

Physician Manpower Training Commission
Commission Meeting
July 18, 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, July 18, 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, July 16th 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

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

PMTC Staff Present

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

Guests

- Steven Crawford, MD, OU College of Medicine
- Dr. Eliza Crouse, Associate Dean of Professional Education, OU College of Medicine
- Jane Nelson, Oklahoma Nurses Association
- Dr. Bill Pettit, OSU
- Eric Polak, Oklahoma Medical Authority
- Matt Robison, Director of Government Affairs, Oklahoma State Medical Association, (Host)
- Robbie Squires, guest
- Lesley VanVolkingburg, OSU
- Dr. LeRoy Young, OSU

Ms. Spanbauer opened the meeting at 10:00 by thanking Mr. Matt Robison, OSMA, for hosting the Special Commission meeting.

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

I. Discussion and Vote on Revised FY20 Budget

Mr. Evans apologized for not having budget information at the June 20th board meeting. He stated that he found he could have submitted a budget, any budget, and have it modified after the next budget meeting, then got approval or changes from the board. He said he then could have gone back and made a budget adjustment. A budget adjustment allows PMTC to move money anywhere within the budget with approval. He stated it is not commonplace for agencies to do but it

is something that could be done. He stated funds can be moved within a particular group, we don't have to have a budget adjustment. If we want to move it from PA Scholarships to PA Loan Repayment, we can just do that.

Mr. Evans presented his plans thru a PowerPoint presentation as well as handouts to the board for the additional \$4 million that legislature gave PMTC for FY20.

HB 2765 – FY20 General Appropriations

SECTION 33.

There is hereby appropriated to the Physician Manpower Training Commission from any monies not otherwise appropriated from the General Revenue Fund of the State Treasury for the fiscal year ending June 30, 2020, the sum of *Six Million Eight Hundred Thirty-six Thousand Three Hundred Thirty Dollars (\$6,836,330.00)* or so much thereof as may be necessary to perform the duties imposed upon the Physician Manpower Training Commission by law.

SECTION 34.

There is hereby appropriated to the Physician Manpower Training Commission from any monies not otherwise appropriated from the Special Cash Fund of the State Treasury the sum of *Four Hundred Thousand Dollars (\$400,000.00)* or so much thereof as may be necessary to perform the duties imposed upon the Physician Manpower Training Commission by law.

FY20 General Appropriations

Appropriation Type	Requested Appropriations	FY20 Budget
General Revenue	\$ 2,900,781	\$ 6,836,330
Special Cash	\$ 400,000	\$ 400,000
FY19 Funds => FY20 Obligations	\$ 1,212,678	\$ 1,212,678
TOTAL	\$4,513,459	\$8,449,008

\$3,935,549 Additional Dollars

Funds may be moved within Physician/PA program without a budget adjustment and may adjust total budget multiple times/year

Increase in DP Professional Services \$3,432
 Increase in DP Administrative Services \$4,201

Payroll increases due to internal/state raises, increases in OMES rates, travel (Tulsa conference cycle, additional board meetings).

	Original FY20 Budget		Increase	New FY20 Budget
Administration & Data Processing				
Administration	\$578,075	\$602,106	\$75,683	\$653,758
Data Processing	\$24,031		\$7,633	\$31,664
			\$83,316	\$685,422
Residency Funding				
			Increase to Residency Programs	
Residency OU-OKC	\$482,379	\$1,247,451	\$356,100	\$838,479
Residency OSU	\$408,232		\$361,200	\$769,432
Residency OU-T	\$356,840		\$282,600	\$639,440
			\$959,900	\$2,247,351
Scholarships				
Residency Scholarship	\$306,000	\$1,005,000	\$0	\$306,000
PA Scholarship	\$324,000		\$0	\$324,000
Nursing Scholarship	\$375,000		\$0	\$375,000
			\$0	\$1,005,000
Loan Repay & Phy Comm Match				
Physician Loan Repay	\$985,190	\$1,125,150	\$2,028,788	\$3,013,978
PA Loan Repay	\$50,000		\$50,000	\$2,808,788
Physician Comm Match	\$90,000		\$30,000	\$170,000
			\$3,897,034	\$7,871,751
Scholarships				
			\$3,979,747	\$7,871,751
Renew \$120K & 15 New \$180K	Renew \$985,190	20 New	Physician Programs-54	PA Programs 56
Renew \$144K & 15 New \$180K	Renew \$50K & 20 New	PA Loan Repayment	Physician Loan Repayment	PA Loan Repayment
Renew \$108K & 60 New \$267K	Renew \$0 & 3 New = \$90K	Resident Rural Scholarship	Resident Rural Scholarship	PA Scholarship
		Physician Community Match	Physician Community Match	
		Rural Medical Ed.	Rural Medical Ed.	

