Subject	OMPW Advisory Board Fall Meeting
Date and Location	Thursday, October 22, 2015 2:30-4:30 PM, Norman C. Nelson Student Union: Board Room 2500 North State Street, Jackson MS.
Attendees	Members Present: Tim Alford, MD; Diane Beebe, MD: Claude Brunson, MD: Michael Curran; Hugh Gamble, MD; Jennifer Hicks, MD; Loretta Jackson-Williams, MD; Thomas Joiner, MD; Tim Moore, Andrew Ouzts, MD; Katherine Patterson, MD; Robert Pugh; Shirley Schlessinger, MD; Gregg Silberg, DO; Wayne Slocum, MD.
	Staff Present: John R. Mitchell, MD; Zonzie McLaurin, MPH; Julie Paul; LaToshia Robinson
	Present Via Telephone: Aurelia Jones-Taylor, MD, Luke Lampton, MD
	Absent: Mary Currier, MD, MPH, Jason Dees, DO; Ed Ivancic, MD; Blake Wilson
Guests	Board Invited: None
	Registered guests: Evelyn Johnson, Blake Bell, JD-representatives from Capitol Resources, LLC as guests of the Mississippi Primary Health Care Association
Message	 I. Opening Remarks a. Dr. Hugh Gamble opened the meeting at 2:30. b. Advisory Board members were introduced with introduction of guests. A quorum was met. c. Introduction to open meeting law explained. There was previous debate as to whether OMPW was required to follow the Open Meeting Law but to clarify that issue, it was voted on by the board at a previous meeting to eliminate controversy and to follow the Open Meeting Law. Members of the Board are recognized to speak by the chairman. Guests of the Board and/or other attendees can be recognized or not recognized to speak, dependent upon the discretion of the chairman and time restraints. Dr. Gamble emphasized that it was the Board's objective to have as broad based and open discussion of issues as possible. If a non-board member attendees desires to comment or speak at the board meeting, it is requested that a prior formal request be presented to the Chairman in sufficient time to allow for on the agenda. d. Chairman introduced registered guests and new members.
	 II. Old Business a. May Advisory Board minutes approved as presented – APPENDIX 1 b. Reminder of Board meeting reoccurring dates: c. Full Board meetings will be (4th Thursday of May and October from 2:30 p.m 4:30 p.m.). This meeting will be a face to face meeting. d. NEXT Full Advisory Board meeting will be MAY 26, 2016. e. Executive Board meetings will be (4th Tuesday of January, March, June, August and November at 1:00 p.m. – 2:00 p.m.). These meetings will be predominantly by conference call.
	III. New Business
	 Advisory Board Articles of Governance Discussion of Advisory Board Articles of Governance – APPENDIX 2 a. Discussion of Advisory Board Articles which deal with the mechanics of how OMPW operates. Articles were created to give the committee direction and clarify line of succession. b. Dr. Jackson-Williams brought to question to clarify the necessity of inclusion of Article 1.26 – OMPW's Annual Report to the Governor and Legislature and others listed. c. Dr. Mitchell: the Annual Report was part of the original bill and, therefore, must be presented. He meets with the Governor and Legislature each year to provide an update of OMPW activities. Due to changes in OMPW staff, the published report has been delayed. The annual report for 2014 and 2015 is near completion and is expected by December 2015.

d. Dr. Mitchell will report OMPW activities to the IHL in a letter format. The same report will be presented to Dr. Lou Ann Woodward, UMMC Vice Chancellor for Health Affairs and Dean of the School of Medicine and Dr.

Dr. Mitchell also meets quarterly with Drs. Woodward and Turner to keep them updated of OMPW activities,

James Turner, Dean of the William Cary University College of Osteopathic Medicine (WCUCOM).

