
Georgia Board for Physician Workforce Annual Report FY 2009



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Executive Director

*Meeting the physician workforce needs of Georgia
communities through the support and development
of medical education programs*

Purpose of the Georgia Board for Physician Workforce

The purpose of the Board as specified in O.C.G.A. 49-10-2 is to address the physician workforce needs of Georgia communities through the support and development of medical education programs. Powers, duties, and responsibilities of the Board as cited in O.C.G.A. 49-10-3 include:

- ❖ Locate and determine specific underserved areas of the state in which unmet priority needs exist for physicians by monitoring and evaluating the supply and distribution of physicians by specialty and geographical location;
- ❖ Approve and allocate state appropriations for family medicine training programs, including but not limited to, fellowships in geriatrics and other areas of need as may be identified by the Board;
- ❖ Approve and allocate state appropriations for designated pediatric training programs;
- ❖ Approve and allocate any other state funds appropriated to the Georgia Board for Physician Workforce to carry out its purposes;
- ❖ Coordinate and conduct with other state, federal, and private entities, as appropriate, activities to increase the number of graduating physicians who remain in Georgia to practice with an emphasis on medically underserved areas of the state;
- ❖ Apply for grants and to solicit and accept donations, gifts, and contributions from any source for the purposes of studying or engaging one or more contractors to study issues relevant to medical education or implementing initiatives designed to enhance the medical education infrastructure of this state and to meet the physician workforce needs of Georgia communities; and,
- ❖ Carry out any other functions assigned to the Board by general law.

Additional services provided by the Board include:

- ❖ Operation of a statewide information clearinghouse to promote placement and retention of physicians in Georgia. The clearinghouse includes information on physicians looking for jobs as well as information on communities, health systems, and/or individual medical practices seeking physicians.
- ❖ Study of topical issues impacting Georgia's physician workforce and medical education infrastructure.

Organization

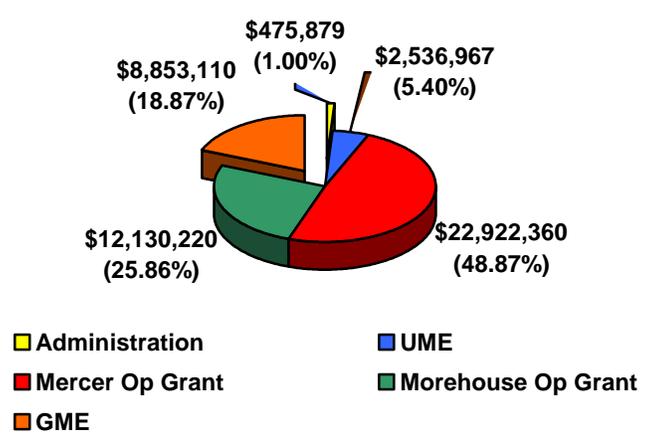
- ❖ The Board was originally established in 1976 as a special purpose board (The Joint Board of Family Practice). In recognition of the broadened responsibilities of the Board, the Statute governing the Joint Board of Family Practice was amended through the passage of Senate Bill 533. Effective July 1, 1998, the Joint Board of Family Practice became the Georgia Board for Physician Workforce (GBPW). While the programs administered did not change, the Board membership was modified and the agency's purpose was broadened.

- ❖ The Georgia Board for Physician Workforce is comprised of fifteen members: five primary care physicians; five non-primary care physicians; three hospital representatives (including one rural hospital representative); one business community representative; and one consumer member with no connection to the practice of medicine. The physicians on the Board represent a diversity of medical disciplines. Members are appointed by the Governor and confirmed by the Senate for six-year terms.
- ❖ The Medical Education Advisory Committee (MEAC) was created in August 1997 to advise the Georgia Board for Physician Workforce on medical education and physician workforce issues. This Committee is the only forum of its kind in the state that brings medical education leaders together on a regular basis. The Committee is comprised of the Deans from the Medical Schools (or their designee) as well as the CEO's (or designated representative) from each of Georgia's teaching hospitals. The Committee meets as needed.
- ❖ Board staff includes the Executive Director and ten funded positions, four of which are vacant. The Executive Director and staff also support the State Medical Education Board (SMEB), which is a separate state agency. There are six funded positions in the GBPW budget and four funded positions in the SMEB budget.
- ❖ The Board offices are located at 1718 Peachtree Street, Suite 683, in Atlanta.
- ❖ The Georgia Board for Physician Workforce is an independent state board attached to the Department of Community Health for administrative purposes only.

