Current State of Pediatrics in San Antonio

Thomas C. Mayes, MD
Professor and Chairman
Department of Pediatrics
UTHSCSA
August 14, 2015

Disclosures

Thomas Mayes, MD has no relationships with commercial companies to disclose

Learning Objectives

At the end of this presentation, participants will be able to:

1. Describe the missions and history of the UTHSCSA Department of Pediatrics (DOP)
2. Understand pediatric workforce and bed dynamics in San Antonio
3. Discuss the benefits and challenges of the current state of San Antonio pediatric care

Missions of the Department

1. Train and educate students, residents, fellows, practicing pediatricians and other health professionals in pediatric care
2. Deliver high quality general and specialty pediatric care in Bexar County and South Texas
3. Conduct basic, clinical and translational research to advance knowledge
4. Serve our community through advocacy and participation in health and educational activities
5. Increase the diversity of learners, faculty and staff in the Department

A 25 Year Perspective

• Early 1990s - majority of the DOP activity in University Health System (UHS) with some at Santa Rosa Children's Hospital (SRCH)
  • Consideration of pulling out of SRCH due to town/gown issues
  • Division of Community Pediatrics expanding in response to HIV/AIDS epidemic
• 1992-1993
  • SRCH and Methodist Hospital attempt to create a single children's hospital
  • Shift of patients with Medicaid from UHS

A 25 Year Perspective

1994-1996

• Attempt to create one children’s hospital unsuccessful
• Children’s Regional Heart Network created
• Expanded services
  • Critical care
  • GI
  • Endocrinology
  • Metabolic disorders
• Dr. John Mangos plans to step down after 15 years as Chairman
• Pediatric CCM fellowship approved
A 25 Year Perspective

1997-2001
- Dr. Celia Kaye appointed as chair
- Expanded research through PhD recruits
- First pediatric hospitalist program in South Texas established at University Hospital
- Planning for Regional Academic Health Center in Harlingen begins
- Funding/development of the Children’s Cancer Research Center (CCRC)

A 25 Year Perspective

2002-2005
- Discussions with all 3 San Antonio health systems to create an academic children’s hospital (ACH) in partnership with UT
- UTHSCSA and CSRCH move forward to create an ACH by enhancing the affiliation agreement
- Dr. Sharon Murphy appointed as CCRC (CCRI) director
- Dr. Thomas Mayes appointed as interim chair
- Enhanced affiliation agreement with CSRCH (excluding neonatology) executed in 2004
- Congenital heart program from UHS to CSRCH
- Fellowship in Endocrinology approved

A 25 Year Perspective

2011-2012
- UHS and CSRCH begin formal discussions to create a free standing academic children’s hospital
- 2012
  - Discussions between CSRCH and UHS end after 15 months in February
  - UTHSCSA and UT System leadership sought partnership with CHOP/VHS
  - ChofSA (formerly CSRCH) began partnership with BCM and TCH
  - Transition planning began with UHS serving as home until new children’s hospital built

A 25 Year Perspective

2013-2015
- UT begins staged transition of services into UHS in May 2013
- Tenet acquires VHS in June 2013 and CHOP/VHS/UT arrangement collapses
- Service transition from ChofSA to UHS continues
- Negotiations in Fall 2013 between UT and MHS to create an ACH at Methodist Children’s Hospital unsuccessful
- Hematology/Oncology completes the UT transition from ChofSA in June 2014
- CFM remains at ChofSA as collaboration between UT, ChofSA and now UHS.
Long Standing Programs Benefiting the Community

- South Pediatric NCI Community Oncology Research Program (NCORP)
  - Formerly Minority Based CCOP
- South Texas Family AIDS Network
- South Texas Comprehensive Hemophilia Treatment Center
- South Texas Sickle Cell and Thalassemia Center
- Pediatric Cystic Fibrosis Center
  - New adult CF program
- PREMIer program

Patient Demand Will Increase

Patient population in Bexar County (MHM)

