NEVADA GOVERNOR'S TASK FORCE ON GRADUATE MEDICAL EDUCATION

MINUTES

Wednesday, April 30, 2014; 1:00 p.m.

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

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

Teleconference: 1 (888) 273-3658, Access Code: 5658062

Members Present in Las Vegas
Chairman, Senator Joe Hardy
Assemblywoman Irene Bustamante Adams
Vance Farrow
Mitchell Forman, D.O.
Sam Kaufman
David Park
Mark Penn, M.D.
Bill Welch
John White

Members Present in Carson City
Vice Chairman, Dr. Tom Schwenk
Shendry Thom
Mike Willden

Absent and Excused
Colonel Guillermo Tellez

Others Present
Carson City
Angela Friedman (Admin. Support)
Amber Joiner
Mary Woods
Stacy Woodbury
Tina Padovano

Las Vegas
Shante Willis
Chris Bosse
Terry Culp
Lee Quick

1. **Call to Order and Welcome**
   Chairman Senator Joe Hardy called the meeting to order at 1:00 PM.

5. **Discussion – Review Governor's Task Force proclamation**
   Chairman Senator Joe Hardy explained the purpose and importance of the Task Force as outlined in the Governor's Executive Order (Exhibit A). He noted a report of recommendations from the Task Force is due to the Governor before June 16th.

   He discussed the great benefit of having the institutional knowledge of the Health Education Advocacy Leadership of Southern Nevada (HEALS) available to the Task Force and their interest since June 2013.

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He thanked Dr. Schwenk for accepting the position as Vice Chairman.

He briefly discussed the upcoming meetings as subject to Open Meeting Law. He defined serial or walking quorum and noted the importance of avoiding this situation to ensure transparency.

3. Verification of Posting

Senator Hardy noted the agenda was posted to fulfill Open Meeting Law.

4. First Public Comment Session

Senator Hardy asked but no comment was offered.

2. Roll Call, Introductions and Establish

Roll call was taken; a quorum was noted.

Chairman Hardy conducted the introductions of the members. Each member introduced themselves as follows:

Dr. Schwenk noted he is a family physician who practiced in Utah and Michigan who is proud to serve as the Dean of the University of Nevada, School of Medicine. He is committed to growing medical education for the state.

Ms. Thom is an Advanced Practice Nurse, Family Practice and Vice President of the Advanced Practice Nurses Association. She is glad to serve to help the group find solutions and partnerships toward growing GME.

Mr. Willden noted he has been Director of the Department of Health and Human Services for 13-14 years which involved work with GME in Behavioral Health residencies and Medicaid GME Supplemental Payment Program involving Clark County and GME.

Ms. Friedman said she is the Executive Assistant to Mike Willden.

Mr. Farrow is the Industry Specialist – Health and Medical Services within the Governor's Office of Economic Development. He seeks to address shortages within the workforce in health and hopes to incorporate GME growth in the state plan.

Mr. White is the Executive Vice President and Provost of UNLV. He is the point person to build a 4 year medical school in conjunction with the system of higher education.

Mr. Welch has been with the Nevada Hospital Association for about 14 years. He has many years of experience in the hospital industry, including hospital administrator in Elko, NV. He stated GME is the foundation of what can be done for patients. Individuals members and the Hospital Association have aggressively worked on GME issues and at one point had founded a corporation that focused on the same issues as the Task Force.

Mr. Kaufman is the CEO of Desert Springs Hospital and Valley Hospital Medical Center for about 14 years. He has held various hospital administration positions over the 22 years as a Las Vegas resident, and oversees a successful GME program at Valley Hospital.

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Dr. Forman is the founding Dean of Touro University and practicing rheumatologist for 36 years. He has been involved with academic training programs and GME for his entire career. As the President of the NV State Medical Association and as stated to the association, he is committed to support GME. Touro's collaboration with Valley Hospital has helped to increase the number of graduates practicing in the community.

Dr. Penn is the Founding Dean of the proposed College of Medicine, Roseman University which is on track to admit its first class in 2017 with curriculum that is allopathic centered. He has worked in Ohio during a difficult time of recruitment with allopathic schools in the hospital systems, and allopathic and creative joint accreditation schools. He noted a need to focus on physician improvement and recruitment as well as retention.