Financial Information

- ❖ The GBPW budget is comprised of 100% state funds. All state funding for medical education, with the exception of money appropriated through the Board of Regents, is administered by the GBPW.
- ❖ Actual FY 2009 expenditures for the GBPW totaled \$46,918,536. The breakdown by category is shown in the following graph.

**Georgia Board for Physician Workforce
FY 2009 Actual Expenditures**



Georgia Board for Physician Workforce as a Model For Other States

Over the last three years, legislative and programmatic leaders from two states, Florida and New Jersey, have contacted the GBPW. Both of these states consider Georgia's Physician Workforce Board to be a model to learn from and build upon. Representatives from these two states were interested in learning about the Agency's purpose, structure, responsibilities, and services.

Reasons the representatives cited for contacting the GBPW:

- ❖ Recognized as a leader in physician workforce analysis.
- ❖ Experience with GME new program development.
- ❖ Effective working relationships with public and private medical schools and teaching hospitals throughout the state.
- ❖ Board's efforts to promote stewardship and ensure accountability for state funds. Contract deliverables and reporting guidelines have been implemented to ensure state funds are spent as intended and that desired results are achieved. The GBPW has a policy of assessing funding reductions/penalties if deliverables are not met.

Accomplishments

- ❖ Prepared and published the Physician Profile, based on 2006 licensure data, which examines demographic, supply, and distribution trends over the last ten years for the core specialties of Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology, and General Surgery.
- ❖ Produced Fact Sheets on: Georgia's Medical Schools; Trends in Georgia Medical School Graduates Entering Primary Care or Core Specialty Residency Programs; Characteristics of Resident Physicians in Training; and a Spotlight on Graduate Medical Education.
- ❖ Surveyed graduates of Emory, MCG, Mercer, and Morehouse to determine factors that influence specialty choice and residency selection/location.
- ❖ Surveyed graduates of all GME programs and produced two GME Exit Survey Summary Briefs to inform the medical education community and state physician workforce planners about the experiences of graduates and demand for new physicians in Georgia.
- ❖ Conducted an informal survey of Georgia's family medicine and pediatric residency programs to determine the types of questions asked and the criteria used to rank potential residents. All respondents indicated priority is given to Georgia residents and/or graduates of Georgia's medical schools.
- ❖ Produced the first 9 in a series of 12 Specialty Fact Sheets on the critical physician specialties of Emergency Medicine, Anesthesiology, Psychiatry, Radiology, Orthopedic Surgery, Cardiology, Gastroenterology, Neurology, and Urology.
- ❖ Updated the interactive, online Physician Resource (Physician Workforce) website.
- ❖ Began initial data collection on physician assistants to facilitate future monitoring and reporting on the supply and distribution of physician assistants.
- ❖ Held practice opportunity fairs at residency sites to help encourage residents to stay in-state to practice upon completion of training.
- ❖ Started work with GTA on a web-based physician recruitment program.

Future Initiatives

- ❖ Complete the analysis of 12 critical specialties by issuing Fact Sheets on Dermatology, Pulmonary Diseases, and Gynecology.
- ❖ Conduct a migration study of physicians coming into and leaving Georgia, as well as those moving within the state.
- ❖ Collaborate with the Georgia Trauma Care Network Commission.

Undergraduate Medical Education (UME)

State funding for undergraduate medical education helps ensure an adequate supply of primary care and other needed physician specialists through public/private partnerships with three of Georgia's private medical schools (Mercer, Morehouse, and Emory). The GBPW considers five specialties as "core specialties". They are: family medicine, general internal medicine, general pediatrics, obstetrics/gynecology, and general surgery.

