



University of Nevada
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University of Nevada School of Medicine's Response to the Legislative Committee on Health Care

- Health Education and Expansion of Medical School Programs
- Graduate Medical Education and Residency Programs

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| EXHIBIT H Health Care Document consists of 26 pages. Entire exhibit provided. Meeting Date 1-08-14 |
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Graduate Medical Education In the United States

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Introduction

- Graduate medical education – hands on training following medical school
- Necessary to become licensed – independent practice
- Completion of an accredited program is necessary for board certification
- All programs must be sponsored by an institution or a facility



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Introduction

- Variety of specialties and subspecialties
- Programs vary in length depending on specialty –
 - Three year minimum in primary care, emergency medicine
 - Four years for specialties like psychiatry, obstetrics/gynecology, radiology, anesthesiology, neurology
 - Five years and greater for surgery, orthopedics, urology, plastics, neurosurgery, pathology



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Introduction

- For academic year 2012 – 2013:
 - 8,887 training programs nationally
 - 4,867 in 27 specialty residency training disciplines
 - 4,020 in 104 subspecialty fellowship training disciplines
 - 113,142 trainees are in these programs
- Programs are offered in a variety of settings



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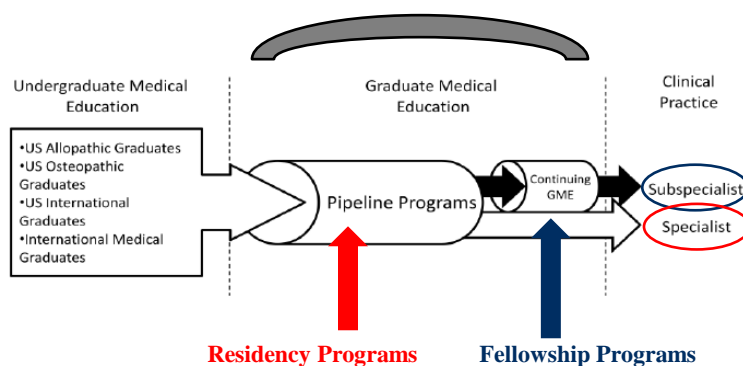
Introduction

- Accreditation of training programs is by the Accreditation Council for graduate Medical Education (ACGME)
- ACGME has specific requirements for each program
 - Programs are visited to document compliance with requirements
 - Accreditation awarded based on compliance and outcomes
- Board certification through the American Board of Medical Specialties (ABMS)



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Graduate Medical Education





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Residencies: Specialties

| Medical Specialties | Hospital Based Specialties | Surgical Specialties |
|---|---|--|
| <ul style="list-style-type: none"> • Allergy / Immunology • Dermatology • Family Medicine • Internal Medicine • Internal Medicine /Pediatrics • Neurology • Pediatrics • Physical - Medicine / Rehabilitation • Psychiatry | <ul style="list-style-type: none"> • Anesthesiology • Emergency Medicine • Medical Genetics • Nuclear Medicine • Pathology – Anatomic and Clinical • Preventive Medicine • Radiation Oncology • Radiology – Diagnostic • Transitional Year | <ul style="list-style-type: none"> • Colon and Rectal Surgery • Neurological Surgery • Obstetrics and Gynecology • Ophthalmology • Orthopedics • Otolaryngology • Plastic Surgery • Surgery • Thoracic Surgery • Urology |



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Fellowships: Subspecialties

- Most of the 27 individual specialties offer specialized training
- Examples:
 - Internal medicine – cardiology or GI
 - Anesthesiology – critical care medicine, pain medicine
 - Surgery – surgical critical care
- Length of additional training varies by specialty



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Fellowships: Subspecialties

- Cardiovascular disease
- Clinical cardiac electrophysiology
- Critical care medicine
- Endocrinology, diabetes and metabolism
- Gastroenterology
- Geriatric medicine
- Hematology
- Hematology and oncology
- Infectious disease
- Interventional cardiology
- Nephrology
- Oncology
- Pulmonary disease
- Pulmonary disease and critical care medicine
- Rheumatology
- Sleep medicine
- Transplant hematology



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Residency Training - Overview

