

PRIMARY CARE ADVISORY COUNCIL (PCAC) MINUTES

November 20, 2017

10:00 a.m.

COUNCIL MEMBERS PRESENT:

Carson City:

Shannon Sprout

Call-In:

Dr. Amir Qureshi, Chair

Shannon Sprout

Nancy Hook

Gerald Ackerman

Charles Duarte

COUNCIL MEMBERS EXCUSED:

Dr. Susan VanBeuge, Vice Chairperson

Catherine O'Mara

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:

Scott Jones, Manager, Primary Care Office (PCO)

Joseph Tucker, Primary Care Office (PCO)

Veronica Sheldon, Primary Care and Health Workforce Development Office

Margot Chappel, Primary Care and Health Workforce Development Office

OTHERS:

Linda Anderson, Deputy Attorney General (DAG)

Ashley Lane, Sound Physicians, Immigration Specialist

Dr. Qureshi called the meeting to order at 10:05 a.m.

1. Roll call and confirmation of quorum.

S. Jones read the roll call and stated that there was a quorum present.

2. Approval of the minutes from the August 21, 2017 meeting of the PCAC.

No questions or comments.

Motion: Gerald Akerman

Second: Nancy Hook

Motion passed

3. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding J-1 Physician Visa Waiver Letter of Support for Dr. Spencer McDonald.

J. Tucker presented a summary (handout) of Dr. Spencer McDonald's application.

Motion: Nancy Hook

Second: Charles Duarte
Motion passed unanimously

4. Review and make recommendations regarding proposed updates to J-1 Visa Waiver Program regulations.

1. Primary Care Advisory Council (PCAC) Review of Nevada J-1 Physician Visa Waiver Applications

S. Jones stated that currently, the PCAC reviews every application. The proposed update would be that the DPBH Administrator will determine whether the application meets the program requirements or if additional public review is needed by the PCAC. If public review is not required, the DPBH Administrator will determine if the state will provide a letter of support for the application. He stated that this change in regulation would allow the PCAC to be utilized with complex applications that necessitate the expertise and input of the PCAC as a public body. By updating this regulation, most applications could be directly approved by the DPBH Administrator without additional review, expediting state processing by two to three weeks, saving valuable time for the clinical sites, the J-1 waiver doctors, and the PCAC members.

Dr. Qureshi asked if the change was approved. He also asked when the PCAC would meet to review the more complex applications, if a summary of the applications that were approved without PCAC input be provided. S. Jones stated that it is required that the PCAC have one meeting each year. Within that meeting, each application could be reviewed in detail. If the Administrator deemed it appropriate, a meeting would be held at any time when there was an application that was more complex and required PCAC input. S. Jones stated that in no way is this proposed change meant to exclude the PCAC. This is being considered as a result of several 6-8 minute meetings in the last year in which there was no complexity to the application, and there was a clear demonstration of need for the doctor. S. Jones further stated that this agenda item includes only proposed regulatory changes, and that the PCO is looking for the input of the PCAC before pursuing the changes. C. Duarte stated that he agreed with the intent of the proposed change, but that he thinks that there is an oversight function that could be performed by the PCAC. This function could include the evaluation of data, such as the number of applications that had been received and approved that are not necessarily direct primary care applications, such as hospitalist applications.

G. Ackerman stated that he agreed with C. Duarte, and that there are several J-1 applications that come through for specialties that have nothing to do with primary care. He asked how the review and support process would happen if several primary care applications came in, and several applications for other specialties such as surgeons arrived simultaneously. Dr. Qureshi stated that this has not been an issue since slots have historically never been completely filled. G. Ackerman also asked how much outreach is completed by the Primary Care Office. S. Jones stated that historically the outreach included promotional meetings with rural hospital administrators and other organizations. The office has recently been considering reaching out to clinics that serve a high number of Medicaid clients as well as producing some video trainings. The outreach has been limited, but the PCO would like to complete more.

G. Ackerman suggested utilizing a few members of the committee as an executive committee to approve applications with no complexity, but stated that he was unsure if that broke Open Meeting Law. He further suggested that more marketing for the J-1 Visa program needed to be done to the clinics as well as to the residency programs. S. Jones responded that sub-committee or executive

committees would still fall under open meeting law. Additionally, the PCO has been looking to start marketing to areas that have not been marketed to in the past, such as rural clinics and the residency programs.