Medical School Operating Grants

Mercer University School of Medicine

The State of Georgia, through the Georgia Board for Physician Workforce, contracts with the Mercer University School of Medicine (MUSM) as a means of increasing the supply of primary care physicians for Georgia. The mission of the School is to educate physicians and health professionals to meet the primary care and healthcare needs of rural or medically underserved areas of Georgia. During the five year period FY 2005 - FY 2009, 62% of Mercer's graduates entered a core specialty residency program.

First accredited in 1982, Mercer has demonstrated their success in training and retaining primary care physician in Georgia. The School only accepts Georgia residents and conducts extensive interviews to ensure students are likely to pursue a career in primary care and practice in Georgia. Additionally, Mercer University is expanding in response to Georgia's physician shortage. The School accepted its first class of 30 students at the newly opened Savannah Campus in August 2008.

Sixty two percent (62%) of Mercer alumni in practice as of June 30, 2009 are in Georgia. Practice locations for Mercer graduates are shown in the map on page 9.

Morehouse School of Medicine

The State of Georgia, through the Georgia Board for Physician Workforce, contracts with Morehouse School of Medicine (MSM) as a means of increasing the supply of primary care and under-represented minority physicians. The MSM concentrates its efforts on training primary care physicians in order to address the disproportionate shortage of health care resources in poor and minority communities (principally inner cities and rural areas). During the five year period FY 2005 - FY 2009, 72% of Morehouse's graduates entered a core specialty residency program.

The MSM was accredited by the LCME in 1983 to award the M.D. degree beginning with the class of 1985. Today, MSM is one of seven institutions in the Atlanta University Center - the world's largest consortium of historically black institutions of higher education. MSM is one of only four predominantly black medical institutions in the country.

Morehouse is currently executing a three-year class size expansion. MSM is moving to increase overall class size by 35% by 2011. The new slots created by the expansion will be reserved for Georgia residents in an effort to increase the pool of physicians more likely to remain in Georgia.

Forty six percent (46%) of Morehouse alumni in practice as of June 30, 2009 are in Georgia. Practice locations for Morehouse graduates are shown in the map on page 10.

Medical Student Capitation Program

The Medical Student Capitation Program provides funding to Mercer University School of Medicine, Morehouse School of Medicine, and Emory University School of Medicine for a designated number of Georgia residents enrolled in each medical school. The level of funding is determined by the General Assembly. For FY 2009, a total of 416 students were funded (Mercer – 210; Morehouse – 93; and Emory – 113). The capitation rate for FY 2009 was \$7,854 per student. The contracts stipulate that at least 50% of the graduates enter a primary care or core specialty.

Graduate Medical Education (GME)

The Graduate Medical Education Program of the GBPW helps ensure an adequate supply of primary care and other needed physician specialists through partnerships with Georgia's designated teaching hospitals and graduate medical education (residency training) programs.

Family Medicine Residency Capitation

The Georgia Board for Physician Workforce administers state appropriated funds for accredited Family Medicine Residency Programs. Funds are distributed based on a capitation formula and go to offset the cost of training family physicians for Georgia. Since its creation, the GBPW has played a key role in increasing the number of Family Medicine Residency Programs from four to ten. Over the last five years, 65% of the graduates from Georgia's Family Medicine Programs have remained in-state. The map on page 11 shows where these graduates are practicing.

In FY 2009, funding was provided for a total of 203 family medicine residents. The annual capitation rate was \$21,175 per resident.

It has been documented that graduates of residency training programs often establish practice within a hundred mile radius of their training program. To better target Georgia's areas of need, programs have been strategically placed throughout the state. These programs are:

- # Morehouse School of Medicine (Atlanta)
- # Emory University School of Medicine (Atlanta)
- # Phoebe Putney Memorial Hospital (Albany)
- # Medical College of Georgia (Augusta)
- # The Medical Center, Inc. (Columbus)
- # The Medical Center of Central Georgia (Macon)
- # Atlanta Medical Center (Morrow/Atlanta)
- # Floyd Medical Center (Rome)
- # Memorial Health University Medical Center (Savannah)
- # Satilla Regional Medical Center (Waycross)

Pediatric Residency Capitation

Funding for designated pediatric training programs was initiated in Fiscal Year 1996 by Georgia's General Assembly. Although the Medical College of Georgia and Emory University School of Medicine have had long-standing programs in pediatrics, the need for this specialty continues to be great.

