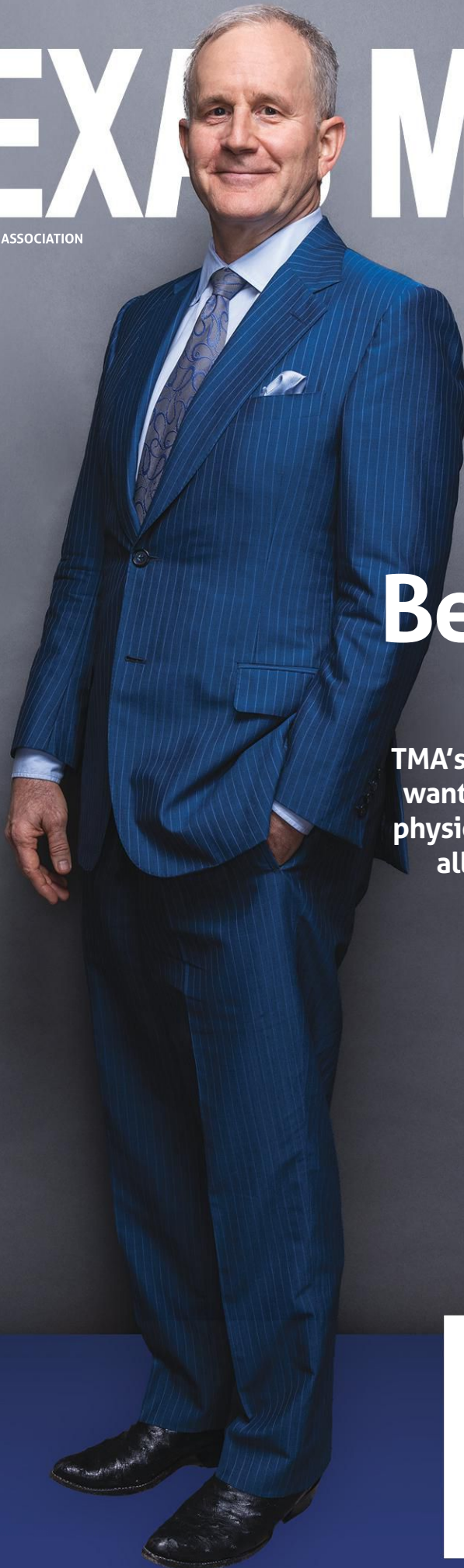


TEXAS MEDICINE

TEXAS MEDICAL ASSOCIATION

MAY 2023



Best Interests at Heart

TMA's newest president, Rick Snyder, MD, wants to see advocacy become a part of physicians' DNA and to equip practices of all stripes to survive the economic headwinds of consolidation





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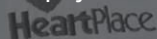
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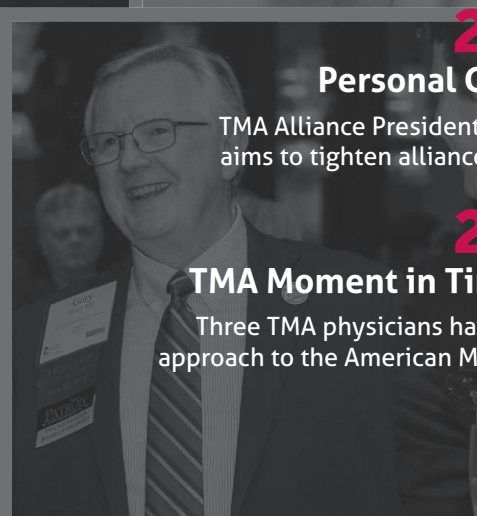
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TEXAS MEDICINE

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Key Objective: To improve the health of all Texans by furthering dialogue and understanding within the Texas Medical Association membership.

Critical Objectives:

- To promote integrity in the practice of medicine among Texas physicians.
- To further the practice of medicine as the artful application of scientific knowledge in the health care of Texans.
- To ensure that Texas physicians are informed on political, legal, and administrative activities that influence the practice of medicine through the publication of timely, credible, and relevant articles.
- To encourage balanced debate on issues that affect health care in Texas.
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Texas Medicine News in Brief



TMA PUSHES FOR COMPLIANCE WITH SECOND SURPRISE-BILLING WIN

BY AMY LYNN SORREL

AMID MUCH WRANGLING with federal regulators, the Texas Medical Association is taking steps to hold them accountable for complying with TMA's second legal victory nullifying certain rules governing out-of-network payment disputes under the No Surprises Act.

After attempting to suspend some payment determinations still pending in the federal independent dispute resolution (IDR) process, the Centers for Medicare & Medicaid Services announced in late February that it would resume the process and as of March 17, processing of payment decisions also has resumed.

As of that date, "disputing parties will begin receiving a majority of their payment determination notices from the IDR portal," specifically from this email address: auto-reply-federalidrquestions@cms.hhs.gov, federal regulators said. "We ask disputing parties to make note of this email address."

The back and forth comes at a time when the government faces a huge backlog in surprise-billing arbitra-

tion cases. TMA still has concerns about regulators' lag in updating federal guidance in accordance with the ruling – which they have yet to do – and the potential for that lag to further delay the timely resolution of payment disputes.

Meantime, medicine is holding regulators' feet to the fire and taking steps to ensure their contracted arbitrators understand the implications of TMA's latest courtroom victory.

In a series of letters issued to the 13 independent entities certified to conduct the dispute resolutions, TMA attorneys remind the arbitrators that the Feb. 6 court decision "significantly impacts how you execute your duties, and it is important that you understand the judge's reasoning in this case."

In that suit, the U.S. District Court for the Eastern District of Texas sided with TMA – again – in the second of four lawsuits contesting various components of the federal arbitration process that all serve in various ways to skew arbitrations in favor of insurers and against physicians.

In its first case, TMA successfully challenged an interim final rule that skewed the IDR process in health plans' favor. But even after being ordered to go back to the drawing board, the federal agencies returned with a final rule that "nevertheless continues to place a thumb on the scale" in favor of insurers' bids, District Judge Jeremy

D. Kernodle wrote on Feb. 6, by allowing arbitrators to default to an opaque and flawed insurer-calculated amount called the qualifying payment amount (QPA), instead of looking at a range of factors as lawmakers intended.

The ruling in TMA's second lawsuit again invalidated that part of the rule, which TMA President Gary Floyd, MD, called "a major victory for patients and physicians," as well as a reminder that federal agencies must adopt regulations in accordance with the law.

In that regard, TMA in its letters emphasizes "the court's decision makes clear" that IDR entities are not required to:

- Consider the QPA first among the statutory factors;
- Presume the QPA is credible while subjecting other relevant information to a credibility test;
- Ignore non-QPA information unless the provider can prove this information is not already accounted for or reflected in the QPA; or
- Provide special justification as to why weight was given to non-QPA information.

In addition to those guardrails around the arbitration process, the No Surprises Act requires arbitrators to appropriately consider other factors relevant to the value of physicians' services, such as physicians' training

and experience, the complexity of the patient case, and claims payment data, among others, TMA's letters state.

"If an IDR entity were to apply any of the Departments' rules that have now been vacated, this would subject the payment determination to potential judicial review, could render the decision no longer binding on the parties, and could even result in decertification by the Departments," TMA warned. "To avoid these risks, IDR entities should closely adhere to the text of the [No Surprises Act] in reaching payment determinations."

Physicians may use the letter that applies to their certified IDR entity when submitting a request for independent dispute resolution. Find them in TMA's surprise billing resource center at www.texmed.org/surprise.

Dr. Floyd says TMA's latest victory in the ongoing litigation "will promote patients' access to quality care when they need it most and help guard against health insurer business practices that give patients fewer choices of affordable in-network physicians and threaten the sustainability of physician practices."

Despite TMA's continued success in its No Surprises Act litigation, the battle for a fair IDR process is still far from over. TMA's two other lawsuits – one over flaws in how the QPA is calculated, and one over excessive arbitration fees – are still pending.

Meanwhile, a preliminary report shows federal agencies have received "significantly more" IDR cases than anticipated. From April 15 to Sept. 30, 2022, more than 90,000 claims were received; of those, about one-quarter had been resolved, though only 15% of resolved claims had resulted in a payment determination.

The agencies said in the report they are working to "enhance the Federal IDR portal's ability to intake and process disputes and associated data"

and plan to supplement the initial report at a later unspecified date.

TDI EASES PRIOR AUTH REQUESTS FOR Rx RENEWALS

BY EMMA FREER

AFTER A THREE-YEAR EFFORT, the Texas Medical Association recently secured a form change that allows physicians to bypass the most onerous part of prior authorization requests when renewing an existing prescription.

The Texas Department of Insurance (TDI) has adopted an updated version of the Texas Standard Prior Authorization Request Form for Prescription Drug Benefits, which has options for both new and continuing medication therapy. When physicians select the latter option, they can proceed without filling out certain sections of the two-page form.

Lisa Ehrlich, MD, an internist in Houston and a member of the TMA Board of Trustees, served on the TDI advisory committee responsible for the update, which she proposed.

"For those of us doctors who [prescribe] chronic medications for patients, probably 80% of our prior authorizations are actually re-authorizations of things we've already prescribed," she said.

The standardized form stems from a 2015 TMA-backed state law, which requires commercial, Medicaid, Children's Health Insurance Program, and state employee health plans to accept it and which also established an advisory committee tasked with updating the form every two years.

TMA supported the proposed form change in a March 28, 2022, comment letter to TDI.

"As TDI may know, TMA strongly supported the legislation underlying this rule proposal, as the use of prior authorization processes: (1) directly

impacts patient access to coverage for care; and (2) imposes significant administrative burden on physician practices," then-TMA President E. Linda Villarreal, MD, wrote. "Having TDI prescribe a standard prior authorization form for prescription drug benefits is critical to making prior authorization processes more uniform, lessening the burden associated with their completion, and improving patient safety and access to care."

Dr. Ehrlich says the update – now in effect – will save physicians and their practice staff time when filling out prior authorization forms on the front end. But she adds it remains to be seen whether health plans will approve continuing prescription prior authorization requests on the back end.

"In practicality, we're going to have to see how this plays out," she said.

TMA is monitoring the form change implementation. In the meantime, Carra Benson, who directs TMA's reimbursement services, recommends physicians who encounter obstacles when requesting prior authorizations for continuing medications:

- File a complaint with TDI using the agency's online portal; and
- Submit a review form to TMA's Reimbursement Review and Recovery Service, which tracks member physicians' payer issues, via fax to (512) 370-1632 or via secure file-drop available at www.texmed.org/RRRService.

CIGNA: MORE DOCUMENTATION FOR SAME-DAY PROCEDURES

BY ALISA PIERCE

DESPITE MEDICINE'S PUSHBACK, Cigna plans to proceed with a burdensome billing policy requiring additional documentation for routine, minor procedure claims starting next month.



Evaluation and management (E/M) services provided on the same day as a minor procedure (such as those with a zero- or 10-day post-operation period) typically have been included as part of the service. Starting June 11, however, Cigna will start requiring separate supporting documentation every time a physician bills for that minor procedure using modifier 25.

That includes supplying medical records and “a cover sheet indicating the office notes support the use of modifier 25 appended to the E/M code,” according to Cigna’s first announcement of the policy last year.

The claim will be denied if a physician fails to show a significant and separately identifiable service was performed.

Medicine won a delay of the policy that was supposed to start Aug. 13, 2022, after the American Medical Association and the California Medical Association voiced several concerns, including a likely increase in administrative burden and cost for practices due to duplicate requests and a lack of clarity on which Cigna health plans would be impacted. Medicine also expressed these challenges would not only harm patients’ experience but also disincentivize physicians from providing unscheduled services.

As most practices use modifier 25 throughout the day, the additional documentation requirement could force practices to send several medical records daily, potentially contributing to physician burnout, says Odessa allergist Vivek Rao, MD.

“So many specialties use 25 modifiers on a frequent basis, and this update is only going to delay processing claims,” he said. “My fear is that this is going to create a backlog where practices must wait to get paid for providing care to patients. Then, physicians are going to have to make some difficult business decisions, like not accepting new patients.”

The Texas Medical Association is working with AMA, other state medical societies, and national physician societies to address the issue. TMA will meet with each major insurance company in the coming months to discuss this and other administrative burdens and payment delays that impact physicians’ ability to care for their patients.

With the change set to take effect June 11, TMA experts recommend physicians familiarize themselves with modifier 25, which is used:

- To indicate that on the day a procedure was performed, the pa-

tient’s condition required a significant, separately identifiable E/M service;

- To report an E/M service on the same day as a minor procedure when the separate/significant service is above and beyond the usual pre- and/or post-operative care associated with the procedure; and
- To report an E/M service on the same day as other services such as preventive care, when a patient has a “sick/injury” concern that is separately addressed at the same visit.

TMA staff say practices can ensure they are documenting modifier 25 claims correctly by taking these steps:

- Always append the modifier 25 to the E/M code (reported to the appropriate level), never to the procedure code.
- Don’t report a separate E/M service for a planned procedure.
- If a new problem needs only a cursory review, it will not qualify as a separate E/M service.

Have questions or concerns? Call TMA’s billing and coding hotline at (512) 370-1414 or visit TMA’s Reimbursement, Review, and Resolution Service webpage for more information at www.texmed.org/RRRService.

DEA LISTS BRORPHINE AS A SCHEDULE I CONTROLLED SUBSTANCE

BY SEAN PRICE

THE DRUG ENFORCEMENT ADMINISTRATION (DEA) recently listed the synthetic opioid brorphine as a Schedule I controlled substance, putting it in the same league as other potentially dangerous drugs that have no accepted medical use, like heroin and LSD.

The move comes after brorphine was linked to at least 21 deaths in the United States between August 2019 and June 2021, DEA says. Brorphine is more potent than fentanyl, which is currently the leading cause of deadly overdoses in Texas and the U.S.

DEA's action makes permanent a March 2021 decision to list brorphine as a Schedule I drug temporarily.

Brorphine was first synthesized in 2018 in an effort to build a better opioid – one that would treat pain without the dangerous side effects opioids are known for, such as arrested breathing, says Mesquite pain specialist C.M. Schade, MD, a member of the Texas Medical Association's Subcommittee on Behavioral Health.

"Chemists are trying to create an opioid-like medication that would give pain relief but not euphoria," he said.

