
Georgia Board for Physician Workforce Annual Report FY 2012



Cherri Tucker

Executive Director

*Meeting the health care 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 health care workforce needs of Georgia communities through the support and development of medical education programs and to increase the number of physician and health care practitioners practicing in underserved rural areas. 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 and health care practitioners by monitoring and evaluating the supply and distribution of physicians and health care practitioners by specialty and geographical location;
- ❖ Award service cancelable loans and scholarships pursuant to Part 6 of Article 7 of Chapter 3 of Title 20, Chapter 34 of Title 31, or as otherwise provided by law;
- ❖ 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, 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 (at least three shall be from rural areas); five non-primary care physicians (at least three shall practice in rural areas); three representatives of hospitals which are not teaching hospitals (including two rural, non-profit hospital representatives); 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 seven funded positions, two of which are vacant.
- ❖ The Georgia Board for Physician Workforce is an independent state board attached to the Department of Community Health for administrative purposes only.

Georgia Board for Physician Workforce as a Model For Other States

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

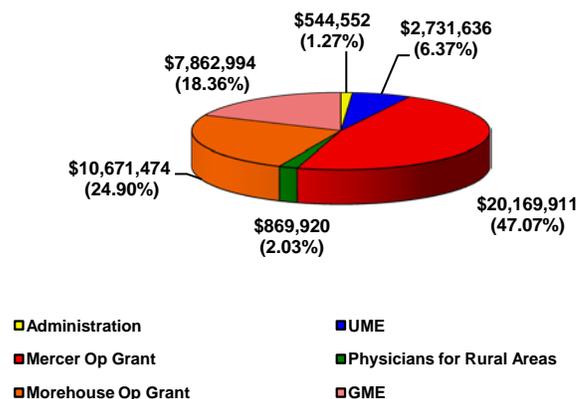
Reasons the representatives cited for contacting the GBPW:

- ❖ 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.

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 2012 expenditures for the GBPW totaled \$42,850,487. The breakdown by category is shown in the following graph.

**Georgia Board for Physician Workforce
FY 2012 Expenditures**



Accomplishments

- ❖ Produced Fact Sheets on: Georgia's Medical Schools; Graduate Medical Education in Georgia; and Retaining Physicians Educated in Georgia.
- ❖ Surveyed graduates of Emory, MCG, Mercer, Morehouse, and PCOM to determine factors that influence specialty choice and residency selection/location. Produced Georgia Medical School Survey Report.
- ❖ Surveyed graduates of all GME programs and produced a GME Exit Survey Report to inform the medical education community and state physician workforce planners about the experiences of graduates and demand for new physicians in Georgia.
- ❖ Analyzed 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.
- ❖ Continued work with GTA on a web-based physician recruitment program.

Future Initiatives

- ❖ Publish the Physician Profile, based on 2010 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.
- ❖ Update the Physician Resource (Physician Workforce) website with 2010 data.
- ❖ Start the analysis of 2012 physician license renewal data to determine number, specialty mix, and distribution of physicians in Georgia.
- ❖ Prepare a report of the supply, specialty area, and distribution of physician assistants in Georgia.

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 "primary care and core specialties". They are: family medicine, internal medicine, 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 2008 - FY 2012, 54.7% of Mercer graduates entered a primary care or 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-five percent (65%) of Mercer alumni in practice as of June 30, 2012 are in Georgia. Practice locations for Mercer graduates are shown in the map on page 12.

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 2008 - FY 2012, 65.9% of Morehouse graduates entered a primary care or 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 class size expansion. 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, 2012 are in Georgia. Practice locations for Morehouse graduates are shown in the map on page 13.

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 2012, the contracts provided funding for up to 416 students (Mercer – 210; Morehouse – 93; and Emory – 113). The capitation rate for FY 2012 was \$6,566 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 56.3%.

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. In FY 2012, funding was provided for a total of 204 family medicine residents. The annual capitation rate was \$17,921 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.

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 2012, funding was provided for a total of 50 pediatric residents. The annual capitation rate was \$14,758 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 2012, funding was provided for a total of 10 preventive medicine residents. The annual capitation rate was \$7,090 per resident.

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 2012, the GBPW provided capitation funding for 4 residents in support of the program's efforts to increase from 16 to 20 General Surgery residents. The per resident capitation rate for these residents was \$14,670.

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 2012, the GBPW provided capitation funding for two residents. (The program is increasing from 13 to 15 OB/GYN residents.) The capitation rate was \$14,500 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.

In FY 2012, funding was provided for approximately 1,197 residents. The annual capitation rate was \$2,548 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)

Physician For Rural Areas Program

GBPW Scholarship Program

The Georgia Board for Physician Workforce Scholarship Program (formally a program under the State Medical Education Board) was created in 1952 to provide a supply of physicians for rural areas of the State and to help defray the cost of medical school for Georgia residents who desire to practice medicine in rural Georgia. The service repayable scholarship will provide up to \$20,000 per year, for up to four years, to help pay the cost of medical school in return for a contractual obligation to practice medicine full-time (a minimum of 40 hours per week) in a Board-approved Georgia county with a population of 35,000 or fewer persons. Contractual default provision – triple damages.

