

TEXAS VS FLORIDA

Comparison of Medical Schools

	TX	FL
Teaching Hospitals		
<i># Teaching Hospitals¹</i>	18	12
<i>Avg State Funding for Teaching Hospitals</i>	Pending data from TX	\$53,096,608
<i>Avg State Funding per Teaching Hospitals</i>	Pending data from TX	\$4,424,717.33
Residency Slots		
<i># ACGME Residency Slots Filled (AAMC, 2013)²</i>	7,204	3,632
<i># Medical School Graduates in 2015</i>	1,667	1,201
<i># GME First-Year Slots available to 2015 Graduates</i>	1,882	1,112
<i>Avg State Funding per Residency Slot (State Contribution)</i>	\$13,798	\$20,242
<i>Percentage of Medical School Graduates Staying In-State for Residency (AAMC, 2013)³</i>	59.40%	49.80%
Medical Schools		
<i># Medical Schools</i>	9	9
<i>Public</i>	8	6
<i>Private</i>	1	3
<i>Avg State Funding to Medical Schools</i>	\$224,574,834.00	\$48,554,250.50
<i>Public</i>	\$186,574,834.00	\$48,554,250.50
<i>Private</i>	\$38,000,000.00	\$0.00
<i>Enrollment in Medical Schools (AAMC, 2013)</i>	7,135	4,781
<i>Medical Degrees Awarded (FY 2013-14)</i>	1418	662
<i>Public</i>	1227	462
<i>Private</i>	191	200
<i>Avg Passage Rate for US Medical Licensing Exam – Step 1, Step 2 Clinical Knowledge and Clinical Skills</i>	97%	97%
<i>Public</i>	96%	97%
<i>Private</i>	98%	98%

¹ This includes both public and private.

² This includes both public and private.

³ UM (74 in-state and 117 out-of-state) 39% in-state.

TEXAS VS FLORIDA
Comparison of Graduate Medical Education (GME)

	TX	FL
<i>Teaching Hospital Profile¹</i>	<ul style="list-style-type: none"> • 18 teaching hospitals • 11 are Level 1 trauma centers • MD Anderson does not have a Level 1 Trauma Center 	<ul style="list-style-type: none"> • 12 teaching hospitals • 5 are Level 1 trauma centers • Shands UF has a Level 1 trauma center
<i>Demographics²</i>	<ul style="list-style-type: none"> • 16.8 % of the population is on Medicaid 	<ul style="list-style-type: none"> • 17.5% of the population is on Medicaid
<i>Coordination of Education and Healthcare</i>	<ul style="list-style-type: none"> • The Texas Higher Education Coordinating Board was tasked by the Legislature with providing An Assessment of the Opportunities for Graduates of Texas Medical Schools to Enter Graduate Medical Education in Texas, and include those findings in a strategic plan. 	<ul style="list-style-type: none"> • No specific coordination of higher education governmental entities or medical schools with residency programs. • Florida used to have a Graduate Medical Education Committee, which was eliminated by the Legislature in 2010.
<i>Ratio Goal³</i>	<ul style="list-style-type: none"> • The Texas Higher Education Coordinating Board has a stated goal of 1.1 : 1 GME slots to medical school graduates. • The 1.1 : 1 ratio - for every 100 medical school graduates, the state aims for 110 open first year residency slots. This keeps more graduates in the state and provides extra spots to attract international and out-of-state graduates to Texas 	None.
<i>Turnover⁴</i>	<ul style="list-style-type: none"> • Texas retains 59.4% of its medical school graduates. • Texas retains 57.9% of its GME resident physicians. 	<ul style="list-style-type: none"> • Florida retains 49.8% of its medical school graduates. • Florida retains 58.7% of its GME resident physicians.

¹ The presence of a trauma center affects health outcome metrics.

² According to the Medicare Hospital Quality Chartbook, Performance Report on Outcome Measures (CMS, 2014), “Among hospitals with the lowest proportions of Medicaid patients, the median hospital-wide RSRR (risk-standardized readmission rate) was 0.5 percentage points lower than among hospitals with the highest proportions.”

³ TX Higher Ed. Coordinating Board's April 2012 report outlined 1.1:1 goal by emphasizing the need for an increase in the number of first-year residency programs, alluding to the reality when medical school graduates leave the state, the state's investment in medical education will leave the state.

⁴ Texas is better at retaining its medical school graduates while Florida is better at retaining its resident physicians Data acquired from the AAMC 2013 State Physician Data Book.

