

Minutes are intended to note; (a) the date, time and place of the meeting; (b) those members of the public body who were present and those who were absent; and (c) the substance of all matters proposed, discussed and/or action was taken on. Minutes are not intended to be a verbatim report of a meeting. An audiotape recording of the meeting is available for inspection by any member of the public interested in a verbatim report of the meeting. These minutes are not final until approved by the Board of Regents at the March 2017 meeting.

**BOARD OF REGENTS and its
HEALTH SCIENCES SYSTEM COMMITTEE
NEVADA SYSTEM OF HIGHER EDUCATION**

Student Union, Ballroom A
University of Nevada, Las Vegas
4505 S. Maryland Parkway, Las Vegas
Friday, December 2, 2016

Members Present: Mr. James Dean Leavitt, Chair
 Dr. Mark W. Doubrava, Vice Chair
 Dr. Jason Geddes
 Mr. Kevin C. Melcher
 Mr. Kevin J. Page
 Ms. Allison Stephens

Other Regents Present: Mr. Rick Trachok, Chairman
 Mr. Michael B. Wixom

Others Present: Ms. Crystal Abba, Vice Chancellor, Academic & Student Affairs
 Mr. Vic Redding, Vice Chancellor, Finance
 Mr. Nicholas Vaskov, Vice Chancellor, Legal Affairs
 Ms. Linda Heiss, Senior Director, Institutional Research
 Dr. Marc Johnson, President, UNR

For others present, please see the attendance roster on file in the Board office.

Chair James Dean Leavitt called the meeting to order at 8:00 a.m. with all members present except Regent Page.

1. Information Only-Public Comment – None.
2. Approved-Minutes – The Committee recommended approval of the minutes from the September 9, 2016, meeting (*Ref. HSS-2 on file in the Board office*).

Regent Geddes moved approval of the minutes from the September 9, 2016, meeting. Regent Stephens seconded. Motion carried. Regent Page was absent.

3. Information Only-Nevada State Public Health Laboratory System - Dr. Trudy Larson, Director, School of Community Health Sciences, UNR School of Medicine, provided an update on the activities and initiatives of the Nevada State Public Health Laboratory System (NSPHL) which included the Nevada Newborn Screening Program (*Ref. HSS-3 on file in the Board office*).

3. Information Only-Nevada State Public Health Laboratory System – (continued)

The presentation included information on the NSPHL accreditations/regulatory bodies, statewide branch lab locations, funding sources, recent financial accomplishments, recent public health accomplishments, identified newborn disorders and organization goals.

Regent Page entered the meeting.

In regard to the “NSPHL Funding Summary” (slide 6), Regent Geddes asked who pays for the growth in fees for the newborn screening. Dr. Larson answered the hospitals pay for that particular birth fee which is part of the delivery bundle. Delivery is bundled by most insurances and Medicaid which means they cover a certain amount of the delivery, and the newborn screening fee is included in the bundle. Dr. Larson added there is some concern about the need to increase the fees for newborn screening which is something they work on with the hospitals.

Chair Leavitt mentioned his tour of the laboratory in Reno (which is under the umbrella of the UNR School of Medicine (UNR Med)) and noted how the facility was limited in size, resources and funding. He asked if Las Vegas is in need of its own Public Health Laboratory. Dr. Larson answered that although it would be beneficial to have a branch laboratory in Las Vegas, it is neither economically practical, nor particularly useful to duplicate the sophistication of the laboratory, the employees and so forth, in more than one site. Most states typically have one Public Health Laboratory. This is an agreement that has been previously discussed between both medical schools.

Vice Chair Doubrava inquired if the current facility in southern Nevada is strictly for bioterrorism and/or disease outbreak. Dr. Larson said that is how the branch laboratory designation currently fits. It is the Southern Nevada Health District Laboratory, which is much larger and serves the clinical needs of the Southern Nevada Health Department. In response to a follow up question from Vice Chair Doubrava, Dr. Larson confirmed the state laboratory does not handle sample testing for medical and recreational marijuana use. The possibility was investigated; however, it was found that because the laboratory is on a university campus that receives federal funds, federal law prohibits the laboratory from doing those types of tests.

