

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



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The “Perfect Storm” of a Workforce Disaster - Unstoppable



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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”



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- 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?



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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

No Light At The End Of The Tunnel



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- 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



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- 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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