



TEXAS A&M
HEALTH
SCIENCE
CENTER

“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...

Nancy W. Dickey, M.D.

President, Texas A&M Health Science Center
Vice Chancellor for Health Affairs, Texas A&M System

Ben, I agree ...

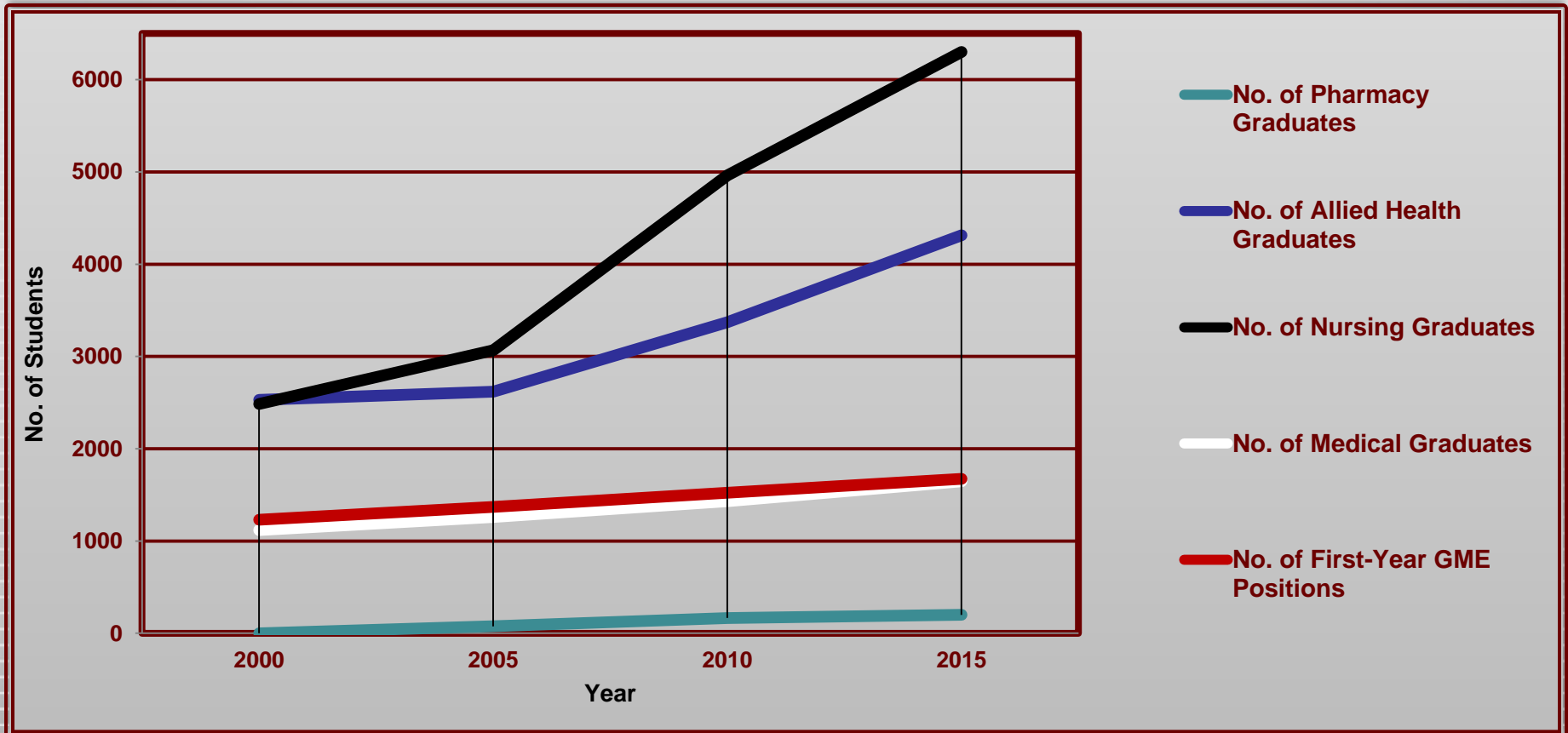
Population growth of Texas

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



