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

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Challenges for Texas in Providing Care
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Texas is headed for a “perfect storm” - a workforce disaster.

It is not preventable now that we have not adequately funded GME for several years. Medical school class size is also at risk.

This will result in an ER Tsunami of patients looking for care that no one is prepared for. Least prepared are the counties and hospital districts.
“The Texas Perfect Storm”

- Uninsured – Rate Increasing.
- Medicaid Rates Driving Patients to the ED for Primary and Specialty Care.
- Aging Population and Difficulty with Medicare.
- Medicaid Caseload Growth.
- Texas growth, baby boomers, all part of the population growth needing more care.
- Workforce shortages in other key areas will be worrisome as no one seems to have a plan for providing care or specialty needs development.
“ER Tsunami” – Strategies to Deal With It and Results?

Tactics:
- Triage to non-emergent clinics
- Group visits
- Sending patients home without treatment in mild cases

Results:
- These factors will drive EMTALA Reform
- Jails will be a substitute for mental health facilities
- Gradually a lack of aircraft and ground ambulances
- Gradually a shift from state to local without federal match
Physicians able to retire will get out.

Medical schools face a funding deficit.

Texas is becoming an unattractive place in spite of Tort Reform due to Medicaid rates and the uninsured.

Corporate practice prohibition prevents the free choice by physicians even though physicians are in business. (They are not a public utility.)

Retirement of physicians at a time when the baby boomers are increasing. Medicare will become less attractive than it is now.

Random choice of residency – there is no direction for what specialties our workforce will develop.
Solutions And Results

- Recruit physicians from other countries faster than we are now.
- “When you find somebody doing something they don’t like, you better pay them a whole lot of money.” (Joe Bujak, MD)
- Physicians going into the hospital and mid levels doing all the outpatient care.
- Trauma surgeons hired by hospitals either directly or through a 501(a) to staff hospitals.
- Collapse of providers into urban areas.
Questions?

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