

DRAFT Minutes
Idaho Health Professions Education Council
July 23, 2012 Meeting

Council Members Present

David Schmitz, Chair
Claudeen Buettner
J. Anthony Fernandez
Jim Girvan
Andrew Turner
William Woodhouse

Council Members Absent

Steven Bruce
John Kee
B. J. Swanson

Welcome

The meeting was called to order by Chair David Schmitz at 9:00 a.m. Chair Schmitz welcomed all in attendance and asked for introductions.

Minutes

Chair Schmitz asked the council to review the minutes from the March 6, 2012 meeting. Chair Schmitz accepted a motion by Claudeen Buettner, seconded by Tony Fernandez to accept the minutes as corrected; with no objections, the minutes were approved unanimously. Andrew Turner recommended that future minutes identify action and follow-up items.

Agenda

As Chair Schmitz reviewed the agenda, he said it focused on the physician workforce including medical school education and residency programs.

Chair Schmitz suggested that nursing, mental health and an AHEC update should be included on October 1st meeting's agenda. Claudeen Buettner suggested that Margaret Henbest, Idaho Alliance of Leaders in Nursing and co-leader with BJ Swanson and Steve Millard on the Campaign for Action committee and Lori Stinson, Division Director of Nursing at Lewis-Clark State College be invited to address the council on issues of the Nursing program in October. It was also recommended that a discussion on the Idaho Medicaid program should be included on the November 13th meeting agenda.

Chair Schmitz reported that he will be the President-elect of the Idaho Medical Association for the coming year and President in July 2013. Chair Schmitz stated that he didn't foresee a conflict of interest.

Idaho Health Education programs update

Chair Schmitz introduced Office of the State Board of Education Deputy Director/Chief Fiscal Officer Matt Freeman who gave a brief update on the health education programs 2013 appropriations. Mr. Freeman reported that there were no budget cuts except for two California Optometry programs that would not be funded in the future.

Mr. Freeman reported that the State Board of Education approved the following line items in June for the FY 2014 budget year:

- WWAMI proposed TRUST program (which focuses on rural Idaho practices) to provide 5 new seats per year
- 7% increase in the Family Medicine residency programs at ISU and BSU
- Increase of \$10,000 for a Psychiatric residency program
- Increase of \$240,000 for a 3 year Internal Medicine residency program in Boise

Mr. Freeman said that it is anticipated that a new Family Medicine Residency program in Coeur d'Alene will seek State funding for FY 2015.

Discussion followed regarding the need for better coordination between the State Board of Education and the Idaho Medical Association education committee, the Nursing Education PHD program and the Utah medical education system coordination example.

Family Medicine Residency of Idaho Program, Distributive Medical Education Models, Changes in Healthcare and the Effects on Physician Workforce and Medical Education

Chair Schmitz introduced Dr. Ted Epperly, CEO and Program Director for the Family Medicine Residency of Idaho (FMRI) to update the council on the program.

Dr. Epperly stated that the main focus of the Family Medicine Residency of Idaho is to train outstanding family medicine residents with broad skill sets and to provide service to low income, rural and underserved residents of Idaho. FMRI was established in 1975 as a three year family medicine residency program and has a successful training model which encourages its graduates to not only remain in Idaho but practice in rural and underserved locations. Since 1975, FMRI has graduated 266 family medicine physicians. Of these graduates, 144 (54%) have remained in Idaho, and of those remaining, 40% have chosen to serve rural and underserved areas in Idaho.

Dr. Epperly reported that the Family Medicine Residency of Idaho includes the following:

- 45 Residents
- 38 Faculty
- Fellowships in Sports Medicine, HIV Primary Care, Geriatrics (2013), Rural, and Obstetrics
- 2 Rural Training Tracks - Caldwell and Jerome
- 28 Rural Training Sites
- FQHC Look-Alike
- Five Patient Centered Medical Home Locations in Ada County
- Largest Service Provider for Uninsured and Underinsured in Ada County
- Largest Medicaid Provider in Idaho
- One of 11 in the Nation with Teaching Health Centers
- 197 Employees
- \$18 Million Budget

Dr. Epperly said that the patient centered medical home will include the following key personnel:

- Family Physicians
- Internal Medicine
- General Pediatricians
- Nurse Practitioners
- Physician Assistants
- Psychologists
- Social Workers
- Nutritionists

Dr. Epperly also discussed decentralizing medical school education, rural training tracks, necessity for surgical and pediatric residencies in the state, and his vision for the future infrastructure and the distributive Family Medical Education Model. He stressed that payments have to change, functionality has to change and coordination and integration is necessary to produce needed primary care for Idaho.

