SUMMARY:

On March 11, 2014 Governor Brian Sandoval issued an executive order establishing a task force for Graduate Medical Education (GME) with a directive to develop a proposal that outlines a plan for the investment of $12 million in state budgeted funds for the 2015 legislative session to expand GME in the state of Nevada to meet our growing healthcare needs and lack of subspecialty expertise. The funding will be divided across the state by population, with $9 million going to southern Nevada and $3 million to northern and rural Nevada.

The task force conducted a review of federal GME policies as they impact public and private GME sponsoring entities, GME allocated positions within the state, existing GME strengths, gaps in GME subspecialty areas, the overall healthcare provider environment as well as a state and national assessment of future healthcare needs of Nevadans.

The fundamental conclusion of the task force is that Nevada is under served in most areas of healthcare delivery in both urban and rural settings. The state needs more doctors, nurse practitioners, physician assistants and nurses. Population demographics across the state are lacking appropriate healthcare services.

Despite approximately 200 graduates of Nevada-based medical schools annually, fewer than 20% typically do their residencies in Nevada. Nonresidents, nearly half of who are graduates of foreign medical schools currently fill the vast majority of GME slots a key indicator that Nevada GME programs are not highly sought after by medical school graduates. Though it would seem simple to simply increase the number of residencies from the current 130 annual GME positions, much more must be done to create a pipeline that will reliably increase the number of doctors for Nevada. Currently, a large proportion of graduates of the University of Nevada School of Medicine leave the state to complete residencies in specialties not offered in the state. Many of these specialties are in areas needed in Nevada and sought after by Nevada hospitals and practice groups.

The combination of the limited production of physicians (at both the M.D. and D.O. levels), low numbers of GME training positions, few GME subspecialties and low retention rates of non-state residence has resulted in critical physician shortages, the need for residents to leave the state to obtain quality healthcare and a generally poor outcome for patients.

RECOMMENDATIONS:

To meet the state’s growing healthcare demands in both quantity and quality, a series of recommendations are made for the coordinated and accountable expansion of (1) undergraduate medical education (UME), (2) graduate medical education (GME), (3) training of other healthcare providers (Physician Assistants, Nurse Practitioners and Nurses) and (4) the retention of state trained healthcare professionals. These recommendations should be effected through the integration of existing state resources with the proposed $12 million one time start
up funds for GME as well as a request for sustained state investments into UME and GME programs. Several of these recommendations are drawn from a national study supported by the American College of Surgeons and The North Carolina Area Health Education Centers Program (UNC: The Cecil G. Sheps Center for Health Services Research) to enhance GME quality and expand subspecialty areas.

1. The Statewide Steering Committee created by the Nevada System of Higher Education should be charged with coordinating the UME/GME pipeline to assure quality training, expansion of GME into critically needed subspecialties, and the retention of Nevada residents and Nevada trained doctors for Nevada.
2. The state Statewide Steering Committee should consider factors that influence the entire career of the physician from medical school through GME and into practice.
3. Startup funding for GME should be coordinated with existing and future state-supported UME programs to ensure that state investment in medical education is most efficient and avoids subsidizing private medical education where possible.
4. Quantitative metrics should be established and monitored to allow for continuous data collection on the evolving healthcare workforce to assess changing needs as well as to establish accountability metrics to track the spending of public GME.
5. Take advantage of existing and planned university-based state medical education and research infrastructure to develop integrated team-based healthcare delivery programs that train UME, GME, P.A., Nurses and Nurse Practitioners and include academically based medical programs that emphasize clinical and translational research activities (bench to bedside medical training). UNR and UNLV both house high quality existing clinical programs that can be integrated into the expansion of GME by bootstrapping UME with GME training and personnel. Additionally, existing programs and departments can provide valuable resources that should be integrated into training programs that will be competitive for federal training grants. Through the integration of existing resources with new investments the state will advance GME at a greater rate than any attempt to build GME alone.

References: