

Utah Medical Education Council (UMEC)

Thursday, June 12, 2025

Virtual Meeting

Anchor Location: Multi-Agency State Office Building (MASOB)

10:00 – 11:00 am

FY25 Q4 Meeting Minutes

Council Members Present (Virtual): Karyn Springer, Cami Collett, Frank Powers, Marc Babitz, Mark Greenwood, Mark Harris, Sue Wilkey, Laura Rosch, and Collin Lash.

Staff Present: Ashley Moretz (virtual), Marc Watterson (virtual), Kendyl Brockman, and Michelle Geller (virtual).

This meeting was recorded per the Open Public Meetings Act.

Welcome and Election of Vice Chair: Kendyl Brockman/ All

Kendyl Brockman noted that Sam Finlayson stepped down from his role as interim dean of the University of Utah Medical School. Per statute, Kristina Duffin, who is the new dean, will be the new UMEC chair and will attend the next quarterly meeting.

In addition, under statute, the UMEC needs a vice chair to be elected every year. Kendyl had reached out to gauge interest in potentially filling the role of vice chair, and Karyn Springer expressed her interest. Karyn Springer stepped out of the virtual meeting to allow the UMEC members to discuss her nomination as vice chair. Frank Powers expressed interest in the role but noted he is very busy and supports Karyn Springer's nomination.

Marc Babitz motioned to close the nominations with a second from Cami Collett.

Frank Powers asked for clarification on the role and responsibilities of the vice chair. Kendyl Brockman clarified that the vice chair is a relatively low time commitment with support from HWAC Staff. The vice chair supports the chair with taking motions when the chair is unavailable. There can be circumstances in which the chair asks for additional duties from the vice chair, but that is not anticipated in this case since HWAC Staff does the preparatory work for meetings and materials.

Cami Collett asked for clarification on whether there are guidelines for where the chair and vice chair are employed. Frank Powers responded that the chair is the dean of the University of Utah Medical School, and Karyn Springer is vice president of education at Intermountain Health. Frank noted that this employment is balanced. Mark Harris agreed that it is beneficial to have balanced leadership.

Frank Powers expressed support of Karyn Springer as vice chair, noting that she has played a large role in getting state funding for primary care in the last several years, has a good perspective, and has a broad reach in her role.

Cami Collett asked how long the vice chair role lasts, and whether the vice chair rotates into the chair role. Kendyl Brockman responded that the chair is a statutorily named position that is whoever

is the dean of the University of Utah Medical School, while the vice chair is elected every year, so there would not be any rotation into the chair position.

Mark Babitz motioned to approve Karyn Springer as vice chair with a second from Frank Powers. **Motion passed** to elect Karyn Springer as vice chair of the UMEC.

Motion passed to approve the meeting minutes.

GME Study- Charlie Alfero Intro

Kendyl Brockman introduced Charlie Alfero, who is the consultant that was hired to help conduct the Graduate Medical Expansion (GME) study.

Charlie Alfero shared his background and experience in rural health and GME. He lives in Silver City, New Mexico and has been working in rural healthcare for 47 years, primarily in the state of New Mexico. He helped start a Federally Qualified Health Center (FQHC) 30 years ago in Lordsburg, New Mexico, which was the last county in the state that had no access to health care at all. That center, Hidalgo Medical Services (HMS), now serves the bulk of the communities of southwestern New Mexico. HMS became the first Teaching Health Center in the state in 2012.

Since then, he has been working almost exclusively in GME program development. Around 2012, Charlie established a statewide primary care training consortium, made up of the family medicine residency program directors, medical school, and psych programs to expand GME training in the state. Prior to this effort, GME training was primarily done at the University of New Mexico.

He has also been successful in changing the state's Medicaid GME payment regulations to allow for broader access to resources for non-Albuquerque based hospitals, as well as financing for FQHCs and Rural Health Clinics (RHCs) to work on GME.

