
Georgia Board for Physician Workforce Annual Report FY 2010



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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 critical issues impacting Georgia's physician workforce and medical education infrastructure.

Organization

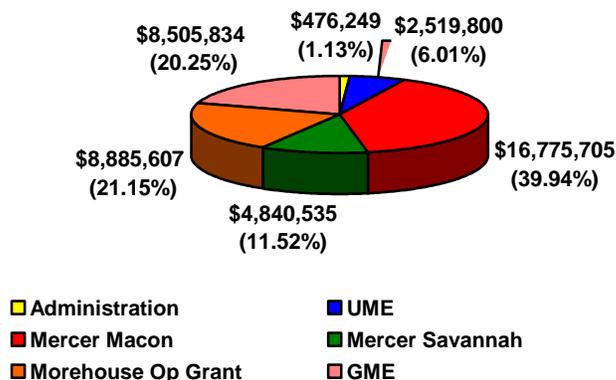
- ❖ The Board was originally established in 1976 as a special purpose board (The Joint Board of Family Practice). In recognition of the broadened responsibilities of the Board, the Statute governing the Joint Board of Family Practice was amended through the passage of Senate Bill 533. Effective July 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.
- ❖ Georgia Board for Physician Workforce staff includes the Executive Director and five funded positions, two of which are vacant. The Executive Director and staff also support the State Medical Education Board (SMEB), which is a separate state agency. The State Medical Education Board includes the Executive Director plus three positions.
- ❖ 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 2010 expenditures for the GBPW totaled \$42,003,730. The breakdown by category is shown in the following graph.

**Georgia Board for Physician Workforce
FY 2010 Expenditures**



Georgia Board for Physician Workforce as a Model For Other States

Over the last five 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

- ❖ 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.
- ❖ Completed the analysis and issued Fact Sheets on the 12 critical physician specialties of Emergency Medicine, Anesthesiology, Psychiatry, Radiology, Orthopedic Surgery, Cardiology, Gastroenterology, Neurology, Urology, Dermatology, Pulmonary Disease, and Gynecology.
- ❖ Conducted a migration study of physicians coming into, moving within and leaving Georgia.
- ❖ Collected the first data set 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

- ❖ Prepare and publish the Physician Profile, based on 2008 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.
- ❖ Complete the analysis of 2010 physician license renewal data to determine number, specialty mix, and distribution of physicians in Georgia.
- ❖ Update the Physician Resource (Physician Workforce) website with 2008 and 2010 data.
- ❖ Prepare a report of the supply, specialty area, and distribution of physician assistants in Georgia.
- ❖ 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 2006 - FY 2010, 58% 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. Mercer's Savannah campus now serves as a 4-year school.

Sixty two percent (62%) of Mercer alumni in practice as of June 30, 2010 are in Georgia. Practice locations for Mercer graduates are shown in the map on page 11.

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 2006 - FY 2010, 71% 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 seven percent (47%) of Morehouse alumni in practice as of June 30, 2010 are in Georgia. Practice locations for Morehouse graduates are shown in the map on page 12.

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 2010, a total of 416 students were funded (Mercer – 210; Morehouse – 93; and Emory – 113). The capitation rate for FY 2010 was \$7,800 per student. The contracts stipulate that at least 50% of the graduates enter a primary care or core specialty. Over the last five years, the rate of graduates entering primary care and core specialties for all three schools combined was 56.5%.

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, approximately 65% of the graduates from Georgia's Family Medicine Programs have remained in-state.

In FY 2010, funding was provided for a total of 197 family medicine residents. The annual capitation rate was \$20,260 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, 56% of the graduates from these programs have remained in Georgia.

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 2010, funding was provided for a total of 50 pediatric residents. The annual capitation rate was \$16,692 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 2010, funding was provided for a total of 7.5 preventive medicine residents. The annual capitation rate was \$8,150 per resident. Over the last five years, 56% 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. In FY 2010, the GBPW provided capitation funding for three residents in support of the program's efforts to increase from 16 to 20 General Surgery residents. The per resident capitation rate for these three residents was \$16,522.

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. In FY 2010, the GBPW provided capitation funding for two residents. (The program is increasing from 13 to 15 OB/GYN residents.) The capitation rate was \$16,522 per resident.

