



Florida Physician Workforce Advisory Council
Meeting Minutes

Council Members Present:

- Celeste Philip, MD, Chair, State Surgeon General
- Alma Littles, MD, Vice Chair
- Thesla Berne-Anderson, MS
- 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
- Sergio Seoane, MD
- Kevin Sherin, MD
- Emily Sikes

DOH Staff Present:

- Nathan Dunn, Strategic Projects Manager
- Jennifer Johnson, MPH, 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

Council members received all pertinent meeting materials and participated via conference call.

I. Welcome and Roll

Ms. Reich welcomed workgroup members and public attendees to the call and took roll.

II. Minutes from January 20, 2017 Meeting

The Advisory Group unanimously agreed to accept the minutes from the January 20, 2017 meeting with no edits.

III. Opening Comments

Dr. Philip thanked participants for their time and welcomed Jennifer Johnson as the new Director for the Division of Public Health Statistics and Performance Management.

Dr. Philip shared about several conversations with others, including Dean John Fogarty from FSU College of Medicine and Terry Meek from the Council of Florida Medical School Deans, about the role of the Physician Workforce Advisory Council (Council). A goal is for the Council to maintain a strategic role and to collaborate and use resources efficiently. The Council of Florida Medical School Deans is interested in collecting data and providing recommendations about physician workforce. Since the Department of Health (Department) no longer has funding or staff to support all the functions of its statutory obligations

regarding physician workforce, Dr. Philip would like to consider opening the statute and realigning the role of the Department.

Other reasons to consider revising the statute are that the Department is statutorily obligated to include some specialty questions in the physician survey that the Council feels are outdated; the Council could revisit the membership of the PWAC specified in statute and consider adding someone from ACHA.

There was a discussion about the Council's previously stated reluctance to pursue legislation and about what the Council is allowed to do without changing the statute. Dr. Philip stated that while we have the authority to change the survey, we cannot eliminate specialty areas or Council membership explicitly stated in statute.

Dr. Philip noted the length of the proposed survey. Nathan Dunn estimated that the proposed revisions would add 20-25 questions to the survey. Some of the increase was because the workgroup wanted to add questions that were on the American Medical Association survey and add questions about ARNPs and PAs. It was mentioned that the survey requires a sworn attestation of validity and that some of the questions were proprietary in nature and not strictly connected to relicensing. A council member suggested that the survey add a statement that the data will only be published in aggregate to make survey takers more comfortable with those questions.

There was a discussion of a "parallel track" idea: the Council could pursue statutory revision while they are also pursuing changes to the survey through the rule revision process. Council membership came to a consensus that this was the way forward. Survey revision should include a close look at making the survey shorter to the degree possible without revising the statute.

Members discussed the timeline. Council members came to consensus that they would target January 31st of 2019 for the new survey so that everyone could take the same survey (MDs and DOs, who currently take the survey alternate years).

IV. Pipeline Survey

Dr. Littles reported that we now have survey results from all nine medical schools. The subgroup has not finished with the analysis yet. Preliminary data show that medical schools are engaged in teaching, tutoring, shadowing, and field trips with youth. Dr. Littles will share full findings when they are available.

V. HRSA Loan Repayment

Debbie Reich shared what she learned about the National Health Service Corps eligibility requirements while attending the HRSA Bureau of Health Workforce Primary Care Officers Meeting in June. Applicants are awarded by HPSA scores higher than or equal to 14. Applicants employed at the higher HPSA scores are given priority, and awards are made down to 14 if funding is available. Applicants are not required to write essays. Applicants from socio-economic disadvantaged backgrounds are given preference. Over 10,000 applications were received nationally in 2016-17 and approximately 7,500 were awarded.

Dr. Philip asked why New York and Illinois had higher numbers than Florida; Debbie will report back to the Council.

VI. GME Database

Partnering with the Council of Florida Medical School Deans: The Designated Institutional Officials (DIOs) from each Medical School can send data to a central repository. The Accreditation Council for Graduate Medical Education (ACGME) website contains data on the current accredited programs and provides a good look at who is training in various specialties. This is a work in progress and updates will be sent to the Council. The database is not complete because of the ongoing conversion of osteopathic programs to ACGME; information about super-specialty programs is not known at this time.

There was a discussion about how best to do forecasting with the data. Dr. Philip said that we can partner with the Council of Florida Medical School Deans. She said the Department is in a position to run reports but not to create prediction models. Dr. Joan St. Onge said that forecasting will depend of the conversion of the osteopathic programs and she will have new data on that July 1st and will be able to provide a complete snapshot at that time. There was a discussion about how there are different forecast models and it was important to choose the right one. A decision was reached that this year the Council will consider forecasting models and make a recommendation.

V. Closing Comments and Adjournment

Dr. Philip asked for public comment and adjourned the meeting at 2:40pm.