Governor's Task Force on Graduate Medical Education 4/30/14 Chairman Joe Hardy, Sen #12

John Packham, "We need three times as many residency slots…"

Vision: Economic development, Access to Care (ACA, Baby Boomers, growth of businesses, graying of physicians); Retain our investment in medical students; psychiatry and primary care critical, as well as general and specialty surgeons; need for places to train 3rd and 4th yr students.

HEALS: subcommittee for last several months working thru the challenge to get more doctors in Nevada especially by how to get more residencies. From this groundwork we can build. This task force has familiar faces as most have been involved from the first meeting of this bipartisan endeavor. The medical schools current and prospective, the hospitals private and public, the VA and Nellis AFB, legislators past and present, Governor's staff and agency leaders, and HEALS director.

More medical schools will need more clinical sites for training.

Governor Sandoval has seen the need and we have been charged to suggest ways to incentivize and encourage the growth in GME. Our job is to consider such possibilities and opportunities. We will have 4 biweekly meetings not to refine but to define the need and means to get caring physicians to come and stay in Nevada through training opportunities. Whatever we do will have to go before the legislature in 2015. We thus do not have to get into the weeds of the mechanics how it will be done, but an overview of what could work on a macro view.

How to access permission and Federal funding for new residency programs and expansion of existing programs. The whole Nation is in need of more physicians even with all the mid-level providers. How do we work with each other in the State and with other States to improve this piece of the puzzle of accessibility to care.

How do we encourage doctors in training to commit to practice in shortage areas as they contemplate residency training.

How can we use other models than the traditional only in the hospital training experience?

What is the import of the putative proposal to merge Allopathic and Osteopathic residencies? How can we make this work for Nevada?

How can we facilitate residencies that prepare physicians for the team approach of the Accountable Care Organizations and Patient Centered Medical Homes with emphasis on outpatient care and prevention?

Can we use WICHE or some structure like that to help residents as we now do for medical students in order to bring them back to Nevada?

What are the logistics of starting a residency and how can the State help?

Issue of foreign medical graduates competing for residency slots.

Governor's GME Task Force

Proposed Agenda

Thomas L. Schwenk, M.D.

1. Size of fund that would have a meaningful impact on new GME positions or programs.
2. Criteria for selecting new or expanded programs for funding.
    a. Measurable state need
    b. Available clinical and teaching resources
    c. Medical student interest and demand
    d. Commitment to long-term funding beyond start-up
    e. Public, not-for-profit entity as sponsoring institution
3. Organizational structure for making funding decisions
4. Methods for measuring and reporting success

April 28, 2014

<u>Graduate Medical Education</u>

- **NV ranks amongst the lowest in terms of the number of GME (residency/fellowship) slots**
- **Most physicians practice within 70 miles of where they do their residency training**
    - **Training and retaining medical school graduates is an important component of a robust medical education program (GME)**
- **The majority of our medical school graduates, both Touro University Nevada and the University of Nevada School of Medicine, leave the state to find GME slots elsewhere, never to return to Nevada to practice**
- **NV needs primary care physicians, mental health specialists and virtually every specialty of medical care in Nevada**
- **The quickest way to increase the physician workforce, and ultimately access to healthcare, is through increased numbers and quality GME programs**
- **The challenge in developing a robust quality GME program in Nevada is finding hospitals willing to make the commitment to GME; identifying physicians willing to make a commitment of time and effort to help train residents and fellow; and to identify funding sources to initiate and sustain GME**
- **Developing creative GME programs with alternative funding sources such as:**
    - **Teaching Health Center GME Models of primary care training for Family Medicine residents who train in large rural and urban clinics. These were HRSA funded programs that use existing outpatient clinics to train primary care physicians since most primary care services are administered in outpatient facilities and not in hospitals**
    - **Funding existing but "capped" GME programs such as UMC and Valley Hospital Medical Center may be less expensive than creating new GME programs. GME programs have 5 years to maximize the size of their residency programs & to be funded by CMS (Federal support). After this 5 year period, the programs are "capped " and must find alternative sources of funding**
    - **Creating "consortium" models of GME where several facilities work together to fund and support GME programs**

Mitchell D. Forman, D.O., FACR, FACOI, MACP
Dean & Professor, TUNCOM
Interim Provost, TUN
President, Nevada State Medical Association

Nevada Hospital Association
Graduate Medical Education Task Force
Challenges and Recommendations

As requested by the Chair of the GME Task Force, below are the hospital industry's Challenges and Recommendations as it relates ensuring Nevada is training an adequate number of physicians:

Challenges:

1. Nevada has a significant physician shortage (46th in the US) and is also among the 5 lowest states in terms of residents per capita
2. The 4 current major resident training programs are capped
3. Limited additional Nevada hospitals may have the patient volume and payer mix needed for financial viability and the clinical experience to create new resident training programs.
4. New programs must be established in a thoughtful way to ensure the programs are not capped prior to reaching intended goals (size, specialties, etc.)
5. It takes approximately 2-3 years to establish a new program
6. To the extent that 12.0M in one time funding is appropriated, a funding stream will need to be established to complete plans that are initiated.

Recommendations:

1. Need to balance how resources are used to create new programs and expand existing programs to ensure we maximize the creation of new resident slots (majority of funding should be for resident training costs)
2. For new or expanding GME programs:
    a. Evaluate plan, commitment and readiness to establishing/expanding residency training program
    b. Evaluate clinical experience/volume of patients available
    c. Evaluate long term financial sustainability
    d. Preference should be giving to those programs growing training in physician shortage specialties.
    e. Measurable outcomes (new residents trained) should be part of the accountability for receiving funding.

