

EL PASO
HEALTHCARE DEMANDS:
ANALYZING NEEDS
& INFRASTRUCTURE

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El Paso Healthcare Demands
Analyzing Infrastructure & Resources

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The nation is experiencing one of the most severe medical personnel shortages due to economic contractions, budget shortfalls, and general rise in urban populations. The nation currently lacks approximately 400,000 nurses and will be short 200,000 doctors within ten years. With the ongoing efforts to provide medical insurance to every individual in the United States, and with a vast amount of baby boomers reaching retirement age, the shortage is projected to become even more severe.¹ The shortage of medical professionals, especially physicians, is seen in the Paso del Norte region.²

With the State of Texas' annual budget facing massive reductions, the availability of public insurance are on the fringe of being cut. As a significant portion of the State budget, Medicaid is most likely to be affected through reimbursement rate cuts, which would increase the financial pressure on doctors accepting Medicaid-covered patients. This will lead to doctors unable to earn a sufficient income to sustain their practices and might require them to close their practice in El Paso or limit the number Medicaid patients they see.³ The impact of a lower reimbursement rate, coupled with El Paso's doctor-to-patient ratio, which falls short of the national average, requires new ways to grapple with the region's healthcare infrastructure and physician shortage.

The healthcare-related problems El Paso is currently facing is a microcosm of the healthcare issues that the nation will inevitably have to address over the next half century. The Hispanic population in the United States is experiencing rapid growth; it is projected to grow by 188 percent by 2050. Non-Hispanic Whites will become a minority, much like El Paso's current demographics.⁴ Due to this demographic change, the nation's healthcare will begin to resemble El Paso's healthcare. El Paso can be the leader in the nation's surveyor of healthcare, if the city can meet the healthcare needs and challenges of its community today. The data in this report was collected from government databases, personal interviews, news sources and current literature regarding medical infrastructure.

Purpose

El Paso's healthcare issues affect everyone in the city, county, surrounding rural counties and people of Ciudad-Juárez. The doctor shortage in El Paso shows that current healthcare infrastructure is not meeting the demands of the community. Community Scholars has analyzed El Paso's current healthcare infrastructure in order to draw conclusions and offer recommendations as to how El Paso can better serve the community's health needs. The goal is to improve the area's healthcare infrastructure and provide more comprehensive healthcare. Addressing the lack of doctors has become imperative since the future of El Paso's health needs is on the brink.

Literature Review

There are a variety of reports that analyze and provide a comprehensive understanding behind medical shortages and other shortcomings of border region healthcare. Materials range from the healthcare workforce shortage, various healthcare shortcomings in border regions, state

¹ (Derksen & Whelan, 2009)

² (Shapleigh, 2009)

³ (Slaughter & Aun, 2011)

⁴ (U.S. Census Bureau, 2004)

healthcare spending, government grants, budget cuts and deficits, health insurance trends among minorities and an analysis of doctor location preferences.

“Closing the Health care Workforce Gap: Reforming Federal Health Care Workforce Policies to Meet the Needs of the 21st Century” by the Center for American Progress focuses on the shortage of primary care physicians and nurses in the nation. The report examines the distribution imbalance of physicians and nurses and how federal funding trends have impacted the healthcare workforce.⁵ The inequalities regarding doctor distribution is further examined in “Why Doctor’s Practice Where They Do,” released by Public Citizen.⁶

The Center for American Progress offers recommendations to help increase the number of healthcare workers, such as redirecting federal funding and creating a national workforce commission for health professionals. Initiatives like improving the team dynamic of a health care team are suggested and are only applicable after the report’s recommendations have been achieved.⁷ However, these recommendations are effective at the federal level but are not necessarily readily applicable in a low income, border community such as El Paso. The report defines the healthcare shortage as a whole, and offers insight as to why a healthcare shortage exists. Doctor and physicians shortages are not analyzed at the state, county or city level.

Public Citizen gives much insight in “Why Doctors Practice Where They Do: Quality of Life, Not Caps on Damages.” The report reviews the top 10 states for per capita number of doctors and compares the quality of life for the state.⁸ These findings may also influence the funds spent through “American Recovery and Reinvestment Act Reporting and Analysis.” This report examines government grants, including which portion goes to specific departments and agencies in Texas. It also examines which cities receive medical school funding, which shows how the largest portions of funding represent the largest cities in Texas, excluding El Paso.⁹ Although the report does not compare the quality of life and per capita number of doctors by state, the quality of life results found in “Why Doctors Practice Where They Do” relate to how funds are distributed in the State of Texas.

“State Health Care Spending” examines the State’s largest expenses, and offers a way to decrease other expenses. This report notes a total of five agencies that account for 89 percent of healthcare spending. The report investigates cost drivers among insurance, drugs, technological advances and longer-term hospitalization. Also compared are border county doctor and nurse-to-patient ratios to urban and other non-border counties. Lastly, the report provides cost-conscious recommendations by expanding Medicaid’s managed care services and reducing payments for preventable readmissions.¹⁰ The results of this report that display differences between border and non-border counties can pair with the findings of “Texas Borderlands 2009: Ground Zero in Health Care.” The reports show the impact the border has on geographically near counties in terms of healthcare and state expenses that deal with Medicaid.

⁵ (Derksen & Whelan, 2009)

⁶ (Public Citizen, 2004)

⁷ (Derksen & Whelan, 2009)

⁸ (Public Citizen, 2004)

⁹ (Legislative Budget Board, 2011)

¹⁰ (Combs, State Health Care Spending, 2011)

A report released by former Texas Senator Eliot Shapleigh (D-El Paso), “Texas Borderlands 2009: Ground Zero of Health Care in America” offers a more focused evaluation. Shapleigh addresses healthcare shortcomings in Texas border regions. The report examines the percent of those uninsured in the State of Texas compared to those that are uninsured along the border region, including a demographic profile of those who are uninsured. Shapleigh analyzes factors that contribute to the lack of insurance along the border. The report studies insurance programs that lack adequate reimbursement rates for doctors and the number of people that were left uninsured due to budget cuts. Shapleigh addressed the health issues seen in predominantly Hispanic communities, including border regions. The impacts of physician shortages that border regions experience were used to identify certain trends in a region’s healthcare. However, while the report consisted of statistics and trends, the dated information requires new examination that reflects current healthcare trends.¹¹ The analysis and the conclusion addressed the border region as a whole, not each individual county.

The City of El Paso’s Department of Public Health released a report that focuses primarily on El Paso. In “How Healthy Are We? Selected Measured for El Paso, Texas, 2008,” the City compares health-related data to other Texas counties, the State and the United States. This data reinforces Shapleigh’s findings on the types of predominant health issues in Hispanic communities. The rates of diabetes, cancer mortality, obesity, hepatitis, tuberculosis and other diseases were evaluated. The border counties analyzed, including El Paso, had the highest Hispanic population, the lowest per capita incomes, the highest percentages of people living below the poverty level and the lowest percentages of people with health insurance as compared to non-border counties.¹²

El Paso in particular had the highest per capita income of the border counties, the lowest percent of individuals living below the poverty line and has one of the highest percent insured rates. However, El Paso still falls short of the numbers that the non-border counties have presented.¹³ The patterns that El Paso exhibited in the comparison against border and non-border counties offer an idea of the types of health related problems that the region sees relative to medical, economic and infrastructure.

An explanation of the insurance rates seen in the City’s Department of Public Health is found in the Kaiser Foundation’s “How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low-Income Population.” The relationship between insurance rates and minorities, including Latinos, is analyzed. Minorities tend to not purchase health insurance due to external factors such as a lack of proficiency in English, the ability to access affordable health care and income.¹⁴ The report does not focus on individual areas that have minorities as majorities, or the trends that are exhibited there. Also, the report does not provide any recommendations as to how certain levels of government could address the lack of insurance among minorities.

The Kaiser Foundation’s report on “Medicaid and the Uninsured,” analyzes federal and state expenditures on Medicaid, including the effects of state budget cuts. The Foundation tracks

¹¹ (Shapleigh, 2009)

¹² (Hector Reyes, 2008)

¹³ (Hector Reyes, 2008)

¹⁴ (Kaiser Commission on Medicaid and the Uninsured, 2003)

the flow of funding for Medicaid from the federal to the state level and the way the funds are dispersed. The report analyzes present state-by-state information, yet it does not take into account potential state budget cuts.¹⁵ A more in depth report of this type is “State Health Care Spending,” where Texas health budget is dissected. Both reports compare Medicaid users and their influence on state budgets.