\$6,836,330 + \$400,000 = \$7,236,330 + \$1,212,678 = \$8,449,008
 \$8,449,008 - \$7,871,751 = \$577,257

Carryover from 2019
 Carryover for 2021

He addressed if the Physician Loan Repayment Program amount went up from \$160,000 to \$200,000 it would adjust the number of loans we gave out. He explained that \$400,000 is special cash that is given immediately up front. He stated how the PA Loan Repayment was not going as planned as inexperienced graduates are struggling to find work in rural Oklahoma with populations under 20,000. He plans to come to the next board meeting with some ideas. He feels that it is significant for a physician to participate in residency scholarship--they can make five times that in loan repayment for a PA, or double what they can get in scholarship. He said the beauty of a scholarship is they can spend it on anything they want. They get the money now--cash.

He noted payroll had gone way up and we added an FTE (full time employee). The state gave state employees raises last year. We've also added a couple of thousand dollars in travel this year. We are really pushing to go to every loan repayment award to make a presentation with photos and the press, etc. Mr. Evans plans to go into Kansas, Arkansas, In Texas, and maybe Colorado to try to see if we could pull some physicians in from those residences and/or conferences.

OMES administration expenses have gone up almost 60%. Some of the prices are what we get charged by our own government. It's the cost that we pay for renting the equipment and for the services that we get from OMES--administrative costs and actual service costs that we have to pay. We are budgeting \$83,000 of the \$4 million into admin and data processing.

Our proposal right now is to increase giving to the residency programs: OU and OSU. I think, from our perspective, we don't have clear direction but feel that a large amount of this increase was meant to go there. He stated it is almost a million dollars to the three programs.

Physician Loan Repayment Cost

\$160,000 @ 20% = \$32,000

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$5,000	\$7,000	\$9,000	\$11,000

\$2,000,000 = 62.5 Awards

\$160,000 @ 40% = \$64,000

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$10,000	\$14,000	\$18,000	\$22,000

\$2,000,000 = 31.25 Awards

\$200,000 @ 20% = \$40,000 (@ \$50K/yr)

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$10,000	\$10,000	\$10,000	\$10,000

\$2,000,000 = 50.25 Awards

\$200,000 @ 40% = \$80,000 (@ \$50K/yr)

YEAR 1	YEAR 2	YEAR 3	YEAR 4
\$20,000	\$20,000	\$20,000	\$20,000

\$2,000,000 = 25 Awards

\$3,935,549 Additional Dollars

Mr. Evans said they have budgeted for 15 new PA scholarships if we can get them work and 60 new nursing awards. He proposed adding to the Physician Loan Repayment Program which is \$2.8 million. If it is put into Loan Repayment, it can be used for Resident Rural, or Physician Community Match. He stated the beauty of Physician Community Match is the rules or statutes state it has to be focused or first available to communities under 10,000, the really smaller communities. He stressed that the point is, we can move the money anywhere within the programs. Mr. Evans said that the money that is budgeted for PA Scholarship can be moved to PA Loan Repayment if needed or if we want to make a budget adjustment, we can move money, from PA to Physician, or from Physician to PA or from PA to Nursing. We can move it anywhere we want with a budget.

