

# NEVADA GOVERNOR'S TASK FORCE ON GRADUATE MEDICAL EDUCATION

## MINUTES

Date and Time of Meeting: Wednesday, May 14, 2014  
1:00 p.m.

Place of Meeting: Grant Sawyer Building  
Governor's Conference Room  
555 East Washington Avenue, Suite 5100  
Las Vegas, NV 89101

Nevada State Capitol  
The Guinn Room  
101 S. Carson Street  
Carson City, NV 89701

Call In Number: 1 (888) 273-3658, Access Code: 5658062,

### **1. Call to Order, Welcome, Roll Call, Announcements**

Senator Hardy called the meeting to order at 1:00 PM due to technical difficulties. Roll call had begun but was interrupted by technical difficulties.

#### Las Vegas

Senator Joe Hardy  
Assemblywoman Bustamante Adams  
Mr. Sam Kaufman  
Dr. David Park  
Dr. Mark Penn  
Mr. Vance Farrow  
Dr. Mitchell Forman  
Col. Guillermo Tellez

#### Carson City

Dean Tom Schwenk  
Ms. Shendry Thom  
Mr. Bill Welch  
Director Mike Willden

#### Excused

Provost John White

### **2. Public Comment**

Senator Hardy called for public comment. No public comment was offered.

### **3. Report regarding hospitals that could viably create or expand residencies.**

Mr. Welch presented from his handout (Exhibit A) which covered information on hospitals with possible viable opportunities to create residencies. The determination is based on a general, not definitive, screening of hospitals using criteria of 15,000 admissions per year and 40% utilization of Medicare. Mr. Welch encouraged the creation of new programs and suggested looking at expanding existing programs as well.

Dean Schwenk commended Mr. Welch on the report. Mr. Welch acknowledged Chris Bosse and Dwight Hanson for their essential contribution. .

Senator Hardy asked if the hospitals were aware of the report. Mr. Welch answered the hospital are aware, but he is not making commitments on their behalf.

Dean Schwenk has discussed opportunities with Mountain View, Banner Churchill, Carson Tahoe and St. Mary's hospitals. Mr. Welch noted Roseman and Touro are discussing options with the hospitals.

Senator Hardy, Dean Schwenk, and Mr. Welch discussed funding options. They discussed the effects of the CMS cap toward the development of the programs, and the financial and clinical experience needs to create programs. Dean Schwenk discussed the Medicare reimbursement rate as it applies to the size of the program. Mr. Welch discussed how the unused CMS residency slots and possible additional slots available through ACA can help grow capped hospital programs. Other than CMS, the IGT program between Clark County and the state through UPL payments can support GME. Funds can also be offset with Medicaid or fully paid by the hospitals.

Dr. Penn, Mr. Welch, and Chris Bosse, discussed the case mix index as it influences the Medicare DRG payments in existing GME programs.

Colonel Tellez and Mr. Welch discussed the potential to create GME programs in the VA hospitals and the method in which federal funding is distributed. Colonel Tellez on behalf of the VA offered additional slots without additional funding to open certain residencies at the VA hospitals.

**4. *For Possible Action: Report on Consortium Model Residencies.***

Dr. Forman noted the relevancy of the *UMC report* to his discussion. He presented his two page report (See Exhibit B). Mr. Kaufman noted the current discussion and benefits of the Valley Hospital and UMC collaboration. Colonel Tellez noted the VA's collaboration with Sunrise and UMC. Dr. Forman noted other states are successfully using OPTI based training consortiums. Mr. Farrow discussed symbiotic relationship between FQHCs and the hospitals. Dr. Forman elaborated on consortium and collaboration as a model that makes sense toward GME growth. Dean Schwenk noted CMS Medicare HRSA grant funding may discontinue for teaching health centers in 2015 and hospitals will need to know there is future funding to continue. In regard to consortia, Dean Schwenk and Dr. Forman discussed the issues of quality clinical experience and adequacy of physician supervision, and whether teaching health centers were cost saving. Senator Hardy noted how encouraging the opportunities are in theory, and that some of the opportunities are currently being applied.