All applicants must be legal residents of the State of Georgia and citizens of the United States. In order for an application to be considered by the Board, the applicant must be accepted into an L.C.M.E. or A.O.A. accredited four-year medical school located in the United States offering the degrees of Doctor of Medicine or Doctor of Osteopathy (M. D. or

D. O.). All scholarship recipients must pursue a course of study that will allow them to qualify for licensure by the Georgia Composite Medical Board.

Successful applicants must exhibit a strong commitment to practice medicine in rural Georgia (a Board-approved Georgia county having a population of 35,000 or fewer persons). Additional priority will be given to those applicants who demonstrate financial need. The applicant is required to disclose his/her own financial information.

Historical Reflection of Scholarship:

	NEW APPLICANTS	AWARDS OFFERED/ACCEPTED	RENEWALS OFFERED/ACCEPTED	# FUNDED/AMOUNT
FY2007	10	9/8	21/21	29/\$580,000
FY2008	10	10/10	21/21	31/\$620,000
FY2009	10	9/6	24/24	30/\$600,000
FY2010	15	13/10	16/16	26/\$520,000
FY2011	19	7/6	22/22	28/\$560,000
FY2012	25	6/6	19/19	25/\$500,000

Most recent scholarship recipient data collected over a 7 year span shows:

- 79.0% of scholarship recipients remained in Georgia to practice after completion of their scholarship obligation;
- 42.2% remained in a county of 35,000 or less population in Georgia; and
- 89.1% of those who remained in Georgia are practicing primary care or core specialties.

State investment during the most recent 7-year period analyzed:

- \$2.3 million for the Scholarship Program;
- The 64 physicians remaining in Georgia have produced approximately 832 jobs and will yield between \$44.8 and \$96 million in economic activity; and
- For every \$20,000 Georgia spent on scholarships the state will yield between \$369,284 and \$834,147 annually in economic impact.

Physicians for Rural Areas Assistance Program

The purpose of the Physicians for Rural Areas Assistance Program is to increase access to high quality medical care for medically underserved rural communities in Georgia.

The Physicians for Rural Areas Assistance Program pays medical education student loan debt for physicians who agree to practice medicine full time in a rural community in Georgia. The program provides up to \$25,000 a year in student loan repayment in return for a 12-month commitment to practice in a rural community. Recipients may receive a maximum of four loans and a maximum total student loan repayment of \$100,000. Contractual default provision – double damages.

The Physicians for Rural Areas Assistance Contract requires a commitment to practice medicine a minimum of 40 clinical hours per week in a Georgia County with a population of 35,000 or fewer people according to the 2010 Census Count of the United States Bureau of

the Census. The practice time requirement can be split between two or more counties, provided that none of the practice location counties exceeds the 35,000 population limit.

The data gathered by the Georgia Board for Physician Workforce is used in determining the relative need for physicians in specific rural areas. The Board will then establish a ranking of locations in the applicant pool. Selection priority will be given to those applicants who are physicians specializing in and actively practicing *general pediatrics*. After giving such priority, consideration will be given to those applicants specializing in obstetrics (OB/GYN or family medicine / OB), general surgery, family medicine, general internal medicine, or other specialties approved by the Board.

Historical Reflection of PRAA

	NEW APPLICANTS	RENEWALS APPLICANTS	NEW AWARDS/ RENEWAL AWARDS	# FUNDED/AMOUNT
FY2007	17	12	14/11	25/\$524,000
FY2008	23	17	15/9	24/\$480,000
FY2009	15	25	7/15	22/\$440,000
FY2010	15	14	7/10	17/\$340,000
FY2011	16	17	5/8	13/\$260,000
FY2012	07	11	6/11	17/\$369,920

