

PRIMARY CARE

**GEORGIA CHALLENGES,
GEORGIA SOLUTIONS**



ALIGNING GME POLICY WITH THE NATION'S HEALTH CARE WORKFORCE NEED ACP POSITION PAPER 9/2011

“Systems dominated by primary care have better outcomes at lower cost. Yet the nation is facing a severe shortage of primary care physicians for adults...44,000-46,000 by 2025...this does not take into account 32 million uninsured who will obtain coverage in the ACA”

ENSURING AN EFFECTIVE PHYSICIAN WORKFORCE FOR AMERICA MACY FOUNDATION 10/2010

“The shortage...will be in excess of 100,000 physicians by the middle of the next decade...recommend an immediate increase of 3,000 entry-level positions in targeted residencies.”

HOW IMPORTANT IS PRIMARY CARE?

- ◎ **An increase of just one primary care physician is associated with 1.44 fewer premature deaths per 10,000 persons**
- ◎ **An increase of 1 primary care physician per 10,000 population results in a reduction of overall spending by \$684 per Medicare beneficiary**
- ◎ **The addition of one primary care physician per 10,000 population resulted in 3.5 fewer people dying each year**

- ◎ **Each 10th Percentile increase in primary care physician supply results in 4% increase in odds of early-stage breast cancer diagnosis**
- ◎ **Living in a primary care shortage area represents An independent risk factor for a preventable hospitalization**

How is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care - A Comprehensive Evidence Review – ACP White Paper 2008

GEOORGIA

HOW ARE WE DOING?

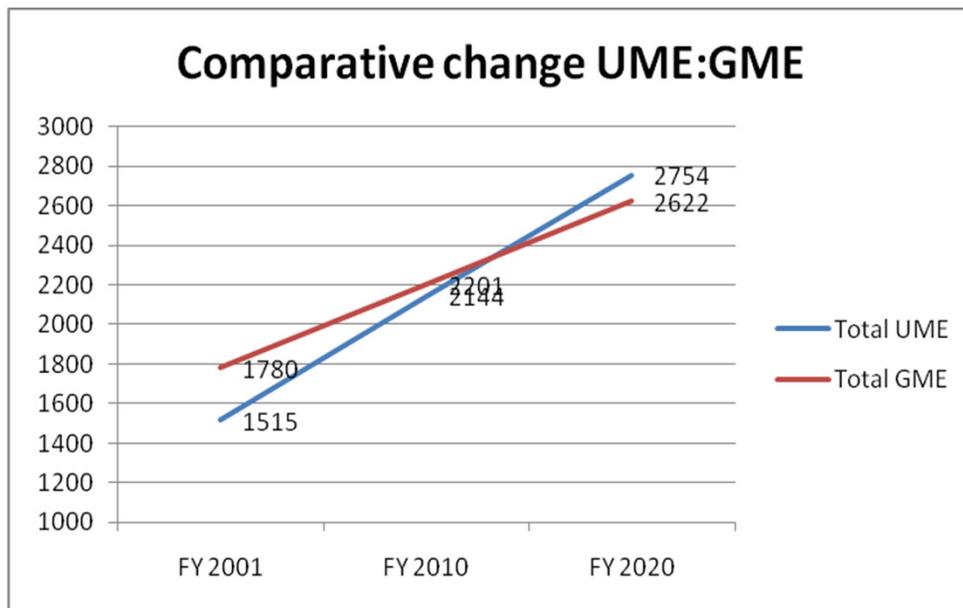


FIVE KEY MEASURES

- **Number of medical students vs. number of GME slots available**
- **Number of GA medical students staying in GA residency programs**
- **Number of GA residency graduates staying in GA**
- **Physician to population ratio**
- **Primary Care physician to population ratio**

Number Of Medical Students Vs. Number Of GME Slots

- UME expansion is occurring at nearly double the rate of GME



Source: Graduate Medical Education Data Resource Book; ACGME, 2010

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

- 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 capacity has been minor in last 10 years
 - Georgia needs 1,450 more positions to match the US average (or 315 to meet SE average)

SHOWN ANOTHER WAY...