- although that is not officially mandated in the Articles of Governance.
- f. Dr. Jackson-Williams also requested clarification regarding Article V, Section 5.1 regulations regarding how executive committee appointments are established and maintained. She was referred to Sections 5.3 and 5.4 for explanation. The Executive Board shall consist of 5-7 members of the duly appointed board members & elected by the full board.
- g. Mr. Pugh requested clarification regarding board member attendance (Articles Section 3.3.1). Although Board members are not required to attend a certain number of meetings, it is strongly encouraged that Board members make at least one of two face-to-face meeting annually. It was felt that the appointing organization could and should be the body to address non-attendance of their appointee.
- h. Dr. Slocum suggested an editorial change to Section 2.2.54 to change the name of the Mississippi Chapter, American College of OB-GYN to the Mississippi Section, American College of OB-GYN. Motion was adopted.

RESULTS

Advisory Board Articles of Governance approved.

2. Promotion of Vice-Chairperson to Chairperson

a. Dr. Schlessinger will assume position of Chair on July 1st, 2016. Promotion of the Vice Chairperson is an automatic process that does not require a board vote.

3. Election of new Vice-Chairperson- APPENDIX 3

- **a.** Dr. Silberg inquired if a member could nominate him or herself. Board agreed this was an option.
- b. Nominations for Vice Chairperson was opened from the floor. Dr. Katherine Patterson was nominated by Dr. Tim Alford, and there being no other nominations, she was approved through acclamation. The Office of Vice-Chair is a two-year term with automatic succession to Chairperson. The Chairperson's office is also a two-year term. The newly elected Vice Chair will assume her duties July 1st, 2016.

4. Legislative Update

Plans for upcoming legislative session discussed.

- a. & b.: Board discussed HB317 as it is currently written (**APPENDIX 4**) and a conversational document with suggestions of potential amendments or changes to HB317 (**APPENDIX 5**). Dr. Gamble stated that Appendix 4 and 5 may be considered together in the discussion.
- c. Dr. Beebe expressed support of the expansion and the broadening OMPW's workforce capabilities. She stated that in addition to family medicine, the creation and expansion of psychiatry and general surgery residencies are needed as well.
- d. Dr. Slocum inquired whether the bill had to be reopened to institute changes. OMPW is investigating all possibilities but this may be the case.
- e. Board members reviewed Appendix 5- a proposal to broaden the scope of the original bill. This would
- f. clarify the process by which OMPW could development an evolving strategic plan to achieve an adequate physician workforce for all specialties which could possibly include financial support when available and approved criteria is met.
- g. If amended, each applicant seeking state financial support for creation of an accredited residency program as
- h. authorized under Section 4 of HB317 must submit an application to OMPW that conforms to requirements
- i. established by this act and include input from the advisory board and final approval by UMMC.
- j. The general consensus of the group was that expansion was needed. However, several members expressed
- k. concern regarding opening the bill and retaining control of its content. Dr. Mitchell said he had met with both
- l. House Representative Sam Mims and Dr. Luke Lampton, authors of the bill, to discuss support of the bill's
- m. expansion. Dr. Mitchell reiterated that any changes would be thoroughly reviewed before any legislative motion
- n. was proposed.
- o. Dr. Alford suggested that the committee formally define primary care. Dr. Gamble responded that CMS already provides a definition of primary care that is already in place.
- Dr. Gamble stated that he had met with Governor and Lieutenant Governor who expressed strong support for healthcare workforce across the state. He also asked the board if they were in favor of the bill's wording, as is, or should OMPW request that the legislature expand OMPW's scope of operations. Dr. Mitchell emphasized that Appendix 5 was not a complete document but was written to allow broadening of GME development and if

changed OMPW could develop specific criteria for the request of financial support or assistance.

RESULTS

- a. Approved Appendix 5 as a work in progress document. Dr. Mitchell requested Board feedback to determine which criteria should be used for financial support.
- b. Two OMPW Executive Committee meetings are scheduled prior to or near the start of the legislative session, November and January. Dr. Gamble suggested that members who wish to have more input into amending the current bill contact the chairperson and participate in the meetings. The Executive Committee would then provide feedback to the full Board.
- c. Dr. Lampton suggested that OMPW discuss the bill with the Attorney General; and he recommended that OMPW speak with UMMC's legal counsel. Dr. Gamble suggested investigating this issue once the upcoming Attorney General election has been decided.
- d. Motion to turn this discussion over to the Executive Committee was approved. The Executive Committee assured the Advisory Board that no action would be taken without general approval. Drs. Schlessinger and Patterson abstained from the vote

