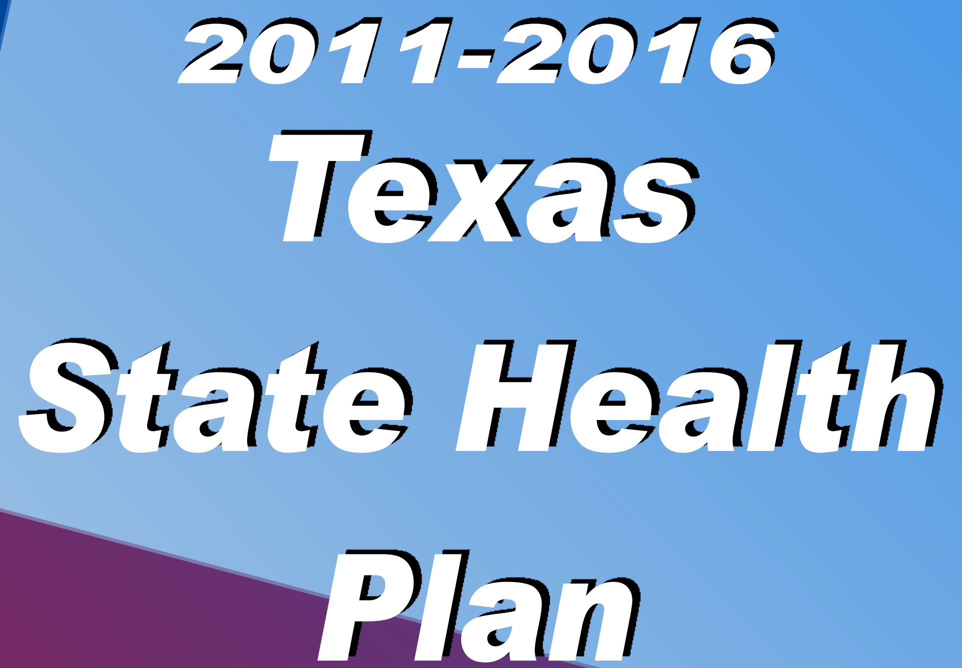

A Roadmap To A Healthy Texas

Statewide Health Coordinating Council

2011 - 2016

TEXAS STATE

HEALTH PLAN

EXECUTIVE SUMMARY

A Roadmap to a Healthy Texas

Statewide Health Coordinating Council

TEXAS STATEWIDE HEALTH COORDINATING COUNCIL
P.O. Box 149347
Austin, Texas 78714-9347

OFFICERS
Ben G. Raimer, M.D.
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Tom Valentine, M.A.

The Honorable Rick Perry
Governor of Texas
State Capital
Austin, Texas 78711

Dear Governor Perry:

On behalf of the members of the Statewide Health Coordinating Council, I am pleased to forward the 2011 – 2016 Texas State Health Plan to you. The Council has chosen to study and evaluate several topics that have a direct affect on health care and workforce issues.

As legislators and other health policy makers are faced with rapid changes in the health care delivery system, this state health plan attempts to identify some of the opportunities and challenges related to access to care, technology and prevention and education. Collaboration of council members, health care partners and staff has resulted in a plan that also examines the demographics of the general population and the healthcare workforce status and makes recommendations that we hope are useful to you in the upcoming legislative session.

Sincerely,

Ben G. Raimer, M.D., Chair
Statewide Health Coordinating Council

Enclosure

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STATEMENT OF THE CHAIRMAN

For more than a decade, The State Health Plan and its biennial updates have focused on the need to improve access and quality of health care for all Texans. Another recurrent theme has been the need to address the continuing health professions workforce shortage.

The SHCC launched initiatives more than 10 years ago designed to improve the method for collecting and tracking the number and demographics of health practitioners. It is impossible to predict and address future needs without that information. Although the Legislature made the Minimum Data Set a requirement for licensure of health professionals several sessions ago, the use of that system still falls far short of its intent and critically impairs the state's ability to predict availability (or lack thereof) of key health professionals. Advances in the data collection practices at the Board of Medical Examiners and Board of Nurse Examiners have greatly added to those organizations' data capabilities, enabling the DSHS Health Professions Resource Center in turn to more accurately assess and predict the available numbers of practitioners to serve the needs of Texans.

Working closely with the state demographer, population growth, geographic distribution, diversity trends and changes in age distribution patterns statewide can also be used to predict health workforce demands when matched against the number of practitioners by location.
Data have shown year after year that Texas is faced with two clear trends: (1) the population is growing faster than almost any other state in the U.S., and (2) the number of health care providers is NOT keeping pace with that rate of growth. In addition there continues to be major geographic maldistributions of health care practitioners across Texas. Border and rural areas face the greatest shortages in numbers of health professionals per 100,000 population. And, in spite of significant advances in technology, regulatory barriers have prevented the deployment of telemedicine and other technologies in medically underserved areas, whether urban or rural.

The facts are simple and sobering:

1. Texas has a <u>shortage of physicians</u> in primary care and specialty care! Although the state has increased both the number of medical schools and the size of medical school classes over the past decade, there have not been significant increases in Graduate Medical Education positions for the training of these graduates in Texas. The lack of funded GME slots results in Texas graduates going out-of-state to do their residencies. Only half of those who leave Texas to train ever return; in contrast, more than 80 percent of those who graduate from a Texas medical school and complete a Texas-based GME program will stay and practice in the Texas. Until Texas makes graduate medical education its priority in health education funding, the state will continue to invest in medical students who ultimately will go elsewhere for residency and long-term practice. It simply doesn't make good economic sense for Texas to educate physicians who will serve other states when the need here is so great.