The legal development of brorphine stopped quickly when experiments on animals showed that it caused typical opioid side effects, according to a March 2022 article in the *Journal of Analytical Toxicology*. However, brorphine became a street drug by 2019.

Brorphine may be referred to as "purple heroin" and appear as a purple or grey substance. It has been reported in the illicit drug markets in Canada, Estonia, Germany, Latvia, Sweden, and the U.S. since April 2019, DEA says.

Stay up to date on developments in the opioid epidemic through TMA's Opioid Crisis Resource Center at www.texmed.org/Opioid.

HELP PATIENTS FIND OUTPATIENT REMDESIVIR WITH HHS LOCATOR

BY HANNAH WISTERMAN

PHYSICIANS WHO PROVIDE Veklury (remdesivir) for outpatient use can improve patient access to the COVID-19 therapeutic by volunteering their contact information to a Department of U.S. Health and

Human Services (HHS) directory.

The agency has added outpatient Veklury to its COVID-19 Therapeutics Locator, an interactive mapping tool that assists in matching patients at high risk of severe COVID-19 to medications that can prevent the disease from progressing. Currently, the locator primarily tracks locations that offer Lagevrio (molnupiravir) and Paxlovid (nirmatrelvir/ritonavir).

A 2022 study indicated that a three-day course of remdesivir greatly reduces the risk of hospitalization after a COVID-19 infection. However, as the drug must be administered intravenously for three consecutive days, outpatient access can be a challenge. The HHS initiative aims to improve visibility of sites that can provide remdesivir and thus bridge the potential gap of care.

The Texas Department of State Health Services encourages all eligible physicians to participate in HHS' COVID-19 Therapeutics Locator (tma.tips/hhstheraplocator). Sign-up is voluntary, and only information provided by the infusion site will be displayed in the directory. HHS says the process requires minimal engagement: just location information and agreement to participate. Participating locations can opt out of displaying their information at any time.

To provide your information to the service, visit the Provider Opt-In for ASPR Therapeutics Public Locator at tma.tips/VekluryOpt-in. Direct your questions to HHS via email at COVID19.Therapeutics@hhs.gov. ■



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Best Interests at Heart

TMA's newest president, Rick Snyder, MD, wants to see advocacy become a part of physicians' DNA and to equip practices of all stripes to survive the economic headwinds of consolidation

BY AMY LYNN SORREL AND SEAN PRICE • PHOTOS BY PHIL KLINE

Dallas cardiologist Rick Snyder, MD, certainly knows what makes a patient's heart beat. The long-time champion of organized medicine also knows how vital physician advocacy is to the heartbeat of the profession.

But like most of us reluctant to take preventive medical advice until it hits close to home, Dr. Snyder acknowledged: "The value of advocacy was not demonstrated to me until it had an impact on me."

That moment came in the summer of 2000 when the cost of medical liability insurance was so sky high, specialists could afford it only on a day-to-day basis. Patients in need of critical heart surgery were left in limbo.

"It became a real access-to-care issue," Dr. Snyder recalled. "And it had nothing to do with science or our education or ability, and everything to do with advocacy."

That defining moment for Dr. Snyder also led to a defining moment for the Texas Medical Association in galvanizing an army of physician advocates who helped win passage of the state's landmark medical liability reforms in 2003.

Since that experience, Dr. Snyder can be found in legislative chambers and regulators' offices just as regularly as in exam and operating rooms. The reverse is also true thanks to all the relationship-building he's done over the years: It's not uncommon for some of those lawmakers to visit him at his practice for input on of-the-moment health care issues.

"As clinicians, we treat one patient at a time. But as a physician-advocate, we can treat a



Leadership

“We need to make the capitol buildings in Austin and [Washington,] D.C., as familiar as our own hospitals. We need to make some of the legislators and regulators as familiar as our own patients.”

whole county, state, and country all at once. Because of that, we need to make the capitol buildings in Austin and [Washington,] D.C., as familiar as our own hospitals. We need to make some of the legislators and regulators as familiar as our own patients.”

Dr. Snyder now carries that mantra into his role leading the country’s largest state medical association this month. As TMA’s 158th president, he wants his fellow physicians to transplant that mantra into their own DNA.

“[Advocacy] is not an innate part of our culture coming out of medical school. But it needs to be.”

Alongside that belief, Dr. Snyder carries with him a love for numbers and almost always has a spreadsheet or a study handy reflecting the economic headwinds facing physicians today – health care consolidation, dwindling Medicare payments, and the rise of value-based care among them.

Those trends make advocacy for the profession all the more timely and important, he says. And equally vital is TMA’s support in helping physician practices stay viable so they can be there for their patients.

“We need to make sure that the professional needs and

the financial viability of our physicians is preserved so they can serve that role no matter what they are,” Dr. Snyder said. “We need to make sure that our corporate practice of medicine statutes are being abided by. We need to make sure that there’s clinical autonomy for our physicians. It doesn’t matter if it’s a private equity model, an independent model, or an employed model.”

Personal impact

Dr. Snyder’s very personal and early exposure to the health care system demonstrated how medicine “can make a huge impact on someone’s life” – his own.

It’s what attracted him to a medical career in the first place.

He spent a lot of time on the other side of the patient-physician relationship when he was young. The gauntlet of childhood illness and injuries he ran included haemophilus influenzae pneumonia, a heart murmur he grew out of, and strep throat that left him temporarily deaf and led to tubes in his ears. On top of that, a childhood accident that severed all the nerves in his hand had to be repaired – successfully – by a skilled surgeon.

While attending high school at Jesuit College Preparatory School of Dallas, Dr. Snyder fulfilled the school’s 100-hour volunteering requirement by running errands for medical residents at Parkland Memorial Hospital’s emergency department. After graduating from high school, he worked at Medical City Dallas hospital – where he works today – as an anesthesiology tech in the operating room, refilling and moving the anesthesia carts for physicians. This gave him the opportunity to observe many different surgeries, including open heart bypass.

Though he started off in internal medicine at UT Southwestern Medical School in Dallas, Dr. Snyder decided while there to pivot to cardiology, drawn to the broad impact the specialty can have.

With those numbers he loves so much, he notes that heart disease is the leading cause of death in the U.S., to the tune of more than \$300 billion in annual costs – more than any other medical condition.

“With cardiology, this is something that impacts almost everyone, and almost everyone is potentially at risk of having a problem,” Dr. Snyder said of his early interest in the specialty.

The impact the disease had on one patient in particular now drives him to champion what he describes as meaningful access for patients to “timely, high-quality, cost-ef-

Rick Snyder, MD

Hometown: Dallas

Specialty: Cardiology

TMA member: Since 1983

TMA leadership positions: Board of Trustees (chair, vice chair, secretary/treasurer); House of Delegates (delegate); Council on Legislation (member); TEXPAC (board member)

Other leadership positions: American College of Cardiology, Texas Chapter (president); Dallas County Medical Society (president); HeartPlace (president); Aspen Physician Network (board chair)



U. S. Rep. Michael Burgess, MD (R-Lewisville), and Rick Snyder, MD



Dr. Snyder; Shelley Hall, MD; and former U.S. Rep. Paul Ryan



fective health care. You have to have all three.”

Despite having insurance coverage, a patient in cardiogenic shock referred to him for an emergent transplant died because the hospital refused the transfer; the insurance plan’s network did not include all the specialists required to care for the patient.

“That really made an impression on me,” Dr. Snyder said. “Coverage is not the same thing as access, and access to a waiting list is not the same thing as access to health care.”

Leading by example

As he encourages his colleagues to do, Dr. Snyder took his personal stories and message to state lawmakers – in this case Reps. Tom Oliverson, MD (R-Cypress), and Julie Johnson (D-Farmers Branch) – and successfully advocated for network transparency legislation in 2021.

He got an early introduction to the powerful impact of organized medicine in Washington, D.C., through the American College of Cardiology, where he served as president of the Texas Chapter and on the Board of Governors, and through TEXPAC, TMA’s political action committee, where he served as a board member. Dr. Snyder and his wife, cardiologist Shelley Hall, MD, regularly host TEXPAC fundraisers in their home.

Recounting a trip to the nation’s capital, he uses his wife as an example of how taking those first small steps into advocacy can have ripple effects. Intimidated at first, by the end of their rounds on federal legislators, she was jumping into his conversations and taking the lead.

Dr. Hall is now serving a three-year term as president of the Texas Chapter of the American College of Cardiology. Together, the physician couple has five grown children – the youngest is 26 – which has allowed them to focus more time on organized medicine.

“I reminded her that the legislators are likely more intimidated by us than vice versa,” he recalled of those early advocacy days. “Just by getting out there and doing it, you begin to form those relationships. And if you don’t have [support], TEXPAC can bring folks to be your wingman.”

Over the past decade, Dr. Snyder has served in numerous other leadership roles, as president of the Dallas County Medical Society (DCMS) and on TMA’s Council on Legislation and Board of Trustees.

When Dallas became the epicenter of the nation’s West Nile virus outbreak in 2012 during his DCMS presidency, his leadership and advocacy skills were battle-tested. From pulling together local infectious disease doctors and data, to delivering presentations to media and federal, state, and local representatives, Dr. Snyder helped coordinate support for aerial spraying to kill infected mosquitoes and quell the outbreak. And it worked.

“As soon as we sprayed, deaths dropped. ... Without a doubt, it was a team effort,” he said of organized medicine’s success.

Dr. Snyder’s leadership led to his appointment to the Dallas County Health and Human Services Public Health Advisory Committee by Dallas County Judge Clay Jenkins. All those relationships came in handy when Dallas later experienced the refugee crisis from Hurricane Katrina and

Leadership

panic over an Ebola outbreak, and some of the lessons learned gave TMA a baseline of sorts for writing an entirely new playbook when the COVID-19 pandemic hit.

Countering consolidation

Now in the wake of the pandemic, many physician practices still grapple with its financial fallout and other economic forces they may feel hostage to, such as the rapid consolidation of health care, Dr. Snyder says.

For instance, between 2019 and 2020, more than 48,000 U.S. physicians left independent practice, according a study by the Physicians Advocacy Institute (tma.tips/PAI PhysicianEmployment). Nearly half of those physicians made the switch after the onset of the COVID-19 pandemic, which has only accelerated the shift toward employment underway for years (tma.tips/AMAPhysicianEmployment). Meanwhile, the transition from fee-for-service to value-based care also has challenged smaller, under-resourced practices that lack the capital or the scale to keep pace.

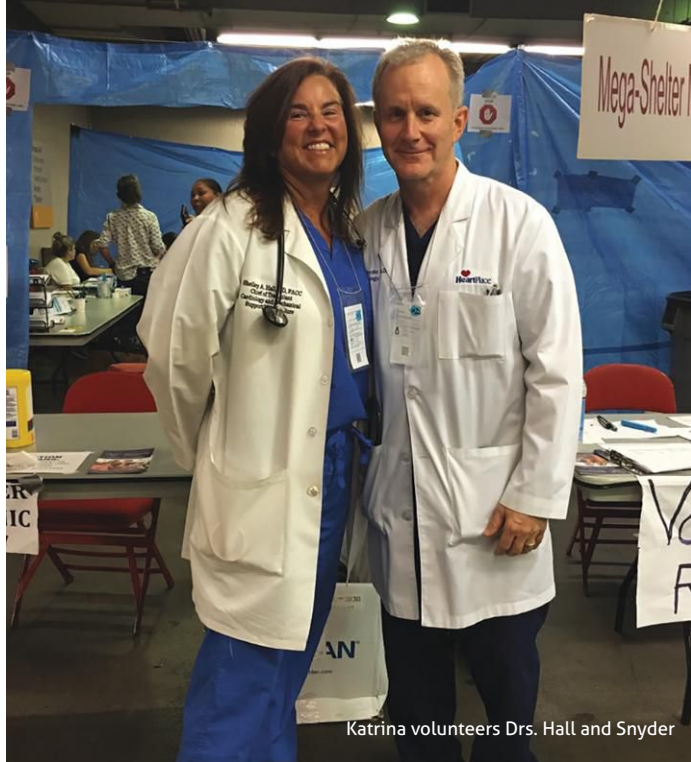
TMA has taken steps to study such trends and develop resources to help physicians keep their doors open, no matter their practice setting. TMA has formed an Ad Hoc Committee on Independent Physician Practice and a Task Force on Alternative Payment Models, for example. In addition, Dr. Snyder represents TMA on the Texas All-Payor Claims Database Advisory Group. The database will collect public and private health insurance claims with the goals of improving price transparency, reducing cost variation, and supporting a more competitive marketplace.

Medicare, for instance, currently pays hospitals more and physician practices less for providing some of the same services – a discrepancy that gives hospitals an incentive to acquire medical practices because those hospital-owned practices can collect the higher fees, Dr. Snyder explains. That, in turn, pressures private physician practices to merge in order to better compete.

Once again, Dr. Snyder puts forth hard numbers with a hard truth:

“If my group, if just HeartPlace alone – and we have 53 physicians – if we were bought by a [hospital system], the very next day the increase to the Medicare system would be \$16.7 million ... on an every-year basis for just three codes,” he said.

And once again, he’s putting his physician advocacy skills



Katrina volunteers Drs. Hall and Snyder

to work to convince lawmakers of the need for change. In this case, Dr. Snyder is already moving the ball on Medicare payment reform, working with members of Congress to adopt “site-neutral” payment policies that could generate \$471 billion in savings over 10 years, according to a study by the Blue Cross Blue Shield Association (tma.tips/BCBSASiteStudy).

Dr. Snyder points to plenty of other opportunities for physicians to speak up as complicated health policy decisions are made, as with what he calls the “outmigration” of care from hospitals to outpatient settings like ambulatory surgical centers during the pandemic and how to care for an aging generation of baby boomers requiring more medical care.

“We need to be at the center point of that helping to guide that. These are all [advocacy] opportunities for us as physicians,” he said. “And not just in the legislative arena, but equally so in the regulatory and judicial sectors, as we demonstrated with our successful No Surprises Act federal lawsuits. We should not be apologetic for wanting to preserve physician viability in the health care system. On the contrary, we need to always be the tip of the spear, boldly empowering physicians and the patient-physician relationship.” ■

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ADVERTORIAL

New Texas PMP Blog Helps Physicians Combat Opioid Crisis

Texas continues to face significant challenges in addressing the opioid crisis. To help address the growing problem, the Texas Health and Human Services Commission and the Texas State Board of Pharmacy are introducing a new resource: the Texas Prescription Monitoring Program (PMP) blog.