- Transformation of a medical student to an independent practitioner
- Process is very demanding
 - Physically
 - Emotionally
 - Intellectually
- Longitudinal process
- Requires concentrated effort on part of the resident



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Residency Training - Overview

- Training is experiential
- Done in the context of the health care delivery system
- Necessary to develop the knowledge, skills and attitudes to lead to proficiency in the domains of clinical competency



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Residency Training - Overview

- Graded and progressive responsibility—is one of the core tenets of American graduate medical education
- Resident supervision has the goals –
 - Assuring the provision of safe and effective care to patients
 - Assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine
 - Establishing a foundation for continued professional growth



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Supervision

- Very clear expectations for supervising of residents based on level of training
 - Direct supervision
 - Indirect supervision with direct supervision immediately available
 - Indirect supervision with direct supervision available
 - Oversight



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Graded or Progressive Responsibility

- Listing of specific tasks that must be supervised and passed to have increased responsibility
- Examples –
 - Procedures such as CVL insertion, intubation etc.
 - Decision making on patients – ordering various studies or interpreting tests



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Positions in the National Resident Matching Program

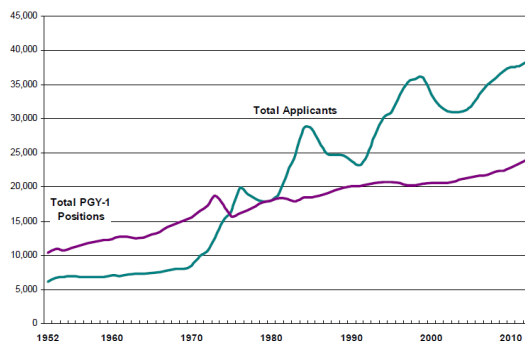
- 2012 – 24,034 first year positions offered nationally
- 2012 – 38,377 applicants
- Applicants from:
 - US Medical Schools
 - Osteopathic Medical Schools
 - Canadian Medical Schools
 - International Medical Schools



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Positions versus Applicants

Figure 1 Applicants and 1st Year Positions in The Match, 1952 - 2012





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A Primer on GME Financing

Medicare Payments for Graduate Medical Education

Medicare is the largest single source of support for graduate medical education (GME).

Direct Graduate Medical Education (DGME)

- Medicare pays DGME funds to hospitals that train residents and fellows.
- DGME funds cover:
 - Residents' stipends and fringe benefits,
 - Salaries and fringe benefits of supervising faculty physicians,
 - GME office to administer programs, accreditation fees, educational space, etc.,
 - Related overhead expenses.
- DGME payments to a teaching hospital are related to the share of the hospital's inpatients whose care is reimbursed by Medicare.
- DGME payments go directly to the hospital.
- DGME payments are based on a hospital-specific rate using 1980's calculations.
- DGME payments support only residents in ACGME-accredited programs.
- Residents are funded at 1.0 full time equivalent (FTE); fellows at 0.5 FTE

Indirect Medical Education (IME)

- Teaching hospitals also receive an IME adjustment from Medicare.
- IME is an additional payment for each Medicare inpatient stay
- IME payments cover:
 - Increased patient care costs secondary to more complex patients,
 - Operating costs associated with being a teaching hospital:
 - Lower physician productivity while teaching,
 - Standby capacity in burn and trauma centers,
 - Need to offer very specialized training.
- Amount of IME is based on ratio of number of residents to number of beds ratio with all residents and fellows counting as 1.0 FTE.

The University of Nevada School of Medicine is responsible for 19 accredited residency and fellowship programs and 7 non- accredited programs, with a total of 335 residents and fellows.

Medicare

Federally administered health insurance for people 65 or older, certain disabled people and individuals with end-stage renal disease

- **Part A** – inpatient hospital services, skilled nursing facility care, home health, and hospice care.
- **Part B** – physicians' services, outpatient hospital services, durable medical equipment and other medical services.
- **Part C** – Medicare Advantage, provides beneficiaries with managed care options.
- **Part D** – prescription drug coverage.

Medicare payments for GME are primarily made under Part A.