2. There is also a <u>shortage of registered nurses</u> in Texas, but there is an abundance of licensed vocational nurses. The scope of practice of LVNs has been severely restricted exacerbating the nursing shortage. Moreover, the shortages of nurse educators and graduates persist despite innovative programs funded in recent sessions by the Texas

Higher Education Coordinating Board and the Legislature to support faculty salaries, fast-track programs and student scholarships. Attrition rates from nurse education programs are alarming; even more so are the attrition rates from the profession itself, in spite of significant salary increases over the past 10 years.

3. Unfortunately, shortages aren't limited to physicians and nurses. The workforce in all the other health professions is woefully insufficient to meet current or future demand in Texas. The well-documented shortages are most apparent in border and rural areas and include pharmacists, physical therapists, occupational therapists, physician assistants, behavioral health professionals, clinical laboratory scientists, radiology technicians, and others. The rapid development and application of medical technology, electronic medical record systems, and information management systems will also make additional demands on the health professions workforce training programs of the future.

The Texas population is growing faster than any other state, with more than 400,000 people becoming new Texans every year (half by birth and half by legal immigration). The growth in the number of undocumented immigrants is unknown but thought to be quite significant. The high birth rate in Texas demands increased numbers of obstetricians, midwives, nurses, and pediatricians. The number of pediatric sub-specialists (neonatology, hematology, neurology, psychiatry, gastroenterology, cardiology, development, orthopedics, etc.) is dramatically below that of the U.S. as a whole. At the other end of the age spectrum, there is an ever-increasing number of Texans 65 and older with remarkable longevity in spite of poor overall health status. These individuals require primary and specialty care services as well. In addition, aging Texans, like their pediatric counterparts, need a vast array of support services, as well as assistance from therapists (physical, occupational, speech, hearing, etc.), pharmacists, nursing care, and chronic disease management experts.

These demographic pressures are compounded by the anticipated impact of national health care reform. Millions of Texans will be added to the current Medicaid eligibility lists by 2014 and others will enter through discounted purchasing organizations. The demand for health care services could increase by as much as 25 to 30 percent in some areas of our state. This will likely overwhelm an already fragile health system. We caught a small glimpse of what may come when Hurricane Ike temporarily shut down the UTMB hospitals and trauma center in Galveston. The impact on Houston and surrounding health systems was significant, with long waits in emergency rooms and area hospital beds at capacity because one institution recording several hundred thousand visits annually was offline. Imagine the impact when several *million* new patients are introduced to existing health systems. Where will the workforce to take care of those patients come from? Where are the resources?

As the demand for health care services in Texas grows daily, the question is: How can we meet that demand now and in the future? We must entertain new models of care that improve access. We must also employ more effective health and wellness programs, prevention programs and educational programs to improve health status. The use of technology will also demand new workforce initiatives.

If we keep doing what we have always done, we will likely get the same unacceptable results. Existing health professions schools simply cannot educate and train enough providers to meet future demands using antiquated education and training models. The lack of funded GME

programs makes ours a failed process. Boldness and innovation in our thinking and practice may be uncomfortable for some, but they are a necessary step toward a healthier Texas. Without the willingness to change, we will find ourselves with a health system incapable of meeting the needs of any of our citizens—young or old, wealthy or impoverished, urban or rural. In turn, the productivity of our state will be significantly and adversely affected as more and more Texans find themselves unable to work due to chronic and debilitating health conditions. Maintaining current regulatory and scope-of-practice restrictions will not serve us well either. Major reforms in education, regulation, scope-of-practice determination and the use of resources MUST be priorities for our state. Simply put, the status quo is not sustainable.

Choosing to do things differently requires revolutionary thinking and bold action. Texas must embrace a serious re-prioritization of resources in health education, and that education must be inter-professional and interdisciplinary. Graduate Medical Education programs must be placed at the top of the financial priority list. We must determine scope-of-practice boundaries using evidence-based criteria and core educational competencies, with standards for quality and public welfare of paramount importance. Licensure for the practice of medicine must NOT be compromised. Health care education must become less fragmented and include a career matrix so that professionals share broader bases of knowledge that enable them to migrate among different career paths as their interests and the needs of those they serve evolve. We must educate health professionals collaboratively so that they can practice in team-based models in the future.

Texas must align desired health outcomes with financial incentives and rewards for those practitioners demonstrating evidence-based practice and desired outcomes. Priority must be given to maintaining wellness, for prevention and education programs, and for the management of chronic disease in a manner that reduces unnecessary emergency room and hospital admissions. The leading causes of death (and health care costs) must be addressed through state funding priorities that focus on reducing these costs, even if outside of the health arena. Health disparities must be eliminated to ensure that all Texans have health equity and opportunity to enjoy productive, meaningful lives.

Every year that our state puts off reforming the health professional education and training process is another year that quality of and access to health services deteriorate. Inaction almost guarantees that future assessments will report increasing shortages in the health care workforce, decreased access to services and erosion in quality of life. Improving the health of all Texans is about much more than adding a new medical or nursing school. It is about a vision for a future in which health care delivery is a shared community responsibility. It requires us to stretch our imaginations and our comfort zones to embrace new technologies and new models of medical practice.