Regent Geddes referred to the pie chart under “Identified Newborn Disorders – July 2014 – August 2016” (slide 10) and asked what is done with the data once a health issue is identified. Dr. Larson stated the program does include the follow-up. A dedicated coordinator is on staff and works with a team to organize additional testing. The coordinator also works with six individuals who are experts in the different types of diseases. The only expert they do not have in Nevada, but who is under contract with them, is a metabolic geneticist in Utah. The laboratory staff has all the medical oversight, the coordinator ensures all the testing is done and they connect the patient to the specialist and early intervention services to ensure needs are met. Dr. Larson confirmed for Regent Geddes that their network supports the pediatricians in providing adequate care for the children.

3. Information Only-Nevada State Public Health Laboratory System – (continued)

With the volume of newborn testing at 150,000 and the limitations mentioned by Dr. Larson, Vice Chair Doubrava asked about how samples are being sent to the laboratory. Dr. Larson said samples are constantly sent to the laboratory, overnight, using courier services such as FedEx. They also have partnerships with all of the hospital delivery services to ensure a timely delivery of samples. Even during the holiday season, there is a half-day schedule in place for sample delivery.

In regard to the pie chart titled “Identified Newborn Disorders – July 2014-August 2016,” Regent Page asked about the tracking process for those that have been diagnosed and the measuring of outcomes for the newborn screening program. Dr. Larson answered that currently the follow-up program is in the beginning stages. One of the goals is to develop a more coordinated long-term follow-up system once the right software is available and they are able to hire an additional coordinator. There is a state program in place that does follow-up with the patients, which Dr. Larson’s team works with closely. It is typical for newborn screening programs to be without a long-term follow up program in place, as their primary aim is to treat the immediate needs; however, the laboratory is working on setting up its own program for long-term follow-up.

4. Information Only-University of Nevada, Las Vegas School of Dental Medicine - Dr.

Karen West, Dean, UNLV School of Dental Medicine, provided an update on activities and initiatives of the UNLV School of Dental Medicine which included the student enrollment and achievement, comparison with peer institutions, orthodontic program, clinical and research activities and engagement with the local community for fundraising (*Ref. HSS-4 on file in the Board office*).

Referencing slide 18 of Dr. West’s presentation, Regent Stephens asked where the remaining 74 graduates of the orthodontic program went if only 16 of those graduates are working in Nevada. Dr. West answered that 32 of the students, which are from the first two years of the program, are in a post-graduate program. Another portion of the graduates were sent to work elsewhere by joint venture employers.

According to Dean West’s presentation, 50 percent of students are from out-of-state and Vice Chair Doubrava was curious about what the policy is in regard to students paying out-of-state tuition. Dean West said 95 percent of the students qualify for in-state tuition after the first year. At the request of Vice Chair Doubrava, Ms. Crystal Abba, Vice Chancellor, Academic and Student Affairs, explained the Board policy for reclassification of out-of-state students to residents for tuition purposes. Ms. Abba said because the issue has come up a number of times with respect to the professional schools, there was a memorandum issued by the Chancellor’s office dating back several years clarifying the residency provisions in the *Handbook* apply to undergraduate students and the professional schools in the same manner. The students have to show proof of other reasons for being in Nevada, other than just going to school.

Regent Melcher asked if the Crack Down on Cancer program is still operating. Dr. West answered it is not due to lack of funding. It was a federal program funded by tobacco

4. Information Only-University of Nevada, Las Vegas School of Dental Medicine –
(continued)

funds. Dr. West clarified for Regent Melcher that the Miles for Smiles program was through UNLV. Regent Melcher shared his appreciation for what both of those programs did in Elko.

