

Primary Care Advisory Council (PCAC) Meeting Agenda

November 10, 2021
10 AM PST to Adjournment

Meeting Location

This meeting will be held online or by phone. The online and phone meeting details are:

Virtual Zoom Meeting Address Link:

<https://us06web.zoom.us/j/7756842204?pwd=M2VOSE9EcWJMNWpJZSthT2VmWm5BUT09>

Meeting ID: 775 684 2204

Passcode: 2021

Dial by your location

- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 669 900 6833 US (San Jose)
- +1 301 715 8592 US (Washington DC)
- +1 312 626 6799 US (Chicago)
- +1 646 876 9923 US (New York)

Meeting ID: 775 684 2204

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Find your local number: <https://us06web.zoom.us/j/7756842204?pwd=M2VOSE9EcWJMNWpJZSthT2VmWm5BUT09>

This meeting is recorded per open meeting law. Agenda items may be taken out of order, combined for consideration, and/or removed from the agenda at the Chairperson's discretion. A break may be scheduled at the Chairperson's discretion.

1. Call to order/Roll call – Staff
2. **Possible Action:** Review and consider approval of minutes from the April 2nd, 2021, meeting – Chairperson

PUBLIC COMMENT

3. **Informational Only:** Overview of recent appointments to Primary Care Advisory Council by the Administrator of Public and Behavioral Health, include the renewal of Dr. Susan VanBeuge as a representative of the health profession or community being served, the renewal of Gerald Ackerman as a representative from the Nevada Office of Rural Health within the University of Nevada School of Medicine, the renewal of Julie Clyde as a representative from a federally qualified health center, the appointment of Dr. Antonina Capurro as a representative of the health profession or community being served, and the appointment of Cody Phinney as a non-voting member. – Heather Mitchell, Health Resource Analyst, PCO

PUBLIC COMMENT

4. **Possible Action:** Discussion and possible action to elect the Chair of the Primary Care Advisory Council. – Heather Mitchell, Health Resource Analyst, PCO

PUBLIC COMMENT

5. **Possible Action:** Discussion and possible action to elect the Vice-Chair of the Primary Care Advisory Council. – Heather Mitchell, Health Resource Analyst, PCO

PUBLIC COMMENT

6. **Possible Action:** Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Shefali Godara – Tarryn Emmerich-Choi, Health Resource Analyst, PCO

PUBLIC COMMENT

7. **Possible Action:** Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Kunwardeep Dhillon – Skye Moreland, Management Analyst, PCO

PUBLIC COMMENT

8. **Public Comment:** No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.
9. Adjournment

NOTICE OF THIS MEETING AGENDA HAS BEEN POSTED AT THE FOLLOWING LOCATIONS:

Nevada Public Notice website: <https://notice.nv.gov>

Division of Public and Behavioral Health (DPBH), Primary Care Office website:

https://dpbh.nv.gov/Boards/PCO/Meetings/Primary_Care_Advisory_Council_Meetings/

DPBH – 4150 Technology Way, Carson City, NV 89706

We are pleased to make reasonable accommodations for individuals who wish to attend this meeting. If special arrangements or equipment are necessary, please notify the Nevada Primary Care Office at nvpco@health.nv.gov or in writing, at Division of Public and Behavioral Health, Attn: Primary Care Office, 4150 Technology Way, Suite 300, Carson City, NV 89706 or by calling (775) 684-2204 no less than three (3) business days prior to the meeting.

Inquiries regarding the items scheduled for this Council meeting or if a member of the public would like to request the supporting material for this meeting, please contact Nevada Primary Care Office at nvpco@health.nv.gov or (775) 684-2204.

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
PRIMARY CARE ADVISORY COUNCIL (PCAC)

DRAFTMINUTES
April 2, 2021
2:00PM to Adjournment

TELECONFERENCE:

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1) (b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

COUNCIL MEMBERS PRESENT:

Dr Qureshi
Nancy Bowen
Gerald Ackerman
Dr. Susan VanBeuge
Danielle Bookman (designee for Julie Clyde)

COUNCIL MEMBERS NOT PRESENT:

Jason Hildebrand
Julie Clyde (sent designee)
Cody Phinney

DPBH STAFF PRESENT:

Heather Mitchell, Health Resource Analyst, PCO
Tarryn Emmerich-Choi, Management Analyst, PCO

OTHERS PRESENT:

Linda Anderson, Nevada Public Health Foundation
Pam Carder, Nevada Critical Care Consultants
Julie Rheinstrom, Clark Hill
Husain Hassanally
Khalil Bourji
Oinga
Shawna Murdock, Nevada Critical Care

1. Roll call and confirmation of quorum.

H. Mitchell read the roll call and stated that there was a quorum present.

2. Approval of minutes:

A. Qureshi asked if there were any additions or corrections to the minutes from the January 28, 2021 meeting. No recommendations were made.

First Motion: S. VanBeuge moves to pass the approval of minutes

Second Motion: N. Bowen seconds

Motion: Passes Unanimously

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3. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Tania Al Shamy.

H. Mitchell presented summary handout of the completed application. A. Quereshi asks if the number of visits stating in Tab E are general visits or endocrine. Shawna Murdock states that it would be hospitalist and endocrinology visits, about 50/50. Dr. Quereshi asks if the Dr is being hired as an internal medicine specialist, and Shawna confirms this.

Member Comment: None

Public Comment: None

First Motion: G. Ackerman makes a motion to approve

Second Motion: S. VanBeuge seconds

Motion: Passes Unanimously

4. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Mustapha Serhan.

H. Mitchell presented summary handout of the completed application.

Member Comment: None

Public Comment: None

First Motion: N. Bowen makes a motion to approve

Second Motion: S. Vanbeuge seconds

Motion: Passes Unanimously

5. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Ritesh Korumilli.

H. Mitchell presented summary handout of the completed application.

Member Comment: None

Public Comment: None

First Motion: G. Ackerman makes a motion to approve

Second Motion: S. VanBeuge seconds

Motion: Passes Unanimously

6. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Rishitha Yelisetti.

H. Mitchell presented summary handout of the completed application. G. Ackerman asks if they are a relative of Dr. Quereshi, or did he mishear the name due to bad signal. Dr. Quershi states that there is no relation. N. Bowen asks about a section in the application underneath the 'total visits', 76% are 'other, not listed above, and only serving 16 percent Medicare and 6 percent Medicaid, N. Bowen asks if these numbers are low and if there is a specific percentage requirement. H. Mitchell responds that there is a specific requirement, she states that there is someone from the practice on the call that can speak regarding these numbers. H. Mitchell continues to say that the 76% that are 'other' are sometimes not able to be allocated with the sliding fee. J. Rheinstrom states that Nevada Critical Care Consultants manages a closed unit ICU so they don't always have all the access to the patient data so the higher

