

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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**Florida Physician Workforce Advisory Council**  
**Meeting Minutes**  
**Wednesday, September 30, 2020**  
**1PM – 2PM Eastern**

**The following Council members were in attendance:**

Debra Andree, MD  
Saima Chaudhry, MD  
Ulyee Choe, DO  
Peter Cohen, DO  
Michael Curtis, MBA  
Linda Delo, DO  
Corey Howard, MD  
Cuc Mai, MD  
Joan St. Onge, MD  
Mark Sandhouse, DO  
Dennis Saver, MD  
Emily Sikes  
Steven Sonenreich, MBA

Dr. Scott Rivkees was not available to attend this meeting. Nathan Dunn opened the meeting welcoming all in attendance. A quorum was attained.

There was a motion and a second to approve the meeting minutes from the September 1, 2020 meeting. The minutes were approved unanimously.

**Florida's Graduate Medical Education (GME) Programs**

Dr. Joan St. Onge provided an overview of the annual update for the Accreditation Council for Graduate Medical Education (ACGME) residency report. The deadline for an initial ACGME accreditation form for Osteopathic accreditation was June 30, 2020. There has been growth in both new and existing ACGME programs. Draft data shows an increase of approximately 500 slots in the state over the past year.

Dr. Dennis Saver asked whether the 500 number is accurate. Dr. St. Onge responded that the numbers are preliminary, and further verification will be needed. Dr. St. Onge also noted that the growth may be mostly in fellowships. Dr. Saver requested that Mr. Dunn send out a copy of the final report to the Council. Dr. St. Onge noted that when the data is verified and correct, a determination can be made about how the programs are impacting the state physician workforce and quality of care.

Mr. Dunn introduced Kelly Parker from the Agency for Health Care Administration. Ms. Parker is a Regulatory Analyst Supervisor and will be available to provide updates related to the GME Statewide Medicaid Residency Program Distribution and the GME Startup Bonus Program.

### **Review and Approval of Recommendations - 2020 Physician Workforce Annual Report**

Mr. Dunn opened the discussion of the Physician Workforce Annual Report recommendations. Mr. Dunn had emailed the recommendations to the council members and had requested their feedback and comments. Feedback and comments received were provided to the council members in preparation for this meeting.

Dr. Saver opened the discussion with the topic of the recently passed autonomous Advanced Practice Registered Nurse (APRN) licensure and loan repayment program. Dr. Saver asked if there is any way to track the autonomous APRN licenses. Dr. Howard agreed with Dr. Saver about the need for tracking, and he thinks more data would be useful. Dr. Mai also agreed and asked if there is current data available. Mr. Dunn explained that the Board of Nursing is currently going through the rule making process for the autonomous APRN license, and that such data may be available soon. Dr. Saver expressed a desire for any autonomous APRN licensure data to be made available to the council. Mr. Dunn indicated that the Board of Nursing will have further information about data tracking. The Division of Medical Quality Assurance intends to produce quarterly and annual autonomous APRN licensure data reports. It may be possible to have reports in the future that demonstrate the number of autonomous APRN licenses by city and county.

Allison Stachnik, from the Division of Medical Quality Assurance (MQA), informed the Council that autonomous APRN licenses will begin to be issued by the end of October 2020. She also indicated that autonomous APRN data will be available in the MQA Annual Report.

Dr. Saver asked if APRNs complete a licensure survey as do physicians, and if so, could the Council see the survey and suggest additional questions. Ms. Stachnik explained that the Center for Nursing, which reports the nurses survey data, lost funding and is closed until further notice. Ms. Stachnik said she could ask for recently completed data and any reports from the Center for Nursing. Ms. Stachnik also explained that the nursing workforce surveys are not mandatory, and the Department of Health (Department) does not have any participation or authority over the survey; so it is uncertain whether the Council or the Department could participate in the review and revision of survey questions. At present, there are no questions on the survey related to the autonomous APRN practice. Mr. Dunn will provide any available nursing survey data report.

Dr. Delo opened the discussion about recommendations by commenting on the recommendation suggested by Dr. Joedrecka Brown Speights: "Physicians in practice and health care providers (including graduate and undergraduate medical educators) in Florida should complete implicit bias training to 1) assist with culturally responsive workforce development, 2) create a more sustainable work environment and 3) foster a high quality health care provision environment for people of color in an effort to address inequities especially for African Americans and Native Americans." Dr. Delo suggested rewording this to "all persons of disparate backgrounds", and to remove specifying "African American" and "Native American" references. Many other council members agreed. The discussion continued, as some members suggested including examples or definitions of disparate backgrounds including race, language, disability, etc. Dr. Choe suggested discussing health equity to

provide quality health care for all. Dr Andree suggested addressing health equity and disparity in the recommendation. Mr. Dunn reread the revised recommendation and asked if there were any more edits or changes. There were no further comments from the Council. The final wording for the recommendation was, "Physicians in practice and health care providers (including graduate and undergraduate medical educators) in Florida should complete implicit bias training to 1) assist with culturally responsive workforce development, 2) create a more sustainable work environment and 3) foster a high-quality health care provision environment for our diverse populations to address inequalities and disparities."

