TARGET 2020

Summary of the 2012 Primary Care Medical Workforce Summit

Sponsored by the Georgia Statewide AHEC Network
May 2012
Introduction
In the Spring of 2008, the Georgia Statewide Network Advisory Council prioritized its health workforce development focus to the shortage of primary care physicians in Georgia. This move was responsive to recently released national reports that offered conclusive evidence that a major shortage was on the near horizon. In November of 2008, the first Statewide AHEC Primary Care Medical Shortages Summit was held. This was followed by Summits in 2011 and in 2012.

Model
In preparing for the 2011 Primary Care Summit, it was determined by the Statewide AHEC Network Primary Care Work Group that a model was needed to assist participants in addressing the complex issues and challenges involved with creating an appropriate Primary Care Medical Workforce for Georgia. It was agreed that the workforce would be addressed by each phase of its pipeline, thus allowing the participants to create balance across the pipeline through its recommendations. The following is the model used, identifying four phases, the years covered by each, and the environment in which each phase occurs.

<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>

2012 Summit Methodology
Using the recommendations identified by Phase from the 2011 Summit (provided later in this document), the 2012 Summit sought to prioritize recommendations within each phase and then to prioritize recommendations across all phases. Parking lot issues were identified that were not included in the 2011 Recommendations and these are attached to the 2012 Recommendations and Dashboard for future discussion and consideration. Some 2011 Recommendations were determined to be tactics to achieve certain recommendations and have been noted as such in the report.
2012 PRIMARY CARE MEDICAL SHORTAGE SUMMIT
RECOMMENDATIONS: Executive Summary:

1. Adopt a Primary Care Physician Plan for Georgia with a timeline of implementation and clear (measureable) outcome goals articulated

2. Launch a coordinated, statewide messaging campaign to address challenges in recruiting students into primary care (across all phases), and to educate policy leaders and consumers about the impact of failure to act in this environment
   a. Target audiences would include (in order of priority)
      i. Recruitment for Georgia Primary Care Residency Programs
      ii. Education of Policy leaders and consumers
      iii. Medical students (2\textsuperscript{nd} and 3\textsuperscript{rd} year) prior to selecting discipline for practice
      iv. Undergraduate sophomore and juniors making career choices
      v. Middle/High school students and their parents

3. Provide funding for 400 new residency slots in Georgia. ($1.2 million appropriated in FY 13.)

4. Expand the Pathways to Medicine program from southwest Georgia to other AHEC regions to increase early commitment to primary care medicine

5. Provide tax credits for primary care community based faculty providing uncompensated community based clinical training for 3\textsuperscript{rd} and 4\textsuperscript{th} year Georgia medical students.
6. Create capacity to award provisional loan forgiveness based on completion of primary care specialty selection for residency training.

7. Create a revolving fund to support new GME Program Start-Up and to support pairing of hospitals / programs to expand or establish primary care residency slots. ($985,895 appropriated in FY 13.)

8. Create tax incentives for hospitals to partner and collaborate to provide local funds to support GME expansion or creation of new programs.