To address the specific need for pediatricians in south Georgia, funds were provided to establish Pediatric Residency Programs at Memorial Medical Center in Savannah and the Medical Center of Central Georgia in Macon. In recent years, funds have also been given to the Pediatric Residency Program at Morehouse School of Medicine. Over the last five years, 62% of the graduates from these programs have remained in Georgia. The map on page 12 shows where these graduates are practicing.

Like the Family Medicine Capitation funding, the Pediatric Capitation funds are intended to help offset the high cost of training a physician. Funds for the Program are distributed based on a per resident capitation formula. In FY 2009, funding was provided for a total of 50 pediatric residents. The annual capitation rate was \$17,447 per resident.

Pediatric Residency Programs funded through the GBPW:

- # Medical Center of Central Georgia (Macon)
- # Memorial Health University Medical Center (Savannah)
- # Morehouse School of Medicine (Atlanta)

Preventive Medicine Residency Capitation

Funding for designated Preventive Medicine Residency Programs was initiated in FY 2000 by Georgia's General Assembly. Preventive Medicine Residency Capitation funds are intended to help offset the high cost of training public health physicians. Funds for the Program are distributed based on a per resident capitation formula. In FY 2009, funding was provided for a total of eight preventive medicine residents. The annual capitation rate was \$8,485 per resident. Over the last five years, 54% of graduates from these programs have remained in-state.

Preventive Medicine Programs funded through the GBPW:

- # Morehouse School of Medicine (Atlanta)
- # Emory University School of Medicine (Atlanta)

General Surgery Residency Capitation

Funding for the expansion of the General Surgery Residency Program at the Medical Center of Central Georgia in Macon was initiated in FY 2009 in recognition of the need for more General Surgeons. The GBPW provided capitation funding for one resident in support of the program's efforts to increase from 16 to 20 General Surgery residents. The capitation rate for this one resident was \$17,326.

Obstetrics/Gynecology Residency Capitation

Funding for the expansion of the Obstetrics/Gynecology Residency Program at Memorial Health University Medical Center in Savannah was initiated in FY 2009 in recognition of the need for more OB/GYN physicians. The GBPW provided capitation funding for two residents. (The program is increasing from 13 to 15 OB/GYN residents.) The capitation rate was \$17,326 per resident.