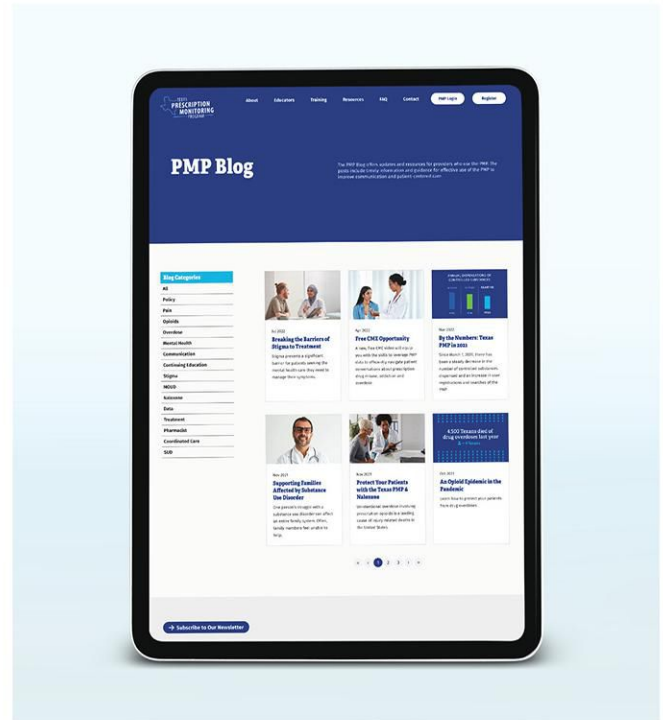
The blog features a collection of brief, regularly updated articles aimed at keeping physicians up to date on recent PMP policy changes, continuing medical education (CME) opportunities, and new resources to support their patients.

Popular blog posts include:

- Protect Your Patients with the PMP and Naloxone
- Breaking the Barriers of Stigma to Treatment
- Supporting Families Affected by Substance Use Disorder

The PMP is an essential tool that physicians can use to make informed decisions about prescribing and dispensing controlled substances. The PMP website and blog offer physicians the knowledge they need to use the PMP to communicate effectively with patients, offer life-saving resources such as naloxone, and provide referrals to treatment.

Take a moment to learn more today at:
txpmp.org/blog.



txpmp.org



For more information and resources, visit txpmp.org.

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More Opportunities to Learn and Connect

TexMed 2023 has something for everyone

TEXMED: EXPERIENCE ORGANIZED MEDICINE FOR YOURSELF

BY GARY W. FLOYD, MD
TMA PRESIDENT

WHEN PEOPLE ASK me why I got into organized medicine in the first place, my answer is usually one filled with personal anecdotes and grand examples of all the great things the House of Medicine has accomplished collectively through our county medical societies and Texas Medical Association.

But really, there is a way to see it for yourself: TexMed, TMA's annual meeting, which this year happens to take place in my old backyard in Fort Worth, May 19-20.

There's obviously the business side of what we do in organized medicine that takes place at TexMed and leads to all those great accomplishments I get to brag about. But TexMed is much more, and it's for all TMA members.

TexMed is camaraderie with physicians from all over the state who have shared interests and experiences that help us develop meaningful and actionable policies. It's professional development and the latest education on where medicine is headed. In fact, Navigating the Future of Medicine is the theme of this year's entire program. TexMed is also philanthropy for the communities we live and practice in. And it's fun.

So, join us. Sit in on a council, committee, or section meeting where the spirited discussions are held. Network with new colleagues and hone your leadership skills. Watch the House of Delegates in action as it democratically metes out the best solutions for physicians and our patients and elects the next generation of TMA leaders. (I liken it to a mini Congress.) Attend the TMA Foundation Gala and take part in supporting TMA's community outreach programs – which is always a fun celebration. (See page 16 – and the co-chair is on record saying it's the best time you'll have at TexMed.)

Come see for yourself.

BY HANNAH WISTERMAN

PHYSICIANS ATTENDING this year's TexMed conference will have more time to pursue education and networking opportunities, thanks to a new approach adopted by the Texas Medical Association Board of Trustees and staff.

At past TexMed events, physicians expressed concern that the number of business meetings held concurrently with the House of Delegates and CME sessions had hindered them from taking full advantage of the conference. At this year's annual meeting, and going forward, business meetings will be held only during designated windows of time, reserving more time for other conference activities.

"The board is listening and adjusting TexMed to ensure that we are meeting the needs of the membership," said Sam Mathis, MD, a member of the board. "This change in structure provides more opportunities. Business meetings are scheduled at certain points of the day. We want people to be engaged, but not have somebody be so busy with business meetings that they never get a chance to learn something, or to interact at the Expo Hall, or network with their colleagues."

To that end, learning opportunities at TexMed also have been fine-tuned. This year, each CME program will be offered in one of four "tracks," in addition to those offered by specialties:





- Leadership and Professional Development;
- Physician Health and Wellness;
- Population Health and Public Health; and
- Business of Medicine, which includes practice and career management along with quality improvement.

With programs organized by track, physicians can more easily find the education that serves them best.

“I am super excited about all of [the education sessions], but really, there’s some great hot-topic CME programming,” Dr. Mathis said. “I’m really hoping my schedule allows me to sneak over and listen to them myself.”

Among the hot-topic presentations are:

- Advocating for Physician Wellness: It’s Everyone’s Job;
- Mastering the Art of Physician

Leadership: Strategies for Leading High-Performing Clinical Teams in Medicine; and

- Hospitals, Private Equity Firms, and Insurers, Oh My! The Decline of Physician-Owned Practices.

More flexible scheduling also allows attendees dedicated time to visit TexMed’s Expo Hall, which will showcase a wealth of resources and services for physicians. TMA staff also plan to host several appreciation events, giving physicians time to socialize and network.

Members can attend lunches both Friday and Saturday, before the general opening and closing sessions, respectively. At Friday’s opening session, hear from Ted James, MD, a medical director within the Harvard Healthcare System and leader in health care transformation, who will speak

on clinical innovation and leadership development.

Saturday’s lunch will be the TexMed Backyard BBQ, sponsored by TMA Insurance Trust. The event will feature hot food and live music before TexMed’s closing session, led by Brad Nieder, MD, the “Healthy Humorist,” on how to work through stress in challenging times.

Dallas infectious disease specialist Emma Dishner, MD, called TexMed “a highlight of my year.”

“I highly recommend [that all] physicians to go, but especially those feeling isolated or burned out. I always come home feeling so energized and excited about our state and profession. I especially like having a chance to discuss issues with practitioners in other parts of the state and in other fields. The diversity in points of view only makes us stronger,” she said.

Dr. Mathis encourages physicians to take advantage of the new opportunities.

“TexMed is one of the premier gatherings of physicians from around the state to not only talk about business, but also to engage and learn from others about how to be a better physician, how to advocate for our patients better, and also to make new connections that are going to travel with you for the rest of your career,” he said. “Really, some of my closest friends in medicine have been made through connections that I’ve formed at TexMed.”

The changes at TexMed are a preview of related modifications to occur in future conferences, starting with

TexMed 2023
Fort Worth, May 19-20
 Register and stay up to date on the agenda.
 Visit
www.texmed.org/TexMed



Leadership

the Business of Medicine Summit, formerly Fall Conference, in October. Efforts are underway to make these events more accessible and better tailored to physicians' needs, including through virtual hybridization.

TMAF Gala: The Art of Medicine

The TMA Foundation's (TMAF's) 30th annual gala (www.texmed.org/Gala) will take place at the Omni Fort Worth Hotel on Friday, May 19, and is a great way to unwind with colleagues while supporting the critically needed public health and prevention programs TMAF funds. The theme, Art of Medicine, recognizes Fort Worth for its vibrant art scene and honors the special and unique ways in which physicians treat each patient.

"Please join us in support of this worthwhile and fun event ... it will be the best time you'll have at TexMed."

For Melanie Lagomichos, a Fort Worth OB-gyn hospitalist, this Fred Rogers quote best articulates why she and her husband co-chair the event and support initiatives that amplify TMA's vision to improve the health of all Texans:

"All of us, at some time or other, need help. Whether we're giving or receiving help, each one of us has something valuable to bring to this world. That's one of the things that connects us as neighbors – in our own way, each one of us is a giver and a receiver."

Ticket sales end May 15, and your purchase or table sponsorship helps TMAF fund a wide range of programs to support this vision, including those that help reduce health care dispari-



ties, as well as community grants that serve Texans most impacted by these factors.

"Please join us in support of this worthwhile and fun event, which raises funds for programs that TMA and TMA Alliance members make possible in communities around the state – not to mention it will be the best time you'll have at TexMed," said TMAF President G. Sealy Massingill, MD, who also co-chairs the event with his wife, Debbie. Mrs. Massingill is active in the TMA Alliance, serving as its TMA Hard Hats for Little Heads chair for four years. The Massingills have supported TMA Foundation since 1996.

Already this year, TMAF has supported numerous initiatives around the state that provide free health screenings to medically disadvantaged Texans, vaccinate underserved individuals, educate students with science-based learning materials, and more (www.texmed.org/TMAF).

For information or questions about the gala, contact TMAF at (800) 880-1300, ext. 1664.

ALLMED: TMAA's Annual Meeting

The TMA Alliance (TMAA) annual meeting, ALLMED, will be May 18-20, also at the Omni Fort Worth Hotel, in conjunction with TexMed.

The Annual Business Meeting takes place on Thursday. In addition to attending to business, each county alliance president will give a brief talk to highlight accomplishments of the previous year.

Susan Howlett will lead an interactive and engaging keynote address on Friday morning. "Reinvigorate, Inspire, and Grow Your Board" will address the havoc nonprofit boards have experienced nationwide during the COVID-19 pandemic. Ms. Howlett will explore why board participation is declining and offer concrete, practical, no-cost tips to re-engage burned out or disengaged leaders and recruit new ones.

Ms. Howlett has been strengthening nonprofit boards for 45 years, as a trustee, staff person, and consultant to thousands of organizations across the continent. Author of the award-winning book, *Boards on Fire!*, Ms. Howlett has been lead faculty in the University of Washington's Nonprofit Leadership Certificate for 30 years.

Also on Friday, Kathianne Sellers Williams, MEd, RD, will present "Self-Care When Married to Medicine." Ms. Sellers is a nondiet dietitian specializing in intuitive eating. For more than 25 years, she's helped women find well-being through self-care, compassionate curiosity, and living with intention. She's a mama, artist, gardener, and lover of books and lifelong learning. As the wife of trauma surgeon, Brian H. Williams, Dallas, she deeply understands being "married to medicine."

ALLMED also will include fun activities, like the popular scavenger hunt, and the annual awards luncheon.

To register for ALLMED, go to www.texmed.org/Alliance. ■



Finding One Voice

Outgoing TMA President Gary Floyd, MD, rallied physicians around the association's shared goals

BY EMMA FREER • PHOTOS BY PHIL KLINE

Less than a month into his tenure as the Texas Medical Association's 157th president, Corpus Christi pediatrician Gary W. Floyd, MD, faced a shocking act of violence: the May 24 mass shooting at Robb Elementary School in Uvalde.

Leadership

“Right at the start, we were greeted by the Uvalde tragedy,” he told *Texas Medicine*. “Yet, out of tragedy, we were able to assemble something that’s meaningful and hopefully long-lasting.”

Dr. Floyd is referring to the creation of TMA’s Mental Health Rapid Response Team. The coalition of 20 organizations – specialty medical societies, community health centers, social work and psychology organizations, state agencies, and TMA – dedicated itself to supporting the Uvalde community and to ongoing crisis response, such as in the case of future natural disasters.

But this effort also is reflective of his leadership, which has focused on uniting TMA’s more than 57,000 member physicians and medical students under “one voice” and on hewing closely to the association’s long-standing principles.

Over the past year, Dr. Floyd has traveled across Texas, meeting with county medical societies and various physician practices from El Paso to Lubbock to Dallas to Nacogdoches – putting more than 20,000 miles on his car, not to mention air miles.

Regardless of the location, he’s seen this message resonate with Texas physicians.

“We’re about protecting the sanctity of the physician-patient relationship,” he said. “It’s been fairly easy to rally people around that.”

These in-person visits also gave Dr. Floyd a platform to reiterate that TMA’s advocacy success – whether in Texas’ or the nation’s Capitol – is the result of its stick-to-itiveness and not getting sidetracked by divisive issues, sensational news cycles, or specialty-specific agendas.

He says this long-game approach is familiar to physicians as it mirrors the practice of medicine.

“As professionals, we are trained not to react,” he said. “We are trained to work through to a solution.”

“We’re about protecting the sanctity of the physician-patient relationship. It’s been fairly easy to rally people around that.”

Capitol compass

TMA’s proactive, goal-oriented approach to advocacy already appears to be paying off this legislative session, which was more than halfway through at press time.

Dr. Floyd attributes this in part to TMA’s engagement throughout the interim session, during which state lawmakers studied access to and affordability of health care, transferred more than \$100.5 million within the state budget to fund a series of school safety and mental health programs, and considered rural physician workforce challenges.

“We’ve spent a lot of time visiting with a number of our legislators and laying the groundwork for, hopefully, some clarification on questionable issues,” he said. “The time we spent in the interim session was well worth it.”

In the leadup to the regular session, TMA’s Council on Legislation culled a top-10 list of legislative priorities from the many issues TMA tracks every session. (See “On Guard for the Patient-Physician Relationship,” January/February 2023 *Texas Medicine*, pages 10-25, www.texmed.org/2023LegePreview.) Chief among them is preventing scope-of-practice expansion – the subject of more than 130 bills by press time, and a familiar battle that has benefited from Dr. Floyd’s long-time experience having brokered a landmark team-based care law in 2013 that TMA seeks to protect.

Still in the throes of session, it remains to be seen how the Texas Legislature will vote on these pieces of legislation and hundreds of others. But Dr. Floyd takes seriously the stewardship of TMA’s playbook, which relies heavily on the relationships established by physician-advocates with their representatives over biennia.

“We’ve learnt, as we deal with legislators, that knee-jerk, in-your-face responses are not listened to and get the door shut in our face,” he said. “Most of our heavy lifting is done behind the scenes, in the inner offices, not out in public, [and] certainly not in the media.”