<p><i>Grant Programs</i></p>	<ul style="list-style-type: none"> • Five new grant programs addressing GME slots were appropriated money in FY 14/15: <ul style="list-style-type: none"> ○ (1) Planning Grants: Ten awards of \$150,000 each were awarded in Fiscal Years (FY) 2014 – 2015. ○ (2) Unfilled position grants and (3) New and expanded program grants. Unfilled Position Grants and New and Expanded Program Grants are jointly funded from an appropriation of \$7.375 million. Statute mandates that each awarded residency position be funded at \$65,000 per year, with the exception of Planning Grant-supported new positions, which must be funded at \$35,000 per year. ○ (4) Primary Care Innovation Program: \$2.1 million. ○ (5) Resident Physician Expansion Grants: \$5 million 	<ul style="list-style-type: none"> • Florida's Statewide Medicaid Residency Program allocates \$80 million per year proportionally to hospitals based on number of residents.⁵ • Sacred Heart Hospital Rural Primary Care Residency Program - \$3 million. • Florida has no additional grants.
	<ul style="list-style-type: none"> • Family Medicine Residency Program: <ul style="list-style-type: none"> ○ Established in 1977 by the TX Legislature to increase the numbers of physicians selecting family medicine as their specialty. ○ Provides grants to Texas's nationally-accredited family medicine residency programs and provided funding support for 8,940 family practice residents. ○ Funding recommendations are made by the 12-member Family Medicine Residency Advisory Committee to the Higher Education Coordinating Board. 	
<p><i>Funding Model</i></p>	<ul style="list-style-type: none"> • A residency program's director is the responsible party for: applying for grants, notifying the Coordinating Board if the program loses its accreditation, and providing the Board with reporting and auditing information. • Funding for residency programs goes to 	<ul style="list-style-type: none"> • Florida's Statewide Medicaid Residency Program allocates \$80 million per year proportionally to hospitals based on number of residents.⁶ • Florida has no additional grants. • Department chairs and program directors must negotiate with hospital administration to secure

⁵ In 2013, Governor Scott's Florida Families First Budget created and funded GME through the new Statewide Residency Program.

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	hospitals, not to the residency programs.	resources for resident and fellow training. <ul style="list-style-type: none"> Funding for residency programs goes to the hospitals, not to the residency programs.
<i>GME Program Accountability</i>	<ul style="list-style-type: none"> There are accountability measures in place for any GME program receiving state-funded grants. 	<ul style="list-style-type: none"> No current accountability measures, as the federal GME funding model does not tie accountability with funding.
	<p>Example: GME programs receiving the Family Medicine Residency Program grants must do the following:</p> <ul style="list-style-type: none"> Submit a series of reports to the Family Practice Residency Advisory Committee (FPRAC) and the Coordinating Board, including an annual financial report, inventory, an independent audit, future planning, and a roster of residents. Funds provided through the grant are only authorized for the following: salaries, equipment, medical and office supplies, travel, resident salaries and fringe benefits (liability insurance), other operating costs, and certain fees (legal services). Programs are prohibited from using funds on the following: capital expenditures, architect's fees, feasibility studies, rent paid to a public medical school, consultant fees, resident recruiting expenses, application fees to the accrediting body, etc. 	
<i>Certificate of Need (CON)</i>	<ul style="list-style-type: none"> Texas has no restrictions. 	<ul style="list-style-type: none"> Florida has restrictions for hospitals. AHCA regulates.⁷
<i>Projected Specialty Shortages</i>	<ul style="list-style-type: none"> Two grant programs exist to increase the number of primary care physicians practicing in Texas. 	<ul style="list-style-type: none"> Florida's lack of variety in its grant programs creates no specific focus on any specialty shortages. One grant program exists to increase the number of primary care physicians practicing in the Florida Panhandle.

⁷ Other states similar to Florida in demographics and size (CA, PA) do not have CON and have significantly more ACGME slots.

RECOMMENDATIONS FOR FLORIDA

COORDINATION: Establish a policy requiring the Board of Governors (BOG) to coordinate with the Physician Workforce Advisory Council (PWAC) in establishing a strategic plan to ensure medical schools and residency programs are working to reach shared goals.

GME SLOTS: Establish a policy of attaining a 1.1 : 1 ratio of GME slots to medical school graduates, reaching the goal of having 110 open first year residency slots per 100 medical school graduates. This will retain and attract the number of physicians needed to serve Florida's growing population.

COMPETITIVE GRANTS: Establish competitive grants in the education budget to foster competition for funding among GME programs in Florida. Tie health outcomes to receipt of those grants and create accountability provisions to be reported to BOG & the Physician Workforce Advisory Council.

FUNDING MODEL: Grant funding should be provided to the GME program director and accountability should rest under their purview. Grant program should require annual audits and reviews, prescribe what the funding can and can't be used for, and require future planning.

SPECIALTY SHORTAGES: Focus at least part of the funding specifically on residency programs that will satisfy projected specialty shortages. Defer to research done through coordination of BOG and PWAC.