He currently works as a consultant for the University of North Carolina Health Resources and Services Administration (HRSA) Technical Assistance Center. He is a technical advisor for Frank Powers' program, and also provides support for GME and Medicaid development in Vermont, Missouri, Arizona, Colorado, and other states.

Charlie expressed his excitement to work with the UMEC and finding a way to support primary care training in places and settings that need it most. He is very interested in maintaining obstetric (OB) services in rural communities, as those services are vital to the future of those communities. He will begin his work immediately and will have the first organizing meeting on the deliverables tomorrow (6/13/2025).

Application Cycle Frequency

Kendyl Brockman introduced the next discussion topic of whether the Residency Grant Program application cycle should be opened annually or biennially. The last cycle was conducted 3 years ago, but moving forward, we would like to determine the UMEC's preference.

Some things to take into consideration include the fact that past awardees are only allowed to apply for this grant every 2 years, per statute, which means that if we did it on a 1-year cycle, they would have to wait 1 year to reapply. Another consideration is that DHHS is only able to obligate funding

the current fiscal year and the next fiscal year's funding, since all funding needs to be approved by the legislature. This means that the funds are anticipated but could change in the next year. Lastly, the application is a heavy lift, as the applications include a lot of information, so opening the application cycle every year could be onerous on applicants.

Marc Babitz expressed support for a 2-year cycle for stability and continuity reasons. Mark Harris agreed and added that he believes there is a stronger argument for 3-year cycles, since that is generally the length of residency terms, than there is for 1-year cycles. Frank Powers noted the importance of sustainability, rather than starting new residency programs every few years, and that he hopes the UMEC can build the sustainability piece into the GME work with Charlie Alfero.

Frank also expressed interest in redistributing any unused funds to other residency programs that could use it. Kendyl Brockman responded that, from a contracting perspective, it's easier and faster to set the contract period to be 2 or 3 years, whichever is decided, and then amend the contract later on to include additional funds.

Frank also asked about what the process is surrounding how the legislature determines whether there is funding for the second year of the residency grant program. Marc Watterson clarified that, from the legislature's perspective, the funds are often viewed as "use it or lose it," so there is always a risk, but the risk is diminished when we can show full utilization of the funds, which we are on track to do.

Karyn Springer asked for any motions on this matter. Mark Harris clarified that he wasn't seriously suggesting a 3-year cycle, but was rather comparing the other options from a fit perspective. He noted that he supports a 2-year cycle. Kendyl Brockman asked if a 2-year cycle would potentially prevent other organizations from applying. Frank Powers noted that he was unaware of any others who are trying to introduce or expand residency programs in the state and reiterated the potential for re-appropriating the funds among the existing applicants. Karyn Springer provided additional context that the other schools either don't have a clinical component, so they face additional challenges in creating residency programs, or are large health systems that already have large GME footprints.

Marc Babitz reiterated the importance of continuity and that he would not support an application structure that risks pulling funds away from awardees to be given to a new program the following year. Karyn Springer also pointed out a suggestion in the chat regarding potentially creating 2-year awards but having an annual or continually open process for new applicants. Frank Powers expressed support to keep the application process as-is.

Sue Wilkey noted that it would be a shame to shut out new applicants. Karyn Springer added that she agrees that the goal is to be as open as possible with applicants. UMEC's focus is on high-quality education where the state needs it, and even by keeping the application process every 2 years, the balance of quality and openness is still present. The worst that could happen is that a new applicant has to wait 2 years, but in reality, they will likely need at least 1 year to figure out all the details of starting a new residency program. Cami Collett noted that it took 4 years for the Saint Mark's Family Medicine Residency Program at FHP to get going. Mark Harris noted that the intent of the bill language was always a 2-year commitment.

Marc Babitz motioned for the grant application cycle to be every 2 years, seconded by Cami Collett. **Motion passed** to have a biennial (every 2 years) Residency Grant Program application cycle going forward.