Residency Capitation

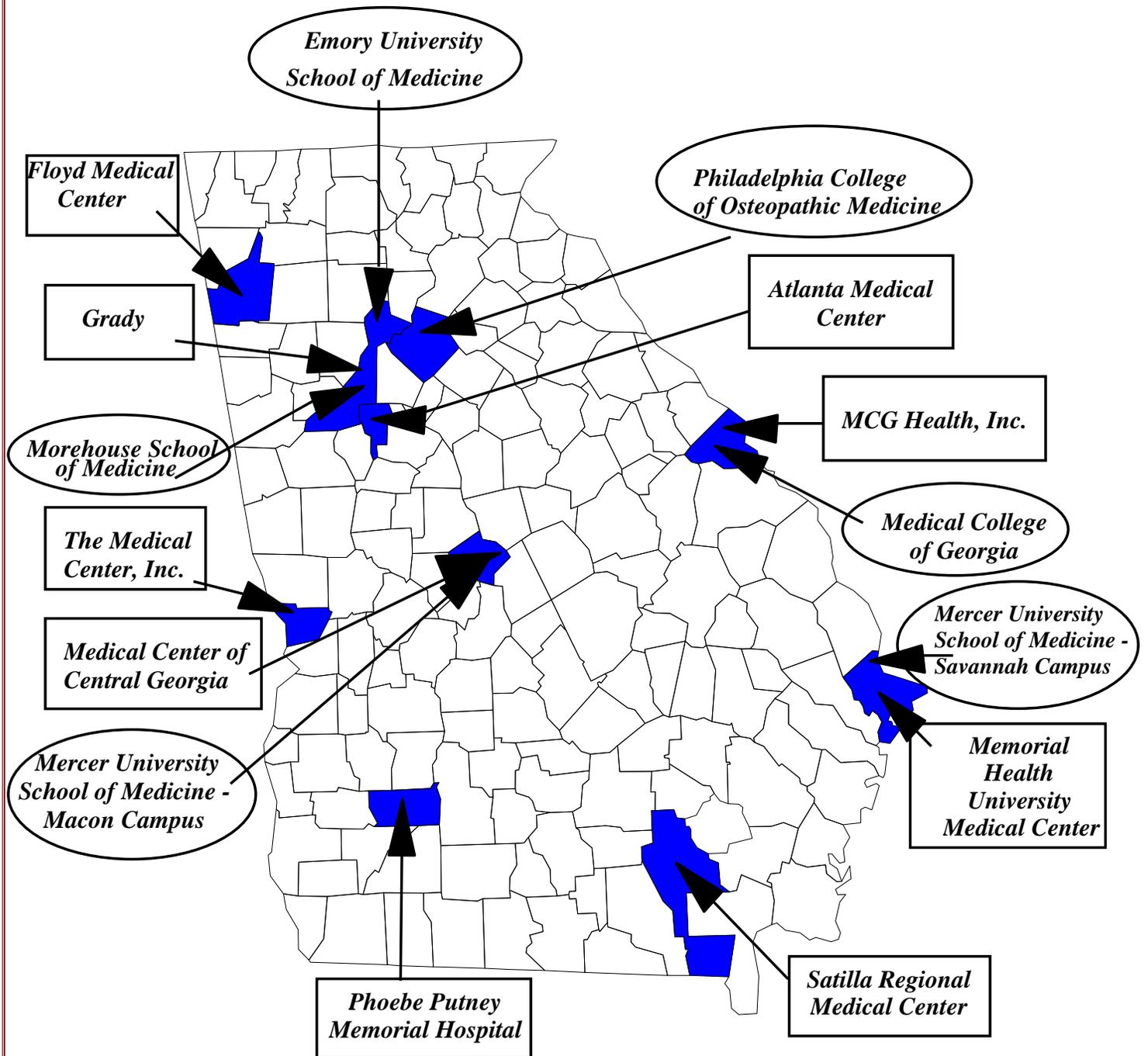
Residency Capitation funds are provided to public and designated teaching hospitals in recognition of their commitment to training physicians for Georgia and to help offset the cost of sponsored medical education programs. Rather than being limited to primary care, Residency Capitation funding is provided for all specialties. The rate per resident is based on the annual appropriation divided by the actual number of residents in training. Over the last five years, approximately 60% of the graduates from these funded programs have remained in Georgia to practice.

In FY 2009, funding was provided for approximately 1,149 residents. The annual capitation rate was \$3,156 per resident.

Residency Capitation funds are provided to the following institutions:

