

Minutes
Idaho Health Professions Education Council
March 2, 2010
Math & Geosciences Building, Room 126
Boise State University, Boise ID

Council Members Present

J. Anthony Fernandez, Chair
Claudeen Buettner
Quinn Dufurrena
John Kee
Jim Girvan
David Schmitz
Andrew Turner
(video from University of Idaho)
Bill Woodhouse
B. J. Swanson

Council Members Absent

None

Guests

John Schroeder, (video from Idaho State University), Director of Physician Assistant Program, Idaho State University, Pocatello.
Bob Uhlenkott, Chief Research Officer, Idaho Department of Labor
Sara Scudder, Regional Economist, Idaho Department of Labor
Georgia Smith, Communications & Research Administrator, Idaho Department of Labor
Margaret Henbest, Executive Director, Idaho Alliance of Leaders in Nursing
Matt Freeman, (joining at 10:35AM for approximately 1 hour)
Chief Fiscal Officer of the Idaho State Board of Education

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- I. **Welcome.** The meeting was called to order by Chair Tony Fernandez at 9:00 AM welcoming all in attendance. Introductions were made by all members. A list of council members with affiliations and contact information is attached. For the benefit of guests, Tony reiterated that the Idaho Health Professions Education Council is interested in all aspects of health professions education in the State of Idaho. We are striving to pattern ourselves similar to the Utah Medical Education Council.
 - II. **Minutes.** The 12/15/09 Minutes were approved by consensus.
 - III. **Physician Assistant Education and Workforce Report** by John Schroeder, former Director of the Physician Assistant Program at Idaho State University, Pocatello. The presentation was made via video teleconferencing. The Idaho State University Physician Assistant Program began with 14 students in 1995. It has grown to 120 students today. Approximately half of the students are Idaho residents with the other half coming from Utah, Montana and Wyoming. It started as a baccalaureate program and converted to a master's degree program in 2003. The program has

graduated a total of 338 physician assistants. Nationally, about 90,000 have graduated from PA programs, but the workforce is estimated to be about 75,000. In Idaho, there are 545 practicing PA's. This is less than 1% of all PA's in the nation. The program started as a predominately male profession, but has shifted and is now predominately female by 60% to 40%. Of all Idaho graduates, 63% have remained in Idaho. The mission of the program is to seek Idaho students who want to work and meet the healthcare needs of Idahoans. There is data to show that students stay where they are trained. Nationally, about 15% of PA's work in rural areas. In Idaho, 33% of graduates work in health profession shortage areas. Nationally and in Idaho, the average PA graduate salary starts at about \$78,000. The mean salary for all PA's nationally is \$93,000. This data was gathered from the American Academy of Physician Assistants and Idaho data is from graduate surveys. PA's in Idaho work an average of 34 hours per week. About 30% of Idaho PA's take call. Approximately 60% of Idaho graduates work in primary care compared to 30% nationally. Nationally, about 10% of PA's are in solo practice offices with one physician and 24% in Idaho. Nationally, 32% and in Idaho 44% of PA's work in group physician offices. The average age of PA's is 42 years old nationally. The average age of PA students entering the ISU program is 27.

The ISU PA program does not receive State funding. The program is principally funded by student professional fees that are now about \$6,000 per semester. With 120 students, the program budget is over \$2,150,000 annually. The student debt load at graduation is about \$60,000. The program had 519 applicants for 60 seats this year. The applicant pool has increased 15-20% annually over the last five years. Because of the sizeable applicant pool, the average PA student GPA is 3.77. ISU has a class of 30 students in Pocatello and 30 students in the ISU Meridian facility. There are 60 clinical students located all over the state. About 75% of students have job offers before graduation.

Idaho State University is submitting a notice of intent to the State Board of Education to start a post graduate residency in emergency medicine. ISU is also in the preliminary stages of starting a program in mental health psychiatry and geriatrics. These are certificate programs, not degree granting programs, and are one to two years in length.

