

Meeting Minutes: Health Care Workforce & Education Committee

DATE: February 7, 2024

Committee Member Attendance

- Bradley Benson –M Health-Fairview
- Susan Culican –University of Minnesota
- David Dahlen – Mayo Clinic
- Roger Dearth – Mayo Clinic
- Kelly Frisch— HealthPartners
- Miranda Gilmore – Fraser Integrated Healthcare
- Kimberly Lakhan – College of St. Scholastica
- Robert Miner – Allina Health/Abbott Northwestern
- Christine Mueller –University of Minnesota
- Nate Mussell –Fairview
- Peter Nalin – University of Minnesota Medical School, Duluth campus
- Sheila Riggs – University of Minnesota
- Thomas Satre – Vice Chair – CentraCare Health
- Troy Taubenheim – Chair - Metro Minnesota Council on GME
- Meghan Walsh –Hennepin County Medical Center

Not in Attendance:

- Badrinath Konety --Allina
- Michelle Noltimier – HealthPartners Institute
- Lynda Welage –University of Minnesota

Health Department Staff: Kelsey Besse, Megan Loew, Nitika Moibi, Zora Radosevich, Diane Reger, Diane Rydrych, Melissa Stevens, and Madison Weirick.

Agenda Items

- Welcome – Troy Taubenheim, Chair
- Academic Health Center Task Force Update – Dr. Meghan Walsh
- National Governor’s Association Update – Nitika Moibi, MDH

- State Programs/Grant Updates
 - Office of Rural Health & Primary Care Program Updates – Zora Radosevich, MDH
 - Rural Rotations and Clinical Experience Training
 - Non-MERC Clinical Experience Programming
 - Medical Education & Research Cost Grant – Diane Reger, MDH
- Future Meetings
 - 2024 dates – May 1, August 7, November 6 – all web-based teleconference, 1 – 3 p.m.
 - Submit topics to committee chairs or health.merc@state.mn.us.

Meeting Notes

Welcome and Introductions: Troy Taubenheim, Chair

The meeting was called to order.

In a recap from November, Ms. Radosevich reminded the Committee that membership would be paused and both Troy Taubenheim, Chair, and Thomas Satre, Vice Chair, will stay in those roles during the transition of the committee to Health Care Workforce & Education. The one-year cycle and former MERC Operating Guidelines will be reviewed further down the road.

Dr. Kathleen Macken, Deb Mayland-Poyzer, and Rebecca McGill have resigned from the committee due to their retirement or changes in their rolls. All three have been on the committee and involved in MERC for many years. We thank each member for their commitment to medical education and the committee.

Academic Health Center Task Force Update – Dr. Meghan Walsh

Dr. Walsh provided an update on the activities of the Academic Health Center Task Force. The goal was to develop recommendations for world class academic health professions education, research, and care delivery by the universities health science programs to support the state’s public health goals. The task force met from late fall through January 2024, and provided an executive summary and twenty recommendations to Governor Walz. They covered a wide range of topics and varying degrees of detail and consensus. Dr. Walsh noted that the recommendations were delivered as though they were equally weighted, but stated they are not. While there were differing opinions among members, the highest priority recommendations for the group as a whole called for a true integrated strategic plan across the university’s health sciences program. The task force did generally agree on the need for strategic investments, with some parameters established. Dr. Walsh noted that in the very first recommendation, it was hard for the task force to align around guidance for the health professions, when the relationship with Fairview and the university were still unclear and that discussion was deemed out of scope. The update can be found at <https://www.health.state.mn.us/facilities/academichealth/index.html>.

Dr. Walsh also noted that Minnesota’s financing of GME draws down fewer Medicaid dollars than many other states in the nation. Reimbursement managers and legislative experts who understand policy and financing started meeting and brainstorming to create a model that could benefit Minnesota as far as federal match. Their stated goal was to preserve MERC as it stands and increase the funding.

National Governor's Association Update – Nitika Moibi, MDH

Ms. Moibi shared preliminary discussions MDH had with the National Governors Association (NGA) for request for technical assistance to help move the MERC committee from a transactional, grant-centric body to a strategic workforce thinker that can inform and transform the state's workforce policies. At the time of the discussions with NGA, recommendations from the Academic Health Center Task Force were not yet finalized. There were some questions about NGA policy academy structure and potential assistance they or others could offer, and interest in revisiting the change in scope and identity of the MERC committee in the light of the Task Force recommendations. The issues were tabled for future discussions.

State Programs/Grant Updates –Zora Radosevich, MDH

Rural Rotations and Clinical Experience Training:

The program focuses on integrating rural rotations into health professional training programs, providing students with the option to gain experience in rural settings. The RFP for this project is expected to be released within a month.

Non-MERC Clinical Experience Programming:

Site-based clinical funding is in addition to the MERC program without the Medicaid volume and capacity limitations. The goal is to provide funding to support training in new areas, with a focus on rural primary care. MDH is currently working with the Minnesota Management and Budget Office on how to construct the program.