Regent Geddes asked in regard to students from California, does the UNLV SDM actively market in California, or do the students choose to come to Nevada due to capacity constraints there. Dr. West believes it is a combination of both. The California schools tend to fill up quickly because of the population. Some of it is due to marketing and there seems to be a pipeline between California students and the UNLV SDM. Regent Geddes asked if the California students tend to stay in Nevada to which Dr. West answered that some do.

Vice Chancellor Abba confirmed for Regent Page that Board policy states that for a student to be reclassified as a resident for tuition purposes, they not only need to be a bona fide resident of Nevada but also have to prove that they intend to stay in Nevada. Regent Page was concerned about retention, and noted the data indicate a large number of students leave Nevada after receiving their education. He thought a reason for that could be that tuition is lower than the national average. Regent Page expressed the need to examine this issue more closely. Dr. West agreed and suggested it may be beneficial to keep out-of-state tuition for the non-resident students for all four years.

Vice Chair Doubrava said tuition should be raised to meet the national average. Out-of-state students seem to be qualifying for in-state tuition too easily. He did not think the rise in tuition will stop the students in California and Utah from applying to the UNLV SDM.

Regent Stephens asked if Nevada has a great need for dentists, or is a saturation point being reached. Dr. West answered Las Vegas and Reno are where it should be as far as having enough dentists; however, in the rural areas there are not enough dentists which causes a major access to care issue. Regent Stephens thought that was an important point and said that because the metropolitan areas in Nevada do not have openings for dentists that could contribute to the explanation of why graduates leave the state. Regent Stephens added the Board should look at the residency policy and consider offering in-state tuition to students who commit to working in a rural area for a certain number of years. This would not only address the concern of graduates leaving immediately after they are done with school, but will also provide more access to dental care in the rural areas. Dr. West thought that was a great idea. Openings for dentists in urban areas are limited due to low retirement rates because of recent economic issues. Currently, the rate of dentists retiring is increasing and Dr. West believes this will result in the need for dentists increasing in the urban areas.

5. Information Only-University of Nevada, Las Vegas School of Medicine Budget - UNLV President Len Jessup and Dr. Barbara Atkinson, Founding Dean of the UNLV School of Medicine (UNLVSOM), provided an update on the UNLVSOM budget (Refs. HSS-5a and HSS-5b on file in the Board office).

Dr. Barbara Atkinson, Dean, UNLVSOM, said the UNLVSOM budget was developed two and a half years ago without accounting for taking over the Reno clinical enterprise starting July 1, 2017, because it was not expected at the time. She had expected taking over the clinical enterprise piece when the students were in their third year. In the current budget, they are attempting to keep as much salary savings aside, so they are able to do the necessary things to start up the clinical practice. Dr. Atkinson will come to the Board soon to request spending the salary savings on certain items such as the EMR (Electronic Medical Records), as a community member with University Medical Center (UMC), which will be in the \$3 million range. Along with working on purchasing basic start-up necessities for the students, such as audio-visual items, there are also some high-cost recruitments coming up in the second half of the year, such as hiring a Chair of Medicine. Faculty and staff recruitment has been an ongoing and productive process. In July 1, 2016, there were only 30 faculty and staff members. Currently, faculty and staff are at 49 members and there are 23 ongoing searches that are expected to be completed in the next couple of months.

Dr. Atkinson addressed some previous questions the Committee had regarding the UNLVSOM's hosting accounts. The hosting accounts are funded by donations, not the state budget, and they have been spending about \$12,000 per year. Hosting expenses have gone toward supporting the monthly meetings for the Community Advisory Board and community relations. The UNLVSOM also hosts community lunch meetings on different topics such as human trafficking, homelessness and a variety of other issues.

Dr. Atkinson also addressed a previous inquiry from the Committee regarding buy-out packages. Only one of those happened which included one month's salary and moving expenses totaling \$44,000.