SCHOOL	MEDICAL STUDENT AVERAGE ENROLLMENT	PGY 1 RESIDENCY SLOTS (2011)
EMORY	150	192
MEDICAL COLLEGE OF GEORGIA	205	111
MERCER	89	69
MOREHOUSE	57	44
PCOM-GA	85	
OTHER		62
TOTAL	586	478

Number Of Georgia Medical Students Staying In Georgia PC GME Residency Programs

Specialty	Total of PGY 1 positions	# of PGY 1 positions filled / GA med stud.	% of PGY 1 positions filled by GA med. Stud
Family Medicine	81	9	11.1%
Internal Med.	138	19	13.8%
Pediatrics	55	21	38.2%
OB/GYN	25	6	24.0%
General Surg.	47	11	23.4%
Other Specialties	401	52	13.0%
Total	747	106	15.8%

Number Of Georgia Residency Graduates Staying In Georgia

2012 Georgia GME Exit Survey Report, Georgia Board Physician Workforce, 2012

Key Findings:

- **50.0%** are remaining in Georgia to practice
- **41.9%** of all responding Georgia's GME graduates going into practice in 2012 are going into primary care
- Of those that graduated high school in Georgia, **11.9%** graduated from an overseas medical school

- **74.1%** of graduates that graduated high school in Georgia and graduated from a Georgia GME program plan to stay in Georgia to practice
- Graduates that went to high school, medical school and GME in Georgia had an **81.8%** retention rate
- The top reasons for graduates leaving Georgia are “Proximity to Family;” “Better jobs in desired location outside Georgia;” and “Better Salary offered outside of Georgia”

GME RETENTION

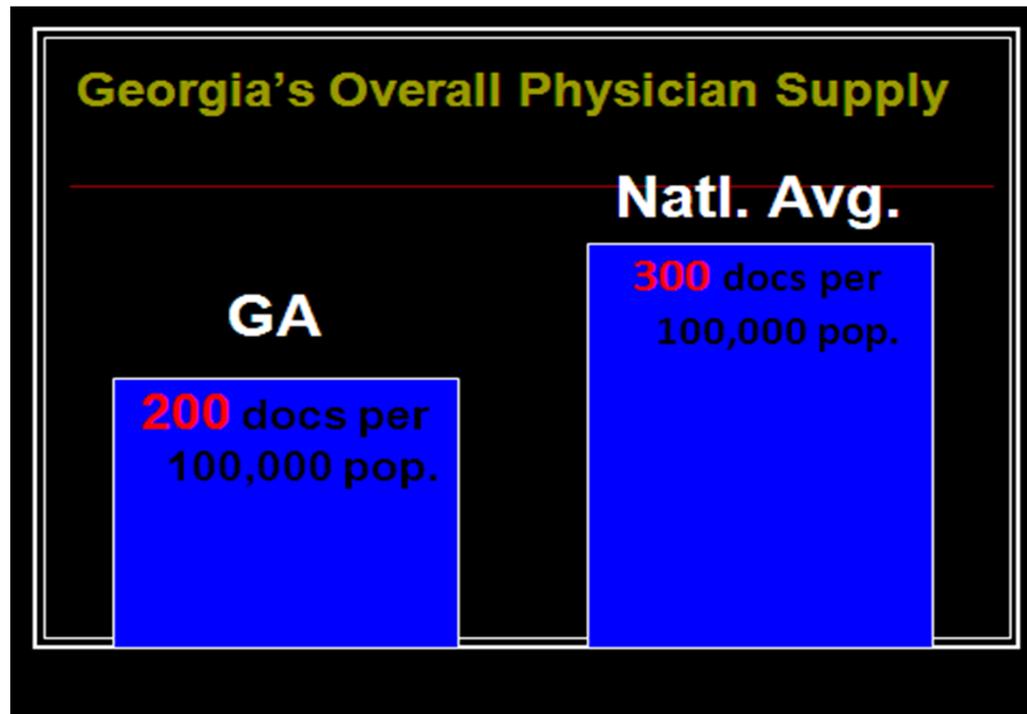
Debt and Salary:

- In 2012, **29.9%** of graduates had debt over \$200,000
- In 2006, **10.0%** of residents had educational debt of over \$200,000
- Salaries of specialists were higher:
 - The average starting salary of graduates going into cardiovascular surgery was \$321,000
 - The average starting salary of graduates going into pediatrics was \$132,125

Distribution Of Medical Education Debt By Number And Percent

Amount of Debt	Number	Percent
None	88	20.0
Less than \$20,000	11	2.5
\$20,000-\$39,999	14	3.2
\$40,000-\$59,999	14	3.2
\$60,000-\$79,999	20	4.5
\$80,000-\$99,999	8	1.8
\$100,000-\$124,999	42	9.5
\$125,000-\$149,999	25	5.7
\$150,000-\$199,999	87	19.7
Over \$200,000	132	29.9
TOTAL	441	100.0

Physician To Population Ratio



Primary Care Physician To Population Ratio

Georgia's Primary Care Physician Supply

Rate of primary care physicians
per 100,000
population(*excludes Gen.
Surgery in this calculation)

GA

82 docs per
100,000 pop.