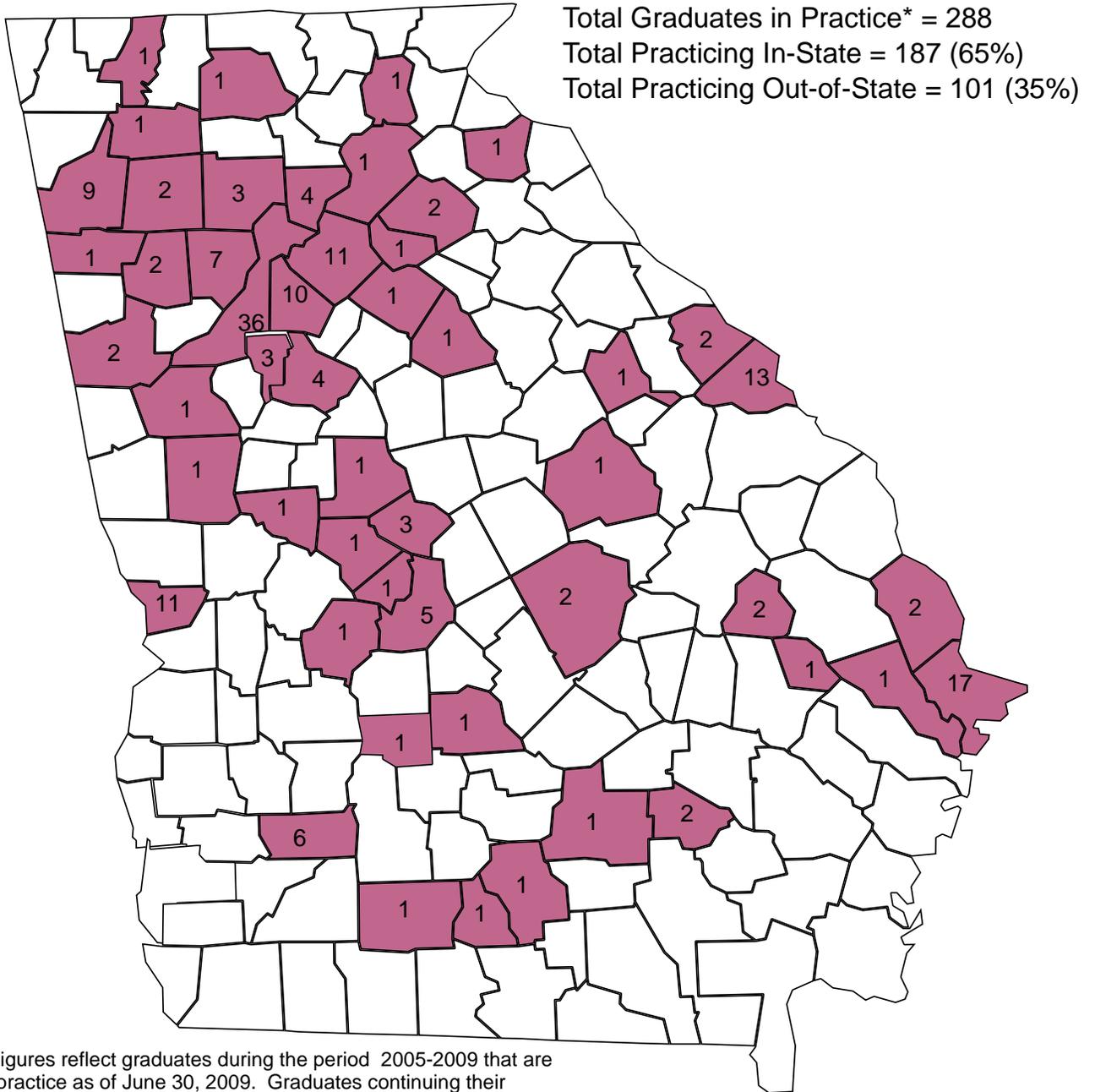
- # Grady Memorial Hospital (Atlanta)
- # Atlanta Medical Center (Atlanta)
- # Phoebe Putney Memorial Hospital (Albany)
- # The Medical Center, Inc. (Columbus)
- # Medical Center of Central Georgia (Macon)
- # Floyd Medical Center (Rome)
- # Memorial Health University Medical Center (Savannah)
- # Satilla Regional Medical Center (Waycross)
- # MCG Health, Inc. (Augusta)