Review of “Residency Grant Program” Applications and Determination of Award Amounts

Kendyl Brockman introduced the application overview slides of the presentation, noting that we received an application from Community Health Centers, the University of Utah, and Intermountain Health. These are all past awardees and each are family medicine residencies, with the University of Utah being an internal medicine track. The University of Utah and Community Health Centers both have residents starting this July, and Intermountain is determining between St. George and Logan where they want their residency program to be located.

Each application had 7 reviewers, since there was 1 person associated with each organization whose votes were not included in the calculation. Frank Powers noted that sustainability is a challenge for all residencies. Collin Lash asked whether Reviewer 4 for University of Utah made a typo regarding the “0” for sustainment. Kendyl Brockman reviewed the notes from that reviewer and clarified that it was not a typo, and that the reviewer cited the University’s request for funding in perpetuity as the reason for that score.

Frank Powers suggested that, going forward, one area where the UMEC could improve the application would be to separate the work plan and impact analysis, since that is a big score and half could be great while the other half isn’t. Karyn Springer suggested that the UMEC could add the scoring review as an agenda item in the future, rather than reviewing via email.

Kendyl Brockman introduced the budget breakdown slide for each application. UMEC received requests for \$619,000 more funding than is available from the \$1,500,000 allotted. Marc Babitz pointed out that the University of Utah did not include any income from having residents, whereas the other programs both indicated some expected income.

Cami Collett stressed that the UMEC should ensure that there is funding given to the programs who have residents starting this year, especially CHC, since it is filling a need in the state (no other residencies are based at a community health center). Mark Greenwood agreed that preference should be given to those programs that have residents starting this summer. In addition, Mark noted that, of the 2 programs who have residents starting soon, 1 has the support of a large healthcare system while the other does not, so he expressed his preference toward Community Health Centers being prioritized between the 2 programs.

Marc Babitz recognized the strong application from Intermountain, but noted that his concern is that the application shows what Intermountain hopes to accomplish, as opposed to what is actually happening with the programs. As such, Marc noted that his preference is to give the full amounts requested to the other 2 programs with residents starting soon.

Frank Powers added a counterpoint that the state needs resident education in Logan and St. George, so he feels that Intermountain’s forthcoming programs would be valuable. Mark Harris added that the \$1,500,000 that Intermountain received in the previous cycle seemed like it would be enough funding to sort out the current location question in Intermountain’s application.

Frank asked Karyn Springer whether there are physician leaders on the ground in those 2 cities and communities already, and what changed in St. George in the last 3 months. Karyn responded that in St. George, it did not initially appear that the sole community hospital status would make them eligible for any CMS funding, meaning Intermountain would have had to cover all costs. As a result, Intermountain pivoted its attention to the Logan location where there are boots on the ground. Later, the team realized that there were ways to get some CMS funding in St. George. Plus, with the new University of Utah regional campus in the area, their success will be dependent on having GME there, as well.

Frank asked Karyn whether there are people lined up to be program directors in each of the locations. Karyn responded in the affirmative for the St. George location. Cami Collett also pointed out that it is common for medical graduates to start in primary care but later wanting to do a specialty, so it is important to consider where graduates of current programs are now and what type of practice they are in.

The discussion ran over time at this point and some members noted that they were not comfortable making a motion, yet the funds need to be decided upon soon since the funds are given to DHHS on July 1st.

Marc Babitz suggested that the University of Utah should submit a budget revision showing the estimated income from residents, which will decrease the amount of funding they get. While first year residents don't bring in much income, the income picks up for second and third year residents. Marc also supported Frank Powers' comment about redistribution of unused funds later.

Cami Collett motioned that CHC should be fully funded, as well as a continued meeting and vote to occur at another time, seconded by Marc Babitz.

Motion passed to fully fund CHC and to schedule another meeting for continued funding allocation between the other applicants.

Wrap Up: Karyn Springer, All

Motion passed to adjourn the meeting.

Meeting adjourned by 11:08 a.m.

Respectfully submitted,
Michelle Geller