UNLV



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Memorandum of Understanding

Among

University of Nevada, Reno at 1664 N. Virginia Street, Reno, Nevada; University of Nevada, Las Vegas at 4505 W. Maryland Parkway, Las Vegas Nevada; School of Medicine at 1664 North Virginia Street, Pennington Medical Building, M/S 0332, Reno, Nevada and 2040 West Charleston Blvd., Ste. 400, Las Vegas Nevada; and the Nevada System of Higher Education at 5550 W. Flamingo Rd., Suite C-1, Las Vegas, Nevada.

November 6, 2013

Memorandum of Understanding among the *University of Nevada, Reno; University of Nevada, Las Vegas; University of Nevada School of Medicine* and the *Nevada System of Higher Education*.

The undersigned strongly endorse expanding and enhancing public medical education in Nevada, for the purpose of contributing to significant improvements in the health and health care of Nevadans, and recommend adoption by the Board of Regents of the following vision statement.

The University of Nevada Las Vegas (UNLV) and the University of Nevada Reno (UNR) are directed by the Board of Regents to develop detailed plans for a full-scale, four-year allopathic medical school campus in Las Vegas, along with continued development of a comparable full-scale, four-year campus in Reno, under the continued accreditation of the University of Nevada School of Medicine (UNSOM). This collaborative, statewide model will also make significant contributions to Nevada's rural communities.

The successful development of campuses in Las Vegas and Reno, with full academic and clinical capacity and campus-specific leadership and infrastructure will lead to two independent, separately-accredited, financially sustainable schools of medicine affiliated with UNLV and UNR, respectively. The undersigned are fully committed to the realization of this vision through joint planning and commitment by UNLV and UNR.

Campus development in Las Vegas will require strong collaborative partnerships among UNSOM, UNLV, teaching hospitals, and community physicians across the state. The involved parties will focus on designing, financing, and building a major facility to create full clinical and basic science teaching and research capacity in Las Vegas.

Continued campus development in Reno will require expansion of partnerships among UNSOM, UNR, teaching hospitals and community physicians across the state. The involved parties will create full clinical and basic science teaching and research capacity in Reno.

Initiatives in all of these areas have commenced.

The undersigned wish to make clear to the Board of Regents, the state legislature, and the Governor that both of these developmental phases will require substantial incremental funding, over and above the current allocation to UNSOM. It is critical that current UNSOM funding be maintained, and that all funds raised for the eventual independent school of medicine in Las Vegas will be retained by UNLV, and all funds obtained to expand the UNR / UNSOM campus will be retained by UNR. The funding of the critical residency and fellowship training needed in the state will also need to be considered. The undersigned commit to full transparency with regard to the use the aforementioned funds for the campuses for which they were appropriated.

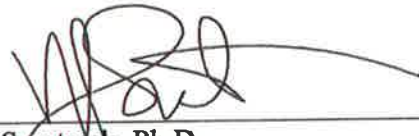
In the coming months, we will work together to bring forward a more detailed implementation plan for how this vision will be developed, with a focus on facilities, staffing, time frame for separate campuses, Liaison Committee on Medical Education (LCME) accreditation requirements, funding, and the necessary balance of undergraduate and graduate medical education among these programs to best serve our state. A date-certain for the final stage of separately accredited schools of medicine is entirely dependent on the availability of adequate resources, and must comply with funding requirements for LCME accreditation.

The undersigned recognize the need to work closely with the Board of Regents, the state legislature, Governor, and respective county commissions, with input from the regional business communities and economic development agencies in making these decisions concerning the nature of and schedule for delivering expanded medical education for the state. Community needs, economic impact, and effective uses of state resources are key factors in implementing this vision. Exactly how the potentially competing demands of these factors are balanced are items to be negotiated.

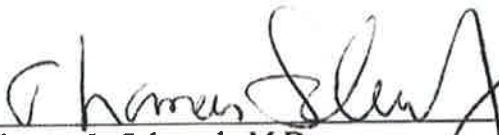
Dated this 6th day of November 2013



Marc Johnson, Ph.D.
President
University of Nevada, Reno



Neal J. Smatresk, Ph.D.
President
University of Nevada, Las Vegas



Thomas L. Schwenk, M.D.
Dean, University of Nevada School of
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Daniel J. Klaich, JD
Chancellor
Nevada System of Higher Education



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Funding for Graduate Medical Education in Nevada

In 1997 the Centers for Medicare and Medicaid Services (CMS) capped hospitals at the number of funded positions that were in place at that time. Since the cap was implemented there have been two major reallocations of positions.

