



UTAH MEDICAL EDUCATION COUNCIL NEWS

Vol. 1 Issue 1



Message from the Director

Welcome to the first Utah Medical Education Council (UMEC) news publication. This is the first quarterly news

publication of many to come and is intended to be a resource of information pertaining to Utah's health care workforce.

The UMEC is a quasi-state agency, presided over by a nine member board appointed by the Governor, to bridge the gap between public /private health care workforce and education interests. The UMEC core responsibility is Utah's health care workforce. Specifically, the Council is to:

- 1) Assess supply and demand,
- 2) Advise/develop policy,
- 3) Seek and disburse Graduate Medical Education (GME) funds,
- 4) Facilitate training in rural locations, and
- 5) Manage Utah's GME demonstration project awarded by the Center for Medicare & Medicaid Services (CMS).

Products of the UMEC include public/private partnerships, reports, education program expansion, and funds management. The UMEC is staffed with seven full-time individuals working under the direction of board members, executive director, and committees. The UMEC establishes public committees to oversee workforce projects. Some of the standing committees include Advanced Practical Registered Nursed (APRN), Dental, Finance, Pharmacy, Physician, Physician Assistant, Podiatrist, and Rural. Each committee is chaired by an individual appointed by the UMEC board. The members of the committees are sought from industry, education, and public/private sectors. Strength of the committees comes from its broad representation with a unique knowledge base relating to the specific workforce.

Currently the UMEC is focused upon:

- 1) Retention of Utah trained health care workforce,
- 2) Establishment of a rural training track (RTT) in family medicine,
- 3) Strengthen public/private partnerships, and
- 4) Obtaining public funding for the Council

As the Executive Director of the UMEC, I hope to get to know and develop a working relationship with each of you in order to achieve positive outcomes and preserve Utah's health care workforce. I welcome your comments, thoughts, or questions. You can contact me, David Squire, at:
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Council Update

The UMEC met once in the past quarter on September 10. The Council addressed the following items:

- Minutes approval.
- Update and presentation on the rural surgery training year – Dr. James McGreevy
- Presentation on the Laboratory Workforce Report by Melanie Taylor
- Discussion on the proposal to develop a rural fellowship in family medicine – David Squire
- Report on the 2007 graduating class of intern and residents entering the workforce.

The next Council Meeting will be held November 19, 2007 in the Administrative Board Room at the new Intermountain Medical Center. The meeting will begin at noon.

WORKFORCE FACT

Nearly six out of 10 Pharmacist positions remain unfilled during the first 90 days of position opening and over 35% of positions are still open after six months.

Center for Medicare & Medicaid Services Project

The UMEC was granted a three-year continuation for their graduate medical education demonstration project by the Centers for Medicare and Medicaid Services (CMS). The project, which began in July 2003, is the direct result of the State’s attempt to address the adverse conditions in graduate medical education to meet the medical workforce needs in Utah. The purpose of the demonstration project is to test whether centralizing administrative and financial resources in a state agency can take advantage of health professions research and planning to reallocate training positions more appropriately to state’s needs.

Seven teaching hospitals participate in the Utah GME demonstration project: University 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. The demonstration project is scheduled to run through June 30th, 2010 at which time the structure evolved under the demonstration will be assessed as a model that may be extended to other states and as the basis for federal regulatory changes.

Finance Committee

The Finance Committee met once in the past quarter on September 24. The Committee addressed the following items:

- Minutes approval
- Medicaid payment approval
- Terms and Conditions - Waiver Continuation
- Medicare & Medicaid payment schedule
- State plan amendment update
- Medicaid funding appeal
- CMS’s proposals to take Medicaid out of GME funding and other pending Federal Register
- Rules

WORKFORCE FACT

Utah needs to recruit up to 270 physicians per year due to population growth, age polarization, loss of FTEs and physician retirement. State residency programs will only be able to meet 19% to 20% of the projected annual need.

Rural Update

With funding from the State of Utah, the Council has established residency programs to place physicians in rural settings*. Six communities outside of the Wasatch Front currently participate in training programs: Heber, Logan, Moab, Montezuma Creek, St. George, and Vernal.

Month Long block rotations

The UMEC has taken significant steps to promote rural rotations in Utah residency programs. Three of the four family medicine residency programs in Utah have mandatory rural rotations. The fourth program, St. Mark’s Family Medicine Residency Program, is now encouraging rural rotations during the residents’ personal choice time blocks. A rural rotation has been incorporated into the first year residency training requirements of the OB/GYN residents at the University of Utah Hospital. The University’s Pediatric Residency Program is also encouraging rural rotations among its residents. Additionally, the Emergency Medicine Residency Program at the University and Intermountain Healthcare is making efforts to incorporate a month-long rural training block in its curriculum.

Year long programs

General surgery residents at the University now have the option to do a year of rural training. Traditionally, the general surgery residents have a research year for their fourth year of residency training. A fourth-year rural training experience is being incorporated into the general surgery residency program as an alternative to a year of research. Residents who take this will train at McKay Dee and other rural hospital sites.

The Utah Valley Family Medicine Program has developed a one-year fellowship for family medicine which will start in July of 2008. The fellows training will include advanced training in OB/GYN, endoscopy, and other minor surgery procedures.

Rural Training Track

A Rural Training Track for family medicine physicians in Utah is being developed in Cedar City. The RTT program is based on a strong relationship between an urban teaching center and a small rural family practice group. The first year of residency is completed in the urban teaching center while the second and third years are completed in the small rural family practice.

*All medical school graduates who seek full medical licensure and board certification in a medical specialty or subspecialty must complete a period of residency training that lasts from three to seven years. The clinical experience

for residency training is organized as a series of rotations that may include assignments to inpatient services, hospital outpatient clinics and sites in the community such as community health centers and physicians offices. The rotation requirements vary by specialty and subspecialty (AAMC)

Communications

One of the priorities established by the Executive Director for 2007-2008, is to raise awareness about the UMEC throughout the State. To accomplish this, UMEC is currently developing communication pieces that target specific audiences: fact sheet for the Lt. Governor and the Legislature, information sheet for budget analysts, articles for Utah GME residents, partner agency white paper and quarterly electronic newsletters. The UMEC website is also being revamped and updated.

Job Fair

In an effort to increase retention of Utah trained physicians, the UMEC will hold its first annual job fair on January 17, 2008 at the Rice Eccles Stadium for all Utah interns, residents, and 4th-year medical students. Details will be forthcoming. The UMEC is currently soliciting sponsors and exhibitors. If you are interested in participating, please contact Julie at juolson@utah.gov at (801)526-4550.

Workforce Reports

The UMEC provides in depth analysis of Utah's health care workforce needs through comprehensive surveying of health professionals. UMEC publishes periodic reports on Physicians, Physician Assistants, Advanced Practice Nurses, Dentists and other health care providers. The reports on Clinical Laboratory Workforce, Pharmacists, and Dentists will be released in the next quarter and will be available on the UMEC website (www.utahmec.org).

Please send suggestions or comments on this newsletter to juolson@utah.gov. You may also contact us at the same e-mail if you prefer to not receive future newsletters.

WORKFORCE FACT

Utah supplied 177 students into dental school in 2005--four times the number of dental students per 100,000 population across the nation.

Look for staff and council profiles in future issues.

Security Plan

The UMEC is committed to maintaining the confidentiality of sensitive information and protecting individual privacy of our survey respondents consistent with G.R.A.M.A. As an inherent component of the UMEC policy, the existing security plan is periodically revised and updated. The most recent update was taken in this quarter.