Dr. Beller inquired that at the last meeting, the commissioners were told that the money had to stay in the same bucket, which he assumed it was the linear categories. But questioned if Mr. Evans was now saying the money can change from one bucket to another bucket.

Mr. Evans stated that he has since learned that the money can be moved with a budget adjustment.

Dr. Storms stated and Ms. Thompson added that they would have to vote on a budget adjustment and send it to the Cabinet Secretary for approval along with a reason why.

Mr. Evans confirmed for Dr. Beller, "If you look at this physician program, and Rural Medical Education, which we don't really do that anymore. The three: Physician Loan, Resident Rural and Physician Community Match, any money that we're putting in could be moved over here in any of

these and not do anything. But if we want to make a budget adjustment, I guess what we could actually make a budget adjustment and move it over to PA."

Dr. Storms: So move it down here in the Physician. Commission votes to do it and we don't have to get anybody else's approval. But if we want to move it from one category to the other, then we have to vote on it and get approval. Basically the temporary budget.

Dr. Leverett: So is that at any point during this fiscal year, or is that just within the first few months?

Mr. Evans answered Dr. Leverett's question if the money could be moved at any point during the fiscal year. So what we wind up with is if we decided to go this route, this was our new budget. So this is where we wind up. So trying to join some of these numbers, we have our original budget. We have the increase. How much we're increasing it here. And then we have the total amount, which is \$7.8. Now, let me kind of bring this back to what we are looking at here. Okay, so this was our original map \$7.236. This was the amount I gave you guys earlier that this is what we got appropriated this year. We're going to add in our carryover from 2019. Which we have to do every year anyway, you guys see that on my budget reports every year. It's going to wind up \$8.4 million. If we take \$8,449,008 and minus this amount that we're planning on spending this year, we wind up with \$577,000. Okay, we were going to carryover that much beforehand, it may be a little bit more. So if we can do this. And I'm going to show you just a couple more really quick slides to show you how hard or not hard it's going to do this. We are talking about spending \$2.8 million in loan repayment. Do you know what we spent on loan repayment last year? What we spent on it?

Ms. Thompson: \$843,056.

Mr. Evans: Right. We spent less than a million, and a lot of that is money that we're still paying off the feds obligation on these ones that we honored the federal piece on. That goes down a little bit every year I think. So anyway, this is our carryover from 19, there's our carry over for 21. Do you guys have any just immediate questions about this? And we can come back to this if you get some. And if you don't, we can move a little bit forward and just talk a little bit about what it's going to take to do something like that. And I don't have much it's very...

The next slide while people think about this. I know the board members have copies of it. So this is just a really simple breakout that shows if we stay at \$160,000 for the top two, and if we go in for 20%. Or if we go in for 40%, \$2 million, we've got to do 31 awards. Okay to spend \$2 million, but mind you, we got \$2.8 million to spend. But just take \$2 million, if we had to we could take \$800,000 and move it into next year. We could do that. So if we stay at \$2 million, we had to 30 40%, 20% 62 if we bump up and I'm going to show you guys some language that we're going to bring to our next meeting, and not this meeting, but the next meeting. To talk about whether or not the board wants to go up to this amount. I think we feel like there's pretty good support with it. \$200,000 so we're doing 50 50 50 50. So at 20% our piece is 10 10 10 10. At that rate 50 awards to spend \$2 million, if we do 40% 25 awards. And we've already done 20 something this year, right, Janie? The first half of the year we've done?

Ms. Thompson: We've 14 that we have had approved. And we have three applications sitting waiting for August.

Mr. Evans: So we're doing a lot this year. And I feel like some of the help that we expect to be getting from TSET and OHA, who's offered to help us with social media and get some things out

there. And then some changes that we're going to make internally. I think it's a feasible goal with some targeted potential here.

Dr. Storms: Okay, so right now we're looking at, if the community comes up with 40%, we use Blue Cross and Blue Shield, or TSET or OSMA for 40%. And we've been putting in 20%?

Ms. Thompson: Correct?

