

Physician Manpower Training Commission  
Commission Meeting  
June 20, 2019, 10:00 a.m.

**MINUTES**

The Board of Physician Manpower Training Commission met for a regular meeting at 10:00 a.m., on Thursday, June 20, 2019, at the offices of Oklahoma State Medical Association at 313 NE 50th St, Oklahoma City, OK 73105 with Matt Robison hosting. Notice of the meeting date had been properly filed with the Secretary of State, and a copy of the notice and agenda was posted by Tuesday, June 18<sup>th</sup> by 10:00 a.m., in prominent public view at PMTC and on the Commission website, <http://pmtc.publishpath.com/default.aspx>, in compliance with the Open Meeting Act.

**Commission Members Present**

Pam Spanbauer, RN BSN, Med	Bruce Storms, MD
Jack Beller, MD	Jason Hill, DO
Joe L. Leverett, MD	Kevin Khoury

**PMTC Staff Present**

Richard D. Evans	Janie S. Thompson
Michelle Cecil	Aneesa Sharp
Diane Mickelson	Deborah Butler

**Guests**

Susan Thomas, OK Academy of Physician Assistants  
Lyle Kelsey, Oklahoma Medical Board  
Andy Fosmire, Oklahoma Hospital Association, Representing Patti Davis  
Jana Castleberry, State Department of Health, Office of Primary Care  
Steven Crawford, MD, OU College of Medicine  
Dr. Eliza Crouse, Associate Dean of Professional Education, OU College of Medicine  
Matt Robison, Director of Government Affairs, Oklahoma State Medical Association, (Host)  
Jennifer Dennis Smith, Communications Manager, OSMA

Ms. Spanbauer opened the meeting at 10:06 by thanking Mr. Matt Robison, OSMA, for hosting the Commission meeting.

**I. Roll Call**

Roll Call was taken. The following commissioners were present: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Dr. Leverett and Kevin Khoury.

**Dr. Beller made the motion to approve the April 18, 2019, minutes with a wording change to a comment Dr. DeLaughter had made regarding being the board chair has been a positive experience. Dr. Storms seconded the motion. Voting in favor were: Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett, Ms. Spanbauer, Dr. Storms. None were opposed.**

## **II. Director's Report: by Richard Evans**

### **Future Meeting Dates**

Budget Meeting August 22, 2019 at 8:30 a.m.

Commission Meeting August 22<sup>nd</sup> at 10:00 a.m.

Dr. Hill cannot attend the August 22<sup>nd</sup> meeting. Mr. Evans suggested submitting dates to see if another date will work for everyone.

### **Office Lease**

Mr. Evans stated the Ag Building did not look like it was going to work after all. There have been multiple problems at that location creating difficulty doing business with OMES on real estate. The space has a big, front end investment of hundreds of thousands of dollars. They've had a change in leadership. The owners of the building that we are in, have asked us to move to a new space down the hall. It is comparable space to what we have now. It ultimately may cost us a little less than where we are paying now with less upfront costs than we would have with moving. He stated he spoke to the Capital Assets Management Division of OMES yesterday, and they recommended that we not go to the AG building and that we move within the space that we're in.

### **PA Scholarships**

There is a group from this graduating class stating they can't find work. PMTC's Placement Analyst, Debbie Butler, states there are many physician and primary care physician openings in rural Oklahoma. She is hearing there are only eight or ten PA openings across the state outside of Tulsa and Oklahoma MSA, OKC MSA. Richard will be meeting with Diana Wiley, the class president. He thinks part of the reason they are saying this is they don't really want to move to a community under 20,000, and part of it is they don't really want to go to the places where these jobs are located. Mr. Evans stated we are also hearing from the field that PAs and nurse practitioners seem to be interchangeable and they have plenty that apply. We need to rethink what we're doing. He feels like we're underperforming on the PA Loan Repayment Program that the statutes were changed for.

Dr. Storms asked if we need to look at maybe stepping up the population to 25,000, and wondered if it would make a difference?

Mr. Evans stated he believes that raising it would help. One of the things is that they want PAs with experience.

Dr. Crawford suggested to Richard that PMTC could extend their commitment if the population size was increased.

Ms. Thompson confirmed that we do not have the statutes to support it.