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percentage of 'other' happens when they send the bill to a patient and they don't get the patients insurance data right away. They put together the table based on the data that was available to them at the time, a patient may come back to them and state that they do not have insurance and that data may not necessarily get translated into the data that they have access to, it may take 6 months to a year after, so it is not always recorded in the hospitals data. N. Bowen states that she would like reassurance that they do serve the underserved and low-income population. J. Rheinstrom says that they do, whenever a patient comes in that does not have the ability to pay after they go through seeing if there is insurance, seeing what methodology they would have to be able to pay, if any. If there is not the ability to pay the patient will not be turned away in the future and they will not go after that patient for any additional fees. J. Rheinstrom continues to say that they do have a sliding fee scale and charity care policies as stated in the application. Dr. Qureshi states that he thinks the question is very valid, 76% 'other non-listed'. He continues to say that he happens to work in the same hospital, Desert Springs, so he thinks it may be representative of Medicare advantage programs and other insurances. Dr. Qureshi says they have accepted indigent charities, so they are not talking about uninsured patients. He states that this category probably includes private insurance and Medicare advantage programs. Dr. Qureshi continues to say that he could be wrong, and perhaps Pam Carder can provide more details. S. VanBeuge states that she would agree with her colleagues on this, they way this has been presented to them, and with what they (the PCAC) are meant to do, S. VanBeuge says they would probably want more clarity on this. Based on what the PCAC needs to do with the recommendations S. VanBeuge states that they need a bit more information, even if it is as simple as something clerical to make sure that they are following what they are supposed to be doing. H. Mitchell states the sum percentage of Medicare, Medicaid and indigent visits needs to show around 25% so they would just need a written justification on how the site makes those services charity available to the underserved populations. Dr. Qureshi states that this is his primary place of practice, that he knows and he sees a lot of these patients and they see a lot of indigent patients, and the hospital is in a very indigent area. He continues to state that this group has hired J1 doctors before, so he thinks it may be a clerical error that they can take care of. J. Rheinstrom adds that the threshold is around 25%, and with Medicare and Medicaid and indigent charity, it's a percentage of 24%, so they are right on that bubble. Because they do have the issue of trying to figure out with that 76% after it takes a long time to get who the payor is for some of the patients, she thinks that if they were able to capture that data, it would have a higher percentage. J. Rheinstrom continues to say that as Dr. Qureshi has stated, they are in an indigent area, so she does think that they would meet that threshold, and the hospital does have a HPSA score of 16 which is really high, so it is a practice that is treating indigent people. G. Ackerman says that if they are taking in those patients that are admitted into the hospital, they do not have the ability to turn those away, so it is a closed practice for them where they are not really picking or choosing. G. Ackerman continues to say that he would be comfortable if they have a HPSA score of 16 and they are taking in those who show up in their practice to manage in critical care, he would be comfortable in moving this application forward. Pam Carder from the practice states that it is exactly how G. Ackerman stated. They have a closed unit, they have to see every patient that comes into that unit, and a lot of times like stated by J. Rheinstrom, they do not have their insurance information, so it does skew their numbers. P. Carder continues to say that they put them in as uninsured, but they do not know how many of those people have Medicaid or don't have any insurance at all. They see a lot of patients that are John Doe's, they are a lot of extenuating circumstances to this, but they never turn anyone away and see everyone that is admitted into the unit because it is a closed unit. P Carder continues to say that they adjust a lot of money off every month that its exorbitant, because of the nature of what they do, if they have a patient that they finally get information on and they don't have insurance, they go to the doctor that saw that patient and ask if they want them to present a sliding scale fee schedule for them and most of the time the doctors tell them to just write it off and they write off the whole amount, not just part of it. P. Carder states that they are locked in, they see everybody no matter what insurance they have and very few patients ever pay totally, they take a lot of write offs for indigent patients. Dr. Qureshi thanks Pam and says that Gerald has a very good point, he says that it is not his bias but since he works at the hospital he knows how many underserved come to the hospital, and he knows that this group provides indiscriminate care to any patient that walks into the ICU, there are about 36 beds in the ICU, and they take care of all those 36 beds. Dr. Qureshi states that Gerald's point is very valid, and that he agrees that they should not hold this application on this small technicality but again it is up to whatever the majority decides. N. Bowen states that after this discussion she is a little bit more comfortable in hearing that they don't turn patients away as that was her main concern, she thanks the group for the clarification on what the percentage was and on their practice in general. S. VanBeuge states that she also feels more comfortable after the discussion and she appreciates

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all the input, she mentions that going forward as a council, since they know that they need to meet those thresholds if those numbers and data could be presented clearly it would help them going forward.

Member Comment: No further comment after the discussion

Public Comment: None

First Motion: G. Ackerman makes a motion to approve

Second Motion: N. Bowen seconds

Motion: Passes Unanimously

7. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Krishidhar Rao Nunna

H. Mitchell presented summary handout of the completed application. Dr. Qureshi states that the details of this application are the same as the previous one discussed.

Member Comment: None

Public Comment: None

First Motion: S. VanBeuge makes a motion to approve

Second Motion: N. Bowen seconds

Motion: Passes Unanimously

8. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Khalil Bourji

H. Mitchell presented summary handout of the completed application. N. Bowen states that First Person Clinic is a FQHC and FQHC's do suffer from having provider shortage like the rest of the State so she highly recommends that they move forward with the application, but she believes it would be a conflict of interest for her to vote. Dr. Qureshi asks if the clinic is a multi-specialty clinic. N. Bowen states that it is Primary Care, but the CEO does hire specialists when needed, but it is mostly primary care.

Member Comment: Nancy Bowen states that First Person Clinic is a member of her association, and their CEO is one of her board members so she will need to abstain from the vote. Dr. Qureshi states that he will also abstain from the vote.

Public Comment: None

First Motion: S. VanBeuge makes a motion to approve

Second Motion: Danielle Bookman seconds

Motion: Passes Unanimously

9. Member or Public Comment

None

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10. Adjournment

The meeting adjourned at 2:43 p.m.

DRAFT

Nevada Conrad 30 J-1 Physician Visa Waiver Program Application Attestation

Complete and check all applicable fields, corresponding boxes and enter all required information:

Candidate's Information:

Candidate's Full Name: Shefali Godara

Residency Discipline: Internal Medicine

Residency Timeframe: 07/2017 to 06/2019

Location of Residency: Wayne State University, MI

Fellowship(s)/Specialty: Pulmonary and Critical Care

Fellowship(s) Timeframe1: 07/2019 to 06/2022

Location of Fellowship(s)1: Wayne State University, MI

Employer's Information:

Employer's Full Name: Saint Mary's Medical Group, Inc.

