



## UTAH MEDICAL EDUCATION COUNCIL NEWS

Fall 2008



### Message from the Director

In late 1996 and early 1997, Utah policymakers were concerned about a statewide physician shortage that warned of a national physician shortage. Utah's healthcare and political leaders were convinced that this problem could not be addressed at the federal level alone and that the physician shortage and the adverse conditions of graduate medical education (GME) that contributed to the shortage were critical enough to demand the State take action. Adverse local and national conditions which influenced policy makers at that time included:

- assumption of physician workforce abundance by national policy bodies
- true costs of GME unknown
- uneven distribution of GME costs and reimbursement within the State and nation
- five-year cut to GME funding and limits imposed on future GME funding by Federal legislation (Balanced Budget Act 1997)
- diversion of GME revenue to non-GME purposes by managed care organizations
- lack of a national policy that linked allocated GME funds to physician workforce needs
- absence of a statewide body to evaluate physician workforce requirements

Utah legislators determined that the State needed an independent body that could work with the hospitals, training programs, and other healthcare entities to project future workforce requirements and develop strategies to meet these requirements.

In 1997, the legislature passed a bill creating the Utah Medical Education Council (UMEC) and required the Council to stabilize funding for GME, link funding to statewide workforce objectives and address workforce shortages. Furthermore, the legislation directed that a federal waiver be submitted to change the flow of Medicare GME funds. (Medicare is the largest identified funding source of GME.)

In 2003, The UMEC was granted a waiver from the Center for Medicare and Medicaid Services (CMS) to allow Medicare GME funds to be directed by the Council, and aligned with physician workforce needs. The waiver is administered through the Utah GME demonstration project with the UMEC, CMS and GME sponsoring institutions in Utah and will continue through July 2010.

The goals of the demonstration project are to allocate resources based on workforce needs, track workforce needs to determine GME funding priorities, establish an independent body to coordinate workforce and educational objectives, manage residency positions on a statewide basis and direct funds to the individual programs with the greatest impact on the workforce needs while holding each program accountable for meeting those needs.

At completion of the initial five-year demonstration we have established a neutral public body (the UMEC) that created a legal safe haven for competing institutions to collaborate in GME. The Council collected workforce and cost data and brought stakeholders together to determine statewide goals and methods to distribute resources to meet the goals.

The UMEC was able to better align statewide health care workforce needs, the number of trainees in different specialties, with actual program size. This was done by expanding all training programs by 40% with a focus on specialties/subspecialties identified as being in

shortage. Utah was the only state to accomplish this high level of expansion. The Council was able to expand the number of residents in the system without additional Medicare funding and allocated those positions based upon workforce needs. Overall, the project has demonstrated the value and impact of rational workforce planning on GME.

Seven major teaching hospitals participate in the Utah GME demonstration project: University of Utah Hospital, LDS Hospital, Primary Children's Medical Center, McKay Dee Hospital, Salt Lake Regional Medical Center, St. Mark's Hospital, and Utah Valley Regional Medical Center. In the next phase of the project, participants will consider what happens after the completion of the projects: Should we continue to cooperate to accomplish State workforce objectives? What federal regulatory or statutory changes need to be made to continue to manage federal GME funding in line with state workforce needs? How to set and encourage training programs to meet retention goals?



The UMEC supports the Governor's four day work week. Our offices are open Monday through Thursday from 7:00 a.m. to 6:00 p.m.

## Council Meeting Highlights

This past quarter, Council members approved the Dental Workforce Report, received reports on the 2008 AAMC Physician Workforce Research Conference and National Oral Health Conference, received updates on the upcoming job fairs and the new UMEC website, discussed pending Medicaid rules, and approved the 2008 Final Expense and 2009 Budgets.

The Utah Medical Education Council holds regular meetings that are open to the public. If you are interested in attending, contact Julie Olson at [juolson@utah.gov](mailto:juolson@utah.gov) or (801) 526-4550 for any changes in date, time or venue. The next Council Meeting will be held October 20, 2008 at the DMBA offices at 60 East South Temple on the 6<sup>th</sup> floor. The meeting will begin at noon. Meeting dates, times and venues (as well as any cancellations) are posted on the UMEC website calendar: <http://www.utahmec.org/rsvp-calendar.php>. Meeting minutes are available upon request.

## Doug Smith, MD

The Council extends a welcome to Dr. Doug Smith as he begins his appointment to the Utah Medical Education Council. **Dr. Doug Smith** is the Associate Chief Medical Officer for Intermountain Healthcare, having assumed that role in June of 2007. His responsibilities include working with clinical programs and support services, quality and patient safety, rural physicians, and GME.

