



Georgia Board for Physician Workforce

State of Georgia

Georgia Board for Physician Workforce Meeting Minutes

Thursday, April 25, 2013
8:30 a.m.

GRU Alumni Center
919 15th Street
Augusta, GA 30912

Board Members Present:

Joe Sam Robinson, Jr., M.D., Chair; James R. Lowry, Vice Chair; Jimmy Childre; Jacinto del Mazo, M.D.; Mark Hanly, M.D.; Antonio Rios, M.D.; Bill Herringdine; Tommy Hatchett, M.D.; George McCluskey, M.D.; David Kay, M.D.; Duncan Johnson, Jr.

Board Members Absent:

Carol Burrell; Frank Carter, M.D.; William Waters, IV, M.D.

Staff Present:

Cherri Tucker; Colette Jeffery; Pamela Smith

Guests Present:

Ricardo Azziz, M.D., MPH, MBA, Georgia Regents University; Peter Buckley, M.D., Medical College of Georgia at Georgia Regents University; Penny Hannah, Georgia Department of Law; G. E. Alan Dever, M.D., Ph.D., Health Services Analysis; Toyosi Morgan, M.D., Emory University School of Medicine; Linda Womack, Emory University School of Medicine, Jeanette Balotin, M.D., Medical College of Georgia at Georgia Regents University, Joseph Hobbs, M.D., Medical College of Georgia at Georgia Regents University Augusta; Bryan Ginn, Philadelphia College of Osteopathic Medicine – Georgia Campus; Walter Moore, M.D., Medical College of Georgia at Georgia Regents University; Martha Elkes, M.D., Morehouse School of Medicine; Betsy Bates, Morehouse School of Medicine, Trey Seagraves, Mercer University School of Medicine, Terrence Steyer, M.D., GRU-UGA Medical Partnership at Georgia Regents University, Cory Butzon, M.D., Beau Cannington, M.D.

CALL TO ORDER

Dr. Robinson called the Board Meeting to order at 8:30 a.m.

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WELCOME TO GEORGIA REGENTS UNIVERSITY

Dr. Ricardo Azziz, the President of Georgia Regents University, welcomed the Georgia Board for Physician Workforce to Georgia Regents University. He discussed the school's name change and merger with Augusta State. He explained that the school has grown significantly and now includes 9 colleges. This has produced a more comprehensive university. The Medical College of Georgia refers to the medical school only which has retained its name. The Medical College of Georgia is the 10th largest medical school in the U.S. Dr. Azziz also stated that Georgia Regents University is a State supported school, but less than 25% of its budget comes from state funds contrary to popular belief. He thanked the Board for their continuing service to the state of Georgia and for being instrumental in developing the physician workforce in the state.

Dr. Peter Buckley, the Dean of the Medical College of Georgia, also welcomed the Georgia Board for Physician Workforce to Georgia Regents University. His speech focused on the medical college which is 185 years old this year. Dr. Buckley stated that there has been a sizeable increase in enrollment during the past few years due in part to the satellite campuses now operating throughout the state and to the offering of dual degrees and development of new programs. He also stated that the eyes of the country are on Georgia and the initiative in Georgia to develop new residency programs. Dr. Buckley also stated they are enjoying the leadership of Mrs. Tucker on the GREAT Committee and the Committee has been able to stimulate the development of new residency programs which will benefit the state of Georgia. The Medical College of Georgia is currently expanding the research focus on the college and is capitalizing on this by building a new research building. This research focus is important in order to remain competitive with other medical schools vying for future applicants. Dr. Buckley stated that the Medical College of Georgia and Georgia Regents University were very appreciative of the opportunity to host the April 25, 2013 meeting of the Georgia Board for Physician Workforce.