Dr. Park is an osteopathic family physician who trained and practiced in New York for four years before being recruited by Touro University Nevada. Since 2006, he has been the Chair of the Proper Care Department and founding program director for the family medicine residency at Valley Hospital. He is dual board certified with experience in allopathic and osteopathic residency programs. He is Chair of Deans of the GME Task Force at Touro exploring and developing GME programs.

Chairman Hardy has been a family physician, is born and raised in NV, studied the first two years at UNSOM, graduated in Washington University, fulfilled his residency in Arizona, served in the Air Force in San Diego, and practiced in Boulder City at the Fremont Medical Center. He was an Associate Instructor at Touro University, Councilman for Boulder City, Assemblyman, and was elected Senator in 2010.

6. Report on HEALS subcommittee findings and suggestions—Chairman Hardy

Chairman Hardy gave a special appreciation for HEALS, who started discussion on this matter in June 2013 and cooperatively discussed the potential for increasing GME. The HEALS subcommittee, under the Executive Director, Doug Geinzer, recognized the need for more physicians in Nevada due to the ACA, baby boomers, growth of business, retiring physicians, and population increase. They recognized the need to retain medical students in mental health, primary care, general and specialty surgeons, and particularly the need for third and fourth year residency programs. Chairman Hardy noted he was the Chair of the ad hoc committee and former Assemblywoman Valerie Weiner was vice-chair. The committee included the Veterans Administration, Nellis Air Force Base, and private and public hospitals and agency directors. They recognized the need for competitiveness in the United States and the lack of provision for the increasing demands for residency programs, particularly those inthe shortage areas.

Assemblywoman Bustamante Adams arrived and introduced herself noting she represents District 42, the Spring Valley area, and she is in her second term. She chairs the Committee of Taxation.

7. Report Hospital Association scope of practice plans—Bill Welch

Mr. Welch gave an overview of his report. (See Exhibit B) He stated the current and future status of GME will be based on economic challenges, as well as identifying and taking advantage of federal and state funding streams. To his knowledge, most programs are funded with federal dollars. And the state no longer funds GME programs due to budget restraints of about 4 -5 years ago.

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Mr. Welch noted although there are other hospitals are currently engaged in training, the four primary acute care hospitals: Valley Hospital, UMC, Sunrise, and Renown Regional are capped. Based upon federal guidelines, the hospitals are not able to increase residency slots while having costs offset. Additional training at St. Rose Sienna in the podiatry arena, and residency training in the VA are not held to the same federal guidelines in regard to caps.

He noted the challenge of obtaining and preserving resources for new GME programs and not allowing unused budget funds to be reallocated and used for other purposes.

Mr. Welch recommends ensuring the maximized and appropriate use of CMS funded GME slots allocated to Nevada in order to be positioned to acquire reallocated slots that are not being used by other states. He stressed the importance of balance in both acquiring new slots and fully utilizing the programs that currently exist. He emphasized the need for hospitals to be prepared to keep the commitment to adding and sustaining new slots. In order to keep residents in the state, the programs need to be well-rounded with appropriate experience and training based on federal and professional guidelines. He suggested a matrix be created to list goals and stages to clearly measure the outcomes of the progress and to project the balances.

8. Discussion -- UNR Scope of practice plans

Dean Schwenk commented he and the Senator should be noted as associated with UNSOM.

Dean Schwenk expanded on Mr. Welch's comments on pending and future relationships. He noted strong relationships between UNR, UMC, Sunrise, Renown and both VA hospitals. He elaborated on UNSOM's discussions with St. Mary's, Carson Tahoe, Banner Fallon, and Mountain View to develop GME programs. He stated a rural program in collaboration with Winnemucca will launch this summer. UNSOM has relationships with several community agencies which sponsor training in psychiatry and child/adolescent psychiatry fellowships. In total 335 positions across the state come under UNSOM as the sponsoring institution.

Dean Schwenk stated working to on both new programs and expanding programs can occur, noting that Medicare funding caps can be re-opened or new slots allocated.

With regard to the agenda item, (see Exhibit C) he stated the biggest task is to develop a mechanism with very clear criteria for identifying new programs, including new partners. He discussed financial support of GME as part of the strategic mission, not just breaking even with Medicare paying the expense. He noted the criteria for selecting new or expanded programs. He noted the very complex issue related to public versus private entities who receive public funds. He discussed a need for a clear organizational structure for making decisions, and a very clear method for measuring and reporting success.

