Funding Graduate Medical Education In Texas

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Division of Finance, Campus Planning, and Research
Texas Higher Education Coordinating Board

Texas Higher Education Coordinating Board

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The Texas Higher Education Coordinating Board's mission is to work with the Legislature, Governor, governing boards, higher education institutions and other entities to provide the people of Texas the widest access to higher education of the highest quality in the most efficient manner.

THECB Strategic Plan

Coordinating Board Philosophy

The Texas Higher Education Coordinating Board will promote access to quality higher education across the state with the conviction that access without quality is mediocrity and that quality without access is unacceptable. The Board will be open, ethical, responsive, and committed to public service. The Board will approach its work with a sense of purpose and responsibility to the people of Texas and is committed to the best use of public monies. The Coordinating Board will engage in actions that add value to Texas and to higher education; the agency will avoid efforts that do not add value or that are duplicated by other entities.

THECB Strategic Plan

Acknowledgements

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Table of Contents

Page
Executive Summary ii
Background 1
Medicare Resident Caps 2
Graduate Medical Education Funding 3
Study Methodology 5
Limitations of the Study 6
Study Results 7
Medical Schools 7
Teaching Hospitals 10
Discussion 13
Recommendations 14
References 17

Appendices

Appendix A Rider 43; 2002-2003 Biennium Years; Seventy-Seventh Legislature, Regular Session, General Appropriations Act, 2001 Article III, Higher Education Coordinating Board, pg. III-65 ..... A-1

Appendix B Graduate Medical Education Program Working Group B-1

Appendix C Medical School Graduate Medical Education Finance Working Group C-1

Appendix D Hospital Graduate Medical Education Finance Working Group D-1

Appendix E Health-Related Institutions Formula Advisory Committee for GME Study for the 2006-2007 Biennium E-1

Appendix F Expanded GME Working Group F-1

Appendix G FY 2003 Medical School Revenues and Expense Definitions G-1

Appendix H Summary Counts of Resident Physicians by Medical School and Independent Residency Program Sponsor H-1

Appendix I House and Senate Committees Interim Charges I-1

Appendix J Graduate Medical Education FY 2003 Survey: Revenues and Expenses J-1

Figures

Figure 1 FY 2003 Medical School GME Revenues 7
Figure 2 FY 2003 Medical School GME Expenses 9
Figure 3 FY 2003 Hospital GME Revenues 10
Figure 4 FY 2003 Hospital GME Expenses 12

Executive Summary

Graduate medical education (GME), or residency training, is the post-doctor of medicine (MD) or -doctor of osteopathic medicine (DO) training, which lasts at least three to five years following the completion of the degree. In some highly specialized areas of medicine, additional years of training may be required, with some medical subspecialties requiring as many as eight additional years of training prior to practice. GME beyond the initial three to five years is generally referred to as subspecialty training. These GME programs also vary in length of training, with a range of one to three additional years of training beyond the initial residency training. One year of post-graduate training is required for domestic medical graduates to obtain state licensure. Additionally, completion of a residency program is a requirement for hospital admitting privileges and participation in provider panels.

GME is a partnership between medical schools and teaching hospitals to train resident physicians. For the most part, medical school faculties educate medical residents. Teaching hospitals and clinics provide the clinical training setting and patient care opportunities, while the medical school faculty physicians teach and supervise the resident physicians.

Excluding military and Veterans Affairs programs, there are 5,902 resident physicians in Texas training in 468 accredited graduate medical education (GME) programs. It is likely that many of these resident physicians will join the ranks of the 39,872 licensed physicians currently practicing in Texas.[1] These practicing and resident physicians, together with 656 resident physicians training in Texas military and Veterans Affairs hospitals, provide health care to Texas' 22,016,911 people.[2, 3]

Texas ranks 40th nationally in the number of physicians per 100,000 civilian population and faces serious challenges in attracting physicians to locate and practice in rural, remote, and urban underserved areas.[4] With Texas' population increasing at both age ends of the population spectrum, the ratio of 158 direct patient care physicians per 100,000 population ratio will likely not improve unless policy changes are implemented to encourage expansion of the Texas physician workforce and foster greater distribution of physicians across the state. The state's predicted population increases and aging population will require more physicians – and more specialized physicians – to care for our elder citizens.

With 25 percent of Texas total population uninsured and 22 percent of its children uninsured, Texas has the highest number of uninsured individuals in the country.[5] The majority of uninsured Texans receive health care through the state's network of locally tax-funded and privately funded teaching hospitals and clinics. Uninsured Texans play an important role in graduate medical education; they are one of the groups of patients that residents care for and treat, while honing their medical skills and expertise. Graduate medical education is just one piece, albeit an important piece, of the complex health-care delivery system. While ensuring the viability of the safety-net hospitals and clinics in Texas is important to the future of Texas, solving all of the problems associated with ensuring that viability is beyond the scope of this

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[1] Texas State Board of Medical Examiners, May 2004 on-line at tsbme.state.tx.us.
[2] Accreditation Council on Graduate Medical Education, Sponsored Programs, May 2004, on-line at acgme.org.
[3] Texas State Demographer's Office, January 1, 2003, estimate.
[4] Texas Department of Health, State Health Data, Direct Patient Care Providers, September, 2003 on-line at tdh.state.tx.us.
[5] Kaiser Family Foundation, State Facts Online 2002, May 2004, on-line at kaiserfoundation.org.

report. However, this report will provide guidance on strengthening the delivery of graduate medical education, which should help shore up the health-care delivery system.

The medical school/hospital partnerships responsible for training many of the next generation of Texas physicians are stressed financially. The joint effort of training resident physicians while providing essential health-care services to low-income and Medicaid beneficiaries is in serious financial trouble. The challenges faced by the medical school/hospital partnerships may be so overwhelming that both parties must consider and evaluate whether they can afford to retain GME programs or if GME programs must be closed. Closure of GME programs has the immediate effect of reduced safety-net health-care services for the indigent and increases the likelihood that physicians who obtain their medical degrees in Texas will leave the state for residency training. Financial stresses, including many federal barriers that exist under the Medicare program, also make it difficult to expand existing capacity at programs or start new residency programs.

The GME survey of revenues and expenditures described in this study calculates a statewide expenditure of $936.4 million for GME, supported by $261.7 million of revenues from Texas' eight medical schools and $674.7 million from surveyed Texas teaching hospitals (reflecting 86 percent of all residents). This figure underreports the total statewide expenditure because not every hospital providing GME was surveyed. Of the total, $521 million was not dedicated specifically to graduate medical education. Pragmatically, to avoid operating at a loss, the medical schools and the teaching hospitals and clinics shift funds – mainly, clinical practice plan funds for the medical schools and patient care revenues, local hospital district taxes, cash reserves, and Disproportionate Share payments for the teaching hospitals. These revenue sources are not provided for the educational expenditures associated with graduate medical education; however, they are used by the entities to cover the costs of providing GME. Many of the partners – medical schools, residency programs, and teaching hospitals and affiliated clinics – question whether historical levels of support for GME can be maintained, especially if financial circumstances do not improve. When the sources listed above are not used for GME, they are used for research and other educational activities at the medical schools and for supporting indigent health care at the hospitals.

These totals do not reflect the increasing pressure on revenues due to more stringent accreditation and compliance requirements (such as the 80-hour-duty cap) and large reductions in sources of traditional GME revenue, specifically decreases in Medicare reimbursement rates and reductions to the state's Medicaid program. Texas medical schools and teaching hospitals cannot continue for long periods in an environment of rapidly increasing expenditures and declining revenues.

Recommendations

The working group concluded that three categories of funding recommendations would do the most to help shore up the graduate medical education system in Texas and to alleviate some of the financial burden faced by Texas teaching hospitals and medical schools. None of these recommendations should be implemented at the expense of undergraduate medical education in Texas. In addition to the state funding recommendations, the working group also recommended that the state should continue to work to enhance federal funding for GME.

1. *Restore GME funding to Fiscal Years 2002-2003 levels and provide additional state funds for Medicaid matching*. To accomplish this recommendation, an estimated $45 million in additional state funds would be required per year. Of these funds, $32 million would be used to draw down an estimated $48 million in federal matching support.

a. *Permanently restore state Medicaid GME support to teaching hospitals.*
(Restore funds in Article II to 2002-2003 biennium levels)

Funds: $60 million annually ($24 million in state general revenue and $36 million in federal matching dollars)

b. *Provide additional state Medicaid GME support for teaching hospitals.*
(Amount for the growth that would have been funded in the 2004-2005 biennium)

Estimated amount: $20 million annually ($8 million in state general revenue and $12 million in federal matching dollars)

c. *Restore General Revenue funds trusteed to the Coordinating Board for primary care residency support.*
(Restore funds in Article III to 2002-2003 biennium levels)

Funds: $13 million annually in state general revenue

2. *Adopt formula allocations for faculty costs and resident support.* To accomplish this recommendation, an estimated $202.03 million in additional state general revenue would be required annually.

a. *State funds should be provided to support the teaching costs related to GME*.

Estimated funds: $88.5 million [general revenue ($15,000 X 5,902 residents)]

b. *State funds should be provided for resident support for the number of resident physicians in the state that exceeds the Federal cap*.

Estimated funds: $113.53 million [general revenue ($50,000 X 2,270.57 residents)]

3. *Provide funding for 300 additional residency positions to encourage residency programs, especially those in shortage specialties, to increase capacity to help generate the physician workforce of the 21st century.* Seventy-five positions would be added each year, staggered over a four-year period. Initial funding for the 2006-2007 biennium would be $14.625 million.

4. *The Governor and the Legislature should actively collaborate with all stakeholders to seek relief from the federal Centers for Medicare and Medicaid (CMS) to:*

(1) eliminate the current caps on funded Medicare resident training slots and cost per resident for Medicaid graduate medical education reimbursement purposes; and

(2) work for increased and geographically equitable Medicare graduate medical education funding.

Background

Physicians generally begin residency training or graduate medical education in July following graduation from medical school in May. These recent medical graduates are placed into residency programs through a national matching process that occurs in March, prior to May graduation. Through participation in the National Resident Matching Program (NRMP), graduating physicians from accredited U.S. medical schools and qualifying international medical graduates submit their preferences for both the medical specialty area and geographic location of their future residency training. Additionally, each residency program submits a rank-ordered list of preferred residents. Residency program lists generally include only those applicants who have been selected to interview with their program. The NRMP is a matching service and provides the mechanism for matching applicants to residency programs according to preferences expressed by both parties on their individualized rank order lists.[6] For example, a resident who wishes to pursue pediatrics in Texas would submit a preference list of pediatrics residency programs and the various pediatrics residency programs would also submit a rank ordered list, which might include that applicant. Both lists (the applicants and residency programs) are then compared against each other, incorporating a computerized matching algorithm program. On Match Day, the physician finds out where he or she is officially "matched" and the residency programs find out who will fill their available positions. The physician is then contractually obligated to train in the residency program in which he or she matched.

Typically, the residency programs that fill all available positions on Match Day are viewed as more competitive. However, residency programs that do no fill all their positions may enter into a process to fill available vacancies. The number of residency positions nationally exceeds the number of applicants; therefore some residency programs will have positions that remain unfilled.

The financing of residency programs is complex, with multiple federal, state, and local funding streams combining to support the day-to-day operations of residency programs. Federal dollars that support residency training flow to hospitals that house residency programs primarily through the Medicare program. Under the Medicare program, American taxpayers contribute an estimated $70,000 annually for the training of every resident physician. However, there are wide variations between the per-resident amounts that states (and residency programs) receive under Medicare. For example, Texas receives far lower Medicare payments for GME than states in the Northeast (New York, New Jersey) and California.

Federal Medicare funds support residency training through two funding streams: Direct Graduate Medical Education (DGME) and Indirect Medical Education (IME) payments. Medicare DGME payments are linked to the residents' compensation and other direct expenses, while the larger portion of funds is provided for IME, which partially supports the additional hospital costs incurred from attracting sicker patients and performing more tests and procedures in a learning environment than in non-teaching hospitals. These two payments are above the federal funding for physician and hospital services for inpatient clinical care services provided in hospitals that operate and maintain residency programs. Medicare funding for residency programs is tied to medical procedures and in-hospital days primarily for elderly patient populations.

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[6] National Residency Matching Program, About the NRMP on-line at nrmp.org.

Similar to Medicare, many states support graduate medical education payments to hospitals with residency programs based on the provision of Medicaid services. Medicaid funding for residency programs is tied to medical procedures and in-hospital days primarily for low-income patient populations.

While the teaching hospitals provide the patient care opportunities for graduate medical education, the teaching portion of the residency programs is generally directed by medical school faculty or through a consortia arrangement of local practicing physicians who serve as faculty for specific residency programs. National accreditation for the various residency programs is granted through the Accreditation Council on Graduate Medical Education (ACGME) for allopathic medical residencies, while the Bureau of Professions of the American Osteopathic Medicine (BPAOM) accredits residencies for osteopathic medical residents. "Sponsorship" of a residency program is a term related to national accreditation and reflects who maintains and set the residency programs' curricula. Residency programs are required to seek and maintain accreditation so their residents may qualify for state licensure and specialty board certification.

Residency program sponsors may include medical schools, hospitals, or local foundations. The majority of residency training, however, is accomplished through the provision of patient care services primarily in a hospital setting, although residency training may occur in a clinic setting as well.

Medicare Resident Caps

Medicare has different resident limits for counting residents in its indirect medical education (IME) adjustment and for reimbursement for a teaching hospital's direct graduate medical education (DGME) costs. Generally, a hospital's IME adjustment depends on a hospital's teaching intensity as measured by the ratio of the number of interns and residents per bed. Prior to the federal Balanced Budget Act of 1997, the number of residents that could be counted for IME purposes included only those in the hospital inpatient and outpatient departments. Effective October 1, 1997, under certain circumstances a hospital could count residents in non-hospital sites for the purposes of IME. Medicare DGME payment to a teaching hospital is based on its updated cost per resident (subject to a locality adjustment and certain payment corridors), the weighted number of approved full-time-equivalent (FTE) residents, and Medicare's share of inpatient days in the hospital. Medicare counts residents in their initial residency period (the lesser of the minimum number of years required for board eligibility in the physician's specialty or five years) as 1.0 FTE. Residents whose training has extended beyond their initial residency period count as 0.5 FTE. Residents in certain specialties are allowed additional years in their initial residency period.

Generally, the resident counts for both IME and DGME payments are based on the number of residents in approved allopathic and osteopathic teaching programs that were reported by the hospital for the cost-reporting period ending in calendar year 1996. The DGME resident limit is based on the unweighted resident counts. It may differ from the IME limit because in 1996 residents training in non-hospital sites were eligible for DGME payments, but not for IME payments. Hospitals that established new training programs before August 5, 1997 are partially exempt from the cap. Other exceptions apply to certain hospitals including those with new programs established after that date. Hospitals in rural areas (and non-rural hospitals operating training programs in rural areas) may be paid for 130 percent of the number of residents allowed by their cap. Under certain conditions, an affiliated group of hospitals under a specific

arrangement may combine their resident limits into an aggregate limit. Subject to these resident limits, a teaching hospital's IME and DGME payments are based on a three-year rolling average of resident counts. The resident physician count is based on the average of the resident count in the current year and the two preceding years.[7]

Graduate Medical Education Funding

Historically, Texas supports graduate medical education through three ways: Medicaid payments to teaching hospitals, general revenue funds trusteed to the Texas Higher Education Coordinating Board, and special item funding to three medical schools and one teaching hospital. Prior to 1997, Medicaid GME was included in the costs that were utilized in the Diagnostic Related Group (DRG) (inpatient) payments and outpatient payments for hospitals. In the 1997 legislative session, the GME component of the payment was carved out from the DRG payments, to be paid separately to the teaching hospitals. In 2003, the 78th Legislature eliminated the DRG payments from Medicaid funding for the 2004-2005 biennium. However, recent efforts by the Governor's Office may provide funds for the hospitals in FY 2005. The elimination of the DRG payments eliminated the federal match ($36 million). Efforts are underway to secure unclaimed lottery proceeds and match these state funds to secure the federal match for FY 2005.

Trusteed funds to the Coordinating Board have been limited to support primary care residency training programs in family practice, internal medicine, obstetrics/gynecology, and pediatrics. However, during the 2003 legislative session, funding for the Coordinating Board's trusteed programs for the 2004-2005 biennium were reduced by 53 percent ($24.3 million). GME financing in Texas is facing a crisis.

Special item funding for GME appropriated to the three medical schools and one teaching hospital totaled $9.2 million during the 2002-2003 biennium. These funds were reduced by $1.15 million (12.5 percent) during the 2004-2005 biennium.

Efforts have been made to understand the impact of GME and the various GME funding steams during the past several legislative sessions. During the 1999 session, the Legislature considered providing direct formula funding support to the medical schools, but declined to do so because it was not clear what the appropriate level of funding should be. An interim study by the Senate Finance Committee resulted in a recommendation that a study should be undertaken to determine how much GME costs and what revenues were available to support it.

