

MEETING OF THE HEALTH AFFAIRS COMMITTEE
U. T. BOARD OF REGENTS
McALLEN, TEXAS
NOVEMBER 7, 1990

EXECUTIVE SUMMARY

Mr. Jack S. Blanton, Chairman of the U. T. Board of Regents Health Affairs Committee introduced Dr. Mario E. Ramirez and Mr. W. A. "Tex" Moncrief, members of the committee. Mr. Blanton also welcomed Presidents of the U. T. System health institutions, Family Practice Chairmen and Program Directors, Program Directors for Rural Health Initiatives, Program Directors for Border Health Educational Centers, and other special guests from the McAllen medical community.

Mr. Blanton stated that the purpose of the Health Affairs Committee meeting was to:

- Inform those in attendance of the current level of support of the Family Practice Programs in the U. T. System and review existing Family Practice Residency and Junior Clerkship Programs;
- Bring together U. T. System Chairmen and Directors of Family Practice Programs to review common issues and provide direction for the future;
- Review Rural Health Programs and new initiatives in Texas;
- Review new federally funded Health Educational Programs in the Rio Grande/Border Area;
- Develop a reference data notebook on Family Practice and Rural Health for future use to support existing and expanded programs.

OVERVIEW

Dr. Charles B. Mullins, Executive Vice Chancellor for Health Affairs, The University of Texas System, provided an overview of the family practice residency training programs in Texas, the total and filled positions, the locations of the programs, and ultimate location of their practices. He also summarized stipends and funding over the past five years. The 71st Texas legislature required third year medical student rotations in family practice; Dr. Mullins summarized the status of these rotations in The

University of Texas System health institutions and the funding requested to support those rotations.

RURAL HEALTH CARE

Dr. Mullins introduced Mario E. Rameriz, M.D., Chairman, American Medical Association Committee on Rural Health who spoke on "Rural Health Care From a National Perspective". Dr. Rameriz presented a clear, concise panorama of the health problems facing rural America. He emphasized the demographic, social, economic and health differences between rural America and rural Texas and urban and suburban America and Texas. Recruiting and retaining health professionals to rural areas is a problem particularly applicable to primary care and family practice. He expressed strong support for the third-year medical clerkship in family practice and for family practice residency programs, by noting that the quantity and quality of health services available in rural areas is directly dependent upon the recruitment and retention of physicians devoted to family practice.

CENTER FOR RURAL HEALTH INITIATIVES

Marion R. Zetzman, DrP.H., Chairman, Committee for the Center for Rural Health Initiatives and Mr. Bryan Sperry, Executive Director, discussed the objectives and mission of the Center.

The Texas legislature established the Center for Rural Health Initiatives to "serve as the primary state resource in coordinating, planning and advocating for continued access to rural health services in Texas". The Center began operating in June of 1990 and is governed by an executive committee appointed by the Governor, Lieutenant Governor and Speaker of the House of Representatives. An advisory committee of representatives of eight state agencies assists the Center and provides agency support.

The Center has a broad array of duties which it seeks to accomplish cooperatively with state agencies, associations, rural communities and other organizations. The initial priority of the Center is to promote the full implementation of the Omnibus Health Care Rescue Act of 1989 and other state rural health legislation. Other responsibilities under development by the Center include: a clearinghouse on rural health issues, policy analysis and research, education and advocacy, and services for rural communities. It should be noted that the Center will make a report to the next session of the Texas Legislature with findings and recommendations on rural health care in Texas.

VALLEY/BORDER HEALTH COORDINATION OFFICE

Rumaldo Z. Juarez, Ph.D., the recently appointed Director, U.T. System Valley/Border Health Coordination Office, which is located on the U. T. Pan American campus at Edinburg, outlined the organization and functions of this office. He stated the purpose of the coordination office is to serve as an administrative structure for the U. T. System Office of Executive Vice Chancellor for Health Affairs to provide system-based support and maintenance of current programs and development of new programs for health services delivery, health professions education, research, technical assistance and health professions recruitment. Dr. Juarez reviewed the following five goals for his operation:

- To establish and maintain a central focus of system-wide health professional educational programs, health delivery services and research activities within the Valley/Border Area.
- To improve the supply, distribution, quality and efficiency of personnel providing health services in the Valley/Border Area.
- To participate with local Valley/Border health-related resources in their determination and development of community health priorities, plans, programming and effectiveness.
- To participate with local communities in defining, analyzing, and implementing their health services programs for their populations.
- To encourage health promotion and disease prevention in the Valley/Border Area.

