

Minutes
Idaho Health Professions Education Council
April 7, 2010
Conference Call

Council Members Present

J. Anthony Fernandez, Chair
Claudeen Buettner
Quinn Dufurrena
Jim Girvan
David Schmitz
Andrew Turner
Bill Woodhouse
B. J. Swanson

Council Members Absent

John Kee

Guests

Matt Freeman, Chief Fiscal Officer of the Idaho State Board of Education

- I. **Welcome.** The meeting was called to order by Chair Tony Fernandez at 1:00 PM welcoming all in attendance. Introductions were made by all members.
- II. **Agenda.**
 - a. Finalize Executive Summary-Idaho Physician Workforce Presentation
 - b. Recommendation regarding the White Paper – Physician Payback & Service Requirements
 - c. Recommendation concerning mid-level practitioners
 - d. Relationship with Idaho Department of Labor and Workforce Development Council
 - e. Annual report to the Governor
- III. **Executive Summary-Idaho Physician Workforce.** This report will be given to the Governor. The revised report was previously emailed to council members along with additional recommendations from council members. Wording for a revised report was developed. Andrew Turner will wordsmith and present a revised draft report. The reports and findings can hopefully be posted on the Department of Labor website.
- IV. **White Paper – Physician Payback & Service Requirements.** Matt Freeman reported that he met with Governor Otter regarding the payback or service requirements from medical students. The governor saw this as a way to provide more physicians in Idaho. After much discussion, the governor agreed that the payback plan was a bad idea. The Council agreed to add a statement in our annual report to the governor that says “We support the conclusion to table the payback or

service requirement plan and instead focus on expanding the incentives available for the recruitment and retention of physicians in the rural and underserved areas of the state.”

V. Recommendation concerning mid-level practitioners. BJ talked about healthcare reform and the need to reduce healthcare costs by 30-40% to align with the per person healthcare costs in Canada. One of the ways to reduce overall healthcare costs is to better utilize mid-level providers, including nurses, nurse practitioners, PA’s, etc. Bill questioned if using mid-level providers would reduce healthcare costs or actually increase costs because of higher utilization. David said this is a very complex issue and differs between urban and rural. A study done at Gritman Medical Center in January 2010 showed that 61% of emergency room patients did not need emergency care. Gritman is looking at forming a membership healthcare cooperative with physicians and mid-level providers to take care of the healthcare needs of all 500 Gritman employees. If this is successful, then possibly offer it to all residents of Latah County. Group Health of Puget Sound has already instituted a similar program and has cut overall healthcare costs by 30%. The supply of NP’s and PA’s at this time is adequate, but in the future there will be increased need for mid-levels. The council suggested including increasing mid-levels in our recommendation to the governor. The council would like to hear more about integrated care models at our next meeting.

VI. Relationship with Idaho Department of Labor and Workforce Development Council. Tony talked about his conversation with Mark Warbis, the governor’s communications director, and an email from Cheryl Brush, Idaho Department of Labor. Mark said the Council was formed by executive order and that has not changed. The Department of Labor could provide much needed support for the council including the ability to assist with travel and meeting arrangements, research and to post research and findings on their website. Tony will respond to Cheryl Brush, agreeing that this is the right move. He will work out the details with her.

VII. Recommendations. An annual report is due to the governor. Draft points written by Andrew with revisions by the council include:

1. Expand support for Graduate Medical Education/Residency Programs, including Rural Training Tracks in the residencies;
2. *The State of Idaho should utilize its academic and health care resources, along with regional medical education partners, in a collaborative endeavor to develop an Idaho undergraduate medical education program that provides an adequate and sustainable supply of physicians for the State into the future (proposed by Bill Woodhouse)*
3. Support purposeful steady growth in medical student training; no current recommendation for the large step of creating an Idaho medical school;
4. *Continue to regionalize Physician Assistants training program (smaller class distributed across state, rather than single site large program) and review the funding model for PA training to increase support for PA faculty across regional program sites; (Claudine suggested removal or revision)*

5. *Expand support for nursing faculty development and graduate level nurses, both academic and clinical degrees/programs; (Claudine suggested removal or revision)*
6. Improve current state data tracking on all healthcare and medical graduates in Idaho programs, possibly in collaboration with the Idaho Department of Labor.
7. Dental:
 - a. Admit Dental Students from Rural Areas
 - b. Support Rural Training Programs
 - c. Support Loan Repayment Programs

Andrew will rewrite the recommendations, send to Tony and Tony will write a report to the governor with help from council members. The report should be done by mid to end of May.

- VIII. **Next Meeting.** Tony will arrange the next meeting to discuss our recommendations and will invite Governor Otter. Tony will work with Cheryl Brush at the Idaho Department of Labor on the transition. The next meeting previously scheduled for June 1, in Boise may not work for everyone. Tony will poll the members again.

- IX. **Adjournment.** The meeting adjourned at 3:00 PM.

B. J. Swanson, Acting Secretary

Idaho Health Professions Education Council Members

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