There is always a fear of there being too many PA's. However, the program has continued expanding year after year and all PA's who want to work are employed within two months after graduation. Physicians have become very accepting of PA's when they see how well they function during clinical rotations. ISU is on an eight year plan to establish a PA program in Coeur d'Alene.

The challenge in Idaho has been to find enough suitable clinical sites to handle 60 students for eight six-week rotations. Some students have been sent out of state; for example, to emergency rooms in Seattle, Las Vegas and Utah. Another challenge is that as the PA salaries continue to rise and PA instructor salaries do not rise as fast, the instructors can leave the classroom and make substantially more money as

practicing PA's. As the student's debt load increases, there becomes a disincentive for the PA to practice in rural areas because they can make a higher salaries in specialty areas. Idaho licensure requires a bachelor's degree. Only two states, Indiana and Mississippi, require master's degrees for licensure. Almost 80% of PA programs have converted over to master's degree offerings. There is talk of requiring doctoral degrees.

David Schmitz inquired about the use of telemedicine similar to how Montana utilizes this in rural areas. There is a grant proposal pending in partnership with Saint Alphonsus for a PA residency program that will include training the PA in emergency medicine and, upon completion and hiring, sending them out to rural emergency rooms connected by telecommunications. The start date for this program is January 2011.

BJ inquired about the possible need for more mid-level practitioners including PA's and nurse practitioners to work within the integrated health models as a part of healthcare reform. Examples of integrated clinics are the Mayo Clinic, Cleveland Clinic and Rockwood Clinic in Spokane. David said PA's and nurse practitioners will be a critical part of the healthcare workforce, particularly in the smaller community health centers.

Quinn Durfurrena inquired about the training of PA's in oral conditions. The PA's are lectured by the ISU dental program instructors.

Margaret Henbest asked about the salary differential between practicing PA's and PA instructors. John said that because the PA program in Idaho is similar to a 501(c)(3), they are able to pay somewhat higher salaries because of the professional fee funding. But there are limits to the professional fee increases to keep the program competitive and in alignment with programs in other states. There is concern about expanding the program to be so large that the personal interaction and mentoring is lost.

- IV. **Idaho Nursing Workforce Report** presented by Bob Uhlenkott, Sara Scudder and Margaret Henbest. Bob Uhlenkott explained that in 2007 Idaho had one of the fastest growing economies in the nation. That significantly changed in 2008. Idaho peaked at 670,000 jobs in June 2007. In January 2010, the number of jobs had declined to 589,000. The fourth quarter of 2008 was the worst period for jobs in the history of the state. The construction industry is not expected to recover to 2007 levels until well beyond 2020. Healthcare remains the best industry sector for the most abundant jobs, fastest growing and highest salaries. Idaho is a relatively young state and, as a result, is now aging faster than other states; driving the need for more healthcare providers. While the demand for nursing may have declined somewhat, the future demand will remain very high. Jobs requiring professional-technical training grow much faster than unskilled jobs. Idaho employers who provide health insurance benefits to employees have dropped significantly since 2007. Nearly 80% of Idaho employers employ five or less people. It is difficult for small businesses to

afford to provide benefits to employees. Of all Boise businesses, 25% failed between 2007 and 2009.

Sara Scudder gave a brief synopsis of the findings of the Idaho Nursing Workforce Advisory Council. Idaho's population aged 55 and older will increase by 50% by 2016. Right now, Idaho's nurse to citizen ratio is 20% below the national average and 40% of all nurses are over the age of 50. These factors indicate a looming crisis unless action is taken now to increase the supply of nurses to care for a rapidly aging population. Nursing is Idaho's fastest growing, highest paid and most abundant job. There are approximately 450 job openings annually for registered nurses. There are about 2.3 applicants for every nursing student seat in Idaho educational institutions. Enrollment is limited because of state funding shortfalls for facilities and equipment and attracting nursing faculty because of the low pay compared to working in private industry. Two full-time instructors are needed for every 10 nursing students. Masters level nursing faculty earns only 65% of master's degree nurses working in private industry. Over the next ten years, 7,500 more nurses will be needed.

