

Texas Higher Education Coordinating Board  
Academic Quality and Workforce

**Family Practice Residency Program Advisory Committee**

June 9, 2017

Summary Notes - Approved

**Members present:** Roland Goertz, Chair, Michael Ragain, Vice Chair (via phone), Jim Donovan, Lewis Foxhall (via phone), Clare Hawkins, Fred Onger, Damon Schranz, Dana Sprute, Eric Warwick, Richard Young

**Members absent:** Ruth Chambers, Linda Vega, Bennie Wylie

**Guests present:** Tom Banning (TAFP), Kathy McCarthy (TAFP), Jonathan Nelson (TAFP), Pat Francis (UT System), Cynthia Passmore (FDC), Rissa McGuire (CPCPC)

**Staff present:** Reinold Cornelius, Assistant Director; Ernest Jacquez, Program Specialist; Stacy Johnson; Jodie Lopez, Administrative Technician; Suzanne Pickens, Senior Program Director; Stacey Silverman, Deputy Assistant Commissioner; John Wyatt, Director External Relations

**1. Welcome and Introduction**

Dr. Goertz, Chair of the Family Practice Residency Program (FPRP) Advisory Committee, convened the meeting at 10:04 am. He asked members and staff to introduce themselves.

**2. Consideration of Summary Notes for April 5, 2017 Meeting**

The Committee unanimously accepted the summary notes from the April 15, 2016 meeting as written. The motion was made by Dr. Ragain and seconded by Dr. Foxhall.

→ Action item: The Committee approved the Summary Notes for the April 5, 2017 meeting without change.

**3. Report on FPRP Legislative Appropriation**

Agenda item 5, Update on 85th Legislative Session, was taken out of order and combined with the agenda item 3, Update on FPRP Legislative Appropriation.

Mr. Banning summarized how funding for the FPRP developed in the recently concluded legislative session. The Conference Committee ultimately reduced the FPRP budget by 40 percent, with an appropriation of \$10 million for the 2018 - 2019 biennium.

Committee members asked if the funding reduction indicated a legislative shift away from supporting primary care. Mr. Banning observed that legislators likely think that FPRP can continue to succeed with a reduced budget, and that it is important to document the effect of the funding cuts on program operations. He expects funding choices to be even more challenging during the next legislative session. To address funding of graduate medical education in general, the legislature called for the convening of an interim working group to study formula funding and special item funding.

John Wyatt summarized the session with respect to higher education issues. The Coordinating Board tracked 500 bills. The session ended May 29, but the Governor may implement line-item vetoes until June 18. The Governor has called a special session, foremost for the consideration of sunset bills, including for the Texas Medical Board.

The budget given to the Governor includes cuts to multiple medical education programs and loan repayment programs, including elimination of funding for the Primary Care Innovation grant program. The Graduate Medical Education Expansion grant program received increased biennial funding from \$53 million to \$97.1 million.

Suzanne Pickens explained that the additional funding will almost fully support continuing funding of previously funded positions, but the appropriation, even with the increase, would not allow the creation of new positions. Staff estimated total funding for continuation of previously created positions was about \$115 million, but this amount could be affected by changes in the status of programs before awards are final.

Committee members discussed health related funding by the legislature. Recommendations from the interim working group can be expected at the end of Fiscal Year (FY) 2018. Dr. Goertz cautioned that formula funding is based on multiple data points and their interaction has significant ramifications. There is no allowance for special items in the formula. Mr. Wyatt noted that the legislators couldn't resolve the question during the session; that's why the committee was formed.

Asked whether the legislators understand that residency programs are separate from medical school, Mr. Wyatt responded that awareness had grown over the last two sessions. This was expressed in this session's House Concurrent Resolution (HCR) 102, giving priority to residency programs over new medical schools, and Senate Bill (SB) 1066, requiring institutions proposing a new medical school to have a plan in place for additional residency programs. Asked, Suzanne Pickens informed the Committee that state funding for residency programs can potentially go directly to the hospital, if the relationship between the institution and the hospital allows this.

#### **4. Consideration of the Fiscal Year 2018 Funding Recommendation**

Ms. Pickens explained that the funding allocation for the previous fiscal year was based on 761 certified residents funded at \$10,728 each, for a total of \$8,163,842. Also funded were the Faculty Development Center at \$150,000, 45 residents in the rural rotation program, and 3 residents in the public health rotation.

Approximately \$10,000 in unexpended funds from the previous grant cycle were returned to the Coordinating Board late in the fiscal year. The funds could not be used to fund additional rural or public health rotations, because support for these rotations is limited in the Coordinating Board's bill pattern, and the maximum allowed amount had already been awarded.