Mr. Evans suggested doing more of the Physician Community Match.

Dr. Leverett wondered if the 20,000 is in the statute or is that PMTC's policy.

Ms. Thompson confirmed that it is in the rules.

Mr. Evans stated that PMTC will hold tight to MSA and has opened the circle up, so they cannot work within 40 to 50 miles of Oklahoma City. PMTC does not allow any of the loan repayments to work within MSA. The rules or statutes state that we have to focus on populations 10,000 or less.

The program could award to physicians who do not have loans if it is a way of getting more physicians in. We could market to older physicians for Community Match.

Dr. Storms stated in Chickasha, PA students are gaining experience in one year programs such as emergency medicine. He suggested if they want more training before they go out, perhaps PMTC could find a pediatric PA that could go into a community that doesn't have much in the way of pediatrics and work in their ER. He suggested also, we need to look into how to find PAs who want to do an extra year in one of these programs, and then we can fund them.

Ms. Susan Thomas as well as Dr. Storms agreed that PAs do not have to be supervised as the policy changed two or three years ago.

Dr. Leverett asked if we knew the demographics of the class that is graduating? The amount of student loans? Where they are from?

Mr. Evans stated PMTC spends \$30,000, either for a scholarship or half of the loan repayment. He talked about this critical shortage that we have in rural Oklahoma yet the schools are producing about 80 new PA graduates a year with two new schools opening.

Ms. Susan Thomas clarified the new schools may be Northeastern and Muskogee and perhaps OSU if they get approved.

Ms. Jana Castleberry stated one of the issues that the Health Workforce Subcommittee has discussed is that while there is a public health need, there is a need for access. She stated it looks like there may be a demand problem in the healthcare news there. She said rural Oklahomans in particular, need access to care. She said that there are PAs ready to go there, but without that demand for services, or the ability to pay the PAs, it is something to look into. She questioned if it was a problem with payment and why the vacancies are there?

Ms. Thomas stated she has a job list, however most openings are heard is by word of mouth. She said she thinks the rural areas are wanting more PAs with experience.

Mr. Evans said if we are this low on physicians, sometimes the math just doesn't work to bring on more PAs. He said he has talked to the Primary Care Association, Brett Wilborn, and he stated they have FQHCs. Mr. Wilborn has said they would love to add a PA, but we don't have the docs there to supervise them.

Dr. Hill stated that if it's within our purview, he has no qualms with doing what it takes to place these PA's in rural Oklahoma, regardless of town size. He said we are not making decisions in a vacuum and there has been an explosion in the number of nurse practitioners available, affecting the availability of physicians.

Dr. Leverett stated he still thinks it's important to talk to this class and get the demographics because they took the scholarship but rather would have had the loan repayment program. He asked if we can pick up more of those that aren't in that program and get the tax free loan repayment back? He suggested PMTC get as much information as possible on this class?

Mr. Evans said he believes Diana Wiley is coming to him to try to help the program.

Ms. Castleberry asked how much training is the ideal length of time?

Mr. Evans suggested one year, Ms. Thompson said two years and if it's an emergency room, they want a minimum two years' experience.

Dr. Leverett suggested extending the rules to the next agenda. He stated when they have two years of experience it allows them to go to the smaller towns. He wants to look at ways to give them the two years' experience.

Mr. Fosmire suggested looking at the MSA bubbles that PMTC is putting around. He asked if they are arbitrary and realistic? He questioned if the 50 mile bubble knocks Purcell off the table? Purcell will tell you that they're pretty rural, and then they might employ a PA and happily so. But if they're within the bubble that is going to exclude them. He suggests PMTC revisiting the MSA bubbles and the age old question of "rurality".

Mr. Evans agreed that Purcell is rural as well as Tuttle but feels like there isn't the remoteness there. He wondered if at some point we should look at paying more? Ms. Evans asked if PMTC should pay more depending on the remoteness, stating he has a remoteness measure that we use.

Mr. Fosmire stated if you have a resource that's going begging because of arbitrary limits, then I would encourage the commission to look at those limits.

Mr. Evans stated that he feels like we would struggle to get people to go out beyond the MSA limits if we started allowing them within the MSA limits. So maybe it could be a case by case basis--if the work cannot be found and PMTC can identify a position, maybe we could do something like that.

