Texas Higher Education Coordinating Board
Public Testimony Registration

Date: December 11, 2012	Time: 2:00 p.m.
Name: R. K. Whittington	Phone: 956-491-1505
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Organization: South Texas Medical Foundation	
Agenda Item #: 7 Subject: UME Staff Report and Recommendations	
For: ☐ Against: ☑	
Testimony Written: ☑ Oral: ☐ Both: ☐	

Written Testimony:

This testimony is directed to the attention of the members of the Task Force on Graduate Health Professions for their December 11, 2012 meeting.

Please see attached correspondence with comments regarding proposed recommendations in draft report titled "Undergraduate Medical Education: A Survey of Texas Medical Schools Clinical Clerkships and Rotations".

Thank you for your service and for your consideration.

Submit

R. K. Whittington
President – Trustee
Nolan E. Perez, M.D.
Vice President – Trustee
Anne Shepard
Secretary – Trustee
Manny Vela
Treasurer – Trustee

South Texas Medical Foundation

Growing Healthier Communities through Medical Education

Elena Marin, M.D.
Trustee
Rene Capistran
Trustee
Rosemary Breedlove
Trustee

December 10, 2012

Hon. Bobby Jenkins
Hon. Janelle Shepard
Hon. David Teuscher, M.D.
Task Force on Graduate Health Professions
Texas Higher Education Coordinating Board
1200 East Anderson Lane
Austin, Texas 78752

RE: *Undergraduate Medical Education: A Survey of Texas Medical Schools Clinical Clerkships and Rotations*
Public Testimony before Task Force on Graduate Health Professions
December 11, 2012

Dear Task Force Members:

For the reasons below, the South Texas Medical Foundation does not agree with the proposed recommendations in the draft *Undergraduate Medical Education: A Survey of Texas Medical Schools Clinical Clerkships and Rotations* that additional medical schools should not be established or opened and existing medical schools should not increase their entering medical student enrollment until the number of first-year physician residency positions exceeds the number of graduating medical students by ten percent. Each of these suggestions is a significant departure from existing and published policy recommendations of the Texas Higher Education Coordinating Board (THECB), as well as established legislative actions, and is inconsistent and counter-productive to the desirable and necessary objective to increase the number of physicians practicing in the Rio Grande Valley and the rest of Texas.

The South Texas Medical Foundation is a 501(c)(3) public charitable foundation which exists for the sole purpose of advocating and supporting the creation and expansion of medical education programs and improvement and access to healthcare in the Rio Grande Valley and South Texas. In particular, our Foundation supports the training of 3rd and 4th year medical students and primary care residents at the Regional Academic Health Center (RAHC), a branch campus of The University of Texas Health Science Center at San Antonio (UTHSCSA) authorized by Senate Bill 606 passed in the 75th Texas Legislature in 1997. More recently, we have been working with The University of Texas System to convert the RAHC into a four-year

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region-wide medical school with primary care residency programs pursuant to Senate Bill 98 enacted by the 80th Texas Legislature in 2009. Both Senate Bill 606 and Senate Bill 98 were intended to further a State policy to improve access to health care by increasing the number of primary care physicians in the Rio Grande Valley and border region.

According to the Texas State Department of Health Services, the ratio of primary care physicians to 100,000 population in the four-county region ranges from a low of 24.7 in Starr County to a high of 57.6 in Cameron County. The average primary care physician ratio in the rest of Texas is 69.5. The ratio of all physicians to 100,000 population in the Rio Grande Valley is approximately one-half the national average. Because the population of the region is growing so rapidly, the relative number of primary care and specialty physicians has actually been steadily decreasing over the last decade.

THECB has documented that the healthcare needs of the residents of the Rio Grande Valley and South Texas are underserved -- dramatically more so than most of the rest of Texas and the nation.

