

2005 - 2010 TEXAS STATE HEALTH PLAN EXECUTIVE SUMMARY

Innovative Approaches to Health
Workforce Planning for Texas



Statewide Health Coordinating Council

2005-2010
TEXAS STATE HEALTH PLAN
TEXAS STATEWIDE HEALTH COORDINATING COUNCIL
 November 2004

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Vacant	Texas Department of Mental Health and Mental Retardation

INTRODUCTION

The *Texas State Health Plan* is prepared every six years and updated biennially. The plan serves as a guide to help Texas decision makers formulate appropriate health policies and programs.

The Texas Statewide Health Coordinating Council, a 17-member council with 13 members appointed by the governor and four ex-officio members representing specified state agencies, develops the plan. The Texas Health Planning and Development Act, Chapter 104 of the Health and Safety Code, is the enabling legislation for the Statewide Health Coordinating Council. Under the authority of Chapter 104, the governor with the consent of the senate appoints council members to staggered six-year terms.

The broad purpose of the Statewide Health Coordinating Council is to ensure that health care services and facilities are available to all Texans through health planning activities. Based on these planning activities, the council makes recommendations to the governor and the legislature through the *Texas State Health Plan*. The council provides overall guidance in the development of the *Texas State Health Plan*, submission of the plan to the governor, and promoting the implementation of the plan. The plan is due to the governor for adoption by November 1 of each even-numbered year. Staff in the Center for Health Statistics, with assistance from other program areas at the Texas Department of State Health Services, supports the council's activities.

House Bill 1716 from the 75th Legislature amended Chapter 104 of the Health and Safety Code and focused the council's planning activities on the health professions workforce. The council produced the *1999-2004 Texas State Health Plan*, "Ensuring a Quality Health Care Workforce for Texas," which is the fundamental plan for the previous six year planning cycle. The *2001-2002 Texas State Health Plan Update* was the first update to that document, while the *2003-2004 Texas State Health Plan Update* was the final update. For the purposes of this report, the *2005 – 2010 Texas State Health Plan*, "Innovative Approaches to Health Workforce Planning for Texas," is referenced as the *Texas State Health Plan*.

The *Texas State Health Plan* outlines Texas's interests in health professions workforce issues. The state is a major provider of medical and health education through its system of publicly funded health science centers, universities, and community and technical colleges. Texas is a major purchaser of health care services through the state's Medicaid program and other public health care programs as well as a provider of these services through its system of publicly funded medical

schools and hospitals. Finally, with its citizens, Texas shares responsibility for the health, safety, and welfare of its residents. The *Texas State Health Plan* is submitted as a blueprint for health workforce decision making in the coming decades.

Copies of the 1999–2004 Texas State Health Plan, the 2001–2002 Texas State Health Plan Update, the 2003–2004 Texas State Health Plan Update, and the 2005–2010 Texas State Health Plan can be downloaded from the Web site at <<http://www.TexasSHCC.org>>. Printed copies of the documents are also available from the Texas Department of State Health Services, Center for Health Statistics, at a cost of \$20 per copy. To order a document copy, call (512) 458-7261.

2005-2010 TEXAS STATE HEALTH PLAN RECOMMENDATIONS

Texas must take the necessary steps to achieve education and training in the health professions that will ensure that an appropriately skilled, sufficient, and experienced workforce becomes a reality for the state. This will be achieved through effective and innovative models of education and practice that provide work-ready graduates, improve the participation of minorities in the health professions, and retain trained health professionals in the workforce.

The Statewide Health Coordinating Council believes that the following recommendations are essential to fulfill these workforce goals and thereby ensure a quality health workforce for Texas.

General Workforce Recommendations

1. The Legislature should require all health professions licensing boards to standardize the collection of critical data by implementing the Minimum Data Set developed by the Statewide Health Coordinating Council. (See Appendix E.)
2. The Legislature and regulatory boards should allocate funds to support the collection of health workforce supply and demand data and to support needed research based on these data. (It would be desirable if other health professions could replicate the Nursing Workforce Data Section concept.)
3. The Legislature should realign health workforce licensure and regulatory agencies in a structure that is better able to collaborate and coordinate health workforce planning and data collection to enable Texas to be more responsive to potential funding opportunities.
4. The Legislature should pass legislation to require health professional licensees and applicants to disclose ethnicity information and should instruct regulatory boards and educational institutions to collect, compile and report it, using the U.S. Census ethnicity categories as the basis for collection.
5. The Legislature and the Texas Higher Education Coordinating Board should develop and implement positive financial incentives for schools that create innovative models in education for the health professions that will move toward shared or combined curricula, interdisciplinary classes across health programs, and the use of multidisciplinary faculty or interdisciplinary teams among the health programs.

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Statewide Health Coordinating Council

6. The Legislature should continue to support the College for Texans Campaign administered by the Texas Higher Education Coordinating Board to ensure diversity and minority participation in higher education. (For information on the program, visit <http://www.collegefortexans.com> or <http://www.theccb.state.tx.us/SAMC/overview/>).
7. The Legislature should instruct the Texas Higher Education Coordinating Board to develop and implement field of study curricula for additional health profession programs and require adoption of these curricula by public educational institutions to encourage and promote a seamless transition and career mobility within the professions.
8. The Legislature should support initiatives that result in the creation of a representative and culturally competent health workforce for Texas. This could include items such as
 - programs that interest minority students in health careers,
 - curricula for preparing practitioners to recognize health disparities and to implement appropriate interventions,
 - new models for education in the health professions,
 - strategies for reducing the loss of intellectual capital across countries and regions, and
 - the addition of multilingual and technological competencies.
9. The Legislature should direct the regulatory boards for the health professions to permit exceptions to their regulations to facilitate the increase in innovative, outcome-oriented demonstration projects.
10. The Legislature should support initiatives that will promote the application of technology in all areas of health education and all areas of clinical care throughout the health care continuum. This should include applications for initial professional and continuing education, recruitment and retention efforts, health care practice, and community health education.
11. The Legislature should support funding of the Area Health Education Centers to guarantee that vital health career development efforts and recruitment and retention strategies are available in areas not provided through other means or agency efforts.