Ms. Castleberry stated that something they do in the Office of Primary Care for the National Loan Repayment Programs is analyze the zip codes of the patients, because oftentimes those facilities are serving patients that are 40 miles away from Purcell. So there are borderline questions, they'd be happy to evaluate the location and show that they're really serving those underserved areas.

Mr. Fosmire said the State Office of Rural Health does a really nice job of identifying primary and secondary service areas to rural hospitals stating they do change year-to-year. He said it is actually on the state office's website. You can pull the hospitals that they've done, Community Health Needs Assessments that identify primary and secondary service areas. They have pretty nice looking maps that they utilize.

Mr. Evans stated the MSA is a really big thing that he worries about because it seems like the defining thing of working out in Idabel is that I can't go to Bass Pro Shop without driving two and half hours. We are paying for them to go rural. Mr. Evans stated he appreciates Andy and agrees we have got to do something. He is not sure what kind of options are available since we do not have anything in legislation that says if they can't find a job, we can let them work somewhere else above 20 or something. Like Dr. Crawford said, we could scale it to how far they we're willing to go. That would be some good legislation as well to do I think for PAs.

### **Legislation – Budget**

Mr. Evans stated we asked for \$3.3 million, a flat budget, and received \$7.2 million. He stated he is happy but a little bit scared because he is not sure how to double productivity. He continued that we have more money for a problem that he doesn't think money is going to fix, stating we need more doctors. PMTC cannot immediately spend the money until after statute time. PMTC has half a million dollars from Blue Cross and Blue Shield for loan repayment, OSMA has committed \$500,000 to be paid over three years and to be spent over five years. He stated there are TSET

slots that have not been filled. We will use 39 of 42 today. Twenty physicians have been approved by this commission since September of 2018 for loan repayments.

Ms. Thompson confirmed appropriations money has to be spent in two years. What we don't spend this year we can use next year. If it's not used next year, then we will lose it--the money can be budgeted, then next year, the money that was left over, we would spend it first.

Dr. Beller recalled the discussion from the last meeting regarding if we should increase our amount above \$160,000.00 to be more realistic with the debts now.

Mr. Evans laid out some ideas on how to use the money and have it show a benefit. He recommended following the 50-50-50-50-50, \$250,000 over a five year period. TSET's 40% or OSMA's 40% or Blue Cross' 40%, stating we can stay within the limitations, but it does increase the amount for the community when splitting up 20% or 40%, we are actually now asking them to come up with another 20% or 40% of \$100,000 extra that we're going to be given.

Mr. Evans confirmed Dr. Storms thought: if we can change the 20% or can we say, "you're going to get TSET money that is 40%, you're going to get Blue Cross Blue Shield is 40%, and Community Match", since it's not state money could be 10% from the community and 10% from OSMA money.

Dr. Storms said he thinks that as the amount goes up these communities often are strapped to start with—with rural hospitals closing or barely keeping the doors open, they may not be able to come up with that 20%. He continued if it can be 40% TSET money and 40% Blue Cross and Blue Shield money and 20% OSMA money, they have a little bit of skin in the game, but they may not be able to go 20% and we may need to look at cutting that down to 10%.

Dr. Beller confirmed 40% of \$160,000, to what they've agreed to and that we bumped it up to \$250,000. He said if we continue to use 40% of TSET money, we may need to combine all three: OSMA, TSET and BCBS to get to that \$250,000 range. He stated graduates are coming out with debt of \$400,000 to \$600,000.

Dr. Leverett agreed with Jack (Beller) asking if we are 100% sure that obligated funds for four years can only be carried over two? He asked if we have gotten an attorney general's ruling that says if we're obligating this money for this doctor for four years, that we can't segregate those funds? He is sure there are people that do more than one year contracts, and that's kind of what we're doing as a four year contract. He asked if we are 100% sure that we can't? He compared it to The Air Force when they score something, if you got a 10 year project, they have to score it all in the first year. They count that in that year's budget, even though it's a 10 year project.

Ms. Thompson confirmed it is coming from the Office of Finance. She stated she will delve into it further, but it is The Office of Finance, our ABS analyst, that tells us each year, if you don't spend this, you're going to lose it. She will find out how they are encumbering the funds.

