

Texas Higher Education Coordinating Board
Family Practice Residency Advisory Committee

Omni Southpark Hotel
4140 Governor's Row
Austin, Texas

April 15, 2016
3:00 PM

Summary Notes

Members present: Roland Goertz, Chair (TX Academy of Family Physicians) (TAFP), Clare Hawkins, Vice Chair (TAFP), Daniel Casey (TX Organization of Family Practice Program Directors-Alternate), Lewis Foxhall (TX Medical Association), Fred Onger (TX Organization of Family Practice Program Directors), Jon Sivoravong (TX Organization of Family Practice Program Directors),

Members absent: Michael D. Reis (TX Hospital Association), Damon Schranz (TX Osteopathic Medical Association), Linda Vega (Governor Appointee), Bennie Wylie (Governor Appointee).
Note: Two Family Practice Residency Advisory Committee (FPRAC) membership positions were vacant at the time of the meeting.

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

1. Welcome and Introduction

Dr. Roland Goertz, Chair of the Advisory Committee, convened the meeting at 3:15 pm and welcomed members and guests. He explained that currently two member positions were vacant, due to resignation of one member and the retirement of another. New appointments are in process.

2. Consideration of FY 2017 Funding Recommendation

(This item was taken out of agenda order.)

Dr. Goertz explained that the Family Practice Residency Program (FPRP) funding recommendation for consideration was for the second year of the state's two-year funding cycle. He provided an overview of three scenarios for the Fiscal Year (FY) 2017 funding recommendation, noting that the family medicine programs funded in FY 2016 were the basis for the FY 2017 funding scenarios, and that Funding Option 3 follows the funding patterned implemented for FY 2016. Options 1 and 2 vary the level of funding designated for support grants. He then opened the floor for discussion.

FPRP funding history, funding for rural and public health rotations, and new family medicine programs currently funded under the Graduate Medical Education Expansion Program were discussed. Dr. Goertz explained that the legislature decreased funding

significantly in FY 2012 and FY 2013 but increased program funding for FY 2014 through FY 2017, though not to the 2011 level. He further commented that FPRP Guidelines require newly established programs to be in operation for three years before becoming eligible to apply for FPRP funding. In the past, the committee has not recommended funding for a family medicine program supported under a different state grant program.

→ Action Item: Motion to accept Funding Option 3 passed unanimously.

3. Consideration and Discussion of Annual Financial Reports

Dr. Hawkins summarized results of the annual financial reports (AFR). He pointed out that, while different family medicine programs have different operational and financial structures, the information collected through the AFRs serves not only to assist individual programs but also to inform policy making at the state and national levels. In addition, the AFRs allow the advisory committee to assess the viability of the Texas family medicine programs.

There was a discussion of the different types of program revenue and the reasons it might vary based on variation in program operations. Total program cost per resident averaged \$260,000, which seems to indicate that educating family medicine residents is an expensive endeavor. However, it was noted that the cost varied appreciably between programs. Jennie Faulkner, Conroe Medical Education Foundation Medical Education Director described the process her program follows in compiling the AFR.

Dr. Goertz observed that, although there may be data outliers, the AFRs provide a rich pool of information about family medicine residency training in Texas and that the usability of the data has improved considerably over the 20 years it has been collected. A particular advantage of the AFRs is the ability of programs with similar operations to compare themselves to each other.

→ Information Item: No action taken.

At this point, the committee and audience members introduced themselves.

4. Consideration of Summary Notes for July 8, 2015 Meeting

→ Action Item: The Advisory Committee unanimously approved the Summary Notes from the March 6, 2015 meeting.

5. Consideration and Discussion of Annual Written Reports

Dr. Goertz provided a summary of the Annual Written Reports received.

All 29 programs submitted written reports. Six programs intend to increase their size by 15 slots per year. Two programs will decrease, one of which because of a merger. Twenty programs have no change in size. There were very few open slots after the National Residency Matching Program. A total of 106 residents completed some type of rural or public health rotation, though not all were funded by FPRP. No rotations were

listed as being done under the Texas Department of Rural Affairs (TDRA). However, all family medicine programs distributed information on the availability of TDRA rotations. There were 38 residents who completed other types of rotations. Twelve programs were within and operated by a medical school and received some level of funding from the medical school; six programs were affiliated with a medical school; and six programs were unaffiliated.

