

# **Texas Health Care Policy Council**

Teacher Retirement System of Texas, 5<sup>th</sup> Floor Boardroom  
1000 Red River Street, Austin, Texas 78701

## **PARTNERSHIP MEETING**

**JUNE 20, 2006**

**9:30 a.m.**

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### **MEMBERS PRESENT**

Stacey Silverman (Chair), Alexia Green (Vice Chair), Rick Danko, Maureen Milligan, John Monk, Ken Shine, Theresa Cruz, and Larry Phillips.

### **MEMBERS ABSENT**

None

### **CALL TO ORDER/WELCOME AND INTRODUCTIONS**

Meeting is called into order at 9:35 a.m. by Chair Silverman. Chair Silverman asked Mr. Gilman to take roll.

### **REPORTS, UPDATES AND POSSIBLE ACTIONS**

#### **Approval of Minutes from April 20<sup>th</sup> Meeting**

Chair Silverman asked members to review the minutes of the April 20<sup>th</sup> meeting of the Texas Health Workforce Planning Partnership Subcommittee. Dr. Ken Shine made a motion to pass the minutes. Dr. Maureen Milligan seconded the motion. The motion was approved by a unanimous voice vote.

#### **Briefing and Discussion on Partnership Workforce Subcommittee Deliverable**

Mr. Gilman briefed members on the proposed final work product of the subcommittee, a strategic plan on health workforce. Mr. Gilman discussed the purpose of the strategic plan and priority actions that could be included in the plan. He also advised members that Council staff would have a draft of the strategic plan available for their review at the August 24 meeting.

Partnership members discussed the strategic plan and inquired about the target audience for the plan. Mr. Gilman indicated that the audience for this document is the Texas Legislature, state agencies, professional organizations, and other organizations engaged in health workforce planning activities. Members also provided suggestions on the documents format and noted that workforce monitoring for the state is already being done and that the strategic plan should focus on action items.

### **Presentation on *Code Red* Report and Workforce Findings**

Chair Silverman asked Dr. Shine to brief the subcommittee on the *Code Red: The Critical Condition of Health in Texas* report released by the Task Force on Access to Health Care in Texas.

Dr. Shine discussed the challenges which the state faces in providing an adequate professional health workforce for Texans. He provided the subcommittee with information on the direct primary care physician supply ratios, registered and licensed vocational nurses, and dentists. Dr. Shine discussed the following recommendations included in the *Code Red* report:

- Increase the number of physicians annually graduating from its medical schools by 20% over the next decade;
- Expansion of medical school repayment programs for up to 500 physicians a year for graduates working in Texas;
- Provision of student debt forgiveness for each year of service in a public hospital or clinic treating 50% or more Medicaid and uninsured patients;
- Ensure that each physician practicing in Texas provides a fair and reasonable amount of care for Medicaid, Medicare and Uninsured patients and share in emergency “on call” responsibilities;
- 2000 more nursing students annually and 200 additional faculty members;
- Additional general revenue for formula funding to increase nursing students and faculty; and
- Continue to provide state resources to assist community health centers to qualify for federal support designation as federally qualified health centers delivering care.

Dr. Shine noted efforts by Texas medical schools to increase class size. On nursing, he emphasized the need for well trained nurses who have obtained high education levels. He concluded his remarks by noting the importance of dental care to our overall health and the need to increase the level of dentists being trained in Texas.

Partnership members discussed medical residency programs, the correlation between where a physician completes residency and where a physician decides to practice, and where residency programs should be located in Texas. Members noted the link between quality of care and the education level of nurses, and discussed whether the state’s focus should be on training more associate or advanced degree nurses.

