Summary Minutes Graduate Medical Education (GME)

January 22, 2016

The grant process will be in two phases

1-Making recommendations to the Governor as to the process

2-Making recommendations to the Governor of the actual grantees

In addition to considering recommendations in the Task Force recommendations to the Governor dated June 25, 2014, the Task Force will also consider the following:

1. One RPA and disseminate it twice. The first five million by June 30, 2016 and the second five million by June 30, 2017
2. Create a scoring mechanism to be using when the grants are reviewed
3. What is the maximum dollar amount they can apply for / or be awarded

**Application criteria**

* Primary care and mental health – geriatrics, family practice, intermediacies, pediatric psychiatry plus minus OBGYN as a suggestion. Programs must continue primary care but if a hospital were to move forward with a general surgical or another subspecialties that is badly needed in the state that should not be discounted
* Demonstrate success with these funds
* Criteria that was absolute and must be met and other criteria that would be graded, rank order the applications according to the second set of criteria
* Programs that can show that they can bring in more physicians more training to state of Nevada
* How the program will continue to sustain itself beyond the availability these funds
* The ability to implement the program
* Provide quality training that should be one of our number one priorities and be able to be financially stable in their existing programs
* Using the elements from the Program Information Form (PIF). Need to meet the basic requirements
* Clinics only as it directly relates to the GME
* Application process: offer up the entire ten million and have applications say how they are going to use the first five and how they would use the second five and make the decision all at once. Before we fund the second round of grants, see their performance and possibly ask for revisions or updates
* Not one application per entity - there is not a cap on the numbers of applications per intuition
* They can use the dollars as they see fit (allowable use) but not for prohibited uses (listed)

**Essential Criteria**

* Prove sustainably- Sustainability with implementation which takes into account the different pay ability and the ability to carry forward the program
* Feasibility- tracking or some demonstration with a clear work plan with a start date and some recognition for application deadlines for recruitment, some ability to show how this would actually work in practical terms, when the program would start, when the first graduates would appear. The ability of the program to gain accreditation by the ACGME
* Impact
* Resources

**Prohibited Use of funds/ the grant will not cover**

* Medical students, clinic component not directly related to GME, non-educational equipment, if a program asks for funds for a residency and they show sustainability we should not prohibit it, reasonable and related costs not bonuses or base salary for staff, fluff vs. necessity
* Research, evaluation or a feasibility study
* Resident salary – not included what about a % short term residency allocation if they show sustainability. Clinic vs. education facilities

**Scoring**

* The Task Force will score the applications and OSIT will do the grant management

**Time Line**

* First draft of the application to the Task Force: January 29 by 5:00 PM
* All comments on the draft: February 2 by 5:00 PM
* Next meeting: February 5 at 1:00-3:00 PM
* Grant application ready for posting: February 15 by 5:00 PM
* Deadline to submit grant application: April 15 by 5:00 PM
* Application scored by: May 15 by 5:00 PM
* Grant money obligated by: June 30 by 11:59 PM