National attention

In addition to shepherding TMA’s state advocacy, Dr. Floyd during his presidential tenure has represented the association on the national stage, making regular trips to Chicago, where the American Medical Association is headquartered, and to Washington, D.C., in his capacity as vice chair of the Texas Delegation to the AMA. (See “Strength in Numbers,” March 2023 *Texas Medicine*, pages 24-27, www.texmed.org/AMALeadership.)

“Most of our heavy lifting is done behind the scenes, in the inner offices, not out in public, [and] certainly not in the media.”

Dr. Floyd says TMA’s demonstrated track record – on issues such as federal surprise-billing litigation and state-level medical liability and prior authorization reforms – helps amplify the voice of the Texas delegation.

“AMA leadership is very complimentary, very respectful of what TMA is about and what we’ve been doing,” he said.

This esteem extends to TMA’s latest push for Medicare physician payment system reform. Alongside San Antonio pathologist David Henkes, MD, who chairs the Texas delegation, and Beaumont anesthesiologist G. Ray Callas, MD, who chairs the TMA Board of Trustees, Dr. Floyd has met with several state leaders and AMA lobbyists to strategize

how to enact such policy changes.

“The [Medicare] physician payment system needs to be totally revamped, and that has attention from not just us but most of the states now as well as AMA,” he said.

This attention – and support – will likely prove critical as TMA marshals its resources to educate federal lawmakers about the need for a systemic overhaul.

Dr. Floyd acknowledges reform likely will be the work of many TMA presidents over several years, including his successor, incoming President Rick Snyder, MD. (See “Best Interests at Heart,” page 8.) But there’s some comfort in knowing that, just as his presidency has borne the fruit of his predecessors’ labors, he has carried the torch of TMA’s continued success.

“It’s a start to what will probably be a long-term journey,” he said. ■

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Personal Connections

TMAA President-Elect Elizabeth Vanexan aims to build closer relationships among alliance chapters

BY ALISA PIERCE

Since Elizabeth Vanexan moved to Corpus Christi in 2001 with her husband, neuroradiologist Kenneth Vanexan, MD, she has been putting her social skills to work on behalf of medicine. It started with an invitation to attend her county's Texas Medical Association Alliance (TMAA) chapter meeting, which she eagerly accepted.

“I felt so welcome,” she said. “After I was introduced to the Texas Medical Association Alliance, I always had someone by my side.”

The experience led her to become a member and eventually 2015-16 president of the Nueces County Medical Society Alliance, during which time she immersed herself in TMA advocacy, oversaw TMA community outreach programs, restructured social media campaigns, and grew membership through revitalized initiatives.

Now as incoming president of TMAA, Ms. Vanexan aims to keep that momentum going and bring her fellow alliance chapters side-by-side, especially now that the COVID-19 pandemic is coming to an end.

“I want to build on what the past presidents have done by traveling to every alliance chapter I can,” she said. “In order for us at the state level to create a relationship with the different county chapters and provide them with the resources they need, we must connect in person with each alliance chapter in Texas.”

Strengthening relationships

Founded in 1918 by physician wives, TMAA is a diverse volunteer force of approximately 2,500 physician spouses, physicians, residents, and medical students from across the state who work on behalf of medicine through community service and legislative advocacy, such as through TMA's award-winning program, First Tuesdays at the Capitol. (See “Texas House Recognizes TMA Alliance on First Tuesdays’ 20th Anniversary,” page 22.)

Ms. Vanexan says her Nueces County alliance membership opened the door to a family within the House of Medicine that extended past health care to all areas of life. From coordinating school pick-ups and drop-offs, to cooking meals for member families in need, “we care for and want the best for each other,” she said. “We want the best for the patient and the best for our spouses. Anything we can do to help the medical community, we do it.”

That meant fighting for medical liability reform at the time Ms. Vanexan joined the alliance.

“Nueces County alliance members realized the importance [of tort reform] and became very focused on advocating for it both on the county and state levels,” Ms. Vanexan recalled.

Inspired by her colleagues, Ms. Vanexan used her love for people to advocate for the future of medicine and oversee community outreach programs such as TMA's Hard Hats for Little Heads – which has provided helmets to Corpus Christi-area children for more than a decade – and the

“We care for and want the best for each other. Anything we can do to help the medical community, we do it.”

national Shop With a Cop program, which aims to establish friendly relations between police officers and families from underprivileged areas.

As her presidential term approaches, Ms. Vanexan's goal is to revitalize and raise money for such initiatives, recruit new TMAA members, and mentor alliance newcomers just as she, too, was mentored by her predecessor, 2022-23 TMAA President Libby White.

“Libby has been a fantastic alliance leader,” she said. “For me, she's been a great mentor to learn from and see where my presidency can go to keep on with what she and other presidents have done in the past. Continuing the efforts of our amazing past presidents is monumental to me.”

Ms. White, who became TMAA president just a couple of years into the COVID-19 pandemic, said she used her term to “welcome everyone back.” By embracing intimate, grassroots efforts like one-on-one meetings with alliance members and small, backyard gatherings, Ms. White reconnected the alliance, its members, and Texas communities after COVID-19 separated them.

“We don't need to have big luncheons or keynote events – although we certainly love them – to connect with one another,” she said. “The pandemic taught the alliance how to help each other on whatever level we can, whether through Zoom or a chat at a coffee shop.”

Ms. Vanexan aims to continue Ms. White's legacy by strengthening all of Texas' alliance chapters, from fundraising for local health campaigns to incorporating county ideas at the state level. By doing so, she believes she can connect alliance chapters in an even stronger way than before.

“The state alliance board can't be in a good place if [chapters are] not in a good place,” she said. ■

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Leadership



Texas House Recognizes TMA Alliance on First Tuesdays' 20th Anniversary

Clad in commemorative scarves honoring the 20th anniversary of First Tuesdays at the Capitol, Texas Medical Association Alliance (TMAA) members stood tall among a sea of white coats as State Rep. Julie Johnson (D-Farmers Branch) recognized their dedication to medicine on the floor of the Texas House of Representatives on March 7.

"It gives me great pleasure to recognize the grassroots community health and advocacy of the TMA Alliance," Representative Johnson said. "Thank you for all the hard work you do to improve the health of our communities and the lives of Texans."

TMAA President Libby White called the event "the memory of a lifetime."

"It was so special to be recognized, not only as TMAA members, but as life-long advocates for medicine," she said.

Susan Todd, 2002-03 alliance president and First Tuesdays founder, was among those singled out in Representative Johnson's speech amidst cheers from the gallery.

"Alliance members may not always be in medicine, but they live it every day," Ms. Todd told *Texas Medicine*.

"First Tuesdays is an award-winning program. It gets results; it gets us seen; it is what we have to do to get the business of medicine done and practice medicine the way you want to practice medicine. ... Nothing looks more impressive than the sea of white coats," Jenny Shepherd, a TMAA board member and First Tuesdays chair, said during the opening presentation of the TMA event at TMA headquarters.

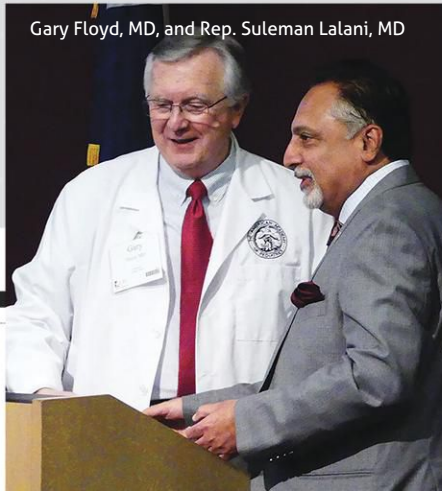
Rep. Suleman Lalani, MD (D-Sugar Land), echoed that commendation to a packed audience before the group made its way to the Capitol for the second of four First Tuesdays events this session.

"You are a powerhouse," said the Texas Legislature's newest physician lawmaker, who also attended the House ceremony.

Ms. Todd pitched the idea for First Tuesdays at a time when the alliance held health fairs for legislators and their staff only once a session in the Capitol basement.

While those events saw some success, Ms. Todd knew the alliance needed to bolster its efforts, especially after the crushing repeal of the universal helmet law in 1997.

Gary Floyd, MD, and Rep. Suleman Lalani, MD



LEFT: TMA Alliance members in the House gallery.
BELOW: State Rep. Julie Johnson (at the podium) recognized the TMA Alliance on the House floor in March.



Susan Todd

"I learned then that if physicians aren't there, lawmakers will listen to someone else," she said.

Odessa allergist Vivek Rao, MD, said his First Tuesdays experience has been one he will never take for granted.

"I felt I've been able to change people's minds on some ... issues" he said. "It's just such a wonderful feeling to be a part of something so big and to know that my role makes a difference. I think that's why a lot of folks are involved in First Tuesdays. If we can help defeat bad bills and pass the good ones, we can make a difference in

the lives of millions of patients."

To celebrate the anniversary, Ms. Todd unveiled her painting of what's been dubbed the "white coat invasion" of the Capitol, and dedicated it to TMA. Prints of the painting can be purchased from the TMA Foundation by visiting tmaf.ejoinme.org/FirstTuesday.

The artwork, which Ms. Todd admitted she "never thought I'd be able to draw," was inspired by years of dedication to the health of Texas.

"I created this painting from memory and from my passion for medicine," she said. "First Tuesdays becomes a part of your soul."

ALISA PIERCE

Alliance members advocated tirelessly to pass the protections, which mandated that all motorcyclists wear a helmet, regardless of the rider's age or experience, only to have it repealed soon after. The repeal unfortunately brought an influx of motorcycle fatalities, which alliance members had tried to prevent.

Ms. Todd recalled questioning a senator about why the law was repealed, after which she learned this:

"Lawmakers hadn't heard from doctors, but they had heard from their opponents," she said.

It was then Ms. Todd knew that Texas physicians needed a consistent presence at the Capitol to protect their patients.



Nancy Dickey, MD



Jim Rohack, MD

TMA Moment in Time

AMA Presidents

Texas' git-er-done approach has launched
TMA physicians to the AMA presidency

BY HANNAH WISTERMAN • PHOTOS BY TED GRUZINSKI



Susan R. Bailey, MD

“I had to be involved at the national level because that’s where the game is. That’s where the standards are being set.”

Texas’ delegation to the American Medical Association has a reputation. Ask Nancy Dickey, MD, president emeritus of the Texas A&M Health Science Center – and AMA’s 152nd president.

“Strong,” she told *Texas Medicine*. “Strong as a presence. Not just strong, but strong leadership.”

In fact, by her estimation, if Texas isn’t the state with the most AMA past presidents, it’s likely within the top three. And the roles surrounding the AMA presidency are often filled by Texas physicians, too. Over the years, a Texas physician on any given AMA council or committee has been a common fixture.

But this year marks the first in decades without a Texas physician on AMA’s Board of Trustees – cause for worry for many. That includes Susan R. Bailey, MD, an allergist-

immunologist in Fort Worth and AMA’s 2021-22 president.

“That concerns me greatly because right now, Texas does not have a voice at the highest level of the AMA,” she said. It’s also one of few states not to caucus with others to strengthen its election odds, she added, which “gets tougher and tougher to do as some of the other caucuses get bigger and bigger.”

TMA does, however, benefit from other advantages. For one, TMA’s House of Delegates is nearly as big and complex as AMA’s.

For Dr. Bailey, who was speaker of the TMA house before she became AMA speaker, that meant, “I knew how things worked; I knew how to get things done. My leadership path through the TMA was incredible leadership training for the AMA.”

And Texas’ git-er-done approach has been known to garner national attention.

When, in the late 1980s, the U.S. Health and Human Services Department Office of Inspector General started

TMA Moment in Time

kicking physicians out of Medicare without providing due process, TMA formed its Patient-Physician Advocacy Committee – a peer review committee of sorts that to this day advises on regulatory, legislative, and legal matters involving the standard of care – which helped secure reforms.

“We didn’t just sit here and complain about the Medicare review process. [We asked ourselves] what can we do to fix it?” said Dr. Dickey, the committee’s first chair. “I think that helps drive things at the AMA. They say, ‘Oh, wait a minute. What can we do that’s kind of like that?’

“We get things done. We do have a strong state organization. We do things that other states either don’t do or do to a less aggressive degree. We encourage strong relationships with our elected officials both in the state and the ones that we’re sending to Washington. We also understand politics, and so we use the representational process of the House of Delegates very effectively.”

On the other hand, past TMA President Jim Rohack, MD, a cardiologist who formerly practiced in Temple and AMA’s 2009-10 president, felt strongly: “I had to be involved at the national level because that’s where the game is. That’s where the standards are being set.”

A long road

The road to AMA leadership is already a challenging one, often spanning decades. Member physicians typically work

“I knew how things worked; I knew how to get things done. My leadership path through the TMA was incredible leadership training for the AMA.”



their way up from delegate into councils and committees, up into speaker and chair positions, into the Board of Trustees, and finally, with enough hard work and luck, to AMA president.

While the machinations of organized medicine can often feel rigid and linear, physicians aren’t bound to them to find fulfillment from AMA. When Dr. Dickey joined AMA, for instance, she had no intention of becoming president.

It was the late 1970s, and news had just broken: AMA would now have students and residents on all its policy-making councils. The American Academy of Family Physicians wanted resident candidates; Dr. Dickey wanted to soak in life as a mom and physician.

“I said, look, I’ve got a six-month-old baby. I am doing what I’ve always wanted to do. My life is pretty good. Go ask somebody else,” she recalled. But lured by the promise of a free trip to San Francisco, she decided to “see what AMA is about ... and help a friend who needed candidate names.”

Between an “impressive” meeting and a no-show opponent on the ballot, Dr. Dickey was elected to her first AMA role, and thrown into what she calls a “riveting” first two years.

“We were talking about these new things called HMOs,” she recalled. “We were talking about having to change insurance coverage. Everything about how I would practice, other than the science of medicine, was right here in front of [me] with exceptional physician leaders who had been engaged in these topics for most of their life. It was a pretty heavy experience.”



Dr. Bailey was also “hooked” after her very first meeting.

“After going to my first TMA meeting at the end of my freshman year, I got elected to represent the MSS [Medical Student Section] at the AMA.”

Dr. Rohack also started representing his peers at AMA early on as a resident, first in medical education, and as his professional experience expanded, in financing and health care delivery.

It wasn’t an accident that Dr. Rohack sought to work on the latter.

Through his residency and beyond, whether in El Paso, Galveston, or College Station, over and over, he saw patients bear significant and preventable illnesses because they couldn’t afford health insurance or weren’t offered it through employment, or their insurance denied coverage.