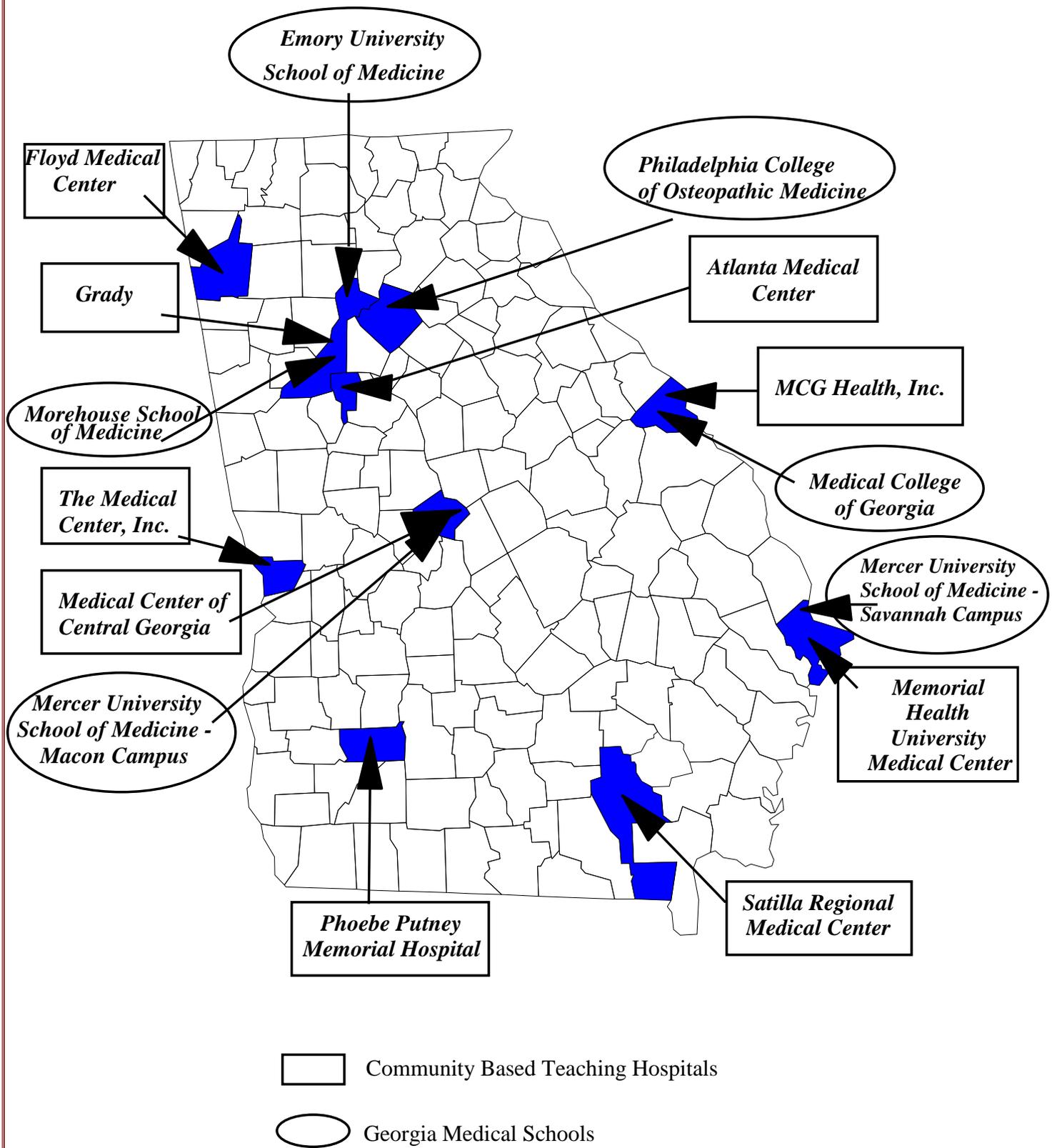
In the 16 years since the Loan Repayment Program was started:

- 81.9% of participants remained in Georgia to practice after completing their obligation;
- 57.9% of those retained stayed in the same county as their obligation; and
- 74.7% still remain in a qualifying county (population 35,000 or less).

State Investment over the 16 year period since the program began:

- \$3.9 million for the Loan Repayment Program;
- The 95 physicians remaining in Georgia have produced approximately 1,235 jobs and will yield between \$66.5 and \$142.5 million in economic activity; and
- For every \$20,000 Georgia spent on loan repayment, the state will yield between \$317,000 and \$702,000 annually in economic impact.

Georgia's Medical Schools and Community Based Teaching Hospitals



Medical Education Funding, Fiscal Year 2012 Actual Expenditures, by Institution, by Program

Description	Undergraduate Medical Education		Graduate Medical Education (1)					TOTAL
	Med. School Operating Grants	Medical Student Capitation	Family Practice Capitation	Pediatric Capitation	Preventive Medicine Capitation	Residency Capitation	OB/GYN and General Surgery Cap	
Emory Univ. School of Medicine (Atlanta)		742,017	407,050		28,937			\$1,178,004
Mercer Univ. School of Medicine	20,169,911	1,378,953						\$21,548,864
Morehouse School of Medicine (Atlanta)	10,671,474	610,666	279,401	261,959	43,466			\$11,866,966
Atlanta Medical Center (Atlanta)			322,384			206,377		\$528,761
Floyd Medical Center (Rome)			338,753			48,647		\$387,400
Grady Memorial Hosp. (Atlanta)						1,183,041		\$1,183,041
MCG, Health, Inc (Augusta)						885,719		\$885,719
Medical College of Georgia (Augusta)			448,240					\$448,240
Medical Center of Central Georgia (Macon)			464,065	254,088		280,780	58,678	\$1,057,611
Medical Center, Inc. (Columbus)			639,376			104,672		\$744,048
Memorial Health Univ. Medical Ctr. (Savannah)			336,258	206,517		294,409	29,000	\$866,184
Phoebe Putney Memorial Hosp. (Albany)			308,084			45,587		\$353,671
Satilla Regional Medical Center (Waycross)			112,445			16,282		\$128,727
TOTAL⁽²⁾	\$30,841,385	\$2,731,636	\$3,656,056	\$722,564	\$72,403	\$3,065,514	\$87,678	\$41,177,236

(1) GME New Program Development funding was expended for osteopathic residency training in FY2012 GBPW budget in the amount of \$258,779.

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

