



SCHOOL OF MEDICINE

House Rural Development Council

**Metter, Georgia
September 6, 2016**

Mercer University School of Medicine

Jean Rawlings Sumner, M.D.

Dean

Persistence and resilience only come from having been given a chance to work through difficult problems.

Gever Tulley

MERCER
UNIVERSITY

SCHOOL OF MEDICINE



Mercer University School of Medicine: 35 Years of Commitment to Rural Health

MISSION

To educate physicians and health professionals to meet the primary care and health care needs of rural and medically underserved areas of Georgia.

Established in 1982

Healthcare Access in Rural Georgia

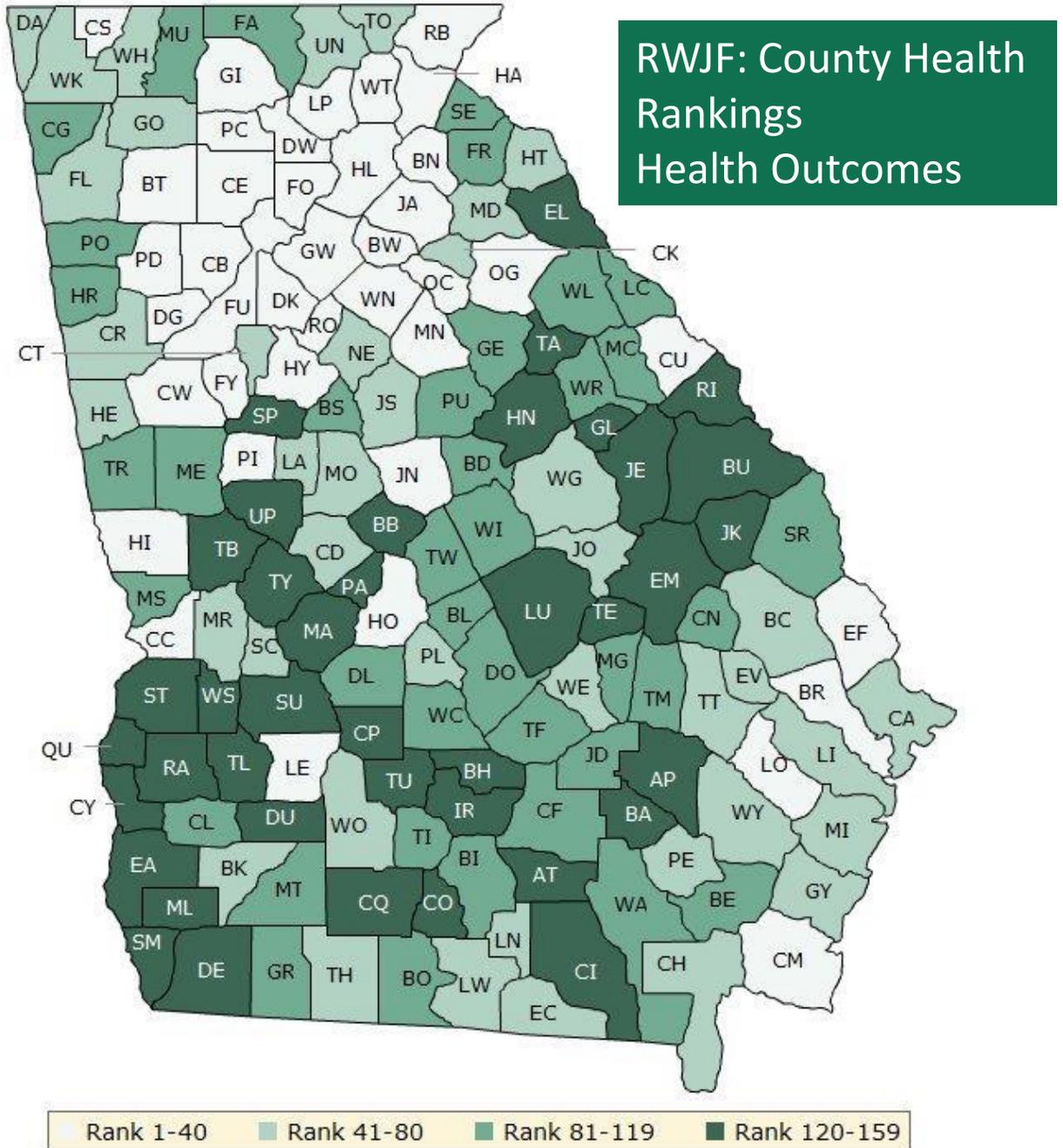
Longevity:

