Methodology: Using the recommendations developed during the 2012 Primary Care Summit, attendees were divided into three breakout groups. Each breakout group discuss recommendations related to the medical education pipeline (undergraduate medical education, graduate medical education and offshore medical students and schools). Attendees were asked to discuss and explore each recommendation and decide whether to keep, delete, or modify the recommendation. In the sections below are listed the priority items for the FY 2015 budget.

### The Medical Education Pipeline

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
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<tbody>
<tr>
<td>Pre-matriculation (middle – high school)</td>
<td>Undergraduate Baccalaureate Years</td>
<td>Medical School</td>
<td>Residency/GME</td>
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#### Phase 3 Medical School / Student Clerkships and Community Based Faculty Breakout Group:

Expand primary care loan forgiveness resources to allow more students to be offered these resources.

Increase funding to support needs of the 3rd and 4th year medical students on rotations in community based education training sites.

Provide tax credits for primary care community based faculty precepting 3rd and 4th year Georgia medical students.

#### PHASE 4 Residency / Graduate Medical Education Breakout Group:

Increase state funded GME Loan Forgiveness awards to levels competitive with the National Health Service Corps; increase the number of awards available for distribution.

Provide funding for 400 new residency slots in Georgia.

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

Increase primary care loan forgiveness programs to a minimum of $30,000 per year with a service commitment to be competitive with the National Health Service Corps and with contiguous states.

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.
PHASE 3 Medical School: Increase funding to support needs of 3rd and 4th year medical students on rotations in community based training sites.

Current funding:
FY 14 State Appropriation: $2,361,088 (full deliverable schedule attached)
Funding / Deliverable categories:
Recruitment into health careers: $490,842
Clinical Training: $1,632,136
Retention of providers: $223,110
Program Office / Administrative: $15,000

FY14 State funding for clinical training support (all disciplines): $1,632,136

Deliverables for these funds:
1. Support 2,375 student rotations in community based teaching sites
2. Provide housing and/or travel support for 1,250 student rotations

Rationale and Background:
- Each medical student has approximately 7 required core clerkships in their third year. (FM, IM, Pediatrics, Psych, EM, OB/GYN, and General Surgery); approximately 40% of these required clerkship rotations occur in community based settings remote from the medical campus. Each rotation lasts 4-6 weeks on average.

- In 2013, there were approximately 594 3rd year Georgia medical students.
  - 594 x 7 required core clerkships = 4,158 required core clerkships;
  - 4,158 x 40% in community settings = 1,663 rotations to be supported in the community;
  - most will require housing for the medical student

- By 2020 it is estimated that Georgia will have 803 3rd year medical students
  - 803 X 7 required core clerkships = 5,621 required core clerkships
  - 5,621 x 40% in community settings = 3,212 rotations to be supported in the community;
  - most will require housing for the medical student

- AHEC is the primary entity providing housing for health professions students in community based sites remote from their host campus. From FY 2008 – FY 2013, AHEC supported 22,336 rotations; approximately 38% of which were medical student rotations (for FY 12-FY13 that percentage increased to 58%). Between FY 08-FY13, AHEC supported 5,404 rotations with housing; of these rotations, 62% (3,351) were medical students. This percentage of housing resources allocated to medical students rose to 70% in FY 13.

**Why is housing and travel support important?** Research has demonstrated that the location of training is highly correlated to eventual practice location choice. For an enrolled medical student, the chance to receive training off campus is perceived negatively without adequate supports in place for them. For example, a medical student in Augusta rents an apartment year round. However, if s/he is assigned to a community based training site in Valdosta for 6 weeks, s/he must maintain the apartment in Augusta while finding (and funding) temporary housing in Valdosta. This is a serious financial barrier to students who are willing to rotate off campus for many of their core clerkships. Additionally, there is not enough patient volume at the affiliated medical school teaching hospitals to support all of the training needs of medical students (not including the equally important need to provide clinical training for physician assistant students, nursing students, etc.)
For FY 14, following a housing funds increase from the state, AHEC has increased its housing inventory (beds available) by 34% over FY 11. With these increased resources, AHEC was able to increase its housing support for medical student rotations by 46% in FY 2013 above FY 2008 numbers.