Community Scholars will examine critical budget cuts and expenses discussed in the “State Health Care Spending” report in order to assess the impact on the borderland’s healthcare.¹⁶ The grants discussed have been examined in the “American Recovery and Reinvestment Act Reporting and Analysis” report by understanding where the grants go and how many students remain in the city after accepting the state awards. El Paso is one of the largest cities in Texas, yet the funds allocated do not represent this fact.¹⁷ All of the reports mentioned above have provided initial research and structure into investigating the healthcare shortage in El Paso. Below in the methodology, Community Scholars has collected its own data to show how the information gathered in the reports pertains specifically to El Paso.

Methodology

In order for Community Scholars to draw the most accurate conclusions and provide the most effective recommendations, the report has been broken down into various sections. First, understanding El Paso’s demographics allowed Community Scholars to establish the types of people and common health problems that El Paso doctors typically treat, as well as the types of insurance that El Paso has. Second, the counties that El Paso is compared to were selected due to their geographic position, such as counties along the border, Hispanic population and population size. Since states’ healthcare policies vary, El Paso will be compared to other Texas counties and cities with statistical criteria similar to El Paso. Community Scholars utilized the same border counties analyzed in the “How Healthy Are We?” report to examine El Paso’s insurance in comparison to other Texas counties.

Moreover, Community Scholars studied the doctor to patient ratios and nurse to patient ratios are analyzed to provide the community with the severity of the shortcoming of El Paso’s healthcare, especially when compared to other cities. Budget cuts and the potential impacts on El Paso’s healthcare are addressed, as well as the different types of institutions in El Paso and the effectiveness of their current recruitment efforts that retain doctors in the area. In the section “El Paso Physician Analysis”, the physician shortage is analyzed. In order for Community Scholars to conduct this analysis, a number called the “seven county average” was used from the report “El Paso Regional Growth Management Plan.” The ratio of population to the number of physicians was taken from seven counties and then averaged. This average provides the standard for the comparison of physician to patient ratios.

¹⁵ (Kaiser Family Foundation, 2011)

¹⁶ (Combs, 2011)

¹⁷ (Legislative Budget Board, 2011)

Demographics of El Paso and Related Health Issues

According to the 2010 U.S. Census, 16 percent of the nation's population is Hispanic.¹⁸ In El Paso County, 82.2 percent of the population is Hispanic.¹⁹ Since El Paso has a higher Hispanic population, the City experiences more health problems associated with a largely Hispanic community compared to other cities.

Diabetes and Obesity in The Border Region Type 2 diabetes and obesity are especially prominent in Hispanic communities. Rates of those diagnosed with type 2 diabetes are 1.7 times higher in Hispanics than of non-Hispanic white Americans, and are additionally more likely to have a secondary disease. Having either of the health conditions make the affected individual more prone to other health conditions such as:

- Type 2 diabetes (obesity related)
- Renal disease (type 2 diabetes related)
- High blood pressure (obesity related)
- Breathing problems (obesity related)
- Heart disease (obesity related)²⁰

These diseases prove to be costly, both in treatments and preventions. In 2005, the City of El Paso spent \$30M on diabetes related costs alone. In 2007, El Paso saw a sharp increase as the City spent \$515M for diabetes related care. This increase of funding is contributed to the increase of type 2 diabetes and the growth in population that requires higher medical care costs for more people with type 2 diabetes.²¹ The privately funded Paso Del Norte Health Foundation (PDNHF) has also funded many programs in El Paso that are designed to prevent diabetes and obesity. From 2009 to 2012, the PDNHF has granted over \$2M to the El Paso Independent School District's "Get Health Initiative Program Now," which was designed to decrease childhood obesity. Also, the foundation has granted over \$800K from 2009 to 2011 to the YWCA El Paso Del Norte Region's "YW Zones" project, which was also designed to prevent childhood diabetes and obesity.²²

In addition, the rate of diabetes is projected to rise significantly. Half of the nation's population is predicted to have diabetes or a secondary health condition by 2020.²³ In Texas, the number of adults with diabetes will quadruple by 2040.²⁴ El Paso will be impacted severely by these rising border health issues.²⁵ These projected increases will occur as primarily Hispanic populations increase, since Hispanics are more prone to having diabetes than non Hispanics.²⁶

El Paso's Insured Compared to Texas and the nation, 67 percent of El Pasoans are insured, which is the lowest insured rate when compared to other Texas counties not along the U.S.-Mexico

¹⁸ (U.S Census Bureau, 2011)

¹⁹ (U.S. Census Bureau, 2011)

²⁰ (Shapleigh, 2009)

²¹ (Shapleigh, 2009)

²² (Paso Del Norte Health Foundation, 2008)

²³ (Roberts, 2010)

²⁴ (Texas Hospital Association, 2010)

²⁵ (Johnson, 2009)

²⁶ (Roberts, 2010)

border.²⁷ The numbers were calculated by taking the percent uninsured in each county and subtracting it from 100 to calculate the percent insured.

Table 1: Percent Insured in Border Counties 2010

County	Major City	Percent Insured
El Paso	El Paso	67.0%
Cameron	Brownsville	66.3%
Hidalgo	McAllen	68.5%
Starr	Rio Grande City	72.2%
Webb	Laredo	61.3%
Texas		73.2%
United States		83.3%

Source: U.S. Census Bureau

All of the border counties had over 60 percent of their population are insured. Starr County had the highest insured rate—72 percent. Hidalgo had the second highest insured population at 68.5 percent. Webb had the lowest percent insured at 61.3 percent. All of the border counties fall below both the Texas average and United State’s average percent insured.

In the following table, El Paso is compared to non-border counties in Texas. El Paso’s growth rate of 69.7 percent from the year 2000 puts El Paso’s population in the millions by 2040.²⁸ Due to this fact, by comparing El Paso to large non-border counties, Community Scholars can calculate where insured populations currently stand.

Table 2: Percent Insured in Non-border Counties 2010

County	Major City	Percent Insured
El Paso	El Paso	67.0%
Bexar	San Antonio	77.2%
Dallas	Dallas	69.2%
Harris	Houston	68.7%
Tarrant	Fort Worth	74.0%
Travis	Austin	75.0%
Texas		73.2%
United States		83.3%

Source: U.S. Census Bureau

El Paso had the lowest percent insured. Of the non-border counties, Harris County was at the bottom of the list at 68.7 percent. Travis County had the highest percent insured at approximately 75 percent. Bexar, Tarrant and Travis Counties exceed the Texas percent insured. Dallas and Harris Counties fall below the Texas percent insured, but are still higher than El Paso’s percent insured. Texas also fell below the United States percent insured.

²⁷ (U.S. Census Bureau, 2010)

²⁸ (El Paso REDCo, 2010)

Texas has a high number of people that currently do not have health insurance.²⁹ The numbers of those without insurance is typically worse amongst regions with a large Hispanic population.³⁰

Table 3: Percent Uninsured in Border Counties 2010

County	Major City	Percent Hispanic	Percent Uninsured
El Paso	El Paso	82.2%	33.0%
Cameron	Brownsville	88.1%	33.7%
Hidalgo	McAllen	90.6%	31.5%
Starr	Rio Grande City	95.7%	27.8%
Webb	Laredo	95.7%	38.7%
Texas		37.6%	26.8%
United States		16.3%	16.7%

Source: U.S. Census Bureau

Webb County had the highest percent of its population without insurance at 38.7 percent, and also had one of the highest Hispanic populations. El Paso County and Cameron County had approximately the same percent uninsured, with Cameron being slightly higher. El Paso has smaller Hispanic population than Cameron County. Cameron's and Webb's percent uninsured are almost double that of the nation's percent. Starr County had the lowest uninsured population at 27.8 percent. All of the border counties do not fall below Texas' or the nation's uninsured percentage.

In the table below, El Paso County's annual per capita income is compared to other counties within Texas. This is to provide a better understanding of the economic status of each county. Counties that have lower per capita incomes have tendency to have a larger uninsured population. Border counties are labeled below.

Table 4: Per Capita Income in Texas Counties 2010

County	Major City	Per Capita Income
El Paso (B)	El Paso	\$16,285
Bexar	San Antonio	\$22,557
Cameron (B)	Brownsville	\$13,474
Dallas	Dallas	\$25,703
Harris	Houston	\$26,498
Hidalgo (B)	McAllen	\$13,130
Starr (B)	Rio Grande City	\$9,717
Tarrant	Fort Worth	\$26,957
Travis	Austin	\$31,758
Webb (B)	Laredo	\$13,617
Texas		\$24,318
United States		\$27,041

Source: U.S. Census Bureau
(B) Denotes Border County

²⁹ (Texas Hospital Association, 2010)

³⁰ (Shapleigh, 2009)

In 2010, El Paso’s annual per capita income was \$16,285, which was significantly lower than Bexar County’s \$22,557 per capita income and Dallas County’s \$25,703 per capita income. El Paso had the highest per capita income of the border counties, but all border counties failed to exceed a \$17K per capita income. The non-border counties easily exceed \$20K annually. Bexar County had the lowest per capita income of the non-border counties, and was the only non-border county to fall below Texas’ per capita income.