Chairman Hardy stated that any of the Task Force's recommendations to the Governor involving money will be very closely looked at by the Legislature and that any action taken will be critical to the sustainability of the residency. The job of the Task Force is to think of all the potential issues that might occur due to the recommendations posed to the Governor and avoid surprises that may arise during discussion by the Legislature.

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9. Discussion – Touro University scope of practice plans, Mitchell Forman

Dr. Forman noted the quickest way to increase the work force and access to health care is to increase the numbers of quality GME programs. Referring to his handout (Exhibit D), he said the challenge is acquiring hospitals' commitment to robust quality GME programs. He expressed concern for efforts that have fallen through. He hopes the group finds effective ways to facilitate collaboration and put aside personal differences. He noted new creative models of GME are being explored. He stated HRSA has grants they are using to support initiation programs in teaching health centered GME models of primary care. He suggested that by creating GME programs in the outpatient environment along with using hospitals in other aspects of education, this may be a less expensive model of health care and allow residents to bill insurance. He suggested expanding programs, such as those at UMC and Valley, may be less expensive than starting new programs for which sustainability has not been explored. In the rurals, he suggests collaboration with several hospitals to create a large robust program and share resources as a consortium.

He has experienced discussion over the last 10 years, through the HEALS and now with this group, and believes now is the most effective and important time to make a difference, considering they have the resources of the state now to explore.

10. Discussion - Roseman College of Medicine update Mark Penn, MD

Dr. Penn expressed great appreciation for what the medical schools have done across the state, including UNSOM, and the challenges hospitals have had to overcome to set up and sustain these programs. He commented that changes will occur with the merger between AOA and ACGME, and unfamiliar processes may arise. He appreciated the hospitals for facing the difficult issues considering the lack of non-variableness.

He mentioned Roseman is new and a work in progress. They are committed to great GME programs to deliver undergraduate medical education. He suggested the group explore creative opportunities such as hospital partnerships and ambulatory programs, since prior typical efforts have not been successful.

He read through his handout (see Exhibit E). He noted the need to be very clear in defining collaboration and specifying the parties. He expressed the need to be accountable with the funds provided by the Governor and aligning them with his charge and the needs of the state. He emphasized the need for a clear, outlined process, denoting whether it will include public and private institutions considering that the funds are public monies. If the process did not involve Roseman, he would still continue to work with the state. He understood the state system, and acknowledged it is critical as a public system to work through these issues. He spoke on developing outcome measures and criteria. He encouraged developing a persuasive, very positive, indisputable argument for sustained funding. He mentioned looking at the next steps, determining oversight, future reports, involving new entities, and seeking guidance from other experts.

He read through the "Outcomes" from his handout (Exhibit E).

11. Discussion – UNLV Medical School update Provost John White

Provost White noted that in March, the Board of Regents decided to combine the NSHE campuses pursuing the two campus model, unifying UNSOM in the north and UNLV in the south. He noted the complicated questions in building undergraduate programs, building

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out GME, and coordination between the two schools are being addressed by the NSHE Statewide Steering Committee. He gave an overview of his handout (see Exhibit F), He expressed their strong belief that primacy of public medical education is essential in the necessary expansion of GME and building out undergraduate medical education. He acknowledged some would disagree with him. He agreed that creativity is crucial to build out. He noted that with continued the loss of undergraduate medical education graduates to other state programs, and GME expansion will make the loss less dramatic. He explained that building GME independently of public medical education won't produce the kind of efficiencies in the state's existing investment that it needs. He stated NSHE understands this is a group process and believes it is important to reach a rapport to have an agreed upon outcome.

12. Discussion—VA and Nellis input and possible involvement

Colonel Tellez was unavailable to report. This agenda item was passed over.

13. For Possible Action – Current Residency Situation report

Chairman Hardy gave the floor to Ms. Thom. Ms. Thom explained that as an APRN, she is looking forward to providing an objective view from her vantage point. She said she was learning from today's discussions and hoped to be a part of the solution.

Chairman Hardy noted the aging provider pool and need for more providers. He thanked Ms. Thom for bringing her perspective to the table.

