UTAH MEDICAL EDUCATION COUNCIL

Meeting Minutes
June 26, 2019
Held 12:00 p.m. UMEC offices

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

Council Members Excused:
John Berneike
Greg Elliott
Sue Wilkey

Other Individuals Present:

Staff Present:

Ric Campbell	Jerry Bounsanga
Clark Ruttinger	Andrew Salt
Jingyi Zhang	Julie Olson

Motions:

- The February 21, 2019 meeting minutes were approved unanimously.

Handouts:

- Agenda for 6-26-19 Meeting
- Minutes of the 2-21-19 Meeting

Welcome and Introductions – Wayne

Approval of 2-21-19 minutes – Wayne

Motion: The 2-21-19 minutes were approved unanimously.

Physician Retention

Andrew Salt presented his annual work, tracking the GME retention rates for the state. The Council tracks all the resident and fellow graduates since 1998 as to where they are practicing currently. Since 1998 there have been 5731 completed residencies or fellowships in the state – roughly 41% of those have stayed in the state. Residents have a higher retention rate than fellows. Nine of the thirty specialties have a retention rate above 50%, including child psychiatry, psychiatry, and triple board, internal medicine, and family medicine. A Tableau visualization is available on the website, umec.utah.gov for more specific information on specialties. Efforts to expedite the status of graduates are being explored.

Data Warehouse and Visualization

Clark, Jingyi, and Andrew presented on the data warehouse project.

The UMEC data warehouse will be used to store all our workforce supply data under one database. The reasons UMEC created a data warehouse include:

- Historical data storage in spreadsheets had become more time intensive
- Demand for health workforce data analysis has increased
- Development of new technology has far outpaced the tools we are currently using.

Benefits of the new database warehouse over spreadsheets include:

- Increased stability/ efficiency
- Increased capacity to combine and analyze multiple data sets
- Data can also be queried and exported to spreadsheets or other formats for analysis
- Multiple users access to query the data
- Allows for user role assignment (read/ write/ update/ maintain/ query/ view)
- Consistency of historical data
- Ability to query and track metadata categories
- Metadata

In our case, the metadata from the data warehouse can be useful when conducting future surveys. For example, the master variables from past surveys can help the researchers to better select the appropriate and standardized questions across all professions. The metadata related to respondents' demographic information can help researchers to calculate various weights in order to generate more accurate results.

Future work on the data warehouse will include:

- Complete verification of database outputs
- Refine organizational categories
- Attach additional data sources such as NPI and insurance billing data
- Host supply data visualization to UMEC website

Workforce Scenario Modeling Project Update

AHEC received $300,000 to build a tool to visualize the data from the IBM project. We have contracted Computer Service at the University to help build that. This project has gone into its second phase where AHEC applied for an AHRQ grant. If that is funded, then we will validate a lot of the data inputs.

Now that this data warehouse has been built, we have the capacity to automate our collection process almost fully. Clark has been working with Teresa Garrett with the Action Coalition to look into getting survey data from healthcare professionals at the time of DOPL licensing. The Council was in approval of staff supporting a bill to collect data at the time of licensure for healthcare professionals.

Dr. Gray touched on the looming crisis of the lack of residency slots for graduating medical students. There are more medical students, with the addition of DO schools, and the same number of residency slots, so a good number of medical students are not getting a residency after the enormous effort and debt of medical school.