This shows that El Paso’s income is attributed to low wage job environment. One factor that affects low insured percentages are low wage employers that do not offer complete or any insurance for their employees. Low wage earners receive no type of health insurance or receive only partial coverage that does not extend to spouses or dependents. Additionally, since the majority of employment is low wage, the employees are unable to afford the costs of private insurance.³¹

In addition, doctors that work in the border regions tend to receive low reimbursement rates from insurance companies. As a result, cost of doctor services increase, which in turn encourages insurance companies to increase their premiums. With the high hospitalization costs, high doctor costs and high premiums, the cost of insurance increases. Lack of education and language barriers contribute to border families being unfamiliar with insurance policies. All of these factors prevent Hispanic border communities from purchasing any type of insurance and can help explain the high percentage of uninsured population.³²

Table 5: Percent Uninsured in Non-border Counties 2010

County	Major City	Percent Hispanic	Percent Uninsured
El Paso	El Paso	82.2%	33.0%
Bexar	San Antonio	58.7%	22.8%
Dallas	Dallas	38.3%	30.8%
Harris	Houston	40.8%	31.3%
Tarrant	Fort Worth	26.7%	26.0%
Travis	Austin	33.5%	25.0%
Texas		37.6%	26.8%
United States		16.3%	16.7%

Source: U.S. Census Bureau

Bexar County had the lowest percent of uninsured at 22.8. Of the non-border counties, Harris County had the highest percent of uninsured—at 31.3 percent. Dallas had the second highest at 30.8 percent. Bexar, Tarrant and Travis all fall below the Texas percentage. Tarrant and Travis have the two lowest uninsured percentages, as well as the lowest Hispanic population. All of the non-border counties, and Texas, exceed the nation’s uninsured percentage rate. As documented in the previous table, El Paso had the highest percent uninsured on the table, as well as the highest Hispanic population.

Medicaid, Medicare and CHIP are considered to be public insurances. Nineteen percent of El Pasoans were receiving Medicaid, three percent were receiving CHIP and 11.1 percent were

³¹ (Shapleigh, 2009)

³² (Shapleigh, 2009)

receiving Medicare.³³ In the tables below, El Paso’s public insurance population is compared to both border and non-border public insurance populations in Texas. The percent enrolled in each public insurance policy was calculated by taking a county’s total number of individuals enrolled, dividing it by the county’s total population and then multiplying the quotient by 100 to receive a percent. The same applies for the Texas and U.S. Medicaid enrollment percent. All the populations are from 2010 U.S. Census Bureau data.

The Medicare population consists of individuals receiving Hospital Insurance (HI), also called Part A, individuals receiving Supplementary Medical Insurance (SMI), which is Part B and individuals that are receiving both. HI provides hospital insurance to those who are qualified for Social Security and is available to those who are disabled and have been receiving Social Security for two or more years. SMI or Part B provides physician services and extends to the dependents of the insurance holder.³⁴

Table 6: Public Insurance Rates in Border Counties

County	Major City	Medicaid	CHIP	Medicare
El Paso	El Paso	19.4%	3.0%	11.1%
Cameron	Brownsville	26.5%	3.0%	10.5%
Hidalgo	McAllen	28.3%	3.1%	8.6%
Starr	Rio Grande City	37.9%	4.1%	11.4%
Webb	Laredo	26.4%	3.0%	8.4%
Texas		13.8%	2.1%	10.7%
United States		18.8%	2.5%	14.3%

Source: U.S Census Bureau, Texas Health and Human Services Commission, Kaiser Foundation

El Paso had the lowest percent of its population enrolled in Medicaid of the border counties studied. Starr had the highest percentage with 37.9 percent. Hidalgo also had a relatively high enrollment at 28.3 percent. Cameron had 26.5 percent of its population receiving Medicaid and Webb had 26.4 percent. All of the border counties exceed both the Texas and the United States’ Medicaid enrollment percentages.

Compared to the other counties, Webb had the lowest insured rate at 2.99 percent. Following Webb, El Paso, Cameron and Hidalgo have the lowest percentages. Starr County had the highest percent enrolled at 4.07 percent. All of the border counties exceed Texas’ percent enrolled and the United States’ percent enrolled.

Webb County has the lowest percent of its population enrolled in Medicare at 8.4 percent. Starr County has the highest percent of its population enrolled in Medicare at 11.4 percent. Cameron, Starr and Webb County fall below the Texas percent enrolled in Medicare. El Paso and Starr County exceed the Texas percent enrolled in Medicare. However, all border counties fall below the United States’ percent enrolled in Medicare.

In the next table, El Paso is compared to non-border counties. This data was collected using the same method used for the previous table. The table demonstrates how El Paso compares to other largely populated Texas counties.

³³ (Texas Health and Human Services Commission, 2010)

³⁴ (U.S Department of Health and Human Services, No Date)

Table 7: Public Insurance Rates in Non-Border Counties

County	Major City	Medicaid	CHIP	Medicare
El Paso	El Paso	19.4%	3.0%	11.1%
Bexar	San Antonio	15.1%	2.2%	11.1%
Dallas	Dallas	15.5%	2.5%	9.4%
Harris	Houston	14.3%	2.6%	8.2%
Tarrant	Fort Worth	11.3%	2.1%	9.0%
Travis	Austin	11.1%	1.5%	7.4%
Texas		13.8%	2.1%	10.7%
United States		18.8%	2.5%	14.3%

Source: U.S. Census Bureau, Texas Health and Human Services Commission, Kaiser Foundation

El Paso has the highest percent of its population on Medicaid. Travis County has the lowest Medicaid population, with only 11.1 percent enrolled. Tarrant was the second lowest with 11.3 percent. Dallas and Bexar have similar percentages (around 15 percent each), and Harris has an enrollment of 14.3 percent. Only Tarrant and Travis fall below the Texas percentage enrolled. However, all the non-border counties fell below the United States percent enrolled. El Paso is the only county on the table that exceeds both.

Compared to non-border counties, El Paso had the highest percent of its population enrolled in CHIP. Harris County had the second highest percent and Dallas County had the third highest and matched the United States' percent enrolled. Travis County had the lowest percent enrolled at 1.5 percent. Tarrant was the second lowest with 2.1 percent enrolled. Most of the non-border counties exceeded the Texas percent enrolled, but Tarrant matched Texas' percent enrolled and Travis was the only one to fall below. Only Travis and Tarrant were below the United States' CHIP enrollment percentage.

El Paso and Bexar Counties had the highest percent enrolled in Medicare at 11.1 percent. Travis County had the lowest percent enrolled at 7.4 percent. Dallas, Harris, Tarrant and Travis Counties fell below the Texas and United States Medicare population percentage. El Paso and Bexar both exceeded Texas' Medicare percent, but stayed below the United States' Medicare percent.

None of the Texas counties analyzed in either of the tables above exceed the United State's percent enrolled in Medicaid, because none of the Texas counties match or exceed the United States' percent of individuals that are 65 years of age or over.³⁵ This means that the populations of Texas' counties have a lower percent of older citizens that meet the age qualification to enroll in Medicare.

El Paso has 28,794 of its citizens covered by TriCare. This amounts to 3.6 percent of the county's population.³⁶ The presence of Fort Bliss directly influences El Paso County's Tricare population creating uneven distribution of individuals on Tricare as compared to other Texas counties without a military base. Therefore, there is not an accurate basis for comparison.

³⁵ (U.S. Census Bureau, 2010)

³⁶ (Tricare Operations Center, 2011)

Physician to Patient Ratios

In 2005, El Paso had a doctor-patient ratio of 126 physicians for every 100,000 people, meaning there were 1.26 physicians for every 1,000 people.³⁷ In 2009, Texas was ranked 42nd for patient-to-doctor ratios with 202.3 active physicians per 100,000 people. Based on those comparisons, El Paso's ratios are some of the lowest in the nation.³⁸ From a global perspective, El Paso's doctor to patient ratio is similar to that of Panama or Syria.³⁹ This means El Paso has the same doctor to patient ratio of a developing country.⁴⁰

Table 8: Doctors for 100,000 People 2009

Area	Doctors for 100,000 people
United States	255.8
Texas	202.3
El Paso	141.6

Source: Association of American Medical Colleges; Texas Medical Board

Compared to the rest of the nation and Texas, El Paso lags behind in the amount of doctors per 100,000 people. Although the ratio for El Paso has increased since 2005, it still is 104 doctors short of being equivalent to the nation.