The 77th Legislature in 2001 directed the Coordinating Board in its 2002-2003 biennial appropriations (see Appendix A - Section 43, 77th Legislature, Regular Session, General Appropriations Act, 2001) to convene a task force of representatives from each state-appropriated health science center and hospital, and hospital and health-care facility with graduate medical education (GME) programs, to review revenue sources and funding streams that support GME in Texas. The task force was charged to develop recommendations on funding priorities to preserve the long-term viability of GME in Texas by improving the patient care services provided by these programs to Texans. The Coordinating Board was to provide its recommendations to the 78th Texas Legislature. Several obstacles, including lack of funds to hire an independent consultant to collect and analyze data and a class action lawsuit against the National Residency Match Program, prevented the Coordinating Board from fulfilling this mandate. The sponsors of the rider granted the Board permission not to complete it.

[7] Committee Reports for the 108th Congress on-line at congress.gov.

Although no similar rider was included in the Coordinating Board's 2004-2005 biennial appropriations, the Board continued to pursue the study on a smaller scale – specifically, the study methodology was limited in scope to a snapshot of one year's worth of data collected by survey of the participating medical schools and teaching hospitals. No outside accounting firm was used to collect the data. Three working groups were established: the GME Program Working Group, Medical School GME Finance Working Group, and Hospital GME Finance Working Group.

The GME Program Working Group (see Appendix B for a list of members) was comprised of the associate deans for graduate medical education at the eight Texas medical schools. This group identified common program elements required for accredited GME programs. The work of the GME Program Working group established the definitional framework for the study.

The Medical School GME Finance Working Group (see Appendix C for a list of members) was comprised of the comptroller, vice president for finance, and/or associate medical deans for finance at the eight Texas medical schools. Fiscal officers representing many of the primary teaching hospitals comprised the Hospital GME Finance Working Group (see Appendix D for a list of members). The two Finance Working Groups addressed the revenues and expenditures of their GME programs and completed surveys to provide aggregated statewide data for analysis.

The Health-Related Institutions Formula Advisory Committee (see Appendix E for a list of members) discussed the draft report at their June 1, 2004 meeting.

In the meantime, two legislative committees were given interim charges to examine graduate medical education in Texas (see Appendix I for the charges to the interim committees). Committee members expressed interest in the results of this study and possible recommendations that might result from the evaluation of funding sources. Consequently, the decision was made to convene a broader-based working group to evaluate the results of the survey of expenditures and revenues and to formulate recommendations that address funding issues for both the medical schools and the teaching hospitals (see Appendix F for a list of the Expanded GME Working Group members).

Study Methodology

From March through July 2004, Coordinating Board staff collected FY 2003 graduate medical education revenue and expenditure data from Texas' eight medical schools and 25 of the 59 teaching hospitals in the state.[8, 9] Copies of the two data collection instruments are provided in Appendix G.

Medical school participation resulted in capturing revenue data covering 86 percent (5,092) of the resident physicians training in the state. Teaching hospital participation resulted in capturing data covering 42 percent of the state's teaching hospitals.[10] However, these teaching hospitals train a majority of the state's 5,902 physician residents. Approximately 70 percent of the state's physician residents train in residency programs located at the 25 surveyed teaching hospitals (see Appendix H for a list of residency programs by medical school or independent residency program).

For the analysis contained in this report, the total numbers of residents that the medical schools and teaching hospitals are required to support are used. However, state Medicaid and federal Medicare funding caps have been imposed, which limit reimbursements for services provided. The total number of residents training in Texas was found to be 5,902, but the statewide cap is limited to 3,631.43 for Medicare-funding purposes.[11] Teaching hospitals and medical schools are thus required to support the difference of 2,270.57 residents.

Survey data from two of the state's health-related institutions, The University of Texas M.D. Anderson Cancer Center and The University of Texas Health Center at Tyler, were included in the teaching hospital survey. This better reflects the nature of these two institutions, as they do not operate a medical school program. These two institutions, along with the locally independent residencies account for 17 percent of the total residents in training annually. The University of Texas M.D. Anderson Cancer Center (Houston) reported 87 residents in training in 14 programs, while The University of Texas Health Center at Tyler reported 23 residents training in two programs. Locally independent residency programs train an additional 700 residents in 52 programs at 19 sites (hospitals/clinics) located across the state. The total number of residents in training in FY 2003-2004 is estimated at 5,902 residents in all Texas civilian (i.e., non-military, non-federal Department of Veterans Affairs) programs. The independent residency programs are sponsored by local foundations or hospitals, rather than medical schools.

For the purpose of this report, all of the results are presented as statewide aggregated totals; no attempt is made to compare revenues and expenses between programs. Because not all of the hospitals operating residency programs were surveyed, the revenues and expenditures are somewhat underreported. However, it is believed that the proportion shown in each category of revenues and expenditures is representative.

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[8] Data are from FY 2003. Medical schools all use the state fiscal year. However, teaching hospitals use various fiscal year ending dates.

[9] The total number of teaching hospitals is defined by the Texas Association of Public Nonprofit Hospitals as an inpatient facility in the state of Texas that received Medicaid GME funding.

[10] Teaching hospitals included in the survey had associations or partnerships with one of the eight Texas medical schools. Independent teaching hospitals were not included.

[11] Total number of Medicare funded residency positions based on 2001 Medicare Cost Reports, Centers for Medicare and Medicaid Services.

Limitations of the Study

As with any study, there are important limitations.

1. The report data reflect a snapshot in time. No data have been collected on the changes that have occurred over time in either the expenditures associated with providing graduate medical education or the available revenues. Also, the study did not seek to show how the various pieces of the funding pie have changed in relation to each other – the increase or decrease in the share of the revenue pie represented by "other" sources of funds, for example. So, it does not demonstrate any shift from using dedicated GME revenues to using more non-GME dedicated revenues.

2. Aggregating the data tends to mask the differences between individual medical schools or hospitals. For example, in some programs the medical school pays and employs the resident physicians, and in other programs the teaching hospital pays and employs the resident. This means that the financial relationship between an individual medical school and an individual teaching hospital varies. Because these data show both parts of the GME partnership, there will be overlap – an expenditure by a hospital may show up as revenue for a medical school. In addition, nuances related to specific partnership relationships are not shown. Per-resident funding will vary for reasons that do not reflect varying levels of efficiency. Consequently, while these data are used in this report to show a statewide figure, they might provide an inaccurate picture of "efficiency" if used on an individual program basis.

3. While every effort was made to define the terms unambiguously, there are categories for which the data will not be uniform. For example, "Non-GME Revenue" may vary among institutions and hospitals because they use different revenue sources to make up the difference between dedicated GME funds and non-dedicated GME funds.

4. The study did not evaluate the issue of increasing capacity. It is a reflection of the state of funding for currently delivered graduate medical education in Texas.

5. The study used self-reported data. No third party consultant was used to verify the data. However, efforts were made to use data provided in federally required reports. In addition, the working groups reviewed the data for anomalies.

6. While only 42 percent (25 of 59) of the teaching hospitals completed the survey, they provide the majority of graduate medical education in Texas and represent nearly 70 percent of the residents. Although the total funding picture is underreported in this study, it is the belief of the Expanded Working Group and Coordinating Board staff that adding the survey results for the additional hospitals would not substantially change the proportional relationships among either the expenditure or revenue categories.

7. Because the latest available data are for Fiscal Year 2003, the reductions in funding for the current biennium are not reflected in the figures.

Following is a discussion of the survey results (See Appendix J for complete survey results).

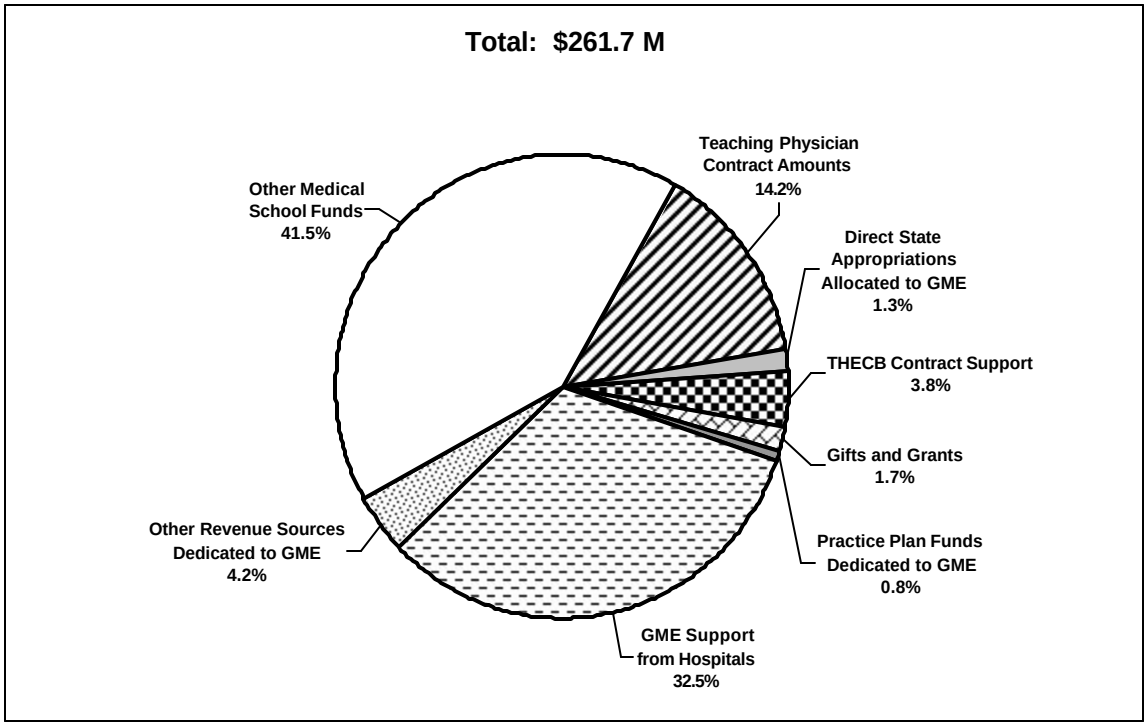
Study Results

Medical Schools

A. Graduate Medical Education (GME) Revenues

GME annual revenues reported from the eight Texas medical schools for FY 2003 totaled $261.7 million. For the purpose of this study, revenues were divided into eight source categories.

Figure 1. FY 2003 Medical Schools GME Revenues



- 32.5 percent of GME revenues ($85 million) were provided to the medical schools as "GME Support from Hospitals." This reflects the partnership relationships between many of the medical schools and affiliated teaching hospitals; these institutions view their roles in GME as a shared responsibility. Revenue coded in this category reflects contracts between teaching hospitals and medicals schools to provide direct support for teaching physicians and payment of resident physicians. This allows some medical schools to employ residents. Medical schools that employ residents include Baylor College of Medicine (Houston), Texas Tech University Health Sciences Center School of Medicine (Lubbock), and The University of Texas Houston Health Science Center School of Medicine.

- 14.2 percent of GME revenues ($37.1 million) were "Teaching Physician Contract Amounts," another form of direct payment from the teaching hospitals to the medical schools. Revenue coded in this category reflects contracts between teaching hospitals and medicals schools that do not provide direct support for teaching physicians with that for resident physicians. Three medical schools reporting in this category are The

University of Texas Houston Health Science Center Medical School, Texas A&M University System Health Science Center College of Medicine (College Station/Temple) and Texas Tech University Health Sciences Center School of Medicine (Lubbock). Texas Tech appears in both categories as a reflection of its relationship with several teaching hospitals. Texas Tech sponsors residency programs in Amarillo, El Paso, and Odessa in addition to its Lubbock location and maintains separate contractual arrangements with each of its affiliated teaching hospitals.

- 4.2 percent of GME revenues ($11 million) were accounted for as "Other Revenue Sources Dedicated to GME." These revenues included funds from endowment and foundation proceeds, institutional reserves, and practice plan revenues not originally used to support GME. Historically, these funds have not been used to support GME.

- 3.8 percent of GME revenues ($9.9 million) were from "THECB Contract Support for GME." Collectively, these revenues were payments from five programs administered by the Coordinating Board's Division of Universities and Health-Related Institutions. Funds from the Family Practice Residency Program, the Primary Care Residency Program, the Family Practice Residency Pilot Project, the Resident Physician Compensation Program, and the Graduate Medical Education Programs were trusteed to and distributed by the Coordinating Board to all eight medical schools that participated in the study, as well as to independent family practice residency training programs (some not involved in the study). Funds from the Resident Physician Compensation Program were distributed through the medical schools to their affiliated teaching hospitals. The THECB Contract Support for GME was reduced by 53 percent in state general revenue for the 2004-2005 appropriation.

- 1.7 percent of GME revenues ($4.4 million) were "Gifts and Grants."

- 1.3 percent of GME revenues ($3.5 million) were "Direct State Appropriations Allocated to GME." These revenues include Special Item funds for The University of Texas Southwestern Medical Center at Dallas Medical School, The University of Texas Health Science Center at San Antonio and Texas Tech University Health Sciences Center specifically for residency training programs in Lubbock, Midland, and El Paso. (Special Item funds for The University of Texas Health Center at Tyler are included under the teaching hospital section of this report.)

- 0.8 percent of GME revenues ($2.3 million) were "Practice Plan Funds Dedicated to GME." Two medical schools reporting in this category were Texas Tech University Health Sciences Center School of Medicine and The University of Texas Southwestern Medical Center at Dallas Medical School.

- 41.5 percent of revenues ($108.6 million) were "Other Medical School Funds" not dedicated to GME function, but needed to support GME costs. These revenues include practice plan funds (79 percent) and other funds (21 percent), such as endowments, foundations, and reserves.

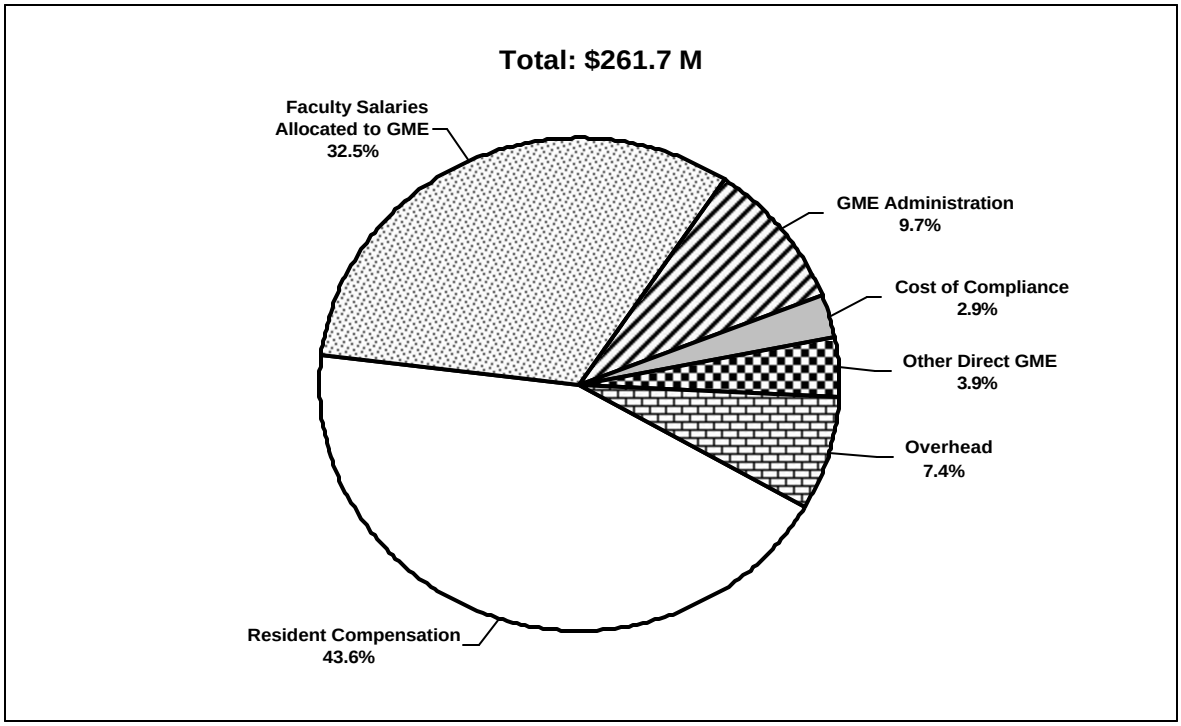
In FY 2003, the eight medical schools participating in the study were training 5,092 resident physicians, or 86 percent of the physician residents in Texas that year. The average revenue per resident for the medical schools was calculated at $51,388, of which $30,066 is covered by

GME-dedicated revenues and $21,322 is covered by other non-GME-dedicated medical school funds.

B. Graduate Medical Education (GME) Expenses

GME annual expenses reported from the eight Texas medical schools for FY 2003 totaled $261.7 million. For the purpose of this study, expenses were divided into six expenditure categories.

Figure 2. FY 2003 Medical Schools GME Expenses



- 43.6 percent of GME expenses ($114 million) were reported as "Resident Compensation." This category includes salaries, benefits, and stipends paid to residents.

- 32.5 percent of GME expenses ($85 million) were reported as "Faculty Salaries Allocated to GME."