Discussion followed on:

- Accountable Care Organizations (ACOs)
- Community centered model
- GME funding comes from Medicaid
- Bringing medical personnel together in medical homes
- Training as a team not in individual silos
- Funding mechanism could be community scholarships
- Inventory of need – AHEC, IDOL and the Office of Rural Health
- Governor’s request for more rural training tracks
- Recruitment of good people/inspire them to stay and finance them to stay

Idaho State University Family Medicine Residency Program

Chair Schmitz introduced Dr. Bill Woodhouse, Associate Director for Idaho State University’s Family Medicine Residency program. Dr. Woodhouse reported that the program was established in 1992, is fully-accredited, community-based and is university-affiliated with Idaho State University, University of Washington, and the University of Utah.

Dr. Woodhouse stated that the program is the only residency program in Eastern Idaho and features the following benefits for graduates:

- Flexible, broad-based training that adapts to the demands of most practice settings
- Emphasis on culturally appropriate care of under-served populations
- Extraordinarily supportive medical community
- Excellent clinical training
- Outstanding obstetrics training including operative deliveries

Out of the 90 graduates from the FMR program two-thirds practice in rural settings and half have stayed in Idaho. Currently 5 out of the 7 program residents are from southern Idaho.

Dr. Woodhouse reported that family physician salaries, accreditation, recruitment, the director transition, the Rexburg Rural Training Tracks program and the replacement of PCRE funding are challenges for this program.

Chair Schmitz said that Richard McLandress was invited to report on the Coeur d'Alene Family Medicine Residency program but is unable to join the meeting and we will request a one page report.

Chair Schmitz said that Lonnie Shumsky was invited to report on the University of Utah Medical Student program but is unable to join the meeting and we will request a one page report.

Discussion followed regarding medical student costs for WWAMI, rural residency program, North Dakota residency plan, TRUST program, student loan replacement and recruitment.

Pacific Northwest University Medical Student Program

Chair Schmitz introduced Dr. Brandon Isaacs, Regional Dean for Pacific Northwest University who reported on the Pacific Northwest University Medical Student program at Yakima, Washington.

Dr. Isaacs reported that the Pacific Northwest University has the first Osteopathic Medicine School in the state of Washington and was started four years ago. The goal of the institution is to "train to remain" medical students. The students spend the first two years on the Yakima campus and their third and fourth years get them back into their communities. Dr. Isaacs stated that nationally 68% of the medical school graduates choose a primary care residency program. The medical student program entered the Boise area about a year and a half ago with 2 medical students from the area. There is also a campus at Blackfoot.

Dr. Isaacs said that national statistics show that the average medical student ends up practicing within a hundred miles of the place where their residency occurred. Retention is easier than recruitment and will go up if graduate residencies are provided in rural areas.

Dr. Isaacs reported that the University's medical curriculum is based on national standards and taught by regional clinical preceptors. Students must take shelf exams on core rotations at the proctor sites and in their third year they are directed toward required rotations. He noted that emergency medicine rotations aren't available in Idaho.

Dr. Isaacs felt that a data base including a list of potential preceptors, educational opportunities, and teaching resources would be extremely beneficial to the medical workforce especially if any institution could access it.

Psychiatry Residency Program

Chair Schmitz introduced Dr. Jeralyn Jones, Idaho program director, University of Washington's Psychiatry Residency Program.

Dr. Jones said that students spend their first two years of residency in Seattle and their final two years of residency in Boise. This program based on a Spokane, Washington

model has been in existence for six years and currently includes eleven residents, 5 in Boise and 6 in Seattle. The program has been successful in teaching the residents about integrating and consulting with primary care doctors. Dr. Jones stated that there are not enough psychiatrists in Idaho or in the nation due to the fact the psychiatry isn't a popular residency program.

Dr. Jones reported that four psychiatrists have been recruited to Idaho and the program has a 50% retention rate. Local psychiatrists have donated their time to help with this residency program which includes thirty part-time faculty members.

