



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, May 30, 2018 @ 9:00 AM – 12:00 PM
Place of Meeting: Nevada State Library and Archives
Conference Room C (Second Floor)
100 North Stewart Street
Carson City, NV 89701

This meeting will be video conferenced to the following location:

Grant Sawyer State Office Building
555 East Washington Ave
Suite 1400 (First Floor)
Las Vegas, NV 89101

If you are unable to join the meeting in person, please use the following numbers:

Northern: 775-687-0999 or
Southern: 702-486-5260
Access code: 70987 then push #

I. Call to Order/Roll Call

The Graduate Medical Education (GME) Task Force was called to order by 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
Gillian Barclay
Bill Welch
John Dougherty, DO
Barbara Atkinson, MD
Mark A. Penn, MD
Julie Kotchevar. By Proxy: Margo Chappel

Members Absent:

Thomas L. Schwenk, MD
Chris Bosse
Sam Kaufman
Steven Althoff, MD
Ramanujam Komanduri, MD

Guests Present:

John Packham, PhD, Assoc. Dean Office of Statewide Initiatives, UNR School of Medicine
Dr. Andy Eisen, Chief Academic Officer, The Valley Health System, Las Vegas
Dr. Jonathan Wirjo, Focus Mental Health – Las Vegas
Emily Elzeftawy, Southern Nevada Health District
Dr. Thomas Hunt, Roseman University College of Medicine
Michael Gardner, MD, UNLV School of Medicine
Joann Prevetti, UNLV School of Medicine
Rebecca Penn, Roseman University College of Medicine
Kate Martin, UNLV School of Medicine
Maureen Strohm, HCA Healthcare
Jay Fisher, UNLV School of Medicine
Jeremy Kilburn, UNLV School of Medicine
Stacey Giomi, NV Health Centers
Gerald J. Ackerman, Assistant Dean, Rural Programs, UNR School of Medicine

Staff Present:

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.

IV. Approval of the Minutes from the March 7, 2018 GME Meeting (For possible action)

Brian Mitchell

Chair Mitchell asked if there were any corrections to the March 7, 2018 Minutes. None were made. Dr. Mark Penn made a motion to approve the Minutes of March 7, 2018. Mr. Bill Welch seconded the motion. The motion passed unanimously.

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

Brian Mitchell

Chair Mitchell said a total of \$3,658,796 had been requested by six applicants as follows:

1. UNSOM (UNR) – Family Medicine Training (Request: \$251,969)
2. Valley Health System – Family Medicine Program (Request: \$319,210)
3. Southern Hills Hospital – Psychiatric Residency (Request: \$1,054,000)
4. UNLV – Critical Care Fellowship (Request: \$454,817)
5. UNLV - Pediatric ED Fellowship (Request: \$922,433)
6. Southern Nevada Health Department (SNHD) – Preventive Medicine (Request \$656,367)

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

University of Nevada, Reno (UNR) School of Medicine – Expansion of Family Medicine
Gerald J. Ackerman, Assistant Dean, Rural Programs

Task Force members asked about the expanded training opportunities proposed by the applicant at Shriners’s Hospital and the VA in Elko. Dr. Ackerman discussed how the grant would fund additional opportunities for residents to provide care to children with special needs and veterans living in the rural areas of Northeastern Nevada. He said this will be the first rural site in Nevada that Shriners are investing in telemedicine. He said the opportunity for residents includes a learning environment in a system of care that is embedded in a community health center, and serving a population that Shriners Health System also looks at serving, and is a facility where people receive services regardless of their ability to pay.

Dr. Ackerman gave an overview of the second piece, which is an expansion of a previous grant, wherein the VA in Salt Lake City was contacted with regards to resident expansion funds and asked to participate. He said the VA requested to permanently fund .8 FTE of resident’s salaries, which is ongoing and continued funding. He said UNR also has a request for facility health and expansion for the frontend of the remodeled clinic. He added this will expand the training piece with a different set of patients from a rural setting. He said the total resident training opportunities had not yet been put together, but will include rotating all rural residents from the Reno practice. He pointed out that second-year residents will start July 1st and the following year 2 more residents will start in July of 2019. He said 8 months of every 12 month period, Reno residents will be doing a 30-day rotation in Elko. He added this will put at least 3 residents in the Elko clinic at all times.

Chair Mitchell asked, with regards to requesting additional faculty, what the role would be for that new faculty. Dr. Ackerman responded that part of the faculty time would be to buy-out some time to put together both the Shriners training experience and the veterans’ experience. He said they need to do some transitions from the current three-week per month telemedicine clinic and a four-day onsite clinic, to a clinic that is there all the time, incorporating training requirements the VA has along with UNR’s training requirements. He said the VA training includes working with veterans, doing community presentations, working with the VA outreach office with the Governor’s office, and working on the training curriculum associated with the commitment made with the VA. He added the Shriners have a learning objective which includes getting training with veterans and setting up that clinic

orthopedic training experience, incorporating the inpatient potential and clinic-based experience along with the telemedicine-based experience.

