

PRIMARY CARE ADVISORY COUNCIL (PCAC)  
MINUTES  
April 19, 2015  
9:30 a.m.

**COUNCIL MEMBERS PRESENT:**

**Carson City:**

Nancy Hook  
Betsy Aiello

**Elko:**

Gerald Ackerman

**Las Vegas:**

Dr. Amir Qureshi, Chairperson  
Dr. Susan VanBeuge, Vice Chairperson

**COUNCIL MEMBERS EXCUSED:**

Chuck Duarte

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:**

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

**OTHERS:**

Linda Anderson, Deputy Attorney General  
Dina Corigliano, Paralegal, Jeffries and Corigliano  
Lynnette Daniels, NV State Board of Medical Examiners  
Catherine O'Mara, Nevada State Medical Association  
Andrew Shackelford, Attorney for IPC  
Jessica Simpson, Attorney, Jeffries and Corigliano  
Dee Shafer-Whitten, Renown Health  
Meena Vohra, MD, University Medical Center  
Caroline Weaver, Inpatient Consultants of Nevada, Inc.

Dr. Qureshi called the meeting to order at 9:45 a.m.

**1. Roll call and confirmation of quorum.**

L. Hale read the roll call and stated there was a quorum present.

**2. Approval of the minutes from the December 15, 2015 meeting of the PCAC.**

No questions or comments.

**Motion: Dr. Susan VanBeuge**

**Second: Nancy Hook**

**Motion passed unanimously**

**3. Recommendation of Catherine O'Mara, to Division Administrator Cody Phinney, to serve on the Primary Care Advisory Council, as the representative for the Nevada State Medical Association.**

L. Hale introduced Ms. O'Mara as the new Executive Director for the Nevada State Medical Association, and presented her background.

Dr. Qureshi welcomed Ms. O'Mara to the Council.

**Motion: Gerald Ackerman**  
**Second: Dr. Susan VanBeuge**  
**Motion passed unanimously**

**4. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding J-1 Physician Visa Waiver Letter of Support for Dr. Judith Ben Ari Lazcano.**

L. Hale advised that Jessica Simpson and Dina Corigliano, legal representation for Dr. Lazcano, were present by phone.

S. Jones presented a summary (handout) of Dr. Lazcano's application.

Dr. Qureshi advised that the employer representative, Dr. Vohra, was present. He asked if Dr. Lozcano would be practicing at University Medical Center inpatient only, hospital based critical care. Dr. Vohra confirmed that this was correct. Dr. Qureshi acknowledged the shortage for both adult and pediatric critical care in Nevada.

Dr. VanBeuge asked if there would be any outpatient services provided. Dr. Vohra stated there will not be any outpatient services.

**Motion: Dr. Susan VanBeuge**  
**Second: Betsy Aiello**  
**Motion passed unanimously**

**5. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding J-1 Physician Visa Waiver Letter of Support for Dr. Neda Hashemi.**

S. Jones advised that Caroline Weaver, employer, and Andrew Shackelford, legal representative, were present by phone on behalf of Dr. Hashemi, and presented a summary (handout) of her application.

Dr. Qureshi asked if the candidate had finished the basic Nephrology fellowship. He understands that transplant nephrology is a subspecialty.

N. Hook noted that the support letter from IPC states Dr. Hashemi finished her Nephrology fellowship on June 30, 2015 from UCLA, and is now in her Transplant Nephrology fellowship.

A. Shackelford stated that she would finish on June 30, 2016.

A. Qureshi asked if she will be practicing as an Internal Medicine Hospitalist only.

C. Weaver answered yes, she will be doing Internal Medicine after completing her [Transplant] Nephrology fellowship. She decided that she would rather do Internal Medicine.

Dr. VanBeuge asked if the candidate will be doing any Primary Care or care services in the community.

C. Weaver responded and said she will be working as a hospitalist. Dr. Qureshi added that IPC is purely inpatient services, and noted that he generally has concerns with sub-specialists, but would leave it to the members.

N. Hook asked if anyone knew why the candidate decided not to continue in her specialty.

C. Weaver responded she enjoyed Nephrology, but missed the patient contact and broader aspects that Internal Medicine provided.

**Motion: Gerald Ackerman**  
**Second: Nancy Hook**  
**Abstain: Dr. Amir Qureshi**  
**Motion passed**

**6. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding J-1 Physician Visa Waiver Letter of Support for Dr. Razmig Garo Kratlian.**

S. Jones presented a summary (handout) of Dr. Kratlian's application.

**Motion: Gerald Ackerman**  
**Second: Betsy Aiello**  
**Motion passed unanimously**

**7. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding transfer of Dr. Mansi Shah from the Renown Health Care Center, 21 Locust Street, Reno, NV 89502 to the Renown Regional Medical Center, 1155 Mill Street, Reno, NV 89502.**

S. Jones presented a summary (handout) of Dr. Shah's transfer request.

Dr. VanBeuge expressed concern that the candidate is currently working in the community as a Primary Care Physician and moving to a hospital, but the Council should be working on keeping providers out in the community.

D. Schafer, Director of Physician Recruitment from Renown explained they are doing everything they can in the primary care arena, as well. Since last July they have recruited 30 new primary care practitioners. As their primary care and subspecialty bases grow so does the volume in the hospital. They are doing everything they can to be a community-based facility but their volumes in the hospitalist program continue to grow based on the growth of their medical group and other medical groups in the community. Dr. Shah has the skill set to fulfill one of those needs, where volumes have surpassed code green several times in the last month. It's a way to take care of those same patients, but in the hospital setting.

Dr. Qureshi asked about the setting of Renown.