**Presentation from the Institute for Demographic and Socioeconomic Research at the University of Texas at San Antonio and the Regional Center for Health Workforce Studies at the University of Texas Health Science Center at San Antonio, on Health Workforce Demand and Supply**

Chair Silverman invited Dr. Steve Murdock, State Demographer of Texas and Director of the Institute for Demographic and Socioeconomic Research and Texas State Data Center at the University of Texas at San Antonio and Dr. Antonio Furino, with the Regional Center for Health Workforce Studies (RCHWS), Center for Health Economics and Policy at the University of Texas Health Science Center at San Antonio to present on health workforce demand and supply issues impacting Texas. Dr. Murdock presented on the major demographic trends that will impact Texas in the future, including the rates and sources of population growth, increases in the non-Anglo population, and the aging of the state's overall population. He provided the subcommittee with information on population projections and discussed future implications and challenges that could impact the delivery of health care in Texas.

Partnership members inquired if illegal immigrants are included in the numerical data and Dr. Murdock responded that he believes most are included. Dr. Murdock discussed anticipated changes in the state's future population by race and ethnicity and noted that the non-Anglo population is growing faster than the Anglo population.

Dr. Furino discussed the mission of the RCHWS and its roles in supporting health workforce analysis in the five-state region of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas while also addressing U.S.-Mexico border health workforce issues. Dr. Furino reviewed the workforce trends for physicians, nurses, and dentists and discussed factors impacting workforce supply, including: retention, geographic distribution, age distribution and distribution among specialties, race and ethnicity distribution, payers and the economic rewards of practices, and educational capacity. He concluded his remarks by noting that programs aimed at producing more health professionals should be coupled with regional economic development programs to increase retention of providers. He noted the importance of complementing shortage data with current information on practice location, service area, race/ethnicity/age of providers and of the population in need of health care.

**Presentation from the Office of Rural and Community Health, Texas Tech University Health Sciences Center on Rural Health Workforce**

Dr. Patti Patterson, Vice President, Rural and Community Health, Texas Tech University Health Sciences Center, presented to the subcommittee on rural health workforce issues. Dr. Patterson provided the subcommittee with information on rural Texas and noted that of the 108 counties in the West Texas Service Area, 99 of them are rural, 52 are considered to be "frontier counties" (*i.e.*, less than 7 persons/square mile), 27 have 1 or no physician, 37 have no hospital, and 57 of these counties are Health Profession Shortage Areas and have rudimentary public health services. She discussed the development of a school health record management system in Lubbock so that student Body Mass Index (BMI) trends over the past 15 years can be analyzed. She also noted projects relating to community acquired methicillin resistant staph, dirt road mapping

(access to care), drug costs in nursing homes, increasing screening for colon cancer, social networks and rural churches, epidemiology of substance abuse in West Texas, rural children with neurodevelopment disorders, reducing childhood obesity through active learning programs, and technology to improve health care over distances.

Partnership members and Dr. Patterson discussed how the distance to primary care physicians impacts students and the barriers to greater adoption of telehealth in rural Texas. Members inquired about what was the feasible primary health care team in rural Texas.

**Presentation from the Texas Public Health Training Center, School of Public Health, The University of Texas Health Science Center at Houston, on Public Health Workforce**

Chair Silverman advised the subcommittee that Virginia Kennedy, with the Texas Public Health Training Centers and the School of Public Health at the University of Texas at Houston was invited to present on public health workforce issues but was not able to attend today's meeting due to weather conditions in Houston.

**Presentation from the East Texas Area Health Education Center (AHEC) on Public Health Diversity Conferences**

Chair Silverman advised Partnership members that the Texas Higher Education Coordinating Board, through the Minority Health Research and Education Grant Program, provided funding to the East Texas AHEC, West Texas AHEC, and South Texas AHEC to conduct diversity conferences in 2007. She then introduced Ms. Mary Wainwright, Deputy Director of the East Texas AHEC, and asked her to brief the subcommittee on the funding and the conferences they will be coordinating in Texas. Ms. Wainwright noted factors impacting the number of diverse health professionals entering and staying in practice in the health care industry. She provided members with information on and the timeline for the diversity conferences that will be conducted between February and July of 2007 in the following communities: Dallas-Fort Worth, Austin, Houston/Galveston, Lubbock, El Paso, and Harlingen. She noted the expected outcomes for the conferences, including networking and peer support, knowledge sharing, and resource offerings (*e.g.*, development of conference website and access to conference materials).

