-	16.0	-	3.7	44.0	2.2	-	-	0.9	-	1.8	2.1
General Surgery	16.3	11.8	6.4	2.1	7.4	-	-	6.0	-	-	-	-	-	-	-	11.5	19.3	7.1	12.4
Internal Medicine	43.4	23.6	40.3	22.7	14.7	-	-	6.0	16.0	-	1.9	22.0	6.6	-	-	50.2	38.5	39.0	56.0
Medical Genetics	1.8	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	0.1	0.2
Neurology	5.4	-	3.0	2.1	1.8	-	-	-	-	-	-	-	-	-	-	3.6	-	3.0	5.7
Nuclear Medicine	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.4
Neurological Surgery	-	-	0.9	-	-	-	-	-	-	-	-	-	-	-	-	3.8	-	1.2	2.0
Obstetrics/Gynecology	23.5	19.6	9.6	2.1	9.2	-	-	-	-	-	-	-	2.2	-	-	13.5	9.6	9.9	14.0
Occupational Medicine	3.6	-	0.5	4.1	-	-	-	-	-	-	1.9	-	-	-	-	1.1	-	0.7	0.7
Ophthalmology	10.9	-	3.5	-	1.8	-	-	-	-	-	-	-	-	-	-	7.4	-	3.9	6.1
Orthopaedics	1.8	3.9	4.3	39.2	1.8	-	-	6.0	-	-	1.9	-	-	-	-	12.8	-	5.9	8.4
Otolaryngology	12.7	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	3.8	-	1.7	3.4
Pathology, Anatomic	3.6	-	2.9	2.1	3.7	-	-	-	-	-	-	-	-	-	-	4.7	-	3.0	6.1
Pathology, Forensic	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.7	-	0.1	3.8
Pediatrics	14.5	7.9	15.7	6.2	9.2	-	-	-	-	-	-	-	-	-	-	15.1	-	14.4	26.7
Pediatric Cardiology	-	-	0.6	-	-	-	-	-	-	-	-	-	-	-	-	0.4	-	0.5	0.8
Phys Med & Rehab	7.2	-	2.3	4.1	1.8	-	-	-	-	-	-	-	-	-	-	5.8	-	2.8	3.3
Plastic Surgery	-	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	2.5	-	1.1	2.5
Psychiatry	9.0	-	5.5	-	-	-	-	-	-	-	-	-	-	-	-	13.3	-	6.2	12.9
PH & Gen Prevent Med	-	-	0.1	-	-	-	-	-	-	-	-	-	-	-	-	0.4	-	0.1	0.5
Pulmonary Diseases	3.6	-	1.2	-	-	-	-	-	-	-	-	-	-	-	-	4.0	-	1.5	4.0
Radiology	5.4	-	1.4	-	-	-	-	-	-	-	-	-	-	-	-	2.2	-	1.5	3.2
Radiation Oncology	3.6	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	1.1	-	0.9	1.6
Thoracic Surgery	1.8	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	1.3	-	0.9	1.5
Urology	9.0	-	1.4	-	1.8	-	-	-	-	-	-	-	-	-	-	3.4	9.6	1.7	3.5
Other Specialties	-	-	1.3	2.1	-	-	-	-	-	-	-	-	2.2	-	-	1.6	-	1.3	3.7
Totals	352.7	129.6	164.5	173.4	71.8	-	-	53.9	32.1	39.9	22.3	66.0	24.2	29.8	-	278.3	96.4	175.0	261.8

Source: Nevada State Board of Medical Examiners (2017). Population data from Nevada State Demographer's Office (2017).