Georgia’s Public Medical School

- 8th largest in nation for total medical school enrollment
- Partnerships with clinical teaching sites across the state
- Four-year AU-UGA Medical Partnership in Athens
- Clinical campus locations across the state in Albany, Rome, and Savannah/Brunswick
- Plans under development with partners at Wellstar for new location in Atlanta
Georgia Population Growth

• 8th largest state in US by population: 10.4 million

• Georgia’s population is projected to grow by 4.6 million by 2030

• Projected to grow by 46% between 2010-30

• We are this growing state’s public medical school- the only one!
2017 Snapshot

Regents' Professors
a faculty honor granted among Georgia's four research universities.

Staff: 773
(712 full-time, 61 part-time)

Full-time: 622
Part-time: 215
Volunteer: 2,203

America's Top Doctors®
Ranked among top 1 percent in the nation

ACADEMIC DEPARTMENTS
22

CENTERS & INSTITUTES
(3 Research & the Georgia Cancer Center)

MEDICAL STUDENTS
922

MD/PhD STUDENTS
29

PhD STUDENTS
108
We Have Outstanding Students

3,074 applicants

CLASS OF 2021

Positions
190 in Augusta
40 in Athens

230

Overall & Science Average GPA
BS-MD Program average GPA: 3.9

3.7

Students accepted into the MD/PhD program

2

Mean MCAT
BS-MD Program mean MCAT: 511.8

510

Women
114

Men
116
Outstanding Medical Education Program

- Holistic admissions process
- Interprofessional learning
- Simulation Center
- Ultrasound curriculum
- Diverse learning experiences with statewide campus model
- Partnerships throughout the state
- Recruitment of new educators
- LCME accreditation (full)
Our Students Are Active in Research

Approximately 75% of MCG students participate in research projects.

Medical Student Research 2010-2016

- Dean’s Medical Scholars - Augusta
- Dean’s Medical Scholars - Athens
- Child Health Scholars
- National Externship/Fellowship
- American Heart Summer Fellowship

The Augusta Chronicle
Posted March 4, 2017 09:36 pm - Updated March 4, 2017
By Tom Corwin
Staff Writer

MCG student seeking answers to mysterious kidney disease killing men in Nicaragua

The Augusta Chronicle
Posted September 26, 2016 11:45 pm - Updated September 27, 2016
By Tom Corwin
Staff Writer

MCG students research dialysis maladies
Medical Student Diversity

Comparison of Diversity in MCG Classes Entering in 2012 and 2017

Growth in number of individuals historically underrepresented in medicine entering MCG- Percent increase from 2012 and 2017:

- Hispanic/Latino: **91%**
- AA: **222%**
- Total URM: **150%**
- Female: **31%**

Table 20B. U.S. Medical Schools by Number of Black or African-American Matriculants (>=10), 2015

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Black Matriculants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meharry Medical College, TN</td>
<td>75</td>
</tr>
<tr>
<td>Howard University College of Medicine, DC</td>
<td>68</td>
</tr>
<tr>
<td>Morehouse School of Medicine, GA</td>
<td>59</td>
</tr>
<tr>
<td>University of Illinois College of Medicine, IL</td>
<td>35</td>
</tr>
<tr>
<td>Medical College of Georgia at Augusta University, GA</td>
<td>34</td>
</tr>
<tr>
<td>Indiana University School of Medicine, IN</td>
<td>33</td>
</tr>
<tr>
<td>New York Medical College, NY</td>
<td>25</td>
</tr>
</tbody>
</table>
2017 Medical Student Match

• Match rate above national average

• Students matched to programs in 38 states

• 28% of the class will remain in Georgia

• 17% staying at AUHealth/MCG or affiliated residencies

• 49% entering primary care specialties
Physician Workforce Development: We Are the Largest MD-Resident Provider in GA

<table>
<thead>
<tr>
<th></th>
<th>Emory</th>
<th>MCG</th>
<th>Mercer</th>
<th>Morehouse</th>
<th>PCOM - GA</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Graduates</td>
<td>128</td>
<td>223</td>
<td>102</td>
<td>57</td>
<td>116</td>
<td>626</td>
</tr>
<tr>
<td>Total Graduates Entering GME</td>
<td>125</td>
<td>223</td>
<td>100</td>
<td>55</td>
<td>114</td>
<td>617</td>
</tr>
<tr>
<td>Entering Primary Care/Core Specialties</td>
<td>73 (58%)</td>
<td>150 (67%)</td>
<td>66 (66%)</td>
<td>39 (71%)</td>
<td>66 (58%)</td>
<td>394 (64%)</td>
</tr>
<tr>
<td>Graduates Staying in GA Residency</td>
<td>23%</td>
<td>28%</td>
<td>28%</td>
<td>13%</td>
<td>17%</td>
<td>23%</td>
</tr>
</tbody>
</table>

