10 YEARS – WHAT HAVE WE ACHIEVED?

AHEC PRIMARY CARE SUMMIT
AHEC Primary Care Summit Mission:

To develop strategies to meet the primary care workforce needs for the citizens of Georgia by 2020.
WHAT ARE THE PRIMARY CHALLENGES IN TRAINING A PRIMARY CARE WORKFORCE IN GEORGIA?
CHALLENGE: Education Pipeline

- K-12 education (High School diploma)
- 4 years of undergraduate education (Baccalaureate)
- 2 years for a Masters (PA and APRN)
- 4 years of medical school (UME)
- 3-8 years of residency training (GME)

- 6 years+ post high school to educate a new PA or APRN
- 11-16 years post high school to educate a new doc
CHALLENGE: Community Based Education

The more exposure a learner has to rural communities and underserved populations during his/her training, the more likely they are to practice in a rural setting.

1. Recruiting and preparing community based teaching sites
   - Site identification
   - Site Credentialing
   - Rewarding volunteer community based faculty (Preceptor Tax Incentive Program- PTIP)

2. Addressing practical barriers to off campus / off site rotations.
   - Housing issues
   - Travel issues

3. Working with communities to develop social integration strategies
BACKGROUND
Why AHEC?

- Academically neutral
- History of working with all health professions, not just medicine
- Statewide service area
- Community investment across our boards of directors
- Primary care need is impacting all AHEC regions
- Skilled conveners and facilitators regionally and statewide
2008 – Georgia Statewide AHEC Network Advisory Council prioritized its health workforce development focus on the **shortage of primary care physicians in Georgia**.

Created the **Primary Care Workgroup** to address primary care shortages.

National reports offered conclusive evidence that a major shortage was on the near horizon.

AHEC Primary Care Workgroup hosted the first Primary Care Summit, November 2008.
AHEC Primary Care Workgroup Representation

- AHEC Program Office
- 6 Regional AHEC Centers
- Albany Area Primary Health Care
- Community Health Care Systems
- Mercer University School of Medicine
- GA-PCOM School of Medicine
- Emory University School of Medicine
- Medical College of Georgia at Augusta University
- Morehouse School of Medicine
- Georgia State Office or Rural Health/DCH

- Georgia Academy of Family Physicians
- Georgia Board for Physician Workforce
- Georgia Chapter – American College of Physicians
- Emory University School of Medicine Physician Assistant Program
- Physician Assistant Program at Augusta University
- Nell Hodgson Woodruff School of Nursing at Emory
- Jiann-Ping Hsu College of Public Health at Georgia Southern University
Goal of the 2008 Summit: 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.

Findings of the 2008 Summit were widely circulated and presentations made to select committees in the Georgia General Assembly.

National presentations were solicited and provided.

Ongoing research and monitoring of the primary care workforce conducted internally within the AHEC Network and its Advisory Council.

Decision was reached to host another Summit in 2011 to update previous Summit findings and to begin crafting a unified plan.
2011 Primary Care Summit

- Introduced new *model* of addressing primary care medical shortages by identifying four phases of the medical education pipeline and developing strategies for each.

- Goal was to develop a comprehensive work plan identifying challenges and recommendations for each Phase: *Published TARGET 2020*.

- Decision was made to host an Annual Primary Care Summit to monitor and make recommendations about the primary care workforce to state and federal leaders.
Developing the Model

- The Statewide Primary Care Workgroup determined 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 their recommendations.

- Provide legislators and other key decision makers an understanding of the time and investment it takes to educate a new physician.

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PC Physicians vs. All PC Providers

- Recognize the value of all primary care providers
- Recognize the complexity of the challenges and the scope of strategies needed
- Chose to focus on Primary Care Physicians as the starting point, and in recognition that physicians’ education pipeline is the longest
### 2016 Primary Care Summit
Expanded Model Used

- Added APRN and PA programs to the workgroup and Summit mission
- Added Phase 5 to the pipeline to include practice/retention

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EVOLUTION OF AN AGENDA
Four Major Themes:

- Community Based Faculty
- Support of medical school expansion through increased focus on students barriers (housing, travel, admissions)
- GME expansion
- State governance / guidance
1. Community Based Faculty Preceptors: Strategies

- Explore methods to more effectively manage community based faculty resources needed to support expanded medical student pool.

- Create incentives for community based faculty to provide clinical training for core medical student clerkships, to accommodate medical school class expansions; (Phase 3)

- Provide tax deductions for primary care community based faculty providing uncompensated community based clinical training for 3rd and 4th year Georgia medical students.

