REFERENCE COMMITTEE ON
MEDICAL EDUCATION AND HEALTH CARE QUALITY

May 2019

The Reference Committee on Medical Education and Health Care Quality, having met on Friday, May 17, 2019, with all members present, submits the following report:

(1) TMA President Report 2 – Improving the Quality Payment Program and Preserving Patient Access

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendations in TMA President Report 2 be adopted.

This report recommends: (1) That the Texas Medical Association (TMA) strongly advocate for Congress to make participation in the Merit-Based Incentive Payment System and alternative payment models under the Quality Payment Program completely voluntary. (2) That TMA strongly advocate for Congress to eliminate budget neutrality in the Merit-Based Incentive Payment System and to finance incentive payments with supplemental funds that do not come from Medicare Part B payment cuts to physicians and other clinicians. (3) That TMA call on the Centers for Medicare & Medicaid Services to provide a transparent, accurate, and complete Quality Payment Program Experience Report on an annual basis so the association can analyze the data to advocate for additional exemptions; flexibilities; and reductions in reporting burdens, administrative hassles, and costs. (4) That TMA establish formal policy that the Centers for Medicare & Medicaid Services increase the low-volume threshold for the 2020 Quality Payment Program and future years of the program for all physicians but continue to offer them the opportunity to opt in or voluntarily report. (5) That TMA establish formal policy that the Centers for Medicare & Medicaid Services preserve patient access by exempting small practices (one to 15 clinicians) from required participation in the Merit-Based Incentive Payment System but continue to offer them the opportunity to opt in or voluntarily report; and (6) That the Texas Delegation to the American Medical Association ask the AMA House of Delegates to adopt similar policy and calls to action.

Your reference committee heard only supportive testimony on the report.

(2) Committee on Continuing Education Report 2 – Sunset Policy Review

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Committee on Continuing Education Report 2 be adopted.

This report recommends Policy 205.030 be retained.

Your reference committee heard favorable testimony.

(3) Council on Medical Education Report 1 – Sunset Policy Review

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 1 be adopted.
This report recommends Policies 185.018 and 200.031 be retained.

Your reference committee heard testimony in favor of adoption.

(4) Council on Medical Education Report 2 – Support of Expanded Eligibility for Inpatient Medicaid GME Funding to Teaching Hospitals

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 2 be adopted.

This report recommends the adoption of the following as new policy: (1) The Texas Medical Association supports expansion of the eligibility for the state’s inpatient Medicaid graduate medical education (GME) supplemental payments to include additional types of teaching hospitals. These monies can play a critical role in incentivizing hospitals to maintain and expand existing residency programs, as well as develop new programs. TMA recognizes that this growth is needed to maintain an adequate GME capacity that will accommodate the growing number of medical school graduates. TMA supports the specific use of the additional Medicaid GME payments for the support of GME programs. (2) TMA supports the proposed Medicaid GME expansion initiatives developed by the Texas Health and Human Services Commission, including: (a) Extending eligibility for the inpatient Medicaid GME supplemental payments to teaching hospitals owned and managed by non-state governmental entities, such as cities or counties; (b) Extending eligibility of teaching hospitals owned and managed by non-governmental organizations, such as private hospitals; and (c) Updating the inpatient Medicaid GME add-on payments to teaching hospitals based on current costs.

Your reference committee heard favorable testimony.

(5) Council on Medical Education Report 3 – Fixing the Inequity in Medicare GME Funding for Texas Teaching Hospitals Compared to Other States

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 3 be adopted.

This report recommends the adoption of the following as new policy: (1) The Texas Medical Association supports equity in the “hospital-specific per resident base year cost amount” used by the Centers for Medicare & Medicaid Services to determine Medicare GME funding for teaching hospitals in Texas. Achieving equity in Medicare GME payments is particularly important to states with high population growth rates, such as Texas, to further enable expansion of the state’s GME capacity to meet the state’s growing demand for physicians’ services. This payment equity is needed for teaching hospitals that have Medicare GME funding caps as well as new teaching hospitals that are in their Medicare GME cap-building phase; and (2) TMA urges the AMA to act on AMA Policy D-305.973(c) to make the Medicare direct medical education per resident figure more equitable across teaching hospitals while ensuring adequate funding of all residency programs.

Your reference committee heard testimony in support.
RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 4 be adopted.