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>% increase from 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>478,191</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>517,549</td>
<td>8.2</td>
</tr>
<tr>
<td>2021</td>
<td>553,465</td>
<td>15.7</td>
</tr>
</tbody>
</table>

Patient Demand Will Increase

Patient population in SA service area

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>% increase from 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>566,000</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>640,800</td>
<td>13%</td>
</tr>
</tbody>
</table>

Kurt Salmon Associates (KSA)

Pediatric Workforce Needs

2011 Pediatric Subspecialist Demand Analysis

<table>
<thead>
<tr>
<th>Year</th>
<th>Generalist Deficit</th>
<th>Subspecialist Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>43</td>
<td>20</td>
</tr>
<tr>
<td>2016</td>
<td>20</td>
<td>54</td>
</tr>
<tr>
<td>2021</td>
<td>125</td>
<td>83</td>
</tr>
</tbody>
</table>

Methodist Healthcare Ministries (MHM) 2011

Workforce Pipeline

- Local pipeline
  - UT graduating up to 16 general pediatric residents per year through 2015
    - 8 in 2016
    - 12 in 2017 and 2018
  - CHoFSA will graduate 10 residents in 2018
  - UT has capacity to graduate 7 subspecialty residents per year in 5 fellowships
- Recruit from outside community
  - Need facilities, resources and infrastructure

Facilities

Mismatch in bed supply and demand

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>Admissions (acute/PICU)</th>
<th>Acute/PICU Beds</th>
<th>Acute/PICU Beds needed</th>
<th>NICU beds</th>
<th>NICU beds needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>566,000</td>
<td>12,600</td>
<td>334</td>
<td>181</td>
<td>357</td>
<td>357*</td>
</tr>
<tr>
<td>2016</td>
<td>640,800</td>
<td>15,600</td>
<td>717*</td>
<td>206</td>
<td>359*</td>
<td>414</td>
</tr>
</tbody>
</table>

KSA Report 2009
* SA Business Journal 8/31/15
Current State of the DOP

- Fully transitioned clinical services into UHS
- The core residency and 5 fellowships accredited without concerns
- Pediatric core clerkship continues to be the top ranked by students and 14% of graduates pursue pediatrics as a career
- Divisions of cardiology and neurology reestablished
- Developing transition programs in CF, oncology

Current State of the DOP

- Transitioning RAHC programs to the UTRGV medical school
- Unique congenital heart program
- ECMO established at UHS
- Young investigators being funded through K and other extramural grants
- Divisions of neurology, gastroenterology, and child abuse pediatrics expanding
- Creating academic general pediatrics fellowship
- Partnering with the SON to develop NNP and AC-PNP programs

Opportunities for the DOP

- Collaboration with more organizations and practitioners for clerkship experience as effective class size increases
- Consolidation of women’s and children’s services into Horizon Tower at UHS
  - The step towards a separate facility
- Expansion of subspecialty venues beyond the Robert B. Green Clinical Pavilion
- Opening of separate pediatric emergency department at UH and enhanced marketing
- Functional alignment with Community Medicine Associates in general pediatrics

San Antonio Pediatric Services

- Positives
  - Net increase of over 120 pediatricians
  - Many critical subspecialists
  - 38% increase in pipeline with 2 pediatric residencies
  - Improved access to services
- Concerns
  - Increased fragmentation and hypercompetitive market
  - Impact on quality of high cost services, i.e. childhood cancer and congenital heart disease
  - Long term economic viability of health systems
    - Huge cost structure
    - Expiration of the 1115 Medicaid waiver in 2016

Conclusions

- The Department of Pediatrics has undergone tremendous change over the last 25 years
- Though there are many challenges, they are all opportunities
- The Department is extremely cohesive and mission oriented
- No doubt the DOP will thrive over the next year under Dr. Arandes’ leadership and beyond
- There are real threats to children’s health politically and economically in Texas- they can’t be ignored