



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, July 11, 2018 @ 9:00 AM  
Place of Meeting: Governor's Office of Science Innovation & Technology  
Nevada State Library and Archives  
Suite 220  
100 North Stewart Street  
Carson City, NV 89701

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#### **I. Call to Order/Roll Call**

Brian Mitchell

The Graduate Medical Education (GME) Task Force was called to order by Chair Brian Mitchell at 9:00 A.M. on May 30, 2018, via telephone conference line listed above. He will be running the meeting today.

#### **Members Present:**

Brian L. Mitchell

Bill Welch

Thomas L. Schwenk, MD

Chris Bosse

Barbara Atkinson, MD

Sam Kaufman

Mark A. Penn, MD

#### **Members Absent:**

Gillian Barclay

Steven Althoff, MD

Ramanujam Komanduri, MD

Julie Kotchevar

Paul Kalekas, DO

**Guests Present:**

No Guests were present

**Staff Present:**

Tracey Gaffney

Debra Petrelli

**II. Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

There was no public comment.

**III. Welcoming Remarks and Announcements**

Brian Mitchell

Chair Mitchell welcomed everyone. He said today's discussion will be about the future of GME and recommendations the GME Task Force can make to the Governor for the next legislative session.

**IV. Approval of the Minutes from the May 30, 2018 GME Task Force Meeting** (For possible action)

Brian Mitchell

Chair Mitchell asked if there were any corrections to the May 30, 2018 Minutes. None were made. Mr. Bill Welch made a motion to approve the Minutes of May 30, 2018. Dr. Sam Kaufman seconded the motion. The motion passed unanimously.

**V. Discussion and Recommendations to the Governor Regarding the Future of State GME Funding** (For possible action)

Brian Mitchell

Chair Mitchell said today's conversation will be about specific things that can be done within GME to grow the physician workforce in Nevada. He said historically, GME has funded the startup costs to grow new programs, and asked whether changes should be made to make it better for the state, as well as any other suggestions. Dr. Schwenk suggested that a particular focus or special eligibility criteria on certain underserved populations would help the State of Nevada in both rural and urban underserved populations. He added that he believes this GME program has been well managed and has been very successful in the past, in particular the need for sustainability, which is critical. He said it causes the various institutions and partnerships to step up and stay with these programs into the long term.

Chair Mitchell asked, with a focus on underserved populations, whether those programs applying for funding for a new residency program to include that residents, during their training, focus on treating underserved populations generally across all specialties or only a specific specialty.

Dr. Schwenk said not necessarily specialty specific, but rather a range of approaches. He said, for example, an application for sub-specialty trained experiences, not necessarily based entirely in underserved populations, but based on experiences, might be favored by GME. He said a program with specific partnerships with possibly a health center could also be favored, as well as a requirement for curricular experience with a spectrum of ranges that could be implemented. Dr. Atkinson agreed with Dr. Schwenk.

Chair Mitchell said GME has had past discussions regarding residents leaving the State of Nevada for additional or more specific training they might find in a fellowship in another state. He asked whether there should be a preference for growing fellowships in the future, as opposed to residencies. Dr. Schwenk agreed there is some merit in this suggestion, and pointed out GME would have to be somewhat selective in regards to state needs. Dr. Penn agreed. He said it appears there has already been fellowship support and believes it should continue because there is a need. He pointed out a base would need to be built to support a fellowship program exclusively. Dr. Atkinson agreed.

Chair Mitchell said on the subject of sustainability and growing more residencies or fellowship programs, many major hospitals within the state are capped out (employing more residents than funded slots). He asked, when thinking about growing new residency programs, whether this is a matter of engaging new hospitals or do hospitals already capped out have the ability to sustain the programs through other sources. Mr. Welch said the number of hospital programs capped out include University Medical Center (UMC), Renown, Sunrise Hospital as well as Valley Hospital Medical Center which is outside of the Universal Health System (UHS) consortium at this time. He said among the UHS consortium's other hospitals that are not capped out, some have already planned where they will be at the end of that five years. He said, as previously discussed, there are other hospitals that use a formula requiring a certain Medicare volume, acuity mix, as well as a number of different components to make it work. There are other hospitals that are close or may have met that range in how they determine whether it is cost effective to move forward. He said he believes there are at least four or five hospitals that would have an opportunity to build a reasonably robust program. He said there is also opportunity in rural areas, which may be limited. He added hospitals that are capped can certainly still move forward, which some have looked internally to find other revenue resources to sustain those programs. He said Centers for Medicare & Medicaid Services (CMS) funding is the major support for those programs, and without it, those programs become very costly. He said he believes for those programs to grow substantially from where they are today, it would be financially challenging. He said there is opportunity here, but believes there will not be a significant opportunity based on how residency training GME costs are offset by CMS funding.