Chair Mitchell asked with regards to the facility in Elko, whether there will be additional facility costs in the future and whether this current funding would resolve the facility's concerns. Dr. Ackerman responded that this funding will not complete the entire building, but will allow them to expand services and add a larger telemedicine by increasing the number of potential exam rooms, which are being built-out. He said Nevada Health Center has committed through their Board of Directors, approximately \$350,000 to expand the project. He said there is work that needs to be done on the frontend, but will not keep them from training residents. He added with this funding the expansion has consumed those construction dollars, so this particular request will provide the equipment needed for training and working with those residents and faculty to get the program up and functioning. He said there should not be additional facility funding requested unless they have new residents and require more facility capacity in Elko, but at this time, with this scope, they will not be asking for more facility funding.

Dr. Penn said regarding sustainability the application talks about ongoing costs, and asked how much those costs total. Dr. Ackerman responded that a commitment has been given in the previous application to support those ongoing costs and that the residency piece with the VA actually relieves some of those costs. He added that in this next year the ongoing costs will be approximately \$500,000 to \$600,000. He said cost reports are currently being worked on for the hospital for Medicaid reimbursement, as Elko is part of Medicaid, as well as Center for Medicare and Medicaid Services (CMS) reimbursements. Dr. Dougherty asked whether the hospital is a sole-community provider with CMS. Dr. Ackerman responded that the hospital is a sole-community provider. Dr. Penn asked for confirmation whether there is a sustainability plan in the program that satisfies the project requirement. Dr. Ackerman responded they do have a sustainability plan that will continue this project moving forward.

Mr. Welch asked for clarification regarding the authority for GME to spend money for expanding a population of patients that will be cared for in an existing residency training program. Dr. Ackerman clarified this program is not expanding a residency training program. Mr. Welch said he is in support of what Dr. Ackerman has presented, but would like to know that GME has the authority for expanding the approach of an existing residency program versus expanding a residency program. Chair Mitchell agreed that several applications received in this round of funding for GME funding were not necessarily for the expansion of the number of slots in their programs. He pointed out, as determined in the Governor's office, if there were funds left over from this round of funding after having expanded slots, and there were applications that would provide for the enhancement of an existing program, then the GME Task Force would have authority to consider funding those programs. He added the priority is either funding new slots or funding programs or expansions of existing programs. He said GME funding is not necessarily only for ongoing costs of an existing program, but also for providing enhanced learning experiences or providing additional care or capacity for the program, which could also be considered in this round of funding.

Southern Hills Hospital Consortium (SHHC) – Psychiatry Residency

Jonathan Wirjo, DO – Psychiatry Program Director

Maureen Strohm, MD. Assistant Designated Institutional Official

Chair Mitchell asked for clarification of when the residents would start their training in this program. Dr. Wirjo responded residents start date would be July 1, 2019. Chair Mitchell asked, with regards to the construction of a facility proposed in this application, whether it is adjacent to the new 80-bed facility already under construction. Dr. Strohm responded it is in one of the campuses medical buildings and is in close proximity to the new facility. Chair Mitchell asked whether this funding request comprises the entire cost of construction including offices and a training facility for residents. Dr. Wirjo responded it is specifically for teaching residents in a clinic and the space within the building needs to be built out to be appropriate for a clinic. Dr. Strohm said this is separate from the new 80-bed psychiatry facility that is currently under construction. She said the foundation is in place and the framing is about to start and progress is being made. She said on that site there will be two small teaching rooms within the hospital setting. She said this has been requested as a facility expense, separate, and specifically for outpatient services, for the educational component of the residents' practice.

Dr. Atkinson said she was concerned about the citations noted, from the Accreditation Council for Graduate Medical Education's (ACGME) Review Committee for Psychiatry, in their review letter stating SHHC's accreditation has been withheld. She said the program cited many areas as not in substantial compliance with requirements and asked for clarification on what the plans are for compliance with ACGME accreditation. Dr. Wirjo said they expect to re-apply and submit application in mid-July, which would be in preparation for a site visit in early November 2018, and would be in time to make it before the agenda closing for the review committee meeting in April 2019. He said they have reviewed all citations cited in the ACGME letter, and have a plan for every single one of the citations in order to meet ACGME requirements. He added that one citation, which is a common citation, is in reference to activity and research. He said this has been a common focus because Las Vegas and Southern Nevada, in general, have not been a research oriented community, and SHHC would like to help change that. He said this is why additional funding is being requested in that area in order to recruit faculty members that can physically address these citations, including research and scholarly activities. He said it is difficult to find psychiatrists who have engaged in research, especially in recent years. He added the buildout of the resident clinic will provide residents with a clinic where they can do additional research and scholarly activities. He said SHHC will be bringing on a Research Director from Hospital Corporation America (HCA), who will be a part-time faculty to spearhead the research and scholarly activity deficiency outlined in the citation letter.