Employer's Address: 235 West 6th Street, Reno, NV 89503

Practice Site #1: Saint Mary's Regional Medical Center

Practice Site #1 Address: 235 West 6th Street, Reno, NV 89503

Number of Hours Candidate will practice at site to meet 40 hours per week: 20

Select and input all that apply:

- | | | |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Practice Site #1 HPSA (#1323717372) | <input checked="" type="checkbox"/> Practice Site #1 MUA (#02096) | <input type="checkbox"/> Flex spot |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) | <input type="checkbox"/> Tribal Health Center | |
| <input type="checkbox"/> Rural Health Clinic (RHC) | <input type="checkbox"/> Primary Care Clinic for a Rural Hospital | |

Practice Site #2*: Saint Mary's Center for Pulmonary Services

Practice Site #2 Address: 645 North Arlington Avenue, Reno, NV 89503

Number of Hours Candidate will practice at site to meet 40 hours per week: 20

Select all that apply:

- | | | |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Practice Site #2 HPSA (#1323717372) | <input checked="" type="checkbox"/> Practice Site #2 MUA (#02096) | <input type="checkbox"/> Flex spot |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) | <input type="checkbox"/> Tribal Health Center | |
| <input type="checkbox"/> Rural Health Clinic (RHC) | <input type="checkbox"/> Primary Care Clinic for a Rural Hospital | |

More than two additional practice sites: ☐ Yes ☒ No

If additional practice sites, please copy and add all additional practice locations here or at end of form

Official Legal Representative and Contact Person for Application:

Contact Name: Sid Chary

Contact Mailing Address: 175 Kent Avenue, #416 Brooklyn, NY 11249

Contact e-mail: sid@charyl原因.com

Contact telephone: 212-960-8365

Nevada Conrad 30 J-1 Physician Visa Waiver Program

Application Attestation

Official Contact Person for Employment Verification and Site Information:

Contact Name: Lea Edgell
 Contact Mailing Address: 411 West 6th Street Reno NV, 89503
 Contact e-mail: ledgell@primehealthcare.com
 Contact telephone: 775-770-7349

Employer and Candidate, as identified above, seek a letter of support from the Physician Visa Waiver Program and requests the Division of Public and Behavioral Health to forward the J-1 Visa Waiver application to the U.S. Department of State as a State Health Agency request, per DS-3035. Employer and Candidate have agreed to comply with the duties set forth in Chapter 439A of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) and to cooperate with the Physician Visa Waiver Program.

Employer and Candidates have provided all necessary information for review of this application by the Primary Care Council including the following:

- ☒ Copy of the contract between the Employer and Candidate;
- ☒ Copy of the Candidate curriculum vitae and passport pages;
- ☒ Letter from Employer: description of the Candidate's qualifications, responsibilities and how this employment will satisfy important unmet health care needs within the designated area;
- ☒ Summation tables identifying the breakdown of patient visits billed by payment category;
- ☒ Documentation of employer recruitment efforts for US citizens for two months prior to submission of the application, UNLESS the requirement was waived for a rural employer with emergent needs;
- ☒ Long-range retention plans which include the following: CME benefit, competitive salary and paid time off.
- ☒ Copy of letter from the Nevada State Board of Medical Examiners (NSBME) acknowledging Candidate's application for medical licensure;
- ☒ INS Form G-28 OR letter from a law office if the candidate has an attorney OR a statement that the applicant does not have an attorney;
- ☒ Copies of all DS-2019's "Certificate of Eligibility for Exchange Visitor (J-1 Visa Waiver) Status" (INS form(s) I-94 for the candidate and any family members; proof of passage of examinations required by Bureau of Criminal Investigation (BCI); transcripts for all 3 sections of *United States Medical Licensing Examinations* (USMLE); and certification from *Educational Commission for Foreign Medical Graduates* (ECFMG).

In signing below, an authorized representative of the Employer and the Candidate declares under penalty of perjury that all statements submitted with this application are true and accurate and this application complies with the requirements of NRS 439A.175 and NAC 439.730 including as follows:

All practices sites where the Candidate will practice:

- ☒ Are located in a federally designated Primary Care HPSA, MUA/P or a site approved by the state as a geographic exception or a flex slot (Public Law 108-441) to address the underserved;

Nevada Conrad 30 J-1 Physician Visa Waiver Program Application Attestation

- ☒ Accept Medicare, Medicaid assignment and Nevada Checkup;
- ☒ Offer a sliding discount fee schedule and a minimum fee based on family size & income; and
- ☒ Has a policy stating all patients will receive treatment, regardless of their ability to pay which is either posted at the site or provided to the patients.

The contract between the Employer and the Candidate provides the following (verify and enter missing data):

- ☒ Candidate agrees to provide services during 3 -year waiver obligation;
- ☒ Candidate will provide services 40 hours per week minimum plus on-call time;
- ☒ The salary meets or exceeds the prevailing wage for that area and for physicians of that specialty as reported by the Foreign Labor Certification Center, Department of Labor,
(<http://www.flcdatacenter.com>): Prevailing wage (FLC Median wage for 208,000: \$208,000/ Contracted wage \$375,000 base pay
- ☒ The amount of time off for vacation, sick leave and for Continuing Medical Education is included. The employer shall maintain records to show the amount of time-off requested and the amount of time taken.
- ☒ Does not contain a "non-compete" clause that would prohibit the J-1 Visa Waiver physician from opening a new clinic or working in a clinic in that shortage area upon completing the three-year commitment;
- ☒ Conditions for termination of the contract, for both the physician and employer, are included. A "no-cause" termination is not allowed;
- ☒ Liquidated damages (suggested to be under \$50,000) in the event that the physician or employer terminates the contract before three years is included in the contract - Employer \$5,000/Physician \$10,000;
- ☒ Agreement to begin employment at the stated practice site within 90 days of receiving a waiver from the United States Citizenship and Immigration Services (USCIS). During the 90 days, the physician must obtain the required licenses from the Nevada State Board of Medical Examiners, the Drug Enforcement Agency, the State Board of Pharmacy, and any other licenses as may be required for the physician to practice medicine in Nevada; and
- ☒ A statement that the physician agrees to meet the requirements set forth in section 214(l) of the Immigration and Nationality Act.

Please note in accordance with NRS Chapter 239, all public records, the contents not otherwise declared by law to be confidential, shall be open for inspection or to obtain copies.

Nevada Conrad 30 J-1 Physician Visa Waiver Program Application Attestation

By signing below, I hereby attest that the above requirements have been met and I hereby agree to abide by all the program policies and rules as described in NRS and NAC and as further required under the Rights and Responsibilities located at the Divisions website at: <http://dpbh.nv.gov/Programs/Conrad30/Conrad30-Home/>.

Authorized Employer:

Saint Mary's Medical Group Inc.

Employer Company/Business Name

Jennifer A. Townsend Executive Director

Employer Representative Name (First/Last)

Title

Jennifer A. Townsend

9/16/21

Employer Signature

Date

NOTARY PUBLIC:

State of:

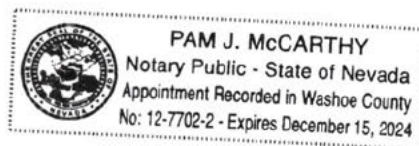
County of:

Subscribed and Sworn before me on this 16th day of Sept., 20 21

Pam McCarty

Notary Signature

My Commission Expires: 12/15/2024



Candidate/Physician:

SHEALI GODARA

Candidate Name (First/Last)

Title

Shfeli

9/13/2021

Candidate Signature

Date

NOTARY PUBLIC:

State of: Michigan

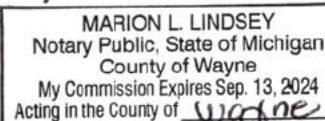
County of: Wayne

Subscribed and Sworn before me on this 13th day of September, 20 21

Marion L. Lindsey

Notary Signature

My Commission Expires: September 13, 2024





Godara
DOS:

TAB B – LETTER FROM EMPLOYER

October 1, 2021

Nevada Primary Care Office Division of Public & Behavioral Health
Primary Care Office
4150 Technology Way, Suite 300
Carson City, NV 89706-2009

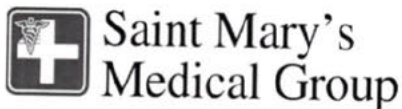
Dear Primary Care Office:

Our organization, Saint Mary's Medical Group, Inc., requests that DPBH act as an Interested Government Agency to recommend a waiver for Dr. Shefali Godara (J-1 physician). We have included the following information as requested:

- Name of employment site 1: Saint Mary's Regional Medical Center
- Name of employment site 2: Saint Mary's Medical Group, Pulmonology office
- Name and title of contact person: Lea Edgell, Operations Supervisor – Saint Mary's Medical Group
- Employment site mailing address 1: 411 West 6th Street, Reno, NV 89503
- Employment site physical address 1: 235 West 6th Street, Reno, NV 89503
- Employment site mailing address 2: 411 West 6th Street, Reno, NV 89503
- Employment site physical address 2: 645 North Arlington Ave., Reno, NV 89503
- HPSA or MUA/P identification number: 1323717372 (Both Sites)
- Telephone number: 775-770-7349
- Fax number: N/A
- E-mail address for contact person: ledgell@primehealthcare.com
- Brief description of how the proposed candidate will satisfy important unmet health care needs within the designated shortage area:

Dr. Shefali Godara will be completing her pulmonary and critical care fellowship in 2022, she has completed residency in internal medicine (2019). Pulmonary critical care, or critical care medicine, is a specialized field of emergency medicine that focuses on patients suffering from injuries and diseases of the respiratory or pulmonary system, which includes the lungs, trachea, diaphragm, and related structures.

Saint Mary's Medical Group is a fully-integrated Medical Group which offers a robust line of services including primary care, Center for Neurovascular and Stroke Care, Center for Cardiovascular Care, Center for Cancer, Pulmonary and Sleep Center, Outpatient Infusion, Imaging and Outpatient Laboratory. Designed to unite a team of board-certified physicians, specialists and nurse practitioners, the Medical Group is focused on preventive care and building medical homes. Saint Mary's Medical Group includes physicians who specialize in family practice, osteopathic physicians, physician assistants and nurse practitioners. As a long-standing community partner, Saint Mary's Medical Group is dedicated to ensuring the health and wellness of northern Nevada remains strong. Saint



include chronic obstructive pulmonary disease (COPD), interstitial lung disease/lung fibrosis, pulmonary vascular disease, respiratory infections, lung nodules, lung cancer and more.

According to an article in the American Journal of Respiratory and Critical Care Medicine titled 'Rising to the Challenge of COVID-19: Advice for Pulmonary and Critical Care and an Agenda for Research', "The explosion of coronavirus disease (COVID-19), the illness related to the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has had worldwide health implications, but it is a particular challenge to those of us who practice Pulmonary and Critical Care Medicine (PCCM) because of the high rate of respiratory tract involvement, the frequent presence of pneumonia in these patients, and the high mortality rate for those with respiratory failure, particularly in the ICU. . .".

The Nevada Hospital Association (NHA) is reporting that 84% of staffed hospital beds in Washoe County are occupied and that 197 patients hospitalized are confirmed or suspected to have COVID-19. . . The health district said hospital staffing continues to be a problem.

"Physician shortages are at an all-time high across the United States and have reached unprecedented levels in Nevada, especially in communities of underserved areas," said UNR Med Dean Thomas L. Schwenk, M.D. in an article written by Business Wire (06/22/2021). The same article goes on to state, "Nevada's physician shortage is one of the most severe in the nation, with the state ranking 48th for physician-to-patient ratios. Nevada is also the fourth fastest growing state in the U.S., with Black and Latinx populations leading that growth. However, the number of practicing physicians in Nevada is not occurring at the same pace as the population growth, which will likely cause more access to care challenges, especially in fast-growing communities of color, in rural Nevada and among Nevada's tribal communities."

The unmet healthcare needs for a physician with the skills of Dr. Godara are clear according to the statistics provided above. Furthermore, Saint Mary's Regional Medical Center will accept all patients, this is another important factor to consider. Due to the current situation and the future of Washoe County, it is clear to see that recommending a waiver from DPBH would be greatly beneficially to the citizens of Nevada and the patient group that visits our medical center locations.

Should you have any further questions, please feel free to reach out to me or contact our immigration counsel. We look forward to assisting the surrounding population with their healthcare needs, regardless of their insurance or income status.

Sincerely,

Jennifer Townsend
Executive Director
Saint Mary's Medical Group

TAB C

Godara
DOS:

CANDIDATE INFORMATION

- Full Name: Shefali Godara
- Date of Birth:
- Place of Birth:
- Citizenship: India
- DOS Case Number:
- Internship Training: Internal Medicine, 07/2016 – 06/2017
- Residency Training: Internal Medicine, 07/2017 – 06/2019
- Specialty Training: Fellowship in Pulmonary and Critical Care Medicine, 7/2019 – 06/2021
- Candidate's Qualification and General Responsibilities/Description:

Dr. Godara is currently completing her fellowship in pulmonary and critical care medicine at Detroit Medical Center (Wayne State University). Prior to beginning her fellowship training she completed her residency training Detroit Medical Center (Wayne State University) in 2019 and also completed an internal medicine internship in 2018 at the same medical program. Dr. Godara received her MBBS (Bachelor of Medicine, Bachelor of Surgery) from Maulana Azad Medical College (India, 2014). It should be noted that from 2014 – 2016 Dr. Godara was a Simulation Research Fellow at Simulation Center, Children's Hospital of Philadelphia (Pennsylvania).

The training to become a critical care pulmonologist, or pulmonologist in the intensive care unit (ICU), requires completion of an undergraduate and medical degree before completing both a residency and fellowship. After graduating from medical school with an MD (or DO) degree, the physician must complete approximately three years of residency training in internal medicine. During this residency, physicians are trained in the diagnosis and treatment of diseases found in adults. This training provides the general medical knowledge necessary to complete fellowship training and prepare for the treatment of patients in critical condition in the ICU. Critical care pulmonologists must complete a fellowship in pulmonary and critical care medicine, which usually lasts three years. The fellowship training builds upon the physician's previous training in internal medicine and provides advanced training in the treatment of severe pulmonary diseases and multi-system organ failure. The physician will complete at least 18 months of clinical training - usually comprised of 6 months in critical care, 6 months in pulmonary care, and 6 months in combined training. Following fellowship training, the physician has the requisite training and experience to treat those suffering from critical pulmonary conditions.

Pulmonary critical care is a specialized field of emergency medicine that treats patients suffering from injuries and diseases of the respiratory, or pulmonary, system, which includes the lungs, trachea, diaphragm, and related structures. Physicians that practice within this specialty are known as critical care pulmonologists and are typically employed in intensive care units (ICUs) within hospitals but may also be present in pulmonary clinics.