Mr. Evans stated he has asked Leigh Garrison and Cole Stout, our representative at the House and Senate if there is an earmark on the extra money? Do they want us to use it for a certain thing? He continued that he has reached out to the Oklahoma Primary Care Association, Department of Health, OHA, and the Southeast Consortium and David Keith who invited me to talk to the people in that Consortium. I am looking at out-of-state recruiting, border-states and residency--Colorado, Arkansas, Kansas, Texas, perhaps they're offering some of the same things

Mr. Evans suggested allowing multiple placements when critical needs arise.

### **Awards Promotion**

Mr. Evans said every single award we do, we are going to take our big check, get the picture made, get the local news there and get them to cover the story. Dr. Leverett suggested having a commissioner attend if they are in the area. Patti Davis and the TSET folks have offered to let us ride free on their social media. We are not making any more loan repayment presentations without somebody going out there and holding the check up and getting the local news out there and hopefully a local legislator if they can come out.

### **Staffing**

Mr. Evans stated he does not think a \$20,000 receptionist is necessary but wants to bring in a \$40,000 or \$50,000 finance person. This would allow Janie out of the budget box and where Janie's not messing with the dollars and the numbers all the time. This would allow her to concentrate on sales and getting docs. This would be somebody to take over some of the budgeting and finance, and handle the management of our collections, and the money that we're pulling in from the funders, and do the payouts to the physicians. If we have a finance person we might be able to have more of a transactional relationship with OMES.

### **Physician Community Match**

Mr. Evans discussed increasing Physician Community Match. It is a great program that we can put docs on that don't have loans. So maybe we can expand instead of just trying to recruit residents? Do we have some older docs that would like to come to Oklahoma, if we can give them an extra \$60,000 in three years? So it's something to think about?

### **Increase pass-through appropriations to OU and OSU**

My only hesitation at this point is trying to understand the intent and would that be something that the legislature would approve of use of these funds. I believe there's no doubt they would approve of it if the intent was take this money and do what you think you should do with it.

Dr. Crawford interjected one of the original intents, in 1975, for the creation of the PMTC, was to support primary care training. The Commission has concentrated that on family medicine programs around the state that are affiliated with both universities. The unfortunate thing, because of budget issues, those numbers have gone down over the years. Inflation has occurred, so the value of that money is decreased. We've had to increase resident stipends to be competitive in the nation to keep residents in our state and therefore the cost of doing residency training has gone up.

Dr. Leverett asked if Dr. Crawford thought the legislature thinks they helped the family medicine program by making up this money?

Dr. Crawford stated he did not know. He said that they probably will say if he goes to them and says, "Hey, we're losing out, well, we gave you all this money. And you just need to advocate for it at the PMTC" and that's what I'm doing. He continued: the issue is that those monies come to the PMTC because that's the vehicle that the state legislature and legacy had used to support that. He stated their budget did not go up? It was just replacing the monies that were coming through already. So those monies are essentially replacing one-for-one. It just changed where the monies were coming from. It was coming partially from the feds. Now, it's 100% coming from the state, but it didn't change the total amount of money.

Dr. Crawford: And now this is making up for that decrease. And therefore we've had a decreasing amount of dedicated monies that were available to our resident stipends.

Ms. Spanbauer stated that she believes marketing could be key if anyone has seen the commercials they are running on some of the physicians. There's one that's going to OSU I think that has Native American heritage and she talks about it.

### **Additional Staffing**

Mr. Evans stated we cannot hire another FTE (full time employee), however we can bring someone in as a temp. He said Debbie has got a handle on all the openings throughout the state where they are and how many there are and what they are hiring. He is thinking of bringing in a temp to go out there and manage the resources to be a recruiter. So when Debbie says I've got a position over here, do we have somebody identified to do that? That's one alternative we could do. When we get to the end of the year next year, we could ask for legislation from a long term perspective to turn that person into an FTE. It's another way to get some more staff in there and try to get some more volume generated.

### **Wrap Up**

- Modifications to the program
  - \$250,000, \$50k for five years
- Subsidized loan interest
- Increased population size for PA scholarship
- Add additional staff member as temp--a recruiter, the new FTE

Dr. Storms inquired about the budget that needs to be set ASAP.