Dr. Jones stated that an eastern Idaho residency program is located in Pocatello but she would like to see an expansion of rotations across the state. Tele-a-medicine will be useful as consulting psychiatrists work in rural communities.

Dr. Jones recognized Alex Reed, director of Behavior Health for Family Medicine who developed a consulting, integrated model of social workers in which the psychiatry residency program is a part.

Internal Medicine Residency program, University of Washington Medical Student program, and TRUST program

Chair Schmitz introduced University of Washington's Assistant Dean of Regional Affairs Mary Barinaga to report on their medical student and Internal Medicine Residency programs.

Dr. Barinaga stated that the WWAMI founding goals are to:

- Provide access to public medical education for Washington, Wyoming, Alaska, Montana and Idaho citizens
- Increase number of primary care physicians and address distribution of physicians into rural areas
- Create community-based medical education opportunities
- Expand graduate medical education and continuing medical education
- Avoid excessive capital costs and duplication of resources by using existing educational infrastructure

Dr. Barinaga reported the following data on Idaho's Physician Workforce:

- 49th in nation for physicians per 100K population (182.2)
- 48th in nation for primary care physicians per 100K population (67.2)
- Total active physicians in Idaho: 2872
- 23.3% (670) over age 60
- 86% (2474) over age 40

Dr. Barinaga reported that the rate of return is 49% (national is 39%), the return on Investment is 72% (all WWAMI graduates practicing in Idaho), and graduates that select primary care specialties are 45% on a five year average (2006-2010).

Dr. Barinaga focused on the Targeted Rural Under Served Track or TRUST program which attempts to link one student with one community over the 4 year curriculum training period.

Dr. Barinaga outlined the TRUST program as follows:

- Students apply and are admitted as TRUST scholars via a separate admissions process.
- Students have a first summer experience in the community before they even start medical school. The first year program consists of a rural health class, continuity community visits, a journal club, experiences with guest speakers and on-line curriculum of underserved pathway.
- Summer after year one students participate in Rural Underserved Opportunities Program (RUOP) – 4 weeks of community service
- During the third year students participate in WWAMI Rural Integrated Training Experience (WRITE)
- During the fourth year students work on career development, participate in sub-internships, establish links with regional residency programs, explore integrated residency, and billings pilot

Council discussed the program incentives for students as graduation recognition, recommendation letters and being able to practice in a rural setting.

Some of the challenges for the program are:

- developing a data based system to inform medical students of rural program opportunities
- providing graduate medical education in Idaho's residency programs
- problem of older preceptors – Idaho has third oldest physician workforce in the country
- increasing seats through TRUST program

Chair Schmitz asked Dr. Barinaga to report on the Internal Medicine Residency program for Dr. Scott Smith, program director UW Boise Internal Medicine.

Dr. Barinaga reported that the University of Washington–Boise Internal Medicine program was established in 1977 as one of the nation's first primary care internal medicine tracks. Initially interns spent the first year in Seattle, second year of residency at Boise VA hospital and third year in Seattle. Out of 223 graduates of the program, 69 or 31% practice general internal medicine or specialty in Idaho.

The new 3-year residency, based at the VA hospital in Boise, began in July 2011 and will have eight residents each year.

The mission of the program is to:

- provide clinical training in general internal medicine for graduates interested in office-based, hospital medicine or subspecialty training
- prepare trained internists and subspecialists for practice in Idaho
- provide quality health care for veterans and citizens of Idaho

Idaho Department of Labor Healthcare Workforce Data

Chair Schmitz invited Cheryl Foster, Senior Research Analyst to update the council on the HRSA Workforce Planning Grant. Ms. Foster said that at the March meeting she had reported on proposals for the grant and today she would present an overview of what was accomplished.

Ms. Foster reported that the purpose of the HRSA grant is to establish baseline employment for primary care occupations projected to grow 10-25% over the next 10 years and to establish methodology for tracking employment.

Ms. Foster explained that Department of Labor uses standard occupation codes, employment estimates and confidentiality suppressions. The Idaho Department of Labor put out very good labor market information for the standard occupation codes. Licensure Data is used to supplement the Department of Labor's information. If Social Security numbers are provided, research staff can match employment records and actual employment in Idaho can be verified.