Dr. Ben Raimer has been a member of the Statewide Health Coordinating Council since his appointment by Governor George W. Bush in 1997. He has served as chair for the past 14 years and presided over production of the State Health Plan and the SHCC's health professions workforce assessments.

Texas Statewide Health Coordinating Council

Vision Statement

We envision a Texas in which all are able to achieve their maximum health potential – A Texas in which:

- Prevention and education are the primary approaches for achieving optimal health.
- All have equal access to quality health care.
- Local communities are empowered to plan and direct interventions that have the greatest impact on the health of all.
- We, and future generations, are healthy, productive and able to make informed decisions.

A Healthy Texas is a Productive Texas

2011-2016

TEXAS STATE HEALTH PLAN
TEXAS STATEWIDE HEALTH COORDINATING COUNCIL

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Ben G. Raimer, M.D. *Chair, Galveston*	University Representative
James A. Endicott, Jr., J.D. *1st Vice Chair, Harker Heights*	Public Member
Stacey Silverman, Ph.D. *Secretary, Austin*	Texas Higher Education Coordinating Board
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Richard Beard, R.N. *Mesquite*	Nursing Representative
Davidica Blum *Georgetown*	HMO Representative
Lourdes M. Cuellar, R.Ph. *Houston*	Hospital Representative
Karl Alonzo Floyd, M.Ed. *Stafford*	Health Care Professional
Janie Martinez Gonzalez, B.A. *San Antonio*	Public Member
Don Henderson, B.A. *Austin*	Texas Department of Aging & Disability Services
Ayeez A. Lalji, D.D.S. *Sugar Land*	Public Member
Elva Concha LeBlanc, Ph.D. *Fort Worth*	Community College Representative

Richard Madsen Smith, D.D.S. *Houston*	Health Care Professional
Tom Valentine, M.S. *Austin*	Texas Health and Human Services Commission
Vacant	Health Care Professional
Vacant	Public Member
Vacant	University Representative

2011 – 2016
Texas State Health Plan
Section Contributors

Demographic Review of Population Trends in Texas

Karl Eschbach, Ph.D. – CHAIR
State Demographer

Jacqhes Baillargeon, Ph.D. – CO-CHAIR
Assistant Professor
Preventive Medicine and Community Health
University of Texas Medical Branch – Galveston

Richard Smith, D.D.S
Statewide Health Coordinating Council - Member

Demographic Review of the Texas Health Professions Workforce

Physicians, Dentists, etc.

Brian King – CHAIR
Director, Health Professions Resource Center
Department of State Health Services

Marcia Collins
Director, Medical Education
Texas Medical Association

Bruce Gunn, Ph.D.
Manager, Health Resources and Data Management
DSHS

Nursing Workforce

Aileen Kishi, Ph.D., R.N.
Director, Texas Center for Nursing Workforce Studies
Department of State health Services

Richard Beard, R.N.
Statewide Health Coordinating Council - Member

Heather Morris, M.S.N., R.N.
Allergy Asthma Clinic of West Texas
Adjunct Faculty – Texas Tech University HSC School of Nursing

Diane Moy, M.S.N, R.N.
Director, Public Health Nursing
Department of State Health Services

Elizabeth Poster, Ph.D., R.N.
Dean, School of Nursing
University of Texas-Arlington

Susan Sportsman, Ph.D., R.N.
Dean, College of Health Sciences and Human Services
Midwestern State University

Behavioral Health Workforce

Vicki Hansen, LMSW-AP, ACSW, Executive Director
National Association of Social Workers – Texas Chapter

The Staff at the Hogg Foundation for Mental Health

Allied Health Workforce

Elizabeth Protas, P.T., Ph.D. – CO-CHAIR
Vice President and Dean
School of Health Professions
University of Texas Medical Branch-Galveston

Donna Carlin
Senior Program Director
Academic Research and Grant Programs
Texas Higher Education Coordinating Board

Vicki Freeman, Ph.D., MT (ASCP)SC
Chair and Professor, Department of Clinical Laboratory Sciences
University of Texas Medical Branch – Galveston

Ronnie G. Lozano, MSRS, RT(T)
Chair and Associate Professor
Radiation Therapy Program
Texas State University-San Marcos

Jon Nilsestuen, Ph.D., RRT, FAARC
Chair and Professor, Department of Respiratory Care
University of Texas Medical Branch - Galveston
.
Richard Rahr, EdD, PA-C
Chair and Professor, Department of Physician Assistant Studies
University of Texas Medical Branch - Galveston

Gretchen Stone, Ph.D., OTR, FAOTA
Chair and Associate Professor, Department of Occupational Therapy
University of Texas Medical Branch - Galveston

Carolyn Utsey, P.T., Ph.D.
Chair and Associate Professor, Department of Physical Therapy
University of Texas Medical Branch - Galveston

Stanley Y. Woo, O.D., M.S., F.A.A.O.
Director of Low Vision Service
University Eye Institute
University of Houston
President-Elect
Texas Optometric Association

Access to Health Care

Troy Alexander – CHAIR
Statewide Health Coordinating Council - Member
Director, Center for Program Coordination, Policy and Innovation
Department of State Health Services

Wendy Andreades
Center for Program Coordination, Policy and Innovation
Department of state health Services

Davidica Blum
Statewide Health Coordinating Council - Member
Scott and White Hospital System

Lourdes Cuellar, R.Ph. – CO-CHAIR
Statewide Health Coordinating Council - Member
Memorial Hermann Hospital System

Nicki Cuellar, M.S.W.
Pediatric Social Worker
Texas Children's Hospital

Mirsa Douglas
Center for Program Coordination, Policy and Innovation
Department of State Health Services

Patrick Gillies
Community Health Services
Department of State Health Services

Alexia Green, Ph.D., R.N.
Dean, School of Nursing
Texas Tech University Health Science Center

Ayeez Lalji, D.D.S.
Statewide Health Coordinating Council - Member

M'Lissa Quintanilla, L.V.N.
Cuidado Casero Home Health Central, Inc.