- 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.
ACCOMPLISHMENTS:

- Statewide AHEC launched the “Expert Preceptor Training Series”, providing six credit hours of CME. This free, on-line preceptor development initiative was designed to provide training for new and seasoned community based preceptors as an incentive to accept more students.
- Passed SB 391 creating the Georgia Preceptor Tax Incentive Program (GA-PTIP).
- First tax deduction letters certified and distributed.
- HB 463 introduced, expanding the definitions within the law, adding NP and PA preceptors to eligible recipients, and providing a vehicle for conversion to a tax credit. Bill did not progress past committee level.
- 2017-2018: HB 301 introduced, expanding the definitions within the law, adding NP and PA preceptors as eligible recipients and converting to a tax credit
  - Passed the House in 2017
  - Was recommended for passage by the House Rural Economic Development Council
  - Was recommended for passage by the Senate Barriers to Health Care Study Committee
  - Was used as a vehicle for other legislation, leading to no action on the bill in the Senate.
PTIP DATA

2014

- **PRECEPTORS:**
  - 493 Registered Preceptors
  - 250+ qualified to receive deductions

- **DEDUCTIONS:**
  - Approximately $665,000 in deductions were awarded for 6 months of 2014
  - 70% of deductions were awarded for hours provided to support medical/osteopathic students; nurse practitioner students accounted for 12% and physician assistant students accounted for 18%

- **PROGRAMS**
  - 18 of 23 eligible programs reported data

2017

- **PRECEPTORS:**
  - 932 Registered Preceptors
  - 348 qualified to receive deductions

- **DEDUCTIONS:**
  - Approximately $2,231,000 in deductions were awarded for 2017
  - 72% of deductions were awarded for hours provided to support medical/osteopathic students; nurse practitioner students accounted for 9% and physician assistant students accounted for 21%

- **PROGRAMS**
  - 26 of 26 eligible programs reported data
2. Support of medical school expansions: 

**Strategies**

- Place community based faculty members on medical school admissions committees, specifically to recommend students for primary care or rural tracks
- Develop a more structured strategy to identify potential medical school applicants from rural communities
- Increase housing resources available to support community based training of medical students completing 3rd and 4th year medical school core clerkships and rural/primary care electives
- Expand the *Pathways to Medicine* program from southwest Georgia to other AHEC regions to increase early commitment to primary care medicine
ACCOMPLISHMENTS:

- Approximately $600,000 added to the Statewide AHEC Network contract to support expanded housing for health professions students.

- **Summer of 2015:** *Pathways to Medicine* Foothills AHEC added a new Pathways to Medicine program in northeast Georgia (in addition to SOWEGA AHEC, the developer of the program).

- The existing Physicians for Rural Areas loan repayment program has increased the number of awards available and the amount of awards provided.
3. GME Expansion - Slots: Strategies

- Provide funding to create 400 new primary care Graduate Medical Education (GME) slots in Georgia
- 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
- Create incentives for Georgia Medical School Graduates to select Georgia Primary Care Residency Programs for training
- Address the existing and worsening deficit of GME faculty to support expanded residency slots by providing funding for accelerated learning and for recruitment
- Support the Georgia Board for Physician Workforce proposal to increase primary care residency capitation funds for new and expansion positions
ACCOMPLISHMENTS:

- Board of Regents projects 500+ new residency slots identified and in development or already opened.

- **New GME Program Start-Up** and pairing of hospitals / programs to expand or establish primary care residency slots. **$985,895 appropriated in FY 13.**

- First Mini-Summit hosted on the topic of **GME Faculty Deficits**

- Increase in the GBPW FY 15 budget for residency capitation grants by **$498,168**; most of these dollars qualified for federal match

- Increased funds for 20 new residency slots (capitation) (**$172,168**)  

- Increased capitation for residency grants (**$799,981 state**)  

- MUSM received funds for the expansion of the 3 year **FM Accelerated Track Program** (**$1,020,000**)
FY 19 Budget Successes

- Increase funds for 99 new residency slots in primary care medicine. $1,732,569
- Transfer funds from the Georgia Board for Physician Workforce: Physicians for Rural Areas program for the Memorial Accelerated Track Program. - - $180,000
- Provide funds for a statewide residency recruitment fair as recommended by the House Rural Development Council. - - $40,000
- Increase funds for 20 slots in OB/GYN residency programs, with four slots each at Emory University School of Medicine, Medical College of Georgia, Memorial University Medical Center, Morehouse School of Medicine, and Navicent Health Care Macon. - $306,600
- Increase funds for 13 existing slots in psychiatry residency programs, including three slots at Emory University School of Medicine, three slots at Medical College of Georgia, five slots at Morehouse School of Medicine, and two slots at Navicent Health Care Macon. - $188,500
- Provide funds to increase capitation rates to $14,500 for 10 existing Community and Preventive Medicine residency positions at Emory University School of Medicine and Morehouse School of Medicine. - $64,270
FY 19, continued

