



Family Medicine Residency Programs Are Critical in Training Texas' Physician Workforce

Texas' 28 family medicine residency programs are the lifeblood of the state's primary care physician workforce, preparing about 200 new family physicians each year for practice. More than 70% of family doctors completing residency in Texas remain in the state to practice medicine.¹

Family medicine residency programs manage primary care clinics that deliver well-coordinated, cost-effective care to communities that need it. A significant portion of the care they provide is for Medicaid and CHIP patients, Medicare patients, and the uninsured. These training programs operate at dangerously narrow margins, often teetering on the brink of closure.

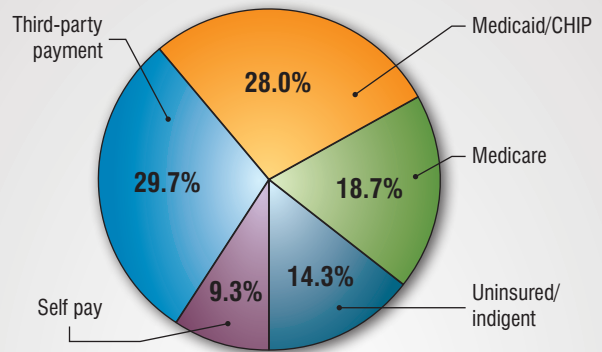
Last year, after receiving the highest level of GME accreditation possible, the Kelsey-Seybold Family Medicine Residency Program announced its closure due to financial instability. It was considered a model for training new physicians in a team-based, multi-specialty environment. More than 600 physicians applied for the four open first-year positions in 2009.

- Texas had 247 first-year family medicine residency positions available in 2000. By 2009, there were only 201, which is almost a 19-percent reduction in the state's capacity to produce family physicians.
- In 2002, the Christus St. Elizabeth FPRP in Beaumont was forced to close because of a lack of financial support. Of the 74 graduates from the program practicing medicine in 2005, 88% practiced in health professional shortage areas.
- In 2008, the Texas Tech University Rural Program in Abilene closed its doors for financial reasons.

Texas has too few primary care physicians to provide adequate care for its growing population. As health care costs continue to spiral out of control, compelling evidence shows that improved health care outcomes can be achieved with lower overall costs in systems that feature a strong foundation of primary care physicians.

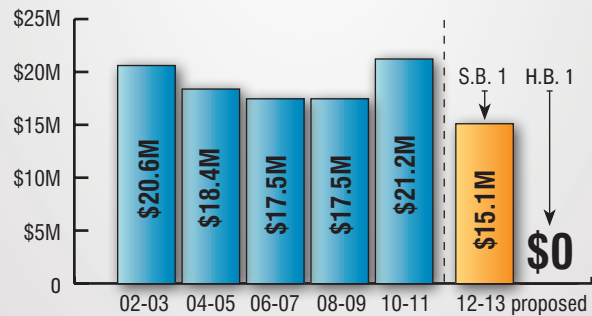
- For each 1% increase in primary care physicians, average-sized metropolitan areas experienced a decrease of 503 hospital admissions, 2,968 emergency room visits, and 512 surgeries.²
- States relying more on primary care report better health outcomes, scoring higher on quality rankings and recording fewer ICU deaths. They have lower Medicare spending and lower health care utilization rates.³
- Hospitalization rates and expenditures for ambulatory care-sensitive conditions like diabetes and congestive heart failure are higher in areas where there are fewer primary care physicians and where access to primary care is limited.⁴