Natl. Avg.

100 docs per
100,000 pop.

**using Kaiser Foundation study's definition, MS EC Health '04*

**WHAT DO
WE DO?**



TO MAKE A PHYSICIAN...

The physician education pipeline is quite long

- (K-12 education)
- 4 years of undergraduate education
- 4 years of medical school
- 3-8 years of residency training

**11-16 YEARS POST HIGH SCHOOL
TO EDUCATE A NEW DOC!**



**Seek the lowest
hanging fruit first!**



PHASES OF MEDICAL EDUCATION

PHASE 1	PHASE 2	PHASE 3	PHASE 4
PRE-MATRICULATION (middle – high school)	UNDERGRADUATE BACCALAUREATE Years	MEDICAL SCHOOL	RESIDENCY / GME

PHASE 4: GME / RESIDENCY TRAINING



ORIGINS OF GME CRISIS IN GEORGIA

Medicare GME Cap 12/31/96 -BBA 1997

1990-2010 Georgia grew 6.4-9.7 M +77%

1990-2010 USA grew 248-308 M +36%

**New England has all states with > 50
residents/100,000 and Georgia is capped at
20.8 residents/100,000**

New England 350 Physician/100,000

Georgia 200 Physician/100,000

GRADUATE MEDICAL EDUCATION (GME) FUNDING

- **GME is predominantly funded through Medicare (CMS)**
 - (Veterans Administration (9%), Private Insurers, and Medicaid contribute)
- **Since 1980's: 2 "funding streams": Indirect and Direct**
 - **Indirect Medical Education expenses:**
 - Factored in as an adjustment to Medicare billings:
 - Varies based on resident/bed ratio, capped at 5.5% add on
 - *(Example: If usual Medicare DRG is \$10000, we get \$10550)*
 - **Intended to cover:**
 - Sicker patients
 - More complex patients
 - More advanced diagnostic and therapeutic modalities
 - Longer lengths of stay and additional testing

GME FUNDING (CONT.)

Direct Medical Education expenses:

- Intended to cover salaries, benefits, administrative costs, overhead, malpractice, faculty teaching time
- Hospital-specific per-resident amount (PRA) based on costs to educate residents in 1983
 - PRA adjusted for inflation but not work hours reform, competencies, oversight rules
- Hospitals' DME reimbursement = (# of residents*) x (PRA**) x (% of hospital's business attributable to Medicare)
 - *Capped at 1997 numbers of residents
 - ** Large variations between hospitals

GME FUNDING (CONT.)

- IME > DME for most hospitals treating adult patients*
- DME + IME = **\$9 billion+** annually for 100,000+ residents and fellows nationally
- Estimates are that current funding just about covers costs (Steinmann, Annals, 2011)

* Pediatrics has a separate funding stream, also through Medicare

WHAT DOES IT COST TO TRAIN RESIDENTS? IOM DEC. 2012

Texas has tracked this information since 1978 for family medicine residency training (*the following are 2011 average per resident costs for 29 programs*):

- | | |
|--------------------|----------------|
| • \$239,150 | total |
| • \$68,564 | resident alone |
| • \$73,512 | faculty |
| • \$45,848 | personnel |
| • \$49,911 | clinic/office |

GME IMBALANCES:

(ROBERT GRAHAM CENTER, SEPTEMBER 2013)

STATE	2010 PCP	2030 PCP NEED	% CHANGE
GEORGIA	5,496	2,099	38%
ALABAMA	2,646	2,030	23%
FLORIDA	12,228	4,671	38%
TEXAS	13,139	6,260	47%
SOUTH CAROLINA	2,732	815	29%
TENNESSEE	4,072	1,107	27%

GME IMBALANCES: CONTINUED...

	GEORGIA	TEXAS	FLORIDA
Medical Schools	5	9	9
Total Medical School Grad / year	586	1,760	1,246
Total # all Medical Students	2,344	6,760	4,984
Total PGY 1 positions	478	1,494	750
Total Resident Physicians	2,345	6,788	3,500+
GME IMBALANCE	108	1,616	496

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NATIONAL HEADLINES:

Squeeze Looms for Doctors

More Medical Students Are In the Pipeline, but Too Few Residencies Await Them

Medical students confront a residency black hole

528. That's the number of U.S. medical graduates who did not match into a residency this year. That's nearly four students from every medical school in America, and it's more than double the number from last year.