AREA HEALTH EDUCATION CENTER - SOUTH TEXAS HEALTH RESEARCH CENTER

Ciro Sumaya, M.D., Project Director for the Area Health Education Center (AHEC) reviewed the mission and programs for this new center. Dr. Sumaya stated that the AHEC is a three million dollar project designed to reduce the shortage of health professionals in the Lower Rio Grande Valley and along the Texas-Mexico border. The three-year grant to establish the AHEC was awarded to The University of Texas Health Science Center at San Antonio in April of this year. The grant was funded by the U.S. Health Resources and Services Administration. Dr. Sumaya emphasized that a major goal would be to enhance the skills of health professionals currently working in the region. The AHEC will cooperate with dozens of hospitals, clinics, community agencies and other universities in training the health professionals in the geographic areas where they are most needed. Dr. Sumaya pointed out that experience at other AHECs around the country shows that students who train in rural or underserved health cities are

more likely to return to those areas to practice. Placing students in these rural and underserved areas will provide them with valuable exposure to community medicine.

Dr. Sumaya also discussed the purpose and mission of the South Texas Health Research Center. The purpose is to promote research and educational activities that will address health problems of South Texas and its largely Hispanic population. The Center gives high priority to programs and research that address acute and chronic health needs, but at the same time monitors and evaluates the health status of the region on a long-term perspective. Dr. Sumaya reviewed the following programs of the Center:

- Oral Health Status and Treatment Needs in Selected Border Counties, South Texas
- Screening for Depressive Illness in Mexican-American Elders
- Circuit Library Health Information Network of South Texas
- Incidence and Progression of Diabetic Complications in Mexican-Americans
- South Texas Nursing Education Program
- Evaluation of Childhood Sexual Abuse in South Texas
- MCAT/DAT Performance Improvement Program
- Networking for Better Oral Health Through Professional Education and Health Promotion

The Center is formally located at UTHSC-San Antonio, with programmatic activities occurring at numerous sites throughout South Texas.

HEALTH EDUCATION TRAINING CENTERS ALLIANCE OF TEXAS

Mr. Don Neumann, who serves as Chairman of a federal grant proposal development group, reported that the U.S. Department of Health and Human Services, Public Health Service, announced in September, 1990, an award of a three-year Health Education Training Center grant to the Health Education Training Centers Alliance of Texas or HETCAT. The first-year award totals more than \$950,000.00 and will fund efforts to improve the supply, distribution, quality and efficiency of personnel providing health services to counties within a 300-mile radius of the Texas-Mexico border. Special emphasis will be given to preparing health professionals to serve these communities that have minorities and other population groups with unmet health

needs. He further stated that the HETCAT is the first major cooperative effort of academic and health sciences centers in Texas to apply and receive a federal grant. It is hoped that this teamwork will certainly pay off for the citizens of Texas. For further information one should contact Dr. Alfonso Holguin, Jr., Project Director: 512/567-5930.

LOWER RIO GRANDE VALLEY CANCER PREVENTION AND DETECTION

Joseph Painter, M.D., Vice President for Health Policy, U.T. M.D. Anderson Cancer Center, discussed the Lower Rio Grande Valley's Cancer Prevention and Detection Program. He stated the purpose of the program is to develop an integrated and coordinated program network of existing physicians to improve cancer prevention and detection services in the lower Rio Grande Valley. He stated that the framework of the program is to

- Develop primary care physicians' offices into a cancer prevention center
 - Provide Training
 - Provide System for Office
 - Provide Supporting Materials, e.g. Patient Education Directory of Resources
- Establish and maintain education and training for local primary care physicians
 - Establish Local Faculty of Physician Specialists
 - Establish Local Nurse Cancer Prevention Specialists
 - Automate Remind System Support (Computer Network)
- Integrate and coordinate program
 - Use Existing Community Programs
 - Use Existing Public Health Programs.

