

A large, light gray line-art illustration of a water tower is positioned on the left side of the slide, extending from the top to the bottom.

The Future of Primary Health Care in Rural Georgia

Let's talk succession planning?

David Bridges - CRPI

Chris Scoggins - GRHIC



GEORGIA'S RURAL CENTER

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Questions...

- How many Georgia communities are at risk of having little, or no, access to primary healthcare?
 - ✓ Do they know they are at risk?
 - ✓ Do they understand the consequences of not having access to primary health care?
 - ✓ Do they understand that if they are proactive, they might reduce their risks?

Facts...

- In 2017, eight (8) counties did not have a physician.
- By 2018, nine (9) did not have a physician.
- Seven (7) counties have one physician.
- 34 Counties have five (5) or fewer.
- 384 rural physicians plan to retire in the next 5 years.
- Based on current physician demographics Georgia could need to replace 1,300 physicians in the 10 to 15 years.

Issue 1...

Many communities are aware of the risks of losing their community hospital. They've seen it happen elsewhere. They fear it may happen in their community. What they often don't realize is that the impact of losing access to primary health and wellness care may be more deleterious than losing their hospital.

Issue 2...

Because access to primary health care is so inextricably tied to inbound movement of young families, it is an important economic development factor. Access to primary health care is important for family health, but it is equally important to community health.

Solution(s)...

The overarching solution is education. First, communities must be made aware of the need to do succession planning. Second, there must be an educational resource. In other words, once we have made communities aware of the need for this type of succession planning, we must provide a “program” that leads the community through the process and helps them identify the best options for planning.

Community-based healthcare planning...

- Identification of community needs and desires.
- Inventory of existing health care assets and expected life cycle of current providers.
- A community-based SWOT.
- Success options with timelines, investment requirements, and estimate of community impact for each.

Steps...

- GRHIC and CRPI put together a program that...
 - Helps create awareness
 - Guides communities through planning
 - Helps communities understand what they must do to be competitive
- Encourage educational institutions to work together to produce more physicians who are interested in working in rural communities.
- Support GME - residencies

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