In 2002, THECB published a report titled *Projecting the Need for Medical Education in Texas*. In that report, THECB detailed findings and conclusions that (i) the Rio Grande Valley and South Texas, an area with a predominantly Hispanic population, is one of the two most underserved regions of Texas with a physician to population ratio substantially below the Texas average and even further below the national average, and (ii) Hispanics and residents of South Texas in general are significantly under-represented in medical school admissions and graduations in Texas. Significantly, the report included recommendations that to keep pace with the number of physicians required to serve its rapidly growing population, Texas should, among other actions, (i) ensure that existing schools and regional academic health centers have funding sufficient to support their missions, (ii) increase the number of openings for medical students by increasing the class size in its existing medical schools or by increasing the number of medical schools, and (iii) focus on increasing the number of residency training opportunities in the state to yield additional numbers of physicians choosing to practice in Texas. THECB also recommended that any additional medical school created should be located where (a) areas of high population are served by significantly fewer than the state average number of physicians, (b) the school location could potentially address issues of geographic access, opportunity to attend medical school, and physician workforce diversity, and (c) the state could build on significant prior investments that it and other entities have made for the provision of medical education and services. The 2002 report recommended that the Texas legislature give early attention to consideration of new medical schools and suggested that two areas of Texas satisfying the criteria and with critical healthcare needs were El Paso and the Lower Rio Grande Valley. The legislature has since authorized Texas Tech University and The University of Texas to convert their existing regional academic health centers in El Paso and the Rio Grande Valley into new medical schools.

In 2008, THECB revisited the State's physician shortage and any changes in the underlying facts or circumstances associated with that problem. As a result, THECB published an updated version of *Projecting the Need for Medical Education in Texas*. Despite increases in medical school enrollment and residency slots resulting from the creation of a new medical school in El Paso, enlarged classes of medical students elsewhere, and expanded residency opportunities at the RAHC and the campuses of Texas A&M University System Health Science Center, the 2008 report again documented physician shortages in Texas at an even greater disparity from the national average. The report also described decreasing opportunities for Texas college graduates to pursue a medical education, a population of 65 years and older growing more rapidly than the physician workforce necessary to care for them, and a continued under-representation of Hispanics in medical schools and residency programs. Among the solutions, THECB recommended (i) full support by the legislature for existing health-related institutions and their expansion efforts, (ii) increases in first-year enrollments in Texas medical schools, and (iii) growth of more first-year residency positions with a goal of ten percent more first-year residency positions than graduating medical students.

Based on the 2002 and 2008 reports, the preferred THECB policy recommendations to address physician shortages and lack of sufficient access to healthcare in the Rio Grande Valley in particular and in Texas in general are:

(1) Full legislative support for the RAHC and UTHSCSA's education and training programs for medical students and primary care residents in the Rio Grande Valley.

(2) Consideration of increasing medical student enrollment through the conversion of the existing RAHC into a four-year medical school to expand opportunities for undergraduate medical degrees.

(3) Increasing opportunities for primary care residency training in the Rio Grande Valley by developing additional GME programs in family medicine, internal medicine, psychiatry, surgery, obstetrics and gynecology, and pediatrics.

Earlier this year, this Task Force reviewed graduate medical education programs in Texas and concluded with a report containing a series of recommendations focused on increasing residency positions in the State.

During the period since enactment of Senate Bill 606, the Texas legislature, The University of Texas System, and UTHSCSA have been engaged in a steady effort to train primary care physicians who will remain and practice in the Rio Grande Valley. That effort has been entirely consistent with the THECB policy recommendations and has been successful.

Since 2002, over 1,000 medical students have received at least a portion of their clinical training at the RAHC. During that same period, more than 50 internal medicine residents and 80

