House Rural Development Council

Metter, Georgia
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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: 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.
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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