Chairman Hardy gave the floor to Mr. Willden. From his handout (see Exhibit G), Mr. Willden commented DHHS's concern is for primary care and psychiatry. He noted that the mental health hospitals currently partner with UNSOM on the residencies, but that the need for primary care related to the very prolific Medicaid population and expansion of Medicaid over the last year gives reason for interest in the primary care component. He encouraged discussion on Medicaid services delivered through managed care organizations and ensuring that the existing Medicaid GME funding is secure. He noted that Clark County contributes $5-6 million a year toward the UMC GME program. He cautioned that finding new funding sources may lead to a different competition or redistribution of funds. He commented on Mr. Welch's reference to discontinuation of the state contribution to GME. He suggested the group be aware that the Medicaid supplemental GME is solely funded by Clark County through intergovernmental transfer. He said DHHS is also interested in rural health care, as well the management of the funds and processes. He stated unstable funding is a big concern and that the group needs to look beyond 2016 - 2017.

Chairman Hardy gave the floor to Mr. Kaufman.

Mr. Kaufman presented his one page document (see Exhibit H). He stated on behalf of his hospitals, the current and future GME issues are similar to all the acute care hospitals. He commented on Touro's extreme increase of graduates from 76, a few years to the current rate of 135 a year. He discussed the biggest issue of static GME with Valley capped at 82.5 established in 2009, UMC running over the cap, and Sunrise established at a cap of 16. He suggested looking at the greatest primary care needs in terms of family practice: pedestrians and psychiatry. He elaborated on GME startup costs including in infrastructure expense, faculty, staff, adapt resources, and recruitment.

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Although Valley hospitals have plans to merge with ACGME, he warned it may be substantially more expensive for AOA osteopathic programs after the merge with ACGME.

He noted his facility staffing meets his needs. He reiterated the need to ensure enough community physicians that are willing and eager with the ability to teach Nevada residents.

He identified the residency standards lacking in Las Vegas facilities as neurochronology, orthopedic, and pediatric specialties. He noted it was unfortunate that residents rotate outside of the city or state. He gave an example that Valley sends residents to Orange County for pediatric rotations. He encouraged collaboration with all Nevada hospitals and breaking down the barriers. Discussions have already occurred regarding Nevada hospitals working to collaborate in sharing programs, rather than inappropriately sending residents out of state. Although, he recognized there are issues with sharing programs.

He stated Mr. Forman touched on exclusion of private hospitals. He discussed the method hospitals are reimbursed by Medicare. He explained indirect medical based on the ratio of residents needs to available beds is the PRG method. He noted the federal level discussion and decision to cut Medicare reimbursements to hospital GME programs would be devastating. He explained direct reimbursement is based on a formula calculating costs of training residents, and support staff with salaries and benefits. He agreed with Dr. Forman that consortiums can maximize training abilities, particularly those in the rurals. He suggested applying for available slots through the ACA Section 5506. He strongly suggested with 23 hospitals closing between 2008 and 2014, 1200 slots can be redistributed around the country, and Nevada should be fighting for those slots as are other programs. He mentioned CMS potentially opening 13-15,000 residential slots, pending Congressional bills. He announced Valley Hospital recently opened a fellowship hospice with Nathan Adelson Hospice through a grant from Barbara Greenspun Foundation. He suggested considering private and non-profit funding, and clinic based training.

Senator Hardy gave the floor to Mr. Farrow.
Mr. Farrow noted that in Georgia several schools and hospitals created a consortium, deciding together to create and expand their slots and to establish GME statewide. He suggested utilizing and maximizing the FQHCs, especially those in the rural areas and using the local assets to avoid sending students elsewhere. GOED had discussion at one of the last HEALS meeting about rotating students through the military's GME. He mentioned that the military has funding issues but it may still offer opportunity to get to a better place. He said that for the sake of the common good of healthcare in Nevada, the group must consider programs between non-traditional partners. He suggested looking at telemedicine as an opportunity, and look at legislation, regulations and the possible programs to maximize that opportunity. He asked how the AOA and ACGME merger can be a benefit with regard to new partnerships and programs to meet the goal five to fifteen years from now. He encouraged the group to consider that the decision regarding the use of the one shot funds will be judged by its success and the ability to leverage that success to create more funds. The task force will need to show good faith regarding the focus on primary care and mental health before other necessary and important specialties, such as urology, surgery, and oncology can be considered in the future. He stressed the importance of having covered funds with consensus in order to leverage success for future success.

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Senator Hardy gave the floor to Dr. Park.