- 9.7 percent of GME expenses ($25.5 million) were reported as "GME Administration." This category includes the salaries and wages of the administrative staff who support the teaching faculty.

- 7.4 percent of GME expenses ($19.5 million) were reported as "Overhead (not included elsewhere)". This category includes both departmental and institutional overhead based on an allocation methodology consistent with the institution's application of overhead in its grants and contracts agreements.

- 3.9 percent of GME expenses ($10.2 million) were reported as "Other Direct GME." This category includes such expenses as liability insurance and travel expense associated with recruitment.

- 2.9 percent of GME expenses ($7.5 million) were reported as "Cost of Compliance." This category includes various accreditation costs incurred by medical schools for their residency programs and some liability insurance expense.

C. Expense Less GME-Dedicated Revenue

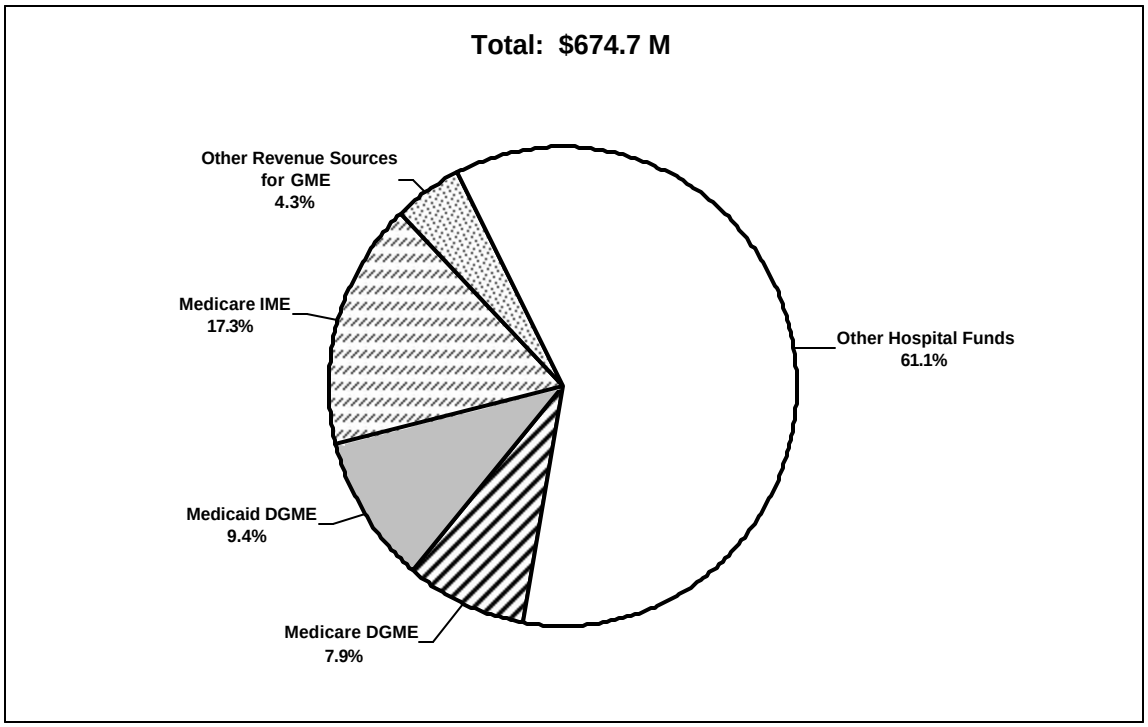
The average per-resident expense for the medical schools in Texas was $51,388 in FY 2003. Revenues dedicated to GME (i.e., $153.1 million) covered 58.5 percent of the total expense for GME; medical schools covered 41.5 percent of GME expenses – an additional $108.6 million – by non-GME-dedicated sources that could have been used for other educational and research activities. Support for this gap in funding was provided from two sources: "Practice Plan Funds Not Dedicated to GME" financed $85.3 million and "Other Funds Not Dedicated to GME" provided $23.3 million of GME expenses.

Teaching Hospitals

A. Graduate Medical Education (GME) Revenues

GME annual revenues reported from the 25 teaching hospitals participating in the survey totaled $674.7 million in FY 2003. For the purpose of this study, the teaching hospitals were instructed to provide four specific line item entries on GME revenue sources from their Medicare cost reports.

Figure 3. FY 2003 Teaching Hospitals GME Revenues



- 17.3 percent of GME revenues ($116.7 million) were payments for "Medicare Indirect Medical Education (IME)." These revenues are payments made to the teaching hospitals by the federal government to compensate for higher patient care costs due to the presence of teaching programs.

- 9.4 percent of GME revenues ($63.4 million) were for "Medicaid Direct Graduate Medical Education (DGME)." These revenues were a combination of general revenue and federal matching funds that were appropriated by the Texas Legislature to support GME in FY 2003. To address state budget restrictions, the Legislature eliminated funding this program for FY 2004. However, recent discussions and actions by the Legislature indicate that teaching hospitals may receive some relief provided through a one-time payment with revenues provided by Texas lottery proceeds and federal matching funds in FY 2005. While this approach will provide some relief for the teaching hospitals, no future legislative commitments have been made to maintain funding for the teaching hospitals.

- 7.9 percent of DGME revenues ($53.2 million) were payments for "Medicare Direct Graduate Medical Education (DGME)." These are payments made to the teaching hospitals by the federal government to provide partial compensation for residency education costs.

- 4.3 percent of GME revenues ($29 million) were "Other Revenue Sources for GME." These revenues are amounts received from state, local, and/or private grants or donations used to fund GME, as well as federal Children's Hospitals payments for GME Direct Medical Education

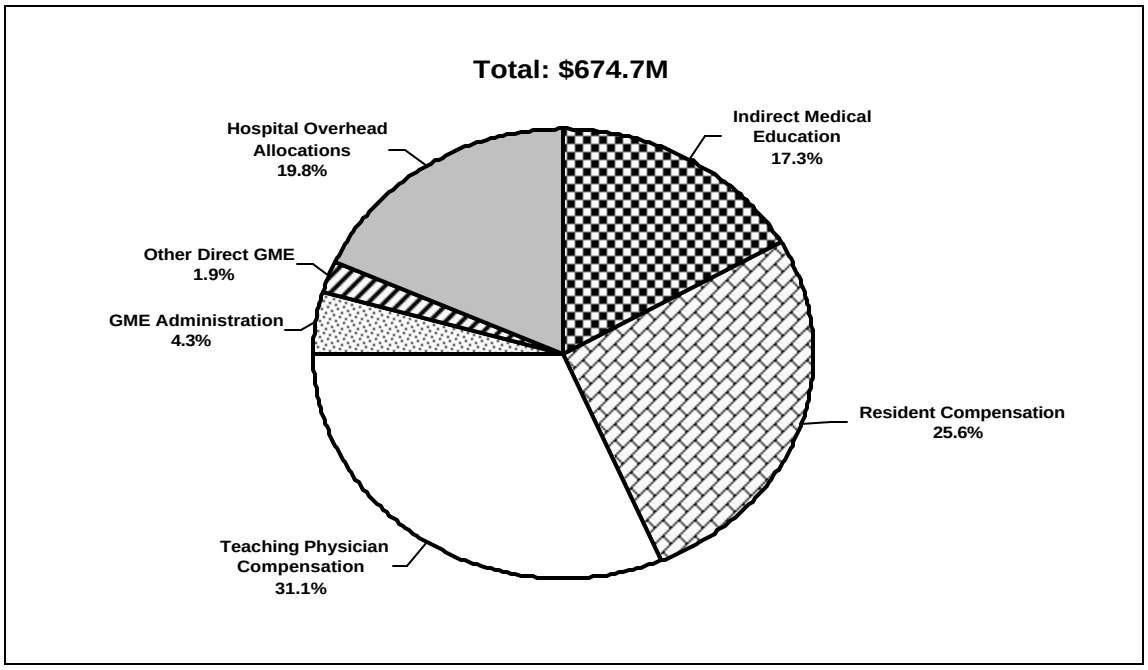
- 61.1 percent of GME revenues ($412.5 million) were "Other Hospital Funds." These revenues come from hospital reserves, Disproportionate Share Hospital funds, and patient care revenues (primarily commercially insured patients).

In FY 2003, the 25 teaching hospitals participating in the study were providing clinical experiences for 4,139 residents, or 70 percent of the total number of residents in the state. The average per resident revenue for teaching hospitals was calculated at $163,011, of which $63,357 is covered by GME-dedicated revenues and $99,654 is covered by other non-GME-dedicated hospital funds.

B. Graduate Medical Education (GME) Expenses

GME annual expenses in FY 2003 reported by the 25 teaching hospitals participating in the study totaled $674.7 million. The teaching hospitals were instructed to provide six specific line item entries on GME expenses from their Medicare cost reports, the source documents used to report revenue information.

Figure 4. FY 2003 Teaching Hospitals GME Expenses



- 31.1 percent of GME expenses ($209.7 million) were reported as "Teaching Physician Compensation." These expenses included the salaries and fringe benefits for supervising physicians.

- 25.6 percent of GME expenses ($172.7 million) were reported as "Resident Compensation." These expenses included resident salaries and benefits.

- 19.8 percent of GME expenses ($133.8 million) were reported as "Hospital Overhead Allocations." These expenses are calculated by a federally prescribed methodology and are exclusive of any other expenses.

- 17.3 percent of GME expenses ($116.7 million) were reported as "Indirect Medical Education." For the purpose of this study, the teaching hospitals were instructed to enter the same amount that had been provided under Medicare IME revenues. Nationally, many attempts have been made to quantify and qualify IME expenses, but there is no accepted measure of this cost.

- 4.3 percent of GME expenses ($28.9 million) were reported as "GME Administration, e.g., direct cost of staff office providing long-term planning, institutional oversight, and operations management of residence and fellowship programs."

- 1.9 percent of GME expenses ($12.9 million) were reported as "Other Direct GME (not included elsewhere)", e.g. resident liability insurance costs, resident meals, resident parking, net operating loss from teaching clinic.

The average per-resident expense for the 25 teaching hospitals that participated in this study was $163,011 in FY 2003. Revenues dedicated to GME covered 38.9 percent of their total expenses for GME; these teaching hospitals covered 61.1 percent of their GME expenses – an additional $412.5 million – from non-GME-dedicated sources that could have been used for patient care activities, or, in some cases, tax relief. Support for the gap in funding for GME was provided through general patient revenues, hospital district tax revenues, and Disproportionate Share payments.[12]

Discussion

Attempts were made to avoid duplicate or double counting of costs and expenses for GME. Using the current analysis, $512 million in GME-related costs are being supported by revenue sources for which they were not intended. Just over one-fifth ($108.6 million) of these expenses are borne by the medical schools in Texas, while the remainder is covered by the 25 teaching hospitals participating in this study.

Several other issues need further examination:

1. Resident compensation for the medical schools is listed at $114 million and is listed for the teaching hospitals at $172.7 million. Summing these two amounts produces a total resident expense of $286.7 million, which reflects 31 percent of total GME expenses for the medical schools and teaching hospitals. This compensation, for the most part, does not reflect the 80-hour duty cap, which became effective in July 2003. This cap affected all physician residents' training schedules and limits their duty hours to 80 hours per week. Initial increases in costs affect primarily the medical schools and are estimated at 25 to 30 percent.

2. As previously noted, these are FY 2003 financial data. The impact of FY 2004 state budget reductions on residency training and indigent health care is unknown. Nor is it known the impact of the 80-hour duty cap on teaching hospitals and the increased patient care responsibilities being placed on clinical faculty. In addition, the impact of further anticipated cuts in federal reimbursement is not known. It is known that teaching hospitals nationwide are at their lowest total margins since 1996, according to data provided by Ms. Karen Fisher, Associate Vice President in the Division of Health Care Affairs at the Association of American Medical Colleges. Teaching hospitals are no longer able to cost shift due to the lack of flexibility – and reduced income – among their payor sources.

3. The costs and revenues from the independent residency training programs and the 34 teaching hospitals not participating in the study represent a much smaller number of revenues and expenses related to GME. However, data would need to be collected from these programs to determine total statewide expenses and revenues. Because these programs represent a much smaller number of residents (14

[12] The Omnibus Budget and Reconciliation Act (OBRA) of 1981 directed state Medicaid programs to develop rate systems that identified and reimbursed hospitals that provide a disproportionate amount of indigent care.

percent), it is not expected that the proportions of revenues and expenses would differ significantly from those of the eight medical schools and 25 teaching hospitals that participated in the study to date.

Recommendations

The working group concluded that three categories of funding recommendations would do the most to help shore up the graduate medical education system in Texas and to alleviate some of the financial burden faced by Texas teaching hospitals and medical schools. They are 1) restore state graduate medical education funding to the levels of the 2002-03 biennium (and provide additional Medicaid funds for a federal match); 2) adopt formula allocations for faculty costs and resident support; and 3) provide state funding to allow for the addition of 300 additional residency positions. None of these recommendations should be implemented at the expense of undergraduate medical education in Texas. In addition to the state funding recommendations, the working group also recommended that the state should continue to work to enhance federal funding for GME.

1. *Restore GME funding to 2002-2003 biennium levels and provide additional state funds for Medicaid matching*. To accomplish this recommendation, an estimated $45 million in additional state funds would be required per year. Of these funds, $32 million would be used to draw down an estimated $48 million in federal matching support.

a. *Permanently restore state Medicaid GME support to teaching hospitals*
(Restore funds in Article II to 2002-2003 biennium levels)

Funds: $60 million annually ($24 million in state general revenue and $36 million in federal matching dollars)

b. *Provide additional state Medicaid GME support for teaching hospitals*
(Amount for the growth that would have been funded in the 2004-2005 biennium)

Estimated amount: $20 million annually ($8 million in state general revenue and $12 million in federal matching dollars)

c. *Restore General Revenue funds trusteed to the Coordinating Board for primary care residency support*
(Restore funds in Article III to 2002-2003 biennium levels)

Funds: $13 million annually in state general revenue

2. *Adopt formula allocations for faculty costs and resident support*. To accomplish this recommendation, an estimated $202.03 million in additional state general revenue would be required annually.

a. *State funds should be provided to support the teaching costs related to GME*. These funds should be allocated based on per-resident funding. State support would follow the resident to the sponsoring medical school, teaching hospital, or clinics that operate the accredited GME program.

Estimated funds: $88.5 million [general revenue ($15,000 X 5,902 residents)]

b. *State funds should be provided for resident support for the number of resident physicians in the state that exceeds the Federal cap*. This would recognize and compensate for federal restrictions on the number of resident physicians that a program may report and for which a program currently does not receive federal Medicare or Medicaid Direct Graduate Medical Education payments under current resident caps.

In 2001, the most recent year for which data are available, Texas was authorized to receive federal support for 3,631.43 resident physicians. The remaining 2,270.57 physicians are "over the cap" and currently do not receive Medicare or Medicaid DGME reimbursement. State support would follow the resident to the medical school, teaching hospital, or clinic that employs the resident.

Estimated funds: $113.53 million [general revenue ($50,000 X 2,270.57 residents)]

3. *Provide funding for 300 additional residency positions to encourage residency programs, especially those in shortage specialties, to increase capacity to help generate the physician workforce of the 21st century.* Seventy-five positions would be added each year, staggered over a four-year period. Initial funding for the 2006-2007 biennium would be $14.625 million.

Estimated funds:
$4.88 million [state general revenue ($65,000 X 75 residents in FY 2006)]
$9.75 million [state general revenue ($65,000 X 150 residents in FY 2007)]
$14.63 million [state general revenue ($65,000 X 225 residents in FY 2008)]
$19.5 million [state general revenue ($65,000 X 300 residents in FY 2009 and beyond)]

4. *The Governor and the Legislature should actively collaborate with all stakeholders to seek relief from the federal Centers for Medicare and Medicaid (CMS) to:*

(1) eliminate the current caps on funded Medicare resident training slots and cost per resident for Medicaid graduate medical education reimbursement purposes; and

(2) work for increased and geographically equitable Medicare graduate medical education funding.

If this recommendation is adopted and subsequent negotiations with CMS meet with success, enhanced reimbursement rates for resident compensation and the elimination of resident slot distribution inequities could have the effect of Texas receiving more federal support for GME, thereby reducing some of the need for enhanced state support for GME. Increased federal support to the teaching hospitals for GME could also have the result of allowing medical schools to negotiate contracts more favorably with their affiliated teaching hospitals (reasoning that the teaching hospitals would have more sufficient resources) for teaching physician and resident physician compensation.

For FY 2006 and FY 2007, these recommendations would require an estimated $251.91 million and $256.78 million, respectively, in state general revenue and would draw down an estimated $48 million in federal matching funds annually.

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Texas General Appropriations Act, 78th Regular Session, House Bill 1.

Texas Medical Association, Council on Medical Education, Agenda Packet, May 12, 2004.

Texas State Board of Medical Examiners, on-line at tsbme.state.tx.us.

Texas State Demographer's Office.