BOARD ATTENDANCE AND INTRODUCTIONS**Discussion**

Dr. Robinson asked everyone to introduce themselves. He then welcomed new Board members, Dr. Kay and Dr. McCluskey and mentioned that Dr. Hanly and Mr. Childre had been reappointed by the Governor. Three Board members were absent with valid reasons and the absences were excused. Dr. Fischer has resigned from the Board and the Governor's office is in the process of choosing a replacement. Mrs. Tucker reviewed the statutory requirements of Board membership. There are 15 members on the Board; 5 Primary Care, 3 of which must be from rural Georgia; 5 Non-primary care, 3 of which must practice in rural Georgia; 3 hospital representatives, 2 of which must be from rural Georgia; 1 consumer member; and 1 business member.

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Action

On **Motion (Hanly/Kay)**, the Board excused the absences of Dr. Carter, Dr. Waters, and Carol Burrell.

APPROVAL OF MINUTES**Discussion**

Mr. Lowry asked the Board if there were any edits or revisions to the minutes from January 31, 2013. There were no edits or revisions.

Action

The Board unanimously approved the minutes as written from January 31, 2013 as presented by Mr. Lowry.

NOMINATING COMMITTEE BALLOT

Mrs. Jeffery explained the process of appointing the nominating committee in April of each year. This committee nominates new Board officers (Chairman, Vice-Chairman, and Secretary/Treasurer) for the upcoming fiscal year. Mrs. Jeffery passed out ballots to Board members with results to be announced prior to end of meeting.

EXECUTIVE DIRECTOR'S REPORT

Mrs. Tucker highlighted staff activities from FY2013. There have been 4 physician recruitment fairs this year. 2 were held at MCG; 1 at MHUMC in Savannah; and 1 at Phoebe Putney in Albany. These recruitment fairs usually have between 30-35 communities in attendance who meet with residents to discuss available employment. Future possible locations for recruitment fairs include MCCG in Macon and Grady Memorial in Atlanta. The Medical Fair is now hosted by the Georgia Alliance of Community Hospitals in cooperation with the GBPW and the Georgia Rural Health Association. The fair will be held this year on August 23-25th at Lake Lanier. The General Assembly added \$40,000 to the GBPW FY2014 budget to provide a public-private partnership between GBPW and the Georgia Alliance of Community Hospitals in sponsoring the Medical Fair to recruit physicians to rural Georgia. In FY2009, GTA began work on a web-based physician recruitment program for GBPW. This project had been on hold since then due to budget restraints and staff reductions. Work on the project resumed this fiscal year, with GTA targeting mid-summer as a completion deadline. The website will be called Georgia Physician

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Careers and will offer another cost effective means of recruitment for rural Georgia. Information on the 2012 Primary Care Summit is included in Board member binders for review. This year's Primary Care Summit will be held at Clayton State University on May 16, 2013. It is sponsored by the statewide network of AHECs. Also included in Board member binders is a letter from the Medical Association of Georgia. MAG acknowledges the accomplishments of GBPW and fully supports their efforts to increase residency funding and physician recruitment in Georgia. The final item in Mrs. Tucker's report touched on an e-mail received from Dr. Susan Schayes of Emory University. Dr. Schayes requested letters of support from GBPW regarding J1 waivers. Mrs. Tucker explained that information from David Glass at the State Office of Rural Health states that the federal government only wants letters of support from local community representatives. Letters of support from GBPW would not be necessary. Mrs. Tucker will contact Dr. Schayes with this information.

Mrs. Tucker brought up two pieces of legislation that have recently passed out of committee in California. The first bill expands and strengthens the loan repayment program in California by increasing the funding level of the awards. The second bill assesses a \$6 fee on insurers for each covered life and uses the collected funds to expand or create residency programs in California. Dr. Robinson asked for discussion of these bills. Dr. Hanly stated that he always mentions the need for additional funding when speaking with his state representative. GBPW loan repayment program offers a phenomenal benefit to the state of Georgia. Dr. Robinson stressed the importance of expanding residency slots. Dr. Kay believes funds should be used for as many awards as possible, not necessarily with an increased amount of award.

