UTAH MEDICAL EDUCATION COUNCIL

Meeting Minutes
May 30, 2018
Held 12:00 p.m. UMEC offices

Council Members Present:
Wayne Samuelson (Chairman)
Gar Elison
Mary Williams
Mark Hiatt
Sue Wilkey (by phone)

Council Members Excused:
Paul Krakovitz
John Berneike

Other Individuals Present:
Eric Hales - Regence

Staff Present:
Ric Campbell
Julie Olson
Sydney Groesbeck
Clark Ruttinger
Andrew Salt

Motions:

- The February 13, 2018 meeting minutes were approved unanimously.

Handouts:

- Agenda for 5-30-18 Meeting

Action Items:

- Staff will continue exploring the establishment of a placement consortium through conversations for leaders of the various organizations in addition to industry champions, which would run parallel to IHC.
- Gar suggested investigating into whether the data that some professions have trends of nursing professionals going from full-time to part-time isn't a result of healthcare employers reducing hours on nurses in an attempt to avoid providing healthcare benefits.
- Dr. Hiatt suggested revisiting the conclusions/findings for the report as the presentation seemed to be much clearer as to the conclusions than the report.

1. **Welcome and Introductions – Wayne**

2. **Approval of 2-13-18 minutes – Wayne**
   Motion: The 2-13-18 minutes were approved unanimously.

3. **State-wide preceptor database - Clark**

   Ric prefaced Clark's comments with concerns about clinical placements. The Utah Hospital Association is always addressing the need for clinical placements as nursing programs expand. With the new medical school in Ivins and the clinical placement of 3rd and 4th year medical students, the staff has explored this topic, including the identification of all the players.

   Clark mentioned the on-going discussion we have had on the concern for preceptor coordination, finding more preceptors and getting at the total capacity for preceptors in the state. In last fall's AHEC Primary Care Summit, one of the action items was to look at primary care preceptor placements. An initiative was begun to look at a tax credit for preceptors, which fell through because Brian Shiozawa, who was to sponsor the initiative, left for his federal position. The staff surveyed every licensed PA, NP and physician in the state and received some good data about interest in preceptorships. The staff was able to identify that there was some capacity available. Clark, in his association with the National Forum for Nursing Workforce Centers, interacts with other state representatives who

run a clinical placement system. Four months ago, the Utah Organization for Nurse Leaders (UONL) began talking about this same issue wanting to pull their members together in an effort to at least standardize applications or a possible consortium placement program. Clark set up a demonstration of a software platform for all the groups (the UHA, AHEC, and UONL), and everyone was very interested in moving forward. About the same time, it was discovered Intermountain Healthcare has been piloting their own program.

Dr. Samuelson commented on the small appropriation that was given to the U to build infrastructure for clinical placements (housing, etc.) but they are becoming increasingly concerned about the fact that Rocky Vista is paying $500/week to some preceptors for their students. Mary added that they have found that out-of-state students are coming to Utah and paying for preceptorships.

There is also the option of running a consortium parallel to IHC, which would obviously include any placements that are not IHC.

Action Item: Staff will continue exploring the establishment of a placement consortium through conversations for leaders of the various organizations in addition to industry champions, which would run parallel to IHC.

Clark then mentioned the project he has been working on with AHEC for the last year and a half. In the many supply projections that have been presented over the years, the national standard for doing work on workforce policy is coming up with a supply to population ratio. Utah is typically very low in those supply to population ratios. In trying to come up with a better way to model what we need in workforce planning, we decided to plan for actual population need rather than historical utilization – so that we're tracking forward rather than looking at the past. AHEC and the UMEC have come up with a list of conditions based in primary care, broken down by preventive, acute, and chronic conditions. We used state level data from BERFIS (Behavioral Risk Factor Surveillance System) on how many people have things like diabetes, obesity, etc. We've also pulled data from the all-payers claim data about occurrences of acute conditions that presented in primary care and a list of recommended services that need to be provided to everyone by age. With this list, our focus if building a model that will project out the actual need for all services in primary care and compare it to the supply that we have of primary care clinicians. The challenge is identifying who provides the service (PA or physician, etc.) and who comes with the services (MA, scribe, CNA). Our model will compare need for service to supply of clinicians.

The UMEC staff has also applied (including six different applications, an interview with Dr. Samuelson and Rep. Milner) and been awarded an IBM Healthcore project. It will be a three-week intensive (October or November 2018) with programmers who come in and build us a model and interactive tool to be used for policy making. You will be able to see our assumptions that we put into the model, yet also be able to edit the assumptions and challenge them. We hope to create a policy-making tool that can create a consensus around a single direction that we need to go to address all need in the state, not just addressing past utilization.

4. **Nursing Demand Study - Sydney**

Sydney presented information and data on the recent Nursing Demand Study. The purpose of the report is to help determine current active capacity and to protect growth for nursing professions.

Action Item: Gar suggested investigating into whether the data that some professions have trends of nursing professionals going from full-time to part-time isn't a result of healthcare employers reducing hours on nurses in an attempt to avoid providing healthcare benefits.

Findings:
- Report helps us to understand the "make-up" of facilities (i.e. which nursing types are utilized in which settings, and what type of work is used – full-time or part-time).
- Report helps to understand the "turn-over" rate of each nursing profession within each facility type. This helps us to gauge the "workforce churn" across the nursing professions and within each nursing profession.
- Report can be aligned with the educational and supply stream of nurses in the state to make sure that specific nurse types are sufficiently trained for the facility types that they will likely be working in.

- This report requires surveying organizations that hire healthcare professionals outside of the nursing profession. There is potential to capitalize on organizational connections to complete other workforce surveys.
    - EX: Allied Health Study survey sent out every three years

Action Item: Dr. Hiatt suggested revisiting the conclusions/findings for the report as the presentation seemed to be much clearer as to the conclusions than the report.