Robert Warren, M.D.
Chief of Rheumatology Services
Chief Medical Information Officer
Texas Children's Hospital

Technology

Janie Gonzalez, B.A. – CHAIR
Statewide Health Coordinating Council - Member

Stephen Palmer – CO-CHAIR
Director, Office of E-Health Coordination
Health and Human Services Commission

Alex Vo, Ph.D. – CO-CHAIR
Executive Director, Center for Telehealth Research and Policy
University of Texas Medical Branch - Galveston

Chris Guerro
Information Resources
Department of State Health Services

Don Henderson
Statewide Health Coordinating Council - Member
Director, Center for Policy and Innovation
Department of Aging and Disability Services

Elizabeth Sjoberg, J.D., R.N.
Associate General Counsel
Texas Hospital Association

Tom Valentine, M.S.
Statewide Health Coordinating Council - Member
Senior Policy Advisor
Office of Health Services
Health and Human Services Commission

Prevention and Education

Elva LeBlanc, Ph.D. – CHAIR
Statewide Health coordinating Council - Member
President, Tarrant County College – Northwest Campus

Cassie DeLeon
Health Promotion and Chronic Disease Prevention
Department of State Health Services

Karl Floyd, M.Ed. CO-CHAIR
Statewide Health Coordinating Council - Member

John Gowan, M.S.W.
Statewide Health Coordinating Council - Member

Clair Jordan, M.S.N., R.N.
Executive Director
Texas Nursing Association & Texas Nursing Foundation

Stacey Silverman, Ph.D.
Statewide Health Coordinating Council - Member
Director, Academic Research and Grants Program
Texas Higher Education Coordinating Board

STAFF SUPPORTING
THE STATEWIDE HEALTH
COORDINATING COUNCIL

Center for Health Statistics
Texas Department of State Health Services

Yvonne Howze, Ed.D., Section Director

Ramdas Menon, Ph.D., Center Director

Rosemary Ang, M.S., Research Specialist

Bruce Gunn, Ph.D., Manager, Health Provider Resource Branch

Brian King, B.A., Health Professions Resource Center

Aileen K. Kishi, Ph.D., R.N., Texas Center for Nursing Workforce Studies

Carolyn Medina, M.S., MLIS, Medical Research Library

Bobby D. Schmidt, M.Ed., Statewide Health Coordinating Council

Executive Summary

Background Information

The *Texas State Health Plan* is prepared every six years and updated biennially. The plan serves as a guide to help Texas decision makers formulate appropriate health policies and programs.

The Statewide Health Coordinating Council (SHCC), a 17-member council with 13 members appointed by the governor and four members representing specified state agencies, develops the plan. Chapter 104 of the Health and Safety Code is the enabling legislation for the Statewide Health Coordinating Council. Under the authority of Chapter 104, the governor, with the consent of the senate, appoints the 13 council members to staggered six-year terms. The heads of the four state agencies serve on the council or designate an individual to serve on their behalf.

The broad purpose of the Statewide Health Coordinating Council is to ensure that health care services and facilities are available to all Texans through health planning activities. Based on these planning activities, the council makes recommendations to the governor and the legislature through the *Texas State Health Plan*. The council provides overall guidance in the development of the *Texas State Health Plan*, submission of the plan to the governor, and promoting the implementation of the plan. The plan is due to the governor for adoption by November 1 of each even-numbered year. Staff in the Center for Health Statistics, with assistance from other program areas at the Texas Department of State Health Services, supports the council's activities.

The 75th Legislature amended Chapter 104 of the Health and Safety Code and focused the council's planning activities on the health professions workforce. The council produced the *1999–2004 Texas State Health Plan: Ensuring a Quality Health Care Workforce for Texas,* which was the fundamental plan for the initial six-year planning cycle. The *2005–2010 Texas State Health Plan: Innovative Approaches to Health Workforce Planning in Texas* also focused health workforce planning and the status of the Texas health workforce.

During the last two years, the SHCC began to deliberate the approach it would take during the six-year planning cycle and the production of the *2011 - 2016 Texas State Health Plan: A Roadmap to a Healthy Texas*. Due to critical health workforce shortages and the challenges of changing demographics, the members felt that it was necessary to consider a slightly different approach. Rather than continue to look only at the health workforce that would be required to fulfill the current traditional medical model, the SHCC decided to research five characteristics that affect the health care system in Texas. These five aspects include: a demographic review of the general population in Texas, a demographic review of the Texas health professions workforce, access to health care that includes innovative delivery models based on evidence-based practices, technology enhancements that produce a more efficient delivery of healthcare and medical treatment, and a prevention and education model that speaks to a new science-based approach to promoting health and preventing disease.

Methodology

The 2011 -2016 Texas State Health Plan was developed over a one-year period. The plan was divided into five sections: Demographic Review of Population Trends in Texas, Demographic Review of the Texas Health Professions Workforce, Access to Care, Technology and Prevention and Education. A workgroup was assigned to each section with SHCC members having leadership involvement.