Dr. Storms asked if there is a community in dire need and cannot put up 40% do the rules or statutes need changed for OSMA or BCBS to put in a different percentage?

Mr. Evans stated that we do not have to change anything and PMTC could give 100%

Ms. Thompson stated that is how they funded Dr. Walkup in Idabel. OSMA kicked in the 40% on their behalf.

Mr. Evans explained how the Texas County Hospital put up 20%, and OSMA and Blue Cross put up the other 80%.

Dr. Storms stated that OSMA's money has to have a match.

540:50-1-5. Amount and method of payment

(a) Physicians would have to provide documentation of legitimate educational debt in the amount of ~~\$160,000~~\$200,000 or above to receive the maximum amount available. If total debt is less than ~~\$160,000~~\$200,000 a contract would be tailored, on a prorated basis, to provide an amount not to exceed legitimate educational debt of the physician. *Prior to any disbursement, the Commission shall certify and properly review reports submitted by the participating physician detailing performance of activities in accordance with the Program.*[63:1-2721(4)]

(a) Maximum amounts of financial assistance: ~~\$50,000 per year~~first year \$25,000; second year \$35,000; third year \$45,000; and fourth year \$55,000. Payments would be made after the physician completed the first year and on each anniversary thereafter, up to a maximum of four years. Physicians would be required to sign on to the Program for a minimum of two years. *At the conclusion of an initial two-year period, the Commission shall review the performance in the Program of the participating physician and determine whether an award may be granted for additional years pursuant to rules.* [63:1-2721(5)]

[Source: Added at 29 Ok Reg 893, eff 7-1-12 (emergency); Added at 30 Ok Reg 858, eff 6-14-13]

Mr. Evans said with \$200,000 for PLR that is something we could make more happen with adding social media, travel and exposure, when we're doing the big presentations and getting local exposure. We might be able to just keep growing. He said this has been the best year ever as far as Loan Repayment goes.

Mr. Evans showed how the rules could be changed to \$200,000.

Dr. Beller asked what the significance of the italic print in the rules.

LeRoy Johnson stated it is to reference statutory language.

Mr. Evans reiterated some of the things that he talked about:

NOW

1. **Loan Repayment – Do more – NOW...THIS YEAR**
 - Have contacted OKPCA, DOH, OHA, SE Consortium
 - Out-Of-State recruiting to border States: residencies and conferences
 - Utilize for additional "bridge" awards
 - Allow multiple placements when critical need
 - Promote awards & utilize social media from TSET/OHA & others
2. **Add and promote more Phy/Comm Match – Market to older w/out loans**
3. **Increase of pass-through appropriations to OU and OSU**
 - Verify there wasn't intention by legislature
4. **Reallocate vacant Administrative Technician to Finance and Budget officer**
 - All payments to participants
 - Budgeting functions
 - Interaction with ABS, AG Office, OMES
 - All administration transactional functions (Diane)
 - Collections
5. **Utilize temporary staffing to free additional resources**

LATER

1. **Modifications to program**
 - Change payout amount - \$200K
 - Change payout schedule - \$50K/year for 4 years.
2. **Subsidize Loan Interest**
3. **Increase population size for PA scholarship**
4. **Add additional staff member as temp (New FTE) - Recruiter**

- Out-of-state recruiting at the border states
- Utilize more Bridge awards.
 - Bridge definition: When someone has participated in a scholarship program, and has decided they'd rather do Loan Repayment. We deduct whatever we've given them from the \$160,000 and we require that they pay back half their obligation for the scholarship before we put them on Loan Repayment. They must wait a year before they get the payment. TSET doesn't necessarily participate in because from their perspective, it's a retention, even though they haven't, in most cases, even showed up to the job yet. So we can talk to them about that and potentially get them to buy in on that.
- Allow multiple placements when critical need. When a town has a group of physicians that are about the same age and they all get ready to retire and they lose two or three in a matter of a couple of years.
- Promote awards. Utilize TSET and OHA has both offered us a lot of help and getting the word out and getting some more exposure.
- Physician Community Match. Increasing pass-through appropriations.
- Hire a finance person. Mr. Evans stated Janie spends 30-40% of her time doing budget & finance, and working with ABS. Michelle, Aneesa, and Janie, all have to do