This report recommends the adoption of the following as new policy: (1) The Texas Medical Association recognizes that medical schools require extraordinary resources to meet national accreditation standards and to maintain educational excellence. With the increasing number of medical schools under development in Texas, it is in the best interest of the state for a comprehensive study to be done on the projected need for additional medical schools. The study should be commissioned by the Texas Higher Education Coordinating Board, similar to this agency’s work in 2002, which evaluated the projected need the people of Texas have for physicians’ services and the need for opportunities in the state to become a physician; and (2) TMA supports the coordinating board’s use of the study in evaluating future proposals for the establishment of new medical schools in the state.

Your reference committee heard testimony in support.

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 5 be adopted.

This report recommends amending TMA Policy 200.005 as follows: That the Texas Medical Association: (1) support medical students volunteering inside of their institutional affiliations during times of disaster and emergency, due to both the need for and the competency of medical students, as demonstrated by previous research and disaster situations; (2) recognizes that medical students often possess the altruistic attributes that are of great benefit during critical times following natural or man-made disasters, catastrophic events, or public health crises. Students are encouraged to pursue their interests and actively participate as fully as their schedules will allow in volunteer activities that best utilize these attributes. TMA encourages participation by medical students in official responder organizations, such as the American Red Cross or Medical Reserve Corps; and (3) encourages academic health centers, and medical schools in particular, to promote awareness among their students of the Texas Department of State Health Services’ online centralized volunteer registry for disaster or public health emergency response efforts. This registry is an effective way to maximize the unique skills possessed by medical students for engaging in organized activities of the state’s responder organizations for disaster or public health emergencies.

Your reference committee heard testimony in strong support of the report from the chairs of Council on Medical Education and Committee on EMS and Trauma.
RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendations in Council on Medical Education Report 6 be adopted.

This report recommends adopting new policy as follows:

Maximizing Match Rates for Candidates to U.S. Residency Programs: The Texas Medical Association:

1. Should continue to set as a priority advocating for graduate medical education (GME) capacity that maintains the state’s goal of 1.1 to 1 for the ratio of entry-level GME positions per Texas medical school graduate.

2. Supports data collection and projections by the Texas Higher Education Coordinating Board that monitor and project the state’s aggregate GME needs for graduates of existing and new medical schools. The outcomes should continue to be provided to state policymakers and medical school leadership.

3. Supports activities by Texas medical schools to reduce the number of graduates who do not match. This includes periodic assessments of the processes used for advising and counseling medical students in developing their strategic plans for participation in the match, as well as backup plans, which should be strongly encouraged for students with lower academic performance.

4. Through its Council on Medical Education, look for opportunities to promote additional research on match outcomes, including statistical analysis and reporting of final match outcomes.

5. Should continue to serve as a convener of the state’s medical school leadership in efforts to maximize match outcomes for every Texas medical school graduate and reduce the number who do not match. This activity should include:

(a) Collecting statistical information on annual match outcomes for the state’s medical school graduates and tracking the annual aggregate number of graduates who:

   (i) Match only to preliminary positions without a corresponding categorical residency position.

   (ii) Secure a training position after reapplication in the second year following medical school graduation; or

   (iii) Do not match in the second year following graduation; and

(b) Collaborating with medical schools to identify effective methods for achieving high match rates and monitoring career outcomes for Texas medical school graduates who fail to match.

6. Supports effective financial planning resources for medical students.

(a) Medical schools are encouraged to carefully consider the potential for high tuition rates that result in high education-related debt for graduates.

(b) There should be adequate funding for loan repayment programs such as the federal Public Service Loan Forgiveness Program, the state Physician Education Loan Repayment Program, and state Loan Repayment Program for Mental Health Professionals, which includes psychiatrists.

(c) Repayment amounts for these programs need to correlate to rising levels of physician loan obligations.

The report also recommends amending the title of TMA Policy 30.036, New Licensing Category for Assistant Physicians to more accurately reflect the policy statement, as follows: Opposition to New State Licensing Category for Physicians Who Do Not Complete Residency Training.
Your reference committee heard testimony in support of the report and in recognition of the
council’s extensive study on unmatched U.S. medical school graduates.

(9) Council on Health Service Organizations Report 1 – Supportive Palliative Care Policy

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Council on
Health Service Organizations Report 1 be adopted.

This report recommends that the Texas Medical Association develop policy to advocate for
legislation that defines “supportive palliative care” as a distinct and different term from “hospice
palliative care” under Texas Health and Safety Code Chapter 142.

Your reference committee heard testimony in support of this report from the council chair and no
opposing testimony.

(10) Council on Health Service Organizations Report 2 – Identification Bracelets for Patients With
Hearing Loss, Resolution 312-A-18

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Council on
Health Service Organizations Report 2 be adopted.