To select and analyze counties similar to El Paso, the county must be of similar population size, proximity to a national border and demographic make-up. The table below uses the population and amount of doctors and nurses to get two separate ratios of doctor and nurse numbers to patient population. Counties marked with a (B) are U.S.-Mexico border counties. This table differs from the one above because it shows the number of patients per doctor rather than the number of doctors per 100,000 people. The number of nurses is also included below, a category not considered for the above chart.

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³⁷ (Increasing physician/patient ratio in the region, 2008)

³⁸ (Association of American Medical Colleges, 2011)

³⁹ (Jacobs, 2007)

⁴⁰ (American Mathematical Society, 2010)

Table 9: Amount of Doctors and Nurses per County

County	Amount of Nurses	Amount of Doctors	Population	Ratio of Doctors to people	Ratio of doctors and nurses to people
Bexar	5,819	4,793	1,714,773	1:358	1:162
Cameron (B)	1,267	519	406,220	1:783	1:227
Dallas	3,757	7,500	2,368,139	1:316	1:210
El Paso (B)	1,296	1,151	800,647	1:696	1:327
Hidalgo (B)	1,907	837	774,769	1:926	1:279
Tarrant	3,683	3,496	1,809,034	1:517	1:251
Webb (B)	386	208	250,304	1:1,203	1:421

Source: Texas Board of Nursing; U.S. Census Bureau; Texas Medical Board
 (B) Denotes Border County

El Paso’s doctor to patient ratio is higher than Webb and Hidalgo, however, El Paso’s ratio is lower than the national ratio of one doctor for every 391 patients.⁴¹ As a result, El Paso has a burden of 305 extra patients for every doctor. El Paso has one nurse or doctor for every 327 people, while all other counties, except Webb, have ratios well under 300 patients per doctor or nurse. All the border counties (labeled with a B on the table) have much higher doctor to patient ratios and doctor/nurse to patient ratios than other counties located in the core of Texas. The doctor to patient ratios of Hidalgo, Webb, El Paso and Cameron are all above 650 patients for each doctor. The border county with the best ratio is Cameron, containing almost as many nurses as El Paso, with half the population.

Community Scholars separated the number of doctors that are considered primary care physicians from those that specialize in specialized fields. Those in primary care are able to provide health care services to those with acute or chronic illness. Primary care in the table below includes family doctors, general internal medicine, obstetricians, gynecologists, family medicine and general practitioners. Primary care represents the first point of contact between a person and the health care system.⁴² Primary care providers are those practitioners, physicians or other health-care professionals, who are patients’ first contact with the health-care system and who may recommend a specialist, if necessary. The table below shows the number of patients per number of doctors in ratio form.

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⁴¹ (Association of American Medical Colleges, 2011)

⁴² (State of New Jersey Department of Health and Senior Services, 2011)

Table 10: Primary Care Doctors to Patient Ratio by County

County	Primary Care Doctors	Patient Load Per One Primary Care Doctor
Bexar	1,687	1,016
Cameron (B)	240	1,693
Dallas	2,618	905
El Paso (B)	490	1,634
Hidalgo (B)	395	1,961
Tarrant	1,490	1,214
Webb (B)	97	2,580

Source: Texas Medical Board; U.S. Census Bureau

Although El Paso does not have the highest patient load per primary care doctor, the number of foreign, non-El Paso-citizen patients are not included. Dallas County holds the highest number of primary care doctors, followed by Bexar and Tarrant; neither of these counties are located near the United States-Mexico border. According to the table, El Paso has the best patient load per primary care doctor of all border counties. Non-border counties have patient loads per primary care doctor that are near or better than the state average. Texas has an average of 1,053 patients per primary care doctor.⁴³ All border counties have patient loads that are well above this number, resulting in less access to care for these counties. El Paso has a patient load per primary care doctor that is 581 patients higher than the state average.

El Paso Physicians Analysis

Learning Spanish is required for medical students that attend the Paul L. Foster School of Medicine.⁴⁴ El Paso is a community where both English and Spanish are predominant languages. According to the 2010 U.S Census, 74.9 percent of El Pasoans do not speak English at home. El Paso has 696 patients per doctor, which is high compared to other counties. These other counties also have lower percentages of people that do not speak English at home. The data suggests that a correlation exists between the percentage of individuals who speak a foreign language at home and the number of patients per doctors.

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⁴³ (Texas Hospital Association, 2010)

⁴⁴ (Schydlower, 2011)

Table 11: Foreign Language Spoken at Home V.S. Doctor to Patient Ratio 2010

County	Major City	Percent Foreign Language	Patients per Doctor
El Paso (B)	El Paso	74.9%	696
Bexar	San Antonio	43.0%	358
Cameron (B)	Brownsville	72.8%	783
Dallas	Dallas	39.3%	316
Harris	Houston	40.7%	368
Hidalgo (B)	McAllen	83.3%	926
Starr (B)	Rio Grande City	96.0%	2,903
Tarrant	Fort Worth	26.4%	517
Travis	Austin	31.9%	350
Webb (B)	Laredo	92.1%	1,203
Texas		33.6%	494
United States		19.6%	391

Source: U.S. Census Bureau; Texas Medical Board
 (B) Denotes Border County

Ninety-six percent of Starr County residents speak a foreign language at home; Starr also has the highest number of patients per doctor at 2,903. Webb County had the second highest percent of those who speak a foreign language at home and the second highest number of patients per doctor. Travis County and Dallas County had the lowest percent of people who speak a foreign language at home and the lowest number of patients per physician. The border counties have the largest percent of their population speaking a foreign language at home and the highest number of patients per doctors. The non-border counties have a significantly smaller percent of their population speaking a foreign language at home and the lowest number of patients per doctor.

Physician Shortage In El Paso’s Regional Growth Management plan, El Paso was compared to seven other Texas counties. These seven other Texas counties were averaged together to provide the standard that El Paso should maintain. The seven Texas counties were: Bexar, Dallas, Harris, Lubbock, Nueces, Tarrant and Travis. The seven county averaged 260 direct patient care physicians per 100,000 people, while El Paso only had 138 of these doctors for every 100,000 people. As a result, El Paso lags behind the rest of Texas by over 100 physicians per 100,000 or 1 physician for every 1,000 El Paso citizens.⁴⁵

Community Scholars used data to identify just how many doctors the city currently has in order to determine the shortage gap. The May 2011 physician to patient ratio was established for the average of the same seven counties used above. Next, the average was compared to the physician to patient ratio of El Paso. The numbers show El Paso has a physician deficit of 950 doctors.

⁴⁵ (City Of El Paso, 2009)

Table 12: Doctor Patient Standard in Texas 2011

County	Patients per Doctor	Population	Doctor Population
El Paso	696	800,647	1,151
Seven County Average	381	1,661,104	4,496

Source: Texas Medical Board; U.S. Census Bureau

Texas Budget

The State budget consists of many agencies, of which funds are dispersed and may be matched by federal money. Nearly one of every two federal dollars Texas receives is spent by the Texas Health and Human Services Commission.

Table 13: Federal Income and Health Expenditures

Year	Federal Income	Health and Human Services Commission Funds from Federal Income	Total State Health Expenditure
2006	\$ 24.7B	\$ 12.8B	\$15.5B
2007	\$ 24.4B	\$ 14.0B	\$16.8B
2008	\$ 26.2B	\$ 14.9B	\$17.8B
2009	\$ 30.9B	\$ 18.0B	\$21B
2010	\$ 36.9B	\$ 20.8B	\$24B

Source: State of Texas Comptroller's Office

The state's special revenue funds, which are funds that consist of constitutional and pledged funds, have increased by 2.1 percent, from 2009 to 2010. According to the State of Texas Annual Cash Report 2010, the largest spending increase was in the Health and Human Services Commission, which grew by \$2.8B to a total of \$36.3B. Much of the 8.4 percent increase is attributed to Medicaid.⁴⁶ The total amount of money spent on Health and Human Services for the state has steadily increased. The federal matching rate has increased substantially from 2009 to 2010. The amount of federal income appropriated into the Health and Human Services Commission has nearly doubled from 2006 to 2010.

In 2009, Medicaid and CHIP accounted for 67.7 percent of the total health budget. For Medicaid, the average monthly cost placed on the state per long term member was \$519. A majority of Medicaid expenses go to Aged and Disability related patients, who account for 58 percent of total Medicaid expenses.⁴⁷ Medicaid and Medicare, in 2009 accounted for 54 percent of all patient charges in Texas hospitals. The average reimbursement rate for Texas is 60 percent. This means for over half of the charges a hospital has, only 60 percent is compensated. The gap of unpaid costs hospitals have for caring for Medicaid and charity care patients has risen dramatically. In 2009, \$4.5B in uncompensated care was delivered by Texas hospitals.