5. Budget Update: OMPW 2015-2016 Projected Budget proposed to Board-APPENDIX 6

- a. Dr. Mitchell described the hesitancy of several small hospitals, based on fears incurring initial financial debt, to participate in residency expansion. Smaller hospitals, even with OMPW support for the ACGME accreditation process, once they achieve accreditation and the residents start, CMS funds would be slow in arriving. This could cause a cash flow problem during the first couple of years of residency.
 - Proposal was to investigate methods if possible to offer hospitals low interest or interest-free loans to bridge the first and second year gap until residencies begins to show a profit and CMS funding arrived.
- b. Dr. Alford suggested Medicaid Expansion Reform and managed care as an option.
 - i. Dr. Mitchell suggested that this was a political decision and although reform may help in the future, this will not likely be a process to provide necessary funds immediately.
- c. Dr. Gamble suggested that OMPW approach Phyllis Williams at MSMA who served at Medicaid for years to investigate possibilities and to see if incentivize participation would be an option.

6. Extension for MDA grant funds.

a. Dr. Mitchell thanked Michael Curran for joining the Board. OMPW will continue to work toward expanding workforce in the Delta.

7. Faculty Program Director Development Track

- a. Dr. Mitchell proposed the idea of creating a one-year Faculty and/or Program Director Development track to Dr. Ralph Didlake, Associate Vice Chancellor for Academic Affairs. The project would identify faculty and possible program directors from across the state and involve them in academic training. Potential program directors require an academic appointment and must have at least five years of experience, two of those five years in an academic role, before they can meet criteria as program directors.
- b. Meetings are planned with UMMC personnel as this program would require UMMC participation.
- c. Dr. Mitchell reached out to Dr. Patterson for suggestions for potential future program directors in the Delta.
- d. Dr. Beebe stated that the National Institute for Program Director Development (NIPPD) materials could be used as a model for such a program.
- e. Dr. Mitchell suggested that he felt it would be appropriate for some OMPW funds to be used to fund the development of such a training institute. There were no objections to further investigation.
- He will meet with the Office of Academics Affairs to discuss budget and program structure and bring this back to the board.
- g. Drs. Schlessinger and Silberg agreed that UMMC and William Carey could partner together in the project.

8. Project Updates

a. Training Updates

1) Magnolia Regional Medical Center (Corinth) -

- Under the leadership of Dr. David Pizzimenti, Magnolia Regional Internal Medicine Residency, which started as an-AOA accredited residency has successfully applied for and received an initial ACGME accreditation.
- They have made great strides in the AOA to ACGME transition. They were already registered for the 2015 AOA match and they will evaluate entering NRMP match next fall.

2) North Mississippi Medical Center (Tupelo) -

- i Dr. Mitchell will meet with NMMC leaders again on November 8th to discuss future plans and possible financing for further GME at NMMC.
- ii A question remains as to whether NMMC has reached a CMS cap? If we are interpreting what we think NMMC's potential is thru CMS documents, the hospital can't expand their family medicine residency as it is capped but can request CMS funding for new and unique residencies other than family medicine.

3) Baptist Memorial Healthcare – North Mississippi (Oxford) –

- Dr. Mitchell met with administrators on October 12th; The hospital is very interested in pursuing a residency program in Internal Medicine but not at this time. Officials have expressed interest in exploring a process and timeline to begin their program in the summer of 2018.
- ii Hospital administration remains focused on building their new replacement hospital which is scheduled to open in 2017.

4) Baptist Memorial Hospital – Golden Triangle (Columbus) –

- i Appalachian Regional Commission grant update **APPENDIX 7** OMPW worked closely with Baptist Memorial Health Care Corporation and Baptist Memorial Hospital- Golden Triangle (BMH-GT), to obtain funding for a two-year, \$552,000 ARC grant.
- ii BMH-GT will launch a new Internal Medicine Residency Program projected to begin in July 2017. OMPW will meet with BMH-GT leadership on November 11th to continue discussions on how OMPW can continue to assist with the pre-accreditation process. Dr. Schlessinger will be in contact with Dr. Reed to offer support and advice in the process.