How long people live

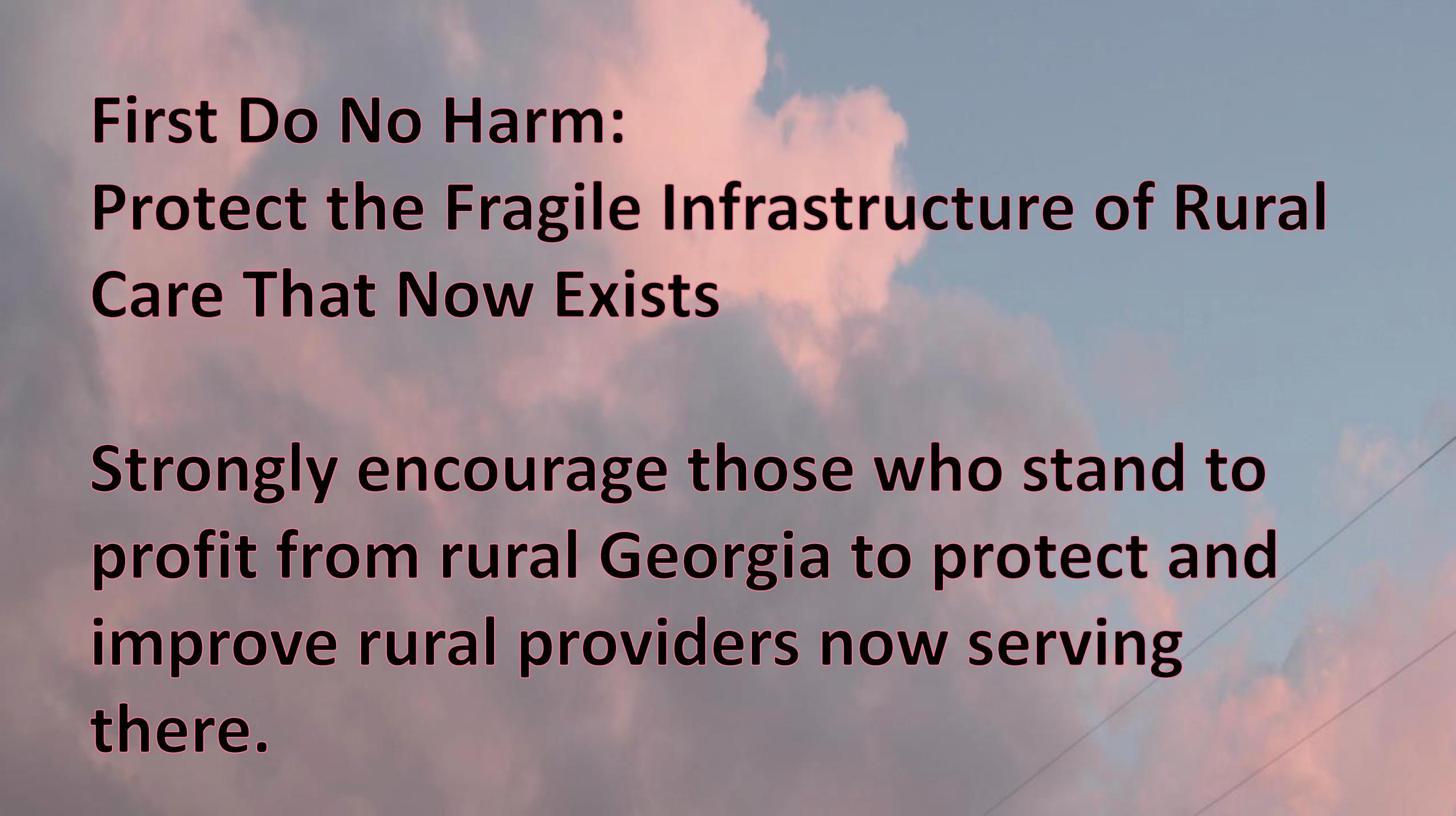
Quality of life:

How healthy people feel

Economic development



Goal: Best Rural Health System of Care In the Nation
Five Medical Schools (4 Allopathic, 1 Osteopathic)
Strong and Numerous Nursing, NP, PA and Public Health
Educational Programs
Liberal Scope of Practice Rules
Strong Extension Service in Rural Georgia
Outstanding Department of Public Health
County Health Departments
Lead the Nation in Telehealth
National Health Leadership Positions



**First Do No Harm:
Protect the Fragile Infrastructure of Rural
Care That Now Exists**

**Strongly encourage those who stand to
profit from rural Georgia to protect and
improve rural providers now serving
there.**

Opportunities

State Health Benefit Plan

Telemedicine benefit should apply to local physicians

Mail order pharmacy should be allowed in local pharmacies

Insurance Credentialing for Physicians

Critical Look at Pharmacy Benefit Managers

Healthcare Transportation

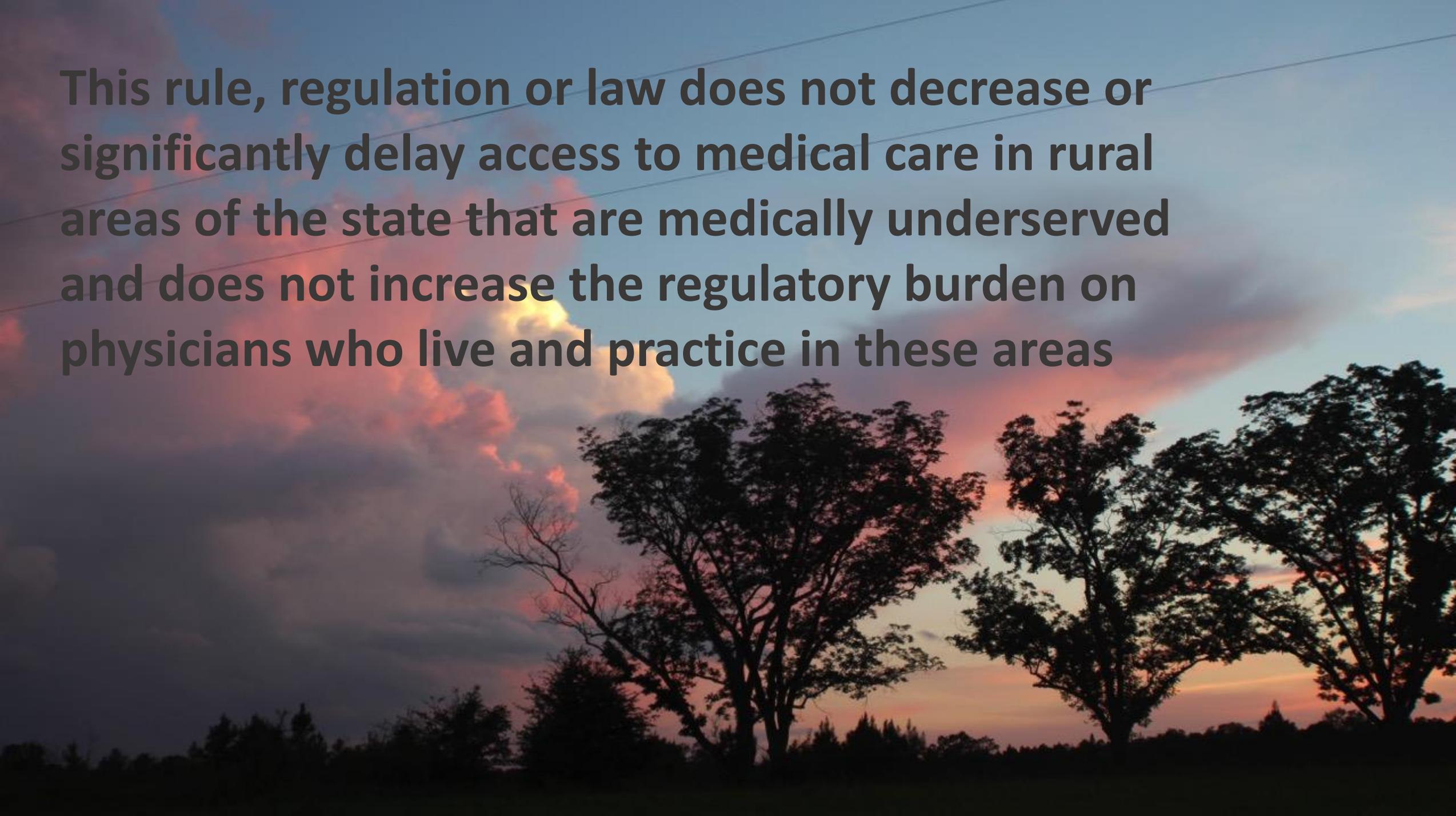


Georgia Board of Medicine Rules Attestation:

“The formulation and adoption of these rules do not impose excessive regulatory cost on any licensee...”

Encourages thought about the potential ramifications of each rule

This rule, regulation or law does not decrease or significantly delay access to medical care in rural areas of the state that are medically underserved and does not increase the regulatory burden on physicians who live and practice in these areas

The background of the image is a landscape at sunset or sunrise. The sky is filled with soft, colorful clouds in shades of orange, pink, and blue. In the foreground, the dark silhouettes of several trees are visible against the bright sky. The overall mood is serene and natural.

Opportunities

Emergency services with telehealth in every county

Incentivize EMS to provide minor care, chronic care and post hospital care via telehealth

Allow transport to near-by **qualified** urgent care if appropriate



Incentivize Hospital Systems to Support Urgent Care In Underserved Communities

Build Regional Partnerships

Consider a Medicaid Waiver for area hospitals that provide 24/7 urgent care services in counties without care that would allow a higher Medicaid reimbursement

Require a Strong Telehealth Services that connect to emergency room physicians or specialty services

