

Report and GME Recommendations

1. Provide deep appreciation for the Governor's support in finding solutions to the GME challenges in Nevada
2. Many ideas explored; some opportunities need more exploration and study
3. In addition to physician-specific GME we need to recognize and consider other ways to expand workforce conversations to include other health care providers (such as nurse practitioners)
4. Regarding GME
 - a. Have as many stakeholders participate in the financing of GME as possible
 - b. \$s provided should be used to leverage other \$s; consider non-state general fund financing ideas such as:
 - i. Inter-governmental transfers
 - ii. Tobacco settlement funds
 - iii. Fees, Fines and Assessments
 - iv. Provider tax
 - v. Other
 - c. Process needs identified whereby application process is created with criteria, and how \$s will be distributed
 - i. The \$s should be provided to accredited institutions
 - ii. Process should be open to all qualified interested institutions/parties including public and private
 - iii. Institutions need to provide how residency slots, if approved, would be sustainable
 - d. \$s should be made available to develop new residencies with willing partners as well as be used to expand existing residencies; the top priority for quickest return is to invest in expanding existing residencies where possible; if \$12M available, breakdown as follows per biennial year depending on new vs expansion
 - i. Provide up to \$2M for new GME hospital residency x 1 or 2
 - ii. Provide up to \$1M X 2-4 for existing GME program expansion
 - e. Oversight body needs formed; this body should meet periodically to oversee process, identify gaps, identify where funds should be allocated
 - f. Outcomes to be considered:
 - i. the number of new programs created or in pipeline,
 - ii. # of residencies/fellowships expanded,
 - iii. # of residents/fellows added to existing #,
 - iv. # of partnerships expanded or created,
 - v. \$s leveraged
 - vi. satisfaction of partners
 - vii. sustainability
 - g. Following should be emphasized: The time from availability of \$s to the impact on the # of physicians in GME, and then practicing in Nevada, will be several years; so early returns may be low