5) Delta Education and Research Consortium (Four Hospitals in Central Delta) –

- i OMPW is meeting often with their CEOs. Dr. Mitchell and Bill Oliver, immediate past-CEO of Forrest General Hospital and Director of Special Projects to the CEO, met with consortium members.
- ii All four hospital administrators continue to express interest in developing GME in the area.
- iii Dr. Mitchell also suggested exploring the possibilities of involving an FQHC and other entities in the organizational meetings. Discussions are ongoing.
- iv He also suggested and offered to bring in a consultant from AAFP's Residency Program Solutions group to help the consortium work toward some actionable objectives.
- v OMPW will also explore DRA grants and other possible financial options.

6) EC-Healthnet-Meridian -

- i OMPW continues to seek methods to assist EC-Healthnet in navigating through the transition process from AOA to ACGME accreditation.
- ii OMPW offered that AAFP's RPS be consulted to assist with development of a plan to assist with the transition and to develop a document by which OMPW could use to outline financial support in the transition process.
- iii AAFP's Residency Program Solutions was contracted for this assistance plan. Dr. Valentine has expressed that he was very pleased with the results from the RPS consultant. OMPW continues to seek ways of supporting and assisting in this transition process.

7) UMMC (Jackson) & Forrest General Hospital (Hattiesburg) –

- i OMPW is working with UMMC's Department of Psychiatry and Pine Grove Behavioral Facility to explore the possibilities of a joint venture phased in approach which could initially result in a visiting/voluntary rotation for residents/fellows at Pine Grove Behavioral Health and Addiction Services in Hattiesburg with ultimately the possibilities of a more formal affiliation or working arrangement. (described in **APPENDIX 8**).
- Dr. Rodgers is interested in pursuing this plan and if successful, the affiliation would lead to a fully integrated residency training program with Pine Grove by July 2017.

8) Forrest General Hospital (Hattiesburg) & UMMC (Jackson) – see 7)

9) Southwest Regional Medical Center (McComb) -

- Dr. Mitchell again contacted Richard Williams, Southwest Regional Medical Center's COO, to propose a three phase plan which would involve contracting with a consultant, developing a job descriptions for the program director and DIO, and conducting a national search to fill both positions.
- The hospital, at this point, does not wish to move forward with a residency. The project remains on hold but Dr. Mitchell will continue to explore the region for other possible sites.

10) Mississippi Gulf Coast (Gulfport and Biloxi) -

- i OMPW has meet with Gulfport Memorial who states they are interested but not now.
- ii OMPW will begin to explore potential projects with Biloxi Regional Medical Center.
- Dr. Alford inquired whether OMPW was maximizing the organization's relationship with state economic development organizations in the Delta.
- OMPW has representatives from MEC and MHA on the Board. Michael Curran (MDA) and Dr. Joiner (MSMA) volunteered to assist in this process by working with the Mississippi Delta Council.

9. GIS update (moving into phase II) -

- i GIS program is being processed to move into Phase II which will include added security and a public component.
- 10. Lynn Langley, Executive Director of the Mississippi Board of Nursing, interested in collaborating on a data mapping project.
- 11. Data update continuing to work with MSBML and MSBN
- 12. Web design is near to going live. APPENDIX 9

13. Update on Residency Directors meetings -

- i OMPW hosted two in-person meetings and one virtual meeting with Program Directors across the state.
- ii Directors remain enthusiastic about collaborating and advancing family medicine training.
- iii OMPW will contact the GME regarding upcoming Program Director Workshops scheduled for November 5th and December 3rd and pass along meeting opportunities.

14. Update on Residency Coordinators Meeting -

- i OMPW has had two in-person meetings with program administrators.
- ii Participants are looking forward to the next meeting scheduled for spring, 2016.
- iii OMPW will contact UMMC's GME office to find shared topics of interest.
- 15. **Annual Report** OMPW plans to publish 2014 and 2015 by December 31st.
- IV. Meeting Adjourned at 4:45.

Next full Advisory Board Meeting will be MAY 19, 2016, 2:30-4:30 p.m., location TBA.