Dr. Park stated first and foremost the most important first step would be to get an accurate map of where Nevada is with GME. He expressed his gratefulness to Dean Schwenk for transparency and sharing the GME development of UNSOM and hoped it would be shared amongst fellows in the task force. He appreciated that as civil servants each member is looking for the greater good. He noted that beside the medical schools, other GME programs are in development and exist, such as a minimally invasive microscopic gyn fellowship through UCLA at Centennial Hills and Mountain View and a special neurology fellowship at Lou Ruvo in cognitive medicine. Dean Schwenk and he developed a list of all the GME players and residencies and specialties to start the process. He noted Touro has had advanced discussions regarding a rural program in Ely, NV with William Bee Ririe Hospital and identified a program director to start a rural family medicine and residency program there. This development will be under the auspices and supervision of AOA which is a little more efficient mechanism to get a GME program approved and started. Discussions have occurred with North Vista Hospital exploring psychiatry residency, surgery, pulmonary and critical care programs, along with internal residency medicine programs there.

Dr. Park suggested identifying other private institutions who may wish to self-fund all or part of a fellowship or expand current GME programs. The biggest challenge in developing GME programs is convincing the hospital administration, specifically the CEO and CFO and the regional leadership that this is going to be cost effective, sustain itself financially and bring profits for the stakeholders and shareholders. A great hurdle is having a professional GME fund to help with startup costs. He named the second problem as finding enough qualified eligible workers who have fulfilled the AOA and ACGME requirements to be program directors for these new programs, so many times directors are recruited from other states. He mentioned the questions related to the $12 million budget discussion on how it will be used.

Senator Hardy commented that it is hard to talk about anything without talking about money. But this Task Force is going to have make recommendations to the Governor that may or may not include any specific things at all for money, because there are obviously other things that can be done to bring doctors into Nevada.

Senator Hardy gave Assemblywoman Bustamante Adams the floor.

Assemblywoman Bustamante Adams stated she has the least experience of the members in the healthcare industry. She has a background in the gaming industry, oversight of the Committee on Taxation, service on Commerce and Labor, and Government Affairs. Although she admitted she does not recognize the acronyms she believes the task force can benefit from having other legislators that don't have a s health care background to advocate to sell whatever the consolidated plan is going to be. She said she was grateful to bring her perspective, to be able to learn about the consolidated plan, and bring hope. She gave an example of bringing together stakeholders during last session to restructure a portion of the tax system which at the time seemed impossible but was doable. She hoped the task force with vulnerability and collaboration comes together. She was eager to assist Dr. Hardy and help the state.

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Senator Hardy acknowledged Assemblywoman Bustamante Adams as a rational reasonable voice in the legislature, with great knowledge and ability to deal with people. He recognized her as being instrumental in getting residents into Nevada as practitioners. He noted her wide range of experience that will be very helpful.

He explained an expeditious report to the Governor needs to be accepted by both parties of Legislature, and presented early in the session would allow for time for Federal match. His dream would be that residents start in the summer of 2016. He acknowledged not everything could be done in four weeks, but it would be wise to try to get as much accomplished as possible within the short time period. He suggested by moving forward with new medical schools and expanding the workforce this would be seen as proof that something could be accomplished.

Mr. Forman noted there are many challenges, including that the hospitals have to be consistent in regard to the need for primary care. Some are interested in programs other than internal medicine or family medicine. He acknowledged the group's experience in developing curriculum and structuring GME programs that could be used once a decision was made. Also he acknowledged there are those at the table who could, based on direct or indirect costs, determine the financial viability of residency programs and develop robust programs if the hospitals choose to make a commitment.

Dean Schwenk applauded the Senator's optimism and aspirations but cautioned him to not promise what cannot be delivered. He noted under the best case scenario, starting a new fellowship or new program would be essentially impossible before the match in the fall, considering the short turnaround from resident interviews in March or April 2015 to increasing slots at existing residencies which may require RFC approval.

Dr. Park explained that the AOA and ACGME merge has not been determined and is pending an AOA meeting in July. He agreed with Dean Schwenk that it is most probable to expect new GME programs to occur in July 2017 because it takes 18 months to 2 years to get an ACGME program approved for RFC physical inspection, although AOA accreditation . He used the Nathan Adelson program fellowship as an example of a program developed in six months and noted it could be feasible for AOA programs to be developed by July 2015. He suggested both accreditation methods be considered.