Dr. Smith received his medical education at Indiana University and completed his internal medicine residency at LDS Hospital in Salt Lake City, Utah. He is Board Certified in Internal Medicine. After serving as chief medical resident for a year at that institution he entered practice in Salt Lake City in 1985. He left private practice in 1998 to take a full time faculty teaching position at LDS Hospital, working with medical students, interns and residents. Dr. Smith served as Medical Staff President of LDS Hospital during 2002-2003.

Dr. Smith's input and expertise will be extremely beneficial to the Council.

## Physician Implementation Advisory Committee (PIAC)

The Physician Implementation Advisory Committee (PIAC) advises the Utah Medical Education Council on implementation strategies for policy recommendations. The PIAC is responsible for identifying Utah's physician workforce needs and for recommending the allocation of UMEC directed GME funds to support the state workforce needs.

Over the coming year the PIAC will be evaluating the residency programs that have been funded by the UMEC to expand the number of residents in training. The Committee is currently refining evaluation measures.

The PIAC meets regularly. The next meeting will be held October 21<sup>st</sup>, at 12.00 p.m. at the UMEC office. Meeting dates, times and venues (as well as any cancellations) are posted on the UMEC website calendar: <http://www.utahmec.org/rsvp-calendar.php>.

## PA Workforce Study Underway

The UMEC has begun work on an updated survey of the physician assistant (PA) workforce in the state of Utah. The survey will be administered later this fall to all PAs with an active Utah license. This survey will be a follow up to earlier surveys conducted in 1998 and 2003. Mailings will be conducted starting in late September and continuing through November. Historically, response rates among PAs have been very high (approaching 75%), and, given the active support of the Utah Academy of Physician Assistants (UAPA) for the 2008 study, we anticipate similar results with this latest survey.

A PA workforce committee has been convened and the first meeting was held August 7<sup>th</sup>, 2008. In the course of the meeting, committee members made a number of recommendations regarding the content of the survey and a finalized survey instrument is anticipated in early September. Questions on the survey will cover a variety of topics including the respondents' background, practice characteristics, productivity, and patient demographics. The PA committee and UMEC staff have targeted January, 2010 for release of a finalized, published report of the survey findings.

Members of the 2008 PA committee come from a variety of backgrounds. The 2008 committee consists of members from academic institutions, primary and specialty practice, and both urban and rural settings. Committee members are: Bob Bunnell (Committee Chair), Margaret Baldwin, Eric Heaton, Robert Lucas, Chad Jarvis, Brett Hilton, Jennifer Coombs, and Don Pederson.

Feedback for the 2003 PA report was positive and directly resulted in expansion of the PA program at the University of Utah (UPAP) from 32 graduates per year to 36. The 2003 report and survey provided the basis for an article co-authored by Don Pederson and UMEC staff in the January, 2008 edition of the Journal of the American Academy of Physician Assistants (JAAPA). Copies of the article can be found here: <http://jaapa.com/issues/j20080101/articles/research0108.htm>



## Southeastern Utah Health Care Tour

Representatives from the Governor's Office of Planning and Budget and the Legislative Fiscal Analyst Office and the University of Utah Dental Residency Program joined UMEC staff in a tour of Southeastern Utah health care facilities. The group met with hospital and clinic administrators and staff to discuss the specific workforce needs and challenges of rural health care providers in Grand and San Juan counties.

In addition to regular contact with providers and rural representation on the Council and committees, the UMEC follows rural health workforce issues closely through periodic site visits. Dirk Anderson, Budget and Policy Analyst with the Governor's Office of Planning and Budget; Patrick Lee, Fiscal Analyst with the Office of the Legislative Fiscal Analyst; and Dr. Craig Olson, D.D.S., Director, General Practice Residency at the University of Utah accompanied UMEC staff David Squire, Executive Director and Melanie Taylor, Deputy Director. The group toured Allen Memorial Hospital in Moab, San Juan Hospital in Monticello, under construction Blue Mountain Hospital in Blanding, and the Montezuma Creek Community Health Center and Dental Clinic. (Utah Navajo Health Systems, Inc.) "What stands out most, are the challenges the UMEC faces in establishing rural residency programs," said Patrick Lee of the Fiscal Analyst Office.

"It is important for policy makers to see this first hand. There is a huge unmet need in these underserved areas."--Dirk Anderson of the Governor's Office of Planning and Budget

### *Challenges*

Southeastern Utah's uniqueness creates additional challenges in rural health. While Grand and San Juan counties offer some of Utah's finest geological vistas, archeological sites and parks, these same features pose significant access barriers to frontier communities. In some instances people must drive several hundred miles to access health care. San Juan County is the "poorest" county in Utah, with both counties below the state mean for per capita income. For San Juan County Hospital, over 75% of revenues come from Medicaid or Medicare eligible patients, according to Craig Preston, hospital administrator. The Uintah and Ouray Reservation and the Navajo Reservation are located in Grand and San Juan Counties respectively. Over half the population (53.6%) in San Juan County and 5.2% of the population in Grand County are Native Americans.