Nursing Workforce Recommendations

1. The Legislature should increase funding levels to nursing programs throughout the state to increase capacity to admit and graduate nursing students.
2. The Legislature should continue to support the Nursing Innovation Grant Program funded by tobacco earnings from the Permanent Fund for Higher Education Nursing, Allied Health, and other Health-Related Programs and administered by the Texas Higher Education Coordinating Board.
3. The Legislature should instruct health professions and other regulatory agencies and boards to support strategies that would incorporate the use of technology to reduce paperwork and streamline the process required by regulatory agencies to that which is truly necessary for quality patient care.
4. The Legislature should provide institutions with Special Item funding to support enrollment increases in nursing programs and stimulate graduate programs that prepare nursing faculty, and establish procedures that would confirm that these special allocations for nursing programs are spent for these purposes.
5. The Legislature and the Texas Higher Education Coordinating Board should create positive incentives for schools that develop and implement innovative solutions between schools that will result in an increase in the number of entry-level nursing students. This could include the sharing of faculty and classes among nursing degree programs.
6. The Legislature and the Texas Higher Education Coordinating Board should reinforce the implementation of the Field of Study Curriculum for nursing programs to facilitate a seamless, student-oriented articulation from ADN to BSN programs.
7. The Texas Higher Education Coordinating Board and the Texas Board of Nurse Examiners should encourage educational institutions to add appropriate accelerated degree programs at all levels of nursing.
8. The Texas Higher Education Coordinating Board and the Texas Board of Nurse Examiners should encourage institutions to use technology, preceptors, simulation, etc., to maximize the use of existing and new faculty, while ensuring quality outcomes and increasing student enrollments.

9. The Texas Higher Education Coordinating Board should encourage the development of regional “nursing centers of educational excellence” to consolidate redundant tasks performed by educators at individual institutions.
10. The Legislature should support initiatives that promote healthy workplace environments for nursing personnel.
11. The Legislature and the Texas Higher Education Coordinating Board should study avenues to expand nurse-midwifery educational programs.

Primary Care Recommendations

1. The Legislature should support initiatives that will support public health prevention and education programs in an effort to decrease the incidence and severity of chronic disease in the population by enabling individuals to take personal responsibility for their health.
2. The Legislature should reinstate general revenue funds in support of the Medicaid draw-down of federal funds for graduate medical education to 2002–03 biennial levels as a way of maintaining physician supply.
3. The governor and the Legislature should work with others to actively and urgently seek relief from the Centers for Medicare and Medicaid Services to eliminate the current outdated caps on funding graduate medical education training slots and to increase and to distribute the funds according to geographically equitable calculations.
4. The Legislature should restore general revenue funding for graduate medical education and the Family Practice Residency Program through the trustee funds to the Texas Higher Education Coordinating Board to the 2002–03 biennial levels.
5. The Legislature should provide the Texas Higher Education Coordinating Board new state funding to support 300 new resident positions, to be funded at \$50,000 per position and phased in over a four-year period, and should contain fifth-year continuation funding.
6. The Legislature should increase funding levels for the Physician Education Loan Repayment Program by mandating that all Texas medical schools that receive state funds participate in the “two percent set aside.”
7. The Legislature should provide Special Item funding to support enrollment increases at the state’s pharmacy schools to help relieve the current shortage of pharmacists in the state.

8. The Legislature should continue to support the increase in the numbers of Federally Qualified Health Centers in Texas.
9. The Legislature should support methodologies for the development of innovative models for the delivery of primary care that would include physical, mental, and oral health.
10. Legislature should support demonstration projects that use interdisciplinary teams of health professionals for prevention and management of chronic disease and that utilize a new, correct mix of caregivers and responsibilities.
11. The Legislature should support changes in Medicaid, Children’s Health Insurance Program, and Texas Vendor Drug Program rules and policies to trace outcomes and increase accountability by
 - identifying the practitioner that prescribed the drug instead of the delegating physician,
 - requiring all providers to bill services under their own names, and
 - increasing Medicaid and Children’s Health Insurance Program reimbursement for advanced practice nurses to 92 percent of the physician’s rate.
12. The Legislature should take steps to ensure cost savings by including Advanced Practice Nurses in state health care networks such as Employees Retirement System of Texas, Teacher Retirement System of Texas, and the Texas Workers’ Compensation Commission.
13. The Legislature should direct its Office of State and Federal Relations to encourage federal legislation that allows Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants to order home health care services, and then change state regulations accordingly.
14. The Legislature should support legislation, regulation, and reimbursement methodologies that will support the training and use of state certified community-level health providers to assist in the cost-effective management of health care.
15. The Legislature should provide positive financial incentives for providers who implement the use of evidence-based health care and the use of outcome-based practice guidelines that have been approved by an agreed upon nationally recognized health association.



Texas Statewide Health Coordinating Council

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