Dr. Strohm added when talking about the scholarly activity components, the other changes relate to key rotations that had not been fully developed at the time of the application. She said efforts now have been to identify sites, faculty and activities for both educational and research experiences designed for residents third and fourth years. It was further discussed that faculty has been identified that will be addressing every item within the citation letter from the ACGME. Dr. Penn asked whether they have a backup plan if the accreditation is not fully approved. Dr. Wirjo said the residency program will be reallocated to community programs and organizations including UNLV School of Medicine and UNR School of

Medicine. He said SHHC is here for the community and believes a new residency program is where their resources would be most efficiently used. He said he is 100% confident this program will be approved with the second application to ACGME. Dr. Penn asked, in order to strengthen what SHHC is doing and in moving forward, how it will help if funding is received. Dr. Wirjo replied it will strengthen the program so they can “hit the ground running” by giving residents adequate faculty to really have an impact on the community, as well as giving SHHC an opportunity to focus on expanding the program and do more than just meet minimum requirements of the ACGME.

University of Nevada, Las Vegas (UNLV) School of Medicine – Pulmonary and Critical Care Medicine Expansion

Jeremy P. Kilburn, MD – Program Director

Kate Martin, M.D., MPH. MBA – Interim Associate Dean for GME & Designated Institutional Official (DIO)

Chair Mitchell asked for clarification between Critical Care Medicine (CCM) and Pulmonary and Critical Care Medicine (PCCM). Dr. Kilburn responded that PCCM is a 3-year fellowship program with training in both pulmonary medicine, which is a separate board certification, and CCM. He added that historically, and until recently, virtually all critical care medicine was pulmonary critical care medicine. He said with the growing need of CCM without additional pulmonary medicine, more programs have developed pure critical care, without pulmonary medicine. He said the overwhelming majority are still PCCM, but as the need across the nation has mushroomed, more CCM programs have opened up. He said pulmonary training is not necessarily needed in the Intensive Care Unit (ICU). Chair Mitchell said you have a PCCM now, and because there is such a big need in Southern Nevada for critical care trained doctors, then this would almost fast track the development of those doctors, without the unnecessary pulmonary component. Dr. Kilburn agreed and said CCM is actually primary care for specific patients. He added the trend nationwide is that a proposed CCM fellowship will complement the existing program and fast-track physicians to care for the sickest patients.

Chair Mitchell said he understands there is a matching cost for residents, and asked whether there would be a match for fellowships. Dr. Kilburn replied they are virtually identical, with only a difference in rotation dates. Chair Mitchell asked whether the goal is to recruit residents from medical schools in Nevada as the primary target audience, and how many slots can be filled by students from Nevada versus recruiting from out of state. Dr. Kilburn said with their existing program, 5 out of 9 residents are from Nevada. He added their emphasis is to recruit people who intend to stay in the State of Nevada, and added there certainly are jobs in Nevada after graduation, and foresees no problems. Chair Mitchell asked how many residents from out of state actually stay in Nevada. Dr. Kilburn replied UNLV is graduating their first class this year with 3 graduates, of which 2 are not from Nevada and 1 is staying in Nevada. Chair Mitchell said the goal of this program is to grow the workforce in Nevada. He asked for clarification that 3 CCM residents will graduate every year, which would be in addition to the 3 PCCM residents that will graduate every year. Dr. Kilburn replied that is correct.

Mr. Dougherty asked whether they will have an existing PCCM in internal medicine, and whether they have submitted application for the CCM standalone. Dr. Kilburn replied they

are awaiting additional faculty to be hired, which they anticipate getting an additional 3 faculty members on July 1, 2018. He said they currently have 9 faculty members and are in contact with the Director of Internal Medicine from ACGME.

University of Nevada, Las Vegas (UNLV) School of Medicine – Pediatric Emergency Medicine Fellowship

Jay Douglas Fisher, MD, FAAP, FACEP – Clinical Professor of Pediatrics & Emergency Medicine

Kate Martin, M.D., MPH, MBA – Interim Associate Dean for GME & Designated Institutional Official (DIO)