Mr. Evans explained that the money has to be set into groups that can be spent. He said we have to put it in a physician group, meaning we can use it for all the physician programs. So we know if we put them in here we can use it for any of these we don't have to say when we want to go.

Ms. Thompson stated that as long as we're putting the money in that general area then we can spend it. If it's a physician programs, we can move it among the physician programs or within a group or department.

Mr. Evans agreed stating we would be setting at the higher level where we want to put the money for 2021 verses right now.

Dr. Storms said that is why we figure it for next year.

Mr. Evans confirmed it is typical in state government that if you lined something out--this is what I'm going to spend the money on, you have to spend it on that it doesn't matter if you get opportunity to use it for something else. You can't take PA money and use it for physicians. But we can say this is physician money and we can use it for any of these three programs, and that allows us to rebalance during the year.

### **III. Consideration and Possible Action regarding Scholarship/Loan Repayment Program**

Dr. Hill detailed how Lauren Draper, MD, received \$60,000 in April of 2008, during her first year medical school. She went into a pediatric subspecialty and pediatric hematology. And she practices full time in St. Louis. Despite our encouragement to stay in-state, she chose to practice

out-of-state. In 2015, the commission met and had three options available to Dr. Draper. There were three options for repayment.

Option A: If she practiced in Tulsa, Oklahoma City, she had to pay principal, plus liquidated damages of 50%. We are able to charge up to 300%. So it was a reduction and accumulated interest, the total payback would be \$99,899.

Option B: If she did not return to practice in Oklahoma, it would be principal plus liquidated damages of 100% plus interest which made the grand total owed to the state \$129,899.

Option C: If she practiced primary care pediatric medicine and incorporated her hematology care and practice there were certain communities that would be available to her such as Altus, Duncan, Muskogee, and to allow her to make a repayment that way without financial penalty.

Ms. Thompson explained since she continued to have her practice in St. Louis; we filed suit. She has been given more opportunities to pay, then we turned it over to Erin Moore, our Assistant Attorney General, for litigation, who has filed suit.

Dr. Hill gave the consensus of the committee which was Option B. B is more because interest has accumulated more since then.

Dr. Storms elaborated if we started making exceptions, we set precedence which the committee did not want to do. They felt they ought to hold firm with what PMTC has offered other people. The exception is authorizing the attorney general to negotiate the interest away if it means an immediate settlement.

**The Committee makes the motion with Dr. Storms seconding.**

**Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett,**

**None were opposed.**

#### **IV. Consideration and Possible Action regarding FY2020 Budget**

Ms. Thompson confirmed the FY20 budget needed approved with the extra money. She explained that the things Mr. Evans proposed in his report needed to be voted on in order to make those changes today. The approved budget was only for the \$3 million and before the additional \$4 million allocation.

Mr. Evans expressed he was not thinking we were going to make actual changes to the budget today. He explained he understood that we budgeted \$3.3 and we got \$7.2. He stated he didn't want to bring something to a vote, to the Commission, the same meeting where he told them that we got an extra \$4 million. He said he kind of wanted to offer up some ideas for it.

Ms. Thompson explained that the budget has to be set this month.

Mr. Evans confirmed it has to be put it into the bigger buckets.

Dr. Storms asked if we had to approve it before the end of the month.

Ms. Thompson confirmed.

Dr. Storms stated he expected to have the budget presented to us at the meeting if the commissioners were going to approve it for the end of the month. Unless there would be a Special



Meeting before the end of the month. He stated he was not going to approve something he could not see.

Dr. Beller concurred.

Ms. Thompson stated it was her understanding, since the budget was voted on before, she assumed that we would have to vote on approving what Mr. Evans had discussed.

Dr. Storms stated that they had not seen what he'd discussed and that he had discussed multiple things. There was nothing on the table. The budget was approved when they thought it was \$3.2 million which was decided last August at the budget meeting. Dr. Storms expressed with the extra money they need to have something in writing showing where the \$4 million is going to go in order to vote on it. He said if it has to be done by the end of this month, it should have been presented to them in their packet and it should have been before them to vote.

Mr. Evans said we could adjust our budget after we get it--when we get approval on what we're going to ask for. Then when we make budget adjustments after we get our money, we typically don't come to the commission and ask to just move this thousand dollars from here to there.