Dr. Ragain suggested and, after discussion, Dr. Foxhall moved, to amend the contract with the Faculty Development Center to increase its award by awarding the returned funds. The Committee voted unanimously in favor.

- Action item: The Committee approved a contract amendment in FY 2017 to increase funding to the Faculty Development Center by approximately \$10,000.

Ms. Pickens presented three funding scenarios for the FPRP FY 2018 allocation. All scenarios are based on the FY 2017 number of 761 residents. Scenario I would provide \$6,283 per resident and would reduce funding for the Faculty Development Center by one-third, to \$100,000. Scenario II would reduce funding to the Faculty Development Center to \$50,000 and provide \$6,349 per resident. Scenario III would eliminate funding to the Faculty Development Center and provide \$6,415 per resident.

The Committee discussed the expenditures of the Faculty Development Center and the benefits that accrue from the Center's activities. Cynthia Passmore, Center Director, noted that FPRP funding provides 45 percent of staff salary, and 75 percent of the Center's efforts relate to family medicine residencies. Remaining efforts are on internal medicine and other specialties, conferences, and the development of a master's degree. Members were concerned that eliminating funding would reduce the Center's emphasis on family medicine.

Dr. Ragain moved to accept funding scenario I. The Committee accepted unanimously.

- Action item: The Committee approved a recommendation to the Coordinating Board to fund 761 residents under the FPRP per fiscal year, at a rate of \$6,349, to fund the rural rotation program with \$112,500, the public health rotation program with \$6,000 and the Faculty Development Center with \$100,000 per fiscal year.

## **5. Update on Certain Innovations in Medical Student and Resident Training**

Dr. Onger reported on an innovative accelerated track for medical school at Texas Tech University Health Sciences Center. The approach incorporates summer and winter breaks into the schedule and eliminates the traditional fourth year. The program generally accepts 16 students per class, and has 66 graduates, to date. The application process seeks high aptitude, top performing students and uses demographics as predictor. A rural track is part of the program.

The Committee discussed next steps. A time reduction for students' undergraduate education has not yet been explored, even though it was felt that students spend too much time on their undergraduate education.

Ms. Pickens mentioned a pilot program undertaken by the University of North Texas Health Science Center and funded by the Coordinating Board's Primary Care Innovation grant program. The program intends to create a pipeline of students from community college to medical school. The necessarily stringent quality requirements for community college students interested in the program have limited the number of qualified applicants. Program implementation is also a challenge.

## **6. Update on Physician Education Loan Repayment Program**

Stacy Johnson, Program Manager in the Coordinating Board's Division for Student Financial Aid Programs, presented an overview of the Physician Education Loan Repayment Program, which was authorized in 1985 and provides repayment funds for up to \$160,000 over a period of four years to qualifying physicians. Although funding for the program reached a high of \$33.8 million for the 2014 -2015 and the 2016-2017 biennia, funding was reduced to \$25.35 million for 2018-2019.

Priority is given to primary care physicians who agree to practice in a Health Professional Shortage Area (HPSA) for at least four years. In addition, up to ten physicians per year may qualify by serving patients in a state correctional facility. There are also alternative pathways to participation involving service provided under Medicaid or Texas Healthy Women. Ms. Johnson presented detailed eligibility requirements for grantees. If a participant fails to fulfill the 4 year commitment, he/she must withdraw from the program and will not be eligible to reapply. However, funds do not have to be repaid.

Ms. Johnson then reviewed applicant ranking criteria for quarterly applications. Although the number of awards increased from 153 in 2012 to 269 in 2016, the program continues to receive more applications than can be funded. Of the current 431 participants, Family Medicine represents the largest category at 41 percent followed by Pediatrics at 18 percent, Psychiatry at 12 percent, Internal Medicine at seven percent, and Emergency Medicine at five percent. All other specialties and subspecialties account for less than two percent each. Forty-six percent of all participants serve in rural counties.

In response to a question raised by Dr. Sprute, Ms. Johnson noted that Federally Qualified Health Centers would usually qualify as a HPSA. The Committee discussed an issue raised by Drs. Schranz and Young: the fact that, in previous years, Family Medicine faculty had customized eligibility requirements for participation in the program. Ms. Johnson commented that the program currently has faculty participants, but they must satisfy the eligibility requirements relating to patient service.

Learn more about the [Physician Education Loan Repayment Program](#).

## **7. Consideration and Discussion of Future Agenda Items and Meeting Dates**

Dr. Goertz reminded the Committee that for the coming academic year, there being no new appropriation to be considered, the Committee would meet only once. A tentative meeting date was set for April 11, 2018.

## **8. Adjournment**

Dr. Goertz adjourned the meeting at 11:50 am.