Critical care pulmonologists work to provide emergency care, working alongside other critical care physicians and intensivists to perform resuscitations and other life-saving procedures. These physicians are often present when patients are suffering from multi-system failure and other life-threatening situations. Critical care pulmonologists are trained to provide care for pulmonary diseases and disorders such as respiratory failure, emphysema, cystic fibrosis, lung cancer, chronic obstructive pulmonary disease (COPD), asthma and chronic bronchitis, among many other conditions affecting the respiratory system.

- Resume Attached.

CURRICULUM VITAE**PERSONAL INFORMATION:**

Shefali Godara

Email:

EDUCATION:

08/2008-01/2014 Degree: M.B.B.S.
Maulana Azad Medical College, New Delhi, India

POST-GRADUATE TRAINING:

07/2019-present Fellowship, Pulmonary and Critical Care Medicine
Wayne State University School of Medicine, Detroit, MI

07/2017-06/2019 Residency, Internal Medicine
Wayne State University School of Medicine, Detroit, MI

07/2016-06/2017 Internship, Internal Medicine
Wayne State University School of Medicine, Detroit, MI

MEDICAL BOARDS:

2019 ABIM, Internal Medicine, Certified

LICENSURE:

2016-present Michigan Medical License (limited)

2015 Educational Commission for Foreign Medical Graduates (ECFMG)

EMPLOYMENT:

09/2014-03/2016 Simulation Research Fellow at Simulation Center, Children's Hospital of Philadelphia (CHOP), PA

COMMUNITY/VOLUNTEER:

2008-2014 Active participation in the implementation of National Polio Eradication Program at community level including administration of polio vaccine,

2011	educating members of the community regarding polio, went door to door to help eradicate Polio from India. Member, Community Health Program, MAMC—participated in month sessions, educated members of community regarding Dengue: Prevention, Diagnosis and Treatment, Department of Community Medicine, MAMC.
2013	Delivered Community health talk on Diabetes: Symptoms, Prevention, Diagnosis and treatment to raise awareness regarding the disease, Department of Community Medicine, MAMC.
2013	Delivered School Health Talk on 'Adolescents and their Problems' to bring awareness amongst the adolescents, Department of Community Medicine, MAMC.
2012-2013	Helped in organizing Blood Donation Drive, Hisar, Haryana.
2012-2014	Active participation in organizing a Free Medical Camp in Mukam, Nokha, Rajasthan, India. We treated and provided medications free of cost to the patients with medical conditions like hypertension, cold, asthma, diabetes, etc

HONORS/AWARDS:

2008-2014	Ranked amongst top 5 percentile students, Maulana Azad Medical College.
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PROFESSIONAL MEMBERSHIPS:

2019-present	American College of Chest Physicians
2019-present	American Thoracic Society

SCHOLARLY ACTIVITY:

Internal Lectures:

Detroit Medical Center/Wayne State University School of Medicine

1. Respiratory Infections in Immunocompromised patients. 01/2021
2. Pleural Disease 11/2020
3. Journal Club: Reduction in All-Cause Mortality with Fluticasone Furoate/Umeclidinium/Vilanterol in Patients with Chronic Obstructive Pulmonary Disease. 09/2020
4. Pulmonary Hypertension in Sarcoidosis. 01/2020

SIMULATION EXPERIENCE

September, 2014- Present:

1. Wrote scenarios (20) to train medical residents, students and fellows in recognition and management of acute medical urgencies and emergencies including acute respiratory distress, septic shock, neurologic emergencies, and other acute medical situations.
2. Certified Simulation Facilitator.
3. Organized annual Anesthesia Boot Camp - operated high-fidelity simulators, September, 2014.
4. Helped in organizing PICU Senior Fellows Boot Camp - operated high-fidelity simulators at Simulation Center, Johns Hopkins Hospital in October, 2014.
5. Helped in organization of ENT Foreign body removal boot camp - operated high-fidelity simulators at CHOP.
6. Helped in organizing ED and CCM ultrasound course held at CHOP.
7. Helped in organizing PICU Fellow Boot Camp at CHOP in July, 2015.
8. One of the coordinators for Medical student's simulation at UPenn School of Medicine.
9. Currently organizing a Code Blue training curriculum for Internal Medicine residents at Wayne State University.

RESEARCH EXPERIENCE

1. **2018: Resident**, analysis of administrative database- HCUP (Healthcare Cost and Utilization Project).
2. **2018: Resident**, Outcomes for MAC infections with Bone marrow transplant and Lung comorbidities and the effect of therapy. PI: Dr. Soubani, MD.
3. **2015: Research fellow**, CapONE accuracy Study. PI: Dr. Nadkarni, MD, Vice Chair, Pediatric Critical Care, Department of Pediatrics, UPenn- reviewed charts, abstracted data, and attended regular research meetings.
4. **2014: Research fellow**, local NEAR4KIDS Intubation Project, CHOP. PI: Dr. Nishisaki, Assistant Professor, Pediatric Critical Care, Department of Pediatrics, UPenn—reviewed charts, abstracted data, and attended regular research meetings.
5. **2010: Case report of Patients of Diabetes and its complications- a critical analysis of treatment**, Department of Pharmacology, MAMC
6. **2010: Case studies of Patients of Tuberculosis- a critical analysis of treatment**, Department of Pharmacology, MAMC.

ABSTRACTS PUBLICATIONS

1. Lui H, **Godara S**, Cushinotto L, Use of a survey to measure interest in Tropical Disease Education among health care practitioners in a community teaching hospital on the Middle East Coast United States. Poster presentation at 15th Asia Pacific Congress of Clinical Microbiology and Infection, November 2014, Kuala Lumpur.
2. **Godara S**, Bailey C, Boyer D, Perkel M, Craig N, Hales R, Shima Y, Nishisaki A, Nadkarni V. Changes in simulation educators' rating scores before and after face-to-face discussion using debriefing tools (DASH and OSAD). Podium Presentation at the International Meeting on Simulation in Healthcare 2016, San Diego
3. **Godara S**, Hsieh T, Donoghue A, Ishizuka M, Kojima T, Napotilano N, Nadkarni V, Nishisaki A. Validation of desaturation and apneic time during tracheal intubation with video or direct observer. Podium Presentation in Society of Critical Care Medicine, 2016.

4. Durairajan N, **Godara S**, Inman C, Lee S. Improving rapid response and cardiac arrest outcomes by resident simulation training. Poster Presentation at Quesst, 2017.
5. **Godara, S.** & Siddiqui, N. & Soubani, A.O.. (July, 2018). *Radiation pneumonitis: Outcomes and predictors of mortality using a large inpatient database.* (submitted to ACP) Poster presented at: ACP Michigan chapter; Traverse city, MI, USA.