9. Increase primary care loan forgiveness programs (with service commitments) to be competitive with National Health Service Corps and programs in other contiguous states.
<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>DASHBOARD BASELINE / DESIRED GOAL</th>
<th>TACTICS</th>
<th>COMMUNICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adopt a Primary Care Physician Plan for Georgia with a timeline of implementation and clear (measureable) outcome goals articulated</td>
<td></td>
<td>Circulate plan for endorsement by Summit participants</td>
<td></td>
</tr>
<tr>
<td>2. Launch a coordinated, statewide messaging campaign to address challenges in recruiting students into primary care (across all phases), and to educate policy leaders and consumers about the impact of failure to act in this environment</td>
<td># of GA Medical Students selecting GA Residency Programs</td>
<td><em>(in order of priority)</em></td>
<td></td>
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<tr>
<td></td>
<td># of GA Medical Students selecting GA PC residency programs</td>
<td>a. Create integrated recruitment initiatives to promote ALL GA PC residency programs to recruit GA medical student graduates</td>
<td></td>
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<tr>
<td></td>
<td># of GA Medical Students selecting PC Residency Programs out of state</td>
<td>b. Launch legislative and consumer Primary Care education and awareness campaign</td>
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<tr>
<td></td>
<td># of GA Medical School Graduates returning to practice PC in Georgia</td>
<td>c. Create aggressive primary care discipline selection by 2nd and 3rd year medical students through opportunity and awareness campaign</td>
<td></td>
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<tr>
<td></td>
<td># of GA Residency graduates remaining in GA to practice PC</td>
<td>d. Create multi-media toolkit to inform and assist college and high school advisors in directing students into appropriate health careers</td>
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<tr>
<td></td>
<td>Creation of PC Campaign Website / Multi-Media Hub</td>
<td>e. Education campaign for Middle/High school students and their parents about preparation for and selection of primary care career choices</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of contacts with 2nd/3rd year GA Medical Students about PC Career Choices</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of contacts with 3rd/4th year GA Medical Students recruiting them to GA PC residency programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of billboards / PSA's launched</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of contacts with legislators pressing urgency to act message</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>DASHBOARD BASELINE / DESIRED GOAL</td>
<td>TACTICS</td>
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<tr>
<td>----------------</td>
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<td>----------------</td>
</tr>
<tr>
<td>3. Provide funding for 400 new residency slots in Georgia. ($1.2 million appropriated in FY 13.)</td>
<td></td>
<td>Georgia Legislature</td>
<td></td>
</tr>
</tbody>
</table>
| 4. Expand the Pathways to Medicine program from southwest Georgia to other AHEC regions to increase early commitment to primary care medicine | # of Pathways graduates accepted into a Georgia Medical School  
# of Pathways Programs implemented | Pathways Program continued in Southwest GA  
New Pathways program implemented (site TBD)  
New Pathways program implemented (site TBD)  
New Pathways program implemented (site TBD)  
New Pathways program implemented (site TBD) | |
| 5. Provide tax credits for primary care community based faculty providing uncompensated community based clinical training for 3rd and 4th year Georgia medical students. | | Georgia Legislature | |
| 6. Create capacity to award provisional loan forgiveness based on completion of primary care specialty selection for residency training. | # of GA FM residents receiving loan forgiveness (PGY1 and PGY2)  
# of GA FM residents receiving loan forgiveness (PGY3 and PGY4)  
# of IM and Peds residents receiving loan forgiveness (PGY3 AND PGY4) | Implement PGY1 and PGY2 loan forgiveness for GA FM residents  
Implement PGY# and PGY4 loan forgiveness for GA FM residents  
Implement PGY3 and PGY 4 loan forgiveness for GA general internal medicine and pediatric residents | |
| 7. Create a revolving fund to support new GME Program Start-Up and to support pairing of hospitals / programs to expand or establish primary care residency slots. ($985,895 appropriated in FY 13.) | $985,895 awarded in FY 13  
____ awarded in FY 14  
____ awarded in FY 15  
____ awarded in FY 16  
____ awarded in FY 17 | Legislature | |
<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>DASHBOARD BASELINE / DESIRED GOAL</th>
<th>TACTICS</th>
<th>COMMUNICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Create tax incentives for hospitals to partner and collaborate to provide local funds to support GME expansion or creation of new programs.</td>
<td>Current PC loan forgiveness amount</td>
<td>Legislature</td>
<td></td>
</tr>
<tr>
<td>9. Increase primary care loan forgiveness programs (with service commitments) to be competitive with National Health Service Corps and programs in other contiguous states.</td>
<td>NHSC current PC loan forgiveness amount</td>
<td>Increase current PC loan forgiveness amount to level provided by NHSC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Median PC loan forgiveness amounts provided in contiguous states</td>
<td>Increase PC loan forgiveness amount to level competitive with contiguous states</td>
<td></td>
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</tbody>
</table>

**PARKING LOT ISSUES:** *Issues identified during the 2012 Summit for future discussion*

**Phase 1**
- Hospitals partner with community / educational institutions
- All primary care issues need to be addressed
- Economic state in Georgia, teacher layoffs have increased the workload for working faculty
- Utilize retired personnel for some implementation
- Establish model for exposure and preparation
- Health care community service experiences for high school students
- Increase counselor awareness in high school
- “Health care = guaranteed job” message is not getting out
- Provide counselors with tools
- Interface with general community about medical school vs. targeted population
- Department of Education should / can be point of contact
- Information / resources to non-magnet schools
- Department of Education repository needed
- Develop websites with message boards for students and counselors
- Profiles of health careers with real pictures and hands on experiences
- National youth leadership program

