

COMMENTARY

Rohack: How Texas can meet the growing demand for health care

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Do you know why it's so hard to get an appointment with a doctor right away?

Despite the fact that Texas licensed more new physicians in 2007 than any other year, it ranks behind other states in the ratio of physicians per 100,000 population. The overall U.S. figure is 242 physicians per 100,000 people; in Texas, the number is 191 doctors for every 100,000 people.

The good news is that over the past seven years, Texas has seen a 17 percent increase in the number of physicians in the state, keeping pace with the state's population growth.

But the next seven years threaten to roll back that progress — unless Texas makes room not only for more medical students, but also for the crucial final step in their education: the three- to seven-year residency training necessary to hone their skills.

Making residency, or graduate medical education programs, as readily available as medical school slots is crucial. Statistics show that most doctors end up practicing medicine within 150 miles of where they perform their residency training. So if a physician completes his or her medical school and residency training in Texas, chances are 80 percent that the new doctor will also practice medicine here as well.

That is important as Texas' and the nation's demographic profile transforms to one that will demand more health care — provided by more and different specialists — for an aging and growing population.

We need to prepare for that reality.

Texas has begun to address this issue by opening up more medical school slots: Our eight existing medical schools increased class sizes to reach 5,700 total enrollment. A ninth medical school in El Paso will accept its entry class a year from now.

But the process of being a practicing physician requires more training than four years of medical school. After that comes graduate medical education, which takes a minimum of three years for such specialties as family medicine, pediatrics and general internal medicine, and as long as seven years for surgical specialties.

In 1997, federal funding for residency positions was frozen. Texas needs a minimum of 1,000 additional graduate medical education positions, and right now, the state appears to be the most likely source of that funding.

Central Texas is engaged in a discussion about turning to the state to help establish a medical school. The debate's success depends on answering a crucial question: Why does Central Texas need another medical school?

Is the primary purpose of a state-funded medical school primarily to bring researchers together to produce new knowledge? Or is the goal to produce physicians who can care for the changing population of the state? The mission of a medical school includes education, research and patient care. When the state is asked to fund that school, taxpayers deserve to know how those goals will be weighted and whether that school's main reason for being will be to better meet Texans' medical needs through the presence of more and better-trained physicians in all our communities.

Creating another medical school without increasing funded graduate medical education positions and faculty means students in whom the state has invested at least \$200,000 for a four-year medical education will likely leave Texas to get their residency training.

As the song goes: "You can't always get what you want, but sometimes you get what you need." Texans have come to expect the best health care. To assure them of continued access to well-educated and trained physicians, Central Texas must focus on the continuum of medical education. Funding just one part of a doctor's education without the requisite clinical training won't get Texas what it needs to provide access to health care for all Texans.

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