QUALITY IMPROVEMENT

1. At John D. Dingel VA medical center, we conducted a study aimed at quality improvement for refining rapid response and resuscitation efforts through Resident Simulation Training. Our main objective was to improve confidence level, knowledge and skills of medical residents in handling Code Grey and Code White more efficiently and effectively. 2017
2. Procedure for End-of-Life for Patients with Covid-19 Pneumonia on Mechanical Ventilator. 2020
3. We are currently developing a curriculum for the Internal Medicine Residents aimed at quality improvement for the Internal Medicine Residents for refining their skills, knowledge and confidence level in handling Code Blue more efficiently and effectively. 2021

GUADALUPE
DASSI

Time period of report:		
9-1-2020 - 8-31-21	Total # of visits for 12 months	% of visits per 12 months
Medicare visits	7,539	55.96%
Medicaid visits	957	7.10%
NV Check-up	0	0
Sliding Fee Scale	0	0
Indigent/Charity	265	1.97%
Other - Not listed above	4,710	34.96%
Totals	13,471	100%
*For specialists/hospitalists:		
*Time period of report:	3-1-21 - 8-31-21	
*# of hospital/medical facility admissions for 6 months for the applicant specialty type	33	

☐

Please provide the number of providers (Full Time Equivalents, FTE) providing patient services at the practice site.

# of MDs by FTE	2
# of PAs by FTE	0
# of APNs by FTE	3

Nevada Conrad 30 J-1 Physician Visa Waiver Program Application Attestation

Complete and check all applicable fields, corresponding boxes and enter all required information:

Candidate's Information:

Candidate's Full Name: Kunwardeep Dhillon

Residency Discipline: Internal Medicine

Residency Timeframe: 07/2015 to 06/2018

Location of Residency: Wayne State University, MI

Fellowship(s)/Specialty: Pulmonary and Critical Care

Fellowship(s) Timeframe1: 07/2018 to 06/2022

Location of Fellowship(s)1: Wayne State University, MI

Employer's Information:

Employer's Full Name: Saint Mary's Medical Group, Inc.

Employer's Address: 235 West 6th Street, Reno, NV 89503

Practice Site #1: Saint Mary's Regional Medical Center

Practice Site #1 Address: 235 West 6th Street, Reno, NV 89503

Number of Hours Candidate will practice at site to meet 40 hours per week: 20

Select and input all that apply:

- ☒ Practice Site #1 HPSA (#1323717372) ☒ Practice Site #1 MUA (#02096) ☐ Flex spot
- ☐ Federally Qualified Health Center (FQHC) ☐ Tribal Health Center
- ☐ Rural Health Clinic (RHC) ☐ Primary Care Clinic for a Rural Hospital

Practice Site #2*: Saint Mary's Center for Pulmonary Services

Practice Site #2 Address: 645 North Arlington Avenue, Reno, NV 89503

Number of Hours Candidate will practice at site to meet 40 hours per week: 20

Select all that apply:

- ☒ Practice Site #2 HPSA (#1323717372) ☒ Practice Site #2 MUA (#02096) ☐ Flex spot
- ☐ Federally Qualified Health Center (FQHC) ☐ Tribal Health Center
- ☐ Rural Health Clinic (RHC) ☐ Primary Care Clinic for a Rural Hospital

More than two additional practice sites: ☐ Yes ☒ No

If additional practice sites, please copy and add all additional practice locations here or at end of form

Official Legal Representative and Contact Person for Application:

Contact Name: Sid Chary

Contact Mailing Address: 175 Kent Avenue, #416 Brooklyn, NY 11249

Contact e-mail: sid@charyl原因.com

Contact telephone: 212-960-8365

Nevada Conrad 30 J-1 Physician Visa Waiver Program Application Attestation

Official Contact Person for Employment Verification and Site Information:

Contact Name: Lea Edgell
 Contact Mailing Address: 411 West 6th Street Reno NV, 89503
 Contact e-mail: ledgell@primehealthcare.com
 Contact telephone: 775-770-7349

Employer and Candidate, as identified above, seek a letter of support from the Physician Visa Waiver Program and requests the Division of Public and Behavioral Health to forward the J-1 Visa Waiver application to the U.S. Department of State as a State Health Agency request, per DS-3035. Employer and Candidate have agreed to comply with the duties set forth in Chapter 439A of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) and to cooperate with the Physician Visa Waiver Program.

Employer and Candidates have provided all necessary information for review of this application by the Primary Care Council including the following:

- ☒ Copy of the contract between the Employer and Candidate;
- ☒ Copy of the Candidate curriculum vitae and passport pages;
- ☒ Letter from Employer: description of the Candidate's qualifications, responsibilities and how this employment will satisfy important unmet health care needs within the designated area;
- ☒ Summation tables identifying the breakdown of patient visits billed by payment category;
- ☒ Documentation of employer recruitment efforts for US citizens for two months prior to submission of the application, UNLESS the requirement was waived for a rural employer with emergent needs;
- ☒ Long-range retention plans which include the following: CME benefit, competitive salary and paid time off.
- ☒ Copy of letter from the Nevada State Board of Medical Examiners (NSBME) acknowledging Candidate's application for medical licensure;
- ☒ INS Form G-28 OR letter from a law office if the candidate has an attorney OR a statement that the applicant does not have an attorney;
- ☒ Copies of all DS-2019's "Certificate of Eligibility for Exchange Visitor (J-1 Visa Waiver) Status" (INS form(s) I-94 for the candidate and any family members; proof of passage of examinations required by Bureau of Criminal Investigation (BCI); transcripts for all 3 sections of *United States Medical Licensing Examinations* (USMLE); and certification from *Educational Commission for Foreign Medical Graduates* (ECFMG).

In signing below, an authorized representative of the Employer and the Candidate declares under penalty of perjury that all statements submitted with this application are true and accurate and this application complies with the requirements of NRS 439A.175 and NAC 439.730 including as follows:

All practices sites where the Candidate will practice:

- ☒ Are located in a federally designated Primary Care HPSA, MUA/P or a site approved by the state as a geographic exception or a flex slot (Public Law 108-441) to address the underserved;

Nevada Conrad 30 J-1 Physician Visa Waiver Program Application Attestation

- ☒ Accept Medicare, Medicaid assignment and Nevada Checkup;
- ☒ Offer a sliding discount fee schedule and a minimum fee based on family size & income; and
- ☒ Has a policy stating all patients will receive treatment, regardless of their ability to pay which is either posted at the site or provided to the patients.

The contract between the Employer and the Candidate provides the following (verify and enter missing data):

- ☒ Candidate agrees to provide services during 3 -year waiver obligation;
- ☒ Candidate will provide services 40 hours per week minimum plus on-call time;
- ☒ The salary meets or exceeds the prevailing wage for that area and for physicians of that specialty as reported by the Foreign Labor Certification Center, Department of Labor, (<http://www.flcdatacenter.com>): Prevailing wage (FLC Median wage for 208,000: \$208,000/ Contracted wage \$400,000 base pay
- ☒ The amount of time off for vacation, sick leave and for Continuing Medical Education is included. The employer shall maintain records to show the amount of time-off requested and the amount of time taken.
- ☒ Does not contain a "non-compete" clause that would prohibit the J-1 Visa Waiver physician from opening a new clinic or working in a clinic in that shortage area upon completing the three-year commitment;
- ☒ Conditions for termination of the contract, for both the physician and employer, are included. A "no-cause" termination is not allowed;
- ☒ Liquidated damages (suggested to be under \$50,000) in the event that the physician or employer terminates the contract before three years is included in the contract - Employer \$5,000/Physician \$10,000;
- ☒ Agreement to begin employment at the stated practice site within 90 days of receiving a waiver from the United States Citizenship and Immigration Services (USCIS). During the 90 days, the physician must obtain the required licenses from the Nevada State Board of Medical Examiners, the Drug Enforcement Agency, the State Board of Pharmacy, and any other licenses as may be required for the physician to practice medicine in Nevada; and
- ☒ A statement that the physician agrees to meet the requirements set forth in section 214(I) of the Immigration and Nationality Act.