<table>
<thead>
<tr>
<th>Year</th>
<th>Training $</th>
<th>Housing $</th>
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</thead>
<tbody>
<tr>
<td>2008</td>
<td>$937,040</td>
<td>$212,998</td>
</tr>
<tr>
<td>2009</td>
<td>$937,040</td>
<td>$212,998</td>
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<tr>
<td>2010</td>
<td>$838,986</td>
<td>$190,710</td>
</tr>
<tr>
<td>2011</td>
<td>$804,990</td>
<td>$171,316</td>
</tr>
<tr>
<td>2012</td>
<td>$959,536</td>
<td>$1,621,262</td>
</tr>
<tr>
<td>2013</td>
<td>$1,632,136</td>
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<tr>
<th>Rotations and Housing</th>
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<tbody>
<tr>
<td>Housing- Beds³</td>
</tr>
<tr>
<td>Total Student Rotations</td>
</tr>
<tr>
<td>Med Student Rotations⁴</td>
</tr>
<tr>
<td>Med Student Rotations w/ housing</td>
</tr>
<tr>
<td>Other Student Rotations w/ Housing</td>
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</tbody>
</table>

Why don’t the AHECs devote all of their appropriated resources to support only medical student community based clinical training?

- The need to train other health professions students in other disciplines such as nursing, physician assistant, pharmacy, dentistry, etc.) is equally pressing and important.
- Physicians are not the only discipline experiencing extreme shortages in this state.
- AHECs were not created to solve medical school problems; but they have developed strategies to support health professions student education in their regions as a mechanism to increase exposure to their communities and to develop relationships with students that could result in successful recruitment of those students back to the region upon completion of their training.

What is involved with providing housing for health professions students?

- Locating appropriate housing in communities across the state and negotiating affordable rates
- Establishing and paying for all utilities, pest control, cleaning, and internet services
- Furnishing apartments with furniture, kitchen utensils and cooking items, limited decorations, setting up wi-fi routers, etc.
- Monitoring cleanliness and safety of every apartment and insuring furnishings are replaced as needed
- Coordinating with various schools to identify student placement needs; establish complex housing calendar with assigned students for the year; obtaining housing agreements from each user of housing
- Trouble shoot student issues
- Establish protocols for obtaining and returning unit keys / gate passes
- General property management roles

**STATEWIDE AHEC SUPPORT FOR UNDERGRADUATE MEDICAL STUDENTS:**

*Request for increased housing and travel support funds ($600,000) for FY 2015*

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¹ Funding cuts occurred annually from FY10- FY 12; In FY 12 housing funds were blended into the clinical training funds and no longer listed as separate.

² Housing funds increased by $693,750 by the Legislature

³ Bed inventory was not captured annually until 2013; prior to that it was collected every three years

⁴ Medical student rotations average 5+ weeks; other health professions average 3+ weeks. Thus as AHEC increases the number of medical student rotations supported it will reduce the number of overall rotations.
PHASE 3 Medical School / Student Clerkships and Community Based Faculty: Provide tax credits for primary care community based faculty precepting 3rd and 4th year Georgia medical students, physician assistant students, and nurse practitioner students.

Rationale and Background for strategy:

- Georgia’s primary care shortages are well documented; it is imperative that the training of medical students, physician assistant students, and nurse practitioner students be secured in the state as these three disciplines form the core primary care workforce.

- **MEDICAL STUDENTS**: Each medical student has approximately 7 required core clerkship rotations in their third year. (Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, OB/GYN, Psychiatry, and General Surgery)
  - Each rotation lasts 4-6 weeks on average.
  - Approximately 40% of these required clerkship rotations occur in community based settings with non-compensated volunteer faculty.
  - In 2012, there were approximately 594 3rd year Georgia Medical Students at our five schools.
  - 594 x 7 required core clerkships = 4,158 rotations;
  - 4,158 x 40% in community settings = **1,663 rotations eligible for tax credit**
  - In 2020 it is estimated that Georgia will have 803 3rd year medical students needing +/- 3,212 off campus community based training with a CBF member.

- **PHYSICIAN ASSISTANT STUDENTS**: Each PA student completes approximately 50% of their required clinical rotations in off-campus community based training sites with practicing physicians. The same seven clerkships are required as for medical students.
  - There are approximately 300 Georgia Physician Assistant students at four institutions.
  - Each rotation lasts 4-6 weeks on average.
  - 300 students x 7 rotations = 2,100 rotations.
  - 2,100 rotations x 50% in community based training sites = **1,050 rotations eligible for tax credits**

- **NURSE PRACTITIONER STUDENTS**: There are 12 Nurse Practitioner Masters Programs in Georgia with a total approximate enrollment of +/- 700. Nursing curriculum differs from the other two disciplines, but approximately each student would need 2 or 3 supported rotations.
  - 700 x 3 = **2,100 rotations eligible for tax credits**

Off-shore and out-of-state medical schools are using Georgia CBF and paying them +/- $1500 per rotation. Rather than enter into a bidding war with these other players, a tax credit could provide a powerful incentive to Georgia CBF to only take Georgia medical, Physician Assistant, and Nurse Practitioner students.
Eligibility: Any non-compensated community based physician providing core clerkship teaching for a Georgia medical student OR a Georgia Physician Assistant student (in the same clerkships) OR a Nurse Practitioner student; CBF must provide a minimum of three rotations to be eligible for the tax credit.