- 2004 – University Medical Center (UMC) received 25 new positions and UNSOM developed / implemented an emergency medicine residency
- 2011 – UMC received 50.34 positions (75% must be in primary care or general surgery) resulting the expansion of:
 - Internal medicine,
 - Pediatrics,
 - Family medicine,
 - Surgical critical care,
 - Psychiatry,
 - General surgery,and the start of:
 - Otolaryngology (July 2012),
 - Cardiology (July 2014),
 - Gastroenterology (if accredited),
 - Child and adolescent psychiatry (if accredited),
 - Pulmonary critical care (if accredited).
- 2011 – Renown Regional Medical Center received 21 positions (75% must be in primary care or general surgery) resulting in the expansion of:
 - Internal medicine,
 - Family medicine

Hospitals affiliated with UNSOM that receive CMS funding are at or have exceed their caps. To expand GME in UNSOM sponsored programs the following must occur:

- Increase funding from current hospitals to employ more residents which will exceed their assigned caps.
- Engage GME naïve hospitals to collaborate with the school in providing GME
 - Proposal to St. Mary's in Reno for development of a family medicine program

- Receive funding from other sources including:
 - Grants (caution – grants typically are time limited and require a plan for when funds end),
 - Endowments,
 - Foundations,
 - Insurance companies,
 - State as line items in the budget

GME funding from CMS explained in, “A Primer on GME Financing” – additional facts of importance include:

- Direct GME (DGME) funding to current hospitals in Nevada are low and require hospitals to supplement these dollars to reach salaries, benefits, fringe and teaching expenses.
- Funding for required faculty to enable accreditation needs to be provided to school.
- Funding for GME office to ensure accreditation and other aspects of residency and fellowship training essential expenses that need to be provided to school.



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Graduate Medical Education

December, 2013

There are 335 residents and fellows in the Medical School's Graduate Medical Education (GME) programs in both accredited and unaccredited training programs. There are 101 trainees in Reno and 234 in Las Vegas, of these, 19 residency / fellowships are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Reno

Position Distribution

| | | | | |
|-------------------|--------------|---------------------------------|--|-----------------|
| Total: 101 | Renown: 49.4 | Veterans Association (VA): 36.6 | Northern Nevada Adult Mental Health (NNAMS): 8 | State Funded: 7 |
|-------------------|--------------|---------------------------------|--|-----------------|

- Residencies
 - Internal Medicine (IM) – 53 positions (requesting increase of 7 from ACGME to 60) divided between Renown and VA
 - Psychiatry – 16 positions divided between VA, NNAMHS, Renown and State
 - Family Medicine – 21 positions divided between Renown, VA and state
- Fellowships
 - Child Psychiatry – 4 positions state
 - IM - Geriatrics – 3 positions divided between VA (mainly) and Renown
 - IM - Hospice and Palliative Medicine – 3 positions divided between VA (mainly) and Renown
 - Family Medicine - Sports medicine – 1 position state

Las Vegas

Position Distribution

| | | | | | | |
|-------------------|--------------------------------------|---------------------------------|---|----------------------|--------------|--------------------------------------|
| Total: 234 | University Medical Center (UMC): 170 | Veterans Association (VA): 17.5 | Southern Nevada Adult Mental Health (SNAMHS): 8 | Sunrise Hospital: 18 | Military: 13 | State Funded: 4.5 Grant Funded: 3 |
|-------------------|--------------------------------------|---------------------------------|---|----------------------|--------------|--------------------------------------|

- Residencies
 - Emergency Medicine – 28 positions divided between UMC and military (AF)
 - Family Medicine – 15 positions divided between UMC, state and federal grant
 - Internal Medicine (IM) – 70 positions divided between UMC (mainly) and VA to expand to 82 effective 7/1/2014
 - Obstetrics and Gynecology – 12 positions UMC
 - Otolaryngology – new program filling positions to max of 5 presently 3 positions UMC
 - Pediatrics – 42 positions divided between UMC and Sunrise