Ms. Thom and Senator Hardy discussed the Georgia bill which provides funds for preceptors working with medical students and tax waivers for clinicians migrating to rural areas. Mr. Forman emphasized the need for corresponding GME growth with UME growth and the need to focus on GME.

**5. For Possible Action: Report on Primary Care and Psychiatry – Current status and needs, and anticipated future needs.**

Mr. Willden commented on information from the report, Health Workforce in Nevada, 2013, UNSOM Health Policy report, also referred to as the Packham report (Exhibit C). He said the 2014 version will be posted on the web. He noted page 6 of the report highlighting the aging population and expansion of Medicaid; tab 82 on primary care and tab A108 on psychiatry on tab. He referred to his one page report and a report from Chris Bosse regarding data on the state's many areas of need (Exhibit D). He noted for the record the need for primary care and psychiatry, and the massive enrollment of new Medicaid clients, and that by 2015, 22% of Nevadans will be covered by Medicaid or NV Check Up. About 18,000 people a year are served by DHHS's behavioral health system. A year ago, 21% were Medicaid covered; in April, 60% were Medicaid covered. He estimated 80% to be covered by Medicaid by 2015.

Dean Schwenk commented that the Medicaid data provided by Mr. Willden was used his roadmap to expand GME, along with student demand and hospital resources.

**6. Report on Specialty Surgery and General Medicine needs.**

Mr. Kaufman presented from his handout (Exhibit E) commented on the differences and similarities between the TeleMed database report and the Packham report. He commented on the gaps noted in the Packham model but noted as surplus in the TeleMed reports. He commented on the GME internship and residency in NV report showing data for 2014.

Dean Schwenk noted that UNSOM is the sponsoring institution for the residents at UMC and Renown, not the hospitals. Mr. Kaufman will make changes to that in the future. UNSOM is the sponsoring institution at the VA hospitals as well.

**7. Report on Medicaid and Medicare allowable reimbursements.**

Mr. Willden presented the NV Hospital Association Graduate Medical Education report (Exhibit F) and the Medicaid GME handout (Exhibit G). He highlighted how the Medicaid supplemental GME program works using the example of UMC. He explained how the General Fund GME program developed in 2008 into the UMC county funded GME program. He expressed the crux is finding the non-federal share of financing. Mr. Schwenk and Mr. Willden discussed the how this can be seen as a partial DME-like support payment. Mr. Willden explained a State Plan Amendments can take 90 days to 2 years depending on the complexity of the request. Dean Schwenk commented on the serious scrutiny of the state IGT's but how state appropriation is less complicated. Dr. Park questioned if using state dollars may effect CMS IME payments. Mr. Willden answered it may affect UPL gap—Medicaid and Medicare payment differences.

**8. Report on need to have private organizations involved with GME programs**

Dr. Penn presented his report (Exhibit H) on private concepts to support GME, including governmental streams, hospital contributions, and sponsoring institutions. He gave examples of private institutions contributing to GME. He commented on Utah Medical Education Council's work and accomplishments. In ten years, they increased the healthcare workforce by 38%. He noted the council's diverse makeup of members working

collaboratively. Dean Schwenk suggested understanding who the sponsoring institutions are in Utah would give a better concept of how the programs work in Utah.

**9. Report on VA/Military GME issues/opportunities.**

Colonel Tellez noted the positive partnership the VA has with UNSOM. He reiterated his offer to assist with residencies in emergency medicine, general medicine, surgery and psychiatry. The family medicine residency is capped. He stated there are one or two residencies per year available in psychiatry, six in total. Dean Schwenk and Colonel Tellez will explore partnership regarding GME programs in psychiatry.

**10. Report on Nevada Board of Medical Examiners and its rules.**

Assemblywoman Bustamante Adams noted the letter (Exhibit I) from the NV Board of Medical Examiners. She stated no statute or regulation impedes acceptance of GME programs. She noted the work to keep residents in Nevada. Senator Hardy and Dean Schwenk discussed the barrier of licensure of residents after 24 months.