Chair Mitchell asked for clarification of the number of residents expected to graduate each year and the proposed facility costs. Dr. Fisher responded that 2 residents will graduate each year. He said they would like to buildout conference rooms and add audio visual (AV) equipment, keeping the equipment on the same floor as Pediatric Emergency Medicine. Chair Mitchell asked, in reference to sustainability, what the ongoing costs are to sustain the program and how UNLV proposes to sustain the program revenues. Dr. Fisher responded that one avenue they intend to pursue to support the program is from patient revenues by replacing double coverage of physicians with fellows. He said they also intend to pursue support from the Children’s Hospital and UNLV. Dr. Penn asked, regarding sustainability, whether the children’s hospital expansion plan should increase patient volume, and what those expansion plans are and whether they have a timeline. Dr. Fisher discussed the location of the clinical space and where it will be located. He added the timeline is approximately 5 years for completion. Dr. Dougherty said he has concerns on this application regarding the ACGME accreditation and asked if they were still in that process. Dr. Fisher replied they intend to resubmit their application, and the deadline to submit to the ACGME for the adult PPD track is August 2018 and the pediatric track is September 2018. Dr. Dougherty asked whether an application for ACGME accreditation had been submitted to date. Dr. Fisher responded that no, to date it had not been submitted.

Valley Health System (VHS) Consortium – Family Medicine Residency Program Training

Thomas Hunt, MD – Program Director, Family Medicine Program

Andrew M. Eisen, MD – Chief Academic Officer, Valley Health System

Chair Mitchell said in reference to the equipment being proposed, whether it will be prioritized for family medicine. Dr. Hunt replied that all equipment requested is being allocated for family medicine. He said there is equipment for video monitoring, sonography, Contractors Health and Safety Assessment Scheme (CHAS) training procedural skills and simulation. He said much of the equipment selections were made with the anticipation it could be used in addition to family medicine for other programs, but primarily for family medicine residents. Chair Mitchell asked how this equipment will enhance the training of residents. Dr. Hunt responded it is a brand new program with 10 residencies per year, adding additional slots, and addressing the huge need in the community. He explained the equipment was chosen, based on ACGME requirements for oversight and training. He said this funding will provide equipment in which faculty can supervise residents and evaluate their ability and professional communication skills while they are seeing patients. He said in order to learn some of the critical skills, it is important in this day and age that people

practice in a safe setting before they go into the hospitals. He added that simulation, CHAS training, etc., is really a critical component for both undergraduate and resident training.

Dr. Eisen said this program provides 3 opportunities for residents. He said number one is the experiential opportunity and the initial training, and ensuring the experience they have is complete. He said one thing discovered when looking at the data on simulation in recent years, is that simulation experiences have been found to be nearly equivalent to real-world experiences in terms of developing these skills. He said it allows that every resident in the program is getting the full breadth of patient interaction and procedures needed without having to rely on random patients coming into a facility. He said the second piece is for assessment of individual residents. He explained it is not a matter of how VHS residents do collectively, but making sure every resident is competent to practice independently when they finish the program and then stay in the community. He added that for certainty, the percentage of residents that stay in-state is unknown because this is a brand new program and residents have not been trained in this setting before. He said VHS does expect retention numbers to be high, and added VHS wants to make sure each and every resident is adequately prepared and evaluated through these systems, as well as have direct observations with real patients. He said the third piece allows VHS to assess the program as a whole and if there are deficits in performance across a large number of residents in any particular area, the program can be modified.

Chair Mitchell asked about the lifespan of the equipment and requested an overview of how long the equipment is expected to last. Dr. Hunt responded after talking to manufacturers, 8 to 20 years of service can be expected out of the equipment. He said some of the more expensive equipment comes with warranties and even with rapid changes, this equipment can be used for a long time. Dr. Eisen replied this is partially why going in this direction was chosen, and pointed out that even with lower-end equipment lasting only 10 years, and initially admitting 10 residents per year, that would be an impact on 100 residents. He said as the program moves forward, VHS intends to expand class size up to 20 residents, which would still be within the operational window of this equipment. Dr. Hunt said other programs within Family Medicine will also be able to utilize the equipment, and additionally he has reached out to other family medicine programs, specifically The Valley Hospital at Nellis AFB and together have agreed to do joint simulation work.

Dr. Atkinson asked about needs assessment and the lack of family doctors in Nevada. Dr. Hunt responded there is a huge need for family doctors in Nevada. He said of medical students graduating from Nevada schools in 2018, 43 matched to Family Medicine yet only seven matched to residency programs in Nevada. He added there definitely is a need within Nevada for those residents who want to stay, but are not finding the programs in Nevada. He said because of this need, VHS is reaching out to medical schools, concentrating on the southwest region including Southern California, to notify those schools of this new program. Dr. Eisen said he believes there will be more medical school students graduating in Nevada, and does not believe applicants for the program will be the challenge. He pointed out that by providing a breadth and depth of training to residents, when finishing the residency, the decision of what kind of practice to enter, whether a primary care practice, a sole practitioner, etc., is in the hands of that graduating resident. He said VHS's responsibility is to provide that opportunity for residents to get the training for whatever career path they choose. He said

with this equipment they intend to make sure every resident has the appropriate extent of training to make that choice themselves.