Ms. Thompson agreed that we do not make those changes.

Dr. Storms said that when you talk about adding \$4 million to a budget, that's not moving \$1,000 from this account to that account. He stated for us to approve what we're going to do with \$4 million dollars, we can say we've got a bunch of ideas. I can't approve something that doesn't have at least some direction. We thought we had a budget that we looked at when we approved the budget after the budget meeting last August. And we met in September to approve that and what we should have before us is that budget. Here are all the pots the money is in and we've got \$4 million, and we are going to add a million here and add a million there. We don't have to have the details, but at least have to have that. We don't so we can't approve it.

Dr. Leverett questioned why it had to be done by the end of the month and who sets that time frame?

Ms. Thompson explained that the budget closes. Then has to go to our budget analyst who puts it in its perspective. It usually takes about six weeks for him to actually go through and analyze what we've asked for to put it in its position for them to set the budget. So at that time, we also have bills that have to be paid, specifically, our July loan repayments and our July checks for scholarship recipients. So I usually ask for them to give us some type of an allotment up front. Last year, our budget analyst was a little hesitant, but they did give us just enough to make July scholarship payments, loan repayments, and make the day-to-day bills we had for July until they could get the budget set. So we're kind of stuck not making bills until that budget is set and in place and released.

Ms. Thompson confirmed for Dr. Storms that the numbers right now is what were approved in September, the FY20, and goes from July until June.

Ms. Thompson confirmed that the budget that was discussed last August 2018 was for FY20 that is for July 2019. She continued that there are times that the commissioners would have approved a budget in September, because we didn't get as much money as we thought. In those cases we would have to make those cuts quickly. That would be something that the director would do and make those cuts appropriately.

Dr. Storms questioned the extra \$4 million, it can't just be allocated across the board. He asked how it should be resolved? He said he guessed he was looking at Mr. Evans for answers? Wondering what he recommends? How do we resolve this since we're going to have to approve it. We've got to have something we can see.

Mr. Evans state he guessed what he would look for is the latitude to fill the big buckets. To say we're going to spend this much on physicians. We're going to spend this...

Dr. Storms stated at this time he wanted to move into Executive Session to discuss this.

**Dr. Storms made the motion with Dr. Beller seconding to move into Executive Session. Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett, None were opposed.**

Dr. Storms stated that the minutes are to reflect that the three people (Richard Evans, Executive Director, Janie Thompson, Deputy Director, and Diane Mickelson, Commission Board Secretary) that are not commissioned members are here, at the request of the commission, for this executive session.

Dr. Storms said in the minutes we need to note in the Executive Session we discussed having the Proposed Budget to the board by the 1st of July and that we will call a Special Meeting in July to formally adopt the Permanent Budget

Ms. Spanbauer: Do we have a motion to go back into Regular Session?

**Dr. Beller made the motion with Ms. Spanbauer seconding to exit out of the Executive Session going back into an Open Meeting. Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett, None were opposed.**

*The Executive Session was held for 17 minutes.*

Ms. Spanbauer invited the rest of the attendees back into the Regular Session and gave the floor to Dr. Storms.

Dr. Storms stated that only those items that are permitted to be discussed in the Executive Session were discussed. No votes were taken in the Executive Session.

**Dr. Storms made the motion to approve the budget that was approved in September 2018 as the Temporary Budget to be filed with the appropriate State Budget Office. Dr. Beller seconded the motion. Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett, None were opposed.**

Dr. Storms presented an informational piece for the minutes: We discussed in the Executive Session how we put together our permanent budget. We have asked staff to present

recommendations for the use of the additional \$4 million that is above our original budget. We can plug those into our permanent budget. We ask for those to be forwarded by the first of July. Then we will have a Special Meeting date to be determined in July to adopt the Final Budget, which has to be submitted by the end of July.

Dr. Leverett asked Dr. Crawford, if he was given extra money, whether \$250,000, \$500,000, a million, what he would do with the money for OU?