Section workgroups had representation from the Statewide Health Coordinating Council, Health and Human Service Commission, Texas Higher Education Coordinating Board, Department of Aging Disabilities Services, Department of State Health Services, State Demographer, Texas Medical Association, Texas Hospital Association, Texas Nursing Association, Memorial Hermann Hospital System, Scott and White Hospital System, St. David's Hospital System, University of Texas Medical Branch at Galveston, Texas Tech University, University of Texas at Arlington and Tarrant County Junior College.

The section workgroups met at regular intervals during a six month process and produced a preliminary findings document. The preliminary findings document was presented at a Statewide Health Workforce Symposium – "Call to Collaboration" in February 2010. There were approximately 150 attendees representing academia, state agencies, regulatory boards, professional associations, public health, the legislature and private and non-profit organizations. Time was allotted for input and feedback from symposium participants. A DRAFT State Health Plan and DRAFT Recommendations was developed from this process.

The DRAFT State Health Plan and DRAFT Recommendations were posted on the SHCC website for a 30-day comment period. The SHCC addressed and responded to all comments that were received. The complete development work plan is described below.

Phase I (November 2009 – February 2010)
The Statewide Health Coordinating Council (SHCC) -housed in the DSHS Center for Health Statistics - invited health care workforce experts and other stakeholders to participate in the preliminary drafting of the state health plan. Workgroups by section met to brainstorm ideas and then decide on content and format of each section. This product was presented at a symposium of a larger group of stakeholders on February 19, 2010. Stakeholders at this conference were asked to give further input into the state health plan.

Phase II (February 2010 – April 2010)
The section workgroups incorporated the expert and stakeholder input into the state health plan and presented a draft to the SHCC at the April 2010 meeting for approval as a proposed state health plan.

Phase III (May 2010 – July 2010)
The SHCC Project Director published the proposed state health plan for a 30-day comment period. The SHCC considered and responded to all submitted comments. A final 2011 – 2016 State Health Plan was presented to the SHCC at the July 2010 meeting for approval.

Phase IV (July 2010 – October 2010)

The SHCC Project Director and CHS staff prepared the 2011 – 2016 State Health Plan for submittal to the Governor and the Legislature by October 31, 2010.

Identification of Issues

Demographic Review of the General Population

Section I will take a demographic view of the general population. The section will analyze the demographic changes relevant to the health workforce demand. Natural increases, migration, projected population growth, changes in age structure, racial and ethnic populations, uninsured populations and regional inequalities will be examined.

Demographic Review of the Texas Health Professions Workforce

Section II will review the demographics of the Texas health professions workforce. The section will report on the demographic trends and the supply and distribution of health professionals by geographic region in order that there may be a better understanding of access to health care services by Texans. The data in the section will describe these trends in the supply and distribution of various types of health care providers and compare these to the national averages. The section will also look at Health Professional Shortage Areas, which indicates that a county has an inadequate number of specific health professionals to serve the population of the county.

Access to Care

Section III will discuss access to health care. This discussion will include uninsured populations and the extraordinary economic and service burdens that this population places upon health care providers, hospitals, trauma centers, and the communities which provide funding for health services. The section will explore health disparities that adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to the health care system. Health providers and the health care system must adjust and develop relationships to meet the needs of individuals and address cultural competencies, and health literacy. The needs of special populations will also be discussed. This discussion will include persons with disabilities, rural populations, child and adolescent populations and the geriatric population.

Technology

Section IV will consider the development of policies and tools for technology in the health care system. The section will examine the ways that telemedicine, electronic health records and health information technology will enhance the efficiency and quality of the delivery of health care in the state. Telemedicine will increase the availability of primary and specialty health care across the state. Electronic Medical and Health Records will provide the health care provider with immediate access to an individuals complete and current heath status. Health information technology can link the health care industry for better patient outcomes in a much more cost effective manner.

Prevention and Education

Section V will speak to the importance of prevention and education and the science-based approach to promoting health and preventing disease. The adult and adolescent obesity crisis will be examined and individual responsibility will be discussed. Additionally, chronic diseases associated with an aging population will be considered. The section will also discuss early intervention and evidence based programs and how they can interject a cost savings to the health care system.

Appendix I – Recommendations

The SHCC Recommendations for 2011 – 2016 State Health Plan are found in Appendix I. These extensive recommendations are made by section of plan. Therefore, specific recommendations made regarding the general workforce, primary care, nursing workforce, allied health professions, access to care, technology and prevention and education.

Appendix II – Papers on Nurse Workforce

Papers on the nursing workforce issues are discussed in Appendix I of the State Health Plan. Various issues on discussed including: “Recruitment and Retention of a Diverse student Population”, “Health Information Technology and Recommendations for Nursing Education in Texas”, “Retention of Nurses in the Workforce”, “Comprehensive Strategic Plan for the Retention of Nurses in the Workforce”, “Use of Nurse Practitioners/Physician Assistants to

address Primary Care Needs in Texas", "Advanced Practice Registered Nurses in Texas", and "Certified Registered Nurse Anesthetists in Texas".

Comments from 30-day Comment Period

The DRAFT 2011 – 2016 State Health Plan was placed on the SHCC website for 30 days in May 2010. Stakeholders and the general public were asked to give their comments and further input in to the process. Comments were received from: the Arthritis Association - Texas Chapter, the Hays County Personal Health Department, the Hogg Foundation for Mental Health, the Houston Department of Health and Human Services, Tarrant County Public Health Department, and the Texas Medical Association.

