

Texas Higher Education Coordinating Board
Family Practice Residency Advisory Committee

Omni Southpark Hotel
4140 Governor's Row
Austin, Texas

March 6, 2015
10:00 am

Summary Notes

Members present: Roland Goertz, Chair (TAFP), Clare Hawkins, Vice Chair (TAFP), Bruce Becker (THA), Idolina Davis (Governor Appointee), Lewis Foxhall (TMA), Fred Onger (TX Organization of Family Practice Program Directors), Michael Ragain (TAFP), Jon Sivoravong (TX Organization of Family Practice Program Directors), Linda Vega (Governor Appointee), Bennie Wylie (Governor Appointee)

Members absent: Michael D. Reis (THA), Damon Schranz (TX Osteopathic Medical Association),

Staff present: Stacey Silverman, Suzanne Pickens, Ernest Jacquez, Reinold Cornelius, BJ Byrom

1. Welcome and Introductions – *Dr. Roland Goertz, Chair*

Dr. Roland Goertz, Chair of the Advisory Committee convened the meeting and welcomed the members and guests. After his opening remarks Dr. Goertz invited the Advisory Committee members, CB staff, and visitors to introduce themselves.

→ Informational Item: No Action Taken

2. Consideration and Approval of Summary Notes for February 26, 2014 meeting – *Dr. Goertz, Chair*

→ Action Item: The Advisory Committee unanimously approved the Summary Notes from the February 26, 2014 meeting.

3. Consideration and discussion of Annual Financial Reports submitted by programs – *Dr. Clare Hawkins, Vice-Chair*

Presentation:

Dr. Hawkins reviewed the 2014 Annual Financial Reports submitted by residency programs.

Dr. Hawkins explained that the financial data collected is public information. While the 29 programs are all different, the dollar figures were consistent. The average total cost per resident was \$260,812. The average number of residents per program was 25.2 and the average total expenditures were \$6,243,183. The average patient revenue per resident was \$88,892, but there was considerable variation because revenue is dependent on the site. Other revenue came from affiliated medical schools, hospitals, and from various local, state, and federal sources. Five programs have a negative revenue minus cost balance. Coordinating Board staff contacted programs to ensure that those programs have cost safety nets based on other support funding.

The variation in cost per resident was discussed.

The financial questionnaire was discussed. Dr. Goertz noted that Texas is one of the few states to collect such comprehensive data on residency program operational costs and that Texas data was referenced in the 2014 Institute of Medicine report on graduate medical education. Those who worked on the development of the data collection form, including Dr. Hawkins and Jenny Faulkner, are to be commended. Dr. Goertz further noted that, for numerous reasons, it is difficult to obtain true cost data at the program level. Program staff may interpret the required data differently from audit or financial staff. It may be useful to record the name and position of the individual who compiles the data. Workshops for administrators might be considered. It was suggested to discuss these issues further at the June 2015 meeting.

→ Action Item: The Advisory Committee unanimously approved the Annual Financial Reports.

4. Consideration and discussion of Annual Written Reports submitted by programs summarizing activities of last year – *Dr. Goertz*

Presentation:

Dr. Goertz provided a summary of the 29 written reports received.

All 29 programs submitted written reports. Nineteen programs do not intend to change their size; eight indicated the potential for an increase in the number of residents and two programs plan to merge.

All programs had some form of rural and/or public health rotations: two were sponsored by a medical school, 11 were affiliated with medical schools, eight were within medical schools, and eight had no external funding. Some of these were funded by Coordinating Board support grants. All 29 programs had medical school rotations: 21 did not request funding, eight requested funding, and seven received funding.

Programs reported on their efforts address the statutory intent to serve underrepresented populations, through student fairs, healthcare fairs, and outreach to communities, interest groups, or national conferences. Barriers to filling rural rotations included, in order of severity: not enough funding available, a continuing increase in lack of interest by residents, difficulty of moving away from a parent program, and difficulty of being available for four weeks duration. It was also noted that some residents choose to complete an international rotation rather than one in Texas.