The Medicaid caseload is expected to increase by more than a third between 2008 and 2011. The Legislative Budget Board (LBB) has recommended how many beneficiaries there should be. For the year of 2011, the 2009 LBB recommended that there be 3,168,320 people enrolled in Medicaid, however the estimates show a predicted 3,732,835 beneficiaries enrolled.

⁴⁶ (Combs, 2010)

⁴⁷ (Combs, State Health Care Spending, 2011)

This means that there was an 18 percent budget shortfall predicted for the year. There will not be enough funding to sustain the actual Medicaid population based on LBB estimates.⁴⁸

State Budget Cuts and the Local Impacts

Every year when the federal government allocates Medicaid funding to the states, the funds are determined by the Federal Medical Assistance Percentage (FMAP). FMAP compares the average per capita income with the national average. States with lower per capita incomes receive more funding. Texas usually averages around 60 percent each year; meaning Texas has a large population that is lower than the average per capita income.⁴⁹

Texas Budget Cuts and Possible Alternatives The 2012-2013 State budget is \$31.1B smaller than the 2011-2012 budget. The total budget cut for Health and Human Services Commission is projected to be \$16.1B, which is approximately a 24.6 percent decrease in funds.⁵⁰ If the State's budget cuts deeply affect Medicaid, the results will greatly affect El Paso--the population of people under 18 in El Paso is 31.4 percent, most of who are on Medicaid.⁵¹

Reimbursement Rates Current state-wide Medicaid reimbursement rates average around 50 percent. This means a doctor, who accepts Medicaid and performs a 100 dollar medical procedure or check up, will receive 50 dollars in reimbursement.⁵² However, Medicaid reimbursement rates depend on the geographic location of a county. The county can be classified as rural or urban. Urban counties receive higher reimbursement rates averaging 50 to 60 percent, while rural counties are reimbursed lower at 30 to 40 percent. El Paso is considered rural, so El Paso's Medicaid reimbursement is lower than Dallas', Houston's and Austin's reimbursement rates.⁵³ Thus, a doctor in El Paso who performs a 100 dollar procedure will receive 30 to 40 dollars in reimbursement.

Alternative Budget Cuts There have been suggestions made by the State Legislature to reduce Medicaid reimbursements by 10 percent, but the reduction is not going into effect for all providers. Had the reduction been approved for physicians, the impacts on El Paso's doctors would have been significant. According to Dr. Jose Aun, removing an extra 10 percent could lead doctors to quit accepting Medicaid.⁵⁴ If patients lose their doctors, and if fewer doctors accept Medicaid patients, this would leave fewer options to those enrolled in Medicaid.⁵⁵ There would be an increase in the doctor patient ratio for those who continue to accept Medicaid.⁵⁶ Emergency rooms would begin to get an influx of patients, because it would be one of the few places Medicaid enrollees can go to for health care. El Paso's wait time in emergency rooms would increase because of the higher patient volume.⁵⁷

⁴⁸ (Texas Hospital Association, 2010)

⁴⁹ (Texas Hospital Association, 2010)

⁵⁰ (Texas Tribune Staff, 2011)

⁵¹ (U.S. Census Bureau, 2009)

⁵² (Texas Hospital Association, 2010)

⁵³ (Slaughter & Aun, 2011)

⁵⁴ (Aun, 2011)

⁵⁵ (Luna, 2011)

⁵⁶ (Arsenault, 2011)

⁵⁷ (Luna, 2011)

A new option at the Federal level being mentioned is the “Ryan Plan.” It is a solution to high Medicaid expenses proposed by House Budget Committee Chairman Paul Ryan (R-Wis.). The plan is to give every state a set amount of money every year. This would reduce the federal burden, but could hurt states during recessions and when Medicaid demand increases. This proposal could save the State of Texas \$50B over the next 10 years. Had the plan been implemented in 2000, the State would have had its’ expenses reduced by \$4.6B.⁵⁸

University Medical Center Budget cuts are expected to take away as much as \$25M from the University Medical Center in 2012 and 2013. This is partly due to the lower 10 percent reimbursement rate. The center has 2,200 associates, and as the city is already experiencing a doctor shortage, this could lead to a further shortage if the UMC is not able to sustain the impact.⁵⁹

Paul L. Foster School of Medicine In addition to the Medicaid cuts, the Paul L. Foster School of Medicine will undergo a \$4M funding cut. Medical schools are dependent on State funding to operate, as well as to continue being economic drivers for the their cities.⁶⁰ Dr. Manuel Schydlower, the Associate Academic Dean for Admissions at the Texas Tech University Health Sciences Center Paul L. Foster School of Medicine said, “no present curtailment of funding [would] interfere with education of current medical students.” However, the state budget cuts made to the school could affect preserving the present number of Graduate Medical Education (GME) slots.⁶¹

El Paso Psychiatric Center Aside from State cuts on primary care, El Paso’s mental health services may suffer budget cuts as well. Currently, El Paso’s mental health services remain limited and any possible budget cuts may lead to over-crowding at centers and longer waiting lists.⁶² In 2011, The El Paso Psychiatric Center had 74 beds, holding an average of 70 patients at a time. The average patient stay was 28 days and cost an average of \$12,947. As the only state run mental hospital located in far West Texas that serves the El Paso area, the cuts will affect El Paso County’s psychiatric hospital needs.⁶³ The cuts will greatly affect El Paso County, as well as surrounding counties.

Recruiting Doctors to Texas

One of the reasons Texas had a low doctor patient ratio was due to the high number of patients filing lawsuits against physicians. Prior to the 2003 Texas tort reform, one in four Texas doctors was sued. The percent of those who sued and awarded claim damages nearly doubled 35.7 percent in 1989 to 65.6 percent in 1999. The individuals who filed lawsuits against doctors were awarded an average of over \$2M in 1999. This led 13 of the 17 medical insurance carriers in Texas to pull out of the State.⁶⁴

⁵⁸ (Jacob, 2011)

⁵⁹ (Luna, 2011)

⁶⁰ (Bureau & Torreas, 2011)

⁶¹ (Schydlower, 2011)

⁶² (Arsenault, 2011)

⁶³ (Legislative Budget Board Staff, 2011)

⁶⁴ (Peacock & Thornley, 2008)

In May 2003, Proposition 12 under tort reform established a \$750,000 cap on lawsuit judgments for non-economic damages such as pain and suffering. The HB 4 tort reform bill put limits on noneconomic damages, product liability reform, punitive damages and class action reform.⁶⁵ Since tort reform, there has been a decrease in Texas Medical Liability Trust insurance rates for all specialties. A Texas Medical Association survey of 1,391 doctors revealed that 90 percent feel more comfortable practicing medicine because of the new medical liability laws.⁶⁶ The tort reform helped El Paso's doctor population to increase by 14.6 percent from May 2003 to September 2008.⁶⁷

High-risk patients could become a disincentive for prospective physicians due to the high risk in liability resulting in malpractice lawsuits.⁶⁸ High-risk patients are categorized by individuals that are highly susceptible to diseases or infections.⁶⁹

In 2009 Texas implemented Senate Bill 476, to retain nurses, and provide better patient care. The Senate deems that there should be a nurse committee, and every hospital should have a guideline set by the committee as to how many nurses the hospital needs. It is designed to prevent retaliation from other nurses, and to gain input from all members. The nurse minimum requirements must be set by multiple nurses and patients. The committee is also responsible for making a staffing plan to accommodate patient needs for each patient care unit.⁷⁰

Current Efforts to Combat Infrastructure Shortcomings

In order to recruit and keep doctors practicing in the area, there are many programs in place. However, many of these programs are implemented through the city's individual hospitals and private foundations, and are left to their discretion. Currently, there are no recruitment programs implemented by the City, but instead there are initiatives to make El Paso a more appealing place to live, thus encouraging doctors to stay and live in the area as a result.