PATIENT MIX AT TEXAS FAMILY MEDICINE RESIDENCY PROGRAMS



Source: Texas Higher Education Coordinating Board

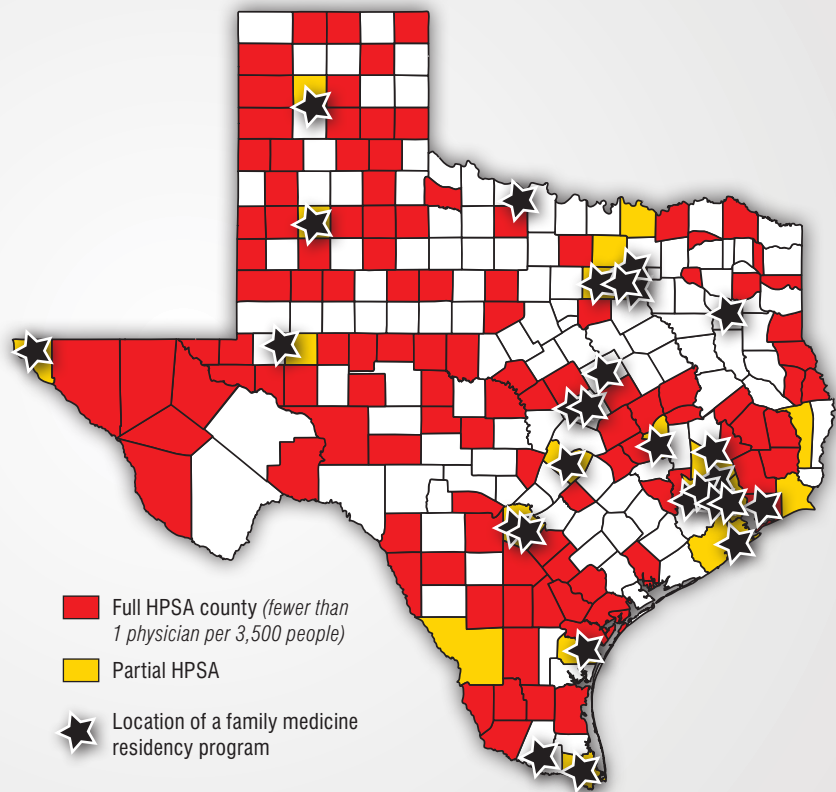
THECB ARTICLE III FUNDING FOR FAMILY MEDICINE RESIDENCY PROGRAMS



FAMILY MEDICINE RESIDENCY PROGRAMS TRAIN FAMILY PHYSICIANS ACROSS THE STATE

686 family medicine residents train in 28 family medicine residency programs in Texas

FAMILY MEDICINE RESIDENCIES	NUMBER OF RESIDENTS
TTUHSC – Amarillo FMRP	18
UTSW – Austin FMRP	21
San Jacinto Methodist FPRP	24
Texas A&M FMRP	21
Conroe FMRP	22
Corpus Christi FMRP	35
Methodist Health Systems FMRP	17
UTSW – Dallas FMRP	26
TTUHSC – El Paso FMRP	24
CRDAMC FMRP	15
John Peter Smith FMRP	68
UTMB FMRP	20
Baylor FMRP at Garland	18
Valley Baptist FMRP	15
Baylor FMRP at Houston	18
Baylor/Kelsey-Seybold FMRP	12
Methodist Hospital Houston FMRP	12
UT Houston FMRP	36
TTUHSC – Lubbock FMRP	27
McAllen FMRP	17
TTUHSC Permian Basin FMRP	18
CHRISTUS Santa Rosa FMRP	21
UT San Antonio FMRP	35
Memorial FMRP	42
Scott & White/Texas A&M FMRP	19
UT Tyler FMRP	24
McLennan County FMRP	37
Wichita Falls FMRP	24
TOTAL FAMILY MEDICINE RESIDENTS	686



Texas' primary care safety net: Family medicine residency programs

For decades, the Texas Legislature has valued the work of our state's family medicine residency programs in training family physicians for our communities, and has supported them with funding through the Texas Higher Education Coordinating Board. These programs depend on this funding for their financial stability.

- The Senate budget would reduce that support by almost 29% from the appropriated amount for 2010-2011.
- The House budget would eliminate all funding for these programs.
- Combined with the loss of this support, the proposed 10% cut to physician rates in Medicaid and CHIP would deal a devastating blow to these already financially-strained programs.

► **Recommendation: Maintain support for Texas' family medicine residency programs.**

Family medicine residency programs received about \$20 million in state support during the current biennium. This investment is working to increase access to primary care in all parts of the state. Given the critical importance of improving access to cost-efficient, high-quality care across the state by increasing Texas' primary care physician workforce, maintaining this investment will save Texas money and improve the quality of health care for all Texans.

1. Silverman, Stacey B. "Relationship Between Residency Training and Practice Location in Primary Care Residency Programs in Texas." Diss. U of Texas at Austin, 2007. Print.
2. Kravet, Steven J, et al. "Health Care Utilization and the Proportion of Primary Care Physicians." *American Journal of Medicine*. 121.2 (2008): 142-148.
3. Baicker, Katherine and Chandra, Amitabh. "Medicare Spending, the Physician Workforce, and Beneficiaries' Quality of Care." *Health Affairs* Web exclusive w4.184 (7 April 2004): 184-197.
4. Bodenheimer, Tomas and Fernandez, Alicia. "High and Rising Health Care Costs. Part 4: Can Costs Be Controlled While Preserving Quality?" *Annals of Internal Medicine*. 143.1 (2005): 23-31.