Georgia's Medical Schools and Community Based Teaching Hospitals



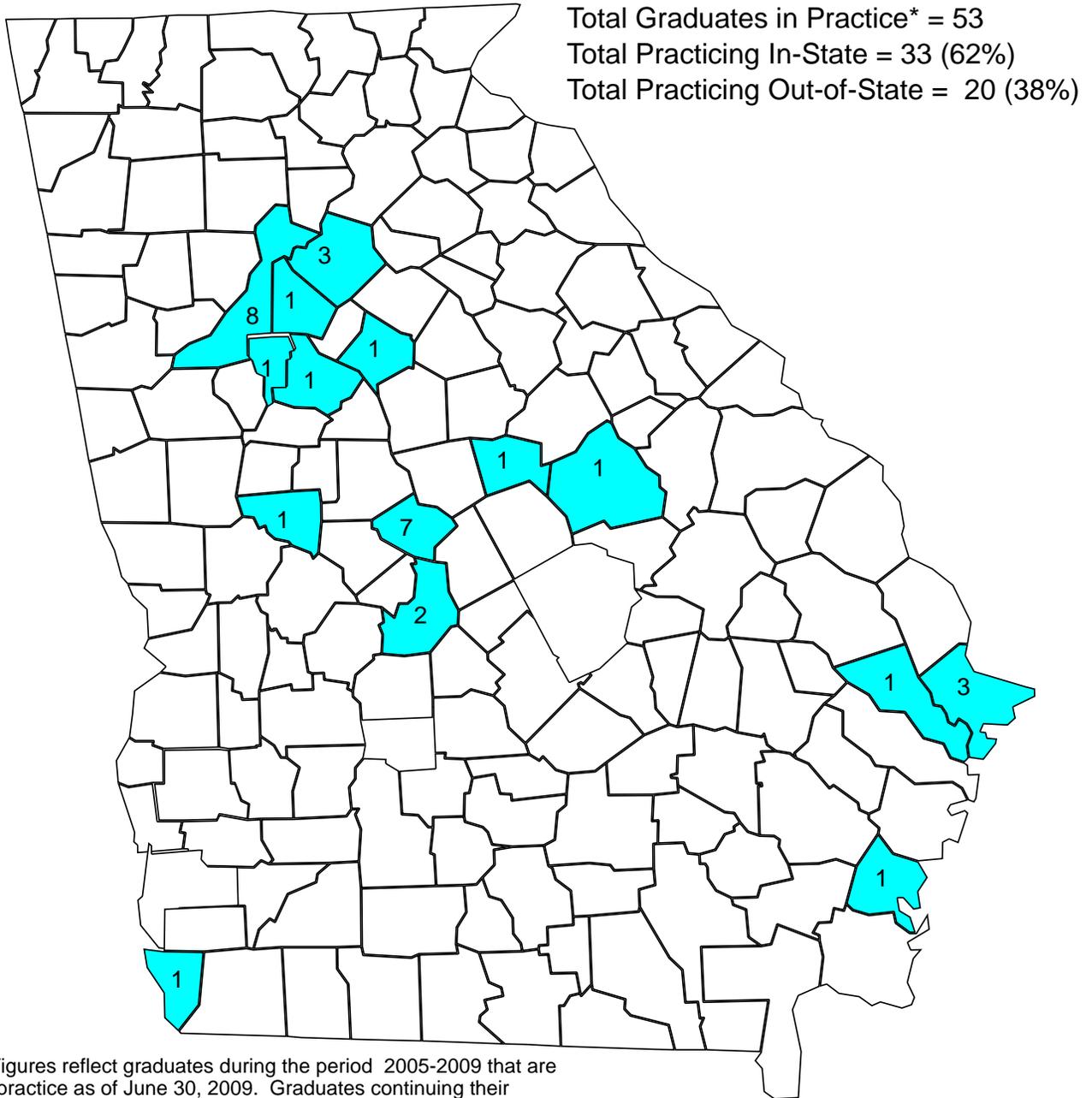
- Community Based Teaching Hospitals
- Georgia Medical Schools

Family Medicine Residency Programs Graduate Practice Location Fiscal Year 2005 - 2009



* Figures reflect graduates during the period 2005-2009 that are in practice as of June 30, 2009. Graduates continuing their education or fulfilling a military or other service obligation are not included.

Pediatric Residency Programs Graduate Practice Location Fiscal Year 2005 - 2009



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Prepared by the Georgia Board for Physician Workforce