Conclusion

The 2011 – 2016 Texas State Health Plan: A Roadmap to a Healthy Texas is designed to provide information regarding issues that may have an affect on the Texas health care system, its providers and its recipients. It is also intended to provide information for policy makers to assist in making informed decisions that will affect all Texans.

Every Texan has a right to good health care that is effective, accessible and affordable. However, health providers and the health care system must adjust and develop relationships to meet the needs of individuals and address cultural competencies, and health literacy. Telemedicine, electronic health records and health information technology will enhance the efficiency and quality of the delivery of health care in the state. The importance of prevention and education and the science-based approach to promoting health and preventing disease will become more evident as individuals take more responsibility for their health and their health care needs.

2011-2016
Texas State Health Plan
Recommendations

Texas must take the necessary steps to achieve education and training in the health professions that will ensure that an appropriately skilled, sufficient, and experienced workforce becomes a reality for the state. This will be achieved through effective and innovative models of education and practice that provide work-ready graduates, improve the participation of minorities in the health professions, and retain trained health professionals in the workforce.

The Statewide Health Coordinating Council believes that the following recommendations are essential to fulfill these workforce goals and thereby ensure a quality health workforce for Texas.

General Workforce Recommendations

1. Require all health professions licensing boards to standardize the collection of critical data by implementing the Minimum Data Set developed by the Statewide Health Coordinating Council.

2. Regulatory boards should allocate funds to support the collection of health workforce supply and demand data in the Health Professions Resource Center and to support needed research based on these data.

3. Realign health workforce efforts in a structure that is better able to collaborate and coordinate health workforce planning and data collection to enable Texas to be more responsive to potential funding opportunities.

4. The Texas Higher Education Coordinating Board should study, develop and implement positive financial incentives for schools that create innovative models in education for the health professions that will move toward shared or combined curricula, interdisciplinary classes across health programs, technology and simulation centers, and the use of multidisciplinary faculty or interdisciplinary teams among the health education programs.

5. Continue to support the College for all Texans and GenTx Campaign administered by the Texas Higher Education Coordinating Board to ensure diversity and minority participation in higher education. (For information on the program, visit http://www.collegefortexans.com or http://www.thecb.state.tx.us/SAM/overview/).

6. The Texas Higher Education Coordinating Board should develop and implement field of study curricula for additional health profession programs and require adoption of these curricula by public educational institutions to encourage and promote a seamless transition and career mobility within the professions.

7. Support initiatives that result in the creation of a representative and culturally competent health workforce for Texas. This could include items such as

- programs that interest minority students in health careers,
- curricula for preparing practitioners to recognize health disparities and to implement appropriate interventions,
- new models for education in the health professions,
- strategies for reducing the loss of intellectual capital across countries and regions, and
- the addition of multilingual and technological competencies

8. Direct the regulatory boards for the health professions to permit exceptions to their regulations to facilitate the increase in innovative, outcome-oriented demonstration projects.

9. Support initiatives that will promote the application of technology in all areas of health education and all areas of clinical care throughout the health care continuum. This should include applications for initial professional and continuing education, recruitment and retention efforts, health care practice, and community health education.

10. Support the expansion and enhancement of funding of the Area Health Education Centers to guarantee that vital health career development efforts and recruitment and retention strategies are available in areas not provided through other means or agency efforts. Applications for initial

professional and continuing education, recruitment and retention efforts, health care practice, and community health education.

11. Enhance and strengthen public and private partnerships to include regional strategic mapping of staff and services between organizations to improve resource allocation, trim numerous costs, and avoid service duplication.

Primary Care Recommendations

1. Support public health prevention and education programs designed to decrease the incidence and severity of chronic disease and decrease health disparities in the population by enabling individuals to take personal responsibility for their health.

2. Reinstate general revenue funds in support of the Medicaid draw-down of federal funds for graduate medical education to 2002-03 biennial levels as a way of maintaining physician supply.

3. Work with others to actively and urgently seek relief from the Centers for Medicare and Medicaid Services to eliminate the current outdated caps on funding graduate medical education training slots and to increase and to distribute the funds according to geographically equitable calculations.

4. Sustain and increase general revenue funding for graduate medical education and the Family Practice Residency Program through the trustee funds to the Texas Higher Education Coordinating Board to the 2002-03 biennial levels.

5. Sustain special item funding to support enrollment at the state's pharmacy schools to help relieve the current shortage of pharmacists in the state.

6. Support the growth in the numbers of Federally Qualified Health Centers and community primary care clinics in Texas.

7. The Texas Higher Education Coordinating Board should provide funding for community based residency programs.

8. Support methodologies for the development of innovative educational models for the delivery of primary care that would include physical, mental, and oral health.

9. Support demonstration projects that use interdisciplinary teams of health professionals for prevention and management of chronic disease and that utilize an appropriate mix of caregivers and responsibilities.

10. The Health and Humans Services Commission should support changes in Medicaid, Children's Health Insurance Program, and Texas Vendor Drug Program rules and policies to trace outcomes and increased accountability by

- Identifying the practitioner that prescribed the drug instead of the delegating physician,
- Requiring all providers to bill services under their own names

11. The Office of State and Federal Relations should encourage federal legislation that allows Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants to order home health care services, and then change state regulations accordingly.

