GME Expansion

Looming Physician Shortage

- Background & Scope of the Problem:
  - Physician shortages are expected to exceed 90,000 over the next decade
  - Georgia per capita physician workforce ranks 40th in US (2009):
    - GA Per Capita rate - 306.5
    - US Per Capita rate - 254.5
  - Small size of primary care workforce
  - Concerns also noted for General Surgery

Growing Imbalance of Med Ed System

- UME expansion is occurring at nearly double the rate of GME
- Georgia ranks 39th in total residents per capita
  - GA rate is 20.8/100,000; National rate is 35.7/100,000
  - Per capita growth in GME is expected to be smaller in the next 10 years
- Georgia needs 1,400 more positions to match the US average (or 313 to meet 3E average)

Bottom Line:
The lack of GME positions is forcing students out of state to complete training, decreasing the likelihood that they will practice in Georgia.

Current Medical Education System

- Georgia's Medical Education System is small relative to other states
  - Georgia ranks 29th in per capita number of students enrolled in medical school
  - Georgia ranks 39th in total residents per capita
  - Georgia ranks 42nd in terms of residents training in a primary care GME program
  - Current system concentrates in four Georgia cities
    - UME programs currently only in five GA cities
    - Limited in number
    - Concentrate on one specialty

Growing Imbalance of Med Ed System

- ~2100 GME positions in GA as of 2011
- Current imbalance in capacity of GME relative to UME as of 2010
Need for More GME

- Growing imbalance UME/GME
- Too few PGY1 slots to meet needs of pending UME grads
- Small size of "enrollment" in GME programs in Georgia
- Small size of primary care GME programs

❖ All suggest need to expand GME

GME Task Force

❖ Goal:
  - Develop opportunities to help Georgia hospitals create 400 new residency positions that:
    - Close the gap between number of medical school graduates and 1st year GME positions
    - Increase the number of residents in Georgia to southeastern rate
    - Ensure some concentration on primary care and general surgery

GME Programs Are Developed By Local Hospital & Medical Staffs

❖ GME programs are a three-way agreement between:
  - The ACGME for accreditation
  - The federal (and state) governments for reimbursement
  - A hospital (for teaching effort)
- They do not necessarily involve a medical school or university
- AHCs (GHsu, Emory) have their own integrated GME programs
- GME programs are initiated & managed by hospitals and associated medical staffs
- Development and expansion of physician training will not happen without local hospital & community engagement

GME Task Force

Objectives Critical to Meeting Goal:

- Bridge the GME knowledge gap facing hospitals considering GME by:
  - Facilitating conversion of GME "halfway" hospitals into teaching hospitals
  - Maximizing financial supports for new GME programs
  - Facilitating better distribution of new GME programs across the state
  - Monitoring policy landscape and devise policy responses to render GME more cost effective
  - Utilizing GME expertise within USG to facilitate effective GME growth

Finding the Best GME Partners

❖ Patient volumes/severity are critical
❖ Access to new Medicare Funding vital for long term sustainability

GME Task Force

Objectives Critical to Meeting Goal:

- Create a pool of matching funds to support GME start-up costs for strategically positioned Georgia hospitals
  - Utilizes clinical and four year campuses as potential hubs
  - Utilize USG expertise in GME to foster most effective development of GME across the state
  - Designate funds for start-up costs and require match
  - Prioritize primary care specialties and general surgery
GME Task Force

Other Considerations:
- Establish incentives that attract residents to Georgia residency programs
  - Establish financial aid program for students entering select GME programs in Georgia
  - Consider adoption of innovative GME models to enhance exposure to community settings

Thank you

Questions?