2014-2015 PRIMARY CARE SUMMIT SUMMARY

“I have a great conviction that people who embrace the same dream and work together, even in the face of seemingly insurmountable odds, can achieve the impossible.” Billy Payne, Chairman, Augusta National Golf Club

This document provides an executive overview of the proceedings from the 2014 Statewide AHEC Network Primary Care Summit, held May 15, 2014. The Summit was attended by 73 persons, representing the five Georgia medical schools, state agencies, legislative representatives and budget staff, AHEC staff and board members, hospitals and GME programs, and professional associations. These participants provided a robust representation of the stakeholders engaged with primary care medical shortages. Preliminary analysis of the summit evaluations indicated 100% rated the overall Summit as “Excellent” or “Above Average”.

We continue to utilize the Medical Education Pipeline Model first presented in 2010. This model provides a framework to review data, recommendations, and strategies within the context of the Phase they reflect or impact. The overarching goal is to create the necessary balance in the pipeline to increase the primary care physician-to-population ratio from the 2011 level of 32/100,000 to 50/100,000, by 2020.

<table>
<thead>
<tr>
<th>MEDICAL EDUCATION PIPELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE 1</td>
</tr>
<tr>
<td>K-12 Education</td>
</tr>
<tr>
<td>Years K-12</td>
</tr>
</tbody>
</table>

Several themes were apparent from this year’s Summit, and these bear capturing and exploring as we seek to identify strategies to meet our goal. Two recurring questions were “How do we make “primary care” attractive to medical students?” and “Is it only financial incentives that will create medical student excitement about primary care?”

We heard much discussion about medical student research opportunities and the perceived importance of learning and applying these skills. Research opportunities are believed to make students more competitive. Funding for research programs in the summer of the freshman year was discussed. The lack of sufficient primary care clinical research opportunities available to students was also recognized.

Finally, the need to continually scan the environment, both in Georgia and nationally, was reiterated. It was suggested that the Statewide AHEC Network update our Primary Care Resource Guide (originally developed in 2008) to review other states’ strategies that are proving effective.
STAKEHOLDER AGENDA FOR 2015

LEGISLATION:
Convert existing tax deduction to tax credits for primary care community based faculty physicians providing uncompensated clinical training to 3rd and 4th year Georgia medical students.

Create capacity to award provisional loan forgiveness based on completion of primary care specialty selection for residency training.

FY 2016 BUDGET REQUESTS
Continue to expand primary care loan forgiveness resources to allow more students to be offered these awards.

Create capacity to award provisional loan forgiveness based on completion of primary care specialty selection for residency training.

Support the Georgia Board for Physician Workforce proposal to increase primary care residency capitation funds for new and expansion positions in the FY 16 budget.

Support the Board of Regents request for funds to support creation of new residency slots in Georgia, with a goal of funding an eventual 400 new residency slots in the state.

POLICY INITIATIVES
Host a mini-summit that brings together primary care physicians, nurse practitioners, and physician assistants to define common barriers to producing primary care practitioners and to identify strategies to address these barriers.

Educate and Motivate the Georgia Congressional Delegation to become more active and proactive in seeking federal solutions to the challenges facing the primary care workforce, to include GME slot distribution, federal funding of GME, and primary care payment differentials.

RESEARCH AND PLANNING INITIATIVES:
Launch a comprehensive marketing campaign promoting Georgia Primary Care residency training opportunities, targeting Georgia medical school graduates and Georgia graduates from out of state / off shore medical schools.

Address the existing and worsening deficit of GME faculty to support expanded residency slots by providing funding for accelerated learning and for recruitment.
Conduct updated research on what other states are doing to build the pipeline and to increase the number of people ultimately choosing primary care (with special attention on Phases 1 and 2 of the pipeline).

Details and Discussion Comments about Agenda Items

Phase 3: Undergraduate Medical Education

**Goal:** Convert existing tax deduction to tax credits for primary care community based faculty physicians providing uncompensated clinical training to 3\textsuperscript{rd} and 4\textsuperscript{th} year Georgia medical students.

**Legislative:**
- Expand to a credit
- Seek approval from the Governor’s Competitive Initiative Committee
- Increase the amount of the deduction if conversion to a credit is not feasible

**Policy:** Implementation of existing Tax Deduction
- Education needed-how do we get it/what do we tell our tax guy
- Send info to CPA organizations
- FAQ’s
- Webinars
- Collect data from the tax deduction as support for interest in the benefit and to advocate for conversion to credit
- Need to be on agendas of various professional organization and academic meetings to explain the tax deduction

Phase 4: Graduate Medical Education

The increasing distance between the number of UME graduates and GME PGY1 positions is an area of deep concern. The successful completion of medical school does not guarantee that a residency position will be available to complete one’s training. An issue of real concern was how to insure / assure new residency slots are provided the resources they need to succeed. Concerns were raised about the ever growing need for more partnerships between private and public entities, specifically GME and non-GME hospitals, to collaborate for rotations for these new residents. And finally, the group articulated a concern that there needs to be a deeper understanding about the significant culture changes required to convert from a non-teaching to a teaching entity.