collections. They all have to get their payments set up and do all this, this is all something if we had a financial person in our agency, we could turn so much stuff over to them. Part of what we do is we're a collection agency, and we have to keep collecting it. He suggested filling the vacant receptionist position which has been way more than a receptionist--she's been an assistant to Michelle and the nursing program. He said that as PMTC modernizes the nursing program, we will phase out a lot of paperwork, filing and copy making. It would take getting cabinet-level approval to bump it up to a finance budget officer. He said every staff person could push work over to this financial person. Right now we don't really get any financial reporting. The reporting that we get from ABS, which is a part of OMES, which is our umbrella agency, we contract, we only pay \$20,000 a year, it's a good price for what we get. But we don't really get a lot of valuable information. Janie is really the only one that can understand the code that they give us. So what we'd like to do is get somebody who could help us, you know, bridge that gap between who we are as an agency to the actual dollars in fines and all that stuff. So we think that would be a big thing. And I think that would be an easy sell to our cabinet secretary.

- Utilize temporary staff. Adding an FTE is really hard. Debbie does a great job of finding who's hiring, what jobs are open, what are they looking for? How many? What location? And then we're updating it on a bi-weekly basis, so that our website is the most up-to-date. We have a rural physician vacancy board for the state we think. An alternative might be to bring in a temp who would do nothing other than manage the resources. Look at we are getting data downloads from all of the residency programs, all the PA programs, we can start managing that data a little bit and communicating more from a recruiter perspective, as far as people who know what the resources are that are out there that we know of. And again, ideally, we'd like to save some of these rural hospitals the \$20,000 that they are paying a recruiter to call us up and say, "You guys have any residents that are wanting to go to Idabel?" Right? Maybe, this doesn't make sense. Like I say, then they get paid \$20,000 by the hospital. So anyway, that's something we could do. And then some later modifications.

Dr. Beller asked if the pass through appropriations, which tied back to the first page, Residency Funding, is the money given to the school to use in any residency they want? Is it restricted to primary care, which is our charge? Or restricted just to family practice residents?

Mr. Evans stated it is restricted to family practice residents.

Ms. Thompson stated they were referring to the OU and OSU money that is to support their family medicine residency.

Dr. Beller confirmed it was only Family Medicine and not ER or OB.

Dr. Storms added it was not pediatric or any other primary care.

Ms. Thompson agreed because they do not receive the same type of funding out of the Medicare.

Dr. Storms added it is because they are not hospital-based.

Dr. Beller clarified that PMTC could change this to not just residency funding, but family practice residency funding to make it clearer.

Mr. Evans agreed and thought it was a good point.

Dr. Leverett stated that he reached out to Senator Schultz, who was the former Senate Pro Tempore, who reached out to Senator Treet and initially he said he didn't remember, he just thought it could go to rural health. But then he said he did do some research, and some of that was GME money from the feds, that the state passed through PMTC.

Mr. Evans interjected that we have heard that this, when we talk GME it gets pretty confusing. We don't know if that is the GME dollars, the federal dollars we were giving the universities? Or is that the GME dollars that we were pulling down for our loan repayment program.

Dr. Leverett stated he believe it was Senator Treet's thought to spend some of that money with the residency program.

Dr. Storms confirmed it was a million dollars is what the commission was going to vote on.

Dr. Leverett stated that if the legislature asked us what we did with the million, and we gave it back to OU and OSU and it helped to improve Rural Health.

Dr. Crawford stated his ultimate goal is to increase the number that graduate in family medicine in Oklahoma.

Dr. Pettit agreed with Dr. Crawford's point that it's where you graduate from often it is the key.

Dr. Leverett spoke of how the Commission went from almost being absorbed or done away with, or moved into the Commerce Department, to a commission that they're giving extra money to--which really makes him proud.

