

**BOARD OF GOVERNORS
STRATEGIC PLANNING/EDUCATIONAL POLICY COMMITTEE
MEDICAL EDUCATION SUBCOMMITTEE WORKSHOP**

July 20, 2005

CEPRI POLICY RECOMMENDATIONS AND BOG ROLE CONSIDERATIONS

(CEPRI Recommendations were submitted to the BOG in November 2004, as part of the Medical Education Needs Analysis.)

CEPRI Recommendations		Key Contributors	Potential BOG Role / Timeline / Further Action <i>Should the BOG wish to pursue the recommendation, potential options that may be available include, but are not limited to, the following:</i>
QUALITY AND AVAILABILITY OF THE DATA	1) The Legislature should enact the Florida Health Care Practitioner Workforce Database , as outlined in House Bill 1075 and Senate Bill 1154 from the 2004 Legislative Session. The database would serve as the official statewide source of valid, objective, and reliable data on the physician workforce.	<ul style="list-style-type: none"> ▪ State of Florida / Legislature ▪ Department of Health 	<ul style="list-style-type: none"> ▪ Collaborate with Department of Health and/or other interested parties to examine opportunities for the State University System (SUS) to help develop, administer, or fund database <i>(through universities, institutes / centers, or other SUS affiliations)</i>. ▪ Actively encourage legislative sponsorship and enactment of database during 2006 Legislative Session <i>(comparable proposed bills were unable to obtain sponsorship in 2005 Session)</i>.
PARAMETERS OF A MODEL	2) As more reliable data becomes available, state policymakers should develop a model to quantify the adequacy of the state's physician workforce taking into account the following factors: demographics, physician practice status, specialty, place of education and training, quality of care and safety of practice, service delivery conditions, generational changes, public perception, population growth, economic indicators, and issues of the "pipeline" into medical education.	<ul style="list-style-type: none"> ▪ State of Florida / Legislature ▪ Department of Health ▪ State Policy Makers 	<ul style="list-style-type: none"> ▪ Collaborate with Department of Health, policy making bodies, and/or other interested parties to identify opportunities for the SUS to help develop a model to quantify the adequacy of the state's physician workforce <i>(through universities, institutes / centers, or other SUS affiliations)</i>. ▪ Upon development of a model, use the data collected to ensure appropriate prioritization of options to expand medical school capacity. ▪ Utilize framework recommended by CEPRI to develop an SUS-based model for assessing physician workforce adequacy.
CEPRI Recommendations		Key	Potential BOG Role / Timeline / Further Action <i>Should the BOG wish to pursue the recommendation, potential options</i>

		Contributors	<i>that may be available include, but are not limited to, the following:</i>
THE EXPANSION OF RESIDENCY PROGRAMS	3) To address the immediate and/or impending physician shortage in the state, the State of Florida should <i>first</i> pursue a policy of creating and expanding medical residency positions in the state.	<ul style="list-style-type: none"> ▪ State of Florida / Legislature ▪ Hospitals / Residency Programs ▪ BOG ▪ Medical Schools 	<ul style="list-style-type: none"> ▪ Actively encourage legislative sponsorship of policy to create and/or expand graduate medical education (<i>residency training</i>) in Florida. ▪ Communicate with existing Schools of Medicine to determine potential contributions toward creating and expanding residency training -- e.g., <ul style="list-style-type: none"> ▪ Enter into “sponsoring institution” relationship with a hospital; ▪ Consider funding mechanism alternatives to support residency training expansion through established institutions; ▪ Collaborate with medical community to determine expanded offering potential in both hospital and non-hospital settings. ▪ Consider expanding medical school capacity only after pursuing residency training creation and expansion.
	4) Given the federal funding limitations on the expansion and creation of residency positions, the Legislature should provide direct state funding for the residency positions at a rate no less than half of the average estimated direct cost for residency training. Funding for residency positions should be targeted to areas of on-going critical need to the state.	<ul style="list-style-type: none"> ▪ State of Florida / Legislature ▪ Hospitals / Residency Programs ▪ Federal Government 	<ul style="list-style-type: none"> ▪ Consider inclusion of funding for residency training in Legislative Budget Request (LBR). According to CEPRI Needs Analysis, cost estimates per resident are as follows: <ul style="list-style-type: none"> ▪ Average direct cost - \$88,695; average indirect cost - \$97,176 (<i>from data submitted for 2001 Medicare cost reporting system for Florida’s 6 statutory teaching hospitals and 6 selected community teaching hospitals, reflecting a wide variation in reported costs</i>); ▪ Average direct cost - \$115,000; average indirect cost - \$190,000 (<i>from data submitted by Florida’s 3 allopathic medical schools with residency programs</i>). ▪ Actively support future efforts to obtain expanded funding at the federal level for residency training.
CEPRI Recommendations		Key Contributors	Potential BOG Role / Timeline / Further Action <i>Should the BOG wish to pursue the recommendation, potential options that may be available include, but are not limited to, the following:</i>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">THE USE OF INCENTIVES TO ATTRACT PHYSICIANS TO FLORIDA</p>	<p>5) The Legislature should provide funding to the Florida Health Service Corps (381.0302, F.S.) and the Medical Education Reimbursement and Loan Repayment Program (1009.65, F.S.) as a means to immediately provide physicians to critically underserved areas.</p>	<ul style="list-style-type: none"> ▪ State of Florida / Legislature 	<ul style="list-style-type: none"> ▪ Actively encourage legislative funding of the Florida Health Service Corps and Medical Education Reimbursement and Loan Repayment Program (<i>both programs have not been funded in recent years - - according to Florida Department of Health, the participants for the Medical Education Reimbursement and Loan Repayment Program were rolled into the Florida Health Service Corps, which has not been funded since June 1996</i>).
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EXPANSION OF MEDICAL SCHOOL CAPACITY</p>	<p>6) The expansion of medical school capacity should be pursued <i>only after</i> policies to immediately address a physician shortage have been implemented (increasing residency positions and funding scholarship and loan forgiveness programs).</p>	<ul style="list-style-type: none"> ▪ State of Florida / Legislature ▪ Hospitals / Residency Programs ▪ BOG ▪ Medical Schools 	<ul style="list-style-type: none"> ▪ Identify options for expanding medical school capacity, to be pursued following implementation of policies to expand residency training and fund scholarship / loan forgiveness programs.
	<p>7) When expansion of medical school capacity is pursued, the options of expanding existing medical school capacity, establishing regional partnerships, and establishing new medical schools should be prioritized based on cost-efficiency.</p>	<ul style="list-style-type: none"> ▪ BOG ▪ Medical Schools ▪ State of Florida / Legislature 	<ul style="list-style-type: none"> ▪ Develop criteria to evaluate cost efficiency and feasibility of options to expand medical school capacity (<i>could begin immediately</i>). ▪ Develop method to prioritize options for medical school capacity expansion (<i>could begin upon finalization of criteria</i>). ▪ Solicit proposals to expand or establish new medical schools. ▪ Require SUS institutions and UBOTs to consider cost efficiency of various expansion methods during proposal development. ▪ Include funds in the LBR to expand medical school capacity.