The difficulty in counting time was discussed and the difference in desire for either high volume exposures vs. high impact exposures. The discussion was to be continued at the June 2015 meeting.

The Coordinating Board received no applications for funding of public health rotations in Fiscal Year (FY) 2015. A major barrier for public health rotations is the difficulty in finding partners for supervision. It was noted that some programs are seeing an increase in resident interest in public health rotations.

Dr. Goertz enumerated innovations undertaken by programs and challenges programs face. Innovations were noted in areas such as Patient Centered Medical Home models, integrated behavioral health, Teaching Health Centers, simulation centers, supplemental clinic training programs, use of innovative technology, residency program curriculum, and components of the new accreditation process.

The most important challenge reported by programs is that funding is becoming a critical concern: in FY 2014, 21 programs cited funding as an important issue; in FY 2013, 19 programs reported funding as a challenge.

→ Action Item: The Advisory Committee unanimously approved the Annual Written Reports.

5. Consideration and discussion of the request by University of North Texas Health Science Center relating to FPRP grant application for new program in operation less than three years – *Dr. Goertz*

Two separate issues were discussed:

- (a) a change in eligibility for programs in operation less than three years would require a rule change by the Coordinating Board; and
- (b) whether an integrated family medicine neuro-muscular medicine (FM/NMM) program, would be eligible for an operational grant under current rules.

→ Action Item: After lengthy discussion, there was no motion to request that the Coordinating Board rules be revised to fund programs in operation for fewer than three years. The topic was deferred to the June 2015 meeting for further discussion.

Dr. Sivoravong and Cindy Passmore clarified that the UNTHSC program is accredited by the American Osteopathic Association as a four-year combined FM/NMM program. Residents who complete the program are eligible for FM board certification. There was general agreement that, if the program met other FPRP requirements, including three years of program operation, residents in the first three years of the University of North Texas Health Science Center FM/NMM program would be eligible for funding.

6. Consideration and discussion of the request by John Peter Smith Hospital to include 4th year residents in the roster of full-time certified FPRP residents – *Dr. Goertz*

The Advisory Committee discussed at length advantages and disadvantages of increasing the number of allowable funding years. Currently, Coordinating Board rules and FPRP Guidelines restrict funding to three years per resident. At present, the John Peter Smith Hospital (JPS) program is the only accredited four-year family medicine program in Texas. The program was accredited for four years by the Accreditation Council for Graduate Medical Education (ACGME) after successful participation in Family Medicine Length of Training Pilot. It was noted that national accreditation is only one of several requirements for FPRP funding eligibility. Fourth-year fellowships are not eligible for funding.

Dr. Daniel Casey noted that JPS has reduced the overall size of the program such that the total number of residents for FY 2015, including fourth-level residents, is about the same size as in earlier years when there were only residents in levels one through three. Dr. Casey further noted that ACGME is evaluating the data collected during the pilot program and expects to release its conclusions by end of 2017.

Dr. Hawkins made a motion to request that the Coordinating Board change its rules to allow funding of fourth-year residents in an accredited, operational program; Dr. Foxhall seconded. The Advisory Committee continued to discuss impact, funding distribution, and effectiveness to the overall program. The Advisory Committee voted on the motion with a split decision: five members voting yes and five members voting no.

After the vote it was clarified that, although the JPS fourth-year residents in FY 2014 and FY 2015 are part of an accredited family medicine program, the Coordinating Board rules prohibit funding residents for more than three years. Because of this situation, the portion of the JPS operational grant relating to the fourth-year residents for FY 2014 and FY 2015 has been set aside by the Coordinating Board pending outcome of this FPRAC meeting. The Advisory Committee decided to reconsider the motion. It was again stated that funding of fourth-year residents would require a change to Coordinating Board rules. Staff estimated that such a rule change would require approximately six months lead time for a rule change to be adopted and become effective.