The written reports included open-ended questions about how the program is fulfilling the requirements by statute. There was a discussion about recruitment of diverse and underserved students, on how to fulfill the intent on providing rural rotations, the kind and variety of partners that programs choose, the factors that hinder programs in their success, and the challenges programs face. Innovative programs and barriers to residents choosing to complete a rural rotation were discussed. Twenty-one programs citing funding as the most significant challenge.

In response to an audience member question, Dr. Goertz stated that there is not a required number of public health and rural rotations that must be offered under FPRP, but that the Coordinating Board's bill pattern rider to the appropriation limits the amount of funding that may be allocated to rural and public health rotations.

→ Information Item: No action taken.

6. Update on the Faculty Development Center

Cynthia Passmore provided a report on the activities at the Faculty Development Center. These include support of fellows, the Leadership Conference held in April, and the Chief Resident Conference planned for June. There were 30 workshops and consultations and 444 contacts. The Center hired one new support staff member.

There was discussion about the timing of the Leadership Conference. It was decided that it will continue to be in conjunction with the Texas Academy of Family Physicians conference and the FPRAC meeting, but that sequencing of meetings should be changed to avoid conflicts.

→ Information Item: No action taken.

7. Coordinating Board Update

Suzanne Pickens gave an update on Coordinating Board activities. With respect to formula funding, the Formula Advisory Committee and the Commissioner have separate recommendations, and, at its April meeting, the Board will consider approval to submit the recommendations to the Legislative Budget Board.

The Coordinating Board's FY 2018 – FY 2019 Legislative Appropriations Request (LAR) will be finalized in July. It is expected that the LAR will include a request for FPRP similar to the appropriation for FY 2016 – FY 2017.

Two new Requests for Applications will be released soon: the Primary Care Innovation Program and the Planning & Partnership Program.

Recent Graduate Medical Education (GME) Expansion awards were summarized. The highest percentage of the awards for a single specialty, 28 percent, was for family medicine programs. Primary care programs accounted for 77 percent; psychiatry for 15 percent. It was noted that awarded residency positions must be filled before payment of awards can be made.

An audience member commented on the importance of recognizing that to sustain the current effort, an increase in funding will be needed in the next biennium to maintain the newly created residency slots. Support is required for the residents as they progress through the levels of the program and for the new residents that re-fill the newly created slots.

Dr. Hawkins requested that a second version of the FPRP Funding History chart be created using inflation adjusted dollars.

There was a discussion on resident practice location after GME completion. Dr. Stacey Silverman stated that two recent changes improve the ability to determine practice location. The 2015 legislature enacted a new tracking requirement for Texas public medical schools, which now must include in their graduation report to the Coordinating Board (CB009) information on the residency program their medical school graduates will enter. In addition, the Coordinating Board has entered into an agreement with the Texas Medical Board (TMB), enabling it to match the medical school residency report (CB00R) against the TMB physician practice data. The license number will be used as the matching field. Eventually, this process will shed light on where residents funded under FPRP and GME Expansion choose to practice. However, there is considerable lag time. Dr. Silverman also noted that some TMB data is self-reported by the physicians.

→ Information Item: No action taken.

8. Update on the Physician Education Loan Repayment Program

Lesla Moller gave an update on two surveys relating to the Physician Education Loan Repayment Program (PELRP). One had a 64 percent and the other a 49 percent response rate, which was considered a success for an email survey. She said especially informative were the unsolicited comments, as they were very positive about the program.

An issue for PELRP is that it is asking for four years of service, but it cannot promise four years of repayment, because of biennial appropriation structure. Another issue is that multiple layers of eligibility cause complexity, as well as being an issue for messaging. There was a comment about how extremely valuable the program was seen to be in regard to physician maldistribution. There was a question as to why a large percentage of pediatricians were supported. It is possible that Medicaid reimbursement has an effect. In response to a question as to whether there would be a requirement to return funding if residents leave the state, Ms. Moller remarked that this was found to

be inefficient in previous years. The better strategy now in use is to award dollars after one year of service.

→ Information Item: No action taken.

9. Consideration of the Selection of Chair and Vice Chair for FY 2017

Because a quorum was not present at this point in the meeting, the committee did not consider this item.

10. Consideration and Discussion of Future Agenda Items

Next year's meeting would be held April 2017 on Wednesday afternoon, so it would not compete with meetings of the TAFP and Family Medicine Leadership Conference meetings to be at the Renaissance Hotel in Austin's Arboretum area.

11. Adjournment

Dr. Goertz adjourned the meeting at 5 PM.