Dr. Crawford answered that for his particular programs, the monies would be used to help offset the monies that PMTC currently provides for resident stipends. That would increase the amount of support and he would be able to better compensate his faculty that have had their salaries decreasing over the past several years, because they've had to extract monies to support resident stipends. He could potentially increase the compliment of those number of residents. The issue was they were at risk of having to reduce the numbers of their current Oklahoma City program from 12 residents per year to 8 because the decreasing numbers, the VAT, and the monies that were available for stipends. He said it would help stabilize it and it may help them and increase the compliment.

Dr. Leverett asked if there was a dollar figure that would allow Dr. Crawford to increase the number of residents?

Dr. Crawford answered that currently the resident stipend for a first year and it goes up each year to just over \$50,000 and he was certain that it's a lot more with benefits it is about 20% to 30% more than that. It does not include the cost of the teaching, the administrative staff and those types of things. So the estimate is anywhere between \$110,000 to probably \$150,000, depending upon the resident, per year to run a residency program in primary care or family medicine.

Dr. Leverett asked Dr. Crawford if, of the 12 that he currently has, what percent meets PMTC's mission of getting to rural Oklahoma? What percentage?

Dr. Crawford replied that historically in the range of about 50 to 60% stay in Oklahoma and about another half of those would stay in rural areas.

Dr. Beller posed a question to the commission: "since our charge is to get physicians into rural areas, how do we take our money and provide it to Steve's (Dr. Crawford's) program and stay within our guidelines since they cannot require rural practice?"

Dr. Hill interjected that he thinks the rural residences are the ones that have a proven track record with the highest placement rates.

Dr. Crawford said: "One of the things I've mentioned before at the retreat that we had several years ago is that if you don't have a viable strong family medicine residency program at the medical schools, then the medical students who are coming out of our two institutions, OU and OSU, don't have an example. If you want to have a pipeline of people going into some of the programs in our state, then you're not going to, if you don't have a strong family medicine resident example, you're probably going to diminish the percent that are even thinking about family medicine. The proof is that many of what are called "orphan schools" around the nation that don't have a Department of Family Medicine. Washington U, Harvard, Yale, those types of places. They don't have departments of Family Medicine or family medicine residency, and their percent is tiny. Those that have a robust Family Medicine training program at their main campus, which ours is in Oklahoma City or Tulsa, then you have much higher percentage of students looking at family medicine, where

they come to my program or whether they go to others. So it's part of the engine, as it were, creating the need it certainly, as Dr. Hill said, if you place a rural program and it can be viable and run in that rural area, you're going to have a higher percentage going because again, the percentages of people going into practice after residency within 100 miles or 50 miles of their training program is much higher. And that's the reason why our Enid program and Lawton program populated those particular areas when they were in existence. Part of the challenge of keeping the Lawton program open is because of the diminished revenue we've been able to get from the PMTC. That's not the only thing, but that was part of the issue. And why it's closing."

#### **V. Moving on to Consideration and Possible Action regarding Physician Loan Repayment Program**

Ms. Thompson brought before the commission six loan repayments candidates:

- Dr. Maria Escandor, internal medicine physician, Ada, \$338,050 educational debt
- Dr. James Lunsford, emergency medicine, Miami, \$380,590 educational debt
- Dr. Joseph Markey, general practice, Beaver, \$51,551 educational debt
- Dr. Wes Allen Updike, family medicine physician, \$310,099 educational debt
- Dr. Stephen Zrenda, emergency medicine, Team Health sponsoring at 40% and TSET 40%
- Sean Reed, MD, OB/GYN physician, \$272,000 educational debt

**Dr. Beller made the motion to approve the six physicians for the Physician Loan Repayment Program. Dr. Leverett seconded the motion. Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett. None were opposed.**

Dr. Storms asked for an explanation about Dr. Markey's residency. He mentioned looking to the future, if there's something that needs added to the statute and policy when we have some concerns about an individual. He went to medical school, University of Texas, Houston, and then went to Aurora, Colorado, for a year general surgery, out of medical school, and then moved to Florida for a year for a year general surgery. The Scholarship Committee wondered if there were problems since he's going into general practice, not family practice. He is not going to be able to be "Boarded" in anything. We can require a letter of explanation. Did he leave to do something else or was he bored or were there disciplinary problems? Where there medical problems? He was able to get an Oklahoma license and credentialed in Colorado.