Rationale: PA’s and Nurse Practitioner students use the same CBF as medical students - to offer tax credits for medical students and not PA / NP students would / could lead to PA/NP students being unable to secure needed training sites. Further, if one core discipline is provided a tax credit and not the others, then an unintended consequence would be the loss of significant numbers of CBF.

Fiscal Impact: Medical Students
(Worse-case scenario) Every CBF takes at least three medical student rotations, thus qualifying for the tax credit.

- If tax credit is set at $1,000 per medical student rotation:
  - FY 15: 1,633 medical student rotations x $1000 tax credit for each = $1,633,000 x 6% state tax = **$97,980 lost state revenue**
  - FY 19: 3,212 medical student rotations x $1,000 tax credit for each = $3,212,000 x 6% state tax = **$192,720 lost state revenue**

- Tax Credit Caps will have to be identified so there is no incentive to take more students than quality education standards can sustain

Fiscal Impact: PA Students

- If tax credit is set at $750 per PA student rotation:
  - FY 15: 1,050 PA rotations x $750 tax credit for each = $787,500 x 6% state tax = **$47,250 lost state revenue, annually.**

Fiscal Impact: Nurse Practitioner Students

- If tax credit is set at $750 per NP rotation:
  - 2,100 NP rotations x $750 tax credit = $1,575,000 x 6% sales tax= **$94,500 lost state revenue, annually.**

Total Potential Lost State Revenue FY 2015: $239,730

These are just estimates based on our preliminary discussions. Procedures to certify service for the credits, issuance of tax documentation, and other guidelines will need to be developed.
PHASE 4 Residency / Graduate Medical Education: Increase state funded GME Loan Forgiveness awards to levels competitive with the National Health Service Corps; increase the number of awards available for distribution.

BACKGROUND:
Georgia State Loan Repayment Program (LRP) is:
- Administered by the Georgia Board for Physician Workforce
- Loan amount(s) set by the Board
- Recipients are based on annual rankings (by the Board) of needed disciplines
- Can begin once unrestricted license is received and completion of residency program
- Must practice in a county of 35,000 population or less to qualify
- Up to $25,000 per year (amount set by Board); currently awards are $20,000 each per year to allow for more awards.
- Can receive up to 4 times (Board sets limitations) but each year is a competitive renewal.
- GBPW funded 16 awards at $20,000 each in FY 2013 and funds for 16 @ $20,000 are in the FY2014 budget.
- To bring funding level to $30,000 per 16 recipients an additional $160,000 is needed and is being requested through the FY2014 amended budget process by the GBPW
- To expand the number of recipients (at the $30,000 level) the Georgia Board is requesting:
  10 new positions @ $30,000 each in FY 15 = $300,000
  10 additional new positions @ $30,000 each in FY 16 = $300,000
- Still need to address multi-year awards vs. annual competitive renewal, and the cap at 4 years (both set by Board rule not legislature); the GBPW is reviewing program rules for updates at the October meeting and this will be discussed.

TOTAL ASK:
FY 15: $160,000 in the FY 14 Amended budget (to increase awards to $30,000 level) and $300,000 (to increase the number of awards to 26) through the FY 15 budget= $460,000
FY 16: $GBPW will request $300,000 in FY2016 budget for 10 additional new awards

This strategy specifically addresses our concerns about losing Georgia medical students to out of state residency programs as only graduates of Georgia residency programs are eligible. By increasing the loan repayment amount we are also seeking to retain Georgia residency graduates in the state to meet our needs.
RECOMMENDATION:

PHASE 4 Residency / Graduate Medical Education: Increase the total number of Georgia GME slots in Primary Care disciplines.

BACKGROUND:
The Congressional Balanced Budget Act of 1997 capped Medicare funded GME slots at 20.8 residents/100,000 population; since that time the state’s population has grown by 77% (national population growth for the same period was 36%). Most Medicare funded GME slots are in the Northeast and “rustbelt”, although these regions actually lost population since 1997. Georgia’s physician to population rate of 200 physicians/100,000 population is among the Nation’s lowest (39th); while New England states enjoy 350 physician /100,000 population rate.