Please note in accordance with NRS Chapter 239, all public records, the contents not otherwise declared by law to be confidential, shall be open for inspection or to obtain copies.

Nevada Conrad 30 J-1 Physician Visa Waiver Program Application Attestation

By signing below, I hereby attest that the above requirements have been met and I hereby agree to abide by all the program policies and rules as described in NRS and NAC and as further required under the Rights and Responsibilities located at the Divisions website at: <http://dpbh.nv.gov/Programs/Conrad30/Conrad30-Home/>.

Authorized Employer:

Saint Marys Medical Group

Employer Company/Business Name

Jennifer A. Townsend

Employer Representative Name (First/Last)

Jennifer A. Townsend

Employer Signature

Executive Director of Ops

Title

09/23 /2021

Date

NOTARY PUBLIC:

State of:

County of:

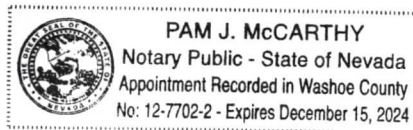
Subscribed and Sworn before me on this 23 day of September, 20 21

Pam J. McCarthy

Notary Signature

My Commission Expires:

12/15/2024

**Candidate/Physician:**

KUNWARDEEP DHILLON

Candidate Name (First/Last)

MD

Title

kunwarddeep

09/15/2021

Candidate Signature

Date

NOTARY PUBLIC:

State of: Michigan

County of: Wayne

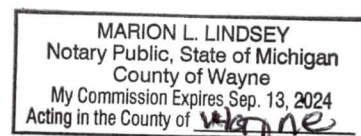
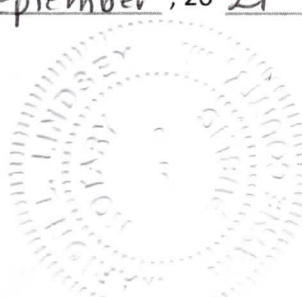
Subscribed and Sworn before me on this 15th day of September, 20 21

Marion L. Lindsey

Notary Signature

My Commission Expires:

September 13, 2024





Dhillon
DOS:

TAB B – LETTER FROM EMPLOYER

October 1, 2021

Nevada Primary Care Office Division of Public & Behavioral Health
Primary Care Office
4150 Technology Way, Suite 300
Carson City, NV 89706-2009

Dear Primary Care Office:

Our organization, Saint Mary's Medical Group, Inc., requests that DPBH act as an Interested Government Agency to recommend a waiver for Dr. Kunwardeep Dhillon (J-1 physician). We have included the following information as requested:

- Name of employment site 1: Saint Mary's Regional Medical Center
- Name of employment site 2: Saint Mary's Medical Group Pulmonology Office
- Name and title of contact person: Lea Edgell, Operations Supervisor – Saint Mary's Medical Group
- Employment site mailing address 1: 411 West 6th Street, Reno, NV 89503
- Employment site physical address 1: 235 West 6th Street, Reno, NV 89503
- Employment site mailing address 2: 411 West 6th Street, Reno, NV 89503
- Employment site physical address 2: 645 North Arlington Ave., Reno, NV 89503
- HPSA or MUA/P identification number: 1323717372 (Both Sites)
- Telephone number: 775-770-7349
- Fax number: N/A
- E-mail address for contact person: ledgell@primehealthcare.com
- Brief description of how the proposed candidate will satisfy important unmet health care needs within the designated shortage area:

Dr. Kunwardeep Dhillon will be completing her pulmonary and critical care fellowship in 2022, she has completed residency in internal medicine (2018). Pulmonary critical care, or critical care medicine, is a specialized field of emergency medicine that focuses on patients suffering from injuries and diseases of the respiratory or pulmonary system, which includes the lungs, trachea, diaphragm, and related structures.

Saint Mary's Medical Group is a fully-integrated Medical Group which offers a robust line of services including primary care, Center for Neurovascular and Stroke Care, Center for Cardiovascular Care, Center for Cancer, Pulmonary and Sleep Center, Outpatient Infusion, Imaging and Outpatient Laboratory. Designed to unite a team of board-certified physicians, specialists and nurse practitioners, the Medical Group is focused on preventive care and building medical homes. Saint Mary's Medical Group includes physicians who specialize in family practice, osteopathic physicians, physician assistants and nurse practitioners. As a long-standing community partner, Saint

Mary's Medical Group is dedicated to ensuring the health and wellness of northern Nevada remains strong. Saint Mary's Pulmonary and Critical Care specializes in treating a wide variety of respiratory and sleep disorders. These include chronic obstructive pulmonary disease (COPD), interstitial lung disease/lung fibrosis, pulmonary vascular disease, respiratory infections, lung nodules, lung cancer and more.

A physician shortage continues to be a problem in Nevada and is hindering patient care access hardest in rural regions, according to a recent report focusing on health care workforce trends. According to the latest data published in the report, "Physician Workforce in Nevada: A Chartbook - January 2020," demand for physicians in Nevada continues to exceed the current supply. While the number of licensed physicians in the state has increased over a decade, Nevada ranks 45th for active physicians per 100,000 population, 48th for primary care physicians per 100,000 population.

In addition to gaps in care for certain specialties, the report data points to several obstacles to developing a stronger physician workforce in Nevada, "A key obstacle is underdeveloped fellowship and subspecialty training opportunities for physicians completing residencies in Nevada. If physicians leave the state for additional training, they don't necessarily come back," said the report's lead author Tabor Griswold, Ph.D., health services research analyst for UNR Med's Office of Statewide Initiatives. "Another obstacle is that we are surrounded by other western states with equally severe shortages that create strong regional competition for physicians."

According to www.thisisreno.com, Saint Mary's Regional Medical Center's Mark Reece stated that, "Saint Mary's, as with all hospitals, are near capacity due to a combination of COVID-19 positive patients and seasonal fluctuation. . .".

The unmet healthcare needs for a physician with the skills of Dr. Dhillon are clear according to the statistics provided above. Furthermore, Saint Mary's Regional Medical Center will accept all patients, this is another important factor to consider. Due to the current situation and the future of Washoe County, it is clear to see that recommending a waiver from DPBH would be greatly beneficially to the citizens of Nevada and the patient group that visits our medical center locations.

Should you have any further questions, please feel free to reach out to me or contact our immigration counsel. We look forward to assisting the surrounding population with their healthcare needs, regardless of their insurance or income status.