**11. Governor's Office of Economic Development and its involvement with GME and medical education.**

Mr. Farrow reported on his handout of summaries from several reports (Exhibit J). He noted GME impact on the community in economy, jobs, tax revenue, location quotient figures, and wages and benefits. He noted economic output data related to three different specialties: family medicine, internal medicine and pediatrics. He noted the economic benefits to have more physicians in Nevada. Mr. Farrow, Dr. Penn, and Dean Schwenk discussed how GME output is defined.

**12. Report on how other states fund GME.**

Mr. Willden presented the survey on all 50 states' GME programs (Exhibit K) highlighting page 10, and the University of North Carolina document on their development of GME (Exhibit L) highlighting the Executive Summary on page iii. Per Mr. Willden, there was no recent information to be gathered from Legislative Council Bureau on GME, but they may be studying GME soon.

**13. Summary of current and potential future GME programs in the state, recently presented to NSHE Board of Regents.**

Dean Schwenk presented on his comprehensive and speculative summary document (Exhibit M). He noted the different stages NSHE is working on toward the development of GME. Mr. Willden, Mr. Forman, Mr. Kaufman and Dean Schwenk discussed the differences and similarities between calculations and figures on the UNSOM document and Mr. Kaufman's document.

**14. For Possible Action: Report on nurse practitioner training.**

Ms. Thom presented her handout (Exhibit N). Ms. Thom is in conversation with the FNP Director at UNR regarding the expansion. Dean Schwenk stated that Marcia Turner is trying to sort out seven nursing programs in such a way to best use their resources at UNR. Col. Tellez offered support by the VA hospitals to train nurses.

**15. For Possible Action: Report on designated critical care access hospitals.**

Mr. Welch presented his document (Exhibit O). He noted that hospitals are unable to support the programs unless they underwrite the costs or find grants to support the programs. Rural hospitals are at a disadvantage compared to urban hospitals.

**16. For Possible Action: Report on merger of certification and accreditation organizations.**

Dr. Park gave his presentation on his handout (Exhibit P). He noted the large number of foreign graduates competing for GME slots. He noted the differences in requirements between ACGME and AOA, the question as to whether there is a need for two accrediting entities, the unexpected consequences of the merger. The AOA will vote in July and the ACGME will vote in September as to whether to move on with the merge. To Dr. Penn, Dr. Park answered that the AOA will continue to accredit through July 2015, the merger will become in affect in 2020, so during those five years programs can also apply for ACGME. Dean Schwenk thanked Dr. Park for the report. Dr. Park clarified for Dean Schwenk that the program director needs to be MD board certified, and that a program will not be allowed to be DO certified only after 2020 and will be closed.

**17. Discussion and possible action regarding dates, times, and agenda items for future meetings.**

Senator Hardy suggested inviting stakeholders, such as the hospitals of all types and at all locations to discuss what they need in regard to GME expansion. He explained a pre-consensus on the HEALS report be the focus at the May 28<sup>th</sup> meeting focusing on the facilitation of GME collaboration, enhancing viability in new/old residencies, and companion BDRs. By June 2<sup>nd</sup>, there should be a consensus for the recommendation to the Governor. He noted the next meeting on May 28<sup>th</sup> will be at 1 PM. Members should be prepared as a group to present to the hospitals what they think will work to help the hospitals. The following meeting will be on June 6<sup>th</sup> at 1PM. Mr. Forman expressed the desire that members present models to the hospitals and look at potential collaboration.

**18. Public Comment**

Jackie Bryant expressed sincere appreciation on behalf of herself and the Governor for the remarkable work being done by the Task Force, especially in regard to collaboration between all.

Senator Hardy stated his appreciation for the hospitality from the Governor's Office.

**19. Adjournment**

Meeting adjourned at 3:25 PM.