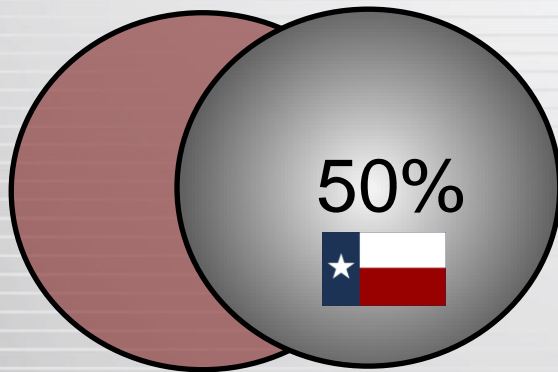
Last Decade of Growth of Health Professions Education in Texas



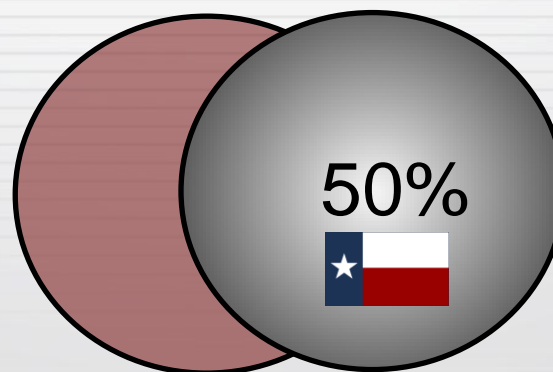
Adequate? Ratios remain in lowest quartile of US

Need to Increase Graduate Medical Education

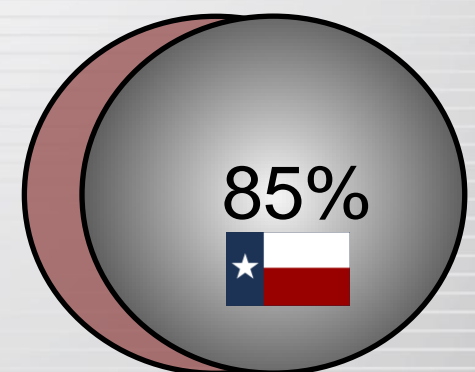
UME Grads



GME



Both



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.”