12. Support legislation, regulation, and reimbursement methodologies that will support the training and use of state certified Community Health Workforce providers to assist in the cost-effective management of heath care.

13. Provide positive financial incentives for providers who implement the use of evidence-based health care and the use of outcome-based practice guidelines that have been approved by an agreed upon nationally recognized health association

Nursing Workforce Recommendations

1. Continue the Nursing Innovation Grant Program funded by tobacco earnings from the Permanent Fund for Higher Education Nursing, Allied Health, and other Health-Related Programs and administered by the Texas Higher Education Coordinating Board.

2. Support innovative programs to combat the state's nursing shortage while increasing diversity, particularly of Hispanic nurses, in the health care workforce. Project partners should work with diverse middle and high school students in the state, in order to foster interest in nursing careers, and provide students with a nurse mentor, intensive tutoring, experiential learning opportunities and a structured curriculum to prepare them for a nursing program in a college or university.

3. Enhance resources for recruitment, hiring and retention of faculty for nursing programs.

4. Encourage and prioritize the expansion of Advanced Practice Nursing programs, including nurse-midwifery, to meet the expectations of a reformed health care system and the demand for more qualified and educated nurses.

5. Continue to sustain and continue to provide increased funding levels to nursing programs throughout the state to support continued growth in the number of new graduates from Texas schools of nursing.

6. Support implementation of the following strategies in the recruitment and retention of a qualified and well prepared nursing workforce in public health, long-term care settings, and public psychiatric/mental health settings:

- Funding of a career ladder for public health nurses in order to address recruitment and retention concerns.
- Extension of student loan forgiveness programs for RNs entering public health nursing in Texas, especially those willing to practice in medically underserved, rural and border areas and those who would promote cultural diversity within the Texas public health nursing workforce.

- Creation of training stipends for students in Texas professional nursing programs as well as psychiatric/mental health and primary care advanced practice nursing programs to encourage interest in public health nursing and promote public health nursing practice competencies.
- Creation of partnerships with higher education institutions to develop innovative approaches to recruit minority students to the field of public health nursing, including targeting paraprofessional nursing staff members with a demonstrated interest in public health nursing.
- Development of increased part-time and flexible schedules to retain experienced older nurses in the public health workforce in order to meet ratios and to train and mentor younger nurses.
- Creation of more opportunities for public health nurses to have meaningful roles in statewide, agency, and municipal public health services operational management; strategic planning; and health policy planning, deployment and evaluations.

7. Develop best practices and effective capabilities for nurses and nursing students using the Nursing Informatics Competencies Model from the TIGER Informatics Competencies Collaborative (TICC) initiatives which consist of three parts: Basic computer Competencies, Information Literacy, Information Management (including use of an electronic health record) and information minimum set of competencies.
Sources: http://tigersummit.com/Competencies_New_B949.html

8. Improve and expand existing Texas Nursing/Clinical/Health informatics education programs by collaborating with industry, service, and academic partners to support and enhance the use of technology and informatics in practices.

Allied Health Professions Recommendations

1. Enhance resources for health professions schools (formerly allied health professions) in order to expand enrollments and provide for graduate programs for developing faculty in the health professions.

2. Establish and support a mechanism and staff to create an office for allied health professions workforce issues in the Health Professions Resource Center.

3. Explore means to expand access to health care through innovative programs and initiatives to better utilize health professionals in medically underserved, rural, and border areas.

4. Increase faculty, expand student loan forgiveness, and provide tuition assistance to health professions faculty to pursue an advanced degree.

5. Continue to extend student loan forgiveness programs for health professionals serving in medically underserved, rural, and border areas.

6. Support the establishment of state licensure for key health clinical laboratory sciences.

7. Encourage partnerships among high schools, community colleges, universities, and academic health centers to promote the allied health professions (e.g. dual credit courses, pre-professional training.)

8. Promote the application of technology in the educational training of all allied health professionals.

Access to Care Recommendations

1. Medical Homes and Integrated Health Models

- Develop, implement and incentivize medical home and integrated health care models.
- Encourage practices to embrace the concept of medical homes utilizing care managers, cross disciplinary team-based care, and patient-centered practices.
- Promote the concept of medical home for preventative and care of chronic diseases and continuum of care.

- Adopt strategies that use a holistic approach to healthcare service delivery including substance abuse and mental health services.

2. Retention strategies. Improve supply ratios through improving retention rates of healthcare professionals and paraprofessionals. Examples include:

- Make reimbursement rates more equitable for physicians, especially primary care and other health care providers who perform medical activities typically performed by a physician such as physician assistants (PAs), nurse practitioners (NPs), pharmacists, thereby increasing the capacity to serve the Medicaid and CHIP population.
- Expand and enhance incentives for PAs. Provide strong incentives designed to channel a greater number of PA graduates into primary care and group practices that are located in medically underserved communities.
- Increase incentives in payor programs (such as Medicaid), to encourage a greater number of providers to serve this and other underserved populations, in light of lower reimbursement rates associated with Medicaid and CHIP. This will also assist with increasing capacity of health care services to low income, Medicaid and CHIP eligible persons.

- Ensure retention of quality substance abuse service providers by increasing salary ranges to make them more competitive with the salaries of other health care providers. Support the DSHS substance abuse exceptional item in the FY 2010-2011 Legislative Appropriations Request for a $33 million increase in prevention and treatment funding. (LCDCs)

3. Addressing Maldistribution Through Incentives. Examples include:

- Develop, provide and expand incentives to boost the number of international medical graduates in Texas, such as through the Conrad 30 J1 Visa Waiver Program waiving the H-1 physicians two year return home in exchange for 3 years of service in a designated workforce shortage area.