Dr. Penn said he knows VHS is already on the accreditation pathway and asked how the process was going and whether it is looking positive. Dr. Hunt responded after a recent on-site accreditation visit in March 2018, in which many positive comments were made, the program is now on docket for review by the ACGME Family Medicine Residency Review Committee when they next meet in October 2018, in which VHS anticipates receiving accreditation at that time.

Mr. Dougherty asked, relative to location, whether the simulation center would be accessible right away to all residents. Dr. Hill responded it will not necessarily be a simulation center and some of the equipment will be required to be housed in one particular place, which currently will be Spring Valley Hospital. Dr. Eisen commented that a brand new tower was opened up at Spring Valley Hospital a couple of years ago and one half of the first floor is dedicated to GME.

Southern Nevada Health District (SNHD) – Preventive Medicine Residency Program

Joseph P. Iser, MD, DrPH, MSc. – Chief Health Officer

Emily Elzeftawy, MPA - Executive Administrative Analyst

Mr. Welch said with regards to sustainability, he did not see a letter of support from Clark County or the Clark County Health District. He commented he does see a letter from the Department of Health and Human Services, which is in-kind support and not necessarily monetary support. He asked for clarification on long-term sustainability. Dr. Iser responded there is no such thing as the Clark County Health District, but was replaced 15-20 years ago with the Southern Nevada Health District. He added they are a free-standing governmental agency established by the legislature, which has the same boundaries as Clark County but are not part of Clark County or any one of the cities within Clark County. He said they have their own funding mechanisms, generally from grants, fees and property tax (3.5 cents per \$100 valuation). He said part of their plan, in reference to sustainability, is to apply for a Health Resources and Services Administration (HRSA) federal grant program specifically for funding preventive medicine in residency programs. He added that with the property tax roll, SNHD plans on Clark County to advise them of their growth rate each year. He added it was significantly more this year than Clark County had originally predicted. He said it is expected that property tax will sustain growth in Southern Nevada. He said rates will not go up, however the actual dollars will increase, and SNHD expects to sustain this program with that funding. He said a letter of support was received from the Division of Public and Behavioral Health, and after running out of time to submit it, he talked with Washoe County Health District in Carson City, Health and Human Services and was advised they are willing to support this program. Dr. Iser said in the long run he expects funding will come from property tax dollars. He said they also propose to go to the legislature this year to request an increase in public health support for all counties in the State of Nevada. Mr. Welch asked whether the SNHD had a board. Dr. Iser responded there is a SNHD Board of Health. He said Marilyn Kirkpatrick is the Chair of the Board and has written a letter of support, which may have gone to the ACGME rather than this application. He added that the Board knows of SNHD's plan and is supportive, however there has not been a formal vote by the Board in support of SNHD's plan.

Mr. Welch pointed out that under “Hospital Partners of Clinical Training Resources,” no hospitals were referenced and asked for clarification. Dr. Iser responded that generally a residents first year is in primary care, it could be hospital-based or university-based. He said the second year for a resident is a masters of public health program, which is an academic program. He added that SNHD’s academic partner is UNLV. He said a residents third year is all public health related, and some programs can continue with hospital-based work, however SNHD has their own clinical programs within the Health District that are more pertinent to their residents. He said there are requirements by the American College of Preventive Medicine (ACPM) for clinical experiences during that second and third year, and added the third year would be primarily with SNHD with potential rotations at Washoe County Health District, Carson City Health and Human Services, and State of Nevada, Division of Public and Behavioral Health. He added if residents opt to do another clinical experience, SNHD will be happy to work with their partners.

Dr. Iser answered concerns from Dr. Atkinson by further discussing students who decide to go into public health medicine after their residency. He said he is aware of two students who have rotated through SNHD and have graduated and received their Master’s Degree in Public Health (MPH) and Doctor of Osteopathic Medicine (DO), and are currently interested in public health medicine. He added there is potential that SNHD can find a pipeline to other residency programs without necessarily stealing first-year residents. He said some residents go through their entire residencies before they decide to do public health. Dr. Atkinson asked whether SNHD will be taking students who already have had public health. Dr. Iser responded they will take those students, and further discussed accredited programs in year 2 and 3. He said students with an accredited MPH program can come directly into this program in their third year.

Dr. Penn asked about the mention of a “Project Director” in the application and then referring the same as a “Program Director.” Dr. Iser responded he is not sure why the discrepancy. He said they worked with a grant writer to assist them and he should have reviewed the application more closely. He said, after talking with colleagues throughout the county, the biggest issue is that the ACGME is requesting more publications and academics. He said the problem is that most of SNHD’s programs have been public-health based, either state or local, and the growing trend is to become more university-based. He said the person interviewed for the position of Program Director would be only the third board-certified general preventive medicine specialist in the state, and expects him to take the position. He said he would be hired as a full-time employee (FTE), but most likely start out as half-time. Dr. Penn asked about the timeline for accreditation and beginning this program. Dr. Iser responded there are two types of accreditation. He said he is currently working on getting the ACGME accreditation and has received a letter regarding their status. He said it was suggested that he work with UNLV, as a sponsoring institution who is already accredited by the ACGME to assist in getting SNHD’s ACGME accreditation. He said the second step is the preventative medicine residency itself, and believes there is no question they will be approved. He clarified the timeline would include hiring the Program Director within the next 30 days and getting him on board, along with getting student manuals in place, and as they go through the final steps, create outcome measures for environmental health rotations for public health and other lab rotations.