- Plastic Surgery – 6 positions UMC
- Psychiatry – 18 positions divided between SNAMHS, UMC, VA, and state
- Surgery – 30 positions divided between UMC (mainly) and VA
- Fellowships
 - IM - cardiology – to start 7/1/2014 with 3 (currently unfilled) positions to increase to 9 over 3 years UMC / VA
 - Family Medicine - sports medicine – 1 position state
 - Surgical critical care – 3 positions UMC

Unaccredited fellowships (because accreditation does not exist):

- Acute care surgery – Las Vegas 3 positions divided between UMC and department
- Surgery - Micro-vascular hand – Las Vegas 1 position – department
- Family Medicine - Obstetrics – Las Vegas – 1 position – department and UMC
- Family Medicine - Urgent care – Las Vegas – 1 position (unfilled) – department and UMC
- Surgery - Minimally invasive surgery – 1 position (unfilled) – department
- Obstetrics and Gynecology – fellowship in minimally invasive gynecology – 1 position (to be filled) – private physician

Pending:

- Las Vegas and Winnemucca – Rural Family Medicine – 2 positions per year (2 in LV and 4 in Winnemucca) had site visit awaiting notification of accreditation
- Las Vegas – Internal Medicine - Gastroenterology fellowship – documents submitted awaiting notification – 3 positions per year funded by UMC and VA
- Las Vegas – Emergency medical services – response to citations needs to be provided by 12/8/2013 1 position per year anticipated start date unknown; funding Emergency Medicine Physicians versus UMC

In application phase:

- Las Vegas – Orthopaedic residency – anticipate 4 positions per year for total of 20 between UMC (mainly) and VA
- Las Vegas – Child Psychiatry – anticipate 2 positions per year for total of 4 divided between variety of county agencies (including UMC) and state child protection agency



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Proposal for Expanding Graduate Medical Education in Nevada

September 2013

Goal

Develop opportunities for the medical school to grow and enhance its Graduate Medical Education (GME) program in order to train and retain physicians within the state to meet the health care needs of the citizens of Nevada.

Introduction

Nevada ranks 6th in the nation in retention of residents completing their residency within the state, such that expanded residency training may be even more important to expanding the physician workforce in Nevada than expanding the medical school class size. The Accreditation Council for Graduate Medical Education (ACGME) stipulates very specific faculty requirements to achieve residency (and fellowship) accreditation leading to very specific financial implications for residency expansion.

Present Status

For more than 30 years, UNSOM has been sponsoring GME programs. UNSOM is the sponsoring institution for all ACGME (M.D.) accredited residency and fellowship programs in the State of Nevada. At the present time, UNSOM sponsors 12 accredited residency programs and six accredited fellowships between the Las Vegas and Reno campuses. Nevada ranks 46th in the nation in numbers of residents/100,000 population. The school also sponsors a few fellowships that are not recognized by the American Board of Medical Specialties and do not require accreditation, particularly in surgical and family medicine disciplines.

In 2010, in collaboration with the primary teaching hospitals in Las Vegas (University Medical Center – UMC) and in Reno (Renown), UNSOM applied for and received 50 and 21, respectively, additional positions from the Medicare-CMS redistribution of unused training positions. Most of these positions (75%) must be devoted to training in primary care or general surgery and they must be used within four years of their allocation for expansion or within five years for new programs. In Las Vegas, 37 of the new positions have been allocated to expand internal medicine, pediatrics and family medicine, with many of the remaining positions for expansion of non-primary care positions such as surgical critical care and psychiatry. The twenty-one positions in Reno will be devoted to primary care expansion in internal medicine and family medicine. In addition, a new VA hospital opened in Las Vegas in August 2012. The hospital has allocated approximately 51 new positions to UNSOM over the next five years. At the present time, there are a total of 335 residents and fellows in training programs sponsored by UNSOM, with 70% of the trainees in Las Vegas and 30% in Reno.