**Goal:** Continue to expand primary care loan forgiveness resources to allow more students to be offered these awards.

- Currently have 26 awards (10 new ones added in 2014 Session)
- Need to raise the award amount to 30k; GBPW currently has latitude to make awards at the
$25,000 level

- Address the issue of annual competition for award rather than a 3-4 year guarantee with a decreased amount available years 4 + depending on remaining educational debt.
- Which is more important the number vs. the amount?
- Previously there has been a waiting list and evident need
- At a lower amount, we may be outbid by competitors (i.e. hospitalist groups, etc.)

**Goal:** Create capacity to award provisional loan forgiveness based on completion of primary care specialty selection for residency training.

- Along with scholarship rewards there should be penalties as well
- Stipend on their salary or paying loan. Making a program that matches a 4th year medical student to a GA primary care program; early commitment would be tied to the loan/tuition forgiveness. Interjecting earlier to help pay back some of the debt. Some type of incentive to each student that chooses a GA Residency program that is a GA resident.
- Increase primary care scholarship resources; however, applicants are increase seems to have decreased
- Offering rewards at each phase because if they do go to a residency in another state, there is a huge chance that they will not return to the state
- It may be best to place the money in the pockets of graduates due to their increased debt and incentivize primary care; graduates defined as completing medical school and completing residency
- THIS IS FOR RESIDENTS, STUDENTS GOING INTO A PC GME PROGRAM

**Goal:** Support the Georgia Board for Physician Workforce proposal to increase primary care residency capitation funds for new and expansion positions in the FY 16 budget.

- Funds are matched by Medicare (all except Pediatrics)
- This funding stabilizes the practice plan for hospitals and acts as a continuing ongoing support for residency programs

**Goal:** Support the Board of Regents request for funds to support creation of new residency slots in Georgia, with a goal of funding an eventual 400 new residency slots in the state.

- 250 of 400 slots are pretty much confirmed; at Gwinnett Medical (FM) and the next year internal medicine; 8 hospitals involved and we are more than likely on target for goal of 400 slots
- The number of slots (400) is just a temporary goal and will increase at a later time
- Are we making sure that these new residencies have the support they need to be successful (i.e. being able to do an in clinic pediatric rotation during a family medicine residency without overwhelming certain usually places like CHOA)

**Goal:** Address the existing and worsening deficit of GME faculty to support expanded residency slots by providing funding for accelerated learning and for recruitment.

Yes but ‘GME faculty’ needs to be defined as core faculty

1. **Recruiting and Retention**
   - **Incentives**
     - Loan Forgiveness (2 years / $10,000 per year from state)
     - Tax Credit for teaching against educational loans
     - Waive licensure fees
     - Waive DEA fee
     - Waive certification fees
2. **Faculty Development**
   - Funds to nurture junior and senior faculty
   - Bring national level faculty development opportunities to our faculty
   - Regional Faculty Development covering all three required areas with all programs contributing / benefitting
   - Pool resources
   - Teleconferences
   - Bank of lectures
   - Online modules
   - At least once time per year in person

3. **Create a centralized GME Faculty Recruitment Office**
   - Could be located at the Georgia Board for Physician Workforce or the Georgia Statewide AHEC Program Office.

**Goal:** Launch a comprehensive marketing campaign promoting Georgia Primary Care residency training opportunities, targeting Georgia medical school graduates and Georgia graduates from out of state / off shore medical schools.

- Needs to be effective and not necessarily high tech
- Do we need to self-evaluate our opportunities and determine why graduates are not staying before we do a marketing campaign
- Have a mini summit to address the faults in our residency training program and determine initiatives to address these issues
- Can have the GA Board or AHEC head the efforts to find out why graduates are leaving GA

**OTHER WORK TO BE ACCOMPLISHED**

**Potential Mini-Summits and other Ideas**

In March of 2014 the Statewide AHEC hosted the first Mini Summit on GME Faculty Deficits. The Mini-Summit was designed to host experts in Graduate Medical Education and to discuss in depth issues related to anticipated GME Faculty Deficits. The results from the Mini-Summit included the identification of the three major challenges faced by GME programs relative to needed faculty, and identified three priority recommended strategies to address these challenges. Participants found the format provided a good exchange of ideas and networking opportunities and proved valuable in “drilling down” to fully understand this narrow but complex issue. Some suggested improvements included: clarity about next steps and incorporation of the Mini-Summit findings into the full Summit report; and asking for recommendations to include some financial estimates to accomplish.

Based on the success of the inaugural Mini-Summit, participants at the Primary Care Summit were asked to provide input into future topics to pursue using this format. Specifically, the issue of inclusion of nurse practitioners and physician assistants was raised, as well as the need for greater engagement with and by Georgia’s Congressional
delegation. The comments for each of these potential Mini-Summit topics are provided below.

