

Summary Notes

Family Practice Residency Advisory Committee

Wednesday, April 14, 2021 | 10-12:00 p.m.

This meeting was held via a video conference. A link to the live broadcast is available at <https://www.highered.texas.gov/apps/events/other-meetings/family-practice-residency-program-advisory-committee-fprac/>

Members present: Ruth Chambers, Lewis Foxhall, Brett Johnson, Mark Nadeau, Frederick Onger, Michael Ragain (Chair), Damon Schranz, Dana Sprute, Zoey Wang, Eric Warwick,

Members absent: Todd Dorton, Martin Ortega

Guests: Tom Banning, Cindy Passmore

Coordinating Board: Reinold Cornelius, Cindy Fisher, Ernest Jacquez, Jodie Lopez, Stacey Silverman

1. Welcome and Introductions

Dr. Mike Ragain, Chair of the Advisory Committee, called the meeting to order at 10:08. This meeting was held via video conference and live streamed. Dr. Ragain made opening remarks and members and guests introduced themselves.

2. Consideration of Summary Notes for November 4, 2020 meeting

Dr. Ragain asked for consideration of the summary notes from the previous meeting. Dr. Nadeau asked for typo-corrections of Drs. Ragain and Wang's names. Drs. Wang and Schranz moved and seconded for approval of the notes as corrected. The motion passed unanimously.

3. Coordinating Board Update

Stacey Silverman, Assistant Commissioner at the Coordinating Board, gave an overview of the new administrative structure for the former division of Academic Quality and Workforce. It has been restructured into the new Division of Digital Learning, with Dr. Michelle Singh as Assistant Commissioner, Division of Workforce Education, with Assistant Commissioner Dr. Tina Jackson, and Division of Academic and Health Affairs (Dr. Stacey Silverman, Assistant Commissioner). Digital Learning has a new website for the Open Education Resources (OER) Texas Repository (<https://oertx.highered.texas.gov/>). It allows posting and collaboration on courses and holds interest also for medicine. The focus has been on undergraduate course materials, but the site can be used for graduate education. Users define their own space, which they also can restrict.

Members asked if Coordinating Board staff are planning to come back on-site in person. No general announcement had been made, but some staff are now working on-site, even if part-time. However, the goal going forward is to keep flexibility for the benefit of access to the state and the ability to collaborate. Members discussed benefits and drawbacks of virtual meetings. They work well while relationships are pre-established, but the personal contact was missed.

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Ernest Jacquez, Program Director at the Coordinating Board, provided a summary of the Family Medicine Residency grant program (FMRP). Eight hundred eighty residents were funded through 34 residency programs with an appropriation of \$5 million dollars for Fiscal year 2021. Per-resident funding was \$5,447.72. Forty rural rotations had been funded at \$2,500 per rotation. Three public health rotations also received \$2,000 each. The Faculty Development Center was awarded \$100 thousand.

The program made a reallocation of \$17,110.62 benefitting six additional rural rotations and an additional \$2,110.62 for the Faculty Development Center. So far, two rotations had cancelled, and the released funding would go to previously approved (not-awarded) rural rotations. Mr. Jacquez anticipated other cancellations were possible based on current COVID-19 protocols at the training sites.

Mr. Jacquez explained statistics from the annual survey roster report, including the proportions of PGY 1, 2, and 3, demographics, location of medical school of graduation (Texas, US, international) and citizenship status. Dr. Ragain asked how the demographics were trending over time. Staff responded that they would put information together for the June 2021 meeting.

John Wyatt, Senior Director for External Relations at the Coordinating Board, was not available for a legislative update as he was at the Capitol as resource for a senate hearing.

Cindy Fisher, Program Director at the Coordinating Board, provided an update of the Graduate Medical Expansion (GME) grant program. For Fiscal Year (FY) 2021, verification for 94 position was underway, after the residency match. Grant payments would be made in May and June. Grant recipients know they receive funding for positions they fill. A new Request for Applications (RFA) for the Planning Grant program had been released last November. Review for selection was still ongoing for eleven eligible applications.