Note: While it is important to ensure we create new sites for residency training programs, we have to keep in mind that working with existing programs, although capped, may allow for faster expansion of residency slots.

Valley Hospital Medical Center
A Member of The Valley Health System

Date: April 29, 2014

From: Sam Kaufman, CEO/Managing Director
Desert Springs Hospital & Valley Hospital Medical Center

RE: GME Task Force: Proposed Agenda Items

Graduate Medical Education Issues:

- The increasing number of Las Vegas Medical School Graduates - new schools and increased size of existing schools: UNLV, Touro University, Roseman University
- Static GME programs, unable to grow due to caps
- Current GME programs lack both slot numbers and variety of residency and fellowship specialties, both forcing graduates out of state for training. Need for Primary Care, Psychiatry, and General Surgery, Urology, and several pediatric subspecialties
- Substantial GME startup costs
- Some facilities have an unfavorable case mix/DSH leading to poor CMS reimbursement
- Pending merger with AOA and ACGME will increase costs for AOA programs
- Difficulty in finding increased numbers of community physicians willing/able to train residents
- Las Vegas lacks facilities/faculty required to meet some residency standards
- Private hospitals have been excluded from NV Medicaid GME reimbursement
- Pending Medicare cuts for IME

Potential Solutions:

- Consortium of same system hospitals to maximize local rotations/faculties/special services
- Cooperation between hospital systems to maximize training opportunities within Las Vegas
- Create new programs through "Rural Track" in Mesquite and Pahrump
- Application for slots made available through ACA Section 5503
- State sponsored lobbying to the Federal Government/CMS to open new Residency slots across the company
- Private payer/Non-Profit Foundations/Group Practice sponsored GME Programs
- Clinic-based training for appropriate programs (I.E. – Family Medicine)

Charge from Governor's Executive Order 2014-07

"The Task Force shall make recommendations in a report to the Governor on how to increase the graduate medical workforce in Nevada."

With the charge in mind, the following Goals/Agenda Items can be considered:

1) Identify focus/scope of the work of the Task Force regarding the charge, so everyone is on the same page;

Do we more narrowly focus on the $s made available and its impact on how to increase the graduate medical workforce? Or, should the focus be more broad to include other things? And, if so, what should be on the table? How should items be prioritized? What approach is necessary for each?

2) Briefly review the status of GME in Nevada.
3) Briefly review current and known future efforts regarding GME in Nevada to date – identify gaps.
4) Discuss approach(es) to the challenge of few residencies.
5) Briefly review what has been successful in other states; consider lessons learned.
6) Discuss implications, if any, of MOU between ACGME and AOA, on the Task Force recommendations. How do we leverage this action?
7) Discuss what potential collaborative arrangements would require and look like.
8) Identify the process for determining what to do with the $s awarded.
9) Identify requirements for determining participation in the process.
10) Identify outcome measures/criteria – short and long term – once funding is provided to indicate success/accomplishment. What does this project look like 2 years out and beyond?
11) Identify outcome measures/criteria that would help an entity to qualify for potential future funding; are they the same as #10 or different?
12) Identify next steps.
    What should be done and who should have the responsibility for oversight and follow through of the recommendations, since the Task Force has a short life?
13) Discuss approach on how to provide a persuasive argument for future funding.
    Need to consider what should be included in the report. Identify how these efforts will make a positive difference in workforce, health care delivery, etc. Develop a convincing case for the legislators so they respond with, "Why would we not fund this project?"
14) Identify how new entities can be part of the process.
15) Identify which experts should be brought to the Task Force for more information.

Outcomes suggestions at the end of this process in June

1) A Report on how to increase the graduate medical workforce in Nevada, including the various ways to do so.
2) Prioritize the various ideas, with plans to address them.
3) Regarding the $12 M, develop clear process, requirements for participation, criteria/outcomes, next steps.
4) Provide information regarding timing of follow-up reports, and what should be included, including criteria/outcomes for potential future funding.
5) Develop a unified convincing appeal for future funding.

Mark A. Penn, MD, MBA 4/29/2014

April 29, 2014
Shendry Thom DNP, APRN, FNP-C
VP Nevada Advanced Practice Nurses Association

Graduate Medical Education Task Force

1.) Identify barriers to GME education in Nevada

2.) Work toward solutions to overcome these barriers

3.) Working together with the ultimate goal of increasing patient access to care in Nevada

Proposed Agenda for the Governor's GME Task Force

Submitted by David J. Park, DO, FAAFP, FACOFP

April 29, 2014

1. Explore the current status of GME programs in Nevada
    a. Current residencies and fellowship programs
    b. Residencies or fellowship programs currently in development
2. Identify hospitals with current GME programs
3. Identify hospitals either developing or planning to develop GME programs
4. Identify other hospitals that may be eligible to create GME programs
5. Discuss the $12 million budget proposal for funding new GME programs in Nevada
    a. What will be funded?
    b. Who will be eligible to receive funds?
    c. What will be required to be eligible for funding?
    d. What will be the application process?
    e. What will be the selection process? Who will select the winning applicants?
6. Identify outcome measures of success
    a. Annual report from the new GME program

Governors Graduate Medical Education Task Force

Agenda items

Mike Willden, Director DHHS

…Focusing GME slots on Primary Care and Psychiatry

…Ensuring existing Medicaid GME is funded (local government matching funds)

…How GME can help rural health care

…Management and administration of new funding

…Criteria and process to fund new slots

…Ability to commit to ongoing funding

…Exploring private hospitals ability to utilize/participate in Medicaid GME reimbursement program