Paul L. Foster School of Medicine There are certain economic drivers in El Paso that encourage medical professionals to relocate to the area and contribute to recruitment efforts. One economic driver that greatly benefits current recruitment efforts is the Paul L. Foster School of Medicine. The medical school opened in 2009 and is the only four year medical school in the border region.⁷¹ The local economy is expected to have a \$1.31B improvement because of the medical school.⁷² For the first class of the medical school, there were over 2,500 applications competing for the 40 available spots.⁷³ Thirty-eight of the students accepted were from Texas and seven of those Texas students were from El Paso.⁷⁴

Throughout students' four years at the school, they are taught both conversational and medical Spanish. Many other medical schools offer Spanish instruction due to the changing

⁶⁵ (American Tort Reform Association, 2007)

⁶⁶ (El Paso Times, 2008)

⁶⁷ (Peacock & Thornley, 2008)

⁶⁸ (El Paso Times, 2008)

⁶⁹ (Medical-Glossary.com, 2011)

⁷⁰ (Texas Legislature Online, 2009)

⁷¹ (Texas Tech University Health Sciences Center, 2011)

⁷² (University Medical Center Foundation, 2009)

⁷³ (Ruley & Williams, 2009)

⁷⁴ (El Paso Inc., 2009)

demographics of the country. Students also interact with patients early on, from the first month they start in the medical school. Due to this early exposure, students grow accustomed to working and learning in the community. This encourages students to try and complete their graduate medical education (GME), also known as their residency, in El Paso or return to the area after they have completed their residency elsewhere.⁷⁵

The Paul L. Foster School of Medicine collaborates with the University Medical Center. The UMC is El Paso's teaching hospital and is the teaching hospital for the School of Medicine. Texas Tech offers residency slots in ten different areas:

- Obstetrics and Gynecology
- Anesthesia
- Family Practice
- Internal Medicine
- Emergency Medicine
- Pediatrics
- Psychiatry
- General Surgery
- Orthopedics
- Radiology⁷⁶

Currently, recruitment efforts include sending a representative to various universities and colleges across Texas to inform pre-med undergraduates about the opportunities that are available at the Paul L. Foster School of Medicine. Due to the recent 2,700 applications competing for the 80 spots in the third entering class at the school, the recruitment efforts are considered successful. Five of the accepted students are from El Paso.⁷⁷

The medical school also has additional programs in place for pre-medical students at the University of Texas at El Paso (UTEP), as well as high school students in El Paso. Representatives from the medical school often visit public and private elementary, middle and high schools in the area.⁷⁸ The idea is to promote education attainment in the community and helps students understand that attending medical school is an obtainable goal. They hope to develop future applicants to the medical school who may become the future doctors for the area.⁷⁹ These programs are a local pipeline for possible future admission to the school that familiarizes students in the region with an opportunity in medical education.⁸⁰

However, the medical school is still very young and has not yet graduated its first class of doctors.⁸¹ Numerical data on how many students choose to later practice in the area after completing their GME will not be available until after the first class graduates in 2013 and have completed their additional residencies. Trends cannot be predicted or observed until more classes have graduated and completed their residencies, which is still years away. The programs that the

⁷⁵ (Schydlower, 2011)

⁷⁶ (University Medical Center Foundation, 2009)

⁷⁷ (Schydlower, 2011)

⁷⁸ (Schydlower, 2011)

⁷⁹ (Andre, 2011)

⁸⁰ (Schydlower, 2011)

⁸¹ (Schydlower, 2011)

medical school has in place to educate and encourage students to apply to the medical school are still too new for their impacts and effectiveness to be measured.

University of Texas at El Paso In 2011, UTEP opened the newly completed Health Sciences and School of Nursing Building as part of the University's broad Tier 1 campaign. The building was constructed to accommodate the rising growth of nursing and health science students. There are about 550 undergraduate nursing students and 500 pre-nursing students, which totals over 1000 students in nursing. The building is designed to be innovative and house advanced teaching technologies for upcoming nursing students. There is a stimulation lab on the first floor with 52 beds. This is where the students will learn how to deliver basic patient care before they practice out in the community. The lab is also open to other community healthcare professionals who wish to improve their skills.⁸²

The School of Nursing graduates, on average, 350 students a year. Students typically are hired after graduation. Of the students that graduate, 70 percent stay in Texas and 60 percent stay in El Paso.⁸³ This means that El Paso can expect to have 210 new nurses with every graduating class. The deans from the College often meet with the C.E.O's and Chief Nursing Officers from local hospitals to encourage the hospitals to recruit and retain UTEP graduates. Nursing students from UTEP rotate at the different hospitals and allows the students to be taught according to the hospital's needs. Students are encouraged to pursue a Master's degree and become nurse practitioners.⁸⁴

In the fall of 2011, the School of Nursing will offer a doctorate of nursing practice. This program will allow nurses to receive the title of doctor and is projected to change the delivery of health care in the region. The purpose is to increase nursing education and have the graduating students provide the best nursing care. The seven semester course is completed online and meets once a month. There will be an initial cohort of eight students. Every year, the number of students accepted into the program will increase by two. For the second year, ten students will be accepted and in the third year, twelve students will be accepted.⁸⁵

Paso del Norte Health Foundation The Paso del Norte Health Foundation (PDNHF) provided a grant to the Texas Tech Paul L. Foster School of Medicine (PLFSOM) for the development of a medical student loan program. The student loans are awarded to a select group of medical students who can either pay the loan back or have the loan forgiven in exchange for four years of practice in the area. The loan is forgiven if the student practices in the area for four years after becoming licensed, which is projected to help ease the existing doctor shortage.⁸⁶

The PLFSOM is the body that manages the program since the school has the experience, infrastructure and tracking abilities to do so. For every year in medical school students receive increments of \$20K. Throughout their medical school career, recipients can receive up to \$80K.

⁸² (Provencio-Vasquez, 2011)

⁸³ (Provencio-Vasquez, 2011)

⁸⁴ (Provencio-Vasquez, 2011)

⁸⁵ (Provencio-Vasquez, 2011)

⁸⁶ (Mata & Kelly, 2011)

Currently, \$1.034M is still available and \$260K has been used. As of March 2011 there are 8 students receiving this loan. They are all in their second year of medical school.⁸⁷

While students are receiving this loan, they are also eligible to receive scholarships and other financial aid options. This complementation to other funding options contributes to the effectiveness of the Foundation's loan program. Texas Tech makes the PDNHF's loan program available to its students as they are accepted into the medical school. The loan forgiveness program is advertised with the rest of Texas Tech's financial aid opportunities through the admissions office.⁸⁸

The PDNHF funds and provides leverage in the health priorities of El Paso. The PDNHF also funds other infrastructure projects in the city. They recently provided a grant to help develop a state of the art shared simulation lab for UTEP's new School of Nursing and Health Sciences building.⁸⁹

Las Palmas Del Sol Healthcare Las Palmas Del Sol Healthcare has two separate hospitals: Las Palmas on the west side and Del Sol in the east side. Both are owned by the Hospital Corporation of America (HCA), and share the resources and strategies for physician recruitment. The HCA is the largest hospital chain in the country.⁹⁰

Las Palmas Del Sol targets to hire 20 physicians a year. Last year, the hospitals recruited 17 doctors. Las Palmas Del Sol's annual average is about 15 doctors. Doctor recruitment efforts are tailored to fit that year's designated budget. At this rate of recruitment, the shortage will never be matched. Of the doctors that graduate from the residency programs in the city, two to three are recruited. Over a span of five to 10 years, two out of 12 doctors stop working at one of the hospitals. Las Palmas Del Sol has a few residents rotating through their facilities. It is projected that interest in working at their hospitals will increase if there are more residents learning at those hospitals. Currently, there are plans to allow more residents to rotate at Las Palmas and Del Sol.⁹¹

Before being recruited, doctors must first receive their license to practice medicine in Texas from the Texas Medical Board. This takes about four months. When a doctor applies to work at hospital, they must apply through a separate entity. According to law, it is illegal in Texas for a hospital to employ a doctor. In this case, if a doctor wanted to work at Las Palmas or Del Sol, the physician would have to apply for the job through the HCA Physician Services (HCAPS) office in El Paso. The physicians are employed under that company's name, but receive privileges to practice at Las Palmas or Del Sol. It takes three months to receive these privileges, which requires an extensive background check.⁹²

There must first be a community need of a specific doctor before that doctor can be recruited. As the doctor is being recruited, he will fall under one of three types of recruitment opportunities: hospital employed, private practice with financial assistance and private practice

⁸⁷ (Mata & Kelly, 2011)

⁸⁸ (Mata & Kelly, 2011)

⁸⁹ (Mata & Kelly, 2011)

⁹⁰ (Wierson, 2011)

⁹¹ (Wierson, 2011)

⁹² (Wierson, 2011)

without financial assistance. Each type of opportunity has different availability of the recruitment budget. The “hospital employed” and the “private practice with financial assistance” are the two types of recruitment where the doctor will receive funding from the recruitment budget. The “private practice without the financial assistance” recruitment does not receive any funding.⁹³

Also, financial assistance is only available to doctors recruited from outside a 25 mile radius of El Paso. It is illegal to provide money to a doctor that is already inside the city or has a local practice. Financial assistance also only applies to new doctors that have completed residency or are out of a military training program for medicine less than a year prior.⁹⁴

