Addressing Health Disparities Through Innovations in Medical Education

House Rural Development Council
November 12, 2019
The influence of Georgia’s only public medical school began nearly 200 years ago, in 1828, when it was founded as one of the nation’s first medical schools. Today MCG works to optimize health care in Georgia and beyond through education, discovery and service.

GEORGIA is our campus.
We Need More Doctors

- Georgia ranks 39th in the number of active physicians and 40th in the number of primary care physicians
- 89 of Georgia’s 159 counties are designated Primary Care Health Professional Shortage Areas by the U.S. Health Resources and Services Administration
  - 8 counties have no doctor at all
  - 11 counties have no family medicine physician
  - 37 counties have no internist
  - 63 counties have no pediatrician
  - 75 counties have no OBGYN
  - 78 counties have no general surgeon
Trouble in God’s Country
Charley Hayslett  https://troubleingodscountry.com/

The color-coding is simple:

the darker the green, the better the overall ranking;

the darker the red, the worse the ranking;

the palest shades of green and red constitute the middling counties.
# Maternal Mortality

<table>
<thead>
<tr>
<th></th>
<th>Average per 100,000 Live Births</th>
<th>Access to Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global</strong></td>
<td>261</td>
<td>Variable</td>
</tr>
<tr>
<td><strong>Sub-Saharan Africa</strong></td>
<td>&gt;500</td>
<td>Severely Limited</td>
</tr>
<tr>
<td><strong>United Kingdom</strong></td>
<td>8.0</td>
<td>High</td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td>7.8</td>
<td>High</td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td>14</td>
<td>Variable</td>
</tr>
<tr>
<td><strong>Georgia</strong></td>
<td>39.3</td>
<td>Limited</td>
</tr>
<tr>
<td><strong>Rural Georgia</strong></td>
<td>&gt;55.0</td>
<td>Very Limited</td>
</tr>
</tbody>
</table>

*(Office of Economic Cooperation and Development, 2015)*
“One of the most durable findings from studies of physician supply is that populations tend to do better in regions and health care systems emphasizing primary care. Although some analyses indicate that simply a greater supply of primary care physicians across regions is associated with better outcomes, the organization of care may be just as important. Research suggests that health systems with primary care as the foundation of care provide the best outcomes at the lowest costs. In these primary care–oriented systems and regions, Medicare beneficiaries have fewer specialists involved in an episode of care and more visits with primary care physicians, spend fewer hospital days in intensive care, and have lower health care costs. Such high-performing health care systems include prepaid group practices, integrated delivery systems in fee-for-service payer environments, and other models organized around primary care.”
**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>130</td>
<td>245</td>
<td>108</td>
<td>77</td>
<td>125</td>
<td>685</td>
</tr>
<tr>
<td>Total Graduates Entering GME</td>
<td>123</td>
<td>241</td>
<td>108</td>
<td>73</td>
<td>122</td>
<td>667</td>
</tr>
<tr>
<td>Entering Primary Care/Core Specialties</td>
<td>90</td>
<td>163</td>
<td>81</td>
<td>55</td>
<td>91</td>
<td>480</td>
</tr>
<tr>
<td>Graduates Staying in GA Residency</td>
<td>33</td>
<td>53</td>
<td>38</td>
<td>29</td>
<td>32</td>
<td>185</td>
</tr>
</tbody>
</table>

MCG graduated 79% more physicians going into primary care and core specialties than any other medical school in the State of Georgia this year.
Medical School Expansion

- Proposed expansion plan to increase class by 20 students per year in Athens
  - Phase I: Increase from 40 to 50 in 2020
  - Phase II: Increase from 50 to 60 in 2021

- Proposed expansion plan with accelerated primary care track, *MCG 3+ Primary Care Pathway*, and increased enrollment at AU/UGA Medical Partnership will bring enrollment of the freshman class to 300 per year

- Estimated retention rates associated with the MCG 3+ Primary Care Pathway
Delivering a Better “Product” for Georgia

• Recruitment
  • Undergrad support
  • Enhanced Admissions Process
• Training
  • Curriculum Redesign
  • 3+
• Retaining
  • Connections to Primary Care and Rural Track Residencies
  • Expansion of Residency programs in Smaller Communities
• Re-training
  • MCG RECRUT Center for Ultrasound Excellence
  • Project ECHO
Better Ingredients Better Pizza

Holistic Admissions Process

Both cognitive and non-cognitive should be considered when assessing a candidate’s suitability before a final decision is made.

