

Senate Health & Human Services:

Physician Workforce Issues

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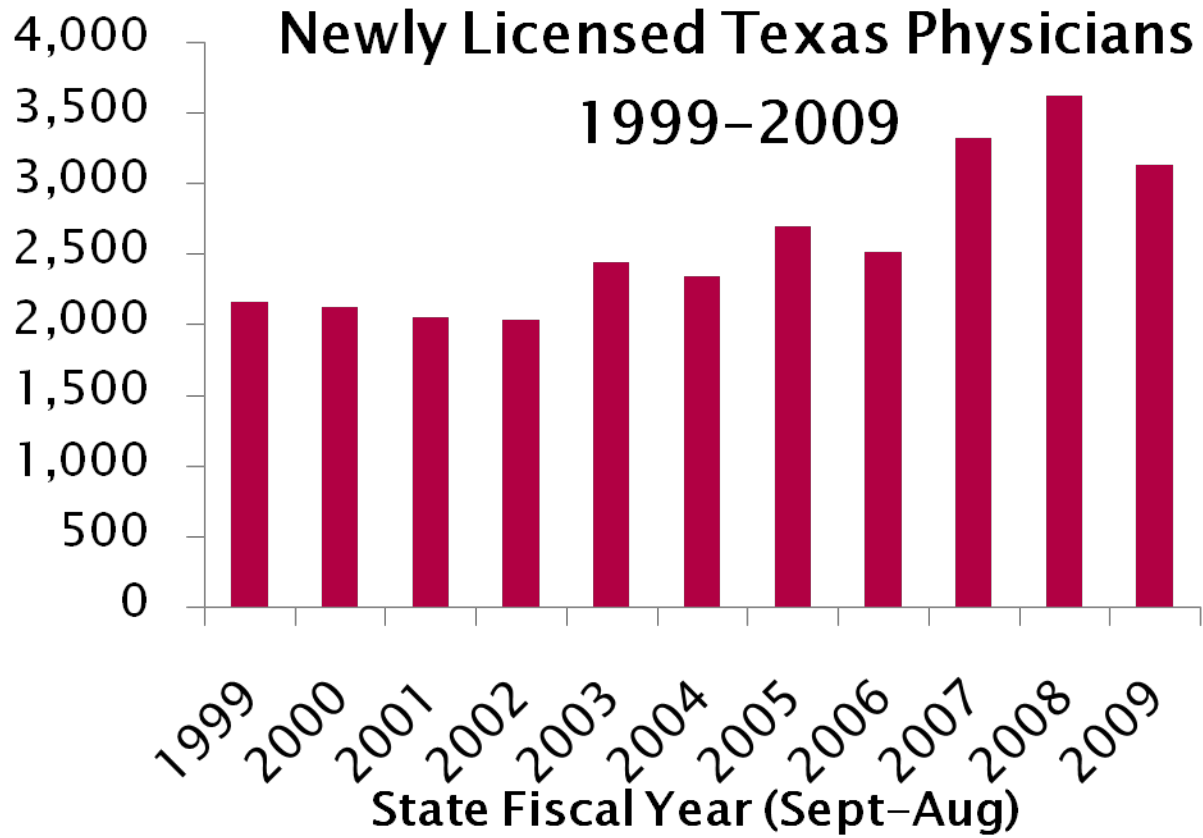
Physicians Caring for Texans