The next item discussed was the telemedicine recommendation (new #8): "Pursue the development of a statewide emergency telemedicine portal for patients during a declared emergency. Such a portal would be useful in the event medical advice is needed, a person's physician cannot be reached, or the patient cannot be physically present. This could also be used to provide subspecialty advice to physicians (e.g. stroke telemedicine programs)." Council members expressed in their comments that this recommendation could be deleted after COVID. Dr. Andree suggested that in the future, telemedicine metrics could be defined. She also stated that her Federally Qualified Health Centers (FQHC) data is uploaded to the U.S. Department of Health and Human Services (HHS), but she was not sure how private offices would track it. Questions from council members included how to track and report telemedicine metrics if there is no central system. A council member asked about how the new generation of doctors are being prepared to provide telemedicine. Another council member asked about adding a question to the survey regarding the amount of time doctors spend in telemedicine. The Council agreed to delete this recommendation for the time being.

Mr. Dunn asked about deleting the new #16. The Council has no authority or influence regarding ACGME Board requirements. Dr. St. Onge said the Council does not have any ACGME influence; so it may be a good goal, but there is no way to accomplish it. It was agreed to delete the new #16.

Mr. Dunn asked if there were any further comments on the recommendations. Dr. Saver remarked on the new # 9. "Evaluate models which forecast physician and subspecialty needs in Florida. Seek assistance with finding, evaluating, and testing simulation models which will help predict Florida physician workforce needs in the future, and thus guide policy recommendations to the Legislature." This effort should focus on how to retain family medicine and internal medicine residency graduates in the state of Florida once they have completed residency. The state could implement this recommendation by simply contracting for the Second Edition of the IHS Florida Physicians Workforce Supply & Demand. Mr. Sonenreich indicated that the report was useful in identifying areas of weakness and where to send resources. Dr. Saver said the models have to make predictions. He questioned whether it is possible to do an accuracy check on their 2014 predictions. If they do match, an update should be done. If not, perhaps another model should be pursued. Mr. Sonenreich indicated that this was just one look, but if there are other models out there, we should look at them too. Dr. Chaudhry said there were important responses/implications for the work that was done. The report compared Florida specialties to the US average. Some specialties were not outliers and were close to the US average. Therefore, they did not receive additional funding. Also, internal medicine did not get mentioned because the whole country is lacking in that specialty. Dr. Andree indicated the IHS report in 2020 has some mention of the metrics they used. Members requested outreach to safety net hospitals to see if they have any follow-up information to

discuss next steps. Dr. Saver raised the question of whether anyone in the academic arena knew of any PhD candidates who would like to pick this up as a thesis.

Mr. Dunn asked if council members would like to extend the meeting and if so, a motion would be needed. A motion was made and passed, and the meeting continued.

Mr. Sonenreich said that there has been GME growth in the state. There are many more residency programs. There were questions about the performance of the programs. It was suggested to observe the pass rates. Dr. St. Onge agreed with Mr. Sonenreich. She indicated that we have no way to determine what metrics are to be used to determine if the program is good. Dr. Andree indicated there is a problem with the Board pass rates. The higher pass rates attract a different caliber of students. Dr. St. Onge stated that there is uncertainty on how to determine the best metrics.

Mr. Dunn requested a motion to approve the recommendations. Dr. Saver gave the first motion and Mr. Curtis provided the second. No members opposed. Dr. Andree suggested these recommendations be addressed in further detail as we move into the coming year. Mr. Dunn explained that the recommendations may be worked on throughout the year. Dr. Saver requested a workgroup regarding the Strategic Plan and the telemedicine information. Mr. Dunn mentioned that workgroups would need to be discussed further with Dr. Rivkees.

### **Next Steps**

Dr. St. Onge will send the GME report to Mr. Dunn to share with the Council.

Allison Stachnik will provide the APRN survey to Mr. Dunn to share with the Council.

Mr. Dunn will send the 2020 Physician Workforce Annual report to the governor and legislature and also to the Council.

The floor was open for public comment. No public comments were made.

There was a motion to adjourn, and the council approved the motion unanimously.