Dr. Hill mentioned that the average education loan debt of the above six physicians is \$281,000.

Ms. Spanbauer agreed that that information supports the need to increase the amount given for loan repayment.

#### **VI. Consideration and Possible Action on Physician Assistant Scholarship Programs**

Ms. Sharp presented information on Physician Assistant Scholarship applicant Andrew McDowell.

**Dr. Hill made the motion to approve the physician assistant Andrew McDowell for the Physician Assistant Scholarship Program. Dr. Beller seconded the motion. Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett. None were opposed.**

## VII. Consideration and possible action Resident Rural Program

Ms. Sharp presented information on David Marks, DO for the Resident Rural scholarship.

Ms. Spanbauer asked if it was the same scholarship amount given to the physicians that we give to the PAs?

Ms. Sharp confirmed that it was \$1,000 a month.

Ms. Spanbauer suggested that maybe it needs to be looked at.

**Dr. Hill made the motion to approve the Resident Rural candidate David Marks, DO. Dr. Beller seconded the motion. Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett. None were opposed.**

## VIII. Physician Placement Report

Ms. Thompson reported on the Physician Loan Repayment Programs. Today we have a total number of participants of 59. At your seats, you have a graphic that kind of gives us a breakdown of both TSET and our community sponsored. Reporting on TSET we currently have 38 participants that are approved. Thirteen will begin practice in FY20, after July 1. Seven of those 38 will receive their last payment completing the program. Sixteen participants are practicing in their approved locations, continuing on. Two participants will begin practice in FY21. Seventeen of the 38 were approved under the 1115 waiver. Their final year on that particular program will be FY22. Reporting on the Community Sponsored with no TSET money involved, there is a total of 21 additional participants with community sponsorship, including scholarship bridge participants, eight began practice and FY19. One completed in FY19, two begin practice in FY22, 10 participants are in practice in their approved locations. Seven of the 21 are scholarship bridge participants. One is fully funded by scholarships through OSMA and Blue Cross Blue Shield, one is also a TSETs and OSMA sponsored. The two that are "Begin Practice in 2022", those are bridges, so they began participation on the program in 2022 they begin practice two years prior to that.

Ms. Spanbauer, Dr. Beller, Dr. Storms and Dr. Hill all commented on how much they liked having the charts and graphs and found the very helpful.

Ms. Sharp reported there were no new students on the Rural Medical Education Scholarship. The last class graduated in June and completed the last cycle of the Rural Medical Education Scholarship, which was sunsetted. They completed medical school June of 2019. There are now currently 15 in postgraduate training and 22 in obligated practice in this program.

The Resident Rural Family Medicine Scholarship has 10 Family Medicine residents on scholarship and eight are receiving funds. They are currently 19 physicians and obligated practice through this program. Five participants will complete their practice obligation and in July and plan to remain in Oklahoma.

The Physician Community Match Program does not have any new participants. There are two physicians in obligated service through this program, serving in the practice communities of Weatherford and Broken Bow.

The Physician Assistant Program has 21 on the program, including the one that was approved today. Three completed this May. And there are currently eight serving in the communities of Kiowa, Idabel, Shawnee, Prague, Alva, Enid, Weleetka, and Guthrie.

We visited the following locations: Comanche, Lawton, and OU Durant visit. OHA 2018 Annual Convention and Trade Show-OKC, OSU residency fair, OOA 118<sup>th</sup> Annual Conference, Southwestern Integris, and OU-OKC PA program visit. We exhibited at the Oklahoma Osteopathic Annual Conference and the Oklahoma Association of Family Practice Conference. This concludes the placement report.

#### **IV. New Business**

The Budget Committee Meeting is August 22<sup>nd</sup> at 8:30 followed by the regular Commission Meeting at 10:00. Dr. Hill mentioned he had a meeting scheduled in Chicago on this date.

The Commissioners were going to report back which date, July 11 or 18 would work best for the Special Meeting to approve the FY20.

Dr. Storms stated he had a possible deposition on the 18<sup>th</sup>. Dr. Leverett is only available on Thursdays.

Ms. Spanbauer called for any other new business.

**Dr. Storms made the motion to adjourn with Dr. Beller seconding the motion.  
Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett.  
None were opposed.**

  
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Signature of the Chair