This report recommends that Resolution 312-A-18 be adopted.

Your reference committee heard testimony in support of this report from the council chair and no
opposing testimony.


RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendation in Council on
Health Service Organizations Report 3 be adopted.

This report recommends retention of Policies 20.008 and 20.007.

Your reference committee heard testimony in support of this report from the council chair and no
opposing testimony.

(12) Committee on Physician Distribution and Health Care Access Report 1 – Improving Access to
Care in Medically Underserved Areas through Project ECHO and the Child Psychiatry Access
Project Model

RECOMMENDATION:

Madam Speaker, your reference committee recommends that the recommendations in Committee
on Physician Distribution and Health Care Access Report 1 be adopted.
This report recommends adoption of new policy, as follows:

1. Improving Access to Care Through Project ECHO and Promoting Awareness of Potential Benefits of the Child Psychiatry Access Project Model for Texas: The Texas Medical Association should promote awareness of Project ECHO and the Child Psychiatry Access Network and encourage broad implementation and participation in the state by:

   A. Promoting broader participation among Texas’ health-related institutions as hubs to provide training in the specialty services most needed in rural and medically underserved areas of the state;
   B. Promoting awareness and voluntary participation by physicians as a method for expanding their knowledge and skills in specialty care otherwise not readily available to their patient populations;
   C. Ensuring stakeholders strive to identify and mitigate barriers to full implementation of physician education and mentoring models in Texas;
   D. Promoting awareness among state governmental agencies, such as the Texas Health and Human Services Commission as the state Medicaid authority, and the Texas Department of Agriculture’s State Office of Rural Health;
   E. Promoting these programs in underserved areas in partnership with state specialty societies, such as the Texas Academy of Family Physicians, Texas Pediatric Society, Texas Chapter of the American College of Physicians, Texas Association of Obstetricians and Gynecologists, and Federation of Texas Psychiatry, and state professional organizations such as the Texas Organization of Rural and Community Hospitals;
   F. Promoting awareness among physicians of the CME opportunities provided through Project ECHO;
   G. Promoting awareness of national, federal, and state grant opportunities as they are identified;
   H. Should state legislation pass that directs the establishment of the Child Psychiatry Access Network in Texas, monitoring the progress of implementing the network in the state and promoting awareness among physicians;
   I. Monitoring whether payers offer additional payment or incentive payments for community-based physicians who engage in clinical practice improvement activities as a result of their participation in Project ECHO programs; and if confirmed, promoting awareness among physicians;
   J. Evaluating the use of the Project ECHO model to provide not only clinical training to interested physicians but also training to support practice transformation for physicians seeking to adapt to new health care delivery and payment models; and
   K. Enabling the implementation of these programs in rural Texas through advocacy of the availability of broadband connectivity in rural areas.

This report also recommends that the Texas Delegation to the AMA be directed to advocate for these policies at the national level:

- Promote awareness and greater implementation of the Project ECHO and Child Psychiatry Access Project models among both academic health centers and community-based primary care physicians;
- Work with stakeholders to identify and mitigate barriers to broader implementation of the models in the U.S.;
- Monitor whether payers offer additional payment or incentive payments for physicians who engage in clinical practice improvement activities as a result of their participation in Project ECHO programs and if confirmed, promote awareness among physicians;
- Support broadband connectivity in all rural areas; and
• Encourage the U.S. Department of Health and Human Services to publish its findings on the potential benefits of the Project ECHO model, as required by the federal ECHO Act of December 2016 (P.L. 114-270, 114th Congress).

Your reference committee heard testimony strongly in support of this report from the chairs of several committees.

(13) Resolution 201 – Alternative Maintenance of Certification (MOC) Pathways to Comply with Antitrust Rulings

RECOMMENDATION:

Madam Speaker, your reference committee recommends that TMA Policy 175.021 be reaffirmed in lieu of adoption of Resolution 201.

RESOLVED, That any facility or medical staff in Texas that has complied with Texas law in requiring maintenance of certification (MOC) must accept proof of MOC from one of multiple recertifying entities.

Your reference committee heard testimony both for and against, with a preponderance in opposition. The Council on Medical Education spoke against adoption on the basis that the resolution went outside the association’s domain and ambiguity about unnamed board recertification bodies. This resolution is not supported by your reference committee because it is covered by TMA Policy 175.021 in support of state legislation that eliminates discrimination based on the American Board of Medical Specialties’ proprietary MOC programs as a requirement for hospital staff membership.