Residency Capitation

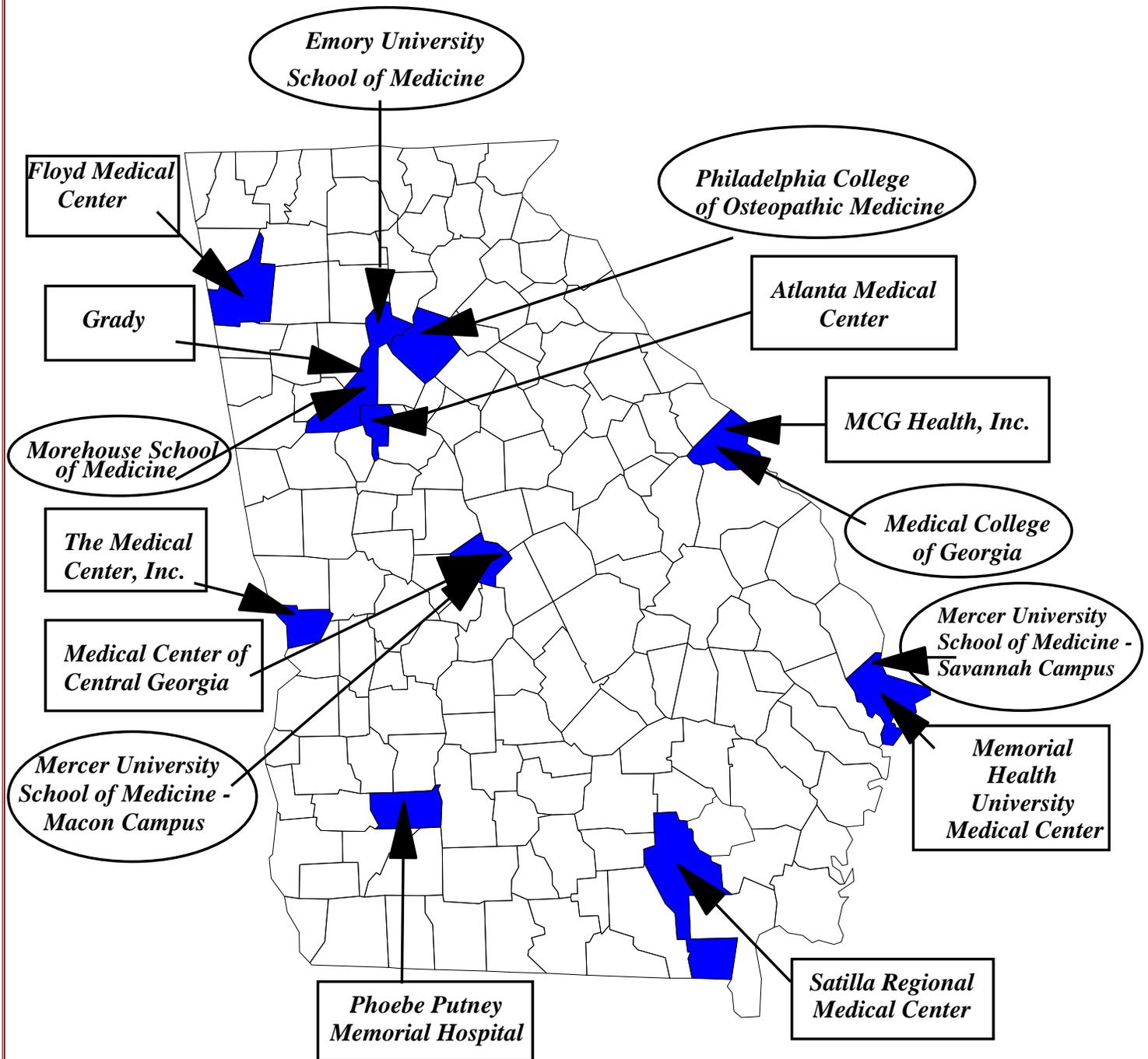
Residency Capitation funds are provided to public and designated teaching hospitals in recognition of their commitment to training physicians for Georgia and to help offset the cost of sponsored medical education programs. Rather than being limited to primary care, Residency Capitation funding is provided 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 2010, funding was provided for approximately 1,154 residents. The annual capitation rate was \$3,003 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

Medical Education Funding, Fiscal Year 2010 Actual Expenditures, by Institution, by Program

	Undergraduate Medical Education		Graduate Medical Education⁽¹⁾					
Description	Med. School Operating Grants	Medical Student Capitation	Family Practice Capitation	Pediatric Capitation	Preventive Medicine Capitation	Residency Capitation	OB/GYN and General Surgery Cap	TOTAL
Emory Univ. School of Medicine		882,380	407,608		26,422			\$1,316,410
Mercer Univ. School of Medicine (Macon Campus)	16,775,705	1,637,420						\$18,413,125
Mercer Univ. School of Medicine (Savannah Campus)	4,840,535							\$4,840,535
Morehouse School of Medicine	8,885,607	⁽²⁾	299,679	283,760	34,446			\$9,503,492
Atlanta Medical Center (Atlanta)			342,678			233,523		\$576,201
Floyd Medical Center (Rome)			437,663			65,124		\$502,787
Grady Memorial Hosp. (Atlanta)						1,337,124		\$1,337,124
Medical College of Georgia (Augusta)			457,432			975,425		\$1,432,857
Medical Center of Central Georgia (Macon)			545,624	300,451		313,580	49,565	\$1,209,220
Medical Center, Inc. (Columbus)			709,889			117,505		\$827,394
Memorial Health Univ. Medical Ctr. (Savannah)			378,186	250,376		351,805	33,044	\$1,013,411
Phoebe Putney Memorial Hosp. (Albany)			350,953			51,978		\$402,931
Satilla Regional Medical Center (Waycross)			132,375			19,619		\$151,994
TOTAL⁽³⁾	\$30,501,847	\$2,519,800	\$4,062,087	\$834,587	\$60,868	\$3,465,683	\$82,609	\$41,527,481

(1) New GME funding was added in the GBPW's FY2009 Budget, which included Residency Capitation Funding for MCG Health, Inc. and General Surgery and OB/GYN Residency Capitation Funding to cover program expansion at the Medical Center of Central Georgia and Memorial Health University Medical Center.

(2) To minimize loss of federal funding, Morehouse's budget reduction of \$790,017 was taken from Medical Student Capitation instead of the Operating Grant.

(3) Figures do not include personal services or other operating expenditures.

