

UTAH MEDICAL EDUCATION COUNCIL

Meeting Minutes

October 19, 2020

Held 12:00 p.m. electronically

Council Members Present:

Wayne Samuelson (Chairman)
Doug Gray
Mary Williams (by phone)
Amy Khan
Greg Elliott
Sue Wilkey

Council Members Excused:

John Berneike

Other Individuals Present:

Staff Present:

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| Ric Campbell | Jerry Bounsanga |
| Clark Ruttinger | Andrew Salt |
| Victoria Gonce | Julie Olson |
| Jared Staheli | |

Motions:

- The 2-19-20 minutes were approved unanimously.

Handouts:

- Agenda for 10-19-20 Meeting
- Minutes of the 2-19-20 Meeting
- Draft – Physician Workforce Report
- Draft – Nurse Workforce Report

1. Welcome and Introductions – Wayne

Amy Khan was introduced as the newest Council member, replacing Mark Hiatt. Sue Wilkey has been reappointed, and Gar Elison has moved out of state and will be replaced.

2. Approval of 2-19-20 minutes – Wayne

Motion: The 2-19-20 minutes were approved unanimously.

3. Physician Report – Jared

Jared gave his presentation of Utah’s Physician Supply. In general, the number of physicians is keeping up with population growth in the state. Physicians are spending more time providing care and working more hours. One-third of physicians practice in primary care and two-thirds practice in specialty care.

New DO schools will most likely help in the supply of primary care physicians – half of DOs typically practice in primary care.

Dr. Khan asked the reason for the reduction in the number of physicians to population in the projection model. Jared reported that the AAMC's numbers are based on the number of physicians we have and what the population is, so essentially, they're just saying we're not producing enough physicians.

Policy recommendations from the physician report include the following:

- Research the impact of telemedicine.
- Support the pipeline development for medical careers.
- Workforce training development.
- Collect and update workforce data more frequently.

Regarding telemedicine, Dr. Khan commented on the need to have good communication and collaboration on care no matter how it is delivered in light of national virtual care providers targeting individuals during the pandemic, in addition to ensuring the care is of good quality and cost effective.

Regarding the second recommendation, Dr. Khan noted the low amount that we pay for primary care in the U.S. puts us at risk if it's predominantly delivered by specialists. So, as part of the pipeline development, we need to think about primary care development including physicians, PAs, and NPs. Also, the recruitment of minority students as part of the pipeline line is very important so they can better serve their communities.

Regarding the third recommendation, the notion of retention and recruitment should be stressed so there is a clear path of post training to stay in Utah. Rotations and internships should be further developed.

Dr. Gray commented that in dealing with the physician shortage, we should start with the federal government. The money for residencies has not increased since 1997. Besides just looking for an increase, we could look at funding more primary care residencies. Dr. Gray has been able to fund a few of his students with the help of the State of Idaho. Also, in competing with other states, Dr. Gray suggested the state hiring someone to track students. We could track those who get into medical school and those who don't and go somewhere else, those that do residencies here, and those that have roots here and try to start matching them up with careers and jobs in Utah before they finish. Clark added that our data collection effort on retention needs to be improved and expanded.

Dr. Elliott commented that with the new DO schools starting in the state in the next couple of years, many of those students may be headed to primary care. We should be looking at enlarging the primary care residencies in the state to train those students in state. Jared added that there are currently "associate" medical degrees, when a student has his medical degree and unable to find a residency and is allowed to practice in certain shortage areas.

Sue Wilkey commented that DO students' debt ratio is much higher because the DO schools are private. Because many DO students go into primary care, Utah should look into debt forgiveness programs. Also, Sue has noticed a racial climate that makes it difficult to get people of color. Utah needs to be more accepting of minorities.

Dr. Elliott added that IMC and the U of U (Ideals Committee) are making a strong effort in diversity and breaking down barriers. The Pipeline is beginning to change. This year's medical school class has a higher percentage of Latino than ever before (13-14%).

4. Nurse Workforce Report – Victoria

Victoria gave her presentation on the RN and LPN workforce.

Under the section of “Highest Level of Nursing Education for LPNs,” Mary Williams asked if more information could be provided for the reason 37.4% of LPNs with associate degrees are not working.

The UMEC’s recommendations in the RN Workforce Report are as follows:

- Continue tracking changes in workforce supply factors
- Pursue improvement to information systems, data collection, and automation of analysis.
- Further integrate workforce demand and education data with supply data to provide the best picture for health workforce planning.

Mary Williams asked if there was information on how the pandemic will affect the education of nurses, knowing that there is difficulty finding clinical placements at this time. Nursing students are not allowed to take care of Covid patients. Clark said that that information will be provided on the education study next March or April.

Dr. Elliott and Dr. Samuelson commented on the situation where medical students are being allowed to treat Covid patients with training on PPE.

Dr. Khan asked about Utah’s capacity to educate more nurses.

Clark reminded the Council that these reports will be added to the website and will have interactive graphs through Tableau to break down the data. Council members are invited to contact staff at any time for any specific questions or needs regarding both reports.