family medicine residents have completed their specialty education in UTHSCSA's residency programs in the Rio Grande Valley. A substantial number of those residents have stayed in the area or in Texas to establish their practices. Over the last three years, the Texas legislature has authorized the creation of a new medical school in South Texas and The University of Texas System has been engaged in preparation for the development and accreditation of new primary care residency programs which will bring the total of Rio Grande Valley GME positions to approximately 150 residents. In May 2012, the Board of Regents of The University of Texas System formally committed to a medical school and residency programs in the Rio Grande Valley. In August 2012, the Chancellor announced specific plans for (i) admission of fifty 1st year medical students to a South Texas track beginning in 2014 with the first two years to be completed at UTHSCSA and the last two years at the RAHC, (ii) ACGME accreditation of new psychiatry, surgery, obstetrics and gynecology, and family medicine residency programs and an expanded internal medicine residency program before 2018, and (iii) matriculation of a charter class of fifty 1st year students at an LCME-accredited four-year regional medical school in the Rio Grande Valley beginning in 2018. At their December 2012 meeting, the Board of Regents announced and approved their intention to seek immediate legislative approval of a new emerging research university in the Rio Grande Valley which would enhance and strengthen the RAHC and future medical school and GME programs by consolidating them with the existing academic programs of The University of Texas at Brownsville and The University of Texas Pan American. The new and expanded GME programs are to be developed in partnership with hospitals across the Rio Grande Valley and the United States Department of Veteran Affairs.

In addition to their plans in South Texas, the Board of Regents of The University of Texas System has also committed to increasing undergraduate and graduate medical education opportunities through the development of a new medical school and residency programs affiliated with The University of Texas at Austin.

The first four recommendations contained in the draft *Undergraduate Medical Education: A Survey of Texas Medical Schools Clinical Clerkships and Rotations* represent an abrupt reversal and moratorium on implementation of some of the most critical policies previously advocated by THECB in the 2002 and 2008 reports. Those recommendations do not appear to be linked either to any problem identified in this draft report on undergraduate clerkship opportunities rather than post-graduate residency programs or to the priority objective of addressing an ever worsening physician shortage.

Texas, particularly the Rio Grande Valley, has a shortage of doctors, medical students, and residents in training. Reducing or freezing enrollment in medical schools and placing a moratorium on new medical schools would be a major step backwards and is not a solution to that shortage. The actions of The University of Texas System in the Rio Grande Valley and in Central Texas to increase both medical students and residents are the correct ones and are entirely consistent with the policies and objectives set out in THECB's prior reports.

To address the real problem, attention and energy should be focused directly on increasing residency programs. It is critically important to recognize that the State of Texas and its medical schools provide only a small portion of the cost of resident training. Virtually all of the substantial costs for residency programs are covered either by the hospitals sponsoring those programs or by Medicare reimbursements managed by the federal government. Because of budget and cost pressures on teaching hospitals and caps on Medicare reimbursement for resident training, the traditional funding sources for GME programs appear to be shrinking rather than expanding.

Producing and training more physicians for Texas and maximizing the return on the State's investment in undergraduate medical education requires a dependable pipeline from our colleges and universities through medical schools and, most importantly, adequate primary care and specialty resident training opportunities for medical school graduates from Texas and elsewhere. Diminishing the flow of potential doctors anywhere along that pipeline can only result in a "kinking of the hose" and a decrease in output of Texas-grown and Texas-trained doctors as well as an increased dependence on the more difficult and less efficient recruitment of physicians trained in other states or countries.

The development by UTHSCSA of the Regional Academic Health Center UME and GME programs over the last ten years and the commitment by The University of Texas System to creation of a new four-year medical school with expanded primary care residency programs in the Rio Grande Valley are the culmination of more than sixty years of work and effort. Those initiatives are consistent with prior THECB policy recommendations and are contributing to the solution to critical life-threatening physician shortages in our region. Any recommendation by THECB to halt those efforts would not only be unfair to South Texas but would exacerbate the problem and unduly delay achievement of a universally accepted objective -- increasing the number of Texas physicians and health professionals.

For the foregoing reasons, the South Texas Medical Foundation urges the members of the Task Force on Graduate Health Professions not to accept the first four recommendations contained in the draft *Undergraduate Medical Education: A Survey of Texas Medical Schools Clinical Clerkships and Rotations* and, instead, to develop or re-emphasize alternative recommendations aimed at increasing opportunities for both undergraduate and graduate medical education and particularly aimed at incentivizing medical schools and their teaching hospital partners to sponsor expanded and new residency programs. Thank you for the opportunity to provide our perspective on this critically important issue.

Sincerely,

R. K. Whittington
President and Trustee