APPENDIX A

Rider 43

2002-2003 Biennium Year
Seventy-Seventh Legislature, Regular Session, General Appropriations Act, 2001

43. Graduate and Post Graduate Medical Education Task Force. The Coordinating Board shall convene a task force consisting of representatives from each state-appropriated health science center and hospital, as well as selected representatives of hospitals and health care facilities that serve as teaching facilities with residency programs. The Commissioner shall appoint the members of the task force.

Each task force participant shall make available, for task force use only, their most recent audited financial statements and Medicare cost reports.

The task force shall analyze all funding streams, local, state, and federal, and any other sources of revenue, public or private, that support graduate and post-graduate medical education in the state of Texas.

The Coordinating Board may hire an independent consultant to assist in the gathering and interpretation of data and the construction of recommendations. The Coordinating Board may pay for that consultant out of funds which may be available from gifts, grants or donations, or from transfers which may be made from funds available to the entities represented on the task force. Such transfer amounts shall be proportional to the numbers of graduate and post-graduate medical students in each entity's respective programs.

The task force shall recommend, to the Seventy-eighth Legislature by September 1, 2002, funding priorities that preserve the long-term viability of graduate and post-graduate medical education in Texas by improving graduate and post-graduate medical education's service to Texas residents.

APPENDIX B

GME PROGRAM WORKING GROUP

Name/Title	Institution/Address	Email/Phone/Fax
Thomas Blackwell, M. D. Associate Dean of Graduate Medical Education	The University of Texas Medical Branch at Galveston 301 University Blvd. Galveston, TX 77555-0570	tblackwell@utmb.edu (409) 772-2653 FAX (409) 772-5462
Lois Bready, M. D. Associated Dean for Graduate Medical Education	The University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78229-3900	bready@uthscsa.edu (210) 567-4511 FAX (210) 567-0153
Patricia Butler, M. D. Associate Dean for Educational Programs	University of Texas Health Science Center at Houston, The 6431 Fannin Houston, TX 77030-1503	patricia.butler@uth.tmc.edu (713) 500-5140 FAX (713) 500-0602
Stephen B. Greenberg, M. D. Chair of the Department of Medicine	Baylor College of Medicine One Baylor Plaza Houston, TX 77030	stepheng@bcm.tmc.edu (713) 798-4775 FAX (713) 795-5782
Lynne Kirk, M. D. Associate Dean for Graduate Medical Education	University of Texas Southwestern Medical Center at Dallas, The 5323 Harry Hines Boulevard Dallas, TX 75390	lynne.kirk@utsouthwestern.edu (214) 648-3433 FAX (214) 648-7517
Terry McMahon, M.D. Associate Academic Dean, School of Medicine	Texas Tech University Health Sciences Center 3601 4th Street Lubbock, TX 79430	terry.mcmahon@ttuhsc.edu (806) 743-3005 FAX (806) 743-4165
Paul Ogden, M. D. Vice Chairman of Internal Medicine	Scott & White Memorial Hospital 2401 S. 31st Street Temple, TX 76508	pogden@swmail.sw.org (254) 724-2232 FAX (254) 724-8425
Don Peska, D. O. Associate Dean for Academic Affairs	University of North Texas Health Science Center at Fort Worth 3500 Camp Bowie Blvd. Fort Worth, TX 76107-2644	dpeska@hsc.unt.edu (817) 735-2369 FAX (817) 735-2330

COORDINATING BOARD SUPPORT STAFF

Dr. Deborah L. Greene Assistant Commissioner	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	deborah.greene@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147

Name/Title	Institution/Address	Email/Phone/Fax
Mr. Jeff Phelps Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	jeffrey.phelps@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Ms. Lynn Magee Assistant Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	lynn.magee@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Ms. Stacey Silverman Program Director	Universities and Health-Related Institutions Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	stacey.silverman@thecb.state.tx.us (512) 427-6206 FAX (512) 427-6168

APPENDIX C

MEDICAL SCHOOLS GME FINANCE WORKING GROUP

Name/Title	Institution/Address	Email/Phone/Fax
Mr. William R. Allen Associate Dean of Finance, Medical School	The University of Texas Health Science Center San Antonio 7703 Floyd Curl Dr. Mail Code 7790 San Antonio, TX 78229-3900	allenw@uthscsa.edu (210) 567-6965 FAX (210) 567-0218
Mr. David M. Connaughton Associate Chief Financial Officer	The University of Texas Medical Branch at Galveston 301 University Blvd., Room 5.113 Galveston, TX 77555-0153	dmconnau@utmb.edu (409) 772-3446 FAX (409) 772-2430
Mr. Ron Evans Controller	Baylor College of Medicine One Baylor Plaza Houston, TX 77030	revans@bcm.tmc.edu (713) 798-6505 FAX (713) 798-3712
Mr. David E. Kusnerik Director, Office of Graduate Medical Education	UT Medical School, The University of Texas Health Science Center Houston 6431 Fannin, Room JJL310 Houston, TX 77030	david.e.kusnerik@uth.tmc.edu (713) 500-5517 FAX (713) 500-0612
Mr. Bryce McGregor Assistant Dean, Chief Operations Officer	Texas Tech University Health Science Center 3601 4th Street MS6207 Lubbock, TX 79430	bryce.mcgregor@ttuhsc.edu (806) 743-3035 FAX (806) 743-3021
Ms. Raye Milburn Assistant Vice President & Controller	The Texas A&M University System Health Science Center Office of Finance and Administration John B. Connally Building 301 Tarrow Street, 6th Floor Campus Mail Stop: 1361 College Station, TX 77840-7896	milburn@tamhsc.edu (979) 458-7254 FAX (979) 458-7259
Mr. John Roan Exec. Vice President for Business Affairs	The University of Texas Southwestern Medical Center at Dallas 5323 Harry Hines Blvd. Dallas, TX 75235-9014	john.roan@utsouthwestern.edu (214) 648-3572 FAX (214) 648-3944

Name/Title	Institution/Address	Email/Phone/Fax
Mr. Steve Russell Senior Vice President for Finance and Administration	The University of North Texas Health Science Center at Fort Worth 3500 Camp Bowie Blvd Fort Worth, TX 76107-2644	SRussell@hsc.unt.edu (817) 735-2525 FAX (817) 735-5050
<u>COORDINATING BOARD SUPPORT STAFF</u>		
Dr. Deborah L. Greene Assistant Commissioner	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	Deborah.greene@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Mr. Jeff Phelps Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	jeffrey.phelps@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Ms. Lynn Magee Assistant Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	lynn.magee@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Ms. Stacey Silverman Program Director	Universities and Health-Related Institutions Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	stacey.silverman@thecb.state.tx.us (512) 427-6206 FAX (512) 427-6168

APPENDIX D

HOSPITAL GME FINANCE WORKING GROUP

Name/Title	Institution/Address	Email/Phone/Fax
Mr. David Allison Chief Executive Officer	University Medical Center PO Box 5980 Lubbock, TX 79408	dallison@teamumc.com (806) 775-8517 FAX (806) 775-8501
Ms. Linda Burke Assistant Executive Director of Finance	Scott & White Memorial Hospital 2401 South 31st Street Temple, TX 76508	LBURKE@swmail.sw.org (254) 724-5093 FAX (254) 724-5417
Dr. Toya Candelari Director of Trainee Support Services	University of Texas MD Anderson Cancer Center, The 1515 Holcombe Blvd. Houston, TX 77030	tcandela@mdanderson.org (713) 792-2698 FAX (713) 792-7895
Mr. Moody Chisholm Chief Executive Officer - Managing Director	Northwest Texas Hospital PO Box 1110 Amarillo, TX 79175	moody.chisholm@nwths.com (806) 354-1000 FAX (806) 354-1109
Ms. Peggy Deming Chief Financial Officer	University Health System 4502 Medical Drive San Antonio, TX 78284	peggy.deming@uhs-sa.com (210) 358-2101 FAX (210) 358-4745
Ms. Keri Disney Director, Government Reimbursement	Parkland Health & Hospital System 5201 Harry Hines Blvd. Dallas, TX 75235	KDISNE@parknet.pmh.org (214) 590-4171 FAX (214) 590-4176
Ms. Nancy M. Gast Exec. Director, Institutional Compliance and Cost Reimbursements	The University of Texas Medical Branch Galveston 301 University Blvd. Galveston, TX 77555	ngast@utmb.edu (409) 747-8778 FAX (409) 747-8775
Mr. John Gates Senior Vice President and Chief Financial Officer	Parkland Health & Hospital System 5201 Harry Hines Blvd. Dallas, TX 75235	JGATES@parknet.pmh.org (214) 590-7996 FAX (214) 590-8096
Mr. John Hicks President and Chief Executive Officer	Baptist-St. Anthony's Hospital 1600 Wallace Blvd. Amarillo, TX 79106	john.hicks@bsahs.org (806) 212-2000 FAX (806) 212-2919
Ms. Mazie Jamison Director of Public Policy	Children's Medical Center 1935 Motor Street Dallas, TX 75235	mazie.Jamison@childrens.com (214) 456-5315 FAX (214) 456-5301
Mr. Vernon Moore Director of Finance	The University of Texas Health Center at Tyler 11937 US Highway 271 Tyler, TX 75708-3154	vernon.moore@uthct.edu (903) 877-2831 FAX (903) 877-7759

Name/Title	Institution/Address	Email/Phone/Fax
Ms. Mae Pasquet Director, Department of Physicians Services	John Peter Smith Hospital 1500 S. Main Street Fort Worth, Tx 76104	mpasquet@jpshealth.org (817) 920-6947 FAX (817) 927-1669
Mr. Bill Webster Chief Executive Officer	Medical Center Hospital PO Box 7239 Odessa, TX 79760	bwebster@echd.org (432) 640-4000 FAX (432) 640-1118
COORDINATING BOARD SUPPORT STAFF		
Dr. Deborah L. Greene Assistant Commissioner	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	deborah.greene@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Mr. Jeff Phelps Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	jeffrey.phelps@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Ms. Lynn Magee Assistant Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	lynn.magee@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Ms. Stacey Silverman Program Director	Universities and Health-Related Institutions Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	stacey.silverman@thecb.state.tx.us (512) 427-6206 FAX (512) 427-6168

APPENDIX E

HEALTH-RELATED INSTITUTIONS FORMULA ADVISORY COMMITTEE FOR GME STUDY 2006-2007 BIENNIUM

Mr. Steve Russell, Chair (04)
Senior Vice President for Finance and Administration
The University of North Texas Health Science Center at Fort Worth
3500 Camp Bowie Blvd
Fort Worth, TX 76107-2644
SRussell@hsc.unt.edu
(817) 735-2525; FAX (817) 735-5050

Name/Title	Institution/Address	Email/Phone/Fax
Dr. Gilbert Castro Vice President for Academic Administration	The University of Texas Health Science Center at Houston PO Box 20036 Houston, TX 77225	gilbert.a.castro@uth.tmc.edu (713) 500-3199 FAX (713) 500-3197
Dr. Nancy W. Dickey President	Texas A&M University System Health Science Center 301 Tarrow St. College Station, TX 77840-7896	dickey@medicine.tamu.edu (979) 458-7204 FAX (979) 458-6477
Mr. Ron Evans Controller	Baylor College of Medicine One Baylor Plaza Houston, TX 77030	revans@bcm.tmc.edu (713) 798-6505 FAX (713) 798-3712
Mr. Rick Hefner Vice President for Finance and Administration	The University of Texas Health Center at Tyler 11937 US Hwy 271 Tyler, TX 75708	rick.hefner@uthct.edu (903) 877-7724 FAX (903) 877-7899
Dr. Harry Holmes Vice President for Governmental Relations	The University of Texas M. D. Anderson Cancer Center 1515 Holcombe Blvd., Box 12 Houston, TX 77030	hholmes@mdanderson.org (713) 792-8209 FAX (713) 792-0887
Mr. H. Steve Lynch Jr. Executive Vice President for Business Affairs	The University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78229-3900	lynch@uthscsa.edu (210) 567-7020 FAX (210) 567-7027
Mr. Richard S. Moore Vice President for Business and Administration	The University of Texas Medical Branch at Galveston 301 University Blvd. Galveston, TX 77555-0126	rmoore@utmb.edu (409) 772-2594 FAX (409) 772-1724

Name/Title	Institution/Address	Email/Phone/Fax
Dr. Mary Ellen Weber Vice President for Governmental Affairs and Policy	The University of Texas Southwestern Medical Center at Dallas 5323 Harry Hines Blvd. Dallas, TX 75390-9131	maryellen.weber@utsouthwestern.edu (214) 648-3684 FAX (214) 648-3604
Dr. M. Roy Wilson President	Texas Tech University Health Sciences Center 3601 4th Street Lubbock, TX 79430	mroy.wilson@ttuhsc.edu (806) 743-3080 FAX (806) 743-2910
FACULTY		
Dr. Barry K. Norling Division of Biomaterials	The University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78229-3900	norling@uthscsa.edu (210) 567-3657 FAX (210) 567-3669
COORDINATING BOARD STAFF SUPPORT		
Dr. Deborah L. Greene Assistant Commissioner	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	deborah.greene@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Mr. Jeff Phelps Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	jeffrey.phelps@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Ms. Lynn Magee Assistant Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	lynn.magee@thecb.state.tx.us (512) 427-6130 FAX 512-427-6147

APPENDIX F

EXPANDED GME WORKING GROUP

Name/Title	Institution/Address	Email/Phone/Fax
Dr. Lois Bready Associate Dean of Graduate Medical Education	The University of Texas Health Science Center San Antonio 7703 Floyd Curl Dr. Mail Code 7790 San Antonio, TX 78229-3900	bready@uthscsa.edu (210) 567-4431 FAX (210) 567-0153
Dr. John Stobo President	The University of Texas Medical Branch at Galveston 301 University Blvd., Room 5.113 Galveston, TX 77555-0153	jdstobo@utmb.edu (409) 772-1902 FAX (409) 772-5064
Mr. Ron Evans Controller	Baylor College of Medicine One Baylor Plaza Houston, TX 77030	revans@bcm.tmc.edu (713) 798-6505 FAX (713) 798-3712
Dr. Michael D. McKinney Senior Executive Vice President and Chief Operating Officer	UT Medical School, The University of Texas Health Science Center Houston 6431 Fannin, Room JJL310 Houston, TX 77030	michael.mckinney@uth.tmc.edu (713) 500-3365 FAX (713) 500-3026
Dr. Richard V. Homan Vice President for Clinical Affairs	Texas Tech University Health Sciences Center 3601 4th Street MS6207 Lubbock, TX 79430	richard.homan@ttuhsc.edu (806) 743-3000 FAX (806) 743-3021
Ms. Raye Milburn Assistant Vice President and Controller	The Texas A&M University System Health Science Center Office of Finance and Administration John B. Connally Building 301 Tarrow Street, 6th Floor Campus Mail Stop: 1361 College Station, TX 77840-7896	milburn@tamhsc.edu (979) 458-7254 FAX (979) 458-7259
Dr. Mary Ellen Weber Vice President for Governmental Affairs and Policy	The University of Texas Southwestern Medical Center at Dallas 5323 Harry Hines Blvd. Dallas, TX 75235-9014	@utsouthwestern.edu (214) 648-3684 FAX (214) 648-3604
Dr. Don Peska Associate Dean for Academic Affairs	The University of North Texas Health Science Center at Fort Worth 3500 Camp Bowie Blvd Fort Worth, TX 76107-2644	dpeska@hsc.unt.edu (817) 735-2369 FAX (817) 735-2330

Name/Title	Institution/Address	Email/Phone/Fax
Mr. Tom Suehs Deputy Executive Commissioner for Financial Services	Texas Health and Human Services Commission 4900 North Lamar Austin, TX 78756	Marti.Moehlmann@hhsc.state.tx.us (512) 424-6526 FAX (512) 424-6955
Dr. Roland Goertz President	McLennan County Medical Education and Research Foundation 1600 Providence Drive Waco, TX 76707	rgoertz@wacofpc.org (254) 750-8201 FAX (254) 750-8326
Mr. John Hawkins Vice President, Government Relations	Texas Hospital Association 6225 US Hwy 290 E Austin, TX 78723	jhawkins@tha.org (512) 465-1505 FAX (512) 465-1090
Mr. Thomas A. Peters Vice President	University Health System 4502 Medical Drive San Antonio, TX 78229-4493	thomas.peters@uhs-sa.com (210) 358-2288 FAX (210) 358-4090
Ms. Juanita Romans Sr. Vice President and CEO	Memorial Hermann Health Care System 6411 Fannin Houston, TX 77030	juanita_romans@mhhs.org (713) 704-6614 FAX (713) 704-4798
Mr. R. King Hillier Director, Office of Legislative Relations	Harris County Hospital 1001 Preston, Suite 938 Houston, TX 77002	king_hillier@co.harris.tx.us (713) 755-1831 FAX (713) 755-8174
Mr. Jim Springfield CHE, President, and CEO	Valley Baptist Health System 2101 Pease Street, Suite 507 Harlingen, TX 78550	jim.springfield@valleybaptist.net (956) 389-1615 FAX (956) 389-1650
Mr. David Cecero President and CEO	John Peter Smith Hospital 1500 South Main Fort Worth, TX 76104	dcecero@jpshealth.org (817) 927-1230 FAX (817) 924-1207
Mr. Bryan Sperry President	Children's Hospital Association of Texas 823 Congress Ave., Suite 1500 Austin, TX 78701	bryansperry-chat@sbcglobal.net (512) 320-0910 FAX (512) 320-0927
Dr. Pat Hayes Executive Vice President and Chief Operating Officer	Seton Healthcare Network 1201 West 38th Street Austin, TX 78705	phayes@seton.org (512) 324-1102 FAX (512) 459-5629
Dr. Ron Anderson President and CEO	Parkland Memorial Hospital 5201 Harry Hines Blvd. Dallas, TX 75235	rander@parknet.pmh.org (214) 590-8076 FAX (214) 590-8096
Ms. Pauline Motts Chief Financial Officer	Thomason Hospital 4015 Alameda El Paso, TX 79905	pmotts@thomasoncares.org (915) 521-7624 (915) 521-7537

Name/Title	Institution/Address	Email/Phone/Fax
COORDINATING BOARD SUPPORT STAFF		
Ms. Teri Flack Deputy Commissioner	Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	teri.flack@thecb.state.tx.us (512) 427-6111 FAX (512) 427-6127
Dr. Deborah L. Greene Assistant Commissioner	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	deborah.greene@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Mr. Jeff Phelps Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	jeffrey.phelps@thecb.state.tx.us (512) 427-6130 FAX (512) 427-6147
Ms. Lynn Magee Assistant Director, Finance	Finance, Campus Planning, and Research Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	lynn.magee@thecb.state.tx.us (512) 427-6130 FAX 512-427-6147
Ms. Stacey Silverman Program Director	Universities and Health-Related Institutions Division Texas Higher Education Coordinating Board PO Box 12788 Austin, TX 78711	stacey.silverman@thecb.state.tx.us (512) 427-6206 FAX 512-427-6168

APPENDIX G

FY 2003 Medical School Revenues and Expenses Definitions

GME Revenues:

1. Teaching Physician Contract Amounts are the revenues received for Graduate Medical Education (GME)

2. Direct state Appropriations are developed from the individual institution's bill pattern. **Each institution will be required to develop an allocation methodology such that only those revenues directly identified with GME in the strategies of the institution's bill pattern will be shown.**

3. THECB Contract Support should be captured in the All Funds amounts. If there are additional revenues from the CB not captured in "All Funds", they should be listed here.