In 2016 MCG graduated more physicians going into primary care and core specialties (family medicine, internal medicine, pediatrics, OB/BYN, emergency medicine, general surgery) than any other medical school in the State of Georgia by more than double.
Georgia’s Health Status
“Global Health is in Our Backyard”

• **Ranked 41** out of 50 states for **overall health**¹

• **Ranked 46** in nation for state **health system performance**²

• **Ranked 43** for **infant mortality** (increased 9% 2015-16) and 47 for low birth weight¹

• **Ranked 41** in nation for **stroke**¹

• **Ranked 36** for **cardiovascular deaths**¹

• **Ranked 35** for **adult diabetes**¹

• **Ranked 44** in nation for **clinical care**¹

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**New Task Force on Improvement of Overall Health Status for Georgia**

Denise Kornegay  
Associate Dean, Area Health Education Centers

Dr. Doug Patten  
Campus Associate Dean, Southwest Campus
Rural Georgia Impacted Most

• 108 of Georgia’s 159 counties are rural¹

• 101 rural counties have death rate above state average²

• Georgians in rural areas disproportionately experience poor outcomes; worst health outcomes for 34 counties²

• Rural counties have higher instances of cancer, heart disease, and stroke related deaths²

• Increased prevalence of chronic conditions, e.g. diabetes²

¹Georgia State Office of Rural Health
²Georgia Public Health Association
The Two Georgias: Rural Health Care

- Majority of rural/critical access hospitals are located in counties ranked in the bottom 50%.

- Populations in these counties have more health challenges.

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AUMC Comprehensive Stroke Center

- Critical Access Hospital
- Rural Hospital
- County Health Factor Ranking 1-40
- County Health Factor Ranking 41-80
- County Health Factor Ranking 81-120
- County Health Factor Ranking 121-159
- Regional campus location
- Joint Commission Comprehensive Stroke Center/REACH Hub
- REACH Sub Hub
- REACH Spokes
- REACH Super Spokes
A Case Study of Telestroke for Rural GA

• The MCG REACH Telestroke network was the first rural telestroke system in the US and the world

• Established in 2003 at Emanuel County Hospital and McDuffie Regional

• Have treated over 1200 patients with tPA in GA

• Spun out company, REACH Health, Inc., headquartered in Alpharetta, GA
U.S. Stroke Belt

Tragic case of young stroke victim taken to the “wrong hospital”
Many/Most U.S. Hospitals NOT Treating Stroke Patients With IV tPA

- MEDPAR database revealed that **64%** of US hospitals did not treat a single Medicare patient with tPA over a 2 year period
- (Kleindorfer D, Stroke, 2009;40:3580)

Bed size, region, and population density associated with low tPA usage
REACH Hub & Spoke Telestroke Model

Elderly woman with sudden onset of inability to speak, right sided paralysis

- 88 yo WF with hx of High blood pressure and pacemaker

- Develops sudden onset of aphasia and right sided weakness at 11:45 am

- Arrives at community hospital (JC Primary Stroke Center) at 12:25 pm

- Evaluated by “telestroke”: NIHSS of 24 – Global aphasia and right hemiparesis
Telestroke Consultation

• Treated with IV tPA at 1:15 pm (90 minutes from symptom onset)

• Next decision: is she an endovascular thrombectomy candidate? YES
Transfer to CSC

• Transferred by helicopter to AUHealth Joint Commission Certified Comprehensive Stroke Center (CSC) for consideration of mechanical thrombectomy

• Arrives to CSC- AUMC. NIHSS of 18

• CT angiogram done
Follow Up

• Recovers speech and language

• Right side strength improves

• Found to have atrial fibrillation

• Started on apixaban

• Inpatient rehab back in the Primary Stroke Center Rehab facility
Ship and Drip

Stroke Patient

(100 bed facility)