SEEP Augusta College Program
Student Educational Enrichment Program (SEEP)

7 Week Course
Sciences, lab and clinical
Networking
Motivational/ Personal Development
MCG provides Housing and Meals

You are more than your grades
CASPer® screens applicants for people skills in a fair and reliable way.

<table>
<thead>
<tr>
<th>Personal Interview 1 (Experiences)</th>
<th>Resilience and Adaptability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explains why the candidate wants to be a physician; qualities of good MD</td>
<td>Demonstrates tolerance of stressful and changing environments/situations and adapts effectively to them; persistent under difficult situations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Interview 2 (Communication)</th>
<th>Teamwork 1</th>
<th>Break Station</th>
<th>Critical Thinking</th>
<th>Inclusivity (Cultural Awareness)</th>
<th>Compassion</th>
<th>Teamwork 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports someone with concerns (drug use, tobacco cessation)</td>
<td>Works collaboratively to achieve shared goals; shares information and knowledge and provides feedback; team goals ahead of individual ones</td>
<td>10 minute break</td>
<td>Assess strengths and weaknesses of a given argument</td>
<td>Reflected in diversity, equality, fairness, impartiality and respect</td>
<td>Reflected in caring, empathy, and social responsibility</td>
<td>Works collaboratively to achieve shared goals; shares information and knowledge and provides feedback; team goals ahead of individual ones</td>
</tr>
</tbody>
</table>
# MCG 3+ Pathways

The MCG 3+ core curriculum will accelerate our existing curriculum to efficiently prepare our students for one of three pathways:

<table>
<thead>
<tr>
<th>Pathway 1</th>
<th>Pathway 2</th>
<th>Pathway 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MCG 3+ Primary Care: primary care residency programs in Georgia</td>
<td>• MCG 3+ Dual Degree: dual degree program (MBA, MPH, MEd, MS) at Augusta University</td>
<td>• MCG 3+ Advanced Residency Preparation: advanced clinical and research</td>
</tr>
</tbody>
</table>
Curriculum ReDesign
MCG 3+ Primary Care Pathway

3+ (3 to 5 years of residency training in an AU-MCG affiliated program specializing in areas of primary care, including):

• Family medicine
• Internal medicine
• Pediatrics
• Surgery
• Obstetrics/Gynecology
• Psychiatry
Teaching New Doctors New Ways

Purpose
- Determine the feasibility of a remote and joint training program for continued ultrasound education (UME through GME)
- Serve as a demonstration project to refine the technology and process needed to maximize educational efficiency of the program
- To provide data for the 3+3 model for using continuation of ultrasound training as a recruitment incentive to a rural residency training location

Requirements
- Residency must host MCG students for clerkship
- Faculty must have MCG FM appointment
- Residency is willing to provide dedicated educational time and ultrasound equipment
- Residency will share educational data for quality assurance, educational outcomes tracking and competency assessment
All Teach All Learn

Hub and spoke knowledge-sharing networks create a learning loop:
- Community providers learn from specialists.
- Community providers learn from each other.
- Specialists learn from community providers as best practices emerge.

Moving Knowledge, Not Patients
Through telementoring, ECHO creates access to high-quality specialty care serving local communities.

ECHO Focus Categories

- Count: 74

ECHO is all teach, all learn

Interactive
Co-management of cases
Peer-to-peer learning
Collaborative problem solving
### Clinical Training Settings

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percentage of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUC</td>
<td>54.6%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>42.2%</td>
</tr>
<tr>
<td>Rural</td>
<td>21.2%</td>
</tr>
</tbody>
</table>

### Table: Training Residents Differently

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Total Supported Residency Programs</th>
<th>Total Residents in Training</th>
<th>Total Disadvantaged or Rural Residents</th>
<th>Total Residents Graduated / Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>37</td>
<td>503</td>
<td>202</td>
<td>151</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>8</td>
<td>206</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>3</td>
<td>53</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>2</td>
<td>19</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
<td>54</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>General Dentistry</td>
<td>3</td>
<td>12</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>TOTAL</td>
<td>57</td>
<td>847</td>
<td>299</td>
<td>248</td>
</tr>
</tbody>
</table>
The Opportunity of Overlap
Partnership Opportunities

• Workforce/Education
  • Workforce Multiplier Professional development– Project ECHO
  • LIC development– CHC’s as Primary Care Home
  • Residency training opportunities (intermittent/ full on THC)

• Partnering with rural communities
• Population health strategies, health policy framing
• Population-based research, clinical trials, etc.
• Consultative Services
Thank you

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