S. Jones stated that his impression was that the PCAC did not support this item, and that he should not pursue update of this subpoint. Dr. Qureshi asked for comments from the Council. The members agreed that they were not in support of making the regulation changes for this item.

2. Program Penalty Process

S. Jones outlined that program complaints require three confirmed violations and three fines to cause the state to support J-1 participant transfer. The proposed update is that after a complaint is investigated and program non-compliance verified, the DPBH Administrator has the authority to prohibit an employer from future participation in the program without a fine. The DPBH Administrator can allow the employer to participate again in the program only with sufficient justification. The DPBH Administrator cannot issue a future letter of support for an employer penalized for a program violation in the preceding two years. N. Hook asked if this was due to the fact that the fines were rarely received. S. Jones replied that doctors cannot receive assistance to transfer employers until the fine is imposed which can be difficult for them. S. Jones stated that this change would allow the PCO to deny an employer from participating once they have been found to non-compliant with the program and to more quickly and efficiently assist the J-1 doctors. Dr. Qureshi stated that he agreed with this change because it would assist doctors in being able to move if they were in a challenging employment situation, and the employer would no longer be able to participate in the program.

3. Sliding Fee Scale Requirement for Employer Program Participation

S. Jones stated that the employer is required to “offer fees based on a sliding scale to patients whose income is at or below 200 percent of the federally designated level signifying poverty”. The proposed update is that the employer is required to offer discounts to patients that demonstrate financial need. The employer is not required to offer a sliding fee scale. N. Hook and C. Duarte stated they had concerns that this change would leave interpretation open. G. Ackerman suggested that a possible alternative is to complete a survey of what other states do and better define the Sliding Fee Scale. N. Hook stated that there is a good definition of Sliding Fee Scale available through the Federal Bureau of Primary Care. S. Jones stated he would research what other states use for a sliding fee schedule and report back to the Council.

4. Program Complaint Process

S. Jones stated that if a complaint violation relates to patient safety, a report needs to be submitted to the Board of Medical Examiners (BME). If a violation does not affect the health and safety of a patient, a report should be sent to the BME or Healthcare Quality and Compliance (HCQC). The proposed update would be that complaints, when received by DPBH, are categorized as one or more of the following violation types: (1) a state J-1 Visa Waiver Program violation, (2) a facility or employer health or safety violation, or (3) a physician health or safety violation. In the case of a state J-1 Waiver Program violation only, DPBH completes the investigation without reporting the results to the BME or to HCQC. If the complaint is regarding a facility or employer health or safety violation, the complaint is forwarded to HCQC for investigation. If the violation is a physician health or safety violation, the complaint is forwarded to BME for investigation. Dr. Qureshi stated he agreed with this and asked if any members of the Council had any comment.

5. Minor Changes to Regulations

S. Jones presented a list of minor updates to the regulations from a handout. Dr. Qureshi and G. Ackerman stated that they agreed with the proposed changes.

Dr. Qureshi asked if the Council had any further comments on the items. The Council had no further comments.

Public Comment: Ashley Lane stated that other states use Federal Poverty Guidelines to determine program eligibility of sites. Sound Physicians has in the past submitted the Federal Poverty Guidelines and a notarized document stating that they will utilize the Federal Poverty Guidelines to provide services as a requirement for the waiver. A. Lane stated that a lot of states are starting to utilize this method over a Sliding Fee Scale.

The PCAC agreed on a motion to recommend items 2, 4 and 5 for inclusion in proposed updates to J-1 Physician Visa Waiver Program regulations. As part of the motion, the PCAC was not in favor and did not recommend items number 1 and 3 for inclusion in proposed updates to J-1 Physician Visa Waiver Program regulations.

Motion: Gerald Ackerman

Second: Nancy Hook

Motion passed unanimously.

5. Update on staff, grants and regulations.

S. Jones outlined that one participant complaint was received and investigated. The reported complaint was found to not be a violation of any State or Federal regulation or policy. The complaint was closed. The complainant and employer information will not be shared to maintain their confidentiality.

6. Public Comment.

No public comments were made.

7. Adjournment

The meeting adjourned at 11:30AM.