Proposed GME funding cuts taking shape

\$11 billion. That's the portion of federal GME funding that President Obama's administration proposes cutting over the next decade in its fiscal 2014 budget. Broken down on a yearly basis, these cuts represent approximately 10 percent of Medicare's contribution to GME.

GEORGIA'S MEDICAL SCHOOL ENROLLMENT AND PROJECTED EXPANSIONS

Medical School	Past Enrollment, 2000/2001	Current Enrollment 2011 /2012	<i>% of Total Students Trained 2011/2012</i>	Projected Enrollment 2020
Emory	439	518	<i>21.8</i>	600
GHSU / MCG	711	852	<i>35.8</i>	1,110
Mercer	212	387	<i>16.3</i>	560
Morehouse	153	230	<i>9.7</i>	400
PCOM	0	390	<i>16.4</i>	540
Total	1515	2377	<i>100%</i>	3,210
GBPW: Fact Sheet on Georgia's Medical Schools, January 2012				

DEBT DISCOURAGES PRIMARY CARE GME

Average debt \$145,000 public med school and \$180,000 private in 2008; total debt of all medical students \$2 billion; NEJM Dec. 18, 2008.

Students entering now will graduate over \$250,000 in debt.

In Georgia tuition increases in last 5 years:

Emory \$34,205 to \$42,000	22.7%
MCG \$10,772 to \$21,408	98.7%
Mercer \$27,876 to \$39,885	39.5%
Morehouse \$22,500 to \$29,484	31.1%
PCOM \$38,100	

GEORGIA'S RESIDENCY POSITIONS BY TEACHING INSTITUTION, 2010-2011

Teaching Site	Total # Residency slots	Total # of Filled Slots	Total Graduates / 2010
Emory	1159	1094	323
GHSU / MCG	449	421	111
Morehouse	140	129	33
Memorial (Savannah)	123	117	35
MCCG (Macon)	109	107	30
Atlanta Med. Center	81	79	19
The Medical Center (Columbus)	53	47	11
Floyd Medical Center	30	30	7
Phoebe Putney	16	16	4
Satilla Regional	6	6	2
Total	2,166	2,046	575

GEORGIA'S PC RESIDENCY PROGRAMS (“GME”), 2010-2011

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GEORGIA PRODUCTION OF PRIMARY CARE PHYSICIANS: GA MEDICAL STUDENTS, 2010-2011

GEORGIA BOARD FOR PHYSICIAN WORKFORCE: RESIDENCY SELECTION OF GA MEDICAL SCHOOL GRADUATES CLASS 2011

Primary Care PGY1		% Not Specializing	Net
FP	35	95%	33
IM	77	22%	17
Ped	75	61%	46
Total PC	187	(40% of total)	96
Other	281		
Total PGY 1	468		