4. Texas Academy of Family Physicians Update

Tom Banning, CEO and Executive Director, Texas Academy of Family Physicians (TAFP) provided a preliminary update of the ongoing legislative session, for which 49 days are still left. There may be a special session for redistricting, likely in the fall. TAFP's webpage (www.taftp.org) posts updates and keeps a news blog.

The pandemic caused restricted meetings, restrictions of attendance, testimony, and changed rules of engagement. The Comptroller last summer expected a four-to-six-billion-dollar budget shortfall. However, federal funds plus economic growth in the fall, together with the August directive for a 5% cut for all agencies, had made unnecessary a significant supplemental budget bill to fill a deficit for the current biennium.

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The American Rescue Act of February brought new federal dollars. Budget riders are not yet utilizing the funds for the current budget. Strings attached and maintenance of efforts requirements are still not understood well enough. There is hesitancy of pushing out funds incorrectly and a concern for future expectations. A “secondary budget” for federal dollars would come later.

Currently, on the Senate side, FMRP would keep its 5% cut. Funding for GME would rise from \$150 million to \$199 million to keep the GME strategy for its 1.1:1 goal of graduates to residency positions ratio. The House side currently maintains cuts but keeps a restoration option.

There were legislative discussions to codify telemedicine waivers. Members discussed the Public Health Infrastructure Investment Fund, to help with outdated technology. The February electric grid issued highlighted the need. Also considered, were Medicaid for children and pregnant woman. Mr. Banning mentioned that federal requirements relating to funding for public education at K to12 were investments for higher education. This may become a future opportunity for medical and Graduate Medical Education formula funding.

Dr. Warwick inquired about funding for the Texas Medical Board. Although budget cuts were not expected, neither was the possibility of budget increases. The Board is funded through a portion of physician licensure fees.

Tom Banning expressed his appreciation for all physicians' work during last year's pandemic.

5. Update on the Faculty Development Center

Cindy Passmore, Executive Director, Faculty Development Center, provided the 2020 annual report update. For the activity Program & Trainees, the Center had 11 GCAM Fellows. At the Chief Residency Conference, it convened 139 chiefs and coordinators from multiple states, which was successful. There were five advanced-skilled preceptors. Basic-skilled preceptorships were cancelled because of the pandemic. The 2020 Family Medicine Leadership Conference (FMLC), last April, also was cancelled because of Covid-19. The Outreach activity saw 18 sessions with 212 encounters. The focus was still on family medicine but included were additional specialties and inner-professional practice. Ms. Passmore presented preliminary data for FY 2021. The 2021 FMLC was being held the following day, virtually. There were \$24,055 estimated cost savings because of lack of travel, not needed facilities fees, or food costs.

Members inquired about the deadline for fellowship applications and were informed that there was none. Dr. Foxhall asked that the summary slides would be shared, together with participants evaluations. (Evaluations are not required of participants.) Dr. Nadeau noted that the Chief Residency Training is a vital effort.

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6. Consideration and Discussion of Annual Written Reports submitted by programs summarizing activities of Fiscal Year 2020.

Dr. Ragain summarized written reports from residency programs. There were comments regarding number of positions, inclusion of third-year residencies, funding from Texas medical schools. The types of arrangements or connections with medical schools were not uniformly understood. The reports capture types of recruitment methods for underrepresented populations. Many interesting innovative activities were listed, such as patient facing interventions. Finances remained a predominant challenge. There were comments how the pandemic challenged rural rotations, effecting burnout, safety equipment, staffing, re-deployment, etc. The Committee was asked to share comments and staff will share the notes with Program Directors. Dr. Ragain's Annual Written Report summary is included as part of these summary notes.

7. Consideration and Discussion of Fiscal Year 2020 Annual Financial Reports submitted by programs.

Dr. Onger presented a spread sheet with detailed financial information. He cautioned that because programs are structured uniquely, financial data cannot easily be compared between programs. Total revenue varied widely but different programs have different revenue streams, including local or federal funds, or different affiliation agreements with medical schools. The data indicates which programs are doing well, especially by comparing revenue to cost. Most programs had a zero balance. Four programs reported losses. Follow-up communications with these programs reported feedback including Covid-19, foundation support, and institutional good will support. One program reported losing its sponsor. Dr. Onger discussed total cost per resident, faculty cost by program, and operating expenses, some of which were reported to be very low.