Chair Leavitt thanked Dr. Atkinson and her team for all of their hard work in starting up the UNLVSOM.

In response to an inquiry from Regent Geddes, Dr. Atkinson said the FY17 budget was approved by the Board in August 2014. It was only after the budget was sent to the Governor's office and went through the legislature that they discovered they would be taking over the Reno clinical enterprise and the approved budget was not adjusted to accommodate the new expense.

Regent Geddes asked Dr. Atkinson to provide more information regarding the EMR purchase and how the price increased from \$700,000 to \$2.3 million. Dr. Atkinson said they had not been planning to have an EMR system for at least two more years. They had originally budgeted for a basic information system and recently switched to the EMR. There has been no exact price from UMC yet. They are hoping to start the EMR

5. Information Only-University of Nevada, Las Vegas School of Medicine Budget –
(continued)

program, Epic, on July 1, 2017, and the cost is estimated to be between \$2-3 million which is reasonable. Dr. Atkinson clarified that this cost was also part of the unanticipated cost regarding the Reno clinical enterprise that was not expected to happen for two more years.

Regent Geddes asked about the savings in the rent overall, from the anticipated \$4.4 million down to about \$2.4 million and if that was due to space being reduced or a negotiated deal. Mr. Gerry Bomotti, Senior Vice President for Finance and Business, UNLV, said the numbers were set some time ago and they were based on UNLV SOM having a 150,000 square foot building. They did not get a new building and ended up renovating the Shadow Lane building which helped with the savings. Mr. Bomotti thinks there will be savings for a couple of years, but when they move into a larger building it will change. The original budget covered the cost of a 150,000 square foot building. Mr. Bomotti confirmed these updates will be included in the semi-annual reports and submitted to the Interim Finance Committee (IFC).

Chair Leavitt added that Epic is the industry leader in terms of EMR and UNLV SOM independently would not be able to afford it if there was no partnership with UMC. He noted this is the type of collaborating that should be happening.

Regent Stephens requested an organizational chart for the UNLV SOM faculty and staff as it would be beneficial for the Board to have. She also had an inquiry regarding the practice plan transition and why a decision was made to move ahead with certain items even though the budget did not cover everything. Regent Leavitt answered that the decision generated a significant call-out because it resulted in a decision by Board leadership about using monies from some of NSHE's investment accounts that were designated for UNLV SOM. Regent Stephens said she recalled they were \$15 million short and remembered the conversation, but she wanted to get a grasp on why it was necessary to move forward. Dr. Atkinson first confirmed they will send an organizational chart to the Board. She answered that the decision was made to keep the students in continuity with their education. Students, faculty, staff and the operation overall had issues at the thought of being insecure for four years. This decision also made the accreditation process easier for both medical schools. Although some of the issues with the transition were unanticipated, moving forward was necessary to address and resolve the academic, operational and financial concerns.

Regent Page wanted UNLV SOM to make sure the EMR expense is included in the budget going forward and to be cautious that the system itself is the right fit. Regent Page also noted that the cost for PricewaterhouseCooper (PwC) has increased. He inquired about the reason for the increase and if the cost will continue to increase. Dr. Atkinson said PwC has done an incredible amount of work for the UNLV SOM and was instrumental in the accreditation process. They just completed the project to plan UNLV SOM's longitudinal integrated curriculum which will be submitted for the March meeting. PwC also worked on the business plan for the practice and has worked with

5. Information Only-University of Nevada, Las Vegas School of Medicine Budget –
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outside counsel in writing up the bylaws. The LCME (Liaison Committee on Medical Education) will be returning when the students start their second and third years and PwC will assist with working on the documents for accreditation that will allow the students to advance. Regent Page suggested putting a list of UNLV SOM's future needs together along with the expected costs so the Committee can know what to expect and how to plan. Dr. Atkinson said they can create the list.