**Incorporating Nurse Practitioners and Physician Assistants into our deliberations—how can we partner with these groups to insure that these important primary care disciplines are also supported?**

**Comments:** The logical topic to bring these disciplines to the collective table relates to patient centered medical homes and the need for team-based care. True interdisciplinary care teams require incorporating all disciplines into the team based model. NP/PA groups are dealing with similar issues as the physician group, indicating a need to bring the NP and PA key leadership into the main summit. It is suggested that the process of incorporation begin with a mini-summit that brings the other groups in on a specific topic (patient centered medical homes) with a goal towards full inclusion in future summits. We need a project that everyone can work on together, and begin to include these primary care disciplines in a positive manner.

After further discussion at the post summit meeting, it was agreed that the focus of the mini summit should be on identifying common barriers to producing primary care practitioners within each of these domains (medicine, nurse practitioner, and physician assistants).

**Conclusion:** Mini summit needed to understand and incorporate the needs of nurse practitioners and physician assistants.

**Comments:**
- While primary care may start with physicians, physician assistants and nurse practitioners are a key component of any state level primary care solutions. All sides will need to be ready to “give a little” to address our state’s problems.
- Teamwork is required to tackle PC problem
- Physicians, nurse practitioners, physician assistants, and pharmacists comprise the core of the primary care team in rural areas.
- Professional organizations in the state may not embrace this team approach (politically)
- The mini-summit must include primary care physicians as equal participants
- There is a movement towards PCMH-team approach that embraces NPs and PAs; yet 60-70 % of nurse practitioners / physician assistants are going into specialties
- Inter-professional education-dialogue begins as a competition-whose job is harder?
- Is Georgia ready to merge the professions into a true team approach or are we still too isolated from one another?
- Interdisciplinary education-verbiage included across the board in medical/dental/mid-level/pharmacy programs
- Multidisciplinary groups of students work in nursing homes and in mental health as a team
- Are we competing with NPs and PAs for clinical training sites?
- Preceptor-roles and responsibilities need to be defined and sites used at the highest training level when possible.
Residents need to know that working with NPs and PAs will be a part of their job.

**Educating and Motivating our Congressional Delegation to become more active and proactive in seeking federal solutions to the challenges facing the primary care workforce, to include GME slot distribution, federal funding of GME, and primary care payment differentials.**

**Comments:**
- Develop relationships with congressional leaders—it's a must
- How will we communicate with them? Denise and others have relationships and can connect us to them
- Students may be an untapped resource. Can they communicate with congressmen?
- Members are more relaxed when they are in their district—see them here or bring students to them who are from their district
- Need a plan
- Medical association (MAG) willing to help sponsor or co-sponsor an event to give us an opportunity to provide some education and create synergy

**Conclusion:**
- Probably need to begin with strategic communications with Congressional delegation on behalf of all Primary Care Summit Stakeholders
- First focus on increasing the knowledge around issues relative to GME and the challenges faced in the medical education pipeline
- Provide education about primary care payment differentials and medical education debt—and how both impact specialty choice
- Focus this initiative on physician issues

Another question asked of Summit stakeholders related to the continued focus on Phases 3 and 4 of the medical education pipeline. Are there issues that need to be addressed now in the Phase 1 and Phase 2 components of the pipeline?

**Comments:**
- Biggest issue is diversity.
- Conduct updated research on what other states are doing to build the pipeline and to increase the number of people ultimately choosing primary care.
- Need to look at high schools in rural areas especially—how successful are they in having local students become matriculants in the medical education pipeline.
- Enhance math and science programs. Understand DOE standards. Make kids believe they have a shot.
- Look at Missouri-Primo-sponsored by medical schools. Summer program immerses math/science focused students. Better prep them for college math/science classes
• Better advisement needed

• State funded grant to GRU providing mentorship for high school students –MCG students serve as mentors

• Remediation/tutoring is one aspect. Rural high schools don’t have the same extensive curriculum, but still have bright kids-need to be incentivized.

• Utilize youth as mentors

Stakeholders were invited to identify other topics for mini-Summits or strategies to explore to assist us in achieving our goal of 50 primary care physicians / 100,000 population by 2020. The following responses were provided:

Comments:

• Invite the medical directors of the largest primary groups in the state to a meeting / mini-Summit to better understand the challenges and issues facing primary care private practice in Georgia.

• Engage large employers who are looking at healthcare in GA for their employees

• Update the information about what other states are doing to increase their primary care workforce

• Explore feasibility of expanding GME through Medicaid

• Conduct conversations with 3/4th year medical students to identify, their needs, comments, opinions on why they are choosing specific residency programs

• Host a mini-summit focused on appropriate student financial incentives across the pipeline (where should the incentives been given, during what phase, and who should receive incentives- the medical schools or the students, or both).