

Nevada Governor's Task Force on Graduate Medical Education
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Recommendations

- Nevada needs to grow GME so as to “train & retain” our healthcare workforce
 - Virtually every specialty is needed
 - Primary Care (FM, IM) & Mental Health Providers are the priority
 - With few exceptions the time-line for starting a program will be a minimum of 18 – 24 months, but likely longer
 - Planning is critical to maximize the 5 – year CAP on growth
- Identify hospitals with the interest and capacity to develop a robust GME program in the areas of need
 - Capacity includes size, Medicare beds, champions including a DME, Prog. Directors, potential faculty, outpatient clinics, etc.
- Consider consortium models of GME where 2 or more hospitals share resources including facilities, administration, faculty, costs, etc.
 - This model may be more feasible for rural areas where there are smaller hospitals
 - This model may also fit the unique funding stream for V.A. hospitals
- Consider creative models of GME including Teaching Health Centers (large multispecialty clinics with robust primary care). This will depend, in part, on continuation of the current HRSA funding or other creative funding, including self – funding (based on retention for recruitment, providing patient care)
- Identify State funding for startup costs for GME programs that have the capacity to sustain themselves, i.e., retain CMS funding
 - Protect the funding so that it is available for future GME development, beyond the current legislative session since GME programs in development would likely not begin until 2017
 - Negotiate funding to hospitals that might include full or partial repayment of startup costs once CMS revenue begins
- Continue to pursue unused GME slots for existing successful GME programs with the capacity to grow, e.g., Valley Hospital, UMC
- GME expansion must take priority over expansion of the current undergraduate medical education. There are 3 UME players in Nevada, Touro, UNSOM and Roseman. Currently, the majority of Touro & UNSOM graduates leave Nevada for their GME, not to return to practice here (the majority of physicians practice within 70 miles of where they train). Once Roseman's program begins and their graduates enter the GME world, there will be even more competition for existing GME slots, and more NV medical school graduates leaving the State, unless we aggressively grow GME