Mr. Lowry suggested using hospitals as a funding source. He stated that hospitals would most likely be extremely interested in contributing funds especially if they knew GBPW was turning away applicants due to lack of funds. He suggested sending letters to hospitals with numbers of applicants vs number of awards available. Hospitals would then have the chance to contribute which in turn would place more physicians in Georgia. This would be a win-win for all involved. Mr. Childre thinks this is a wonderful idea and believes GBPW would be overwhelmed with the positive response. Dr. Hanly stated that this could work for both scholarship and loan repayment programs. He requested permission from Dr. Robinson to establish a sub-committee to address what needs to be done to enact this proposal. Dr. Robinson appointed Dr. Hanly as chairman of the sub-committee with Mr. Lowry, Mr. Childre, and Mr. Herringdine as members. Dr. Robinson stated that anything we can do to obtain outside funding for GBPW programs will be greatly beneficial to the state of Georgia.

Dr. Robinson asked Mrs. Tucker to briefly discuss the PBS documentary featuring local physicians from Georgia. She stated that the program was called "Primary Concern" and was shown several times during the month of April on Ga Public Broadcasting. The show dealt with the problems facing physicians in rural Georgia. Dr. Jean Sumner and Dr. Jim Hotz are featured in the documentary. Dr. Robinson suggested sending a letter to Livingston/McKay, who made the film, stating that GBPW had high praises for the show.

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BUDGET UPDATE

Ms. Smith presented the expenditure report as of March 31, 2013. She stated that spending is on track. First and second quarter GME payments have been made and third quarter payments are set to pay within the next two weeks. Approximately 65% of the budget has been expended.

Dr. Robinson asked Mrs. Tucker to explain the state budget cycle. She stated that in July, agencies receive budget instructions from the Office of Budget and Planning. Agencies must submit their budget plans to OPB by September 1st. From September – December, OPB and the Governor review the budget plans. In January, the Legislative Session begins. The Governor presents his budget recommendations during the first week of the Session. During the Legislative Session, the House and Senate provide their recommendations and appoint a conference committee to work out any differences. The budget must be passed before the Session ends.

Mrs. Tucker said she is planning to send letters to the teaching hospitals and medical schools asking for information on any projects or programs which may need additional funding. Also, GME programs will be contacted to determine if additional funding is needed for expansion of programs since they are not receiving any federal funds for this purpose. The money in the Board of Regents budget is for new GME programs only. Established programs cannot apply for BOR funds. GBPW needs to make legislators aware that the existing GME programs need expansion funding also.

Mrs. Tucker then reviewed the FY2013 Amended and FY2014 budgets. The July budget instructions called for a 3% reduction plan. In the FY2013 Amended budget, Admin took a 1% cut, UME was reduced by \$84,400, Houston GME was reduced by \$14,944, and New Program Development was reduced by \$193,945. In the FY2014 budget, UME funds for Morehouse School of Medicine were moved to the Morehouse operating grant. This was not a true reduction of funds; funds were moved to the operating grant which is matched by federal funds. This will optimize federal funds used which in turn reduces amount of state funds needed. \$40,000 was added for the Medical Fair which is now conducted by the Georgia Alliance for Community Hospitals in conjunction with the Georgia Rural Health Association and GBPW. This is a public-private partnership to recruit physicians to rural areas of Georgia. \$123,924 was added to GME funding for the 2nd year Family Medicine and Residency programs at Houston Medical. \$826,899 was removed from New Program Development for Gwinnett Medical and the SW Consortium. They will now be funded through Board of Regents. \$50,000 was added to New Program Development for Osteopathic New Program Development.

The final budget item on the agenda was zero based budgeting. Mrs. Tucker explained that zero based budgeting is a method of budgeting requiring that all expenditures be justified and all functions within a program are analyzed for needs and costs. Programs are assessed against their statutory responsibilities, program purpose, policy objectives, the cost to provide services, and

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outcomes achieved. GBPW has 2 programs that will be reviewed this cycle. The operating grants for Mercer School of Medicine and Morehouse School of Medicine will be reviewed. Staff will provide the information to Office of Budget and Planning, who will then review with the House and Senate budget offices. Their findings and recommendations will then be sent to the Governor in the fall.

