

UTAH MEDICAL EDUCATION COUNCIL
Meeting Minutes
June 1, 2016
Held 12:00 p.m. UMEC offices

Council Members Present:

Wayne Samuelson (Chairman)
Mark Hiatt
Sue Wilkey (by phone)
Doug Smith
Gar Elison
Mary Williams

Council Members Excused:

John Berneike
Larry Reimer

Other Individuals Present:

Staff Present:

Ric Campbell
Julie Olson
Andrew Salt

Jenna Christensen
Clark Ruttinger

Motions:

- The February 3, 2016 meeting minutes were approved unanimously.

Handouts:

- Agenda for 6-1-2016 Meeting
- Minutes of the 2-3-16 Meeting

Action Items

- Action item:** A look at gender pay gap according to type of practice – solo vs. organization would also be helpful to identify institutional bias.
- Action item:** Ric will present at the next meeting on where the council is building partner affiliations and the benefits of these affiliations.

1. Call to order and approval of 2-3-16 minutes – Wayne

The 2-3-16 minutes were approved unanimously.

2. Rural Rotation Program Update - Ric

Ric gave an update on the rural rotations, commenting that there have been a few psychiatry rotations in the past year. The Center for Rural Health still administers the funds for these rural rotations.

3. Mental Health Report – Jenna

Jenna gave a presentation on the findings of the Mental Health Report. The following are the recommendations from the report:

1. **Increase the number of providers.** Despite the fact that Utah has higher rates of mental health issues than the national average, Utah has 586 people for every 1 FTE while nationally that number is 321 people for every provider.
2. **Promote a more diverse workforce.** Only 9.7% of the MH workforce in Utah identified as a racial or ethnic minority, compared to 19.7% of the population. Increasing diversity can help ensure that the mental health needs of a more diverse population are being met.
3. **Strengthen the rural workforce.** Utah is facing a mental health provider shortage, but rural areas are seeing higher shortfalls than urban areas. While urban Utah has 590 people for every FTE, rural Utah has 709 people per FTE.
4. **Support health care integration.** Integrating mental and physical health has so far shown to cut down on repeat ER visits, decrease costs, and improve overall health outcomes.
5. **Enhance data collection** through demand surveys, incorporating the survey into the licensing process, and encouraging MH schools to collect class data to be used by UMEC.
6. **Encourage further analysis of the gender pay disparities.** The UMEC cannot presently make any firm conclusions regarding the gender pay gap within mental health and the advisory committee recommends further analysis into the subject.

Gar asked if there was any analysis about cultural attitudes impacting the seeking of mental health services. An interim report of mental health in a couple of years including this information would be helpful. Sue Wilkey also suggested checking with AUCH's data for depression across demographic groups in Utah.

The Council discussed the gender pay gap and was interested in a break down by type of practice.

Action item: A look at gender pay gap according to type of practice – solo vs. organization would also be helpful to identify institution bias.

4. **Retention Report – Andrew**

Andrew presented on the last year's retention of physicians. The retention rate of Utah-trained resident and fellows has increased from 41.2% in 1998 to 50.8% in 2015. Retention by specialty showed no dramatic changes from the previous year.

Child Psychiatry, Diagnostic Radiology, General Surgery Prelim, and Internal Medical Prelim showed a drop in retention with a comparison in 4-year and 10 year averages, while Neurology and Occupation Medicine showed more significant drops. Gar asked if more insight might be gathered by doing a rolling average from year to year.

5. **Other**

Ric informed the council that staff has been asked to present in front of the legislature. An hour has been scheduled regarding primary care in the state. After the council presents (as a neutral party), the family medicine programs in the state will come in to request money for residencies.

Gar asked how residents with families are being accommodated in doing rural rotations. Ric will talk to Rita Osborn with the Utah Center for Rural Health to try to understand how many families are involved in those rotations. Other obstacles in getting people to serve in underserved areas could be identified in order to overcome those barriers.

Gar was curious as to the partnerships UMEC has with other entities and the status of those collaborations.

Action Item: Ric will present at the next meeting on where the council is building partner affiliations and the benefits of these affiliations.