Dr. Dougherty asked whether the new Program Director has ever been a Program Director prior to this engagement. Dr. Iser responded he does not believe he has been a Program Director prior to this. Dr. Dougherty asked if he was aware that the ACGME requires five years of administrative experience in a residency program prior to being employed as a Residency Program Director. Dr. Iser responded he would have to rethink that topic. Dr. Dougherty pointed out it appears SNHD will not have a qualified program director and currently does not have a sponsoring institution. Dr. Iser replied that is correct.

Chair Mitchell pointed out there is a total of \$3,317,590 in GME funding available, and the total requested funding is \$3,658,796. He said he would like to briefly quote from the Request for Applications for this round of funding, with regards to eligible use of the funding: “Additionally, previously funded GME grant applicants from Rounds I and II that were awarded less than the total amount requested in their original application may request supplemental funding to enhance the training experience of residents beyond what currently exists.” He pointed out that almost every program funded in the past were funded with less than the requested amount. He said with the programs that have applied in this round not increasing slots, but rather enhancing training experience, meet that criteria. He said if it comes down to it, he would suggest funding be awarded to programs increasing slots over enhancing training experience. With that being said, he added that it would not be appropriate to fund an inferior program only because it increased slots over a superior program that enhances a training experience.

Mr. Welch said, after listening to all the presentations today, each program has merit and he very much supports each applicant. He pointed out that SNHD’s program had significant deficiencies in their application and feels that continued funding support is fairly nebulous. He said he is confident that Dr. Iser will accomplish getting those funds, but is currently facing some challenges including hoping the tax base increases in Clark County, hoping to be successful in the legislative process, as well as the directorship may be an additional challenge with ACGME accreditation. He said having said this, he does believe this is a worthy program. He pointed out that if SNHD’s request for \$656,367 was removed from the total funding requests, a total of \$315,161 would be left in funding. He said he would recommend giving that portion of funding to SNHD to further develop and move their project forward. He added this would allow SNHD to reapply in the next round of funding once they have addressed the deficiencies and questions raised in today’s discussion better resolved. He added as he understands the grant process, SNHD would be eligible to apply in the next grant cycle beginning on July 1, 2018. Chair Mitchell said that is correct and there will be \$5,000,000 available beginning on July 1, 2018 for that round of funding. He added that will be an opportunity for any program to come back and reapply or for new programs to apply for those funds. Chair Mitchell asked Dr. Isle if the Task Force were to award SNHD \$315,161, which is less than one-half of their original request for funding, what could be done with that amount of funding. Dr. Isle responded they would be more than happy to accept the lesser amount. He said clearly they could pay for the new Program Director’s salary. He said they could put together a budget that reflects exactly what they will do with the award of \$315,161.

Chair Mitchell said the Task Force has a proposal to fully fund all the applicants, with the exception of SNHD, and allocating the remaining \$315,161 to SNHD. Dr. John Dougherty made a motion to fully fund all the applicants, with the exception of SNHD, and allocating

the remaining \$315,161 to SNHD. Dr. Barbara Atkinson seconded the motion. The motion passed unanimously.

Chair Mitchell said each applicant awarded will receive an award contract for signature. He requested those contracts be returned prior to the end of June 2018, for transfer of funding to each recipient.

VI. Discussion Regarding the Future of State Funding of Graduate Medical Education in Nevada and Other Innovative Ways to Increase the Physician Workforce and Making Possible Recommendations to the Governor (For possible action)

