January 20, 2017 3:30-6 PM

Florida Physician Workforce Advisory Council
Meeting Minutes

Council Members Present:

- Celeste Philip, MD, Chair, State Surgeon General
- Alma Littles, MD, Vice Chair
- Michael Curtis, MBA
- Linda Delo, DO
- Michael Gervasi, DO
- Gary Goforth, MD
- James T. Howell, MD
- Edward Jimenez, MBA
- Ralph Nobo, MD
- James O'Leary, MD
- Dennis Saver, MD
- Paul Seltzer, DO
- Sergio Seoane, MD
- Kevin Sherin, MD
- Emily Sikes

DOH Staff Present:

- Nathan Dunn, Strategic Projects Manager
- Steven Chapman, PhD, Division Director, Public Health Statistics and Performance Management
- Daphne Holden, PhD, Chief, Bureau of Community Health Assessment
- Debbie Reich, MA, State Primary Care Office Supervisor
- Megan Givens, Division of Medical Quality Assurance

Agency for Health Care Administration staff Thomas Wallace via phone.

Dr. Philip called the meeting to order at 3:35 p.m. Council members received all pertinent meeting materials. Workgroup members participated via conference call and could actively and equally participate in the discussion.

I. Welcome and Roll

Mr. Dunn welcomed workgroup members and public attendees to the call and took roll.

II. Minutes from May 15, 2016 Meeting

The Advisory Group unanimously agreed to accept the minutes from the May 15, 2016 meeting with no edits.

III. Opening Comments

Dr. Philip thanked participants for their time and welcomed Dr. Alma Littles as the new vice chair of the Council. She then called for workgroup presentations and discussion.

IV. Workgroup Reports

A. HPSA Workgroup
Dr. Gervasi reported on the National Health Service Corps scholarship and loan repayment program. Dr. Howell brought it to the attention of the medical school deans to consider promotion of the programs to medical students and interns. Promoting the NHSC to residency programs around the state was also discussed. The insertion of promotional flyers in welcome packets for dental and other types of professional meetings to target students and residents was suggested.

The National Health Service Corps loan repayment program is not guaranteed. The council would like to pursue data about the percent of applicants rejected. Reasons for rejection other than HPSA score and eligibility requirements listed on the NHSC website are not available. In order to be considered for loan repayment the employment site must be a certified NHSC site and have a HPSA score of 14 or greater. The Federal NHSC program funding sets thresholds for scores accordingly.

There was also a question about what is happening in other states. Georgia has its own loan repayment program: about half a million for a 2-yr obligation, though the funding fluctuates from year to year. There was a conversation about how Florida could fund something similar, with a suggestion of approaching hospital chains or private entities such as foundations.

Two issues for the workgroup were 1) Educating and promoting about the National Health Services Corps; and 2) pursuing alternative funding for a state-based system.

Dr. Littles pointed out that Florida had a state-based system in the past: the Florida Health Services Corps Program existed in the mid-1990's and then again in the early 2000's. The statute remains in existence but the program is not currently funded.

There was more discussion about what criteria is used to select recipients for the National Service Corps loan repayment program. Dr. Philip asked Ms. Reich to find out more details so they could potentially provide feedback to applicants.

There was a discussion about whether communities can fund positions themselves. Dr. Littles commented that private foundations in some counties have pockets of resources. Dr. Gervasi suggested that one county doing it well could be used as a model for others.

B. Licensure Survey Workgroup
Dr. Littles reported that the workgroup has been through many drafts of the survey with the goal of simplifying and shortening. The Survey Workgroup members reviewed each question and how the responses could be utilized. The workgroup also reviewed the survey to determine which questions might be deleted. The workgroup reviewed California's physician survey and the American Medical Association's survey.

There was a discussion about the process of revising the survey. Mr. Dunn described the multi-step process involving a formal rule-revision.

Megan Givens in the Division of Medical Quality Assurance (MQA) at the Florida Department of Health said MQA would be able to make a smarter survey to filter questions better.

There was a discussion about questions relating to shortages. Dr. Philip said we know that some physicians are licensed but not practicing, but we do not know why. Dr. Littles suggested adding a question such as "what would make you want to practice?"

Some members said that it's difficult to get a license to practice in Florida and especially difficult to get a volunteer license. In the past, some physicians obtained a Florida license to practice in the winter only. It was mentioned that there has been decreasing red tape over the past few years.
An additional survey question suggested by the council could be, "How many licenses outside of Florida do you hold?"

There was a discussion about whether the question, “How many months did you practice in Florida in the last 12 months?” should be reworded. Dr. Gervasi said that he skips this question because he’s in administration and not patient care. A better wording would be, “In the last 12 months, how much time was spent in direct patient care?”

There was a discussion about how some things are difficult to capture, such as why someone changes practice. One idea was including a text box which would offer an “other” option.

A new question was suggested: “Why did you relocate to Florida?” This may surface ideas to help recruit physicians to the state.