PROGRAM OUTCOMES**Discussion of Match Results**

Included in Board Member binders, are the results of the Class of 2013 Residency Selection of Georgia Medical School Graduates. 22% of Georgia graduates matched into Georgia residency programs. Dr. Rios asked why the percentage is so low. Mrs. Jeffery responded that fellowship availability is the primary reason for Georgia graduates to leave the state for their residencies. Another main deciding factor is the prestige of the residency program. Dr. Dever noted that it's not lack of residency slots preventing students from attending Georgia residency programs, it's the fact that Georgia medical students don't want to do their residencies in Georgia programs. The lack of prestige issue is one that needs to be addressed. Dr. Kay mentioned the importance of role models to medical students. Most medical school professors are not local primary care physicians. Mr. Lowry requested data on the number of students from each region in Georgia that are admitted to Georgia medical schools. These students could be tagged and offered funding if they agree to practice in Georgia. Dr. Robinson asked Mrs. Tucker to provide this information to the Board on a regular basis. Mrs. Jeffery noted it's important to remember that we are not just exporting students, but that we are also importing students from other states to complete their residencies in Georgia. 50% of these out of state students are retained to practice medicine in Georgia. The national average is 48%.

Discussion of Medical School Operating Grant and Medical Student Capitation Outcomes

Mercer University School of Medicine, Morehouse School of Medicine, and Emory University School of Medicine all met their contract deliverables for FY2013 by having greater than 50% of their medical school graduates entering a primary care or core specialty GME program.

Discussion of GME Contract Outcomes

Two GME Residency Capitation programs are out of compliance for the 5 year period of 2008-2012. Their retention rates of program graduates dropped below the contracted rate of 50%.

MHUMC Pediatric Residency Program

The Pediatrics program at Memorial Health University Medical Center was at 37.5% for the period. Dr. Ed Abrams, Executive Director and Associate Dean, sent a letter to the Board stating while they have no control of where a graduate ultimately chooses to practice, they are making

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progress in retaining 50% or more of their graduates in Georgia. Four of their six 2013 graduates will remain in Georgia to practice. Dr. Abrams' letter also noted that by 2013, there should be 22 Pediatric residents in the program with 24 Pediatric residents by 2014. Hopefully, this will allow MHUMC Pediatric program to achieve the 50% retention rate required by their contract with GBPW.

Penalty calculation is based on 10% initial reduction of contract amount plus 1% for each percentage point under 50%. The total potential penalty reduction for MHUMC is \$48,809.15.

Action

On **Motion (Hanly/Johnson)**, the Board approved the funding reduction to the Pediatrics Residency Capitation program at Memorial Health University Medical Center.

EUSM Preventive Medicine Residency Program

The Preventive Medicine program at Emory University School of Medicine also did not meet their contract deliverable for FY2013. Their percentage dropped to 46.2%. Dr. Anne Dunlop, the Director of Preventive Medicine at Emory, sent a letter to the Board explaining the unique status of the Preventive Medicine program and providing underlying factors for the less than 50% score that their program received. The Preventive Medicine program receives no federal funding from CMS and very little state funding. Any reduction in funding would be very detrimental to the program since they have limited funding already.

The Board tabled the decision on Emory University School of Medicine's Preventive Medicine Residency program funding reduction until further information can be gathered regarding statistical methods of calculations for smaller programs. The Executive committee will decide via conference call prior to June 1, 2013. Dr. Robinson requested that the Attorney General's office research the legality of waiving outcome penalties.