**Phase 2**
- Pre-med advisement has no standard curriculum

**Phase 3**
- Medical school environment toxic for primary care – “hidden curriculum”
- Reimbursement issues
- Positive feedback from primary care physicians
- How do you determine who is using a holistic admissions process?
- Need to revisit #4 – create incentives tied to state appropriations for high percentage of graduates selecting primary care specialties
- Continuing medical education credit for teaching
- Tracking of students
- Provide funding for medical school holistic admissions

**Phase 4**
- Funding support for existing primary care residency programs
- Explore more cash incentives
- Reimbursements at state level for primary care
- Liability issues for team practice
- Revisit recommendation #7 – create tax incentives for hospitals to partner and collaborate to provide local funds to support GME expansion or creation of new programs
- Specialized rotations in residency programs
- Recommendation #11 – rural residency training sites, where are they needed?
- Patient centered medical care home – health care reform
History and Outcomes of the Georgia Statewide AHEC Network Primary Care Summits

2008
2008 Primary Care Summit goal: To develop a collaborative work plan with Georgia medical schools and other partners to increase the number of medical school graduates choosing primary care and/or choosing to practice in a medically underserved setting in Georgia.

2008 Primary Care Summit outcomes / accomplishments:

1. Development of the comprehensive Resource Notebook summarizing strategies deployed in medical schools and other partner systems relative to primary care
3. Created the first “AHEC Rural Scholars” program in collaboration with Archway in Sandersville, Georgia.
4. Successfully had a community physician appointed to the Admissions Committee at Mercer University School of Medicine.
5. Created the ANCHOR program model in collaboration with the PCOM-GA.
6. Stronger partnerships were developed with GHSU Regional Campuses.

2011
2011 Primary Care Summit goal: To develop a comprehensive work plan identifying challenges and recommendations for each phase of the medical education pipeline.

2011 Primary Care Summit outcomes / accomplishments:

1. AHEC staff and members of the AHEC Advisory Committee met with the Governor’s budget staff.
2. AHEC staff and members of the AHEC Advisory Committee met with the House budget leaders.
3. AHEC staff and members of the AHEC Advisory Committee met with the Senate budget staff.
4. Costs for the proposed recommendations from the 2011 Summit were drafted.
5. Presented and spoke with legislators about the Summit, provided an overview of the four phases in the medical education pipeline and needs based on the Summit outcomes.
6. Legislators began funding for the 400 recommended GME slots by appropriating $1.2 million.
7. The Statewide AHEC Network received an additional $693,750 to increase housing resources to support community-based training of medical students completing core clerkships and rural/primary care electives.
8. Legislators appropriated $853,265 to provide “bridge funds” to support new primary care GME expansion programs.

**2012**

**2012 Primary Care Summit goal:** To rank and prioritize the recommendations from the 2011 Summit by phases in the medical education pipeline, develop a matrix for each prioritized recommendation, and develop a potential partners list for each ranked recommendation.

**Expected Outcomes:**
Release a comprehensive Primary Care Medical Workforce Plan in September 2012 creating balance in the primary care pipeline for physicians, and producing the number of these physicians needed by 2020.


All Summits benefited from strong participation from stakeholder groups from across Georgia. Thus the work products of these Summits so not belong solely to the Statewide AHEC but rather to a much larger group of constituents. The profiles of our Stakeholders / partners provides evidence of the broad involvement of diverse groups and individuals coming together to create solutions to Georgia’s Primary Care Medical Workforce Challenges. (All Georgia medical schools were represented at each Summit.)

<table>
<thead>
<tr>
<th>STAKEHOLDER PARTICIPANT PROFILE</th>
<th>SUMMIT</th>
<th>2008</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Schools</td>
<td></td>
<td>19</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>GME Programs</td>
<td></td>
<td>0</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>State Agencies</td>
<td></td>
<td>5</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Professional Associations</td>
<td></td>
<td>0</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>State Legislative Branch</td>
<td></td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Non Profits</td>
<td></td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>3</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>AHEC Center Staff</td>
<td></td>
<td>14</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>AHEC Program Office</td>
<td></td>
<td>4</td>
<td>5</td>
<td>7</td>
</tr>
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Recommendations from 2011 Primary Care Medical Workforce Summit

Using the Model adopted during the 2011 Primary Care Summit, workgroups developed proposed strategies and tactics to address issues by phases of the medical education pipeline. The following section provides a summary of the recommendations by phase identified by Summit participants.