Physician Workforce Trends

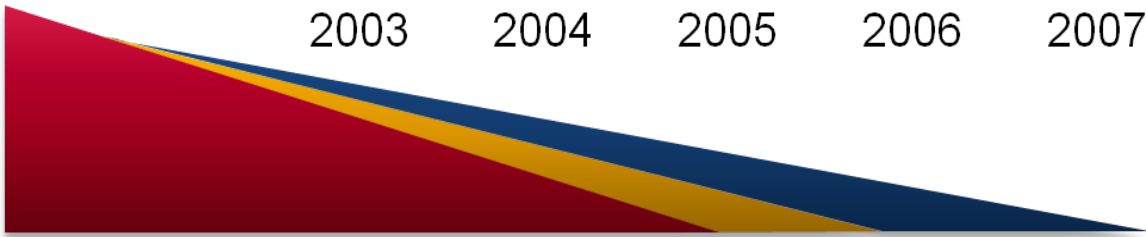
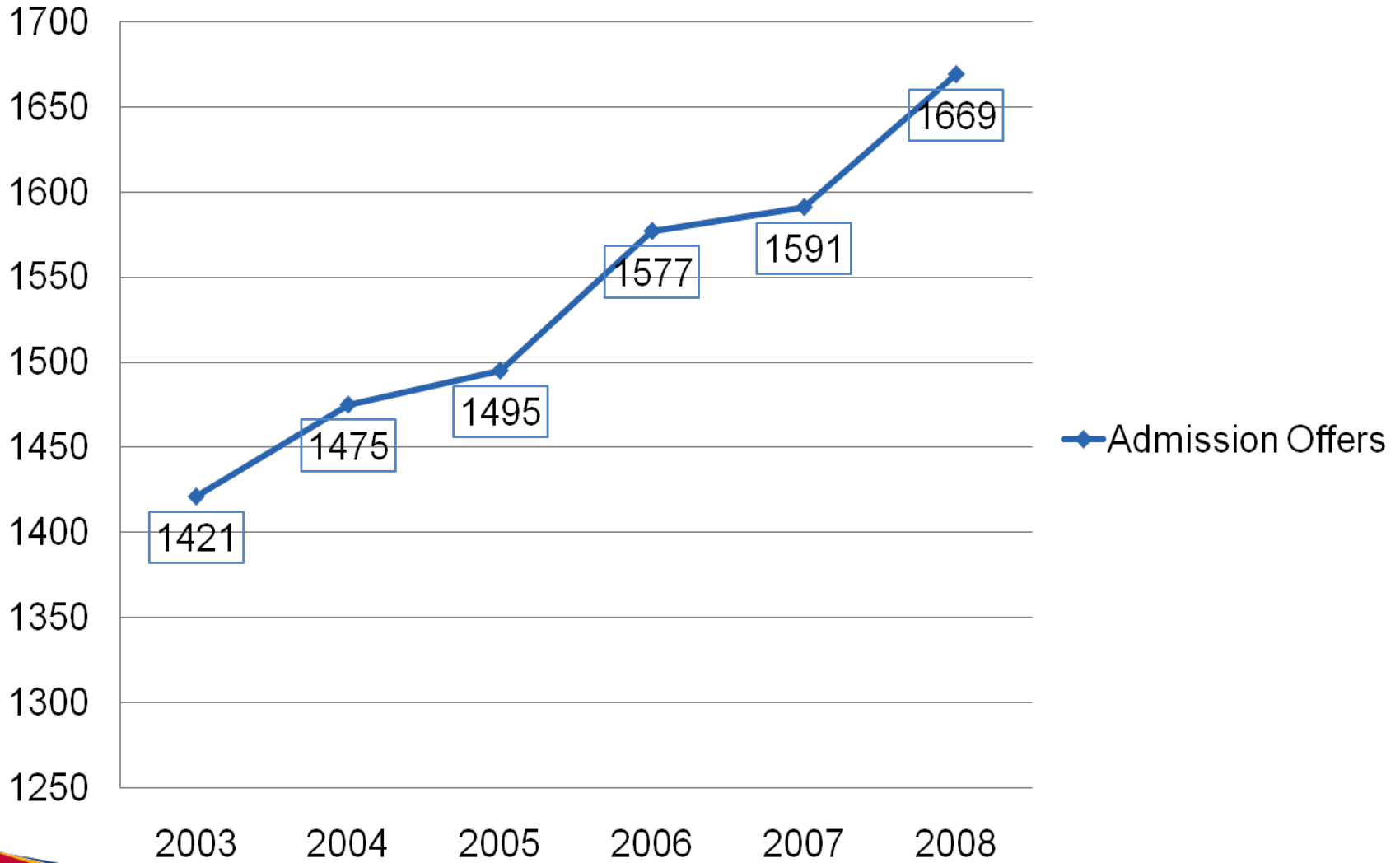
Positives:

- Historically-high numbers of:
 - new physicians, post liability reforms (almost 18,000 since 2003); and
 - medical school enrollments (while maintaining an academically-strong applicant pool)