The next discussion focused on the aging physician workforce. A question phrased such as: “Do you plan to stop seeing patients in Florida in 5 years?” rather than “Do you plan to retire?” might be more informative and lead to indications related to future shortages. Another suggestion was to ask “Do you plan to continue seeing patients in the next five years?”

The Council also discussed the question about how many medical students Florida has per year? Dr. Howell reported there are about 1,000 graduates per year and that 46% of those stay in state. The Council members discussed that Florida’s residency programs have such a good reputation that many highly qualified candidates from other states apply for residency in Florida and obtain slots. Likewise, Florida graduates apply for residency in other states. Of all the medical residents who graduate from residency programs in Florida, approximately 68% remain in state to practice.

Dr. Philip asked if we are collecting demographic information on age and gender. The suggestion was to use licensure information and consider making it part of rule change. It is de-identified information, so we are unable to link it to specific people.

C. **Strategic Plan Workgroup**

Dr. Saver said the workgroup had made a revised work plan. The workgroup members realized that they need better data. It was suggested that the Department of Health should help create a database—to get a detailed handle on GME slots because existing data is insufficient to make projections. There are a variety of sources and ways to count. The workgroup wants to capture data on internships, residencies and fellowships.

There was a question about whether there was one entity that tracks total available GME slots and the total filled slots and the answer was no. Dr. O’Leary said he will share what data he has.

Tom Wallace of AHCA said that the GME program has the number of slots. Mr. Wallace explained there are 2 GME programs: one started in FY 13-14 and then there was a bonus start up program which began in FY 15-16 and continued into the current FY 16-17. However, the total 80 million dollars was reduced slightly to provide funding for the federally qualified health centers in FY 16-17.

The number of slots and funding amounts are on the Medicaid page of the AHCA website. The list of programs that applied is also on the website. All of the funding used for residency programs goes to the hospitals. Mr. Wallace said the application process requires program descriptions and that the applicants do not have to provide specific information on how the funding is spent by categories. All of the 100 million dollars is allocated for startups and bonuses. Mr. Wallace explained that there were only about 10 applicants initially. Council members asked about how the startup programs sustain themselves for years 2 and 3 if the funding is only for year 1. Council members said that some of these residency hospital programs sustain themselves using portions of patient insurance reimbursement for residency program support. AHCA provided the following summary of GME funding for the Statewide Medicaid Residency Program (SMRP) and the Graduate Medical Education Startup Bonus Program:

Fiscal Year	SMRP	GME Startup	Total
SFY 13-14	$79.9 million	$0	$79.9 million
SFY 14-15	$79.9 million	$0	$79.9 million
SFY 15-16	$80 million	$100 million	$180 million
SFY 16-17	$80 million	$100 million	$180 million
SFY 17-18	$80 million	$117.3 million	$197.3 million

Additional information and details regarding the GME funding programs can be found here: http://ahca.myflorida.com/Medicaid/Finance/finance/LIP-DSH/GME/index.shtml

The Council discussed the lack of specific and comprehensive GME data. It was discussed that it is very important for the council to work to create a data base of other items in addition to the licensure survey to make best projections about the state's future physician workforce supply. It was suggested that a process be developed to amalgamate the various existing GME data bases into one at the Department and develop methods to sustain such a data base.

Ms. Sikes said that the Board of Governors had submitted a Legislative Budget Request (LBR) for GME to expand the slots and start new ones. It was explained that Medical schools do not own residencies, hospitals do. Many medical schools have helped hospitals develop programs.

Dr. Saver said that the workgroup requested that the council prepare a short 1 to 2-page report for this legislative session. The report would be based on two pieces of information: The number of medical school graduates each year and the number of first year slots. From those numbers, the implications for maintaining a sufficient physician workforce supply could be presented.

Members of the council expressed they would like something by draft form to present to the legislature. The goal is to help the legislature understand that there is a mismatch between the number of graduates and the number of year 1 GME slots. The Council expressed that the report should focus on and highlight inadequate GME and include a preliminary forecast of future GME needs. The Council members expressed that such a focused report would inform the legislature that there is a GME problem and that specifics would be forth coming. It was summarized that the Council needs to be specific on the solution: There is a shortage of adequate GME funding to keep Florida's medical school graduates in state for residency, and eventually keep them as practicing physicians in Florida.

Dr. Philip thought that the Board of Governor's current LBR may address this. She was concerned about information coming from more than one entity at this time for this legislative session. Dr. Philip expressed that the LBR is a good starting place. Dr. Littles asked if the LBR could be circulated and Dr. Philip suggested reviewing the language of the proposal before deciding on further action.

The workgroup presentation concluded with some discussion of next steps: The Council needs to determine what type of forecast model should be used. Forecast models are unexplored and complicated. Analysts will be needed for such forecasting processes and reports. When better data is available, more specific recommendations can be made in a couple of years.

V. Closing Comments and Adjournment

Dr. Philip closed the meeting by saying that there was a lot of good discussion. It is important for the Council to continue operating consistently with their charge from statute. She suggested that the next meeting focus on the Strategic Plan.