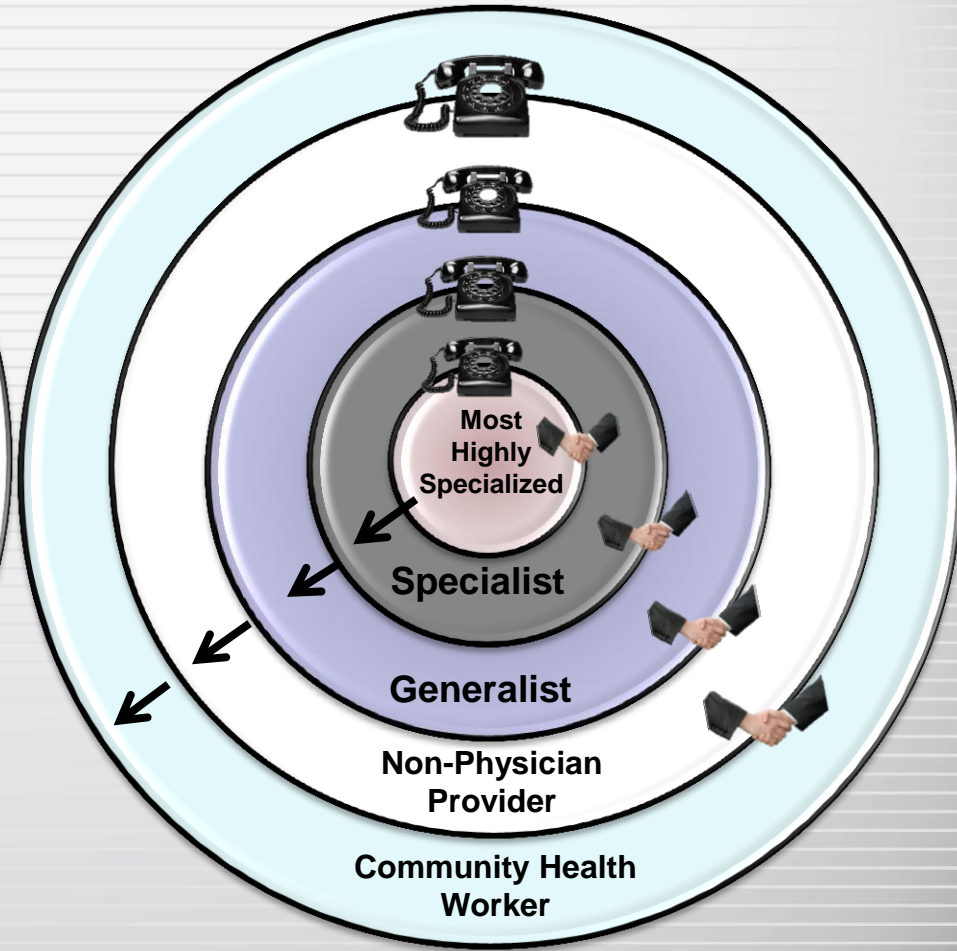
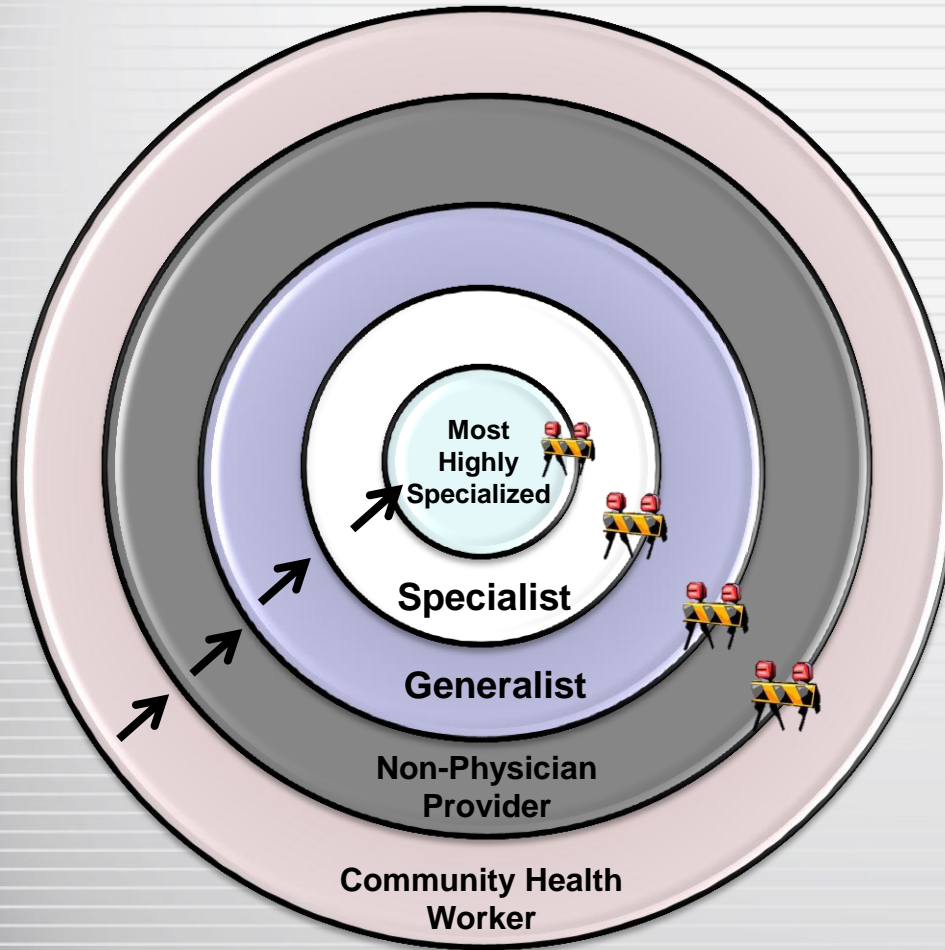
Peter Orszag, Director, OMB

- 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 – AHRO
- The Gawande/McAllen Effect

Geographic disparities are stunning!

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

Current System vs. Preferred System



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