Texas Medical School Admission Offers

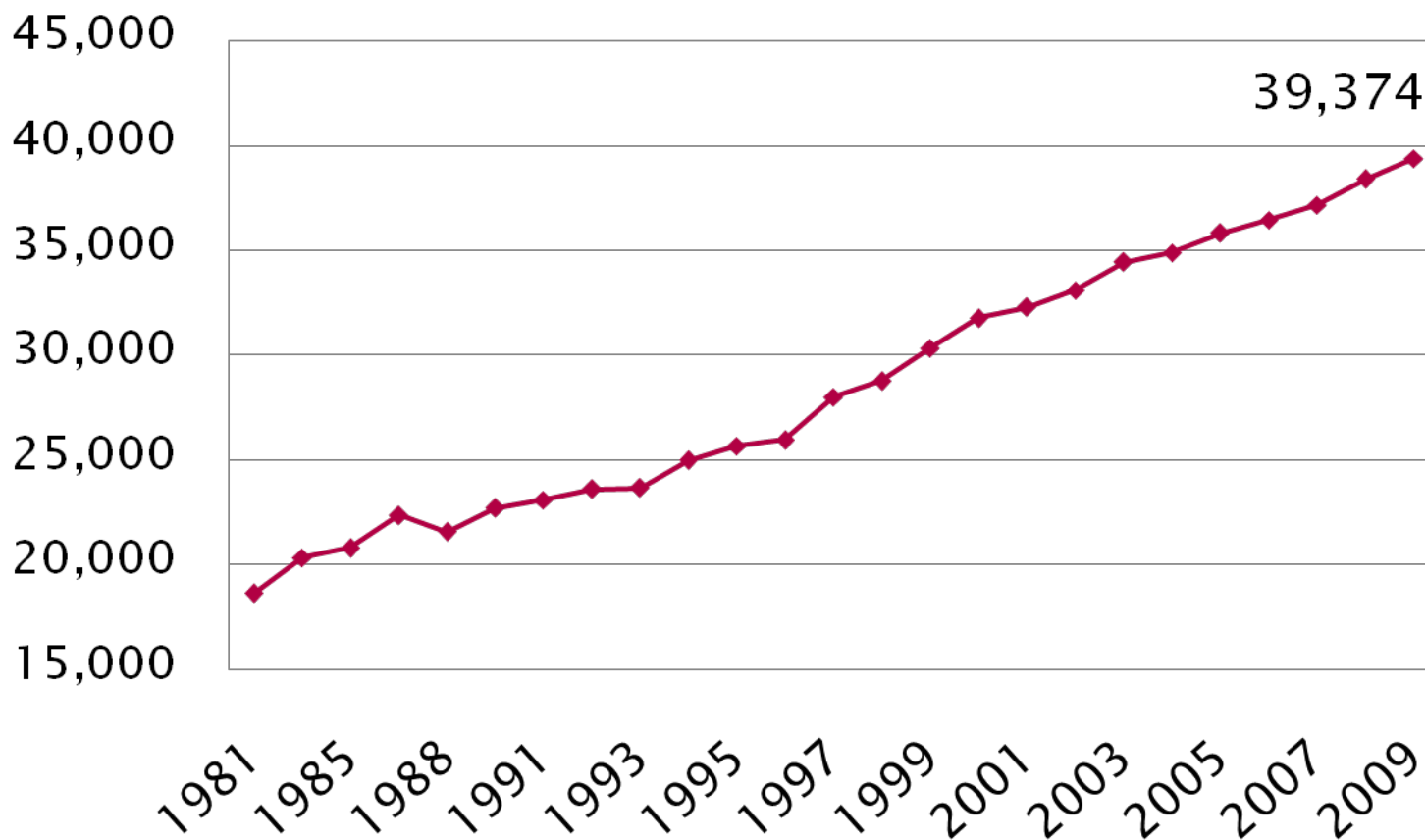


Physician Workforce Trends

- Challenges:
 - Growth in physicians barely keeping pace with population.
 - Shortages in 37 of 40 medical specialty groups, compared with total U.S. ratios per capita; and
 - Texas ranks 42nd in state ranking of physicians per 100,000 population.