Mr. Forman agreed with Dr. Park that it is possible to start an osteopathic program in a short period of time and that the federal government would support the transition in the future to allopathic if necessary.

Mr.Welch asked if the proposal is accepted by the Governor and approved by Legislature but has funding related to the proposal, would the funding piece have to wait until after the State budget is finalized. He asked because hospitals will be considering the economics of starting up GME programs. In regard to the Senator's goal, he suggested doctors will be apt to expand current residencies, but there should still be a focus placed on new hospitals engaging in residency programs which will take longer.

Using Mr. Kaufman's Desert Springs Hospital as an example, Mr. Welch cautioned that not allowing the hospitals to develop long term strategies to sustain new programs may lead to the hospitals being capped a few years down the road with a couple of fellowships. He noted there should be a multi-prong approach, not focused only on the immediate need.

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He noted that the schools have already been identified and communicated with the hospitals. Mr. Welch would help gather financial information to determine realistically the viability of new programs. He noted he and Mr. Kaufman would be willing to bring the hospitals together for further discussion.

14. For Possbile Action – Future meeting schedule and assignments
Senator Hardy and the members determined assignments for the next meeting (See Exhibit I)

Mr. White strongly emphasized that the media, public, and government officials do not see the critical importance of GME and its function in keeping and creating the workforce necessary in Nevada. Senator Hardy commented that medical students understand the necessity of completing a residency and want to have residencies in Nevada. Assemblywoman Bustamante agreed with Mr. White that she is one of the legislators that did not comprehend GME as a cornerstone to bring other benefits to Nevada. She emphasized the group needs to be very consolidated in their recommendation without any contradiction or division in order for the leadership in both parties of legislature to get behind the recommendation and for it to move within the first four weeks. She reiterated it has to be a very consolidated message between public and private stakeholders all on the same page. Any division will cause a down fall. It needs to be very structured, marketed, and concise. Senator Hardy agreed.

15. Second Public Comment Session

None heard in Las Vegas

Stacy Woodbury, Executive Director of the Nevada State Medical Association, expressed appreciation for the Task Force. She noted that AMA has just released a new geo map of physicians and different health care providers existing nationally and for each state. She suggested this may be good resource for the group.

Assemblywoman asked if someone could report on the status on the merger of AOA and ACGME. Senator Hardy assigned Dr. Parker to report.

16. For Possible Action - Adjournment
Meeting was adjourned at 2:54 PM

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EXHIBIT A

Executive Order 2014-07

ESTABLISHING THE GRADUATE MEDICAL EDUCATION TASK FORCE

WHEREAS, over 990,000 Nevadans live in a primary care Health Professional Shortage Area; and

WHEREAS, all Nevadans live in a mental Health Professional Shortage Area; and

WHEREAS, Nevada has a severe shortage of licensed healthcare specialists across the State and many Nevadans are forced to seek treatment out of state for specialty areas; and

WHEREAS, Nevada ranks 45th per capita in licensed health professionals, 50th per capita in psychiatrists, 50th per capita in registered nurses, and 46th per capita in primary care physicians; and

WHEREAS, each licensed health professional has a positive impact on their community, and brings positive economic benefits; and

WHEREAS, there is a current critical need to expand, develop and promote Graduate Medical Education in Nevada to improve access and availability of qualified licensed health professionals so as to better meet the medical needs of communities throughout the state; and

WHEREAS, there are opportunities to collaborate and develop partnerships between the medical schools, hospitals, clinics, medical service providers, and related stakeholders to help develop Nevada's licensed health professional community and expand patient access to medical services; and

WHEREAS, Article 5, Section 1 of the Nevada Constitution provides that, "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada."

NOW, THEREFORE, by the authority vested in me as Governor by the Constitution and laws of the State of Nevada, I hereby direct and order as follows:

1. The Graduate Medical Education Task Force ("Task Force") is hereby established.

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

3. The report shall be submitted to the Governor on or before June 15, 2014. Additional reports may be submitted as deemed necessary.

4. Members of the Task Force shall be appointed by the Governor and serve at the pleasure of the Governor. The Task Force shall include no more than 13 members and shall consist of members from the following groups:

    - Hospital representatives;
    - Nevada based medical schools;
    - The Governor's Office of Economic Development;
    - The Department of Health and Human Services;
    - Osteopathic and allopathic medical doctors;

EXHIBIT B

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.