Primary Care Expansion Grant:

Rural Training Tracks, aimed at promoting rural practice by supporting facilities in planning and developing residency programs. Federal subgrants have already been awarded to two facilities in Minnesota, and the RFP for state funding will be ready early in the summer.

Zora highlighted the importance of sustaining these programs and encouraged discussions within the committee and beyond to facilitate their progress. Members emphasized the need to ease application processes and work towards establishing long-term residency programs and rural rotations.

Medical Education & Research Costs (MERC) Funds FY2022 Training – Diane Reger, MDH

Diane reported that since the committee met in November, amendments have taken place, Step 2 was submitted, and Medical Assistance/Prepaid Medical Assistance reimbursement data has been provided by the Department of Human Services (DHS). Both expenditures and Medicaid reimbursements are currently being reviewed.

At this time, applications were submitted through 26 sponsoring institutions, 328 teaching programs and 2,198 training site applications through the various program/sponsors. Combined, there were 489 training sites. Of that, 88 sites were below the minimum FTEs and did not qualify for Step 2. Out of the 401 sites that went on to Step 2, we are currently reviewing 377 sites that submitted expenditures meeting the \$5,000 minimum. Most of these sites have multiple trainee types, making the review process detailed and intricate. Review is expected to wrap-up in early March. Those that qualify will move on to the formula.

Under the new legislation, three funding pools will be administered, each with different eligibility criteria and funding source. DHS will determine which sites are affiliated with a hospital or hospital system to assist MDH in pool eligibility.

All sites that qualify for the formula will be eligible for funding from tobacco (cigarette tax/match) totaling \$7,575,500. While funding from the general fund and health care access fund totaling \$2 million will be limited to sites that are not affiliated with a hospital or hospital system. These pools are administered by MDH, and funding will be disbursed through the sponsoring institutions by April 30.

Hospitals or sites affiliated with a hospital system who meet MERC eligibility will be eligible for \$49,552,000 through a medical education component in Medicaid FFS hospital rates that will begin July 1, 2025, to June 30, 2027. While DHS will administer funding, the rates will be based on combining the outcome for affiliated sites during the 2021 and 2022 training cycle, along with two years of funding (\$99,104,000 in total).

Nate Mussel asked for a breakdown on the tobacco funds (state funding and match). Diane explained that almost half are match, with \$500 remaining unmatched due to the maximum allowed under the State Plan Amendment. The general fund and health care access fund are also not matched, nor part of the State Plan Amendment.

Troy Taubenheim asked about the \$5,000 minimum grant and how that would be applied to the three separate funding pools. Diane clarified that while it applies, the formula will consider a combined minimum rather than \$5,000 for each pool. He also asked about clarification on Medicaid revenue confirmation process. Diane indicated that MDH receives Medicaid reimbursement (MA/PMAP) reports from DHS for the MERC formula. Members of a MERC workgroup also receive additional details from DHS that are specific to their training sites. The workgroup cross-checks the information to their records.

An interested party inquired about when the medical education component in Medicaid FFS hospital rates would be calculated for the rates that were to begin January 1, 2024, to June 30, 2025. Diane noted that MDH provided information to DHS in October or November of 2023. We were later asked to amend the affiliation status of some sites affiliated with Fairview. The amendment was recalculated and provided to DHS in early December 2023. The rate period is for 18 months; however, the funding is based on a full 24 months (\$99.1 million over 18 months instead of 24).

As Diane wrapped-up, she asked sponsoring institution representatives to double check the vendor/payment information they submitted in their application demographics. The representative named will be indicated in the sponsor's grant agreement and funding will be distributed based on the information provided. Sponsoring institutions can expect grant agreements in early April.

Other

The meeting continued with Troy Taubenheim initiating discussions regarding the committee's future objectives and potential needs from the members. Zora Radosevich highlighted the importance of determining the committee's direction and how they can influence the task force's recommendations.

Dr. Meghan Walsh raised concerns about the disparities in grant funding, particularly regarding primary care expansion and International Medical Graduates (IMG) programs. She emphasized the inequities faced by different candidates in repayment obligations, urging for consistency and equity in the process.

Zora Radosevich acknowledged Dr. Walsh's concerns, mentioning ongoing legislative discussions to address such issues. Nate Mussell further emphasized the need to streamline grant processes to simplify applications and reduce administrative burdens.

Dr. Bradley Benson suggested leveraging advanced computer modeling to enhance healthcare workforce forecasting, advocating for collaboration with expert partners for improved forecasting accuracy.

Diane Reger solicited input on obtaining data on clinical training costs for various provider and facility types. Discussions ensued regarding the feasibility of setting reasonable expenditure limits and potential formation of an expenditure workgroup.

The meeting concluded with the Chair, Troy Taubenheim, expressing gratitude to all participants and adjourning the until the next scheduled meeting in May.

Next Meeting

May 1, 2024, from 1 – 3 pm, via Teams.

- Agenda and call-in information will be posted on the [committee website](#) a week before the meeting. Submit possible agenda items to the Committee Chair and/or MERC staff at health.merc@state.mn.us.