SCHOLARSHIP PROGRAM**Practice Approval Requests**

Four scholarship recipients submitted practice approval requests for the Board for review: Daniel Singleton, M.D. requested to practice in Marion County; Raina Ferenchick, M.D. requested to practice in Grady County; Rhonda Coker, M.D. requested to practice in Monroe County and Kirk Munsayac D.O. requested to practice in Wheeler County. All counties meet the 35,000 or less population qualification.

Action

On **Motion (Hanly/Rios)**, the Board approved the practice requests of Daniel Singleton, MD, Raina Ferenchick, MD, Rhonda Coker, MD, and Kirk Munsayac, D.O.

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Scholarship Recipient Requests

Cory Butzon, M.D.

Dr. Cory Butzon is currently completing his service obligation in Heard County. He began his practice in August of 2012. Over the last several months, it has become evident to Dr. Butzon that there is not enough work to keep him in Heard County full time. In order to make ends meet financially, he has been asked by his employer (Tanner Medical) to work part-time in another location until his patient base in Heard County is established. Dr. Butzon attended the Board meeting in order to discuss his options for repayment of his service obligation. Dr. Butzon proposes to work 4 mornings a week at the clinic in Carroll County with the remaining work week hours spent in Heard County. He stated that 25% of patients seen in Carroll County are from surrounding rural counties and 58% of the clinic patients are on Medicaid. Tanner Medical is a non-profit hospital interested in serving the community. He hopes that the patients from Heard County that he sees will become future patients of his practice. Dr. Hanly asked if this part-time work arrangement will extend his service obligation and Mrs. Tucker stated that it would. The time spent in Carroll County which is a non-qualifying county will not count towards his service obligation. Dr. Kay stated that it normally takes between one and a half to two years to become established and develop a patient base in a rural county.

Action

On Motion (Hanly/Kay), the Board approved the request of Cory Butzon, M.D. to work in both Heard and Carroll counties which will extend his service obligation.

Joy Rankin, M.D.

Dr. Joy Rankin graduated from Mercer University School of Medicine in 2005 and entered into a General Surgery residency program at Marshall University School of Medicine in West Virginia. She was forced to resign from her residency program with 6 months remaining due to health issues. At the January 31, 2013 GBPW meeting, the Board approved the deferment of the service obligation for Dr. Rankin contingent upon her submission of a timeline detailing her plans for re-entering and completing a GME program. Dr. Rankin sent a letter to the Board stating that she is still suffering from severe health issues which have affected all aspects of her life. She is requesting an extension of the deferral in hopes of receiving a definite diagnosis upon which time she can complete the requested timeline regarding GME.

Dr. Robinson stated that it will be extremely hard to restart a surgery residency and that Dr. Rankin would most likely be forced to begin the program from scratch. Dr. Hanly stated that there is really no prospect of resolution in this case and that the Board needs to make a decision.

Action

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On **Motion (Hanly/Johnson)**, the Board denied further deferment of Joy Rankin, M.D.'s service obligation and declared her contract in default.

Abhi Saxena, M.D.

Abhi Saxena, M.D. is a PGY-2 resident in a Psychiatry residence program at Vanderbilt University Hospital in Nashville. He requests approval of a Child and Adolescent Psychiatry fellowship to begin after his third year of residency.

Dr. Hanly stated that there is a definite shortage of psychiatrists in rural Georgia. He sees no problem with approval of the fellowship providing Dr. Saxena fully understands that he is still under obligation to practice in rural Georgia upon completion of the fellowship.

Action

On **Motion (Hanly/Rios)**, the Board approved the request of Abhi Saxena, M.D. to attend a Child and Adolescent Psychiatry fellowship after his third year of residency. Staff needs to send Dr. Saxena a letter reiterating his obligation to return to practice in rural Georgia to fulfill his service obligation.

Trina Webb, M.D.

Dr. Trina Webb is a Staff Psychiatrist with Behavioral Health Services of South Georgia. She requests Board approval for a change in employment status from full time employee to independent contractor. She will continue to work 40 hours at the same facility. The only change will be in pay status which Dr. Webb says will be more beneficial to her financially.