Mr. Kaufman said in regards to the Valley program he agrees there is no growth potential. He said the Valley Health System, over the next five years, beginning next July, is starting a potential 300-resident program. He said the Valley program is capped at where they will keep that program and after five years will further discuss how they can bring that program into the consortium pool.

Dr. Atkinson said UMC is definitely over the cap, but a good effort has been made to convince UMC that hiring residents, even if they are over the cap, is less expensive than

hiring other specialists, i.e. nurse practitioners. She pointed out that residents spending 80 hours per week doing direct patient care under supervision is a bargain, fiscally, compared to hiring additional staff. She said when the federal government offers other opportunities, the State of Nevada needs to be ready to jump on those opportunities to re-allocate additional residency slots for the state. Mr. Welch agreed. He said the federal government does not set timeframes on those opportunities, but when those opportunities are offered, which is generally every two to three years, the slots not being used are looked at around the country before they are redistributed. He said Nevada has benefited from this process at least twice over the last five or ten years. He commented that in the last week, this topic was raised in congress, and now CMS is looking at new opportunities, for those hospitals that are not capped out, that would allow a new program that has not yet reached its five year cap, to extent the cap out for an additional five years, giving 10 years to grow a program. He said as he gets more specific details on this program he will send that information out to all of the GME Task Force members. He pointed out that hospitals already capped out would not be eligible for this program.

Ms. Bosse said, regarding state funding for GME operations, there currently is GME Upper Payment Limit (UPL) funding, and in many ways access to that funding especially helps those programs that are capped. She suggested GME UPL funding should stay in place. She said by having partnerships with medical schools, it allows that funding to be available and allows programs to operate over the cap. Chair Mitchell asked whether GME UPL funding comes from Medicaid or the State General Fund. Ms. Bosse replied GME UPL funding does come through Medicaid but a Nevada program must have a government partner, i.e. University of Nevada, Reno (UNR) or University of Nevada, Las Vegas (UNLV). She added those funding mechanisms are critical to capped programs.

Chair Mitchell asked, regarding the reallocation of slots, whether as a state, Nevada should reach out or be more proactive in asking for more slots whenever a federally funded reallocation happens. Ms. Bosse replied there is definitely no set schedule for federal funding, and believes it would not hurt to reach out more, even from the legislative perspective or through key contacts at CMS. She said currently the formula as it exists, and as a result of the Federal Funding Accountability and Transparency Act (FFATA), prioritizes as follows: a) those programs already operating over their cap, b) those programs focused on growing primary care types of slots, and c) those states that have a low per resident to population ratio, which Nevada has qualified in all of these areas in the past. She said those slots become permanent when all of those key qualifying categories are met. Dr. Schwenk emphasized that it is nice to help the hospitals get closer to their cap, but to do that, hospitals need to continue to think about new programs and adding back even if it is over their cap, because GME should be a fundamental part of hospitals strategic plan, not just a revenue center from Medicare. He said he believes it is better to expand GME than to hire physician assistants (PA) and nurse practitioners.

## **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 said he would like to finalize the Request for Application (RFA) before Governor Sandoval leaves office in November 2018 and before a new administration takes

over. He suggested sending the RFA out in late August 2018 and have it due back in either late October or early November 2018. He said the next GME meeting could follow in either late October or early November 2018. The group agreed with this timeline. Chair Mitchell said he will proceed with that timeline. He added the RFA will be roughly similar to the last RFA sent out for the last round of GME funding, with \$5 million in 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.)

Mr. Welch commented, as a public citizen, on the GME Task Force conference phone call held on Monday, July 9, 2018 that discussed other alternative and innovative ways to grow the physician workforce in Nevada. He said in the discussion there was consideration to do an in-depth study and expanding that study as to determining why residents are making the decisions they make. He said the group had agreed the study would be a good idea, and could cost as much as \$300,000. He asked whether any of the \$5 million in GME funding is available for those costs to facilitate the process. Chair Mitchell said, in his opinion, that funding could be used for that purpose. He said in terms of the legislative record, GME funding is for growing the physician workforce through increasing the number of slots, and pointed out that in doing a study or evaluation of what is needed to accomplish this, an in-depth study would be within that purpose. He said he will run the idea past Mike Willden, Governor Sandoval's Chief of Staff, for his opinion and then update the task force on that information. He added if Mr. Willden believes this should wait until next fiscal year, then the task force can present it before the legislature as a possible item to be included with the allocation.

**VIII. Adjournment**  
Brian Mitchell

Chair Mitchell adjourned the meeting at 9:33 A.M.