

PRIMARY CARE ADVISORY COUNCIL (PCAC)
MINUTES
September 17, 2015
9:30 a.m.

COUNCIL MEMBERS PRESENT:

On the Phone:

Betsy Aiello
Chuck Duarte

Carson City:

Nancy Hook

Elko:

Gerald Ackerman

Las Vegas:

Dr. Amir Qureshi, Chairperson

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:

Laura Hale, Manager, Primary Care Office (PCO)
Scott Jones, Health Resources Analyst, PCO

Dr. Qureshi called the meeting to order at 9:43 a.m.

1. Roll call and confirmation of quorum.

L. Hale read the roll call, noting that Dr. VanBeuge was excused and the seat for a representative from the Nevada State Medical Association is currently vacant, and stated there was a quorum present.

2. Approval of the minutes from the February 19, 2015 meeting of the PCAC.

Motion: Nancy Hook

Second: Chuck Duarte

Motion passed unanimously

3. Select Chairperson for the PCAC

N. Hook nominated A. Qureshi; B. Aiello seconded.

Motion: Nancy Hook

Second: Betsy Aiello

Motion passed unanimously

4. Select Vice Chairperson for the PCAC

N. Hook nominated S. VanBeuge; B. Aiello seconded

Motion: Nancy Hook

Second: Betsy Aiello

Motion passed unanimously

5. Review and make recommendations on draft regulations for Nevada Conrad 30/J-1 Physician Visa Waiver program.

S. Jones presented draft regulations, noting that the change to the annual election of officers would be biennially (every two years) rather than bi-annually (twice every year). L. Hale explained that the language to allow proxies was drafted to support a new requirement for public bodies to specifically allow this within regulations, if they want to include proxies in their bylaws.

C. Duarte asked for clarification on the new language under NAC 439A.720, regarding the return of fees and third-party contractors.

L. Hale explained that the PCO borrowed the language on return of fees from the Texas PCO to reflect that we are not trying to make money off the program, but only to cover our costs. With regard to third-party contractors, they don't actually own or administer the facilities where clinicians work and can't control the environment with regard to signage for access to care regardless of ability to pay. They can only ensure compliance from their own contractors. Other negotiations we had with them related to physician schedules and we needed to make sure that they were getting comparable benefits to other contracted providers.

C. Duarte asked if the PCO has access to third-party contracts as part of the application.

L. Hale confirmed that the contract is a required part of the application.

N. Hook explained this was related to the two applications considered by the Council last February, which were from a third-party contractor, Inpatient Consultants (IPC) of Nevada.

Dr. Qureshi thought this might be distinguished between hospitals and clinics.

L.Hale explained that hospitalists could still work directly for an employer; a third-party is when it is a contracted arrangement; they're not actually employed by the hospital administration.

Dr. Qureshi explained that hospitals do not usually employ doctors directly. They contract with an entity like IPC, which is contracted solely with that particular hospital.

L. Hale clarified that what Dr. Qureshi described would be a third-party contractor; one difference with IPC is that they were not a sole-contractor with the hospital at that time. They were only contracted for certain types of patients. So, we needed to identify how they were treating their patients versus other patients at the hospital. If they are contracting, that would be a third-part contractor.

Dr. Qureshi suggested adding another element to NAC 439A.720 to clarify that if the PCAC does not recommend a letter of support for an applicant, that the fee would not be returned.

N. Hook clarified that the reason for not recommending a letter of support would be that it did not meet criteria.

C. Duarte agreed with not returning the application fee.

G. Ackerman joined the meeting and agreed with not returning the application fee.

S. Jones reviewed remaining proposed changes to the regulation.

B. Aiello suggested removing the old website link rather than replacing it, to avoid the need for future updates. N. Hook agreed.

N. Hook made a motion to accept the proposed regulations, including allowance of proxies, the change to biennial election of officers, to delete the name of the website, and adding language to not return the application fee if the Division does not recommend the waiver to the US Department of State. G. Ackerman seconded the motion.

Motion: Nancy Hook

Second: Gerald Ackerman

Motion passed unanimously

6. Review and make recommendations on recruitment and retention strategies for primary care providers in Nevada.

L. Hale presented information from the handout on *Practice Sites Clinician Recruitment and Retention Management System* from the North Carolina Foundation for Advanced Health Programs.

Dr. Qureshi clarified that the system began surveys in 2013, noting that two years is a limited amount of experience. He asked if the states have made changes based on the surveys?

L.Hale referenced Nebraska colleague and other states that collaborated. They presented at a June conference, noting the value of the tool. They are looking to defray costs by having other states join.

N. Hook asked if the PCO would fund the \$1,500 annual subscription cost or if costs would be passed on to recruitment sites.

L. Hale would commit PCO funds, but also welcomed support from other stakeholders.

G. Ackerman thought it was a great idea, noting that the UNSOM has the expertise to do the surveys, but not the manpower. He added that they could use the data for reports and papers. He further suggested engaging the rural hospitals and clinics, and committed support from the Office of Rural Health.

N. Hook supported working across all practice sites with rural health clinics and federally qualified health centers, and engaging with other states. She cited a recent conference call with Primary Care Associations regarding recruitment and retention, noting that the pipeline is drying up and states need to do things differently; we are drawing from the same pool nationally, and this is an opportunity to learn best practices.

G. Ackerman added that larger urban-based health systems might be interested.

B. Aiello asked for clarification regarding who would be included for the \$1,500 cost.

L. Hale explained that currently they are only including National Health Service Corps and state loan repayment providers, but we could ask them to include J-1 providers and others. The survey system also includes administrators; there are currently about 100 NHSC approved sites in Nevada, some of which do not currently host obligated providers.

G. Ackerman and Dr. Qureshi supported expansion to urban areas and non-obligated clinicians.

L. Hale agreed to follow up with contacts to determine options.

G. Ackerman motioned to seek opportunity with additional items and participation. C. Duarte seconded the motion.

Motion: G. Ackerman

Second: C. Duarte

Motion passed unanimously

7. Update on program, staff, grants and regulations.

L. Hale reported that one J-1 application is anticipated at the end of September from Northern Nevada Medical Center, and another is expected from Northeast Nevada Regional Hospital. Rather than set pre-scheduled quarterly meetings, staff will work with the Chairperson to schedule meetings to review applications, as needed.

The PCO has temporary staff starting September 21st to assist with provider surveys that help support health professional shortage area designations. Two new positions were approved by the Legislature to expand primary care workforce development efforts; they are currently under review by the state Division of Human Resources Management.

The *Rural Child Poverty Telehealth Network Grant* proposal was not funded for Nevada, but staff will continue working with partners to implement elements of the proposal where possible. Staff recently participated in a conference sponsored by the federal *Substance Abuse and Mental Health Services Administration (SAMHSA)* for multiple western states composing regions IX and X. Multiple private funders participated as well, seeking proposals for health care integration and related activities. Proposals will be drafted to reflect priorities from the NV Department of Health and Human Services.

Regulations are in drafting process for both the J-1 program and for the Certificate of Need program; we hope to get these through the workshop process and to the State Board of Health for the public hearing in March.

8. Public Comment

G. Ackerman announced new primary care and behavioral health ECHO clinics beginning September 25th, in collaboration with Nevada Rural Health Partners with participation from Community Health Centers.

The meeting adjourned at 10:45 a.m.