Action

On **Motion (Hanly/Hatchett)**, the Board approved the request of Trina Webb, M.D. to change her employment status to independent contractor providing documentation of hours worked is received by the Board.

Scholarship Recipients Contract Review

Royce Cannington, M.D.

At the January 31, 2013 GBPW meeting, the Board declared Dr. Royce Cannington in default of his contract. Dr. Cannington has been providing a combination of both onsite and teleradiology coverage for South Georgia Radiology Associates based out of Alma and Baxley. The Board

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voted not to accept teleradiology as a specialty which covers a physician's service obligation. Dr. Cannington is in attendance in order to appeal this Board action.

Dr. Cannington believes his group is servicing rural communities whether or not he is onsite. Currently, his group reads images for 9 facilities on a daily basis. All of the facilities are located in counties with population of 35,000 or less based on the 1990 census.

Dr. Kay stated that based on the telemedicine presentation yesterday at our education seminar, teleradiology may be the wave of the future. Any specialty such as psychiatry or radiology, that does not have to have hands on contact with a patient may utilize telemedicine in the future.

Dr. Hanly stated that Board rules have not kept up with technology. Unfortunately, rules are rules and the Board must abide by them. The Board is legally limited in its decisions. The scholarship contract requires 32 hours of direct patient care. The CDC definition of direct patient care is "hands on" care. With that being said, Dr. Hanly questioned Dr. Cannington about the percentage of images that come from rural counties. He also asked how much of the daily workload is related to rural patients. Dr. Cannington answered that 90-100% of patient images are rural patients.

There were several other questions from Board Members. Mr. Childre asked how much work is done onsite and where are the images read? Dr. Cannington stated that 10-15% of his time is spent onsite and the remaining time is spent reading images at his home in Albany. Dr. Robinson asked if there is any interchange between Dr. Cannington and the physicians at the hospital his group serves. Dr. Cannington replied that there is daily interaction between him and the physicians. His group provides coverage between the hours of 5am and 10pm daily. The remaining 6-7 hours are covered by a Florida group with close ties to Dr. Cannington. Mr. Lowry thinks we need to make changes to GBPW regulations to make telemedicine function seamlessly.

Since this is such a complex issue, the Board decided to table the issue until additional information can be obtained and to seek legal input in the matter.

Action

On **Motion (Hanly/Lowry)**, the Board voted to defer a decision at this time on the appeal from Royce Cannington, M.D. regarding the default of his service obligation until additional information and legal input can be obtained.

Harry Pasto

In 1994, Mr. Harry Pasto began medical school at Mercer University School of Medicine. He was dismissed in his senior year and did not graduate. In 2004, the State Medical Education Board attempted to contact Mr. Pasto to notify him of his default due to non-completion of medical school. At that time, he owed \$90,423.71 (\$36,000 in principal and \$52,754.77 in

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interest calculated at 12% accruing annually). Mr. Pasto requested a payment plan and his file was turned over to a collection attorney. He then owed \$91,269.92 including all costs and fees. Mr. Pasto made no payments and in 2005 a lien was placed against any real property belonging to Mr. Pasto. In 2010, the Attorney General's office attempted to contact Mr. Pasto demanding payment in full. In December of 2010, he signed a Promissory Note stating he would make payments of \$300 per month beginning January 2011 and continuing until paid in full. In March of 2011, he contacted the Attorney General stating that he was unemployed and needed a reprieve from payments. The Board gave him until October to resume payments. He has not made any payments since March 2011. In 2012, the Board requested the Attorney General's office to begin garnishment of Mr. Pasto's wages. They have been unable to find any known employment for him. The only recourse now is to proceed with a motion for jail sanctions against Mr. Pasto. The Board must decide whether to pursue this action with attorney fees costing \$275/hour or consider this file on hold until Mr. Pasto is gainfully employed.