EXHIBIT C

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

EXHIBIT D

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

EXHIBIT E

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

EXHIBIT F

UNLV Desired Goals and Outcomes from GME Task Force

All aspects of medical education in Nevada require attention, as is demonstrated by the low health care outcomes in the state. The current state of affairs – a split campus public medical school and a private school operating in Las Vegas – has proven inadequate to addressing the issue. We believe the state must engage in a coordinated effort to improve medical education in the state. This includes a four-year, public medical school in Las Vegas with the strong research and clinical programs that come from association with a research university. Linking the basic sciences with the clinical sciences would improve the quality of clinical instruction. GME supports clinical faculty that teach 3rd and 4th year medical students. Improved clinical instruction improves the quality and attractiveness of GME. High quality GME fosters more clinical and translational research. Clinical and translational research needs a basic science research foundation. Each component of medical education feeds off one another and makes each component stronger.

- The State's efforts to expand GME should focus on building on its substantial investments in public medical education. The Nevada System of Higher Education (NSHE) Statewide Steering Committee, which is developing plans for expansion of public medical education, should take the lead in these efforts.
- The State should avoid subsidizing private institutions.
- GME expansion should be done in coordination with the State's substantial investment in Undergraduate Medical Education (UME). Such coordination will permit efficiencies between UME (especially clinical rotations as residents and third and fourth year medical students and faculty collaborate). Any other approach is inefficient and wasteful of state resources. If only GME expansion and no UME expansion, Nevada will get bigger GME and not necessarily better GME. Nevada medical graduates will continue to leave the state to pursue better GME. Nevada must expand both UME and GME because they are linked and synergistic.
- Public medical education is essential to Nevada's health care future as the uncertainties related to a transforming industry demand UME graduates with reduced debt loads, possible only from strong public medical education institutions. Proposals to provide loan forgiveness for medical graduates are an inappropriate expenditure of state funds, subsidizing non-Nevadan and private medical schools alike.
- GME expansion through a state-funded program should be managed and coordinated by the NSHE Statewide Steering Committee whose mission is to expand public medical education in Nevada to produce improved health care outcomes for Nevada.
- GME expansion should be coordinated with the development of excellent clinical and research programs in areas of urgent need for the state. While these include family and internal medicine, it also includes several specialties where Nevadans have trouble getting timely service and hospitals difficulties developing practice specialties.

John Valery White
Executive Vice President and Provost
University of Nevada, Las Vegas

EXHIBIT G

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

EXHIBIT H

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)

EXHIBIT I

GOVERNOR'S TASK FORCE ON GRADUATE MEDICAL EDUCATION

April 30, 2014 Meeting

List of Assignments (starts at timestamp 1:31:25)

Hospitals that could viably create or expand residencies	Bill Welch
What could we do in the way of Consortium Model Residencies	Dr. Mitchell Forman
Primary Care and Psychiatry: What is our need, what are we doing now, and what do we anticipate	Mike Willden
Specialty surgical and General and where we stand with that	Sam Kaufman
Medicaid & Medicare: What we pay, what we don't pay, and how we can get the practitioners to get into residency that are willing to help us	Mike Willden
Private Groups and programs and the need for the private organizations to be involved. Is there a model we can use?	Dr. Mark Penn
VA/Military	Col. Guillermo Tellez
Nevada Board of Medical Examiners and the rules	Assemblywoman Irene Bustamante Adams
Economic development involved with GME and medical education	Vance Farrow
How do other states fund GME?	Dr. Hardy will request research from LCB Staff. Mike Willden offered for his staff to work with LCB and provide research they have already compiled relating to other states
Summary of current and potential future programs in the state, recently presented to the NSHE Board of Regents	Dr. Tom Schwenk
Current GME status map of NV	Dr. David Park
Nurse practitioner training	Shendry Thom
The federal government's relationship with the state on this topic, legislation being considered, and lobbying efforts	Dr. Hardy mentioned graduate students in Southern Nevada who could work on this
Designated Critical Care Access Hospitals	Dr. Schwenk & Bill Welch
New AMA GEO Mapping of health care providers nationwide	Stacy Woodbury, Executive Director, Nevada State Medical Association (offered under public comment)
Update on merger of certification and accreditation organizations	Dr. David Park