The program guarantees the new doctor’s first-year salary, relocation expenses, new equipment, the salary of one staff member, benefits, including a sign on bonus. Since it is illegal to invest in a doctor that already has an established business, a doctor that is recruited from outside of El Paso that has a private practice will only have their visit to El Paso paid for, such as the expenses for their flight.⁹⁵

A doctor that receives financial assistance is employed from three to four years. The first year is the only year when they receive assistance. Their next 36 months of employment are when they pay off what they received that first year. The time they spend committing to working is taken as payment for the money they owe. The doctor’s loan is forgiven if the physician fulfills his commitment. When the program funds a “private practice with assistance” opportunity, the cost is much higher as opposed to paying for a “hospital employed” opportunity. When funding a private practice, it is at the doctor’s discretion if he refers his patients to Las Palmas.⁹⁶

The recruitment competition between the hospitals is intense. However, many doctors end up earning privileges to work at both Sierra Providence and Las Palmas Del Sol. Financially, while Tenet does allot more money to be put into their doctor recruitment budget, there are legal restrictions that limit where and how the budget can be spent. This makes it very difficult for recruitment programs to improve the financial assistance they give. When it comes to the final decision of where the doctors choose to work, it comes down to which hospital exhibits the best patient care.⁹⁷

Sierra Providence The Sierra Providence Health Network consists of four hospitals that are privately owned by Tenet. Physician recruitment opportunities under Tenet are different from opportunities under HCA. There are three types of opportunities: Two Party Relocation Agreement, Three Party Relocation Agreement and Employment Relocation Agreement. All of these opportunities provide funding for the doctors recruited under them.⁹⁸

The Two Party Relocation Agreement is for a doctor who wants to establish a solo practice. The Three Party Relocation Agreement is for a doctor who wishes to join an already

⁹³ (Wierson, 2011)

⁹⁴ (Wierson, 2011)

⁹⁵ (Wierson, 2011)

⁹⁶ (Wierson, 2011)

⁹⁷ (Wierson, 2011)

⁹⁸ (Burciaga, 2011)

existing group of doctors. The Employment Relocation Agreement is for a doctor who wishes to join a current employment model.⁹⁹

Sierra Providence's current physician recruitment budget allows for 45 physicians, and this year Sierra Providence aims to hire all 45 physicians. The budget ranges from \$25M to \$30M. Annual physician recruitment on average ranges from 15- 25 physicians.¹⁰⁰

University Medical Center The University Medical Center (UMC) is the only not-for-profit hospital in the El Paso region.¹⁰¹ The UMC is also the area's only level one trauma center.¹⁰² The UMC receives 6.5 percent of local property taxes.¹⁰³ In 2008 alone the UMC provided \$177M in charity care.¹⁰⁴ The UMC is a teaching hospital for the Paul L. Foster School of Medicine and provides residency opportunities to those students.¹⁰⁵ In the 2011 legislative session, Senator Jose Rodriguez passed a measure that allowed the UMC to directly hire doctors and other medical professionals to help with area physician recruitment.¹⁰⁶

El Paso Children's Hospital For the last 30 years, there have been attempts to build a stand-alone children's hospital in El Paso. Hundreds of children leave El Paso for specialized medical care. El Pasoans either go to Albuquerque, Dallas, Houston or San Antonio. For example, there is no pediatric nephrologist in El Paso. A child that needs to receive dialysis has to leave town to receive care. With the new Children's Hospital, El Paso children will have a better chance of receiving care in their community. There will also be patients from North Mexico, Midland, Odessa, Alamogordo, Deming, southern New Mexico and Central Texas. This is because all children's hospitals act as a regional referral center.¹⁰⁷ The hospital will be the area's only private, 501(c)3 nonprofit, independently licensed children's hospital in the El Paso County.¹⁰⁸

The Children's Hospital is not expected to be significantly harmed by the State Medicaid budget cuts. Medicaid funding is different for freestanding children's hospitals. Instead of covering only a portion of the costs, Medicaid reimburses the hospitals at their cost. In general, private, non-profit hospitals are more successful with raising money than for profit hospitals or county based hospitals.¹⁰⁹

The new hospital needs to hire a staff of 400. Many will transfer from the UMC, and about 200 jobs will be completely new hires such as nurses, respiratory therapists, pharmacists, lab technicians and radiology technicians. Some will be hired from inside the city, and many will be hired from outside the city.

⁹⁹ (Burciaga, 2011)

¹⁰⁰ (Burciaga, 2011)

¹⁰¹ (University Medical Center Foundation, 2009)

¹⁰² (University Medical Center Foundation, 2009)

¹⁰³ (University Medical Center Foundation, 2009)

¹⁰⁴ (University Medical Center Foundation, 2009)

¹⁰⁵ (University Medical Center Foundation, 2009)

¹⁰⁶ (Short, 2011)

¹⁰⁷ (Duncan, 2011)

¹⁰⁸ (Duncan, 2011)

¹⁰⁹ (Duncan, 2011)

From 2007 to 2010, there have been 17 pediatric doctors recruited to El Paso.¹¹⁰ Prior to the opening of the Children's Hospital, the number of pediatric intensivists at the UMC increased from one to five, along with an increase in patients from 187 to 600 patients per year.¹¹¹ This decreased the patient load of each pediatric intensivist from 187 patients to 120 patients. The impact of the Children's Hospital is suggested through the alleviation of the patient load.

Many new hires will be specialized for many reasons. For example, adult hospitals with pediatric wards focus 80% on adults. A pharmacist in that hospital will be giving prescriptions primarily to adults. However, the dosages for children and adults are different, and even the side effects of a drug on children can be different. That means that there has to be a pharmacist that specializes in children's dosage for the pediatric patients. With the new Children's Hospital, all of the healthcare workers will be specialized to meet the needs of a pediatric population.¹¹²

Children's hospitals attract many pediatricians, both specialist and subspecialists. In a children's hospital environment, a subspecialist focuses on one aspect of pediatrics. A subspecialist would be a pediatric oncologist, or someone who focuses on cancer in children.¹¹³ Since the Children's Hospital was first developed, two pediatric subspecialists practicing emergency medicine and the pediatric intensivist have decided to return to El Paso.¹¹⁴ Furthermore, the Chief Financial Officer also decided to return from Omaha, Nebraska and the Human Resources Manager relocated from Miami, Florida. Many of these individuals returning El Paso because of the Children's Hospital are El Paso natives that have seen the new hospital as a recruiting mechanism.

According to Lawrence Duncan, CEO of the Children's Hospital, subspecialists have a tendency to want to work with other subspecialists. As Mr. Duncan explained, "The more subspecialists that work in an area, the more other subspecialist physicians are inclined to work there." In turn, if more subspecialists were to come to El Paso, the more primary care physicians would want to practice in the area. When a pediatrician has to refer a patient to a specialist due to a very specific problem, the doctor would have a list of specialized pediatricians that would be able to continue the care of the child.¹¹⁵

The Children's Hospital will involve medical student and resident education. The hospital will act as a residency feeder into the city and will draw in stronger applications for the residency spots. The Children's Hospital will also work with Texas Tech to create fellowships for the specialists. This will act as a pipeline for doctors to stay at the hospital and in the area.¹¹⁶ Thirty percent of pediatricians and over 50 percent of subspecialists train in children's hospitals. After completing their residencies, many doctors of these pediatricians stay in the area.¹¹⁷

According to Mr. Duncan, the Children's Hospital is also partnering with local nursing schools and other vocational schools to become a clinical rotation site that focuses on pediatrics.