Eligibility for Indian Health Services complicates payment for services received in area hospitals. Furthermore, because rural facilities have smaller staffs, they are particularly vulnerable to unexpected time off, such as personal leave for family related reasons or illness.

These factors contribute to the difficulty rural communities have in recruiting and retaining health care providers. The factors translate into lower earning potential and aging and outdated infrastructure. Furthermore, rural communities cannot offer the amenities and social networks that many health professionals desire. Finding affordable housing particularly in tourist destination areas is also a problem especially for allied health providers. And there is stiff competition for those providers or potential employees who prefer a rural setting.

#### *Meeting the Challenge*

To meet the challenge, the rural hospitals/providers have adopted a "grow your own" philosophy for many positions from medical records to nursing to surgery technicians. All offer employee education incentives including scholarships, tuition reimbursements and on the job training. They also provide externships for medical students and practicum opportunities for nurses. As a last resort, rural hospitals/providers may contract for services that they cannot hire directly, but at significantly higher costs.

UMEC sponsored rural rotations offer an excellent opportunity for medical residents to see first hand rural practice and are a positive influence on recruiting physicians into rural areas. Utah medical residents regularly rotate into San Juan and Grand counties.

Southeastern Utah hospitals and clinics employ additional strategies to recruit and retain workforce. They participate in federal and state medical education loan forgiveness programs. They develop relationships with large urban hospitals to provide specialty care. There is also significant cooperation among area hospitals/providers to cover services in the two counties according to Roy Barraclough, Hospital Administrator Allen Memorial in Moab. They also offer hire-on bonuses and incentives when possible.

Local communities are investing in new facilities. Two new hospitals are in the works—the Blanding Blue Mountain Hospital and the Moab Regional Medical Center. When completed the Blue Mountain hospital in Blanding will include an eight bay dialysis unit; in patient, same day surgery and labor and delivery care; diagnostic services; physical therapy; pharmacy; full laboratory services; and dietary services. The facility will also house the Utah Navajo Health Systems, Inc.

(UNHS) Community Health Center. According to Donna Singer, Executive Director for UNHS, the facility will be completed in December 2008 and is the cooperative effort of the UNHS, the Ute Mountain Ute Tribe and Razhagi Development Corp. Moab is also investing in a new hospital. The current facility, Allen Memorial, is 52 years old and no longer meets the needs of the growing community. Plans are underway for the construction of the Moab Regional Medical Center that will nearly double the capacity of Allen Memorial and provide additional services to the area.

#### *Shortages Persist*

Despite these efforts workforce shortages persist. Hospital administrators reported open positions for nurses, Certified Registered Nurse Anesthetists, anesthesiologists, radiation technicians, medical records, general surgeon and allied health. The new hospitals opening in the area will increase workforce demand in the near future. The UMEC will continue to work with rural areas to develop strategies to recruit and retain workforce.

#### *Dental Residency Program Montezuma Creek*

In 2001, the Utah Medical Education Council was instrumental in increasing the dental residency program at the University of Utah from six residents to ten. The UMEC helped broker state Medicaid funding that directly supports dental residencies in Utah. The increase in the number of residents made it possible to send more residents into our rural areas for training. Since 2002, nine dental residents have the opportunity to do a month long rotation at the Montezuma Creek Health Clinic.

The program provides vital services in a remote area, to a significantly underserved population. Montezuma Creek Health Clinic provides services to approximately 7,000 people. The Clinic has six operatories, two dentists, a hygienist and six dental assistants. The patients are as unique as the clinic; some living with out running water, phones, or even electricity and a large number who speak little to no English. The average annual family income is roughly \$7,000.

Residents have a valuable learning experience working with the Dr. J. D. Vreeken, Chief of Teaching Services. They see a minimum of eight patients per day, ten hours a day, four days a week (Monday through Thursday) leaving Friday, Saturday and Sunday to tour the Indian ruins, visit the natural wonders of Canyonlands National Park and Arches National Park, as well as hike or bike in Moab and the surrounding areas.

### **Montezuma Creek Health Clinic**

"The clinic is a home run for us. It is busy, appreciated and a great cultural experience. Our attending, Dr. J. D. Vreeken, is as good a dentist and human being as there is on the planet." –Dr. Craig Olson, D.D.S.  
Director, General Practice Residency  
University of Utah

The UMEC will tour Southwestern Utah in the upcoming months.