8. Consideration and Discussion of future agenda items and meeting dates

Dr. Ragain announced the next meeting was scheduled for June 16, 2021 from 10 am to noon. It's focus would be on legislative funding, funding scenarios, and additional, new programs. The Committee's responsibility was consideration whether to approve new programs.

Dr. Foxhall asked to follow-up on programs that reported financial strains. Updates should be sought. Dr. Ragain agreed, saying that one program losing its sponsor should be reached out to.

Dr. Onger said the Committee could investigate a centralized approach, on whether it can utilize other than state support, such as federal, local, or foundation funds. State funding alone caused a struggle every year. Members proposed to discuss this at the 2022 Leadership Conference. Other states' approaches could be investigated.

9. Adjournment

The Advisory Committee adjourned at 12:09 pm.

2020 Family Practice Residency Program Annual Written Report Summary

Prepared by Dr. Mike Ragain, Chair FPRAC

Q1. Number of residency positions your program is currently approved for by ACGME or AOA?

Number of positions - range 2-24

Q2. Do you anticipate increasing or decreasing approved residency positions in your program during the next four years?

Change in positions – 10 yes with 9 reporting increase and 1 reporting decrease due to decreased funding.

Q3. Number of first year residency positions filled in the National Residency Matching Program:

All programs reported filling first year positions. Some were not filled in match.

Q6. Types of arrangements or connections with medical schools

Highest frequency was affiliations (15), located (10), and sponsored (2). Six programs reported no connection with SOM.

Q7. Was your residency program a training site for third-year medical students during FY 2020?

Training site for third-year medical students – 33 yes and 3 no.

Q8. Did you request funding from the Texas medical school to support clerkship training? Requested funding for above training – 10 reported yes.

Scope of funding ranged from \$0-1.8 million. 4 programs reported 1-million-dollar range of funding. Suspect there were widespread differences in reporting methods.

Q11. Describe your recruitment activities to attract underrepresented populations:

Under-represented populations recruitment – Many mentioned use of social media, many said that diverse patient population attracted these candidates including FQHC sites, many mentioned diverse faculty or other role models, several mentioned EEOC rules of parent institutions, many said residency fairs help, some said they have underserved training track. A few had specific selection criteria or applicant survey instruments. One program mentioned unconscious bias training. One program favors applicants who have lived in an HPSA for 5 years or more.

Q12. Efforts to meet legislative intent

Several mentioned that the pandemic really hampered rural rotations and other efforts to meet. Many said that they meet by having either rural or public health rotation sites established. Some had required these type rotations.

Q13. Describe innovative programs within your residency program.

Many were listed. Curricular innovations included procedural training (many types) and embedded or longitudinal curriculum for lifestyle medicine, women's health, mental health, research, bedside ultrasound, international medicine, and leadership training. There were many types of patient facing social determinants of health interventions mentioned as well such as food programs, TV program outreach, and free clinics. One program mentioned becoming PCMH certified. Several programs highlighted grant funding to support curricular innovation. A number of programs highlighted community partnerships that advanced patient care and residency training.

Q14. What challenges does your residency program currently face? What type of additional resources would benefit your program or other residency programs in Texas?

As always financial concerns topped the list. New for this year were comments about the impact of the pandemic on training. These appeared broadly and had multiple impacts and included revenue decline, staffing concerns, redeployment issues (residents redeployed to care for COVID patients), shifts to on-line learning, burnout and fatigue of residents. One program reported losing its sponsor. There were several programs reporting challenges in training in pediatrics and OB. A few programs said away rotations are not funding by sponsor.

Q15. How can the Family Practice Residency Advisory Committee help your residency program?

increasing or maintain funding was mentioned most. One asked for sharing this report's findings. One asked to fund international rotations. One asked for help developing bedside US training for faculty and residents.

Q16. Contact from a representative of the advisory committee?

a record number of program directors asked for contact – 6.