“For the Health of Texas”

Developing the Workforce to Provide Health Care For an Expanding Population of Insured Texans

Response to Ben Raimer, M.D. by...

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Ben, I agree ...

Population growth of Texas

Exacerbating an already present shortage of providers (42/50)

A very diverse state with a social obligation to assure the cultural diversity of the health professions team
Adequate? Ratios remain in lowest quartile of US
Need to Increase Graduate Medical Education

UME Grads: 50%
GME: 50%
Both: 85%
Predictors of Health Expenditures

Number of Beds

Number of Doctors
What Fueled The Reform Fire

“The healthcare sector is far and away the most inefficient economic driver in the U.S.”

Peter Orszag, Director, OMB

- 30% of what we spend adds no clinical value (5% of GDP) – Institute of Medicine
- Nearly 4.4 million hospital admissions totaling $30.8 Billion in hospital costs could have been prevented – AHRQ
- The Gawande/McAllen Effect

Geographic disparities are stunning!

End of Life Care: UCLA/Hopkins $90K vs. Cleveland Clinic/Mayo $55K
Dartmouth (Wennberg and Fisher)

James Orlikoff
Barriers = liability, siloed training, competition, economics

Handshakes = Incentives to collaborate, partner, interdisciplinary training to build better teams
Recommendations

Push for team care

Push care to the least specialized provider with appropriate competence level

Develop incentives to encourage the behaviors we want to increase