4. Gifts and Grants associated with GME.

5. Practice Plan Funds (PPF). Typically, these funds are not intended as a primary support for GME unless they are required as matching funds. Only those PPF used as matching funds or other funding stream **dedicated** to GME, and exclusive of revenues shown in #1, should be reported as dedicated revenue. **PPF which are required in order to satisfy other GME expenses will be shown as a funding expenditures represented in any deficit.**

6. GME support from hospitals that is dedicated to GME and exclusive of revenues shown in #1.

7. Other Revenue Sources are defined as any revenue sources not captured above and dedicated to GME (please list).

GME Expenses:

1. Resident Compensation includes salaries, benefits, and stipends paid to residents. This should also include resident payment above the Medicare cap.

2. Faculty Salaries are the allocated salaries and benefits paid to teaching faculty. **The allocation methodology is to be developed by the individual medical schools and only expenses associated with GME are to be provided.**

3. GME Administration is the salaries and wages of the administrative staff that supports the teaching faculty.

4. Cost of Compliance are the expenses associated with complying with state and federal regulations as well as the costs of accreditation.

5. Other Direct GME NOT included above (e.g. malpractice insurance, travel expense associated with recruitment)

6. Overhead supporting GME (NOT included above). This could include both departmental and institutional "Overhead" based on an allocation methodology consistent with the institution's application of overhead in its grants' and contracts' agreements.

7. Practice Plan Funds that have been diverted to cover GME expenses. This is separate from the amounts given in #5 of the Revenues.
8. Other funds that have been diverted to cover GME expenses. Please list these. Only aggregated amounts should be provided on the accompanying worksheet.

Medical Schools' GME FY 2003 Revenues and Expenses

Institution : _____

GME Revenues:

Teaching Physician Contract Amounts	
Direct State Appropriations Allocated to GME	
THECB Contract Support	
Gifts and Grants	
Practice Plan Funds Dedicated to GME	
GME Support from Hospitals	
Other Revenue Sources (list)	
Total GME Revenues	$0

GME Expenses:

Resident Compensation	
Faculty Salaries Allocated to GME	
GME Administration	
Cost of Compliance	
Other Direct GME (NOT included above)	
Overhead (NOT included above)	
Total GME Expenses	$0
GME Surplus / Deficit	**$0**

Practice Plan Funds NOT Dedicated to GME, but Used to Support GME	
Other Funds NOT Dedicated to GME, but Used to Support GME.	
Total Amount of Other Medical School Funds Used to Support GME (list)	0

FY 2003 Teaching Hospitals Revenues and Expenses Definitions

GME Revenues:

1. Medicare GME
   Enter amount from the Medicare Cost Report, Worksheet E-3, Part IV, Line 23.01

2. Medicaid DME
   Enter amount from the Medicaid Cost Report, Worksheet E-3, Part IV, Line 23.01 or Total Program GME Line (not applicable after 09/01/03).

3. Medicare IME
   Enter amount from the Medicare Cost Report, Worksheet E, Part A, Line 3.24, and Worksheet L, Line 4.03.

4. Other Revenue Sources
   Enter amounts received from state, local, or private grants or donations that are used to fund GME

GME Expenses:

1. Number of Residents and Resident Compensation
   Enter amounts for resident salaries and fringe benefits from the Medicare Cost Report, Worksheet A, column 7, line 22.

2. Teaching Physician Compensation
   Enter amounts for supervising physician salaries and fringe benefits included in the Medicare Cost Report, Worksheet A, column 7, line 23.

3. GME Administration
   Enter salary and fringe benefits amounts for other administrative personnel included in the Medicare Cost Report, Worksheet A, column 7, line 23.

4. Other Direct GME (NOT included above)
   Enter any other direct GME costs not included in the Medicare Cost Report, Worksheet A, column 7, line 22 or 23.

5. Hospital Overhead Allocations
   Enter amount from the Medicare Cost Report, Worksheet B, Part I, columns 1-24, lines 22 and 23.

6. Medicare IME expenses are assumed to equal Medicare IME Revenues.

Other Hospital Funding for GME:

1. This may include alternative funding sources such as Disproportionate Share Payments or the use of endowment which are now required to fund GME adequately. Please list the source of funds used to support the deficit, but only provide the aggregate amount on the accompanying worksheet.

Teaching Hospitals' GME FY 2003 Revenues and Expenses

Institution : _____

GME Revenues:

Medicare DME	_____
Medicaid DME	_____
Medicare IME	_____
Other Revenue Sources for GME	_____
Total GME Revenues	$0

GME Expenses:

Resident Compensation	_____
Teaching Physician Compensation	_____
GME Administration	_____
Other Direct GME (NOT included above)	_____
Hospital Overhead Allocations	_____
Indirect Medical Education	_____
Total GME Expenses	$0
GME Deficit / Surplus	**$0**
Total Amount of Deficit Funds Used to Support GME (list)	

Summary Counts of Resident Physicians
by Medical School and Independent Residency Program

		Medical Specialty Residency Programs	Number of Residents	1st Year Entering Residents	Total Unfilled Positions/ Capacity	1st Year Unfilled Capacity
	Public Medical Schools					
1	TAMUSHSC/Scott & White Memorial Hospital	25	293	73	26	4
2	TTUHSC	35	483	141	21	4
3	UNTHSC Fort Worth	21	129	42	52	0
4	UTMB Galveston	53	528	105	16	0
5	UTHSC Houston	52	735	162	78	8
6	UT Southwestern Medical Center at Dallas	79	1210	248	42	19
7	UTHSC San Antonio	55	632	148	72	13
	Subtotal	**320**	**4010**	**919**	**307**	**48**
	Private Medical School					
1	Baylor College of Medicine	**80**	**1082**	**212**	**124**	**23**
	Public Health-related (w/o medical school)					
8	UT Health Center Tyler	2	23	7	1	0
9	UT MD Anderson Cancer Center	14	87	0	8	1
		16	**110**	**7**	**9**	**1**
	Independent Residency Programs					
1	Austin Area Medical Program Seton	6	111	40	10	2
2	Baylor Garland and University (Dallas)	16	171	37	16	2
3	Bexar County	1	1	0	1	0
4	Christus St. Joseph's Hospital (Houston)	5	75	30	2	2
5	Christus Santa Rosa (San Antonio)	1	19	5	2	2
6	Conroe Medical Education Foundation	1	21	7	3	1
7	Driscoll Children's Hospital	1	40	14	2	0
8	Harris County Medical Examiner	1	2	0	0	0
9	John Peter Smith Hospital (Fort Worth)	6	64	23	-1	0
10	Memorial Hermann Houston	2	46	15	4	1
11	Methodist Hospitals of Dallas	3	39	15	3	-1
12	Presbyterian Hospital (Dallas)	2	25	12	0	0
13	San Jacinto Methodist (Baytown)	1	24	8	0	0
14	Spohn Memorial Hospital (Corpus Christi)	1	36	12	0	0
15	Southwestern Institute of Forensic Sciences	1	2	0	1	0
16	Texas Department of Health	1	1	0	0	0
17	Texas Heart Institute (Houston)	1	7	0	0	0
18	Valley Baptist (Harlingen)	1	15	5	0	0
19	World Craniofacial Foundation (Dallas)	1	1	0	1	0
	Subtotal	**52**	**700**	**223**	**44**	**9**
	Total ACGME and AOA residency programs	**468**				
	Total ACGME and AOA filled residency positions		**5902**			
	Total ACGME and AOA 1st Year filled positions			**1361**		
	Total ACGME and AOA Total Unfilled positions				**484**	
	Total ACGME and AOA 1st year entering unfilled					**81**

Source: Accreditation Council on Graduate Medical Education; University of North Texas Health Science Center at Fort Worth; and institutional reports April/May 2004

	Texas A&M University Health Science Center (College Station/Temple)		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled Positions
1	[0404821156] Scott and White Program	Anesthesiology	6	24	0	6	0
2	[1104821102] Scott and White Program	Emergency medicine	8	21	0	8	0
3	[1204821469] Scott and White Program	Family practice	6	19	3	6	0
4	[1404821426] Scott and White Program	Internal medicine	15	36	4	15	1
5	[1414821020] Scott and White Program	Cardiovascular disease	4	11	0	0	0
6	[1444821018] Scott and White Program	Gastroenterology	2	6	0	0	0
7	[1464821198] Scott and White Program	Infectious disease	1	2	0	0	0
8	[1474821186] Scott and White Program	Oncology	3	6	0	0	0
9	[1524812071] Scott and White Program	Interventional cardiology	2	2	0	0	0
10	[1564821128] Scott and White Program	Pulmonary disease & critical care	2	6	0	0	0
11	[2204821293] Scott and White Program	Obstetrics and gynecology	4	16	0	4	0
12	[2404821154] Scott and White Program	Ophthalmology	3	6	3	0	0
13	[2604821171] Scott and White Program	Orthopaedic surgery	3	15	0	3	0
14	[3004812357] Scott and White Program	Pathology-anatomic and clinical	3	7	1	3	0
15	[3074821086] Scott and White Program	Cytopathology	2	2	0	0	0
16	[3114821044] Scott and White Program	Hematology	1	1	1	0	0
17	[3204821236] Scott and White Program	Pediatrics	6	18	0	6	0
18	[3604821130] Scott and White Program	Plastic surgery	1	3	0	0	0
19	[4004821276] Scott and White Program	Psychiatry	3	14	2	3	1
20	[4054821175] Scott and White Program	Child and adolescent psychiatry	1	2	2	0	0
21	[4204811198] Scott and White Program	Radiology-diagnostic	5	23	1	5	0
22	[4404821339] Scott and White Program	Surgery-general	6	23	3	6	0
23	[4804821148] Scott and White Program	Urology	1	4	0	0	0
24	[7004844083] Scott and White Program	Internal Medicine/Pediatrics	3	11	0	3	0
25	[1204831605] Family Practice Foundation of Brazos	Family practice	5	15	6	5	2
		Total	**96**	**293**	**26**	**73**	**4**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	Texas Tech University Health Sciences Center		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled
1	[0404811153] Texas Tech University (Lubbock) Program	Anesthesiology	4	25	0	4	0
2	[0484821030] Texas Tech University (Lubbock) Program	Pain management	5	5	0	0	0
3	[0804821105] Texas Tech University (Lubbock) Program	Dermatology	2	7	0	0	0
4	[1204811660] Texas Tech University (Lubbock) Rural Program at Abilene	Family practice	2	6	0	2	0
5	[1204821310] Texas Tech University (Lubbock) Program	Family practice	8	25	0	8	0
6	[1404821459] Texas Tech University (Lubbock) Program	Internal medicine	9	24	0	9	0
7	[1414821121] Texas Tech University (Lubbock) Program	Cardiovascular disease	2	6	0	0	0
8	[1444821195] Texas Tech University (Lubbock) Program	Gastroenterology	1	3	0	0	0
9	[1484821081] Texas Tech University (Lubbock) Program	Nephrology	2	4	0	0	0
10	[2204821290] Texas Tech University (Lubbock) Program	Obstetrics and gynecology	3	11	0	3	0
11	[2404821152] Texas Tech University (Lubbock) Program	Ophthalmology	3	9	0	0	0
12	[2604831160] Texas Tech University (Lubbock) Program	Orthopaedic surgery	2	11	-1	2	0
13	[2684831088] Texas Tech University (Lubbock) Program	Orthopaedic sports medicine	0	0	2	0	2
14	[3004831415] Texas Tech University (Lubbock) Program	Pathology-anatomic and clinical	2	8	0	2	0
15	[3204821260] Texas Tech University (Lubbock) Program	Pediatrics	6	17	1	6	0
16	[4004821256] Texas Tech University (Lubbock) Program	Psychiatry	2	13	0	2	0
17	[4404821363] Texas Tech University (Lubbock) Program	Surgery-general	6	17	1	6	0
18	[1204821511] Texas Tech University (Amarillo) Program	Family practice	6	18	0	6	0
19	[1254833050] Texas Tech University (Amarillo) Program	Geriatric medicine	0	0	1	0	0
20	[1404821477] Texas Tech University (Amarillo) Program	Internal medicine	12	30	7	12	0
21	[2204821320] Texas Tech University (Amarillo) Program	Obstetrics and gynecology	3	12	0	3	0
22	[3204821370] Texas Tech University (Amarillo) Program	Pediatrics	4	13	2	4	1
23	[7004844073] Texas Tech University (Amarillo) Health Sciences Center	Internal Medicine/Pediatrics	2	4	0	2	0
24	[0404821187] Texas Tech University (El Paso) Program	Anesthesiology	3	9	0	0	0
25	[1104812070] Texas Tech University (El Paso) Program	Emergency medicine	8	25	-1	8	0
26	[1204811309] Texas Tech University (El Paso) Program	Family practice	8	23	1	7	1
27	[1404811424] Texas Tech University (El Paso) Program	Internal medicine	11	28	5	11	0
28	[2204811315] Texas Tech University (El Paso) Program	Obstetrics and gynecology	4	14	2	4	0
29	[3204811234] Texas Tech University (El Paso) Program	Pediatrics	11	34	-1	11	0
30	[4004811217] Texas Tech University (El Paso) Program	Psychiatry	3	12	0	3	0
31	[4404811332] Texas Tech University (El Paso) Program	Surgery-general	5	15	2	5	0
32	[9994800221] Texas Tech University (El Paso) Program	Transitional year	6	6	0	6	0
33	[1204821457] Texas Tech University (Odessa) Program	Family practice	6	17	0	6	0
34	[1404821519] Texas Tech University (Odessa) Program	Internal medicine	7	24	0	7	0
35	[2204821331] Texas Tech University (Odessa) Program	Obstetrics and gynecology	2	8	0	2	0
		Total	**160**	**483**	**21**	**141**	**4**

Source: ACGME web site at www.acgme.org, March 2004; institutional report April 2004

	UNTHSC Fort Worth		A	B	C	D	E
	Residency Program Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled
1	Bay Area Medical Center Corpus Christ	Traditional Intern	2	2	0	2	0
2	Bay Area Medical Center Corpus Christ	Family Practice (1)	6	19	3	6	0
3	Doctor's Hospital Groves	Family Pracitce (2)	0	0	0	0	0
4	Osteopathic Med Ctr, Ft. Worth, TX	Diagnostic Radiology	0	6	0	0	0
5	Osteopathic Med Ctr, Ft. Worth, TX	Family Practice (1)	3	14	9	3	0
6	Osteopathic Med Ctr, Ft. Worth, TX	General Vascular Surgery	0	1	0	0	0
7	Osteopathic Med Ctr, Ft. Worth, TX	Geriatric Medicine-FP	0	0	2	0	0
8	Osteopathic Med Ctr, Ft. Worth, TX	Geriatrics-Internal Medicine	0	0	2	0	0
9	Osteopathic Med Ctr, Ft. Worth, TX	Internal Medicine (1)	2	12	8	2	0
10	Osteopathic Med Ctr, Ft. Worth, TX	Neuromusculoskeletal Med + 1	0	0	4	0	0
11	Osteopathic Med Ctr, Ft. Worth, TX	Neuromusculoskeletal Med/OMT	0	3	1	0	0
12	Osteopathic Med Ctr, Ft. Worth, TX	Obstetrics & Gynecology (1)	2	6	2	2	0
13	Osteopathic Med Ctr, Ft. Worth, TX	Orthopedic Surgery	0	5	0	0	0
14	Osteopathic Med Ctr, Ft. Worth, TX	Sports Medicine	0	0	2	0	0
15	Osteopathic Med Ctr, Ft. Worth, TX	Surgery-General (1)	2	8	2	2	0
16	Osteopathic Med Ctr, Ft. Worth, TX	Traditional Internship	3	3	12	3	0
17	UNTHSCFW/TCOM/Plaza Medical Cer	Cardiology	0	2	4	0	0
18	UNTHSCFW/TCOM/Plaza Medical Cer	Family Practice (1)	4	13	0	4	0
19	UNTHSCFW/TCOM/Plaza Medical Cer	Internal Medicine (1)	6	19	5	6	0
20	UNTHSCFW/TCOM/Plaza Medical Cer	Surgery-General (1)	2	6	2	2	0
21	UNTHSCFW/TCOM/Plaza Medical Cer	Traditional Internship (2)	10	10	-6	10	0
			42	**129**	**52**	**42**	**0**
	(1) Includes PGY1 Special Emphasis and Tracking Interns						
	(2) Dallas Medical Center closed; Plaza Medical Center recedived a variance from the AOA to train displaced residents following this closure.						