(14) Resolution 202 – Clarification of Physician Protection From Maintenance of Certification (MOC) in Facility Bylaws

RECOMMENDATION:

Madam Speaker, your reference committee recommends that TMA Policies 130.026 and 175.025 be reaffirmed in lieu of adoption of Resolution 202.

RESOLVED, That unless statutorily exempted, every facility in Texas must conduct a vote (over a timeframe of two to four weeks) of the entire medical staff, regardless of medical staff appointment category, prior to including or allowing to remain in the medical staff bylaws any requirement of MOC;

RESOLVED, That regardless of the existence of any system-wide medical staff bylaws, MOC requirements and voting shall be facility-specific, with each facility providing proof of receipt of a notice to each physician when the facility plans to conduct such a vote; and be it further

RESOLVED, That this vote must ignore any wishes of the facility system, administration, or medical staff representatives and under no circumstances should there be any reprisals against any physician by the facility system, administration, or medical staff representatives over any activity involving matters pertaining to MOC.
Your reference committee heard testimony both for and against. The Council on Medical Education testified that the resolution duplicated current TMA Policies. Your reference committee concurred that this resolution is redundant with TMA Policies 130.026 and 175.025.

(15) Resolution 203 – Restrictions to Requirements of Maintenance of Certification

RECOMMENDATION:

Madam Speaker, your reference committee recommends that TMA Policies 175.023(5) and 175.018 be reaffirmed in lieu of adoption of Resolution 203.

RESOLVED, That the Texas Medical Association oppose mandatory maintenance of certification;

RESOLVED, That what constitutes life-long learning remain under the purview of state medical boards; and be it further

RESOLVED, That the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates.

Your reference committee heard testimony for and against. It was recognized that board certification and MOC are not mandatory and that TMA and AMA have specific policy in opposition to the use of MOC as a requirement for licensing, credentialing, hospital privileging, payment or employment, such as TMA Policies 175.023(5) and 175.018, and AMA Policy H-275.924(15).

(16) Resolution 205 – Eliminating Professional and Colloquial Use of the Term “Mental Retardation” by Physicians in a Clinical Setting

RECOMMENDATION A:

Madam Speaker, your reference committee recommends that Resolution 205 be amended.

RESOLVED, That the Texas Medical Association support the elimination of the term “mental retardation” from its professional and colloquial use by physicians in a clinical setting, to be replaced with more widely accepted terminology, such as “intellectual disability” or “developmental disorder;” recommend physicians adopt the term “intellectual disability” instead of “mental retardation”; and be it further

RESOLVED, That the Texas Delegation carry this, or a similar resolution, to the American Medical Association that the term “mental retardation” be replaced with more widely accepted terminology by all United States physicians in a clinical setting.

RECOMMENDATION B:

Madam Speaker, your reference committee recommends that Resolution 205 be adopted as amended.

Your reference committee heard supportive testimony from the author. A testifier noted the association should be cautious in dictating what language physicians use in a clinical setting out of concern for the possibility of this leading to physician sanctions. Your reference committee
supports the resolution with amendments for the purposes of simplification and alignment with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

(17) Resolution 206 – Considerations for Care of Individuals with Autism Spectrum Disorder (ASD)

RECOMMENDATION A:

Madam Speaker, your reference committee recommends that Resolution 206 be amended.

RESOLVED, That the Texas Medical Association support the provision of resources in the community to individuals with autism and to their families in order to provide a more comprehensive spectrum of primary and preventative care to individuals with autism; (2) TMA encourage Texas medical schools to educate students using a holistic and practical approach to treatment, management, and care for their patients with Autism Spectrum Disorder (ASD) and be it further

RESOLVED, TMA encourage physicians to become more aware of state and local demographics and promote existing resources in order to better accommodate patients with ASD in rural or underserved communities.

RECOMMENDATION B:

Madam Speaker, your reference committee recommends that Resolution 206 be adopted as amended.

Your reference committee heard testimony from the author. The Council on Medical Education spoke against asking medical schools to incorporate another topic into the medical school curriculum, noting that the curriculum is already full and is directed by national accreditation standards. Harris County Medical Society testified that data on state and local demographics may not be readily accessible to physicians and may not be a feasible expectation. Your reference committee concurred.

(18) Resolution 207 – Increasing Access to Service Learning Opportunities in Undergraduate Medical Education

RECOMMENDATION:

Madam Speaker, your reference committee recommends that Resolution 207 not be adopted.

RESOLVED, That the Texas Medical Association study the impact of existing service learning programs and opportunities undergraduate medical education; and be it further

RESOLVED, TMA collaborate with appropriate parties to identify evidence-based strategies to increase service learning opportunities for Texas undergraduate medical students.