Consider housing EMS at these qualified centers

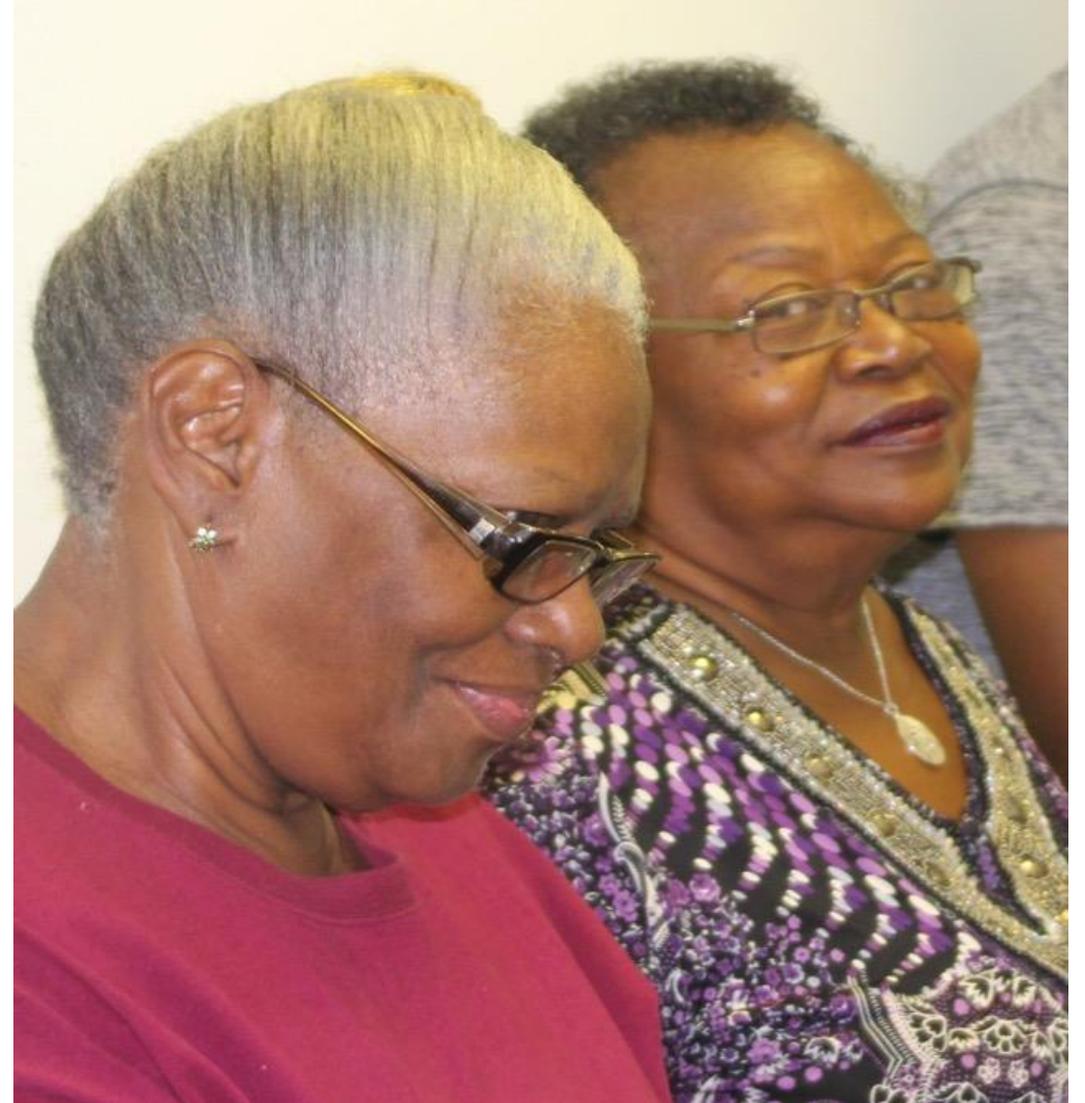
Opportunities for Public Health

Utilize county public health infrastructure for Primary Care in counties without adequate care

Residency Programs: Rotate in rural county and district public health departments

Medical student rotations in district and county health departments

Public health fellowships for physicians



Opportunities for Medical Education

Honor the Generalist Physician

Inter-professional Practice

Rural Health Interest Groups

Recognize the Value of Rural
Teaching Physicians

Leadership Training



Opportunities for Public Health and Department of Community Health

Georgia House Bill 249: Prescription Drug Monitoring Program

Designate Physicians, Registered Nurses and Pharmacists as Mandatory Reporters for Over Prescribers or Opioid Abuse and provide civil and criminal liability protection if done in good faith

Office of Regulatory Affairs: More stringent requirements for Methadone Treatment Programs for licensure standards, transparency and accurate reporting of Deaths, Patient Outcomes and Efficacy of Treatment

Health Planning: 2017-2018

Rural County Workforce Data:

Develop a sustainable model to ensure accurate workforce data

Assess resources in the rural county and work to support local providers

Use population health data to inform needs assessment

Initiate a trial in five underserved counties for primary source data collection, analysis of in-county services, and needs analysis

Mandate county and regional healthcare planning

Require continuous Improvement through measureable outcomes: DATA

health status, cost, hospital admissions by county of residence

Supporting Healthcare in Rural Georgia

Responsibility of Georgia Medical Schools and Residency Programs

Physicians for Rural Georgia Scholarships: Nathan Deal Scholars

Accelerated Tract: Finish in 3 years with 1 year of debt and Georgia residency in Primary Care

Support Rural Graduate Medical Education

Responsibility of Communities

Consider physicians as an industry:

Development Authorities

Communicate Value

Responsibility of Legislators:

Incentivize partnerships between regional hospitals and rural providers

Require hospital authority members to be trained

Honor Those Who Practice in Rural Georgia

Liability: Qualify physicians who live and practice full time, primary care in a rural county to receive the same liability protection as FQHC physicians.

Take Medicaid

Extra Continuing Medical Education

Board Certification

Be Positive About Rural Healthcare:

Celebrate physicians who lead healthcare teams

Educate Chambers and County Leadership

to protect, support and grow healthcare resources

Educate Medical School and Urban Hospital Faculty

that Rural Practice is a Great Opportunity



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