Brian Mitchell

Chair Mitchell said with regards to a discussion of the future of state funding for Graduate Medical Education in Nevada, he has had several discussions with the Governor about other ways to continue to fund GME programs and expand the physician workforce in Nevada. He said over the last few months he has visited several GME programs that were previous recipients of funding to discuss how their programs were going and suggested new ideas, other than funding slots, to continue to grow the workforce in Nevada. He said, to be clear, if any changes are made to the GME funding program, it would be in the next biennium and not the next fiscal year, in other words any changes to GME funding would have to be proposed and approved by the legislature in the next legislative session. He added that neither he nor the Governor is proposing to eliminate the opportunity to create new programs and new slots as in the past, but rather adding a greater number of programs to choose from for expanding the physician workforce that applications could be solicited for. He said there has been other conversations regarding loan repayment or loan forgiveness programs indicating to him those programs would not only create a higher likelihood that residents completing their residency in Nevada would stay in Nevada, but also have the additional benefit of attracting a higher caliber of resident through the matching process. He asked for input from GME applicants as well as the Task Force whether adding a loan forgiveness or loan repayment program of some sort would be a viable option in their opinion to increase the physician workforce in Nevada. Dr. Penn said if a loan repayment or a loan forgiveness program is provided it can be very successful, especially for medical school students who have high debt coming out of school. He said these types of programs are already in place for students applying to medical school in Nevada. He said the question is whether it helps a student or resident to stay in that community. It was discussed there are many ways to set up this type of program, and members agreed there is a positive side in assisting with medical school student debts. There was further discussion on federal debt loan forgiveness programs. Dr. Atkinson suggested assembling a smaller group of constituents together with Task Force members that can further discuss and work out the details of putting together a loan forgiveness program.

Dr. Dougherty said he would also like to advocate a program for potential Program Directors. He said a real challenge in this state is not so much attracting residents, but the real challenge in Nevada is getting qualified Program Directors who can transition to the environment and not take a big financial hit, for example, their cost to get tail-coverage, which is an extended reporting period endorsement offered by a physician's current malpractice insurance carrier allowing an insured physician the option to extend coverage after the cancellation or termination of a claims made policy, costing up to \$30,000 upfront. He said by using a retention bonus associated with a program that would cover that tail-coverage, it would give

hospitals a higher likelihood of recruiting individuals who can teach 100 students over 10 years, as opposed to one individual who takes care of one population.

Chair Mitchell asked, beside a loan repayment or loan forgiveness program, whether anyone had other program ideas for consideration to make eligible use of these funds that would ultimately increase Nevada's physician workforce. Dr. Ackerman commented that currently through the Nevada State Office of Rural Health, UNR has the Nevada Health Service Corp, which is a state loan repayment program. He said the total of this grant has been built back up in the last two legislative sessions to \$200,000, of state appropriation, and UNR matched that with a federal grant, dollar for dollar making it go up to \$400,000. He said they recently resubmitted an application adding another \$300,000, and if it matched would be approximately \$1 million per year for loan repayment. He said UNR has had success in tracking graduates. He said the rule of that loan repayment program is the resident can stay as long as they have eligible debt. He said this program funds for primary care, nursing, dentistry, mental health, and because of the opioid crisis this year, opened it to alcohol abuse treatment. He said every county in Nevada, except for Esmeralda County has been impacted by this program. He said because of a limited budget, no advertising was done, and even without advertising last year funded about one-half of all funding requests received for loan repayment. He pointed out that when taking money under the Federal match program, money is doubled, however oftentimes it is difficult to meet those federal rules. He commented the new faculty for the Elko expansion of Family Medicine Residency Program, which is an eligible site, was offered this loan repayment program which is the main reason the current faculty member is coming to Elko. Dr. Penn asked whether there is a sense from legislature or perhaps the Governor that funding is not needed for GME, and agreed a smaller working group should be put together to target those particular issues and discuss other funding possibilities. Chair Mitchell replied that the genesis of this conversation came from the last round of applications, with only two applications requesting approximately \$2 million in funding. He said in past rounds the Task Force received funding requests well in excess of the total amount of funding available. He said in asking why so few applications, the primary reason was it had become a sustainability issue and many of the potential sites were capped out and could not sustain the program with Medicare funds.

Chair Mitchell said in talking with Governor Sandoval's Chief of Staff, Mike Willden, it was decided that in moving forward, perhaps only a few programs be created each year, not necessarily concentrating all efforts and resources in one area. He said perhaps there are other ways to achieve the same goal, with the goal not necessarily to create more residency programs, but rather to increase the physician workforce. He said if there are other ways in going about doing this through something such as a loan repayment program, the Task Force could go to the legislature and suggest using it to enhance what the GME Task Force is doing, by providing more resources to our hospitals and medical schools in order to create more doctors that stay in Nevada. He also suggested having a broader conversation on other items to consider and said he intended that a smaller working group be put together to focus on this complex topic. He said after flushing out details and working through these complicated topics, that group could then present the findings and ideas to the Task Force for possible recommendation to the Governor. He said regarding whether or not funds are still needed for GME, it is his impression, and because of the Nevada's physician per capita numbers, this is still a statewide investment. He said the Governor and legislature can always find other uses for this funding if this group feels this is not in the best interest of the

state. He proposed they put together a smaller working group to discuss the details and have a broader conversation about a loan repayment program, program director retention bonuses, as well as any other ideas and options. Dr. Penn pointed out that some of the other ideas discussed today are good ideas but do not necessarily fit into what the GME Task Force is basically commissioned to do. Dr. Atkinson commented on the lack of applications from the last round of funding and pointed out it was really a timing issue for everyone. She said UNLV has plenty of programs that will need funding in the future. She agreed that discussions on these new programs, which will assist in increasing physician workforce in the state, are worth talking about. She commented that the GME piece is extraordinarily important and needs to be maintained but other programs should be added that would help to recruit faculty appropriately. She said this is something to think about, whether the legislature would also expand funding over and above current funding in the GME program to increase physician workforce, and added that her first priority is also GME.