Mr. Lowry made a motion to table pursuit of Mr. Pasto and to consider his file closed. Majority of Board Members disagreed stating that he should not be able to get away scot free from his obligation. Penny Hannah from the Attorney General's office stated that the lien on the home will most likely be the best option for recovery of funds. The Board could table any action for now and AG's office could periodically check on Mr. Pasto for employment. Mr. Johnson suggested pursuing suspension of Mr. Pasto's nursing license and Dr. Hanly agreed. Dr. Robinson requested Ms. Hannah to research the Board's options in regards to license suspension. Mr. Lowry stated that he feels uncomfortable removing someone's ability to earn a living. There is already a garnishment in place. The Board needs to retain its dignity and high honor.

Mr. Lowry's motion did not pass. A second motion was presented by Mr. Johnson to continue pursuing all options, with the exception of jail time, to collect defaulted funds from Mr. Pasto.

Action

On **Motion (Johnson/Hanly)**, the Board approved continuing to pursue all options, with the exception of jail time, to collect defaulted funds owed by Harry Pasto.

Arthur Brice

Mr. Arthur Brice received \$20,000 in scholarship funds from SMEB in 2003, but withdrew from medical school after 6 months. Mercer University School of Medicine returned \$10,000 leaving Mr. Brice owing \$10,000 in principal. Due to Mr. Brice's failure to complete medical school, GBPW considers him in default of his contract. At the July 19, 2012 GBPW meeting, the Board voted to turn Mr. Brice's file over to the Attorney General's office to begin collection procedures. As of May 1, 2013, he owes a total of \$32,304.61. On April 10, 2013, Mr. Brice's attorney sent a letter to the Attorney General's office with a settlement offer. He proposes to pay a total of \$30,000 to settle his debt. He will make an immediate payment of \$5000 upon acceptance of the offer. The remaining balance will be paid by execution of a promissory note in

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the amount of \$25,000 payable, without interest, in sixty (60) monthly installments of \$416.67 each. The Board must decide whether or not to accept Mr. Brice's proposal

Mrs. Tucker stated that there are 2 problems with Mr. Brice's proposal. First of all, his offer is less than the amount owed. Secondly, by law interest must accrue until debt is paid in full.

Dr. Hanly stated that this may be the best offer we get from Mr. Brice. He suggested that the Board let attorneys work out the legalities of the offer at the mediation meeting scheduled on May 8, 2013.

Action

On Motion (Hanly/Hatchett), the Board voiced no objection to the repayment offer made by Arthur Brice via the Attorney General's office. However, the legalities of interest accrual and amount of debt owed per §O.C.G.A. 20-3-514 will be determined by a mediation hearing scheduled for May 8, 2013.

LAW REVIEW

Mrs. Tucker asked the Board if the spirit of the scholarship program that was established in 1952 still exists. Stated in GBPW law, scholarships are to be repaid in services rendered by applicant in a Board approved rural county in Georgia with a population of 35,000 or less according to the US census or in a facility operated under the jurisdiction of Georgia Departments of Community Health, Behavioral Health and Developmental Disabilities, Corrections or Juvenile Justice. Contract language states that the full amount of the award shall be repaid by practicing medicine on a full time basis of 40 hours at a Board approved location with a population of 35,000 or less. The Rules of GBPW define full time service as at least 32 clinical hours providing direct patient care at a Board approved site. Staff suggested adding definitions to the rules for "Practice" and "Direct Patient Care" and adding the line in the rules and contracts which states the scholarship recipient is required to practice medicine, providing direct patient care, on a fulltime basis. Any law changes must go through the Legislature. Dr. Hanly suggested considering wording changes for the next meeting.

The original purpose of the program was to provide physicians in rural Georgia. Is telemedicine going to satisfy the service obligation requirement?

Mrs. Tucker also brought up the topic of scholarship penalties. She referenced her spreadsheet showing a recipient who did not graduate from medical school. He is only able to afford payments of \$650 per month. Since interest accrues at a rate of 12% annually, after faithfully paying monthly for 10 years, he will still owe the Board \$123,089.21 (amount awarded was \$80,000). This makes for a lifetime debt to the State.