Partnership members discussed the need for a greater emphasis on health workforce diversity and efforts to retaining health practitioners from under-represented groups.

**Presentation from the Health Professions Resource Center, Center for Health Statistics, Texas Department of State Health Services, on the Minimum Data Set Developed by the Statewide Health Coordinating Council**

Chair Silverman invited Dr. Bruce Gunn with the Health Professions Resource Center (HPRC), Texas Department of State Health Services to present on the Minimum Data Set (MDS) developed by the Statewide Health Coordinating Council (SHCC). Dr. Gunn provided the subcommittee with information on the SHCC's statutory charge concerning health workforce data and the role of the Health Professions Resource Center. He also

described the work of the SHCC's Ad Hoc Committee on Health Personnel Data in 2000 to develop the MDS, what types of data are included in the MDS, how and what types of data licensing boards currently collect, and barriers to collecting and implementing the MDS data by the licensure boards. Dr. Gunn concluded his remarks by highlighting the recommendations the Ad Hoc Committee made to address these barriers.

Partnership members discussed the number of licensure boards in Texas. Dr. Gunn noted in his remarks that the HPRC collects data from 42 licensing boards. Members also discussed consolidation of the boards and the experiences other states have had in this area. Members discussed the need for standardized data across all professions. It was noted that the barriers for implementing the MDS still exist.

## **INFORMATION ITEMS**

### **Open Government Training Information**

Chair Silverman reminded members of the subcommittee who had not taken the statutorily required open government training, to do so as soon as possible. She noted that the training may be completed online and only takes about an hour.

Chair Silverman also directed members to the final brief in their briefing book that includes information presented to the Senate Health and Human Services Committee on May 16 and information submitted to the staff of the Health Care Policy Council by the Texas Academy of Physician Assistants.

She asked subcommittee members to review the information and for staff to continue to provide this type of material, especially documents presented to House and Senate committees on health workforce-related interim charges.

## **PUBLIC COMMENT**

Chair Silverman invited anyone who had signed up for public comment to speak. Camille Pridgen, with the Texas Higher Education Coordinating Board, gave public comment on Allied Health. She discussed the importance of these professions and expressed concerns that this group of health professionals is rarely discussed at workforce planning meetings. She also explained that most Allied Health programs are low cost, but have high student numbers. Ms. Pridgen testified that the Hepatitis B immunization requirements are causing problems for students who would like to begin school and employment. Allied Health students must complete the entire series of 3 shots, which takes 3-6 months, subsequently disallowing them to see a patient. Ms. Pridgen noted that other fields are impacted but not as clearly as Allied Health. The requirement for this immunization only affects the students in terms of schooling, because the Hepatitis B requirement does not apply for employment in their field. Ms. Pridgen also discussed the total cost of all immunizations and background checks, which cost between \$300-500, and the adverse impact they're having on students.

Members discussed this issue and noted that Department of State Health Services and Higher Education Coordinating Board are working to resolve this issue. Chair Silverman thanked Ms. Pridgen for her testimony.

### **ADJOURN**

Prior to adjournment, Chair Silverman reminded Partnership members that the next subcommittee meeting is scheduled for Thursday, August 24<sup>th</sup>. She also noted that the tentative dates for the next Health Care Policy Council meetings are October 3<sup>rd</sup> and November 7<sup>th</sup>.

Chair Silverman asked if there were any questions about future meeting dates. She then asked for a motion to adjourn. A motion was made by Ms. Theresa Cruz and seconded by Dr. Milligan. The meeting adjourned at 2:26 p.m.