Chair Mitchell said to be clear the purpose of adding this topic to the agenda is not in any way to suggest that GME no longer be funded to create new residency programs, but rather a discussion of other programs in addition to GME to accomplish that same goal. He said for the Governor, this is a way of increasing the physician workforce and providing higher quality care to residents of Nevada and increasing the amount of healthcare the state is able to provide. He said what he brings before this Task Force is whether they should only pursue GME or should the group reposition and discuss adding other opportunities in addition to GME, and asked whether this is a conversation worth having with a smaller working group. The group unanimously agreed.

Dr. Eisen commented with reference to the state budget, he believes the Task Force needs to be very cautious about presenting this to the legislature as a choice between GME as a workforce expansion effort and not something else. He said he agrees with Dr. Penn, this group was put together as a GME Task Force and feels it is very important this body remains focused on GME to advocate funding for GME. He said expanding the ability to use funds to engage faculty is a great idea, but it should be pursued separately. He said he also agrees that a separate group should be put together to advocate the Governor in assembling the budget with other programs to expand the physician workforce. He said it is important not to trample the GME effort, and the best way to do that is to keep those activities separate, to some degree, this way not appearing to the Governor or legislature as a choice. Dr. Penn agreed with Dr. Atkinson and said as people learn and understand more of this funding process, more people will engage in the process. He commented that the GME Task Force concept is the priority and is the work this Task Force is committed to in helping with workforce demands for physicians in Nevada.

Chair Mitchell commented this conversation may never had taken place if more applications would have been received in Round 3 of funding. He said the concern was if a significant number of potential applicants were capped out, whether there would be capacity for more GME in the future. He added if funding is not spent, that funding is not available in the future. There was continued conversation on timing and improving the application process and what could be done to make the process better. Chair Mitchell said he anticipates the next round of funding to go out early next year. Mr. Welch recommended that the GME Task Force convene to discuss specifically GME opportunities of how the process might be improved and look at other opportunities to support GME. He agreed they should not

approach the legislature giving them an either/or choice. He said he believes this topic warrants a meeting of its own giving everyone the opportunity to submit ideas and background information, which will help the group come together to have an informed discussion. He also suggested inviting individuals to participate in that meeting who have some expertise in these suggested programs. He added, on behalf of the hospital community, there is a provider shortage in the state and if a subcommittee is created to look at that, he would be supportive and interested in participating in that subcommittee, separate from the GME Task Force. He added anything the Task Force would like to present to the legislature, whether for GME or a new workforce program by a separate committee, should happen over the next 120 days. Chair Mitchell agreed and said any proposals for the Governor would most likely need to be presented by late July 2018.

Chair Mitchell proposed a meeting of the GME Task Force to discuss recommendations to the Governor for future GME funding. He added the January/February 2019 deadline is strictly for new proposals for next fiscal year's funding. He also proposed a new committee be assembled, not necessarily connected to the GME Task Force, to discuss innovative ways to grow the physician workforce, such as a statewide loan forgiveness program. He said that committee will have a separate charge and produce a separate set of recommendations to the Governor and legislature. He said a calendar poll would be sent out to GME Task Force members for both meetings. He also invited email responses for participation in the separate committee discussion on ways to grow physician workforce, as well as for designation of others to be included in that meeting. Several individuals and groups were recommended to participate in the committee discussion.

Dr. Atkinson pointed out that the Governor's Office participated in a project sponsored by the National Governor's Association as well as legislators in the National Association of State Legislators, and went through a 2-year process, coming back with loan repayment recommendations which included a whole group of people already focusing on this subject, which included Senator Hardy and Assemblyman Sprinkle. Margo Chappell commented that the Primary Care office is also working on this exact area and are part of that group, as mentioned by Dr. Atkinson. She requested the State of Nevada Division of Public and Behavioral Health's Primary Care office also be included in that subcommittee discussion. Chair Mitchell agreed it is not necessary to duplicate the work that others are already doing. He said from his perspective, he just wants to make sure those recommendations go to the Governor.

VII. 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 asked whether the Task Force agreed that the timeline for the next round of applications will be due in January or February 2019. The Task Force agreed. Chair Mitchell said a calendar poll will be sent out to Task Force members to set the next GME Task Force meeting as well as a calendar poll to set a group discussion on innovative ways to grow the physician workforce.

VIII. 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.

IX. Adjournment

Chair Mitchell adjourned the meeting at 11:18 A.M.