- Increase funds for medical residency capitation to help offset a reduction in the Federal Medical Assistance Percentage.
- Increase funds for malpractice insurance premium assistance for physicians with a practice in underserved counties that currently have one or less physicians.
- Increase funds for the start-up of the Philadelphia College of Osteopathic Medicine South Georgia campus and develop a long-term plan for expansion in Georgia including financial request for State of Georgia in outlying years.
GME – RETENTION: Strategies

- Advocate more flexible loan repayment for primary care residents, including assistance during residency, resident stipends, 50/50 matches with communities, etc.
- Increase primary care loan forgiveness programs to be competitive with National Health Service Corps and with contiguous states to a minimum of $30,000 per year with a service commitment
- Develop incentives for primary care GME residency graduates to remain in Georgia to practice
- Create capacity to award provisional loan forgiveness based on completion of primary care specialty selection for residency training
- Continue to expand primary care loan forgiveness resources to allow more students to be offered these awards.
ACCOMPLISHMENTS:

- White paper developed on creating capacity to award provisional loan forgiveness based on completion of primary care specialty selection for residency training in a Georgia program; issues still under exploration.
- GBPW funding increased to provide 10 additional GME loan forgiveness awards at the $20,000/year level (total awards increased from 16 to 26).
- GME Loan Forgiveness Awards increased to $25,000/year.
- Funding provided to reinstate a rural dentistry loan forgiveness program ($200,000).
- A new APRN / PA loan repayment program was established at the GBPW.
4. State Governance / Guidance:

**Strategies**

- Establish a joint legislative committee to develop and recommend incentives for primary care practice, for rural practice, and to address payment obstacles for primary care
- Educate policy leaders about impact of failure to act
- Request the Governor and General Assembly to appoint a Joint Legislative Committee on the GME crisis in Georgia
- Address the existing and worsening deficit of GME faculty
- 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
ACCOMPLISHMENTS:

■ Presentations of the annual Primary Care Summit recommendations were delivered to approximately 20 legislative committees, numerous professional and membership organizations, and several national meetings; work was incorporated into federal testimony related to medical education debt and impact on primary care choices.

■ Annual meetings with Governor’s (OPB), House and Senate budget staff and analyst to present and explain the PC Summit Recommendations

■ Hosted mini Summit on GME Faculty Deficits

■ HR 1722 creating the House Study Committee on Medical Education / GME was passed

■ Hosted mini-Summit on Identifying Common Educational Barriers to Producing PC graduates, for Georgia NP, PA, MD, DO programs
2016-2018 Primary Care Summit Workplan

- Convert Preceptor Tax Incentive Program from a deduction to a credit
- Expand PTIP to cover APRN and PA Preceptors
- Continue support for GME expansion (BOR)
- Maintain Physician LRP (loan repayment slots) slots and funding
- Maintain and increase APRN and PA LRP slots and funding
- Pursue FM and IM residency LRP program (for GA medical school graduates choosing GA GME programs)
10 YEAR CHECKLIST
2012

- Provide funding to create 400 new primary care Graduate Medical Education (GME) slots in Georgia  
  YES
- Create GME “bridge fund” to support new Primary Care GME expansion programs  
  YES
- Create incentives for Georgia Medical School Graduates to select Georgia Primary Care Residency Programs for training  
  NO
- Create incentives for community based faculty to provide clinical training for core medical student clerkships  
  YES
2012

- Increase housing resources available to support community based training of medical students completing 3rd and 4th year medical school core clerkships and rural/primary care electives  
  YES

- Initiate mandatory Pre-Med advisor training for all USG institutions, and available to all private education institutions  
  NO

- Create uniform messaging and marketing for Primary Care in Georgia  
  NO

- Establish a joint legislative committee to develop and recommend incentives for primary care practice, for rural practice, and to address payment obstacles for primary care  
  QUAZI
2013-2015:

- Expand primary care GME slots each year  **YES**
- Increase primary care loan forgiveness programs to be competitive with National Health Service Corps and with contiguous states to a minimum of $30,000 per year with a service commitment  **YES**
- Implement $25,000 per year salary supplements for Georgia medical school graduates selecting primary care residency programs in Georgia  **NO**
- Implement holistic admissions protocols at 3 Georgia medical schools  **NO**
2013-2015:

- Create primary care and/or rural admissions tracks / programs at 3 Georgia medical schools
  - *MCG Southwest Campus*
  - *MUSM FM accelerated track*
- Expand and deliver secondary education advisors training in health career opportunities
- Implement regional Pathways to Medicine Programs across the state

QUAZI

NO

YES
2015-2020:

- Continue to expand primary care GME slots each year based on Joint Committee recommendations

- Develop incentives for primary care GME residency graduates to remain in Georgia to practice
  - Increased loan repayment amounts and slots
  - Created new pool to fund malpractice insurance costs for certain new physicians

- YES

- QUAZI
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