Mr. Polak stated from a financial standpoint there's still about a \$1.1 million gap from what was several years ago when they and PMTC lost all the funding. They have had to make up for it with hospital funding and with university funding. He stated there is still a delta but they are still adding residents in rural programs and trying to grow new ones. He asked as everyone continues to go throughout the year, planning and budgeting, to keep in mind that there is still program development going on and there still is it a delta from when everything was good and solid.

Dr. Storms stated the commission had originally budgeted \$1.25 million, and they are going to add another million to that.

Mr. Evans confirmed that \$2.2 million is PMTC's total goal to give them.

Dr. Crawford added \$2.25 million.

Dr. Crawford stated that inflation has made a difference on this issue and that they have had to increase resident salaries to stay competitive. He said they want to stay competitive with the surrounding states to try to attract residents.

Mr. Evans suggested they notify PMTC when that happens.

Dr. Crawford stated it prevents attrition and said it's an opportunity issue. Residents or medical students looking at residency will go other places--other states as Dr. Pettit had mentioned, it makes a difference where they do their residency. Within a 100 miles usually is where 80% of the family medicine residents will practice at least during the first several years after graduation.

Dr. Storms asked to add to the next agenda to discuss the language in rules and statues. In the Physicians Community Match Program, it lists that you can do General Surgery in addition to the

things in Primary Care. The language in Loan Repayment and General Surgery falls out, but Geriatrics goes in. There needs to be consistency between both programs. When recruiting, "well, we can do this for this group of physicians, and then we can do this for this group." We can market better if we're going out to the rural communities and saying, we have Loan Repayment, and placement money for these specialties. They all need to be the same. I think we need to get that language, basically get Geriatrics into the Match and get General Surgery, and the language for the OSMA money is for any physician to go rural. You can send an orthopedist and use OSMA money. We've got Pediatrics, OB/Gyn, Internal Medicine, Family Medicine, Emergency Medicine, Geriatrics. And I think we need to look at that language and put that on our agenda for discussion and come up with some language to make it consistent through all our rules and statutes.

Dr. Leverett agreed and stated he would like to have some facts or information from staff or from the residencies. Is a general surgeon going to help rural communities? He would like to have some facts to back it up. He asked if they are looking for general surgery?

Dr. Storms stated that he is considered rural in Chickasha, and when your operating room is closed down for three years, and you can't use a general surgeon, you see what it does to your revenue stream. When you can't keep a hernia or gallbladder or an appendix at your own facility, they quickly go down the road for something, then they're going to end up going for everything. Especially in your communities of 15,000 to 25,000, that general surgeon profit is going to be a real necessity.

Mr. Evans stated for those type of changes, it would be Spring, but agree they need cleaned up.

Ms. Thompson suggested if the commission wanted the staff to send a survey out perhaps to hospital administrators and say, "In addition to the things that we already offer, what are some other specialty areas that you find as a challenge?" Then PMTC staff could bring some data back to the commission.

Dr. Storms suggested asking specifically about orthopedics and general surgery. He asked for Pediatrics, Family Medicine, OB/Gyn, Internal Medicine, and Emergency Medicine and Primary Care. He said that we've added Geriatrics which is an extension of Internal Medicine in most cases. General Surgery and Orthopedics are the other two. If a third one is added it would probably be urology.

Ms. Thompson stated we will do a survey and get data to the commission before the next meeting.

Dr. Crawford stated he came from the Oklahoma Hospital Association board meeting, and they talked about this issue. He stated non-primary care is a lot more expensive, and getting assistance to smaller, rural hospitals getting financial assistance to recruit a non-primary care can be helpful. He said he still thinks there's a huge need for primary care, but there are special areas in the state, particularly in psychiatry, but even general surgery could be helpful.

Mr. Kevin Khoury agreed that when he was a CEO and administrator of several rural hospitals, the bottom line, the general surgeons, they did the EGDs and colonoscopies. They helped dramatically for the industry. He stated it was extremely helpful at their facilities.