→ Action Item: After additional discussion the Advisory Committee voted not to recommend a rule change, with two votes for and eight votes against the motion.

7. Consideration and discussion of new audit requirements in Senate Bill 215 (83rd Legislative Session (R)), and Coordinating Board Rule 1.13 – *Coordinating Board Staff*

Suzanne Pickens explained that the Coordinating Board's Sunset Bill removed the Board's authority to require an audit of Board-administered funds unless an audit is required by statute. THECB Rule 1.13 serves to implement this requirement. The FPRP statute includes an audit requirement, and the FPRP Guidelines incorporate this statutory requirement. THECB has requested an opinion from the State Auditor's Office (SAO) regarding the audit requirement in FPRP Guidelines. SAO has not yet responded.

Dr. Stacey Silverman noted that if the Advisory Committee wished to no longer require an audit report, a change in the statute would have to be requested of the Legislature. If there is no audit requirement for the program, the responsibility would rest with THECB Compliance Monitoring. Given the size of most family medicine programs, it is not likely that they would rise high enough on the risk assessment scale to be actively monitored.

→ Action Item: No motion was made by Advisory Committee members. Members preferred to receive an update at the June 2015 meeting, pending Coordinating Board receipt of input from the State Auditor.

8. Consideration of revisions to FPRP rules and guidelines relating to Agenda Items 5, 6, and 7 – *Dr. Goertz*

Rule changes were considered directly during the discussion of Agenda Items 5, 6, and 7.

9. Update on the Faculty Development Center – *Cindy Passmore, Faculty Development Center*

Ms. Passmore provided an update. Texas College of Osteopathic Medicine has continued funding for the Faculty Development Center and all annual programs are in place and active. In June, the twentieth fellow will graduate. The leadership conference and two chief residency conferences are ongoing. The Center continues to be active in support of faculty development and will provide consultation on site when requested by a family medicine program. The Center is transitioning its programs from fellowships to certificates with graduate credit. However, the programs will remain the same.

→ *Informational Item:* No Action Taken

10. Update on the 84th Legislative Session – *Coordinating Board Staff*

Tom Banning, Texas Academy of Family Physicians, reported that the legislature is currently going through the budget process and that positive outcomes for graduate medical education (GME) and family practice residency funding look promising. Senator Nelson filed Senate Bill 18 for a consolidation of GME expansion programs into a critical shortage program that would include a long term permanent trust. Envisioned are \$300 million for the trust allowing annual funding of the program. Legislators are working on both sides, Senate and House, on increased funding for GME formula and for FPRP. The goal now is long term sustainability of support. Another bill seeks to increase available data for decision making through a proposed physician workforce center.

Dr. Silverman commented that Texas will have two new public medical schools and one new independent medical school so that by 2020 the state would need a considerable increase in number of residency positions or medical school graduates may leave the state.

11. Update on status of Graduate Medical Expansion grant programs established by the 83rd Legislature – *Suzanne Pickens, Coordinating Board*

Ms. Pickens provided an overview of the current status of the GME Expansion Grant programs.

→ *Informational Item:* No Action Taken

12. Consideration of the Selection of Chair and Vice Chair for Fiscal Year 2015 – Dr. Goertz

Dr. Hawkins motioned for Dr. Goertz to remain Chair of the Advisory Committee and Dr. Becker seconded the motion. Dr. Hawkins nominated Dr. Ragain for the position of Vice Chair and Dr. Sivoravong seconded.

→ *Action Item:* The Advisory Committee unanimously elected Dr. Goertz as Chair and Dr. Ragain as Vice Chair.

13. Consideration and discussion of Future Agenda Items and Future Meeting Dates – *Dr. Goertz*

The Advisory Committee set the date for the next meeting on Friday, June 5, 2015. The meeting will be held concurrently with the Texas Academy of Family Physicians Texas Family Medicine Symposium in San Antonio, Texas.

14. Adjournment

Dr. Goertz adjourned the meeting at 12:15 pm.