D. Schafer described Renown Regional Medical Center as the largest not-for-profit facility in the Reno area. It is an 800-bed licensed facility, with 259 medical practitioners, 22 primary care facilities and about 9 urgent care centers. In addition, there are healthcare centers and the pregnancy center for uninsured and low-income populations, along with the South Meadows facility. Everything they get is invested back into the community; they do not have other competing facilities in other areas.

**Motion: Gerald Ackerman**  
**Second: Dr. Susan VanBeuge**  
**Motion passed unanimously**

**8. Review and consider approval of recommendations for the Nevada Conrad 30/J-1 Physician Visa Waiver Program.**

S. Jones reviewed proposed updates to policies and procedures for the program.

1. New fee schedule information to be included following approval of amendments to Nevada Administrative Code.
  - *There were no questions or comments.*
2. Add reference for PCO review and processing timeframe for applications as 30-45 days.
  - *There were no questions or comments.*
3. Add reference for timeframe of PCAC meeting and option to request expedited processing.
  - *There were no questions or comments.*
4. Move specialist instructions to section on Waiver Application Components.
  - *There were no questions or comments.*
5. Remove Rural Health Clinics, Critical Access Hospitals and Rural Hospitals from list of facilities that can submit an exemption regarding service to patients regardless of ability to pay and utilizing a sliding fee scale. RHC, CAH and RH by default don't have to serve all patients or have a sliding fee scale, but they would have to provide evidence that these are in place.
  - *There were no questions or comments.*
  - (NOTE: Subsequent staff review of this item revealed a conflict. This item will be brought back to the PCAC at the next meeting.)
6. Update section on facility patient data by payer type to:
  - clarify that data is for the practice site;
  - identify a threshold of 25%, below which service to low-income populations must be further documented;
  - remove requirement for data from three individual months, but retain requirement for data from 12-month period.
  - *There were no questions or comments.*
7. Remove requirements for minimum number of hours for clinical services, but retain 40-hour per week requirement for approved practice site.
  - *There were no questions or comments.*
8. Remove requirements for specialists and hospitalists to provide information regarding future affiliation with education and training programs in Nevada, distance between practice site and hospital, language fluency, and six months of admissions data for site and specialty area.

G. Ackerman expressed general concern about recruiting hospitalists into primary care shortage areas, but noted that these applicants may not consider primary care anyway.

Dr. Qureshi noted that with the increase in hospitalists in Las Vegas, many of the outpatient doctors concentrate on outpatient services, while those with both hospital and outpatient privileges do mostly outpatient.

G. Ackerman stated that new Residents from Internal Medicine are increasingly hospitalists and actually bypass general medicine and internal medicine.

Dr. Qureshi asked if employment opportunities serving underserved were for hospitalists and not outpatient.

G. Ackerman explained there are a lot of opportunities in outpatient settings, but there is no pool to tap into. Last year, out of 47 residents, only 2 were in primary care; some went into sub-specialty, but the majority were hospitalists. In speaking with colleagues, it is a trend around the country.

Dr. Qureshi noted that Hospitalists work is an "easy-in, easy-out" environment compared to outpatient settings that require a greater commitment.

Dr. Van Beuge has been a little outspoken on this topic because she felt she needed to say something. Particularly with someone moving from primary care into the hospital.

Dr. Qureshi acknowledged there is a shortage on both sides.

G. Ackerman referenced primary care underservice and the need at Renown for both primary care and hospitalists, and asked about the primary care matrix.

L. Hale explained that the allowance for flex slots was part of a national expansion several years ago, allowing all state PCOs to recruit that way. In Texas, where they fill all 30 slots, they primarily consider that the providers are serving in a shortage area, or underserved populations.

G. Ackerman agrees that it is helpful to bring in all types of providers. He just wants to do more in primary care.

L. Hale noted that other states do have more state-funded recruitment and retention programs. If Nevada wants to emphasize primary care, we have to put more resources into it, so it becomes a legislative or budget issue.

Dr. VanBeuge thanked Scott for his hard work incorporating comments from December's meeting.

**Motion: Dr. Susan VanBeuge**

**Second: Nancy Hook**

**Motion passed unanimously**

## **9. Update on staff, grants and regulations.**

L. Hale advised Management Analyst I position had been filled. The Manager position was still with Personnel to get approved. It is currently on a 30-day review period then it will be going to the budget division then our personnel. We received notice from HRSA at the end of March is offering supplemental funds to all PCO state offices to help with data development for providers. Probably the most labor intensive task we perform in the PCO is the provider surveys to help determine health professional shortage areas, that support the J-1 Waiver and other programs. The amount available to the state of Nevada is \$41,990. We just submitted our application yesterday. We are proposing to do a collaboration with other states in Regions 9 & 10, to include a regional training in Portland, Oregon followed by a workshop/webinar for the people who will be more hands on. Also, we will work with our state Medicaid staff, to utilize Medicaid claims which will give more accurate numbers. Also, we would like to work more closely with Catherine O'Mara to engage more providers in the state. Other states work with medical associations to do outreach to international medical graduates. Workshops were completed for regulations for the J-1 program and the hearing will be with the Board of Health on June 10<sup>th</sup>; we don't anticipate any problems. The Certificate of Need regulation had 3 workshops and the public hearing is scheduled for May 16<sup>th</sup>, with the Director for the Department of Health and Human Services.

Dr. Qureshi asked if states that fill their 30 slots refer applicants to other states. L. Hale explained there is a user group for the J-1 program that shares information.

## **10. Public Comment.**

Linda Anderson noted that Dr. Qureshi runs a really good meeting!

## **11. Adjournment**

The meeting adjourned at 10:58 a.m.