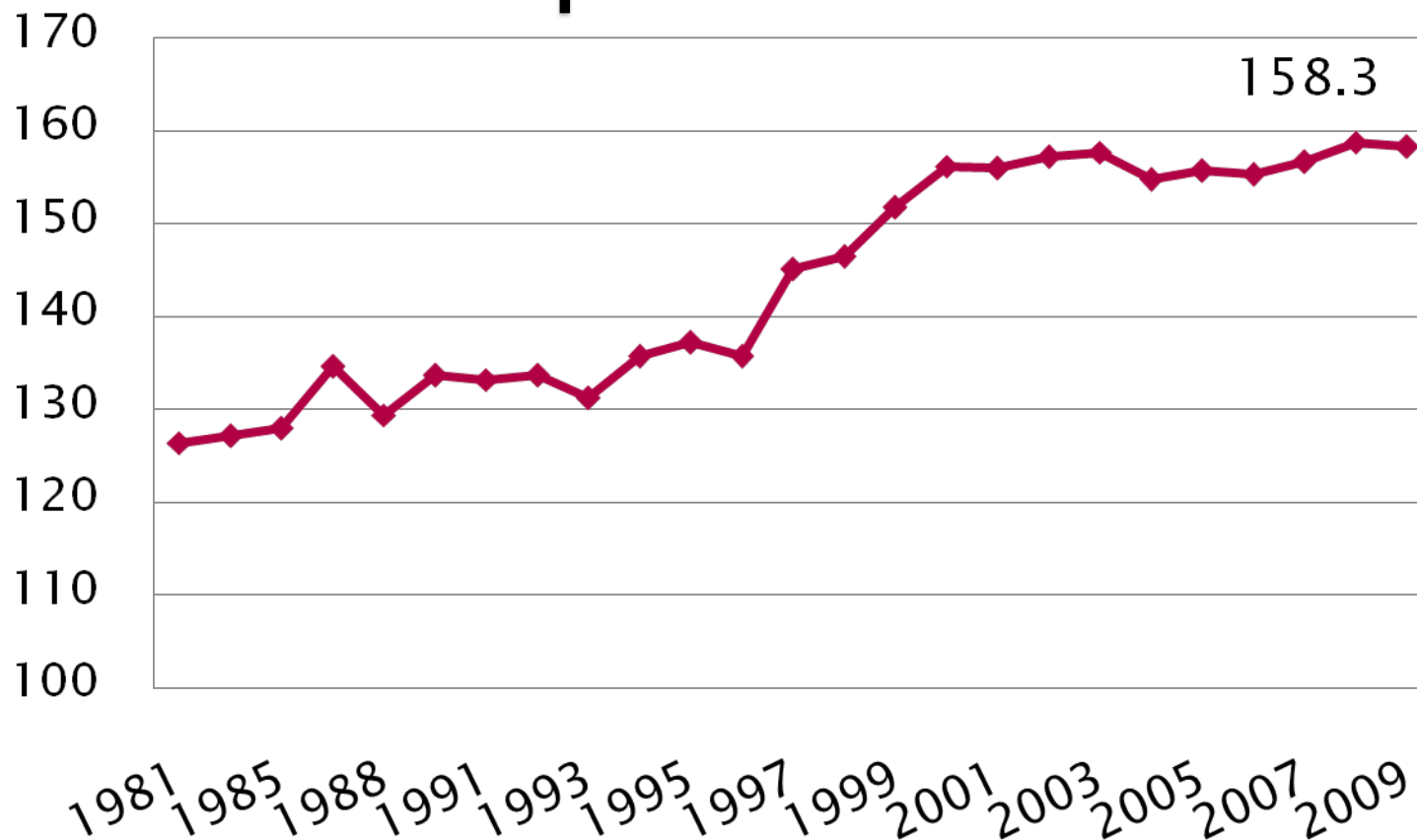
TX Physician Supply Trend, 1981-2009



Source: Health Professions Resource Center, DSHS
TMB Licensing Files



TX Physicians Per 100,000 TX Pop Ratio Trend



Source: Health Professions Resource Center, DSHS
TMB Licensing File

Pressures on Physician Supply

- Impact of Medicare GME funding caps on residency training program growth (have not changed since 1996);
- Added funding and accreditation challenges to growth of community-based GME programs;
- Limits on state GME funding to finance needed growth; and
- Loss of Texas Medicaid GME funding for teaching hospitals.



TMA Supports Health Care Teams

- 21st Century medicine is a complex patient-centered service
 - Requires teams of highly trained practitioners
 - Education and skill set of each team member brings value to patient care
 - Team communication is key component of quality
 - Goal is quality care and patient safety
- Ongoing needs
 - Critical need for more RN-bedside nurses



Delegation of Rx Authority

- Diagnosis and prescribing are key components of practice of medicine
- Medical Model of Delegation/Supervision
 - Delegation of Rx authority is proper component in extending medical services
 - Supervision is key component for quality and patient safety
 - Chart review, active supervision are key quality assurance activities
 - Ultimate accountability is with the physician



Recommendations/Considerations

- Maintaining stable support for:

GME and med schools;

JAMP (Joint Admission Medical Program);

Newly expanded State Physician Education Loan Repayment program and dedicated funding source;

Primary care preceptorship programs;

A&M's KSTAR program for physicians re-entering workforce after extended absence.



Recommendations/Considerations

- Considering “bridging” program for PAs/APNs
 - Shortened medical school curriculum based on prior education/training/skills
 - Based, in part, on current initiatives at Texas Tech to trim one year off medical school to place into family medicine residency program.



Recommendations/Considerations

- Consider dedicating portion of remaining physician licensure fees and occupation taxes to medical infrastructure
 - License fees generates \$60 Million every two years;
 - TMB needs increase (current appropriation around ~\$21 M; As number of licensees increase; corresponding need for TMB budget increase);
 - Balance could be directed at programs to improve medical infrastructure (community-based GME, preceptorship programs, physician recruitment, etc .)





TEXAS MEDICAL
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