Margaret Henbest talked about the Idaho Nursing Workforce Advisory Council. The Council was created by the Legislature and housed in the Idaho Department of Labor. The Council was charged with gathering data and advising policy makers on the adequacy of the nursing workforce now and in the future. The Council had a sunset date of June 30, 2009, but Idaho Department of Labor and the Idaho Alliance for Nursing Leaders continue to collect nursing workforce data. The goals developed by the council include increasing nursing faculty, expand nursing seats by 400, incorporate innovative educational practices and encourage nursing workforce retention.

The entire Idaho Nursing Workforce Advisory Council Summary of Findings and Recommendations may be obtained here:

http://labor.idaho.gov/publications/Nursing_Executive_Summary.pdf

- V. **State Board of Education Update** presented by Matt Freeman. About \$700,000 was cut from colleges and universities to keep the health education programs whole. There will not be a first year optometry class funded this year. The University of Utah medical school program lost funding for one seat. A seat was not actually lost because the cost was shifted to the other 32 medical students who will see approximately \$1,000 increase in costs. The WWAMI and dental education programs will be able to cover their funding cuts by increasing tuition. As a whole, the health education programs were cut significantly less than other state programs.

Amendments to the Rural Physician Incentive Fund are still pending in the legislature. One change will allow for money other than state appropriations to be added to the fund, although the outside contributions would not be tax deductible. The Idaho Medical Association has a dormant 501(c)(3) entity that they may reactivate so that donations can be made to that on a tax deductible basis and then

the IMA will contribute to the fund. It will also give priority to students who have paid into the fund, but will not exclude students who have not.

Governor Otter has a high priority on requiring medical students in the WWAMI and University of Utah programs to have a service or loan repayment requirement. Mike Rush and Matt Freeman authored a white paper that was submitted to the governor titled "Physician Payback & Service Requirements." The points in the white paper include:

1. Is there a compelling reason that we should require physicians to make payback or service but not require the same of other health education programs?
2. Is there a compelling public policy to penalize physicians when in reality all of higher education is subsidized by the State of Idaho?

The paper was submitted to Governor Otter, he read it, but still wants to move forward with the plan. In response, the Governor's office gave draft legislation that would require payback from only WWAMI students; with University of Utah students not included. This was based on the Wyoming model of payback or service. The difference is that the State of Wyoming pays the entire bill for its medical students, Idaho does not.

The Council felt this plan would have an adverse outcome on medical education in Idaho. These could be considered "Adhesion Contracts" that may not be enforceable. A copy of the White Paper will be distributed to all council members with comments back to Tony who will make comment to the governor.

At 11:30AM, Tony Fernandez excused himself to attend another meeting. BJ Swanson became acting chair.

- VI. **Idaho Physician Workforce Presentation**, by Andrew Turner. Andrew consolidated 67 slides from Mark Doescher's presentation into an Executive Summary. The summary was made to provide information about the future medical education needs in Idaho. The council said the overview was excellent and suggested more detail be included regarding rural/urban issues with possible oversupplies in the urban areas and undersupply in rural areas. The brief presentation was formulated to cover a broad audience with the full report available to those who want more information. The outcome is to show the need for increased medical education in Idaho. Andrew will refine the presentation to make a clear recommendation that can be given to the governor.

VII. **Recommendations.**

1. We need limited and steady growth in training medical doctors; this does not include a medical school at this time
2. Expanded support for GME and residency programs, including rural training tracks

3. Regionalization and expansion of the physician assistant training model, particularly in Northern Idaho
4. Expansion and support for graduate level nursing faculty for both academic and clinical tracks
5. Review the funding models to support faculty development in medical programs
6. Include dental recommendations by Quinn

Discussion centered on including other areas including pharmacy, mental health, etc.

- VIII. **Next Meeting.** A conference call will be scheduled in April. The next meeting will be Tuesday, June 1, in Boise.
- IX. **Adjournment.** The meeting adjourned at 12:15 PM.

B. J. Swanson, Acting Secretary

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