Dr. Painter also reviewed the following existing programs that U. T. M.D. Anderson conducts in the Valley area:

- Cancer Awareness in South Texas (TCC)
- Family Medicine for the 90's
- The Office Based-Cancer Prevention & Detection Program

- MDACC Printed Patient Education Materials
- Nurses' Cancer Prevention & Detection Program
- Valley Transportation Program (TCC)

FAMILY PRACTICE CLERKSHIPS

C. Kern Wildenthal, M.D., Ph.D., President, The University of Texas Southwestern Medical Center; George Bryan, M.D., Vice President for Academic Affairs and Dean of Medicine, The University of Texas Medical Branch at Galveston; M. David Low, M.D., Ph.D., President, The University of Texas Health Science Center at Houston; and John P. Howe III, M.D., President, The University of Texas Health Science Center at San Antonio made brief presentations on how their schools were implementing the third year Family Practice Clerkships. The major goals of each school were to provide a high-quality, meaningful clinical experience for students and to do so within existing resources. Though each experienced problems, particularly in faculty support for the program, in faculty time for supervision of the program and in funding for the programs, the clerkships have been implemented and thus far appear to be quite successful. It was the consensus of the group, however, that even though the programs are being successfully implemented, the schools desperately need financial support for the program and for additional faculty to teach the students.

FAMILY PRACTICE RESIDENCY PROGRAM - THE McALLEN PROGRAM

Leonard G. Paul, M.D., Professor and Chairman, Department of Family Practice, The University of Texas Health Science Center at San Antonio, reviewed the successful operation of his program. He highlighted activities of the department since its establishment in 1973, placing emphasis on the importance of having sufficient qualified faculty with an ethnic mix and that the development of a good faculty increases the likelihood of family practice residents becoming family physicians.

Dr. Paul was followed by Juan Trevino, M.D., Associate Professor and Program Director of the Family Practice Residency Program, The University of Texas Health Science Center at San Antonio, who briefly reviewed his program. He stated that

- the state support for the community programs has remained at about the same level while total cost has escalated and other resources have had to be located; and

- the applicant pool to the family practice residency program has declined, but it is hoped that the junior year clerkship and rural rotation program will generate new interest.

In closing, Dr. Trevino invited the attendees to tour the McAllen operation.

CONCLUSION

The University of Texas System, under the leadership of its six health institutions, has targeted the needs of our State's medically underserved -- for significant improvements in access to health care in the '90s. This statewide strategy is being accomplished through partnerships from Galveston to El Paso, from Wichita Falls to Brownsville. The challenge is an immense one. Fifty-four counties are without an acute care hospital; 22 have no actively practicing physicians. Some of the nation's highest occurrences of cancer and infectious diseases are found in rural Texas.

With the University as a catalyst, the Department of Health and Human Services (U.S.), the Texas Legislature, the Texas Department of Health, the Texas Higher Education Coordinating Board, the Texas Medical Association and the Texas Academy of Family Practice are working together to effect these needed changes in health care delivery. These collaborations, as stated above, were fully discussed during the meeting.

As Dr. Mario Ramirez stated during his presentation, "The University of Texas System is doing more with regard to the rendering of health care to the indigent population of Texas, in both rural and urban settings, than any other entity of the State. The System is also doing more with regard to training of family and other primary care physicians than anyone else in Texas. We are justifiably proud of these achievements. We are the leaders of the educational process in Texas and are working together with those who share our concerns and our aspirations."

Looking ahead, the '90s will be an era of challenge for Texas medicine. Yet, the blueprint for meeting the needs of our State's citizenry is in place. With the continued support of our Congressional Delegation, the Texas legislature and our Board of Regents, Texas can be a national model in its partnership response to the care of its needy -- from the newborn to the elderly, from the inner city of Houston to the colonia near El Paso. Seventeen million Texans will be the beneficiaries.