Source: UNTHSC Institutional Report, March 2004

Analysis by THECB, March 2004

	UTMB Galveston		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled
1	[0204811026] University of Texas Medical Branch Hospitals	Allergy and immunology	2	4	0	0	0
2	[0404811149] University of Texas Medical Branch Hospitals	Anesthesiology	12	54	0	13	0
3	[0424821030] University of Texas Medical Branch Hospitals	Pediatric anesthesiology	0	0	1	0	0
4	[0454821048] University of Texas Medical Branch Hospitals	Critical care medicine	0	2	0	0	0
5	[0484821103] University of Texas Medical Branch Hospitals	Pain management	2	2	0	0	0
6	[0804811086] University of Texas Medical Branch Hospitals	Dermatology	2	7	0	2	0
7	[1004821048] University of Texas Medical Branch Hospitals	Dermatopathology	1	1	0	0	0
8	[1204821305] University of Texas Medical Branch Hospitals	Family practice	8	26	0	8	0
9	[1404821421] University of Texas Medical Branch Hospitals	Internal medicine	38	87	0	38	0
10	[1414821070] University of Texas Medical Branch Hospitals	Cardiovascular disease	4	13	1	0	0
11	[1434821163] University of Texas Medical Branch Hospitals	Endocrinology, diabetes, and	2	4	0	0	0
12	[1444821062] University of Texas Medical Branch Hospitals	Gastroenterology	4	11	-1	0	0
13	[1464821048] University of Texas Medical Branch Hospitals	Infectious disease	2	5	0	0	0
14	[1474821053] University of Texas Medical Branch Hospitals	Oncology	2	6	0	0	0
15	[1484821049] University of Texas Medical Branch Hospitals	Nephrology	2	4	0	0	0
16	[1504821147] University of Texas Medical Branch Hospitals	Rheumatology	1	2	0	0	0
17	[1514821106] University of Texas Medical Branch Hospitals	Geriatric medicine	4	5	0	0	0
18	[1524821097] University of Texas Medical Branch Hospitals	Interventional cardiology	2	2	0	0	0
19	[1564821112] University of Texas Medical Branch Hospitals	Pulmonary disease and critical	2	6	0	0	0
20	[1604821083] University of Texas Medical Branch Hospitals	Neurological surgery	1	7	-3	1	0
21	[1804811109] University of Texas Medical Branch Hospitals	Neurology	3	9	0	0	0
22	[2204821285] University of Texas Medical Branch Hospitals	Obstetrics and gynecology	8	32	0	8	0
23	[2404821149] University of Texas Medical Branch Hospitals	Ophthalmology	4	13	-1	0	0
24	[2604821165] University of Texas Medical Branch Hospitals	Orthopaedic surgery	4	20	0	0	0
25	[2674821023] University of Texas Medical Branch Hospitals	Orthopaedic surgery of the	0	0	1	0	0
26	[2804811103] University of Texas Medical Branch Hospitals	Otolaryngology	3	12	0	0	0
27	[3004811349] University of Texas Medical Branch Hospitals	Pathology-anatomic and clinical	4	16	0	4	0
28	[3074813093] University of Texas Medical Branch Hospitals	Cytopathology	0	0	1	0	0
29	[3144821010] University of Texas Medical Branch Hospitals	Medical microbiology	0	0	1	0	0
30	[3204811231] University of Texas Medical Branch Hospitals	Pediatrics	13	38	-1	13	0
31	[3264811037] University of Texas Medical Branch Hospitals	Pediatric endocrinology	0	1	1	0	0
32	[3284811020] University of Texas Medical Branch Hospitals	Pediatric nephrology	0	0	3	0	0
33	[3294821056] University of Texas Medical Branch Hospitals	Neonatal-perinatal medicine	1	3	0	0	0
34	[3354831054] University of Texas Medical Branch Hospitals	Pediatric infectious diseases	0	1	2	0	0
35	[3604811098] University of Texas Medical Branch Hospitals	Plastic surgery	3	15	0	3	0
36	[3804821049] University of Texas Medical Branch Hospitals	Preventive medicine	1	1	2	0	0
37	[3804866118] University of Texas Medical Branch Hospitals	Preventive medicine (NASA)	3	6	2	0	0
38	[3804877121] University of Texas Medical Branch Hospitals	Preventive medicine & comm	1	2	2	0	0
39	[4004811212] University of Texas Medical Branch Hospitals	Psychiatry	6	22	0	0	0
40	[4054811124] University of Texas Medical Branch Hospitals	Child and adolescent psychiatry	4	6	2	0	0
41	[4204811194] University of Texas Medical Branch Hospitals	Radiology-diagnostic	6	23	-1	0	0

Source: ACGME web site at www.acgme.org, March 2004

Analysis by THECB, March 2004

	UTMB Galveston		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled
42	[4234821020] University of Texas Medical Branch Hospitals	Neuroradiology	2	2	0	0	0
43	[4244821014] University of Texas Medical Branch Hospitals	Pediatric radiology	1	1	0	0	0
44	[4274821098] University of Texas Medical Branch Hospitals	Vascular and interventional	2	2	1	0	0
45	[4304811097] University of Texas Medical Branch Hospitals	Radiation oncology	1	4	0	0	0
46	[4404811333] University of Texas Medical Branch Hospitals	Surgery-general	9	27	13	9	0
47	[4424831098] The University of Texas Medical Branch	Surgical critical care	2	2	0	0	0
48	[4604821091] University of Texas Medical Branch Hospitals	Thoracic surgery	0	1	0	0	0
49	[4804811144] University of Texas Medical Branch Hospitals	Urology	1	4	0	1	0
50	[7004844113] University of Texas Medical Branch Hospitals	Internal Medicine/Pediatrics	3	12	-10	4	0
51	[7514844007] University of Texas Medical Branch at	Internal Medicine/Preventive	0	0	0	0	0
52	[7514844009] University of Texas Medical Branch Hospitals	Internal Medicine/Preventive	1	2	0	1	0
53	[7514844010] University of Texas Medical Branch Hospitals	Internal Medicine/Preventive	0	3	0	0	0
		Total	**177**	**528**	**16**	**105**	**0**

Source: ACGME web site at www.acgme.org, March 2004

Analysis by THECB, March 2004

	UTHSC Houston		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering	Number of 1st Year Unfilled
1	[0404831152] University of Texas Health Science Center	Anesthesiology	10	77	-11	10	0
2	[0454821032] University of Texas at Houston Program	Critical care medicine	3	3	0	0	0
3	[0484821029] University of Texas at Houston Program	Pain management	3	3	0	0	0
4	[0604821023] University of Texas at Houston Program	Colon and rectal surgery	4	4	0	0	0
5	[0804821100] University of Texas at Houston Program	Dermatology	3	10	0	0	1
6	[1104821096] University of Texas at Houston Program	Emergency medicine	10	29	1	10	0
7	[1204821490] University of Texas at Houston Program	Family practice	12	36	0	12	0
8	[1254812045] University of Texas at Houston Program	Geriatric medicine	2	2	0	0	0
9	[1304821034] University of Texas at Houston Program	Medical genetics	1	1	3	1	0
10	[1404831423] University of Texas at Houston Program	Internal medicine	47	118	19	47	0
11	[1414831019] University of Texas at Houston Program	Cardiovascular disease	6	18	0	0	0
12	[1434831017] University of Texas at Houston Program	Endocrinology, diabetes, and	2	2	0	0	0
13	[1444831017] University of Texas at Houston Program	Gastroenterology	4	9	0	0	0
14	[1454831016] University of Texas at Houston Program	Hematology	1	2	0	0	0
15	[1464831018] University of Texas at Houston Program	Infectious disease	5	10	0	0	0
16	[1484831015] University of Texas at Houston Program	Nephrology	5	10	2	0	0
17	[1504831130] University of Texas at Houston Program	Rheumatology	2	4	0	0	0
18	[1524812069] University of Texas at Houston Program	Interventional cardiology	3	3	0	0	0
19	[1544821082] University of Texas at Houston Program	Clinical cardiac electrophysiology	1	1	1	0	0
20	[1564831071] University of Texas at Houston Program	Pulmonary disease and critical	3	9	0	0	0
21	[1804831111] University of Texas at Houston Program	Neurology	5	14	1	0	0
22	[1854831078] University of Texas at Houston Program	Child Neurology	0	3	0	0	0
23	[1874821066] University of Texas at Houston Program	Clinical neurophysiology	3	3	0	0	0
24	[1884831014] University of Texas at Houston Program	Vascular neurology	2	2	1	0	0
25	[2204821289] University of Texas at Houston (Memorial	Obstetrics and gynecology	6	24	0	6	0
26	[2204821334] University of Texas at Houston (Lyndon B	Obstetrics and gynecology	5	19	1	5	0
27	[2404821151] University of Texas at Houston Program	Ophthalmology	3	9	0	0	0
28	[2604821166] University of Texas at Houston Program	Orthopaedic surgery	3	16	-1	3	0
29	[2804821105] University of Texas at Houston Program	Otolaryngology	3	9	3	0	0
30	[3004811352] University of Texas at Houston Program	Pathology-anatomic and clinical	4	23	5	4	3
31	[3204821233] University of Texas at Houston Program	Pediatrics	21	54	11	21	0
32	[3214821003] University of Texas at Houston Program	Adolescent medicine	1	2	0	0	0
33	[3264821066] University of Texas at Houston Program	Pediatric endocrinology	0	1	2	0	0
34	[3284821041] University of Texas at Houston Program	Pediatric nephrology	1	4	-1	0	0
35	[3294821058] University of Texas at Houston Program	Neonatal-perinatal medicine	3	7	0	3	0
36	[3304821056] University of Texas at Houston Program	Pediatric pulmonology	1	1	2	1	0
37	[3354812056] University of Texas at Houston Program	Pediatric infectious diseases	0	1	0	0	0
38	[3404821101] University of Texas at Houston Program	Physical medicine and	4	12	0	0	0
39	[3454821009] University of Texas at Houston Program	Spinal cord injury medicine	1	1	0	0	0
40	[3604831101] University of Texas at Houston Program	Plastic surgery	2	4	0	0	0
41	[4004831215] University of Texas at Houston Program	Psychiatry	7	24	24	7	5

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

	UTHSC Houston		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering	1st Year Unfilled
42	[4054821139] University of Texas at Houston Program	Child and adolescent psychiatry	4	8	2	0	0
43	[4204821196] University of Texas at Houston Program	Radiology-diagnostic	12	46	2	0	0
44	[4234821041] University of Texas at Houston Program	Neuroradiology	1	1	1	0	0
45	[4274821078] University of Texas at Houston Program	Vascular and interventional	3	3	1	0	0
46	[4404821337] University of Texas at Houston Program	Surgery-general	19	44	4	19	-1
47	[4424821038] University of Texas at Houston Program	Surgical critical care	3	3	0	0	0
48	[4504813104] University of Texas Health Sciences Center at	Vascular surgery	1	2	0	0	0
49	[4804821146] University of Texas at Houston Program	Urology	3	12	0	0	0
50	[7004844075] University of Texas at Houston Program	Internal Medicine/Pediatrics	0	18	0	0	0
51	[9994800219] University of Texas at Houston Program	Transitional year	13	13	0	13	0
52	[3804877090] University of Texas School of Public Health	Preventive medicine	0	1	5	0	0
		Total	**261**	**735**	**78**	**162**	**8**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

	UT Southwestern Medical Center at Dallas		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[0204821085] University of Texas Southwestern Medical	Allergy and immunology	2	4	0	0	0
2	[0404821147] University of Texas Southwestern Medical	Anesthesiology	8	59	-4	8	0
3	[0424831037] University of Texas Southwestern Medical	Pediatric anesthesiology	1	1	1	0	0
4	[0484821052] University of Texas Southwestern Medical	Pain management	1	1	0	0	0
5	[0804821085] University of Texas Southwestern Medical	Dermatology	5	15	-5	0	0
6	[1004821013] University of Texas Southwestern Medical	Dermatopathology	5	5	0	0	0
7	[1104821153] University of Texas Southwestern Medical	Emergency medicine	16	48	0	16	0
8	[1184831009] University of Texas Southwestern Medical	Medical toxicology	2	3	1	0	0
9	[1204821361] University of Texas Southwestern Medical	Family practice	10	29	1	10	0
10	[1304813058] University of Texas Southwestern Medical	Medical genetics	1	1	1	0	0
11	[1404811418] University of Texas Southwestern Medical	Internal medicine	7	19	0	7	0
12	[1404821419] University of Texas Southwestern Medical	Internal medicine	54	141	1	54	0
13	[1414821119] University of Texas Southwestern Medical	Cardiovascular disease	6	21	-3	0	0
14	[1434821083] University of Texas Southwestern Medical	Endocrinology, diabetes, and	4	12	-5	0	0
15	[1444821100] University of Texas Southwestern Medical	Gastroenterology	3	12	-3	0	0
16	[1464821098] University of Texas Southwestern Medical	Infectious disease	2	4	0	0	0
17	[1484821084] University of Texas Southwestern Medical	Nephrology	5	16	-2	0	0
18	[1504821070] University of Texas Southwestern Medical	Rheumatology	3	6	0	0	0
19	[1514812136] University of Texas Southwestern Medical	Geriatric medicine	4	4	-1	0	0
20	[1544821070] University of Texas Southwestern Medical	Clinical cardiac electrophysiology	2	2	0	0	0
21	[1554821066] University of Texas Southwestern Medical	Hematology and oncology	5	11	1	0	0
22	[1564821069] University of Texas Southwestern Medical	Pulmonary disease and critical care	3	8	-1	0	0
23	[1604821082] University of Texas Southwestern Medical	Neurological surgery	4	11	-1	0	0
24	[1804821108] University of Texas Southwestern Medical	Neurology	4	15	0	0	0
25	[1854821043] University of Texas Southwestern Medical	Child neurology	1	2	3	0	0
26	[1874821074] University of Texas Southwestern Medical	Clinical neurophysiology	3	3	0	0	0
27	[1884831008] University of Texas Southwestern Medical	Vascular neurology	1	1	1	0	0
28	[2004821073] University of Texas Southwestern Medical	Nuclear medicine	1	1	0	0	0
29	[2204831282] University of Texas Southwestern Medical	Obstetrics and gynecology	16	63	1	16	0
30	[2204831283] University of Texas Southwestern Medical	Obstetrics and gynecology	4	12	0	4	0
31	[2404821148] University of Texas Southwestern Medical	Ophthalmology	8	25	-1	0	0
32	[2604821032] University of Texas Southwestern Medical	Orthopaedic surgery	6	27	3	6	0
33	[2654821013] University of Texas Southwestern Medical	Pediatric orthopaedics	4	4	0	0	0
34	[2804821102] University of Texas Southwestern Medical	Otolaryngology	4	16	0	0	0
35	[3004811345] University of Texas Southwestern Medical	Pathology-anatomic and clinical	9	33	5	9	1
36	[3054831068] University of Texas Southwestern Medical	Blood banking/transfusion medicine	1	1	0	0	0
37	[3064821012] University of Texas Southwestern Medical	Chemical pathology	1	0	1	0	0
39	[3074821060] University of Texas Southwestern Medical	Cytopathology	1	1	1	0	0
40	[3114821064] University of Texas Southwestern Medical	Hematology	2	2	0	0	0
41	[3144812014] University of Texas Southwestern Medical	Medical microbiology	0	0	1	0	0