Ms. Spanbauer added that it also promotes wellness, because, that's something that typically, they're not going to go to the city--take the time to take a whole day off and schedule to go and get that done.

Mr. Evans suggested for the communities that couldn't support a specialist full time but might need one day a week or something? They could possibly share a specialist. Maybe we could create a program that could facilitate something like that? He said when talking about doing stuff like this, some hospitals could for surgery, but some other smaller communities might need specialist a couple of days a week.

Dr. Beller made the motion to adopt the proposed Fiscal Year 2020 Budget with Dr. Storms 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 interjected that he would like to have an Executive Session prior to the vote to adopt the budget.

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

Dr. Storms stated that nothing was discussed in Executive Session that was not legal to be discussed there and no votes were taken.

Ms. Spanbauer called for a vote to approve the budget after there was no further discussion.

Voting in favor were: Ms. Spanbauer, Dr. Storms, Dr. Beller, Dr. Hill, Kevin Khoury, Dr. Leverett,
None were opposed.

Ms. Spanbauer stated that the budget has been passed. She gave the floor to Dr. Hill who shared a recommendation or suggestion from the Executive Session.

Dr. Hill requested data on the number of residents that are placed in rural areas over the last 24 months.

Dr. Storms added that what the Commission is looking at is where they are in a program and each place. How many are in Oklahoma City? How many in Tulsa? How many in rural settings. Both osteopathic and programs and then how many of those residents have gone to rural Oklahoma. So they can see and compare where they're trained and where they go.

Mr. Evans clarified relative to rural and loan repayment. He stated we really opened up the MSA statistical areas for both Oklahoma City and Tulsa, including Shawnee, El Reno, Guthrie and Purcell. You can't go inside that circle or on the line in that circle, you have to be outside of those

areas. So that's the way we define rural for loan repayment. We don't really have a population size. We can also do by population size. But depending on how we want to define rural, loan repayment defines it is really outside of the MSA. So somebody in Seminole is outside. Hinton would be considered rural just as much as somebody in Talihina would be considered rural. So we want to try to think about what we want the parameters to be?

Dr. Storms: I think if they give us "We have 10 resident here, and here is where all the residents went". If you just tell us where they went, we can determine whether they're rural or urban. We just kind of need to know where they went.

Ms. Spanbauer agreed.

Dr. Storms continued, "That way, you don't have to worry about definitions. You just say we graduated 12 residents. And you know, 4 went out of state and 8 are in state and here is where they went. That's kind of what we are looking for."

Dr. Elisa Crouse said it was data they had.

Dr. Storms asked what timeframe: two years, three years.

Dr. Crawford stated that it depends on the parameters stating they can look back 5 or 10 years.

Dr. Storms and Dr. Beller suggested three years.

Dr. Krouse asked if the Commission specifically wanted Family Medicine or other primary care specialties that PMTC supports?

Dr. Hill said he thought it was ear tagged for Family Medicine.

Dr. Storms stated the residency support money is for Family Medicine, so that's what they are really interested in. He stated that they are not putting money towards the other residency programs but that might be something that would be of interest also.

Ms. Spanbauer asked if there were questions from the commissioners...

Dr. Storms said it wouldn't help answer their questions.

Mr. Evans stated, "Just so I understand it. You guys want us to put some, I am more than happy to facilitate this with the residency programs and work with him to come up and state and then we can present it back with their help, or they can come and present it directly?"

Ms. Spanbauer stated they we're just trying to replicate this since we provide dollars for this program.

Dr. Pettit said that, for the record, it is data they already track so they'd graciously provide it.

Ms. Spanbauer thanked him.

Ms. Mickelson stated the next meeting is August 22nd with the Budget meeting at 8:30. And the regular meeting is at 10:00 at OSU. She stated she was not sure of the exact location and we would get the information to the Commissioners.

Mr. Evans stated that we would make sure we printed the packets so you don't have to print those out.

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



Signature of the Chair