Sincerely,



Jennifer Townsend
Executive Director
Saint Mary's Medical Group

TAB C

Dhillon
DOS

CANDIDATE INFORMATION

- Full Name: Kunwardeep Dhillon
- Date of Birth:
- Place of Birth:
- Citizenship: India
- DOS Case Number:
- Residency Training: Internal Medicine, 07/2015 – 06/2018
- Specialty Training: Fellowship in Pulmonary and Critical Care Medicine, 7/2018 – 06/2021
- Candidate's Qualification and General Responsibilities/Description:

Dr. Dhillon is currently the chief fellow of her fellowship in pulmonary and critical care medicine at Detroit Medical Center (Wayne State University). Chief fellows play an important role in the fellowship program and the division. They provide a conduit from faculty and fellows and vice versa to allow for change in the program when needed. Prior to beginning her fellowship training she completed her residency training at Detroit Medical Center (Wayne State University) in 2018. Dr. Dhillon received her MBBS (Bachelor of Medicine, Bachelor of Surgery) from Sri Guru Ram Das Institute of Medical Sciences and Research (India, 2014).

The training to become a critical care pulmonologist, or pulmonologist in the intensive care unit (ICU), requires completion of an undergraduate and medical degree before completing both a residency and fellowship. After graduating from medical school with an MD (or DO) degree, the physician must complete approximately three years of residency training in internal medicine. During this residency, physicians are trained in the diagnosis and treatment of diseases found in adults. This training provides the general medical knowledge necessary to complete fellowship training and prepare for the treatment of patients in critical condition in the ICU. Critical care pulmonologists must complete a fellowship in pulmonary and critical care medicine, which usually lasts three years. The fellowship training builds upon the physician's previous training in internal medicine and provides advanced training in the treatment of severe pulmonary diseases and multi-system organ failure. The physician will complete at least 18 months of clinical training - usually comprised of 6 months in critical care, 6 months in pulmonary care, and 6 months in combined training. Following fellowship training, the physician has the requisite training and experience to treat those suffering from critical pulmonary conditions.

Pulmonary critical care is a specialized field of emergency medicine that treats patients suffering from injuries and diseases of the respiratory, or pulmonary, system, which includes the lungs, trachea, diaphragm, and related structures. Physicians that practice within this specialty are known as critical care pulmonologists and are typically employed in intensive care units (ICUs) within hospitals but may also be present in pulmonary clinics.

Critical care pulmonologists work to provide emergency care, working alongside other critical care physicians and intensivists to perform resuscitations and other life-saving procedures. These physicians are often present when patients are suffering from multi-system failure and other life-threatening situations. Critical care pulmonologists are trained to provide care for pulmonary diseases and disorders such as respiratory failure, emphysema, cystic fibrosis, lung cancer, chronic obstructive pulmonary disease (COPD), asthma and chronic bronchitis, among many other conditions affecting the respiratory system.

- Resume Attached.

KUNWARDEEP DHILLON MD.

Contact Information
Present mailing address

Current Training

07/2020- 06/2021

Chief fellow

Pulmonary and Critical Care medicine

7/2018 – 6/2021

Fellowship in Pulmonary and Critical Care Medicine at Detroit Medical Centre/Wayne State University

Detroit, MI, United States

Prior Training

07/2015 - 06/2018

Internal Medicine Residency.

Detroit Medical Centre/Wayne State University, Detroit, MI, United States

EDUCATION

08/2007- 02/2014 **M.B.B.S.**

Sri Guru Ram Das Institute of Medical Sciences and Research

Amritsar, Punjab

India

Certifications

ACLS Certified exp 06/30/2021

BLS Certified exp 06/30/2021

Medical and Pharmacy Licenses

Michigan, Internal Medicine, exp 2022

Participation in Honorary/Professional Societies

Punjab Medical Council (2014 to present)

American College of Physicians (2015 to present)

American College of Chest Physicians (2017 to present)

American Thoracic Society (2018 to present)

PUBLICATIONS

Kathi PR, Thammineni N, Dhillon K, Kundumadam S, Goyal S. Celiac Artery Portal Vein Fistula After Transjugular Intrahepatic Portosystemic Shunt Presenting as Heart Failure. *ACG Case Rep J.* 2019;6(6)

Reddy V, Dhillon K, Kundumadam S, Kathi P, Ismail H, Anem G. The exception to Marriot's sign. *Ann Noninvasive Electrocardiol.* 2017;22(5).

POSTER PRESENTATIONS

Dhillon K, Pervaiz A, Jakibchuk K, Reddy V, Jinjuvadia C (2019)
“A case of Fibrosing Pleuritis in Systemic Lupus Erythematosus”
Presented at Michigan Thoracic Society (MTS) in 04/2019

Pervaiz A, Dhillon K, Banavasi H, Jinjuvadia C (2019)
“Salmonella causing lung abscess and Empyema Necroticans in the immunocompetent host”
Presented at Michigan Thoracic Society (MTS) in 04/2019

Durairajan N, Dhillon K, Pervaiz A, Bowe D, Hill M, Mohammad Zaheerullah M, AlSamman S, Ashraf H, Kundumadam S, Lee S
IMPROVING SEDATION DOCUMENTATION BY NURSING EDUCATION
Presented at QuESST at Wayne State University in 04/2018

Durairajan N, Dhillon K, Pervaiz A, Bowe D, Hill M, Mohammad Zaheerullah M, AlSamman S, Ashraf H, Kundumadam S, Lee S
IMPROVING DELIRIUM DOCUMENTATION BY NURSING EDUCATION
Presented at QuESST at Wayne State University in 04/2018

Holman A, Goldberg J, Maroof S, Pervaiz A, Dhillon K, Lee S, Rowley J.
Arterial Blood Gas (ABG) Utilization in the Intensive Care Unit (ICU)
A Quality Improvement Project
Presented at QuESST at Wayne State University in 04/2018

Other Awards/Accomplishments:

Ranked Top 1% nationally in physics during premedical

Awarded as one of chief organizers for Resonance Intercollege Cultural and Sports festival, Amritsar, India

Patient throughput efficiency award: In recognition of my team's success in patient throughput efficiency. Awarded twice at John D. Dingell Detroit VA Medical Centre.

One of Sixteen Resident Directors for quality improvement at DMC. This is a system wide initiative to reduce the rate of Device-associated infections.

Hobbies & Interests:

Travelling
Camping
Hiking
Long walks with my dog
North Indian folk dance "Bhangra"
Knitting

Language Fluency:

English (Advanced)
Hindi (Advanced).
Punjabi (Native)

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005.

Time period of report:		
9-1-2020 - 8-31-21	Total # of visits for 12 months	% of visits per 12 months
Medicare visits	7,539	55.96%
Medicaid visits	957	7.10%
NV Check-up	0	0
Sliding Fee Scale	0	0
Indigent/Charity	265	1.97%
Other - Not listed above	4,710	34.96%
Totals	13,471	100%
*For specialists/hospitalists:		
*Time period of report:		3-1-21 - 8-31-21
*# of hospital/medical facility admissions for 6 months for the applicant specialty type		33

☐

Please provide the number of providers (Full Time Equivalents, FTE) providing patient services at the practice site.

# of MDs by FTE	2
# of PAs by FTE	0
# of APNs by FTE	3