“There was a need,” Dr. Rohack said. “Organized medicine needed to be at the table and needed to have an in-

fluence to make sure that insurance companies that were making profits by not giving health care or not paying doctors for health care – they needed to be reined in.

“It was clear the Texas Legislature wasn’t interested in doing anything to expand health insurance so that all Texans would have coverage. This had to be a federal fix.”

Gaps in understanding

That national solution became the Affordable Care Act, for which Dr. Rohack became organized medicine’s face as then-AMA president. TMA, however, opposed the legislation.

Drs. Bailey, Dickey, and Rohack all acknowledge the bill’s passage damaged Texas physicians’ allegiance to AMA.

Letters from physicians flooded Dr. Rohack’s inbox, announcing their departure from AMA over the issue.

“Certainly, [AMA’s] involvement in the Affordable Care Act cost some memberships, but their failure to be involved in that would have cost memberships, too,” Dr. Dickey said.

Nor is the legislation the be-all and end-all of AMA’s work, which includes fighting for better pay and against needless prior authorization, Dr. Rohack says.

Indeed, AMA’s size and the range of issues it covers may work to its disadvantage when it comes to presenting a united front.

“The AMA is so big and does so many different things that physicians and students aren’t aware of,” Dr. Bailey said. “We’re all fighting on the same side, but sometimes the word doesn’t get to the grassroots that AMA stands for most of the things that they’re fighting for as well.”

And a fractured physician profession helps no one. TMA’s ability to unite counties and specialties contributes to its success in advocacy; the goal of AMA is to do the same, but Dr. Rohack says it has a much harder task at hand.

“Just you think about it, how crazy it would be if Harris County took a different view on a



TMA Moment in Time

particular subject than Dallas County, than Bexar County, than El Paso County. And all of them were lobbying on First Tuesdays [at the Capitol] with a different message,” he said. “The legislature [would say], ‘Well, you guys don’t have your act together, so we aren’t gonna do anything.’ Unfortunately, that’s what’s happening in Washington, D.C.”

As states and specialties increasingly lobby separately to Congress, “AMA’s trying to keep everybody on the same page,” Dr. Rohack added.

Shared wins

While that happens, physician participation ensures those in leadership roles represent the majority of the profession. After all, when AMA wins a battle, all physicians get the win. But wins are much tougher to get if legislators and regulators know you are speaking for only a portion, possibly a small portion, of the profession, Dr. Bailey says.

She learned early in her career that “advocacy was a professional responsibility. ... Being able to take good care of your patients meant working with legislators and insurance companies and regulators to make sure that there were

good policies that let you take good care of your patients. TMA and AMA, to me, were the best places to do that.”

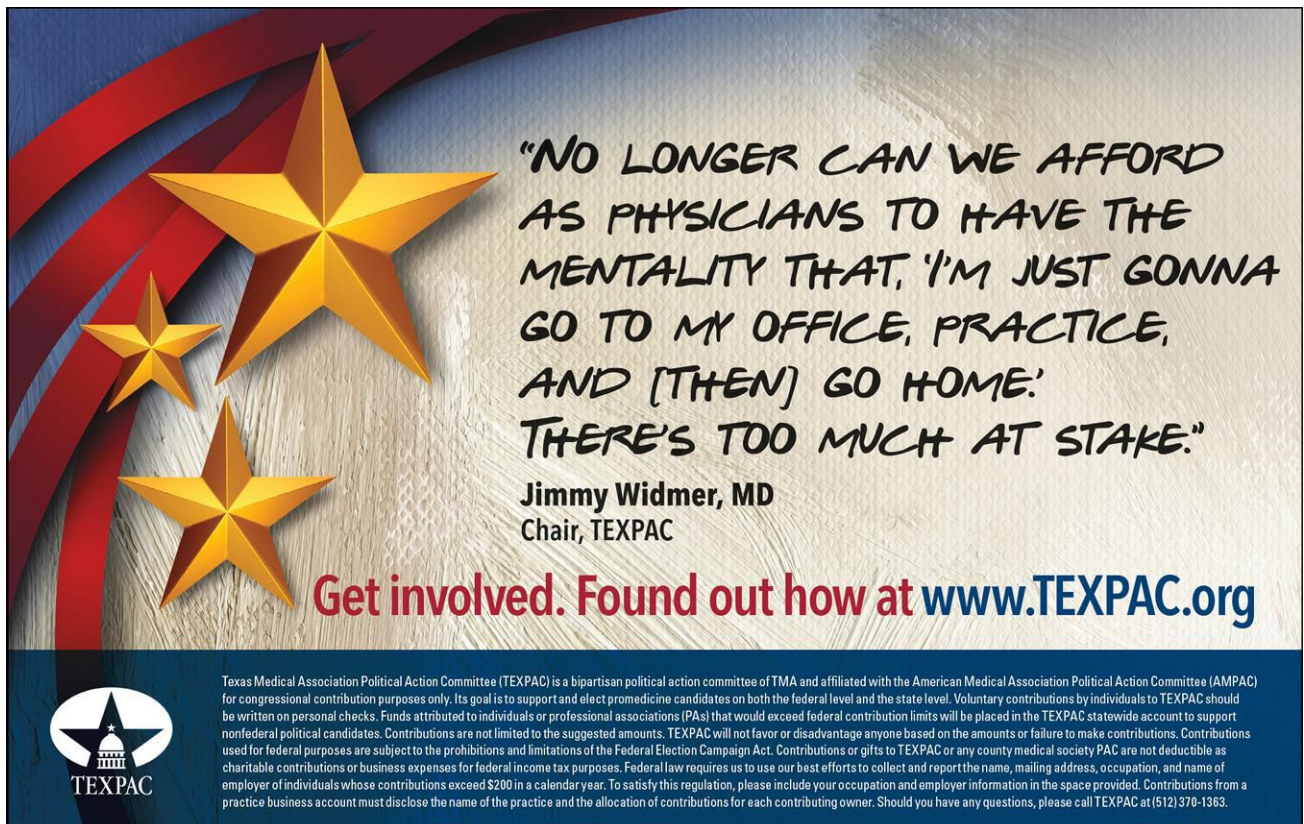
And Texas’ unique perspective on medicine is an integral part of organized medicine on a national level, just as Texas learns from other states in return, she says.

“An organization like the TMA or like the AMA is much stronger the more diverse it is and the more opinions are expressed and discussed.”

Dr. Dickey urges physicians to stay involved in AMA, even if only to uphold the principles of democracy.

“The vast majority will never go to an AMA meeting. The vast majority will never be a delegate to the House of Delegates,” she says. “But then, the vast majority would never go to Congress, either. I still think they ought to go to the ballot box.” ■


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“NO LONGER CAN WE AFFORD AS PHYSICIANS TO HAVE THE MENTALITY THAT, ‘I’M JUST GONNA GO TO MY OFFICE, PRACTICE, AND [THEN] GO HOME.’ THERE’S TOO MUCH AT STAKE.”

Jimmy Widmer, MD
Chair, TEXPAC

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 Texas Medical Association Political Action Committee (TEXPAC) is a bipartisan political action committee of TMA and affiliated with the American Medical Association Political Action Committee (AMPAC) for congressional contribution purposes only. Its goal is to support and elect promedicine candidates on both the federal level and the state level. Voluntary contributions by individuals to TEXPAC should be written on personal checks. Funds attributed to individuals or professional associations (PAs) that would exceed federal contribution limits will be placed in the TEXPAC statewide account to support nonfederal political candidates. Contributions are not limited to the suggested amounts. TEXPAC will not favor or disadvantage anyone based on the amounts or failure to make contributions. Contributions used for federal purposes are subject to the prohibitions and limitations of the Federal Election Campaign Act. Contributions or gifts to TEXPAC or any county medical society PAC are not deductible as charitable contributions or business expenses for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year. To satisfy this regulation, please include your occupation and employer information in the space provided. Contributions from a practice business account must disclose the name of the practice and the allocation of contributions for each contributing owner. Should you have any questions, please call TEXPAC at (512) 370-1363.



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Learning Through a Value Lens

Texas medical schools enroll in a national program teaching value-based care from the get-go

by EMMA FREER

“While medical students spend years studying human anatomy, they are never taught the anatomy of a medical bill.” At the same time, “confusion around medical bills is increasingly decreasing the value of care.”

So states an “Anatomy of a Bill” website launched by The University of Texas at Austin Dell Medical School fourth-year student Rebekah Scott and a classmate as part of a value-based care educational initiative for medical students – the national Students and Trainees Advocating for Resource Stewardship (STARS) program.

Together, the students developed an interactive online case study following a 25-year-old patient who underwent surgery for deep vein thrombosis, racking up a two-page medical bill with 297 charges totaling \$18,650.29.

“Medical billing impacts patients’ experience of their health so much, and we thought that that deserved its own focus,” Ms. Scott told *Texas Medicine*.

Using the Anatomy of a Bill project as a jumping-off point, Sayali Shelke, a second-year student at Texas A&M University School of Medicine and her STARS classmates hosted a workshop last spring where they hid certain line items and asked the attending students to guess their cost. A lively discussion ensued.

Ms. Scott arrived at Dell Medical School interested in creating value – defined as better outcomes at lower costs – for patients.

She attributes this, in part, to the five years she spent working as a patient advocate between college and medical school, during which she witnessed the shortcomings of the traditional fee-for-service health care system.

“To become sustainable in the long term, our health care system has to shift its focus to more preventive and primary care,” she said. “Value is very important in this discussion.”

Given this experience, she was a natural candidate for STARS. Launched in 2017 by the nonprofit Costs of Care, STARS advances value-based care tenets at medical schools

across the U.S., including Dell Medical School and three others in Texas. (See “Counting STARS,” page 31.)

The program seeks to catalyze physicians’ uptake of value-based care, starting with medical students, whom it anticipates will have long, impactful careers. It relies on student-led initiatives as well as virtual summits and other events to spread concepts across cohorts and medical schools.

Since launching the Anatomy of a Bill website, Ms. Scott and her partner have mentored other STARS cohorts as they develop similar medical bill case studies, focusing on diabetes care.

“It really opens up conversations in so many different directions, and that’s what we need,” she said.

Ripple effects

The initiative, which originated in Canada and has since been replicated in other countries, exists in the U.S. against the backdrop of increasing awareness of value-based payment models, which incentivize quality over quantity.

For instance, the Centers for

Medicare & Medicaid Services aims to transition all Medicare patients to value-based care arrangements by 2030 – a shift Texas Medicaid and commercial payers also are making. Aiming to be on the crest of this wave, the Texas Medical Association recently formed a Task Force on Alternative Payment Models to help physician practices navigate this transition.

Still, many physicians remain wary of or indifferent to value-based care. The vast majority rely on fee-for-service payment, salary, or some combination thereof, while just over a third draw at least some compensation from value-based care, according to the 2020 Deloitte Survey of U.S. Physicians (tma.tips/DeloittePhysicianSurvey2020).

Costs of Care envisions the STARS program as a stone thrown into a lake, rippling throughout the careers of participating students.

Fortunately for the program, many students matriculate to medical school with interest in value-based care. Program leadership attributes the trend in part to generational factors, saying millennials and “Gen Zers” (ranging in ages from 11 to 42) have been raised with an awareness of sustainability, conservation, and good stewardship of resources.

But there are other factors at play. An increasing number of medical students have had their own negative experiences with the costly fee-for-service health care system, either firsthand or with a family member.

Once enrolled, STARS participants develop their own initiatives, which program leadership says gives them a chance to “manage up.” Dell Medical School students, for example, granted faculty members and residents a “STARS Physician Excellence Award” when they espoused value-based care tenets.

This grassroots model appealed

to Robert Milman, MD. The retired radiologist in Austin is the STARS faculty champion at Texas A&M, where he helps lead the department of medical education.

“I’ve really enjoyed watching the students engage in the material and understand the complexity of the issue,” he said. “[They] all recognize that they have the potential in the future to be part of the solution, to bring added value to the system and not just be bystanders to that.”

Dr. Milman also emphasizes that the STARS program serves an important extracurricular function, bolstering students’ education in health care economics and supplementing what they learn in the classroom.

Ms. Shelke says medical school curricula typically don’t include value-based care as an area of study. She adds physicians often are limited in what they can do for patients who can’t access preventive care or afford curative care, so she has relied on the STARS program to learn more.

It’s too early to tell the full impact of the STARS program, now in its sixth year. But Dr. Milman believes training medical students to be upstanders will pay off in the long term.

“To be successful in influencing change, our next generation of physicians needs the knowledge, clinical experiences, and tools to lead up,” he said.

Back at Dell Medical, Ms. Scott is eager to apply her knowledge in practice and as a physician-advocate for better systems of preventive and primary care.

“STARS has empowered me as a student to think about that during medical school and heading into residency – and beyond.” ■

EMMA FREER is a reporter for *Texas Medicine*. You can reach her at (800) 880-1300, ext. 1383; (512) 370-1383; or emma.freer@texmed.org.

Counting STARS

THE STUDENTS AND TRAINEES ADVOCATING FOR RESOURCE STEWARDSHIP (STARS) program, administered nationally by the nonprofit Costs of Care, advances health care value concepts in medical education through student-led initiatives.

4

Texas medical schools participating in the 2023 cohort:

- Baylor College of Medicine
- The University of Texas at Austin Dell Medical School
- Texas A&M University School of Medicine
- UT Health San Antonio Long School of Medicine

6

Number of years STARS has been operating in the U.S.

50+

Medical schools that have participated nationally

600+

Medical students who have participated nationally

For more information or to enroll your medical school in the STARS program, check out the STARS website (tma.tips/STARS).

Source: *Costs of Care* (tma.tips/STARS)

education



UTRGV School of Medicine Dean Michael Hocker, MD, and Alessandra Jimenez



Miles of Mentorship

Physicians, medical schools, medical students partner with their communities to encourage medical careers early in students' education

by ALISA PIERCE • photos by JUSTIN HERON

Texas Tech University Health Sciences Center (TTUHSC) School of Medicine student Asher George has known he's wanted to pursue a career in medicine almost his entire life – but wasn't always sure how to do so.

As a high school student, Mr. George participated in Stephen F. Austin State University's Joint Admission Medical Program (JAMP) Camp, which allowed him to sit in on premedical classes, meet with medical professionals, and receive a firsthand look at what it's like to work in hospitals, clinics, and other medical facilities.

