

UTAH MEDICAL EDUCATION COUNCIL

Meeting Minutes

February 13, 2018

Held 12:30 p.m. UMEC offices

Council Members Present:

Wayne Samuelson (Chairman)
Larry Reimer
Mary Williams

Mark Hiatt (by phone)

Sue Wilkey (by phone)

Council Members Excused:

Gar Elison
John Berneike
Paul Krakovitz

Other Individuals Present:

Staff Present:

Ric Campbell
Julie Olson
Jacie Slaymaker

Jenna Christensen
Clark Ruttinger
Andrew Salt

Motions:

- The October 30, 2017 meeting minutes were approved unanimously.

Handouts:

- Agenda for 2-13-18 Meeting

1. Welcome and Introductions – Wayne

2. Approval of 10-30-17 minutes – Wayne

Motion: The 10-30-17 minutes were approved unanimously.

3. Legislative Update - Ric

- There are no issues this year with the UMEC's budget – we are fully funded for next year.
- There is a budget request within an overall \$15 million workforce initiative, which would expand nursing programs at public universities. The higher education appropriations sub-committee is recommending to the executive appropriations committee the amount of \$7 million, cutting the request in half. How this would affect the ability to hire the number of new teachers necessary for a larger cohort, etc. remains to be seen. A discussion with David Gessell, with the Utah Hospital Association, indicates that there is a lot of recognition for the need to educate more nurses.
- The University of Utah is requesting a \$250,000 appropriation to provide support to medical students to do clinical rotations in rural areas or underserved areas outside the Salt Lake City area. It is intended to provide a foundation for all healthcare professions. The higher education appropriations sub-committee, so far, has cut that request half.
- There is a bill sponsored by Ann Millner, S.B. 147, related to the nursing initiative. It assigns the responsibility to the Utah Medical Education Council of performing a nursing demand study every two years. The study results would be reported to the legislature, the Board of Regents, and educational nursing programs. This bill has already passed the Senate. The Council is recognized for its ability to do this type of research and we are already committed to a nursing demand study every two years as the state's nursing workforce center. Therefore, this bill is not creating any additional cost, just giving UMEC additional reporting requirements.

4. Resident & Fellow Retention Report - Andrew

Andrew Salt has updated the annual GME retention report. The retention rate for the past year is very similar to the previous year. The retention rates typically fall between 45 – 50% (last year's was 47%). There are around 4,800 physicians that are tracked every year. Of those 4,800, 2235 are currently practicing in Utah. The top five states where Utah trained residents/fellows currently practice outside of Utah are California, Oregon, Washington, Colorado, Idaho – all in the western region. 77% of medical residents that graduate from a Utah program either practice in Utah or in a western state.

The Utah Medical Education Council website (in the Publications section) now displays physician retention data with a data visualization software (Tableau), which is interactive. The view can select a specific specialty to detail physician retention data for that specific specialty for the past ten years.

5. Genetic Counselor Workforce Report – Jenna

This is a first-time report for the Council. Jenna reviewed the data from the survey findings. The workforce included 172 licensed genetic counselors. The only training program in the state is at the University of Utah, which is a two-year master's degree in genetic counseling.

The following are the recommendations which will be included in the Genetic Counselor Workforce Report:

- 1) Change the Reimbursement Rate for Genetic Counselors.
- 2) Increase Access to Clinical Genetic Counselors.
 - a) Support an increase in funding given to the University of Utah Genetic Counseling Program in order to increase class size.
 - b) Support provider education on how to utilize genetic counselors.
 - c) Increase access to genetic counseling via telehealth.
 - d) Support state and federal loan repayment programs for clinical genetic counselors.
 - e) Support incentives for licensed genetic counselors to train students in clinical settings.
- 3) Enhance Data Collection.
 - a) Continue to conduct regular surveys of the genetic counselor workforce.
 - b) Include information on clinical vs. non-clinical jobs in the U's retention data.
 - c) Conduct employer surveys and track the workforce that moves away from clinical settings.
 - d) Support efforts to incorporate UMEC survey into the DOPL licensing process.
- 4) Promote a More Diverse Workforce
 - a) Encourage collaboration to strengthen the pipeline of male and minority students.