Your reference committee heard testimony from the author of the resolution. In addition, the Council on Medical Education spoke against adoption because the national medical school accreditation standards require medical schools to ensure students have sufficient opportunities for service learning and encourages and supports medical student participation in service-learning and community service activities. Given this requirement, your reference committee does not support adoption of Resolution 207.
(19) Resolution 208 – Integration and Maintenance of Wellness Initiatives in Texas Undergraduate and Graduate Medical Education

RECOMMENDATION:

Madam Speaker, your reference committee recommends that Resolution 208 not be adopted.

RESOLVED, That the Texas Medical Association support research on a systematic and standardized approach to wellness in order to establish common terminology and a basic framework for wellness programs in Texas undergraduate and graduate medical education; and be it further

RESOLVED, That TMA advocate for the integration of a standard multidimensional wellness model into Texas undergraduate and graduate medical education and encourages those institutions in their efforts to routinely monitor and assess student well-being.

Your reference committee heard testimony from the author of the resolution. The Council on Medical Education spoke against adoption given the high level of focus on wellness and vast amount of resources already dedicated by academic health centers and health care facilities. Your reference committee concurred.

(20) Resolution 209 – Promoting Health Insurance and Health Policy Education Prior to Residency

RECOMMENDATION A:

Madam Speaker, your reference committee recommends that Resolution 209 be amended.

RESOLVED, That the Texas Medical Association support and promote the availability of educational resources for medical students on health insurance, the business of medicine and health policy to improve readiness for understanding the role of insurance in health care.

RECOMMENDATION B:

Madam Speaker, your reference committee recommends that Resolution 209 be adopted as amended.

Your reference committee heard testimony from the author of the resolution. A representative from the Harris County Medical Society recommended the topic be broadened to encompass the business of medicine. The amendment received considerable support and your reference committee concurs.

(21) Resolution 210 – Recommendation for Hemorrhage Control Training of Health Care Professionals

RECOMMENDATION A:

Madam Speaker, your reference committee recommends that Resolution 210 be amended:

RESOLVED, That the Texas Medical Association support initiatives that promote the training of health care professionals in hemorrhage control, such as Stop the Bleed®, at Texas medical schools; and be it further
RESOLVED, That TMA support the inclusion of hemorrhage control supplies in first aid kits in public spaces, including medical schools and hospitals.

RECOMMENDATION B:

Madam Speaker, your reference committee recommends that Resolution 210 be adopted as amended.

Your reference committee heard testimony in favor of the resolution. The Council on Medical Education provided specific examples of hemorrhage control training that is already occurring in medical schools and felt this policy should not be limited to health care professionals, medical schools, and hospitals. Your reference committee concurred with this recommendation.

(22) Resolution 211 – The Integration of LGBTQ Health Topics Into Medical Education

RECOMMENDATION:

Madam Speaker, your reference committee recommends that Resolution 211 be referred for a report back.

RESOLVED, That the Texas Medical Association support the integration of LGBTQ health care topics into undergraduate and graduate medical education; and be it further

RESOLVED, That TMA work with the appropriate parties to develop best practices for the integration of LGBTQ health care education into undergraduate and graduate medical education as well as CME.

Your reference committee heard testimony both for and against this resolution. The Council on Medical Education noted that this type of education is already included in the accreditation standards for medical schools and spoke against adoption. Your reference committee believes this to be an important issue that needs further study. Therefore, your reference committee recommends referral.

(23) Resolution 212 – Improve Physician-Hospital Relations

RECOMMENDATION:

Madam Speaker, your reference committee recommends that Resolution 212 be adopted.

RESOLVED, That the Texas Medical Association study ways to protect the relationship of physicians and their patients after inpatient hospital referrals and report back to the TMA House of Delegates at its annual 2020 meeting; and be it further

RESOLVED, That TMA study ways to improve the representation of all practice types of physicians through hospital medical staff bylaws.

Your reference committee heard only supportive testimony in support of the resolution.
Resolution 213 – Complying with Value-Based Care Quality Measures for Medication Adherence

RECOMMENDATION:

Madam Speaker, your reference committee recommends that Resolution 213 be adopted.

RESOLVED, That the Texas Medical Association work with payers to identify standard methodologies that address quality measure requirements for medication adherence in response to marketplace influences beyond the physician/providers control.

Your reference committee heard favorable testimony from the author of the resolution and chair of the Council on Health Care Quality.

Respectfully submitted,

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