JAMP Camp advisors then guided him in the right direction.

"I remember speaking to one of my fellow medical students from a small West Texas town and learned that her knowledge of how to get into medical school was through Google searches," Mr. George said. "Especially how to take the MCAT [Medical College Admissions Test], what classes to take, what most medical schools look for in a prospective student. ... For many

students from rural areas this story seems to be very common, just because their resources are so limited."

On the contrary, through JAMP, "I learned how to access resources to be an effective premed student," he said. "That opportunity really helped me figure things out, especially as the first person in my family to go to medical school."

Mr. George continued his medical education at Texas Tech through a summer rotation in Alpine, under the Texas Family Medicine Preceptorship Program. When starting his rotation, Mr. George was eager for opportunities to guide high school students, like the mentorship he experienced at JAMP Camp. So, he and his mentor, Adrian Billings, MD, director of the TTUHSC Permian Basin Alpine Rural Family Medicine Residency Track, created their own program, which has rapidly grown since.

"There's definitely a gap between the urban physician population versus the rural population, and we're not meeting that need," said Dr. Bill-

ings, who also serves on the Alpine Independent School District Board of Trustees. "Many high schools in these rural school districts just don't have the knowledge, funding, or the time to really focus on those kids who might be interested in medicine. If we're going to improve the rural health care workforce, we have to target these rural kids, we have to enable them, and then we have to give them a chance."

Texas is second in the nation for health professional shortage areas, says the U.S. Health Resources & Services Administration (HRSA), with rural populations suffering the most.

The Texas Department of State Health Services projects that within the next decade, Texas will lack over 10,000 full-time physicians.

To counteract these trends, rural physicians, medical schools, and medical students are partnering with their communities to create mentorship programs that reach local students early in their education and expose them to careers in medicine.

Mr. George believes that in addi-

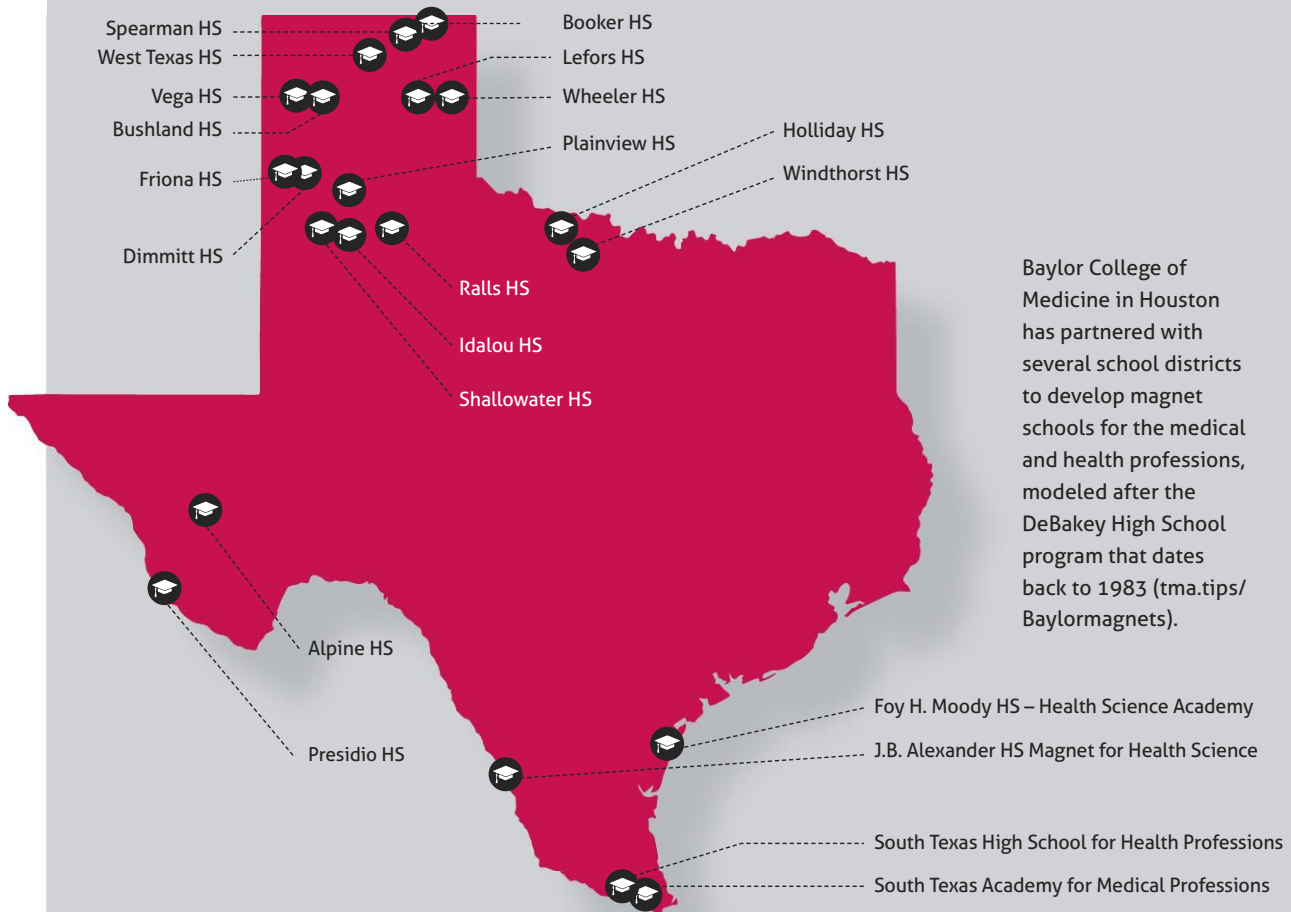
Paving the Way

SOME MEDICAL schools are actively involved in community mentorship programs aimed at cultivating the next generation of physicians. Here's a snapshot of some of those programs.

The University of Texas Rio Grande Valley (UTRGV) School of Medicine has five programs targeting high school and college students:

- UTRGV Joint Admission Medical Program Camp: Provides high schoolers with the opportunity to shadow premedical students.
- UTRGV Gear: An active, hands-on program that provides education and skills for high school students interested in STEM.
- Area Health Education Center programs: Provide opportunities for high school students to enhance their entry into the health profession.
- Vaqueros MD Early Assurance Program: Selects high-achieving South Texas college students to begin their undergraduate careers and receive conditional admission to the UTRGV School of Medicine upon graduation.
- Early Assurance Program: Prepares high schoolers for a medical career, and once graduated, provides them a convenient path to become future physicians through admission and completion of the Vaqueros MD Early Assurance Program.

The Texas Tech University Health Sciences Center Lubbock School of Medicine has a Rural Student Health Sciences Mentorship Program that collaborated with these 17 rural high schools last year:



Baylor College of Medicine in Houston has partnered with several school districts to develop magnet schools for the medical and health professions, modeled after the DeBakey High School program that dates back to 1983 (tma.tips/Baylormagnets).

tion to these programs, Texas should increase funding to create medical residency positions in rural areas.

“When you have a pipeline of students from a small hometown that are willing to go back to that area to practice, it really helps to provide a good look at what they can experience in the health care system as they progress through their educational career,” he said.

As residents often practice near where they train, per the Association of American Medical Colleges, and with many of Texas’ medical schools in big cities, many rural students become urban physicians. Out of the 16 medical schools in Texas, only a handful serve rural communities.

The University of Texas Rio Grande Valley (UTRGV) School of Medicine aims to change that.

As one of Texas’ newer medical schools, UTRGV was fortunate to start with the mission of “growing their own” and made community mentorship a part of that strategy from the beginning.

“The physician-to-patient ratio here is ridiculously low compared to the rest of Texas,” said Harlingen family physician and associate dean for diversity, inclusion, and health equity at UTRGV School of Medicine Adela Valdez, MD. She is also a member of TMA’s Council on Medical Education.

“Having UTRGV and its community programs here has made a huge difference in bringing care and education to this area. We know that physicians practice where they trained, and we want our students to not only become successful doctors but stay in this area and treat their community.”

TMA past President E. Linda Villarreal, MD, who practices in the Valley, believes that medical schools like UTRGV are some of the best facilitators of medical mentorship.

“With these programs, students have more exposure to the medical

field that will enhance their desire to do what we do,” she said. “How can we help students? Well, if we can solicit volunteers from medical schools to become mentors, then young students won’t have to go to another geography to find resources.”

From student to mentor

The closest medical school to Alpine, Texas Tech Lubbock, however, is almost a five-hour drive away, a common reality rural students face when exploring interest in a medical career. It’s no wonder the internet is sometimes rural students’ only resource, Mr. George says.

“High school students in some of these small towns don’t have teachers, counselors, or mentors knowledgeable in the medical field to guide them into knowing how to approach undergraduate studies, and if they’re in college, what to do to become a doctor,” he said.

With only three primary care centers scattered across Alpine, and two in nearby Marfa, students in the area have few physicians to model their careers after and often are left to pave the way for the next decade of schooling themselves.

Moreover, Alpine and its surrounding areas fall within the Permian Basin, the second-largest shale gas-producing region in the U.S. Many students in the Permian Basin, Mr. George found, became uninterested in medicine following these challenges and often chose to pursue more visible careers within the industries around them.

“One of the biggest struggles in the Permian Basin is that there’s a lack of students attracted to the health care field,” he said. “Many of them will leave high school and enter the oil and gas industry, which creates a lack of health care professionals in the area. At the end of the day, these students don’t see enough men or

women in white coats.”

Mr. George brought these concerns to Dr. Billings, his preceptor.

Dr. Billings wasn’t surprised by Mr. George’s concerns. As a rural-born resident turned physician, Dr. Billings is intimately familiar with the access-to-care struggles of nonurban patients and the desperate need to get more physicians to the area.

“There’s one family physician for 5,000 patients in the Big Bend area right now. That’s a delay of care,” Dr. Billings told the House Public Health Committee of the Texas Legislature in 2022. “That means sicker patients, that means more costly care. That means less productivity. That means more death.”

Together, Dr. Billings and Mr. George began working towards a solution to generate more interest among local youth in medicine: the Rural Student Health Sciences Mentorship Program, which connected medical students to rural high schoolers in need of medical mentorship.

“We needed a program to equip high school students with the knowledge of how to get into college, how to get into medical school, and what a day in the life of a medical student looks like,” Mr. George said. “Mentoring partnerships allow students to see what it’s like to go into health care. I started this program so that rural students could become future Texas doctors.”

Before the start of his second year of medical school, Mr. George took his plan to his medical school admissions department and the West Texas Area Health Education Center (AHEC), which coordinates pipeline activities to recruit and engage students to enter the health care workforce. West Texas AHEC provided the rural mentorship program with travel funding for mentors to meet with mentees at high schools across the region and partnered with rural schools to identify students interested in medicine.

Mr. George then began assembling fellow second-year medical students to oversee the needs of the mentor-mentee partnerships at their assigned rural high schools through monthly in-person or Zoom meetings. Mentor responsibilities included holding conversations with counselors and teachers on how to better prepare students for a career in medicine, supporting high school students by answering questions, providing information, and walking them step-by-step through the undergraduate and medical school process.

“This rural high school mentoring program was so needed because our rural students didn’t know of all the pathway and pipeline programs that are in existence,” Dr. Billings said. “And these students can really relate to a younger medical student that is much closer to college and taking the MCAT than to a senior physician far away from that process.”

The program officially began during the 2020-21 academic year with 30 second-year medical student mentors and 30 rural high school mentees. Now, it has grown to 40 medical students and 57 high schoolers across 17 rural high schools. (See “Paving the Way,” page 33.)

Zane Billings, Dr. Billings’ Alpine High School senior son, is one of those rural students who was given a chance.

“This has definitely opened my eyes and helped me to realize what’s in store going through the medical route,” Mr. Billings said.

Since his involvement, Mr. Billings has been accepted to the Texas Tech Honors College Undergraduate to Medical School Initiative of TTUHSC, which he plans to attend like his mentor, Mr. George.

“Asher, who was my mentor, guided me on the road to having a medical career. I didn’t even realize what I needed to do to have a competitive medical school application to ultimately get the residency and career I want until I was involved in this program,” Mr. Billings said. “I wish everyone had a mentorship program like ours.”

A Grande solution

Fortunately, Edinburg pediatrician Cristel Escalona, MD, was able to begin her medical mentorship much earlier – in fifth grade, in fact. Dr. Escalona’s first mentor, her fifth-grade chemistry teacher, encouraged her not only to become a physician but also to stay and treat her

community within the Rio Grande Valley. (See “Nominate a Teacher for TMA’s Excellence in Science Teaching Awards,” page 36.)

“She was the one who told me that I could go to medical school, and it made a world of difference in my trajectory,” she said. “Now, she is my next-door neighbor. She got to see

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me become a physician, and I got the opportunity to pay her back by treating her students and our community.”

Dr. Escalona became a mentor herself as an assistant professor of pediatrics at UTRGV School of Medicine. The school, which opened to students just seven years ago, was the Rio Grande Valley’s solution to a lack of medical training in the area.

On the U.S. and Mexico border, rural areas in the Rio Grande Valley are among the most medically underserved areas in the country, per HRSA, with a lack of primary care physicians much like the case in Alpine.

What’s more, many schools in the area lack resources like fully equipped science labs or counselors

knowledgeable about the medical school process.

To combat these deficiencies, UTRGV partnered with Region One Education Service Center to increase the number of health care professionals in the Rio Grande Valley. Region 1, part of a statewide system of education service centers, serves 38 school districts and 10 charter schools in eight South Texas counties, covering more than 400,000 students.

One major initiative between UTRGV and Region 1, the PATHWAY Conference in June 2019, provided eighth grade counselors and teachers from the 38 school districts knowledge, skills, and resources to give the proper career advice to aspiring

health care professionals.

In addition to this initiative, UTRGV has created multiple community mentorship programs aimed at cultivating the next generation of physicians, and the school participates in JAMP. (See, “Paving the Way,” page 33.)

Alessandra Jimenez, a fourth-year medical student at UTRGV, says programs like these are crucial to connecting students with mentors who can “offer a seat at the table.”

“I was born and raised in the Rio Grande Valley, and my pipeline program for medicine began in middle school,” she said. “Had it not been for that type of exposure, I don’t know if I would have continued to pursue medicine the way I did.”

Once in medical school, Ms. Jimenez’s mentorship experience only increased.