Source: ACGME web site at www.acgme.org, March 2004; institutional report, April 2004

Analysis by THECB, April 2004

	UT Southwestern Medical Center at Dallas		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
42	[3154821083] University of Texas Southwestern Medical	Neuropathology	0	0	3	0	0
43	[3164821003] University of Texas Southwestern Medical	Pediatric pathology	0	0	2	0	2
44	[3204821230] University of Texas Southwestern Medical	Pediatrics	28	80	1	28	0
45	[3234821041] University of Texas Southwestern Medical	Pediatric critical care medicine	8	14	0	0	0
46	[3244821034] University of Texas Southwestern Medical	Pediatric emergency medicine	3	9	0	0	0
47	[3254821058] University of Texas Southwestern Medical	Pediatric cardiology	2	5	1	0	0
48	[3264831069] University of Texas Southwestern Medical	Pediatric endocrinology	2	6	0	0	0
49	[3274821046] University of Texas Southwestern Medical	Pediatric hematology/oncology	2	7	2	0	0
50	[3284821019] University of Texas Southwestern Medical	Pediatric nephrology	1	4	6	0	0
51	[3294821055] University of Texas Southwestern Medical	Neonatal-perinatal medicine	3	6	3	0	0
52	[3314831021] University of Texas Southwestern Medical	Pediatric rheumatology	0	1	1	0	0
53	[3324811045] University of Texas Southwestern Medical	Pediatric gastroenterology	1	3	0	0	0
54	[3354821053] University of Texas Southwestern Medical	Pediatric infectious diseases	2	6	0	0	0
55	[3404821065] University of Texas Southwestern Medical	Physical medicine and rehabilitation	6	19	0	0	0
56	[3454821012] University of Texas Southwestern Medical	Spinal cord injury medicine	3	3	-1	0	0
57	[3604821097] University of Texas Southwestern Medical	Plastic surgery	2	8	0	3	0
58	[3634821004] University of Texas Southwestern Medical	Hand surgery	1	1	0	0	0
59	[4004821211] University of Texas Southwestern Medical	Psychiatry	12	55	13	12	2
60	[4014821028] University of Texas Southwestern Medical	Addiction psychiatry	1	1	1	0	0
61	[4054821123] University of Texas Southwestern Medical	Child and adolescent psychiatry	5	10	0	0	0
62	[4064831042] University of Texas Southwestern Medical	Forensic psychiatry	2	2	0	0	0
63	[4074821036] University of Texas Southwestern Medical	Geriatric psychiatry	2	3	1	0	0
64	[4204821192] University of Texas Southwestern Medical	Radiology-diagnostic	13	52	0	0	0
65	[4234821059] University of Texas Southwestern Medical	Neuroradiology	5	5	1	0	0
66	[4244821015] University of Texas Southwestern Medical	Pediatric radiology	3	3	0	0	0
67	[4254821027] University of Texas Southwestern Medical	Nuclear radiology	0	0	1	0	0
68	[4274821003] University of Texas Southwestern Medical	Vascular and interventional	1	1	0	0	0
69	[4404821331] University of Texas Southwestern Medical	Surgery-general	24	84	11	24	14
70	[4424821001] University of Texas Southwestern Medical	Surgical critical care	3	3	-1	0	0
71	[4454821022] University of Texas Southwestern Medical	Pediatric surgery	0	1	1	0	0
72	[4504821029] University of Texas Southwestern Medical	Vascular surgery	1	3	-1	0	0
73	[4604821090] University of Texas Southwestern Medical	Thoracic surgery	2	7	-1	0	0
74	[4804821143] University of Texas Southwestern Medical	Urology	4	16	0	0	0
75	[1204831304] University of Texas Southwestern Medical	Family practice	27	73	2	25	0
76	[1204821433] Methodist Hospitals of Dallas/University of	Family practice	6	17	0	6	0
77	[1274821016] Methodist Hospitals of Dallas/University of	Sports medicine	2	2	0	0	0
78	[1204811313] McLennan County Medical Education and	Family practice	12	36	0	12	0
79	[1204821435] Wichita Falls North Central Texas Medical	Family practice	8	25	0	8	0
		Total	**416**	**1210**	**42**	**248**	**19**

Source: ACGME web site at www.acgme.org, March 2004; institutional report, April 2004

Analysis by THECB, April 2004

	UTHSC San Antonio		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled Postions
1	[0404821155] University of Texas Health Science Center at San	Anesthesiology	8	36	-5	8	0
2	[0484831031] University of Texas Health Science Center at San	Pain management	3	3	0	0	0
3	[0804822088] University of Texas Health Science Center at San	Dermatology	2	4	-1	2	0
4	[1204811311] University of Texas Health Science Center at San	Family practice	6	20	2	6	0
5	[1204821312] University of Texas Health Science Center at San	Family practice	12	35	1	12	0
6	[1274821027] University of Texas Health Science Center at San	Sports medicine	0	0	1	0	0
7	[1404821425] University of Texas Health Science Center at San	Internal medicine	38	88	10	38	0
8	[1404821524] University of Texas Health Science Center at San	Internal medicine	4	12	3	4	1
9	[1414821084] University of Texas Health Science Center at San	Cardiovascular disease	4	12	1	0	0
10	[1434821055] University of Texas Health Science Center at San	Endocrinology, diabetes, and	1	2	2	0	0
11	[1444821072] University of Texas Health Science Center at San	Gastroenterology	2	6	0	0	0
12	[1464821057] University of Texas Health Science Center at San	Infectious disease	2	4	0	0	0
13	[1484821057] University of Texas Health Science Center at San	Nephrology	5	11	4	0	0
14	[1504821041] University of Texas Health Science Center at San	Rheumatology	0	2	0	0	0
15	[1514821075] University of Texas Health Science Center at San	Geriatric medicine	3	3	1	0	0
16	[1524821070] University of Texas Health Science Center at San	Interventional cardiology	2	2	0	0	0
17	[1554821099] University of Texas Health Science Center at San	Hematology and oncology	3	11	1	0	0
18	[1564811072] University of Texas Health Science Center at San	Pulmonary disease and	2	6	0	0	0
19	[1604821085] University of Texas Health Science Center at San	Neurological surgery	0	0	5	0	0
20	[1804821112] University of Texas Health Science Center at San	Neurology	2	8	0	0	0
21	[1874831077] University of Texas Health Science Center at San	Clinical neurophysiology	1	1	1	0	0
22	[2004831085] University of Texas Health Science Center at San	Nuclear medicine	2	2	0	0	0
23	[2204821292] University of Texas Health Science Center at San	Obstetrics and gynecology	6	22	2	6	0
24	[2404821153] University of Texas Health Science Center at San	Ophthalmology	4	12	0	0	0
25	[2604831095] University of Texas Health Science Center at San	Orthopaedic surgery	6	29	1	6	0
26	[2634821025] University of Texas Health Science Center at San	Hand surgery	4	4	0	0	0
27	[2684821042] University of Texas Health Science Center at San	Orthopaedic sports medicine	2	2	0	0	0
28	[2804821106] University of Texas Health Science Center at San	Otolaryngology	2	8	0	0	0
29	[3004821356] University of Texas Health Science Center at San	Pathology-anatomic and	4	16	0	3	0
30	[3054821045] University of Texas Health Science Center at San	Blood banking/transfusion	0	0	2	0	0
31	[3074811018] University of Texas Health Science Center at San	Cytopathology	1	1	1	0	0
32	[3114821020] University of Texas Health Science Center at San	Hematology	1	1	1	0	0
33	[3164821020] University of Texas Health Science Center at San	Pediatric pathology	0	0	1	0	0
34	[3204821235] University of Texas Health Science Center at San	Pediatrics	15	44	0	15	0
35	[3234821072] University of Texas Health Science Center at San	Pediatric critical care	1	3	0	0	0
36	[3294821115] University of Texas Health Science Center at San	Neonatal-perinatal medicine	1	3	0	0	0
37	[3334821002] University of Texas Health Science Center at San	Pediatric sports medicine	1	1	0	0	0
39	[3404821067] University of Texas Health Science Center at San	Physical medicine and	6	25	0	6	0
40	[3454821022] University of Texas Health Science Center at San	Spinal cord injury medicine	1	1	0	0	0

Source: ACGME web site at www.acgme.org, March 2004

Analysis by THECB, March 2004

	UTHSC San Antonio		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled Postions
41	[3604831134] University of Texas Health Science Center at San	Plastic surgery	3	6	0	0	0
42	[4004831218] University of Texas Health Science Center at San	Psychiatry	12	54	24	12	7
43	[4014821008] University of Texas Health Science Center at San	Addiction psychiatry	1	1	1	0	0
44	[4054821126] University of Texas Health Science Center at San	Child and adolescent	3	5	3	0	0
45	[4074821060] University of Texas Health Science Center at San	Geriatric psychiatry	2	2	0	0	0
46	[4204821197] University of Texas Health Science Center at San	Radiology-diagnostic	8	31	1	0	0
47	[4234821061] University of Texas Health Science Center at San	Neuroradiology	0	0	2	0	0
48	[4274821031] University of Texas Health Science Center at San	Vascular and interventional	1	1	2	0	0
49	[4304821100] University of Texas Health Science Center at San	Radiation oncology	2	7	-1	0	0
50	[4404821338] University of Texas Health Science Center at San	Surgery-general	30	71	5	30	5
51	[4424812081] University of Texas Health Science Center at San	Surgical critical care	2	2	1	0	0
52	[4604821094] University of Texas Health Science Center at San	Thoracic surgery	2	3	0	0	0
53	[4804821147] University of Texas Health Science Center at San	Urology	2	8	0	0	0
54	[7154844024] University of Texas Health Science Center at San	Internal Medicine/Psychiatry	0	0	0	0	0
55	[7304844010] University of Texas Health Science Center at San	Peds/Psych/Child-	0	1	0	0	0
		Total	**225**	**632**	**72**	**148**	**13**

Source: ACGME web site at www.acgme.org, March 2004

Analysis by THECB, March 2004

	UT Health Center at Tyler		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled	Number of 1st Year Unfilled Positions
1	[1204821464] University of Texas Health Center at Tyler Program	Family practice	7	20	1	7	0
2	[3804877091] University of Texas Health Center at Tyler Program	Preventive medicine	2	3	0	0	0
		Total	**9**	**23**	**1**	**7**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	UT MD Anderson Cancer Center		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1004813072] University of Texas MD Anderson Cancer Center Program	Dermatopathology	2	2	0	0	0
2	[2704813014] University of Texas MD Anderson Cancer Center Program	Musculoskeletal oncology	2	3	0	0	0
3	[3014812031] University of Texas MD Anderson Cancer Center Program A	Selective pathology	1	1	0	0	0
4	[3014821010] University of Texas MD Anderson Cancer Center Program	Selective pathology	14	14	0	0	0
5	[3054821044] University of Texas M D Anderson Cancer Center Program	Blood banking/transfusion	2	2	0	0	0
6	[3064821004] University of Texas M D Anderson Cancer Center Program	Chemical pathology	0	0	1	0	0
7	[3074821054] University of Texas M D Anderson Cancer Center Program	Cytopathology	6	6	0	0	0
8	[3114821019] University of Texas M D Anderson Cancer Center Program	Hematology	4	4	0	0	0
9	[4304822099] University of Texas M D Anderson Cancer Center Program	Radiation oncology	4	16	4	0	0
10	[4604813121] The University of Texas (MD Anderson Cancer Center)	Thoracic surgery	0	0	1	0	1
11	[0484821093] University of Texas at Houston (M D Anderson Cancer Center)	Pain management	4	4	0	0	0
12	[1474831039] University of Texas at Houston Program/Joint program	Oncology	14	26	0	0	0
13	[3274821038] University of Texas at Houston Program/Joint Program	Pediatric	2	6	1	0	0
14	[4274821078] University of Texas at Houston Program/Joint Program	Vascular and interventional	3	3	1	0	0
		Total	**58**	**87**	**8**	**0**	**1**

Source: ACGME web site at www.acgme.org, March 2004; institutional report April 2004

	Baylor College of Medicine		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled Positions
1	[0204821063] Baylor College of Medicine Program	Allergy and immunology	4	8	-2	0	0
2	[0404831150] Baylor College of Medicine Program	Anesthesiology	8	61	-7	8	0
3	[0424821022] Baylor College of Medicine Program	Pediatric anesthesiology	1	1	0	0	0
4	[0804821087] Baylor College of Medicine Program	Dermatology	4	10	0	0	0
5	[1004821057] Baylor College of Medicine Program	Dermatopathology	1	1	0	0	0
6	[1204811306] Baylor College of Medicine Program	Family practice	10	33	3	10	2
7	[1304821012] Baylor College of Medicine Program	Medical genetics	1	8	0	1	1
8	[1404821422] Baylor College of Medicine Program	Internal medicine	55	146	20	55	4
9	[1414821106] Baylor College of Medicine Program	Cardiovascular disease	9	26	5	0	0
10	[1414821120] Baylor College of Medicine/St	Cardiovascular disease	6	18	1	0	0
11	[1424821091] Baylor College of Medicine Program	Critical care medicine	2	2	4	0	0
12	[1434821070] Baylor College of Medicine Program	Endocrinology, diabetes, and	4	8	0	0	0
13	[1444821085] Baylor College of Medicine Program	Gastroenterology	3	9	0	0	0
14	[1464821070] Baylor College of Medicine Program	Infectious disease	3	6	0	0	0
15	[1554821146] Baylor College of Medicine Program	Hematology/Oncology	6	20	0	0	0
16	[1484821070] Baylor College of Medicine Program	Nephrology	4	8	2	0	0
17	[1504821058] Baylor College of Medicine Program	Rheumatology	1	3	0	0	0
18	[1514831040] Baylor College of Medicine Program	Geriatric medicine	4	4	1	0	0
19	[1524821068] Baylor College of Medicine Program	Interventional cardiology	3	3	0	0	0
20	[1524823067] Baylor College of Medicine/St	Interventional cardiology	4	4	2	0	0
21	[1544811072] Baylor College of Medicine Program	Clinical cardiac electrophysiology	1	1	0	0	0
22	[1544813073] Baylor College of Medicine/St	Clinical cardiac electrophysiology	1	1	1	0	0
23	[1564821084] Baylor College of Medicine Program	Pulmonary disease and critical care	5	18	3	0	0
24	[1604821084] Baylor College of Medicine Program	Neurological surgery	3	15	0	0	0
25	[1804821110] Baylor College of Medicine Program	Neurology	6	18	0	6	0
26	[1854821018] Baylor College of Medicine Program	Child neurology	3	9	0	0	0
27	[1864833003] Baylor College of Medicine Program	Neurodevelopmental Disabilities	0	0	8	0	0
28	[1874821037] Baylor College of Medicine Program	Clinical neurophysiology	4	4	-1	0	0
29	[1904822007] Baylor College of Medicine Program	Molecular genetic pathology	1	1	1	0	0
30	[2004821075] Baylor College of Medicine Program	Nuclear medicine	1	2	0	0	0
31	[2204831286] Baylor College of Medicine Program	Obstetrics and gynecology	12	47	1	12	0
32	[2404821150] Baylor College of Medicine Program	Ophthalmology	6	18	0	0	0
33	[2604831049] Baylor College of Medicine Program	Orthopaedic surgery	5	26	-1	5	0
34	[2634831002] Baylor College of Medicine Program	Hand surgery	1	1	1	0	0
35	[2654831002] Baylor College of Medicine Program	Pediatric orthopaedics	0	0	2	0	0
36	[2674831026] Baylor College of Medicine Program	Orthopaedic surgery of the spine	2	2	-1	0	0
37	[2684831027] Baylor College of Medicine Program	Orthopaedic sports medicine	4	4	0	0	0
38	[2694821004] Baylor College of Medicine Program	Orthopaedic trauma	0	0	2	0	0
39	[2804831104] Baylor College of Medicine Program	Otolaryngology	4	16	0	0	0
40	[2884821005] Baylor College of Medicine Program	Pediatric otolaryngology	1	2	0	0	0
41	[3004831350] Baylor College of Medicine Program	Pathology-anatomic and clinical	6	22	6	6	1

Source: ACGME web site at www.acgme.org, April 2004; institutional report April 2004