¹¹⁰ (Duncan, 2011)

¹¹¹ (University Medical Center Foundation, 2009)

¹¹² (Duncan, 2011)

¹¹³ (Duncan, 2011)

¹¹⁴ (Althoff-Olivas, 2011)

¹¹⁵ (Duncan, 2011)

¹¹⁶ (Duncan, 2011)

¹¹⁷ (University Medical Center Foundation, 2009)

This is intended to interest them in a specializing in pediatrics and serve as a pipeline for filling those employee positions. Since the Children's Hospital has an open staff model, this allows any doctor that meets the criteria to apply and admit patients at the hospital in order to utilize the facilities.¹¹⁸

Medical Center of the Americas: The Medical Center of the Americas (MCA) is a medical district. It encompasses many different infrastructures such as:

- University Medical Center
- Children's Hospital
- Texas Tech School of Nursing
- Texas Tech Paul L. Foster School of Medicine
- El Paso Children's Hospital
- Psychiatric Center
- City Health Department
- El Paso County Office of the Medical Examiner and Forensics Lab
- Texas Department of Health Services
- West Texas Regional Poison Center
- Silva Health Magnet High School¹¹⁹

The MCA is predicted to have an economic impact of \$1B and provide 10K jobs by the year 2020.¹²⁰ Currently, \$1.2M has been invested for attracting jobs.¹²¹ The MCA will also utilize Smart Code and Green Space.¹²²

El Paso Chamber of Commerce There is a division of the El Paso Chamber of Commerce named the Healthcare Professional Shortage Task Force. The goal of the Task Force is to increase the student population that is pursuing a career in the health sciences that will serve in the area. By increasing this population, the physician shortage is projected to decrease in future years. Some incentives include student/parent informational workshops, the utilization of social media to leverage existing partnerships and the implementation of the Junior Health Leadership program.¹²³

Mexico physicians can contribute to filling the doctor shortage in El Paso. However, Mexico physicians must take the U.S. Medical Licensing Examination. This preparation can be lengthy as well as costly, and there are many factors that inhibit a Mexico doctor from receiving aid for this process. A preparation course costs from \$4K to \$7K, along with additional travel, room and board expenses. It takes at least 8 hours a day for several months in preparation for the exam. Mexico physicians lack credit history, so receiving a loan to cover the expenses of taking the Medical Licensing Exam is difficult. The El Paso Chamber of Commerce believes it would be beneficial to create a support system for these Mexico doctors in order to help decrease the doctor shortage in El Paso. With this support system, Mexico doctors will be required to practice

¹¹⁸ (Duncan, 2011)

¹¹⁹ (Medical Center of the Americas, 2011)

¹²⁰ (University Medical Center Foundation, 2009)

¹²¹ (El Paso Times Editorial Board, 2011)

¹²² (Medical Center of the Americas, 2011)

¹²³ (Short, 2011)

in the area for at least three years. This will also increase the number of doctors in the area who have the cultural and linguistic skills that could best serve our population.¹²⁴

El Paso County Medical Society The El Paso County Medical Society extends membership to doctors, retired doctors, and residents. The Medical Society collaborates with the El Paso Chamber of Commerce, Paul L. Foster School of Medicine, Blue Ribbon Strategic Foundation and other various health organizations. They work towards improving physician-patient relationships, uniting El Paso physicians, recruitment and retention as well as maintaining the tort reform. The doctors in the Medical Society go out into the community and provide free, care for underserved patients. The Medical Society is a large advocate on behalf of El Paso on both the State and Federal levels regarding healthcare issues.¹²⁵

Discussion

After collecting and analyzing the information presented above, Community Scholars has formed conclusions and offers the following recommendations.

Conclusions

In comparison to other Texas counties with large populations, El Paso has a significantly low doctor to patient ratio. This results in large patient volumes per doctor in the El Paso area. Moreover, El Paso shares the same doctor to patient ratio as developing nations, such as Panama and Syria. Counties that have a higher quality of life and a small percentage of people that rely on public insurance have a more balanced doctor to patient ratio. The quality of life in a city, and the types of insurance available, impact the amount of doctors that choose to practice in a given area.

Counties along the U.S.-Mexico border have higher patient to doctor ratios than non-border counties. High public insurance rates, language barriers typically seen in border counties and lower quality of life perceptions coupled with border violence may contribute to the low ratios present in border counties. In many cases, border counties are also considered rural counties in the context of reimbursement rates, which results in lower reimbursement rates from public insurances that discourage doctors from working in the area.

At the current recruitment rates, El Paso's doctor shortage will never be addressed. As the population of El Paso County continues to grow, so does the demand for doctors in order to meet the needs of greater numbers of people. However, with existing recruitment methods, there are not enough doctors being recruited to the area to compensate for the existing shortages as well as new population growths.

GME's, or residencies, directly influence where a medical student decides to practice. Typically, residents choose to stay and serve in the area where they have completed their residency training. A resident that performs his or her residency in San Antonio is more likely to stay in San Antonio to practice after the residency program is complete. In post-residency years,

¹²⁴ (Short, 2011)

¹²⁵ (Slaughter & Aun, 2011)

doctors are less likely to relocate once they have created familial ties in the area or have a cultural investment in their current community.

Cuts to reimbursement rates are detrimental to El Paso's healthcare providers, which directly affect the availability assessable medical care. Since El Paso County is considered rural, doctors in the area are receiving lower payments compared to their counterparts in non-rural communities and any cuts will lower the amount even more. The immediate impacts of reimbursement rate cuts will force many physicians to stop accepting new patients, gradually stop seeing Medicaid and Medicare patients or stop practicing in the area.

El Paso's health care community could be a large to the 2003 tort reform in the context of doctor recruitment. Many doctors practice in Texas due to the caps the tort reform established. According to the Texas Medical Associate's 2011 Legislative Agenda, Texas had only 2,202 newly licensed physicians annually prior to the 2003 tort reform. After 2003, Texas had 3,021 newly licensed physicians per year. This trend exhibits how the tort reform increased the number of doctors in Texas, and the number of doctors that can potentially practice in the El Paso area.

Becoming a licensed physician in the United States is a lengthy process. Undergraduate students must earn a bachelors degree before applying to medical school, which takes an average of four years. Once enrolled in medical school, completion takes four years. Following medical school, they must complete a residency, which can take from three to five years. There can be an additional number of years in a fellowship, if the doctor chooses to sub-specialize. After their residency, the physician must apply for a license in their respective state to legally practice there, which takes an additional four months. Once licensed, it takes another three months to receive privileges to work at a hospital if they want to practice in a hospital setting. In total, it will take a minimum of eleven years and four months before an individual can start working as an accredited doctor.

Recommendations

The following recommendations have been created to best combat the conclusions presented above. Recommendations range from changes in the Federal, State and local level.

Preventive care should be emphasized and become an integral priority in health education in the region in order to offset the costs of emergency care. More focus on preventive care is less costly as opposed to emergency room services for both doctors and patients. In El Paso, there should be a strong emphasis on obesity prevention especially in childhood years, which has become the most predominant health issue among Hispanic populations. In terms of Medicaid costs, an average regular adult check up cost \$37, while it cost over \$100 more for an emergency room visit. The cost for the emergency room care does not include the costs of x-rays and lab work.

UTEP should pilot a UT medical program for students to complete undergraduate and medical school in seven years as opposed to eight. The program will help streamline the time it takes for medical students to become a licensed doctor. This type of medical program for undergraduate students has already been implemented in other universities. As a time-conscious

effort, the program will help add efficiency to process of becoming a doctor and could potentially help El Paso receive more doctors in a shorter time span.

Reimbursement rate cuts should be limited to deter any negative effects on Texas counties. Substantial cuts to public insurance reimbursement rates are detrimental and will affect many doctors in El Paso since a large portion of El Paso's patient population relies on public insurance. In particular, if Medicare reimbursements are cut then those who doctors that accept Medicare or Medicaid, as well as those who take private insurance, are affected economically. In addition, Medicare reimbursement rate acts as a guideline for private insurance companies when it comes to their reimbursement rates.

If the Medicare reimbursement rate is lowered, then private insurance companies as well as Medicaid will lower their reimbursement rates adding financial strains on El Paso's physicians. As a result, private practice doctors will not receive as much money for treating his or her patients with private insurance. Due to the lower reimbursement rate, the doctor will also have to expand his or her Medicaid and Medicare patient population in order to compensate for the money not being received. In addition, potential new patients can either have private insurance, public insurance or be uninsured and under the healthcare reform being implemented for the federal level down, insured populations will become eligible for Medicaid or Medicare. As a result, potential new patients will most likely be public insurance beneficiaries. This will increase the number of patient a doctor will see with public insurance.

El Paso County needs to be recognized as an urban county in order to receive higher reimbursement rates for doctors. El Paso County has been considered a rural county for over 40 years. As a result, lower reimbursement rates for doctors who accept public insurance have occurred in El Paso County. Urban counties receive higher reimbursement rates than rural counties. Doctors are more inclined to practice in urban areas than in rural areas. If El Paso had the status of an urban county, more doctors would be inclined to practice in El Paso.

In the upcoming years, El Paso will undergo a healthcare transformation that will greatly benefit the community. In order to maximize the availability of physicians, there needs to be a lax on caps for the number of residency positions available at area hospitals. Through a temporary lax on residency caps, teaching hospitals would have the ability to utilize residents and provide healthcare to underserved areas. In order to achieve a streamlined healthcare network, for-profit hospitals should lax residency controls to alleviate the burden and maintain a competitive edge for physicians that send patients to partnering facilities. More residency opportunities in El Paso would mean more doctors practicing in the area after those residents have completed their programs.

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