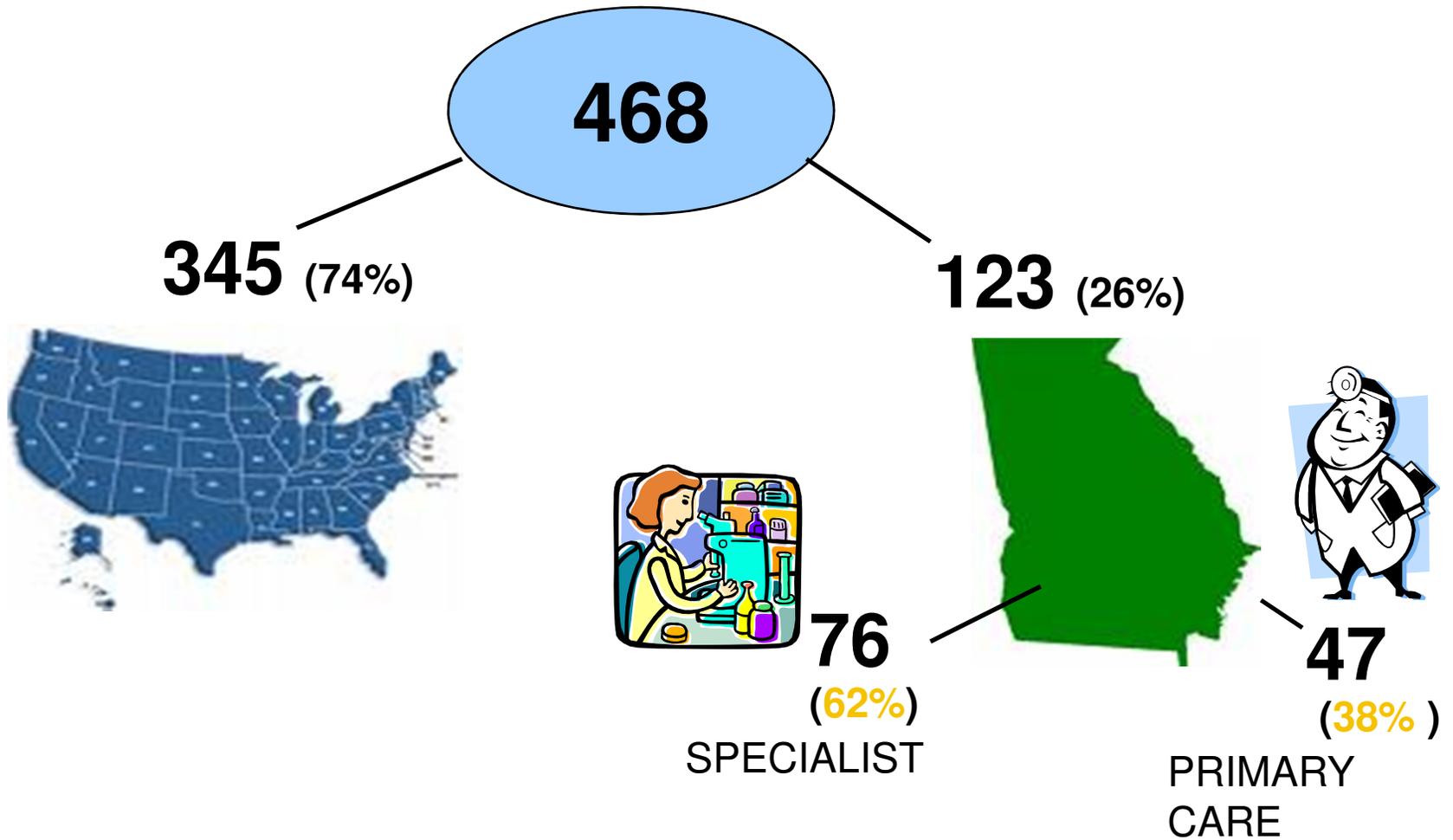
Yield = 96 Primary Care MDs (21% of total PGY 1)

Although 187 (40%) of GA Med. School graduates went in to primary care, ...

only **47** of them matched to a
Primary Care Residency *in the
state of Georgia*

*Where did the GA medical
students go for Residency?*

2011 GA Medical School Graduates



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 42 in terms of residents training in a primary care GME program
- Current system concentrates in four Georgia cities
 - UME programs currently in five GA cities
 - Almost no GME programs outside of four Georgia cities
 - Limited in number
 - Concentrate on one specialty

LOAN FORGIVENESS: STATE FUNDED INITIATIVES

- **Georgia Physician Loan Repayment**
 - Eligible: General Pediatrics, Family Medicine, General Internal Medicine, OB/GYN, General Psychiatry, Geriatric Medicine (other disciplines eligible based on state need and Board action)
 - Up to \$25,000 / year for up to four years
 - Practice medicine in a GA county with 35,000 or fewer population
 - (GBPW sets payment levels and eligible disciplines)

WHAT OTHER STATES ARE DOING: TAX CREDITS

- **Georgia's Rural Physician Tax Credit**
 - Eligible: Primary Care Physicians who practice in a designated rural county in the state of Georgia
 - \$5,000 income tax credit per year for up to five years

**Georgia Statewide AHEC
Primary Care Priority
Recommendations for the
2014 Legislative Session**



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PRE-MATRICULATION (middle – high school)	UNDERGRADUATE BACCALAUREATE Years	MEDICAL SCHOOL	RESIDENCY / GME

PRIORITY RECOMMENDATIONS

PHASE 3: MEDICAL SCHOOL

- Provide tax credits for primary care community based faculty precepting 3rd year Georgia medical students, physician assistant students, and nurse practitioner students completing core rotations. *(estimated lost state revenue <\$300,000)*
- Increase funding to support needs of 3rd and 4th year medical students on rotations in community based training sites. *(\$600,000 to increase housing resources)*

PRIORITY RECOMMENDATIONS

PHASE 4: 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. **(\$460,000 increase to the GBPW)**
- 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.
- 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.
- 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.

PRIORITY RECOMMENDATIONS

- **Protect state GME funding through Medicaid**
- **Encourage Georgia Congressional Delegation to engage with CMS , HHS, and other federal agencies to address the significant problems inherent with Medicare funded GME since the BBA of 1997.**

SPECIAL THANKS...

To Cherri Tucker

Executive Director

Georgia Board for Physician Workforce

For her help in updating the data used in this presentation

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