### **Website Roll-out [www.utahmec.org](http://www.utahmec.org)**

We are excited about our new website [www.utahmec.org](http://www.utahmec.org). It has an enhanced look and feel along with a more user-friendly interface. You will not only be able to download our publications and our Job Board updates, but also check out our upcoming Physician and Advanced Practice Job Fair details, download meeting agendas & minutes, and RSVP to scheduled meetings. Do not forget to periodically check our Bulletin Board - it will keep you up to date with new workforce information and other UMEC events. We invite you to browse our website and provide us with feedback. Please send your comments to Julie Olson [juolson@utah.gov](mailto:juolson@utah.gov).

### **Dental Report**

The 2006 Utah Dentist Workforce report has been published. The report indicates that although Utah has no immediate need for more dentists, the workforce is thinning with the increasing population. By 2015, Utah might have enough dentists to meet the growing demand at best and might need about 179 additional dentists in the most probable scenario. Following are some of the highlights of the report:

- As of 2006, there are 1,467 active full-time and part-time dentists in Utah, which translates to 56.8 dentists per 100,000 population
- Only 1.6% (23) of Utah's dentist workforce is female compared to 19.0% (33,631) across the nation.
- Average Age: 46.5 years; Average Retirement Age: 65 years
- Utah dentists spend slightly more hours in patient care (34.7hrs/wk) than the national average (32.1hrs/wk).

The report is available for download to the public on our website ([www.utahmec.org](http://www.utahmec.org)). It is also made available on the Utah Dental Association website ([www.uda.org](http://www.uda.org)). For free hard copies, please contact Julie Olson at (801)526-4550 or [juolson@utah.gov](mailto:juolson@utah.gov).

### **Office Relocation**

The Utah Medical Education Council will be relocating their offices at 230 South 500 East this coming month. They will move from Suite 550 to Suite 210. As of October 25, 2008 the new address will be:

Utah Medical Education Council  
230 E. 500 S., Suite 210  
Salt Lake City, UT 84102

All phone numbers will remain the same.

### **Fiscal Analyst Change**

Dirk Anderson, who served as the fiscal analyst assigned to the Utah Medical Education Council, has left his position with the Governor's Office of Planning and Budget and joined the Utah State University Regional Campuses and Outreach Program. We have enjoyed working with Dirk and appreciate his efforts in increased support for the Council. The new analyst assigned in Dirk's place is Carson Howell.

### **Upcoming Job Fair**

The 2<sup>nd</sup> Annual Physician Job Fair and the 1<sup>st</sup> Annual Advanced Practice Job Fair will take place September 25, 2008 at the Rice-Eccles Stadium Tower in the Varsity Room on the sixth floor. The Job Fairs will run consecutively. Advance Practice fair that will be held from noon to 2 PM. The Physician Fair will follow from 4-7 PM.

Recruiters, hospitals and clinics from all areas of the state will be represented to interest residents and fellows in staying in Utah to practice medicine. This venue gives both parties a chance to meet in a friendly, convenient location and discuss present and future practice opportunities.

Every effort has been made to encourage job seekers to attend. The UMEC staff has contacted residency coordinators and directors for all specialties and subspecialties to make them aware of the job fair and to encourage their residents and fellows to attend. All family medicine residency programs, Internal Medicine and Pediatric residents were visited personally to

encourage them to come. The GME office at the U of U has and will continue to send all resident and fellows emails to encourage their participation.

Invitations were extended to all of the Advance Practice programs in the state: BYU's APRN program; Westminster's APRN and CRNA programs; and the University of Utah's APRN programs (NP, CNM, CNS) and Physician Assistant program.

The Job Fair is limited to Utah employers and is one of the strategies the UMEC uses to retain the Utah educated workforce in the state.

Please send suggestions or comments on this newsletter to [juolson@utah.gov](mailto:juolson@utah.gov). You may also contact us if you prefer to not receive future newsletters.

### Staff Profile



Paul Stevens joined the Utah Medical Education Council staff in 2004 as Director, Health Professions for the Utah Medical Education Council. Paul has worked to develop a website, gather available job listings for residents finishing their programs in

Utah, and contacts AAMC to find Utah residents in medical schools outside of Utah to encourage them to return to Utah to practice medicine. Paul is involved in developing the rural rotation program for primary care residents. He has also accomplished the huge task of developing and organizing the job fairs held last January and this September.

Paul was born and raised in SLC. He graduated from the University of Utah with a BS degree in Banking and Finance and completed the MBA program in 1971. He also served in Vietnam as an infantry soldier with the 82<sup>nd</sup> Airborne Division.

Paul has worked for LDS hospital as Director of Unit Management and Director of Purchasing and Stores. He has also worked in the purchasing department at Utah Power & Light servicing the Lines and Service, Power Plants and Mining operations for the company and American Express Bank providing reports on sales initiatives sponsored by the bank.

Paul likes to ski, mountain bike and read. He is married and has four children, three of whom are married. He has seven grandchildren and enjoys their company very much. He enjoys working for the Utah Medical Education Council and feels what he is doing is very worthwhile.