Proposals for the Future

Expansion of current programs as described above requires not only support from partner hospitals for salary/benefit/operations expenses, but also requires expanding the size and breadth of the UNSOM faculty so as to provide teaching, mentorship, research support and new clinical expertise. The ACGME specifies faculty to resident ratios as well as program administrative structure. Similar requirements are specified for fellowship programs, and stipends for fellows are not supported to the same level as those for residents. Success in expanding GME programs and thus the physician workforce, in Nevada will depend as much on the quality of the programs as their size, because of the difficulty in recruiting outside medical students to the state. Quality is enhanced by the presence of fellowship programs, the quality of teaching faculty members and the presence of strong clinical research. These features will, in turn, allow the expansion and improvement of primary care (and general surgery and psychiatry) programs that constitute the foundation of our GME strategy.

Fellowships:

UNSOM leaders have concluded that the development of subspecialty fellowships must be the first priority. Having a full complement of fellowships, especially in disciplines in particular demand such as cardiology and gastroenterology enhances UNSOM's academic reputation, improves residency recruitment for residents seeking stronger programs and possible fellowship training, increases the physician specialty workforce in Nevada and supports the development of clinical research.

Residency Programs:

The state currently has 12 residency training programs in nine specialties. Training in all basic specialties is not available on both campuses, with Reno lacking pediatrics, surgery and obstetrics/gynecology. Both campuses lack several other specialties including neurology, orthopaedic surgery, urology, pathology, anesthesiology, radiology, and ophthalmology. Because medical students who leave the state have only a 40% likelihood of returning, whereas those who stay to train in Nevada have an 80% chance of staying, it is critical to expand the complement of residency training programs on both campuses. Diversifying residency training opportunities in Nevada is critical to expanding the physician workforce and improving the health of Nevadans.

Table 1 depicts the prioritization of the development of new and expansion of current programs within the UNSOM. The rationale for the development and expansion is based primarily on state needs and the strengths within the medical school faculty. In circumstances where faculty strengths need to be expanded those positions have been added.

Table 2 demonstrates the states' need with the number of physicians per 100,000 (100k) population in Nevada versus the number of physicians in that specialty/subspecialty in the United States (US) supporting the prioritization of the new programs and expansion of current programs.

University of Nevada School of Medicine
Table 1 - Graduate Medical Program Growth
Financial Assessment

| Priority | Fellowships | Residencies | Expansion of Current Programs | Total |
|----------|--|---|---|---------------------|
| 1 | Pulmonary/Critical Care - LV Cardiology - LV maybe R Gastroenterology – LV Child Psychiatry-LV Pediatric Emergency Medicine - LV | Pediatrics – R Neurology – LV maybe R Family Medicine – Statewide | Internal Medicine – Statewide Pediatrics – LV Psychiatry-LV Family Medicine -R (4th yr.) Obstetrics and Gynecology - LV | |
| | Fellow/Resident Salaries | \$1,764,600 | \$4,315,200 | \$6,602,400 |
| | Faculty Salaries | \$2,354,507 | \$1,390,329 | \$2,735,188 |
| | Other | \$430,950 | \$437,475 | \$595,650 |
| | Total Cost | \$4,550,057 | \$6,143,004 | \$9,933,238 |
| | | | | \$20,626,299 |

| Priority | Fellowships | Residencies | Expansion of Current Programs | Total |
|----------|--|--------------------------|-------------------------------|--------------------|
| 2 | Endocrinology - Statewide Rheumatology LV, maybe R Allergy/Immunology - LV Urogynecology - LV | Orthopaedic Surgery – LV | General Surgery - LV | |
| | Fellow/Resident Salaries | \$1,414,799 | \$786,000 | \$786,000 |
| | Faculty Salaries | \$882,429 | \$1,469,034 | \$550,200 |
| | Other | \$236,476 | \$105,825 | \$105,825 |
| | Total Cost | \$2,533,704 | \$2,360,859 | \$1,442,025 |
| | | | | \$6,336,588 |

| Priority | Fellowships | Residencies | Expansion of Current Programs | Total |
|----------|---|--------------------|--|--------------------|
| 3 | Pediatrics - LV Psychiatry Addictions Gastroenterology – Reno Cardiology - Reno Maternal Fetal Medicine | Urology - LV | Emergency Medicine - LV Otolaryngology - LV | |
| | Fellow/Resident Salaries | \$1,226,160 | \$628,000 | \$1,965,000 |
| | Faculty Salaries | \$1,346,680 | \$372,354 | \$778,140 |
| | Other | \$261,300 | \$94,625 | \$186,000 |
| | Total Cost | \$2,834,140 | \$1,094,979 | \$2,929,140 |
| | | | | \$6,858,259 |

| | |
|--|---------------------|
| Grand Total | \$33,821,146 |
| Estimated Hospital Payments for Residents and Fellows | \$18,116,559 |
| Net Cost to UNSOM | \$15,704,587 |