According to a recently released study by the Robert Graham Center, Georgia will need 2,099 additional primary care physicians by 2030 to maintain current rates of utilization. This is a 38% increase over the state’s 2010 primary care workforce of 5,496. This increased demand is based on three variables that will impact the health workforce: population growth, aging, and effect of the Affordable Care Act. According to the study, components of the increased demand include 20% due to increased utilization due to aging; 66% due to population growth; and 13% due to a greater insured population following the Affordable Care Act.

Circa 2009-2010, Georgia’s five medical schools began to enlarge their medical school class sizes, recognizing the looming shortages. However, concomitant growth in the state’s GME residency slots did not occur. In academic year 2010-2011, the average first year enrollment in Georgia medical schools was 586. For that same period, the estimated number of first year GME residency slots was 478. This striking imbalance underscores the need to take aggressive action to balance these two numbers else we risk exporting large numbers of students out of state for residency training.

Data indicate that Georgia medical school graduates are not choosing to complete their residency training in the state. In 2011, only 15.8% of Georgia’s first year residency slots (PGY1) were filled by Georgia medical school graduates. Pediatrics was the most successful Georgia residency program at attracting Georgia medical school graduates, filling 38% of their slots with these students. Incentives need to be identified and actioned to increase the retention of Georgia medical school graduates electing to remain in state for residency training. Currently, about one half of Georgia GME graduates remain in state to practice. This is another component of the pipeline to be incentivized to increase retention. Data from the Georgia Board for Physician Workforce indicate that of the Georgia GME graduates, the highest retention rates are those who graduated from a Georgia high school, a Georgia medical school, and a Georgia Residency program (81.8%). This is closely followed by those Georgia GME graduates who graduated from a Georgia high school and a Georgia GME program (74.1% retention rate). These are clear indicators that we need to focus GME recruitment on students with strong ties to the state if the goal is practice retention in Georgia. According to the state of Texas, it costs $239,150 to train a resident. If these numbers are true in Georgia, and they should be close, then the investment the state is making in residency training demands a similar investment in retention strategies beginning with increasing residency opportunities, residency applicant selection, and continuing through training and into practice.
MAJOR ISSUES SURROUNDING GME:
1. The need to rapidly increase the number of GME residency training slots available in Georgia, in Primary Care;
2. The need for Congress to remove the 1997 Medicare GME caps;
3. The need for Congress to address the ACA recommendation to reduce Indirect Medical Education payments by 10% to existing GME programs;
4. The need to increase primary care GME slot capitation dollars to allow for increasing number of residents; and
5. The need to retain Georgia GME residency graduates in the state.

TOTAL ASK:
1. Support the Board of Regents request for $3.2 million in new funds to support creation of new residency slots in Georgia, with a goal of funding an eventual 400 new residency slots in the state.
2. Urge Georgia’s Congressional Delegation to engage in the Medicare disputes regarding allocation of GME slots across the nation and on the proposed decrease in Medicare funding of existing residency program slots by 10%;
3. Support the Georgia Board for Physician Workforce proposal to increase primary care residency capitation by $118,072 for expansion positions in the FY 14 amended budget;
4. Support the Georgia Board for Physician Workforce proposal to increase primary care residency capitation funds by $2,058,020 for new and expansion positions in the FY 15 budget, as part of the Governor’s Strategic Plan for a Healthy Georgia.
6. Protect state funded Medicaid payments for GME.
The Medical Education Pipeline

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Creating a Primary Care Dashboard:

- The purpose of the dashboard is to provide policy leaders and others interested in single point access for primary care data.
- Data will be presented to assess and evaluate primary care progress in Georgia as Summit recommendations are implemented.
- Less data is more impactful and we will begin with small amounts of information and graphics on the dashboard.
- Primary care data will include:
  - Internal Medicine, Pediatrics and Family Medicine
  - Data will be for the years 2006, 2008, 2010 and 2012
  - Data elements for the dashboard are:
    - Number and rate per population of Primary Care Physicians in Georgia
    - Progress on additional 400 residency slots in Georgia
    - Georgia medical school graduates choosing PC GME
    - Georgia medical school graduates choosing a Georgia PC residency
    - Number of GME slots in primary care and other specialties
- Visions for the site are graphics to detail primary care information in Georgia such as dials to show rate of physicians per population and provide data to compare Georgia to the SE and / or national data.
- There will be links to all major partner sites – GBPW, SORH, GA ACP, etc.