Ms. Foster reported that the methodology caveats are:

- Department of Labor LMI is based on jobs
- Licensure data is based on headcount
- This method does not establish a number of FTEs
- This method does not compute a level of care per practitioner
- This method does not account for level of service per insured type

Baseline employment results were shown in a handout for the following primary care occupations:

- Physician Assistants
- Primary Care Physicians(Family, General, Internal, OB/GYN, Pediatricians)
- Nurses (LPN, RN, APPNs)
- Dentists
- Dental Hygienists
- Psychologists
- Counselors
- Marriage and Family Therapists
- Social Workers

Ms. Foster stated that the department is developing white papers for dentists and dental specialists, dental hygienists, physician assistants, primary care physicians and mental health occupations to report back and anticipate working with the Board of Nursing in the future.

Dr. Turner suggested that the Idaho Medical Association (IMA) through legislative options provide data to the Department of Labor.

Chair Schmitz accepted a motion by Claudeen Buettner, seconded by Jim Girvan to explore all options enabling the State Board of Medicine to supply data information and social security numbers to the Department of Labor; with no objections, the motion was approved unanimously.

Further Business

Chair Schmitz announced that the next council meeting will be Monday, October 1st and agenda items were discussed. The invited guest speakers will be Matt Freeman, State Board of Education update; Alex Reed, on social workers and learning track; and Margaret Henbest and Lori Stinson, on nursing education program.

Claudeen Buettner suggested that the council explore the possibility of a central depository for the coordination of medical education resources.

The meeting adjourned at 2 p.m.

ACTION ITEMS/FOLLOW UP ITEMS:

Report on the Coeur d'Alene Family Medicine Residency program

Report on the University of Utah Medical Student program

Guests

Matt Freeman, Deputy Director/Chief Fiscal Officer, Office of the State Board of Education

Dr. Ted Epperly, CEO/Program Director Family Medicine Residency of Idaho

Mary Barinaga, Asst. Dean of Regional Affairs, University of Washington

Brandon Isaacs (phone)

Jeralyn Jones (phone)

Dianna Clough, Project Coordinator, Idaho Department of Labor

Cheryl Foster, Senior Research Analyst, Idaho Department of Labor

Jerry Riley, Workforce Systems, Idaho Department of Labor

Pat Nelson, Administrative Assistant, Idaho Department of Labor

Idaho Health Professions Education Council Members

David Schmitz, MD, FAAFP - Chairman
Associate Director of Rural Family
Medicine
777 N. Raymond
Boise ID 83704
dave.schmitz@fmidaho.org
Office: 208-514-2522

Steven Bruce, DDS
Bay Pointe Dental
7878 W. Ustick Road
Boise, ID 83704
Work: 208-376-2920
sbruce@boise-dentist.com

Claudeen Buettner
2082 Stadium Blvd
Twin Falls ID 83301
d_c_buettner@yahoo.com
cbuettner@csi.edu
Cell: 208-539-1415
Shonna: sparsons@csi.edu

J. Anthony Fernandez
President
Lewis Clark State College
500 - 8th Avenue
Lewiston ID 83501
tfernandez@lcsc.edu
Phone: 208-792-2216

Jim Girvan, Ph.D.
Dean, College of Health Science
Boise State University
1910 University Drive, MS 1800
Boise ID 83725-1800
jgirvan@boisestate.edu
Cell: 208-830-9732

John Kee
Director, St. Luke's Health System
St. Luke's Regional Medical Center
190 E. Bannock
Boise ID 83712
keejo@slrmc.org
Brenda: 208-381-7166
sinclaib@slrmc.org

B. J. Swanson
1121 Lamb Road
Troy ID 83871
bjswanson@gmail.com
Cell: 208-301-1221
Work: 208-882-0809
Home: 208-835-5541

Andrew L. Turner, PhD, Director
WWAMI Medical Program, UI/WSU
P. O. Box 444207
Moscow, ID 83844-4207
aturner@uidaho.edu
Work: 208-885-6696
Fax: 208-885-7910

Bill Woodhouse
Associate Director
ISU Family Medicine Residency Program
921 South 8th Avenue
Pocatello ID 83209
wdhouse@fmed.isu.edu
Cell: 208-241-1572