6. Information Only-University of Nevada, Reno School of Medicine and University of Nevada, Las Vegas School of Medicine - Dr. Thomas Schwenk, Dean of the UNR School of Medicine (UNR Med), and Dean Barbara Atkinson, UNLV SOM, provided an update on the activities and initiatives at UNR Med and UNLV SOM, as well as updates on fundraising plans and strategies which included UNR Med's historical fundraising strategies, fundraising priorities for both schools, and identifying and strategically fundraising for areas with the greatest unmet need (*Refs. HSS-6a and HSS-6b on file in the Board office*).

Dr. Thomas Schwenk, Dean, UNR Med, provided an update on activities and initiatives at the UNR Med. His update included UNR Med's historical fundraising strategy which involved the current endowment value and philanthropic gifts received in 2015-2016. Dr. Schwenk also covered UNR Med's current and future fundraising priorities and highlighted the need for merit scholarships. They have a number of outstanding resident students accepted elsewhere outside of Nevada and funding for merit scholarships is needed so they can offer the scholarships and retain those students.

Vice Chair Doubrava asked if there has been more philanthropy for UNR Med now that Reno has its own medical school. Dr. Schwenk replied that it is a little early to see that, but the response has been enormously positive in regard to the rebranding.

Chair Leavitt inquired about the collaboration between Deans Schwenk and Atkinson in regard to the transition. Dr. Schwenk said he and Dr. Atkinson have been working hard to stabilize the faculty commitment and morale, along with staying connected to the Chairs. He added the most positive note of late has been that the billing and operations staff has been extremely productive at a very low staffing level. The management fees have been reduced substantially which has helped the practice plan. UNLV and UNR operations staff, along with the Chairs, are starting to work jointly more often.

Dr. Atkinson proudly shared the UNLV SOM is now accredited to accept students. They have received 730 applications and 230 of those applicants are Nevada residents. It is a very strong applicant pool and they have scholarships for the whole class of 60. There are 17 interview days scheduled with 97 interviews already completed. Their interviewing process is somewhat unconventional, as the interviewers do not know the test scores and grades of the students being interviewed to allow for a more accurate measure of personality. The admissions committee has all of the information on the student candidates except for their names.

6. Information Only-University of Nevada, Reno School of Medicine and University of Nevada, Las Vegas School of Medicine – (continued)

Dean Atkinson presented a PowerPoint on the initiatives and activities at the UNLVSOM.

7. Approved-Memorandum of Understanding between University of Nevada, Reno School of Medicine and University of Nevada, Las Vegas School of Medicine Regarding Medical School Responsibilities under Nevada Revised Statutes – The Committee recommended approval of a Memorandum of Understanding developed by UNR Med and UNLVSOM regarding the meaning of “University of Nevada School of Medicine” and responsibilities under the various provisions of *Nevada Revised Statutes* that reference “University of Nevada School of Medicine” (Ref. HSS-7 on file in the Board office).

Vice Chair Doubrava moved approval of the Memorandum of Understanding developed by UNR Med and UNLVSOM regarding the meaning of “University of Nevada School of Medicine” and responsibilities under the various provisions of the *Nevada Revised Statutes* that reference “University of Nevada School of Medicine.” Regent Stephens seconded. Motion carried.

8. Information Only-New Business –None.

9. Information Only – Public Comment – Chair Leavitt commented that the first ad hoc Health Sciences System Committee meeting took place on May 12, 2006. Ten and a half years later there is a fully funded School of Medicine in Las Vegas. Chair Leavitt shared his pride in that and expressed gratitude to all of the Committee members over the years who have been supportive of expanding public medical education in Nevada.

The meeting adjourned at 9:15 a.m.

Prepared by: Winter M.N. Lipson
Special Assistant and Coordinator to the Board of Regents

Submitted for approval by: Dean J. Gould
Chief of Staff and Special Counsel to the Board of Regents