In calculating the numbers:

- Resident PGY1 salaries estimated at \$60,000 and increase from there
- Fellows will start at the appropriate PGY training level for salaries
- \$6,000 Operating expenses for each trainee have been allocated
- Program Directors starting at 50% of associate professor (AAMC)
- Faculty estimated at 50% of associate professor (AAMC)
- Resident salaries paid through affiliate hospitals (Direct Medical Education [DME])
- Fellow salaries partially paid through affiliate hospitals (50%)
- Portion of faculty salaries may also be paid through affiliated hospitals (Indirect Medical Education [IME]) - not calculated

Table 2 - State Needs by Specialty and Subspecialty

| Priority 1: | | N/100k population Nevada | N/100k population US | |
|---------------------------------------|------------------------------|-----------------------------|-------------------------|------|
| Fellowships: | | | | |
| | Location | | | |
| | Pulmonary/Critical Care | Las Vegas | 1.8 | 3.6 |
| | Cardiology | Las Vegas | 4.8 | 7.3 |
| | Gastroenterology | Las Vegas | 2.6 | 4.3 |
| | Child Psychiatry | Las Vegas | 1.2 | 2.4 |
| | Pediatric Emergency Medicine | Las Vegas | 3.3 | 6.4 |
| New Residencies: | | | | |
| | Pediatrics | Reno | 10.2 | 18.6 |
| | Neurology | Las Vegas, Reno | 2.7 | 5 |
| | Family Medicine | Statewide | 20.3 | 28.1 |
| Expansion of Current Programs: | | | | |
| | Internal Medicine | Statewide | 38.5 | 52.7 |
| | Pediatrics | Las Vegas | 14.8 | 24.7 |
| | Psychiatry | Las Vegas | 7.3 | 13.5 |
| | Family Medicine | Reno | 20.3 | 28.1 |
| | Obstetrics and Gynecology | Las Vegas | 9.1 | 12.4 |
| Priority 2: | | N/100k population Nevada | N/100k population US | |
| Fellowships: | | | | |
| | Location | | | |
| | Endocrinology | Statewide | 9.6 | 15.6 |
| | Rheumatology | Statewide | 9.6 | 15.6 |
| | Allergy/Immunology | Las Vegas | 4.8 | 7.3 |
| | Uro-gynecology | Las Vegas | n/a | n/a |
| New Residencies: | | | | |
| | Orthopaedic | Las Vegas | 5.2 | 8.1 |
| Expansion of Current Programs: | | | | |
| | General Surgery | Las Vegas | 5.2 | 8.1 |
| Priority 3: | | N/100k population Nevada | N/100k population US | |
| Fellowships: | | | | |
| | Location | | | |
| | Pediatrics Subspecialty | Las Vegas | 3.3 | 6.4 |
| | Psychiatry - Addictions | Reno | 7.3 | 13.5 |
| | Gastroenterology | Reno | 2.6 | 4.3 |
| | Cardiology | Reno | 4.8 | 7.3 |
| | Maternal Fetal Medicine | Las Vegas | 1.2 | 1.4 |
| New Residencies: | | | | |
| | Urology | Las Vegas | 2.7 | 3.5 |
| Expansion of Current Programs: | | | | |
| | Emergency Medicine | Las Vegas | 9 | 11 |
| | Otolaryngology | Las Vegas | 1.6 | 3.3 |
| Future:* | | N/100k population Nevada | N/100k population US | |
| New Residencies | | | | |
| | Location | | | |
| | Anesthesiology | TBD | 14.2 | 13.9 |
| | Radiology | TBD | 6.2 | 8.4 |
| | Pathology | TBD | 3.3 | 6.3 |

* not included in this current costing study