“I can’t stress enough just how important it was that I had mentors through this process,” Ms. Jimenez said. “One of my mentors through medical school, [associate dean] Dr. Valdez, has personally guided me through decisions that I’ve made on what projects I should pursue and what specialties I’m interested in. It’s helped me tremendously.”

Despite UTRGV being less than a decade old, its resources have provided area students with knowledgeable role models within their own community, says Dr. Valdez, adding that she is honored to be a mentor herself.

Her experience gives her a way to support that community and connect with her students, many of whom have become beloved colleagues and friends.

“Mentees are almost like your kids,” she said. “I am so proud of my students and their incredible accomplishments.” ■

ALISA PIERCE is a reporter for *Texas Medicine*. You can reach her at (800) 880-1300, ext. 1469; (512) 370-1469; or alisa.pierce@texmed.org.

Nominate a Teacher for TMA’s Excellence in Science Teaching Awards

EACH YEAR, the Texas Medical Association’s (TMA’s) Ernest and Sarah Butler Awards for Excellence in Science Teaching recognizes schoolteachers at the elementary, middle, and high school levels. These teachers’ energy and enthusiasm for science spark an interest within their students and often create medical professionals.

In 2014, TMA President-Elect Rick Snyder, MD, presented the award to his Dallas schoolteacher Janet Jones, who was his “inspiration.”

“She really triggered in me an interest in medicine and biology,” he said in a TMA video documenting the event.

Awardees are recognized in one of three ways:

- **Grand Prize:** One Texas science teacher receives \$20,000 plus a \$5,000 school resource grant.
- **Distinguished Awards:** Three teachers (one at each level) receive \$7,000 and a \$3,000 school resource grant.
- **Rookie Award:** A teacher with less than seven years’ experience receives \$5,000 and a \$2,000 school resource grant.

Texas full-time public and private school science teachers with at least two years’ completed classroom experience who are returning to a Texas classroom during the 2023-24 school year are eligible for this honor. Applications must include educational history and professional development, three letters of support, a professional essay, and a portfolio.

Physicians can nominate teachers by contacting Azalia Perez at azalia.perez@texmed.org. Applications open each summer.



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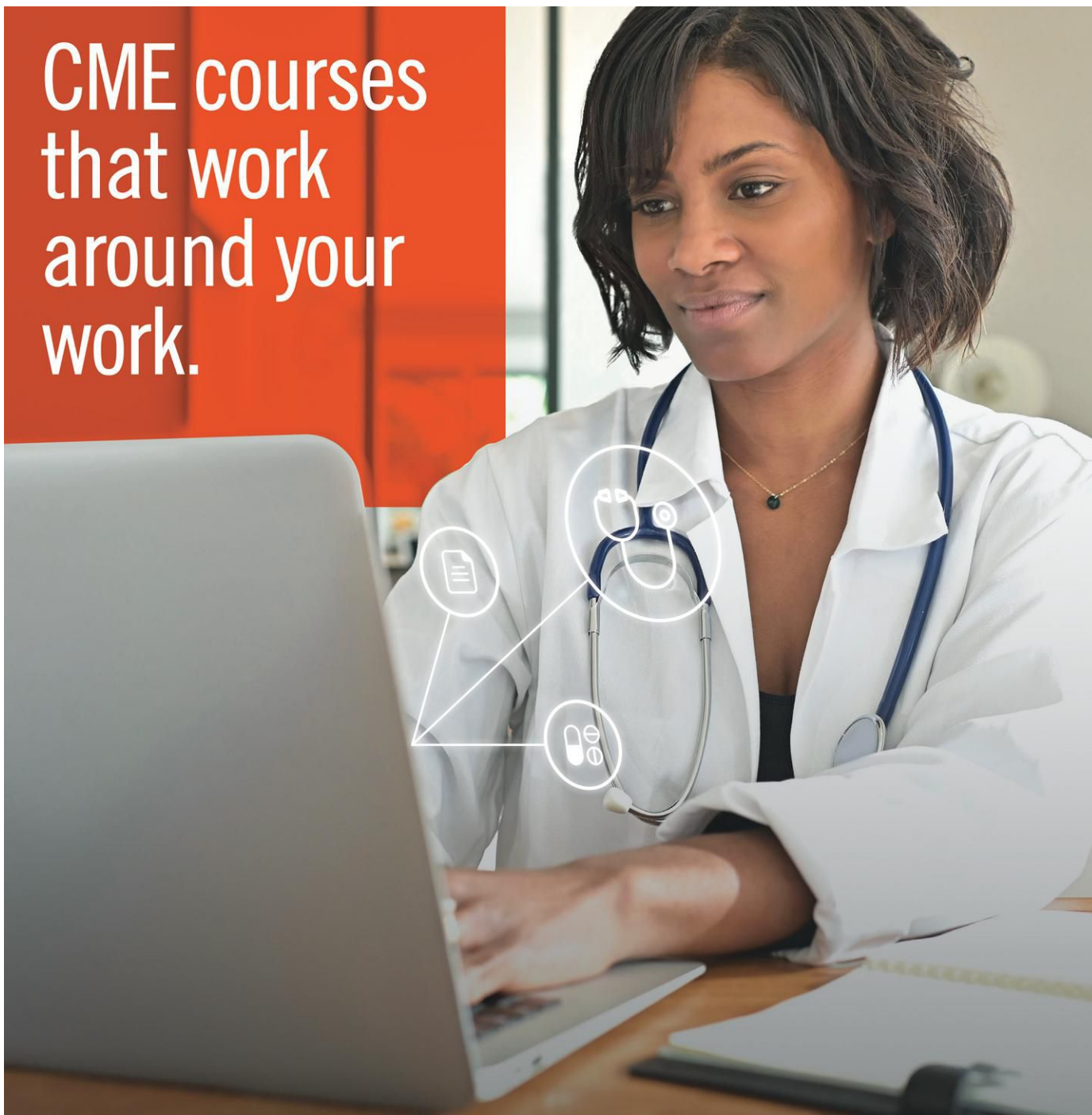
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More Than a Match

UTRGV medical students overcome pandemic pressures to earn their residency spots

by SEAN PRICE • photos by JUSTIN HERON

The hubbub was loud and happy – but nervous – in the seconds before fourth-year medical students at The University of Texas Rio Grande Valley (UTRGV) School of Medicine opened their Match Day envelopes. Forty-five students in the school’s fourth graduating class, along with their family members, friends, and UTRGV officials, gathered at the school’s performing arts center in Edinburg to discover where they would train as resident physicians.

The UTRGV Match Day event was mirrored at 12 other schools in Texas with graduating classes and 191 across the country. Every third Friday in March, the National Resident Matching Program (NRMP) sends medical students who have matched an envelope to be opened right at 11 am CT.

As luck would have it, this Match – held coincidentally on St. Patrick’s Day – was again the biggest in history for total number of positions offered. This was the 22nd consecutive year the Match could claim the largest number of total positions in the program’s history, according to NRMP. (See “National Match Day at a Glance,” page 42.)

This match was also special in that this class of medical students spent their entire four years in the shadow of COVID-19. UTRGV, like other medical schools, found ways to offer classes online and reintegrate students back into clinical work. But it took time and made the famously stressful medical school experience that much more stressful. (See “The Class of COVID-19,” June 2020 *Texas Medicine*, pages 16-18, www.tex-med.org/ClassofCOVID.)

“I learned in the military a long time ago ... a saying that I keep with me: adapt, improvise, and overcome,” UTRGV School of Medicine Dean Michael B. Hocker, MD, told the students as they were waiting to open the envelopes. “I couldn’t say we have a more resilient group of medical students who have really improvised, adapted, and overcome over the last four years.”

Once a faculty member announced the 11 o’clock hour, some students ripped open their envelopes as soon

possible. As they did, the auditorium filled with shrieks of joy, hugging, and high-fives.

Other students, like Jose Benitez, hesitated a minute or two before discovering the next step in their journey as a physician.

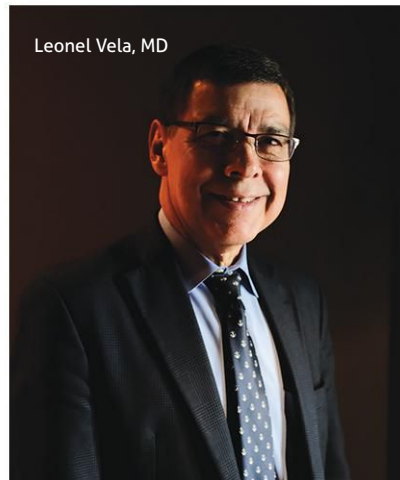
“I was a little nervous,” he explained later. “You really don’t know what you’re going to get. Anything is a blessing at that point, but there are some [residency] programs that are further away from family. All programs have different qualities and strengths, so there’s a lot of thought process in selecting your top programs. It definitely is a little nerve-racking.”

Mr. Benitez stood before a rapt audience of his mother, brother, sister, and nephew, all wearing T-shirts announcing their support for him. When he did open the envelope, the news was good. He got one of his top choices – an internal medicine residency at UT Health San Antonio.

“It was the first interview, and I was pretty convinced that I wanted it in my top three even then,” he said. “I’m definitely very happy with the results.”

Aside from training him as a first-generation physician, the residency will accomplish two personal goals. It will keep him close to family and make it easier for him to return to the Rio Grande Valley – where he grew up in Mission – to practice as a physician.

Those plans are music to the ears of faculty members like Leonel Vela, MD, senior associate dean for educational resources. UTRGV School of Medi-



Leonel Vela, MD



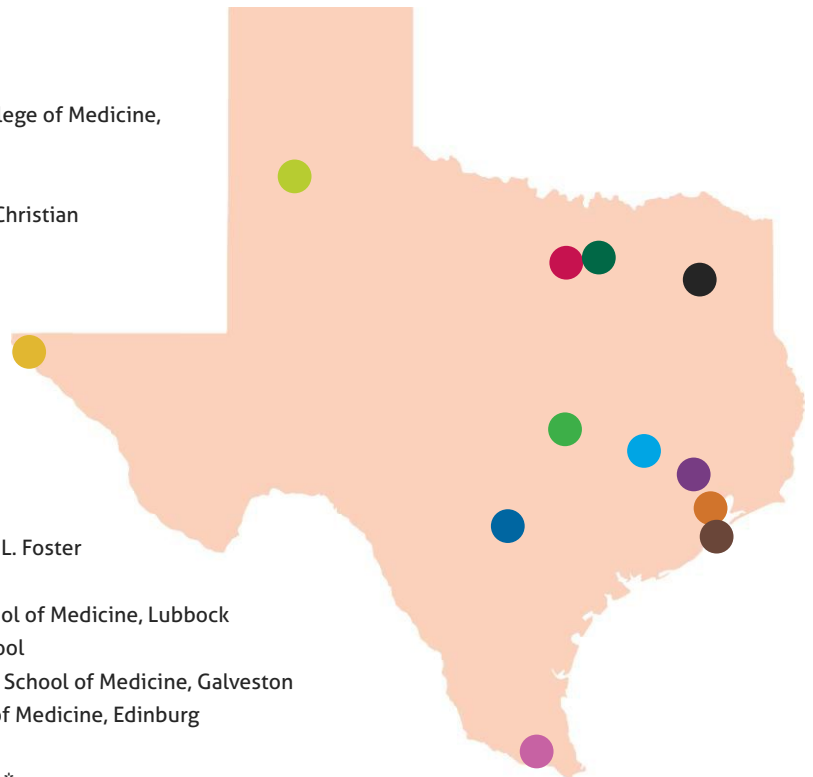


Jose Benitez and family

Medical Schools in Texas

- Baylor College of Medicine, Houston
- University of Houston Tilman J. Fertitta Family College of Medicine, Houston*
- McGovern Medical School at UTHealth, Houston
- Anne Burnett Marion School of Medicine at Texas Christian University, Fort Worth
- Texas College of Osteopathic Medicine, Fort Worth
- University of the Incarnate Word School of Osteopathic Medicine, San Antonio
- UT Health San Antonio Long School of Medicine
- Sam Houston State University College of Osteopathic Medicine, Conroe*
- Texas A&M University School of Medicine, Bryan
- Texas Tech University Health Sciences Center Paul L. Foster School of Medicine, El Paso
- Texas Tech University Health Sciences Center School of Medicine, Lubbock
- The University of Texas at Austin Dell Medical School
- The University of Texas Medical Branch John Sealy School of Medicine, Galveston
- The University of Texas Rio Grande Valley School of Medicine, Edinburg
- UT Southwestern Medical School, Dallas
- The University of Texas at Tyler School of Medicine*

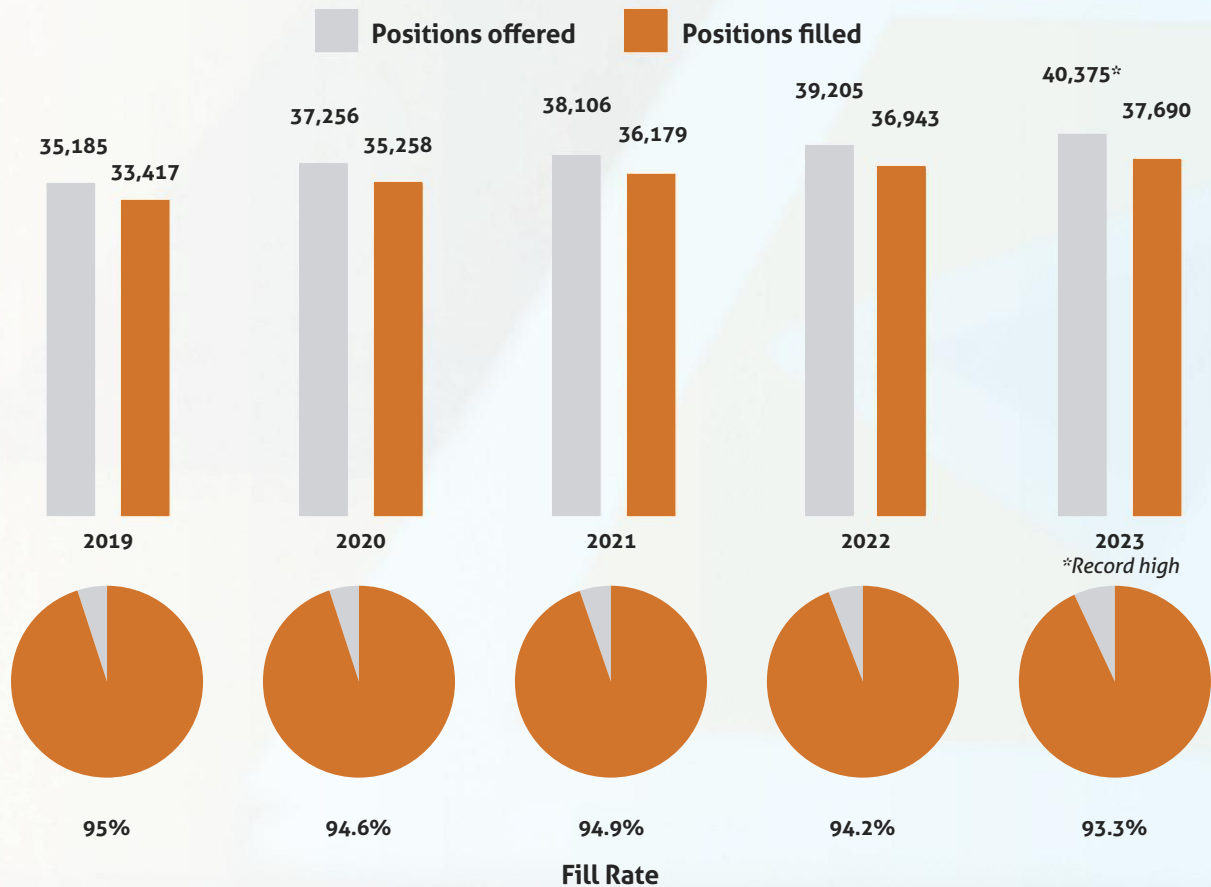
*Does not yet have a graduating class



National Match Day at a Glance

THE NATIONAL RESIDENT MATCHING PROGRAM celebrated its 70th year with yet another strong Match Day. In the initial 2023 Match, the total number of offered positions set a record for the 22nd consecutive year, and overall fill rates for residency positions were in line with previous years. But the news wasn't all good. For instance, emergency medicine saw an unprecedented two-year spike in unfilled first-year residency positions, attributed to the fallout from COVID-19, increased clinical demands, and other factors.