	Baylor College of Medicine		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled Positions
42	[3054831080] Baylor College of Medicine Program	Blood banking/transfusion medicine	0	0	1	0	0
43	[3074821023] Baylor College of Medicine Program	Cytopathology	4	4	0	0	0
44	[3114821012] Baylor College of Medicine Program	Hematology	1	1	0	0	0
45	[3154821047] Baylor College of Medicine Program	Neuropathology	0	0	2	0	0
46	[3164831009] Baylor College of Medicine Program	Pediatric pathology	2	2	0	0	0
47	[3204821232] Baylor College of Medicine Program	Pediatrics	41	122	22	41	7
48	[3214821016] Baylor College of Medicine Program	Adolescent medicine	1	3	0	0	0
49	[3234831044] Baylor College of Medicine Program	Pediatric critical care medicine	4	9	3	0	0
50	[3244831035] Baylor College of Medicine Program	Pediatric emergency medicine	4	11	1	0	0
51	[3254811047] Baylor College of Medicine Program	Pediatric cardiology	6	14	1	0	0
52	[3264821051] Baylor College of Medicine Program	Pediatric endocrinology	2	5	7	0	0
53	[3274821037] Baylor College of Medicine Program	Pediatric hematology/oncology	6	15	3	0	0
54	[3284821026] Baylor College of Medicine Program	Pediatric nephrology	0	1	2	0	0
55	[3294821057] Baylor College of Medicine Program	Neonatal-perinatal medicine	6	14	1	0	0
56	[3304821029] Baylor College of Medicine Program	Pediatric pulmonology	3	6	0	0	0
57	[3314821020] Baylor College of Medicine Program	Pediatric rheumatology	1	1	2	0	0
58	[3324821043] Baylor College of Medicine Program	Pediatric gastroenterology	2	4	2	0	0
59	[3334821004] Baylor College of Medicine Program	Pediatric sports medicine	1	1	0	0	0
60	[3354811055] Baylor College of Medicine Program	Pediatric infectious diseases	1	6	1	0	0
61	[3404821066] Baylor College of Medicine Program	Physical medicine and rehabilitation	11	30	9	0	0
62	[3454813021] Baylor College of Medicine Program	Spinal cord injury medicine	0	0	1	0	0
63	[3604831099] Baylor College of Medicine Program	Plastic surgery	3	18	0	3	0
64	[3634831008] Baylor College of Medicine Program	Hand surgery	2	2	0	0	0
65	[4004821213] Baylor College of Medicine Program	Psychiatry	14	46	0	14	0
66	[4054821125] Baylor College of Medicine Program	Child and adolescent psychiatry	5	8	0	0	0
67	[4204821195] Baylor College of Medicine Program	Radiology-diagnostic	8	30	0	0	0
68	[4234821060] Baylor College of Medicine Program	Neuroradiology	1	1	2	0	0
69	[4244821016] Baylor College of Medicine Program	Pediatric radiology	1	1	2	0	0
70	[4274812107] Baylor College of Medicine Program	Vascular and interventional radiology	0	0	2	0	0
71	[4304821098] Baylor College of Medicine Program	Radiation oncology	3	6	0	0	0
72	[4404821334] Baylor College of Medicine Program	Surgery-general	25	61	7	25	8
73	[4424812078] Baylor College of Medicine/Ben	Surgical critical care	0	0	2	0	0
74	[4454821020] Baylor College of Medicine Program	Pediatric surgery	1	2	0	0	0
75	[4504821016] Baylor College of Medicine Program	Vascular surgery	3	3	0	0	0
76	[4604821092] Baylor College of Medicine Program	Thoracic surgery	3	6	0	0	0
77	[4804821145] Baylor College of Medicine Program	Urology	3	13	0	0	0
78	[4854821008] Baylor College of Medicine Program	Pediatric urology	1	1	0	0	0
79	[7004844074] Baylor College of Medicine Program	Internal Medicine/Pediatrics	8	31	0	8	0
80	[9994800139] Baylor College of Medicine Program	Transitional year	18	18	0	18	0
		Total	**394**	**1082**	**124**	**212**	**23**

Source: ACGME web site at www.acgme.org, April 2004; institutional report April 2004

	Austin Medical Education Programs of Seton		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1204811302] Austin Medical Education Programs of Seton Healthcare	Family practice	7	21	0	7	0
2	[1404812415] Austin Medical Education Programs of Seton Healthcare	Internal medicine	13	33	6	13	2
3	[3204831228] Austin Medical Education Programs of Seton Healthcare	Pediatrics	10	32	1	10	0
4	[4004813299] Austin Medical Education Programs of Seton Healthcare	Psychiatry	4	15	1	4	0
5	[4054813181] Austin Medical Education Programs of Seton Healthcare	Child and adolescent	2	4	2	0	0
6	[9994800133] Austin Medical Education Programs of Seton Healthcare	Transitional year	6	6	0	6	0
		Total	**42**	**111**	**10**	**40**	**2**

Source: ACGME web site at www.acgme.org, March 2004

Analysis by THECB, March 2004

	Baylor University Medical Center (Garland and Dallas)		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1204821574] Baylor Medical Center at Garland Program	Family practice	6	18	0	6	0
2	[0604821021] Baylor University Medical Center Program	Colon and rectal surgery	2	2	0	0	0
3	[1404831416] Baylor University Medical Center Program	Internal medicine	11	29	0	11	0
4	[1414831176] Baylor University Medical Center Program	Cardiovascular disease	2	6	0	0	0
5	[1444831148] Baylor University Medical Center Program	Gastroenterology	1	3	1	0	0
6	[1474831076] Baylor University Medical Center Program	Oncology	3	3	2	0	0
7	[1524831132] Baylor University Medical Center Program	Interventional cardiology	1	1	0	0	0
8	[1544812100] Baylor University Medical Center Program	Clinical cardiac	0	0	1	0	0
9	[2204831280] Baylor University Medical Center Program	Obstetrics and gynecology	4	16	0	4	0
10	[3004812343] Baylor University Medical Center Program	Pathology-anatomic and	3	17	1	3	2
11	[3404831064] Baylor University Medical Center Program	Physical medicine and	3	9	0	0	0
12	[3414813005] Baylor University Medical Center (Oklahoma	Pain Management	0	0	1	0	0
13	[4204822190] Baylor University Medical Center Program	Radiology-diagnostic	7	22	6	0	0
14	[4274821043] Baylor University Medical Center Program	Vascular and interventional	0	0	2	0	0
15	[4404821328] Baylor University Medical Center Program	Surgery-general	13	43	2	13	0
16	[4504821028] Baylor University Medical Center Program	Vascular surgery	2	2	0	0	0
		Total	**58**	**171**	**16**	**37**	**2**

Source: ACGME web site at www.acgme.org, March 2004; institutional report, April 2004

Analysis by THECB, April 2004

	Bexar County Medical Examiner's Office		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[3104821044] Bexar County Forensic Science Center Program	Forensic pathology	1	1	1	0	0
		Total	**1**	**1**	**1**	**0**	**0**

Source: ACGME web site at www.acgme.org, March 2004: and institutional report, April 2004

	Christus St Joseph Hospital (Houston)		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1204821565] Christus St Joseph Hospital Program	Family practice	8	24	0	8	0
2	[2204831288] Christus St Joseph Hospital Program	Obstetrics and gynecology	4	16	0	4	0
3	[3604812100] Christus St Joseph Hospital Program	Plastic surgery	2	4	0	0	0
4	[4404822335] Christus St Joseph Hospital Program	Surgery-general	6	19	2	6	2
5	[9994800140] Christus St Joseph Hospital Program	Transitional year	12	12	0	12	0
		Total	**32**	**75**	**2**	**30**	**2**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	Christus Santa Rosa (San Antonio)		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of First Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1204821616] Christus Santa Rosa Health Care Program	Family practice	5	19	2	5	2
		Total	**5**	**19**	**2**	**5**	**2**

Source: ACGME web site at www.acgme.org, March 2004, and institutional report, April 2004

Analysis by THECB, April 2004

	Conroe Medical Foundation		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1204821454] Conroe Medical Education Foundation	Family practice	7	21	3	7	1
		Total	**7**	**21**	**3**	**7**	**1**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	Driscoll Children's Hospital		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[3204811229] Driscoll Children's Hospital Program	Pediatrics	14	40	2	14	0
		Total	**14**	**40**	**2**	**14**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	Harris County Medical Examiner		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[3104821080] Harris County Medical Examiner Department	Forensic Pathology	1	2	0	0	0
		Total	**1**	**2**	**0**	**0**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

	John Peter Smith Hospital (Fort Worth)		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled
1	[1254821039] University of Texas Southwestern Medical School (Fort Worth) Program	Geriatric medicine	2	2	0	0	0
2	[1274821073] University of Texas Southwestern Medical School (Fort Worth) Program	Sports medicine	2	2	0	0	0
3	[2204822284] John Peter Smith Hospital (Tarrant County Hospital District) Program	Ob/gynecology	4	16	0	4	0
4	[2604822100] John Peter Smith Hospital (Tarrant County Hospital District) Program	Orthopaedic surgery	3	15	0	3	0
5	[4004821282] John Peter Smith Hospital (Tarrant County Hospital District) Program	Psychiatry	4	17	-1	4	0
6	[9994800168] John Peter Smith Hospital (Tarrant County Hospital District) Program	Transitional year	12	12	0	12	0
		Total	**27**	**64**	**-1**	**23**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	Memorial Hermann Hospital System		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled Positions
1	[1204821307] Memorial Hermann Hospital System Program	Family practice	15	44	4	15	1
2	[1274812060] Memorial Hermann Hospital System Program	Sports medicine	2	2	0	0	0
		Total	**17**	**46**	**4**	**15**	**1**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	Methodist Hospitals of Dallas		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	1404812417] Methodist Hospitals of Dallas Program	Internal medicine	6	18	0	6	0
2	[2204831281] Methodist Hospitals of Dallas Program	Obstetrics and gynecology	3	10	2	3	0
3	[4404812329] Methodist Hospitals of Dallas Program	Surgery-general	6	11	1	6	-1
		Total	**15**	**39**	**3**	**15**	**-1**

Source: ACGME web site at www.acgme.org, March 2004

Analysis by THECB, March 2004

	Presbyterian Hospital (Dallas)		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[0604821022] Presbyterian Hospital of Dallas Program	Colon and rectal surgery	1	1	0	0	0
2	[1404811420] Presbyterian Hospital of Dallas Program	Internal medicine	12	24	0	12	0
		Total	**13**	**25**	**0**	**12**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	San Jacinto Methodist Hospital		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1204821432] San Jacinto Methodist Hospital Program	Family practice	8	24	0	8	0
		Total	**8**	**24**	**0**	**8**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	Spohn Memorial Hospital (Corpus Christi)		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1204822303] Spohn Memorial Hospital Program	Family Practice	12	36	0	12	0
		Total	**12**	**36**	**0**	**12**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

	Southwestern Institute of Forensic Sciences		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[3104811028] Southwestern Institute of Forensic Sciences Program	Forensic pathology	2	2	1	0	0
		Total	**2**	**2**	**1**	**0**	**0**

Source: ACGME web site at www.acgme.org, March 2004

Analysis by THECB, March 2004

	Texas Department of Health		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled Positions
1	[3804888105] Texas Department of Health Program	Preventive medicine	1	1	0	0	0
		Total	**1**	**1**	**0**	**0**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional report, April 2004

Analysis by THECB, April 2004

	Texas Heart Institute		A	B	C	D	E
			Number of	Number of	Number of	Number of	Number of
	Residency Program Number and Name	Specialty	1st Year Filled Positions	Total Filled Positions	Total Unfilled Positions	1st Year Entering Filled Positions	1st Year Unfilled Positions
1	[4604821093] Texas Heart Institute Program	Thoracic surgery	3	7	0	0	0
		Total	**3**	**7**	**0**	**0**	**0**

Source: ACGME web site at www.acgme.org, March 2004; institutional report, April 2004

Analysis by THECB, April 2004

	Valley Baptist Medical Center		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled Positions	Number of 1st Year Unfilled Positions
1	[1204821593] Valley Baptist Medical Center Program	Family practice	5	15	0	5	0
		Total	**5**	**15**	**0**	**5**	**0**

Source: ACGME web site at www.acgme.org, March 2004; and institutional response April 2004

Analysis by THECB, April 2004

	World Craniofacial Foundation (Dallas)		A	B	C	D	E
	Residency Program Number and Name	Specialty	Number of 1st Year Filled Positions	Number of Total Filled Positions	Number of Total Unfilled Positions	Number of 1st Year Entering Filled	Number of 1st Year Unfilled Positions
1	[3614821002] World Craniofacial Foundation Program	Craniofacial surgery	1	1	1	0	0
		Total	**1**	**1**	**1**	**0**	**0**

Source: ACGME web site at www.acgme.org, March 2004

Analysis by THECB, March 2004

APPENDIX I

House and Senate Committees
Interim Charges
78th Legislature

House Appropriations Subcommittee on Graduate Medical Education

Evaluate funding streams for GME for viability in light of changes in Medicaid. Include review of role of state's teaching hospitals in indigent health care and role of GME in addressing health care needs of underserved regions.

Senate Subcommittee on Higher Education

Review and make recommendations relating to the adequacy of funding for graduate medical education, including funding required for professors, facilities, research programs and students. Review and make recommendations relating to increasing the number of health professionals.

Appendix J

Graduate Medical Education FY 2003 Survey: Revenues and Expenses

FY 2003 Medical Schools
GME Revenues and Expenses

	Totals	% of Total
Number of Full-Time Equivalent Residents[1]	**5,092**	**86%**
Number of Medical Schools Surveyed[2]	**8**	**100%**
GME Revenues:		
Teaching Physician Contract Amounts	$37,105,900	14.2%
Direct State Appropriations Allocated to GME	$3,490,563	1.3%
THECB Contract Support	$9,925,066	3.8%
Gifts and Grants	$4,378,159	1.7%
Practice Plan Funds Dedicated to GME	$2,257,675	0.8%
GME Support from Hospitals	$84,973,217	32.5%
Other Revenue Sources	$10,964,348	4.2%
Total GME Revenues	**$153,094,928**	58.5%
Revenue per FTE Resident	**$30,066**	
GME Expenses:		
Resident Compensation	$114,033,057	43.6%
Faculty Salaries Allocated to GME	$84,989,482	32.5%
GME Administration	$25,458,249	9.7%
Cost of Compliance	$7,504,066	2.9%
Other Direct GME (NOT included above)	$10,162,134	3.9%
Overhead (NOT included above)	$19,518,498	7.4%
		100.0%
Total GME Expenses	**$261,665,486**	
GME Expenses per FTRE	**$51,388**	
GME Shortfall	**-$108,570,558**	41.5%
GME Shortfall per FTRE	**$21,322**	
%age of Total Shortfall Funding	**20.8%**	
Total Amount of Resident Compensation	**$286,755,076**	
Estimated Increase in Resident Expense from 80 Hr Rule[3]	**27.3%**	
Estimated Increase in Resident Expense from 80 Hr Rule	**$78,205,930**	

FY 2003 Teaching Hospitals
GME Revenues and Expenses

	Totals	% of Total
Number of Full-Time Equivalent Residents	**4,139**	**70.1%**
Number of Teaching Hospitals Surveyed[3]	**25**	**42%**
GME Revenues:		
Medicare DGME	$53,176,142	7.9%
Medicaid DME	$63,358,658	9.4%
Medicare IME	$116,701,278	17.3%
Other Revenue Sources for GME	$29,002,731	4.3%
Total GME Revenues	**$262,238,809**	38.9%
Revenue per FTE Resident	**$63,357**	
GME Expenses:		
Resident Compensation	$172,722,019	25.6%
Teaching Physician Compensation	$209,685,431	31.1%
GME Administration	$28,911,308	4.3%
Other Direct GME (NOT included above)	$12,940,660	1.9%
Hospital Overhead Allocations	$133,751,353	19.8%
Indirect Medical Education	$116,701,278	17.3%
		100.0%
Total GME Expenses	**$674,712,049**	
GME Expenses per FTRE	**$163,011**	
GME Shortfall	**-$412,473,240**	61.1%
GME Shortfall per FTRE	**$99,654**	
Total GME Shortfall	**-$521,043,798**	
%age Funded by Teaching Hospitals	**79.2%**	
%age Funded by Medical Schools	**20.8%**	

Notes:
1. The survey captured data on resident physicians receiving training in medical school sponsored residency programs. The total number of resident physicians training in medical school sponsored residency programs is 5,092.
2. Among the 25 hospitals surveyed were the nine public hospitals plus The University of Texas M.D. Anderson Cancer Center and The University of Texas Health Center at Tyler.
There are also 19 independent residency programs that were not captured here. The total number of residency slots for FY 2003 is 5,902.
3. The total number of teaching hospitals is 59. Teaching hospitals are defined by the Texas Association of Public Nonprofit Hospitals as an inpatient facility that received Medicaid GME funding.
4. Residents are estimated to work 110 hours per week for the study period. A reduction to 80 hours per week is estimated to result in a 27.3% increase in expense.

For More Information:

Deborah L. Greene, Assistant Commissioner
Division of Finance, Campus Planning, and Research
Texas Higher Education Coordinating Board
P. O. Box 12788
Austin, Texas 78711
(512) 427-6130; FAX (512) 427-6147
deborah.greene@thecb.state.tx.us

Jeff Phelps, Director Finance
Division of Finance, Campus Planning, and Research
Texas Higher Education Coordinating Board
P. O. Box 12788
Austin, Texas 78711
(512) 427-6130; FAX (512) 427-6147
jeffrey.phelps@thecb.state.tx.us

Stacey Silverman, Program Director
Division of Universities and Health-Related Institutions
Texas Higher Education Coordinating Board
P. O. Box 12788
Austin, Texas 78711
(512) 427-6206; FAX (512) 427-6168
stacey.silverman@thecb.state.tx.us

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