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Dr. Hanly stated that this is different than someone who completes medical school and decides not to fulfill their obligation. He has concerns about indenturing someone to the State. Perhaps the Board could reduce the interest to a reasonable rate, cap it, or tie it to an index.

Mrs. Tucker stated that any changes to interest rate would require a law change through the Legislature. Mr. Johnson stated that the Board should have the ability to modify the interest rate based on the situation.

Dr. Robinson requested an interpretation of the Board's options from the Attorney General's office. The Board also wants to know if mediation is an option. Suggestions will be reviewed at the next meeting.

REVIEW OF PROGRAM RANKING PROVISIONS

Mrs. Tucker wants the Board to review the procedures currently in place for PRAA awards to determine if they are interested in making any changes or additions. Mrs. Jeffery reviewed the current system and possible items to be considered for addition to the ranking weight. Dr. Hanly recommended reviewing the ranking variables annually. The Board will vote at the July meeting regarding new variables in PRAA rankings and PRAA specialty rankings.

Currently scholarship awards are granted based on the applicant interview. This is very subjective. Next year the scholarship process will be changed to a ranking system such as used for PRAA.

RULE AMENDMENTS/ADOPTION FOR PUBLIC COMMENT

At the last Board meeting in January, the Board asked staff to revisit the New Program Development rules due to the statement regarding underserved areas. The revised rules do not include the term underserved.

Action

On **Motion (Lowry/Johnson)**, the Board approved the release of New Program Development Rules for public comment.

APPROVAL OF DATA DOCUMENTS FOR RELEASE

Mrs. Jeffery went over the new data documents available for release including the brief on GME in Georgia; the full report on Georgia's GME graduates as of June 2012; and the COGME Primary Care Recommendation by PCSA, 2010; and the example from the Georgia Physician and Physician Assistant Profession Data Book 2010-2011. Dr. Hanly requested the addition of the Brunswick Clinical Campus of the Medical College of Georgia at Georgia Regents University to the map on the last page of the GME brief.

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On **Motion (Hanly/Johnson)**, the Board approved the release of all data documents reviewed pending the addition of the Brunswick Clinical Campus of the Medical College of Georgia at Georgia Regents University on the Graduate Medical Education in Georgia document.

NOMINATING COMMITTEE BALLOT RESULTS

Mrs. Jeffery reported that the vote tally shows Dr. Hanly, Mr. Lowy, and Dr. Rios as the Nominating Committee. This committee will nominate officers at the July 2013 meeting.

NEXT MEETING

The next GBPW meeting is on Thursday, July 18, 2013 at the GBPW Administrative Office. Dr. Robinson brought up the subject of resuming the Saturday Board meetings. Mrs. Tucker reported that attendance on Saturdays had dropped to 58% before Thursday meetings began. Attendance has increased to 72% on Thursdays. Dr. Robinson disagreed stating that there are many variables involved with attendance. He is interested in trying another Saturday meeting. Mr. Johnson stated that only 4 days a year are required and that the meetings should be kept on weekdays. Mr. Herringdine agreed with weekdays and so did Dr. Rios. Dr. Hatchett requested half-day meetings either in the morning or afternoon. Since it seems the majority of Board members like weekday meetings, they will continue for now. As far as location of the meetings, Dr. Robinson thinks it would be a good idea to have a meeting in rural Georgia. He suggested Dr. Sumner's office. Mr. Lowry invited the Board to come to south Georgia and Dr. Waters has invited the Board to come to Carrollton. July and January meetings need to be held in Atlanta. Scholarship interviews are held in July and the Legislature is in session in January. The FY2014 calendar of meeting dates was included in the Board Member binders for review and to give them plenty of time to plan ahead.

The Board meeting adjourned at 12:45 p.m.

Respectfully Submitted,

Cherri Tucker
Executive Director