- Provide tax break incentives to providers who treat the uninsured thereby increasing supply of providers who accept patients with no insurance or low reimbursement rates through Medicaid or CHIP.
- Create incentives for relocating practices where care is inaccessible through promotion and redesign of the Healthy Texas Reinsurance Program.
- Provide incentives to community colleges, non profits, and health care facilities to facilitate training opportunities to increase the number of CHWs and paraprofessionals

Technology Recommendations

1. Establish a Telemedicine Advisory Committee to assist in evaluating policies for telemedicine.

2. Provide healthcare providers with reimbursements for a wider range of covered medical services other than Medicaid Coverage and Reimbursements.

3. Establish uniform standards for physician credentials, professional conduct and discipline. State requirement for licensure often differ between states.

4. Explore the possibility for regional agreements, especially among medical boards in areas in which Telemedicine care frequently occurs across state lines.

5. Support a resolution to encourage insurers to expand the definition of telemedicine coverage for medical services to include interactive audio, video and/or other media for diagnosis, consultation and/or treatment for reimbursement.

6. Develop information and educational materials to educate the Texas Medical Board about the telemedicine practice environment with the emphasis on benefits to patients as well as protecting patient safety, to ensure regulatory policies which benefit all citizens of the state, especially those in remote or underserved areas.

7. Develop of information and education materials to educate the citizens of Texas on health insurance coverage, informed consent, and confidentiality for telemedicine medical services and telehealth services.

8. Standardize HIT core competencies into training for all clinicians and model curriculum after the American Health Information Management Association (AHIMA) and the American Medical Informatics Association (AMIA).

9. Seek and secure federal funding for EMR/HIT workforce development and projects in Texas.

10. Assure HIT training for Texas health professionals' workforce.

Prevention and Education Recommendations

1. Support and ensure priority is given to programs that intervene early in the life cycle.

2. Ensure funding of quality early care and education programs. (Quality as measured by entities such as The National Association for the Education of Young Children.)

3. Ensure efficiency in matching federal dollars earmarked for early childhood programs and the distribution of federal and state dollars to the grassroots communities.

4. Fund parenting education in English and Spanish. Parenting education should include child development and nutrition. (Education programs for children and adults succeed only when instructional time is substantial.)

5. Continue funding the Supplemental Food Program for "Women, Infants, and Children" (WIC) and other prenatal programs that address perinatal health.

6. Support through legislation and funding availability and accessibility of quality services for children and their families. Services should include:

- Home visiting programs
- Intervention programs which address mental health issues such as depression and substance abuse problems

7. Continue efforts to improve immunization rates in Texas through legislation and funding programs which require the collaboration of public schools and local health care providers to improve immunization rates.

8. Support through legislation and funding access to basic medical care for pregnant women and help prevent threats to healthy development, as well as provide early detection and intervention for problems that may emerge.

9. Expand public awareness campaigns through legislation with more extensive dissemination of accurate scientific information through warning labels and proactive controls on toxic exposures. The public awareness campaign should include global health issues such as STDs, safety, and wellness.

10. Support local initiatives to prevent tobacco use in public places through legislation.

11. Implement the strategies and associated measurements that communities and local governments can use to plan and monitor environmental and policy-level changes for obesity prevention through legislation. The strategies recommended for communities to implement fall into categories as follows:
    - Continue efforts to improve healthy eating and reward the implementation of best practices in nutrition education in schools and early childhood environments.
    - Increase and improve the availability of affordable healthy food and beverages in public service venues and underserved areas. Additionally, communities should provide incentives for the production, distribution, and procurement of foods from local farms.
    - Support healthy food and beverage choices by restricting availability of less healthy foods and beverages in public service venues.

- Increase support for breastfeeding through public awareness campaigns.
- Fund physical activity programs in schools; increase opportunities for extracurricular physical activity, and support schools that promote physical education.
- Support legislation and funding to require physical activity programming in early childhood environments and all grade levels.
- Support legislation and funding which create safe communities that support physical activity by improving access to outdoor recreational facilities, enhancing traffic safety areas where persons could be physically active and improving access to public transportation.

12. Support through funding and legislation partnerships with institutions of post-secondary education, the health sector, and state government to address obesity.

13. Support legislation and funding of partnerships between the community, the health system, self-management support, delivery system design and clinical information systems which encourage high-quality chronic disease care.

14. Support legislation and funding of educational programs for health care professions which focus on outcomes and the use of measurement in driving improvements in health care.

15. Support legislation and funding for post-secondary institutions to create innovative models in education for the health professions that will move toward shared or combined curricula, interdisciplinary classes across health programs, and the use of multidisciplinary faculty or interdisciplinary teams among the health programs.

16. Continue to support the College for all Texans Campaign and GenTx Campaign administered by the Texas Higher Education Coordinating Board to ensure diversity and minority participation in post-secondary programs which prepare the health workforce.

17. Encourage the development and implementation of the field of study curricula for additional health profession programs to promote a seamless transition from community colleges to four-year institutions and career mobility within the health professions.

18. Support initiatives that result in the creation of a representation and culturally competent health workforce for Texas. Examples include the addition of multilingual and technological competencies.