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<tr>
<td>Years K-12</td>
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</tbody>
</table>

**PHASE 1**

1. Launch a statewide coordinated primary care messaging campaign
2. Develop training and resources for middle and high school guidance counselors
3. Deliver messaging to school systems through health career recruiters, classroom tools / aids, etc.
4. Support innovative programming offered by medical schools in partnership with local schools, boards of education, or districts.

**PHASE 2**

1. Develop and deploy a standardized pre-medical student advisor training

2. Expand the Pathways to Medicine program from southwest Georgia to four other AHECs

3. Develop three regional Primary Care Post-Baccalaureate programs in the University System.

4. Create an innovation fund to develop new web based resources and tools for advisement and guidance

**PHASE 3**

1. Provide start-up funds / technical assistance resources for any Georgia medical school willing to implement Holistic Admissions processes.

2. Provide start-up funds / technical assistance resources for any Georgia medical school willing to implement a primary care and/or rural admissions and training track.

3. Provide innovation funds to any Georgia medical school willing to implement an accelerated primary care track.

4. Create incentives tied to state appropriations for high percentage of graduates selecting primary care specialties.
5. Expand primary care loan forgiveness resources to allow more students to be offered these resources.
6. Create capacity to award provisional loan forgiveness based on completion of primary care specialty selection for residency training.
7. Increase funding to support housing needs of 3rd and 4th year medical students on rotations in community based training sites.
8. Increase funding for travel stipends for 3rd and 4th year medical students completing rotations remote from their campus.
9. Provide tax credits for primary care community based faculty precepting 3rd and 4th year Georgia medical students.

**PHASE 4**
1. Educate policy leaders about the impact of failure to act.
2. Request the Governor and General Assembly to appoint a Joint Legislative Committee on the GME crisis in Georgia.
3. Adopt a Primary Care Physician Plan for Georgia with a timeline of implementation and clear outcome goals articulated.
4. Provide funding for 400 new residency slots in Georgia.
5. Explore legislation encouraging insurance companies to provide some level of support for GME start up and expansions.
6. Create a revolving fund to support new GME Program Start-Up and to support pairing of hospitals / programs to expand or establish primary care residency slots.
7. Create tax incentives for hospitals to partner and collaborate to provide local funds to support GME expansion or creation of new programs.
8. Address the existing and worsening deficit of GME faculty to support expanded residency slots by providing funding for accelerated learning and for recruitment.
9. Increase primary care loan forgiveness programs to a minimum of $30,000 per year with a service commitment to be competitive with National Health Service Corps and with contiguous states.
10. Implement $25,000 per year salary supplements for Georgia medical school graduates selecting primary care residency programs in Georgia.
11. Launch a high tech 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.
12. Provide cash stipends for residents completing rural residency training tracks.
At the completion of the 2011 and 2012 Summit evaluations were emailed to all attendees. In 2011 46% of the attendees completed the online survey. In 2012 62% of the attendees completed the survey. A summary of the evaluation responses are below.

### 2011-2012 Summit Evaluation Summaries

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>Abbreviated Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>82%</td>
<td>98%</td>
<td>Attendees were either extremely or moderately satisfied with the Summit.</td>
</tr>
<tr>
<td></td>
<td>62%</td>
<td>74%</td>
<td>The Summit was much better or somewhat better than attendee expectations.</td>
</tr>
<tr>
<td></td>
<td>79%</td>
<td>96%</td>
<td>The Summit was extremely or very organized compared to attendee expectations.</td>
</tr>
<tr>
<td></td>
<td>71%</td>
<td>80%</td>
<td>Attendees that felt the facilitators provided about the right amount of time for group discussion.</td>
</tr>
<tr>
<td></td>
<td>68%</td>
<td>85%</td>
<td>Attendees that felt the Summit either met all or most of its goals.</td>
</tr>
<tr>
<td></td>
<td>74%</td>
<td>83%</td>
<td>Attendees that felt the Summit covered about the right amount of information.</td>
</tr>
<tr>
<td></td>
<td>97%</td>
<td>96%</td>
<td>The Summit spent either a great deal, or “a lot” of time on information important to the attendees.</td>
</tr>
<tr>
<td></td>
<td>68%</td>
<td>100%</td>
<td>Attendees rated the Summit as above average or excellent.</td>
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