Fill Rates, 2019-23



100% Match

These specialties with 30 or more positions filled all available spots.



Orthopedic Surgery



Plastic Surgery (integrated)



Radiology - Diagnostic

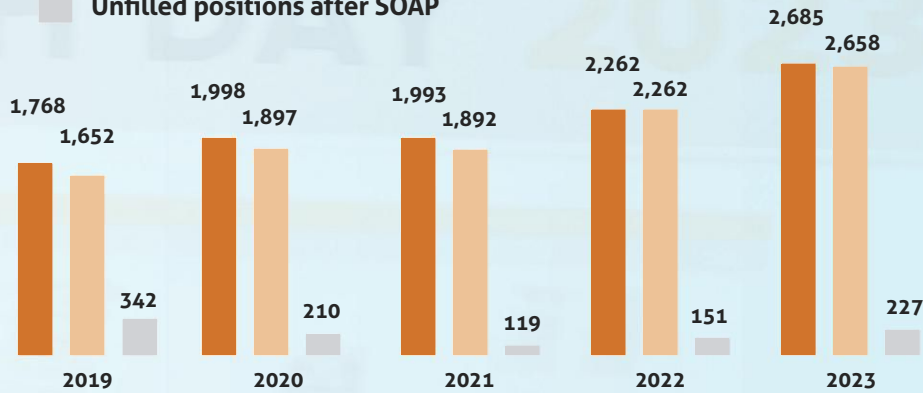


Thoracic Surgery

SOAP Fills, 2019-23

Most unfilled positions are placed in the Supplemental Offer and Acceptance Program (SOAP), which allows unmatched graduates a chance to find residency positions.

- Unfilled positions
- Unfilled positions placed in SOAP
- Unfilled positions after SOAP



Emergency Medicine Unfilled First-Year Positions



Fast Facts

1,170

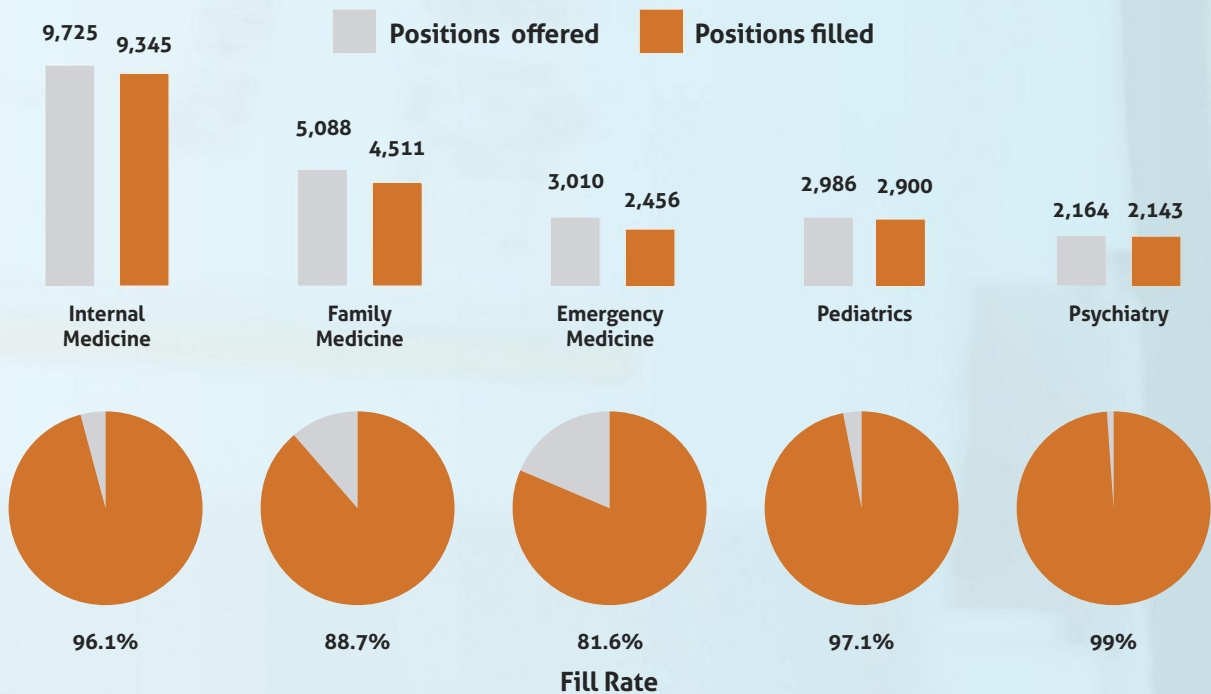
More positions over 2022

183

More residency programs participating over 2022

Top 5 Specialties

(Based on number of first-year positions offered)



Note: At press time, finalized U.S. rates and Texas-specific data were not available.
Source: National Resident Matching Program (tma.tips/Match2023)

cine is one of the state's newest medical schools – opened to students in 2016 – and was created in part to help bring physicians to one of the state's poorest and most medically underserved regions.

“This medical school was established with a dream that the whole Valley had that goes back generations,” he said.

UTRGV is one of seven new Texas medical schools launched since 2016, bringing the total number in the state to 16. The newest, The University of Texas at Tyler School of Medicine, will hold its first classes in July. (See “Medical Schools in Texas,” page 41.)

About 50% of UTRGV's 2023 medical graduates are staying in Texas – similar to national figures – while the rest went to 11 other states.

Keeping Texas medical students in the state for residency is a top goal for the Texas Medical Association because research shows residents tend to stay and set up practice where they train. About 80% of in-state Texas medical residents stay and practice here, according to the Texas Higher Education Coordinating Board.

All of those physicians are needed to offset a large and growing shortage in the profession. Despite having 8.8% of

the U.S. population, the state has 7.3% of active U.S. physicians, according to data collected by TMA. And Texas' ratio of 204.6 patient care physicians per 100,000 people remains below the national average of 247.5.

TMA has spearheaded successful efforts to expand the state's residency programs not only to keep pace with the growth in medical schools but also to make sure the state has enough physicians to care for Texas' exploding population.

TMA-backed legislation has helped create more than 465 first-year residency slots since 2014 through state grants to help keep Texas medical school graduates in Texas. TMA also is pushing in this year's session of the Texas Legislature for increased funding for graduate medical education, loan forgiveness, and rural training programs that could help bring more physicians to the state. (See “Growth in Residents and Residencies Since 2012,” page 47.)

Recovering from COVID

It's hard to overstate the impact COVID-19 had on the experience of this group of medical students, Mr. Benitez says.

“It was definitely a drastic change for everyone – from things going virtual to everyone isolating and being isolated from the rest of your class ... and your professors,” he said.

Those types of crisis reactions to COVID-19 have obviously tapered off and medical school life more closely resembles pre-pandemic life, Dr. Vela says.

But vestiges of COVID remain, including the fact that all resident interviews for this Match were done online – something unthinkable before COVID-19. Virtually all 2023-24 residency interviews will be online as well, according to the Association of American Medical Colleges.

Because of the pandemic, this class wasn't able to spend as much time together as most medical school classes, says fourth-year student Saba Suleman, who matched for a transitional residency year at Baylor Scott & White All Saints Medical Center in Fort Worth and plans to pivot after that to dermatology.

“As the pandemic started dying down and we started going back to in-

Headed to Medical School? TMA Has a Scholarship for That

- Diversity in Medicine Scholarship (formerly the TMA Minority Scholarship) – Provides \$10,000 to one incoming medical student at each of Texas' 16 medical schools.*
- TMA 50-Year Club Scholarship – Provides at least \$500 to Texas students going into their second, third, or fourth year of medical school.
- Harris County Medical Society Alliance Scholarship – Awards at least \$500 to third- and fourth-year students attending medical school in Harris County.
- Krishna Memorial Scholarship – Offers students attending a University of Texas System medical school in their second, third, or fourth year a one-time \$1,000 award.
- Lone Star Caucus (LSC) Medical Student Scholarship – Makes funds available to third- and fourth-year medical students in Texas who are members of the county medical societies within the LSC.
- Michael O'Malley, MD, Memorial Scholarship – Offers a \$1,000 scholarship to rural high school seniors pursuing a degree in the field of medicine via TMA's Young Physician Section.

Find out more about TMA scholarships at www.texmed.org/Scholarships. Several county medical societies and TMA Alliance chapters offer scholarships as well. For more information, go to www.texmed.org/FamilyofFunds.

*TMA's 2023 Diversity in Medicine Scholarship Program is funded by TMA Foundation with generous support from its Bayardo Trust and Patrick Y. Leung, MD, Endowment and annual gifts from H-E-B, Baldemar Covarrubias, MD, TMA county medical societies, and gifts from physicians and their families.



Louis Leichter
Founder, Leichter Law Firm PC



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Ruth Escalera

person events, we really started to value each other’s company,” she said. “Any moment we were able to get together was a moment we will want to keepsake forever.”

Even in the best of times, matching right away is not a given for all medical students. In 2022, the year with the most recent data available for Texas, 93.2% of fourth-year medical students matched initially, and all but 1.4% (27) of the others found a residency in the Supplemental Offer and Acceptance Program.

On the Monday before Match Day, medical students get an email from NRMP telling them if they have matched or not. For those who do match, the Friday ceremony tells them to which specialty program and where.

The Monday email cuts down some on the anxiousness of Match Day, says fourth-year student Ruth Escalera. But waiting to open that envelope was still anxiety-inducing because she could have ended up in one of several states between California and Missouri.

Happily, she landed an obstetrics-gynecology residency in El Paso at Texas Tech University Health Sciences Center – one of her top choices. In time, she hopes that will help her work with women in the lower Rio Grande Valley who struggle to get the maternal medical services they need.

“Now more than ever, people need doctors to advocate for them and practice evidence-based medicine,” she said. “Particularly in the Rio Grande Valley, which is an underserved area with one of the highest poverty levels in the country, people already face insurmountable obstacles to get their health care needs.”

Fourth-year student Sabrina Orta was among the UTRGV students headed out of state, matching to a pediatrics residency at Vanderbilt University Medical Center in Nashville, Tenn., her first choice.

“It’s a big change, but I was influenced by some of my



Sabrina Orta

mentors that I have to branch out and get out of my comfort zone a little bit and see different patient demographics, which I think would be really good for me,” she said.

While the residency will take her away from her family in the Houston area, her goal is to return there for a fellowship and then set up a practice. ■

SEAN PRICE is associate editor for *Texas Medicine*. You can reach him at (800) 880-1300, ext. 1392; (512) 370-1392; or sean.price@texmed.org.

Growth in Residents and Residencies Since 2012

RESIDENTS

35.5%
TEXAS

30.7%
U.S.

RESIDENCY PROGRAMS

42.9%
TEXAS

37.5%
U.S.

Source: Texas Medical Association



Congratulations,
Class of 2023, on your
matches. Now TMA can
help you thrive in a
Texas residency.
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Here for your patients and your community. Now and in the future.

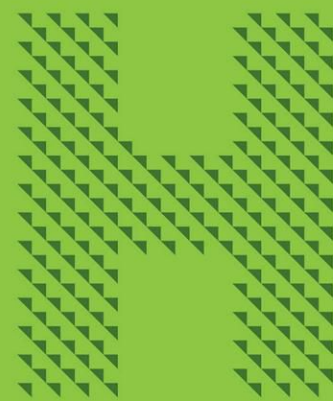
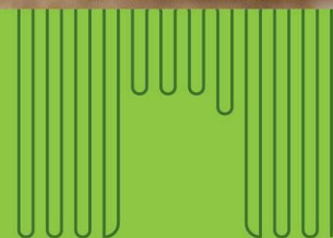
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Sometimes in life, an opportunity presents itself, but we need to recognize when this happens to take advantage. Young physicians, especially residents are told the best time to buy disability insurance is when they are young. (Disability insurance can replace a portion of your income when you are too sick or injured to practice.) The reason given is when you are young and healthy, you will qualify for your lowest possible premium rate.

Here's why this is meaningful for you. When you secure an individual policy as a young physician, your premium rate is locked in for the life of the policy. Your rate is guaranteed until you reach Social Security retirement age. Now, you may think it's better to get covered when your income increases later in your career – let's say ten years after residency. But the value of getting covered now is your rate will be low enough that over the course of your career, you will pay the same or less than if you wait and secure coverage later. That means you'll get more years of income protection and pay less for it.

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