SHIP

0 3
3 hours

HUB (600+ bed facility)
Georgia House Rural Development Council

**Ship and Drip vs. Drip & Ship**

- **Ship Patient**
- **Drip Patient**

**100 bed facility**

**HUB (600+ bed facility)**

**Tele-consult from 3rd location**
MCG-AU Health Multi-Hub and Spoke Network
“It’s the Human Factors”

• Importance of Education and Training

• A “Spoke Champion”: usually a nurse
Helping Rural Georgia Through Telemedicine

• We have the supply: Richmond County #1 in State in Physicians in Internal Medicine, Surgery, Ob/GYN and #2 in Pediatrics and AU one of largest group of SPECIALISTS in state (GBPW 2014-15)

• Estimated 17% of E/M visits by telehealth in Columbia County in 2026

• There are too few specialists in rural Georgia
A Great Idea: Interprofessional Collaboration Between College of Nursing and Our Emergency Department

- Lack of ED coverage in rural hospitals
- Recruit DNP (Nurse Practitioner) from rural area
- One year DNP residency in rural ED
- Telemedical support from MCG/AU ED
- DNP staffs ED post-residency with AU ED support
Statewide Focus

• Community and rural hospitals

• Rural health initiatives for medical students

• Interprofessional care with AU College of Nursing, AU College of Allied Health Sciences, and UGA College of Pharmacy

• Enhance access to complex care

• New ways to address healthcare needs of Georgia, e.g. REACH, telehealth, remote care
Regional Campus Impact on Rural Health

Pre-Medical
• MCG’s Student Educational Enhancement Program (SEEP) provides supplemental academic preparation for students from under-represented social and racial segments of Georgia, many of whom come from the poor and rural communities served by the Southwest (SW) Campus
• MCG’s early decision process identifies applicants for early decision who make a commitment to attend the SW Campus for their clinical experience

Pre-Clinical
• MCG students from the rural counties of the SW Georgia who choose the SW Campus are eligible for scholarships made possible by generous donors, including some MCG Alumni
• SW Campus leadership are engaged with MCG students in their first and second years of medical school, augmenting their public health experience to include a focus on health disparities in rural Georgia.

Clinical
• Augusta students are also increasing their participation in clinical training in SW Georgia, expanding the rural exposure to a larger segment of each class
• Core clerkships and many of the electives are offered at sites all across the SW Campus including small and rural communities

Certificate for Rural Health
• SW Campus offers a Certificate of Rural Health for students who complete a course of study that can begin in their pre-clinical years, and extend through their clinical experience. Areas of focus include assessment of community health needs and identification of key stakeholders who are addressing these needs, service learning experiences in small and rural community settings, collaborative learning with county and district level public health, mentoring opportunities for students in these rural and undeserved communities, and the role of physicians as leaders of overall health improvement strategies.
Certificate of Rural Community Health Program

- Based at SW Clinical Campus in Albany
- Course work/other requirements completed throughout all 4 years of medical school
- Students earn 15 hours towards MPH degree
- Optional 5th year for those wishing to complete MPH

Program designed to:
- Provide students with basic knowledge and tools to investigate and determine solutions to rural health issues
- Create support network among students and physicians in rural areas
- Keep students from rural areas connected to their roots and increase likelihood that they will return to practice
Rural Hospital Task Force

• Stability of Georgia’s rural hospitals is an institutional priority

• Center of Rural Health established

• Recommendations include:
  ▪ Developing a model of clinical integration with select rural hospitals
  ▪ Creating and enhancing academic programming and continuing education
  ▪ Strengthening and expanding telehealth
Mission: Support the recruitment, training and retention of a diverse health professions workforce throughout Georgia.

**RECRUIT:** expose students to health careers and develop intent to pursue post-secondary education in primary healthcare professions.

- 26,525 total participants in 604 regional AHEC activities and programs
- 788 participants in Intensive Health Careers Programs (20+ hours)

**TRAIN:** improves readiness, willingness, and ability of health professions trainees to serve in primary care, and rural and underserved community settings.

- 4,302 total student rotations

- 2,471 total health professions students with 683,902 hours of community-based clinical education/training
  - 2,158 medical rotations
  - 2,144 associated health professions rotations

**RETAIN:** address key issues in health professional shortage areas by providing health professionals with access to resources that support practice, reduce professional isolation, disseminate best practices, and improve quality of healthcare for medically underserved communities and health disparities populations.

- 4,422 continuing education participants

- Provided 17,330 CME/CEU credit hours

- Clinical training rotations provided in a Primary Care Setting: 58%
- Clinical training rotations provided in a Non-Primary Care Setting: 42%

Provided health careers, clinical training, or continuing education services to 12,675 minority students, residents, trainees, or practicing health professionals.

Supported Travel and Housing for 3,222 rotations.
Thank you.