



House of Representatives Rural Development Council

Highlights-Meeting Four

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The Honorable Ron Stephens
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The Honorable Kevin Tanner
Representative, 9th District

The Honorable Trey Rhodes
Representative, 120th District

The Honorable Lynn Smith
Representative, 70th District

2019

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Meeting Four Highlights – Eatonton

November 12 – Health Care

Representatives Trey Rhodes and Rick Williams, from Putnam County, welcomed the Rural Development Council (RDC) to Georgia's lake country, which shares a rich history with the rest of the state. Following their welcome, RDC Chairman Rick Jasperse introduced the Rural Physician Shortage and Medical School Solutions Panel, which included Dr. Doug Patten, Dr. Dolapo Babalola, and Dr. Jean Sumner.

Rural Physician Shortage and Medical School Solutions Panel

Dr. Patten, the associate dean for the southwest regional campus for the Medical College of Georgia in Albany, said it is no secret the state needs more doctors. The state has roughly 30 doctors per 100,000 people, which is below the national average. The ratio gets much worse in rural areas, as a majority of physicians are concentrated in metro areas. A poor and unhealthy workforce, according to Dr. Patten, is one of the greatest barriers to growth of existing business and the attraction of new business in areas with low health outcomes. Additionally, the state and, specifically, rural communities are still facing an issue with maternal mortality. In rural communities, difficulty in accessing prenatal care and post-partum care is exacerbating the problem. The Medical College of Georgia is the eighth largest medical school in the United States, but Dr. Patten said there is a need to continue to find new and innovative ways to expand graduate medical education, including the 3+ Pathways core curriculum. The 3+ Pathways core curriculum is accelerating the college's existing curriculum to efficiently prepare students for one of three pathways:

- Primary care residency programs in Georgia;
- Dual degree program (MBA, MPH, Med, MS) at Augusta University; and
- Advanced residency preparation for specific fields of medicine.

Dr. Dolapo Babalola, the director of family medicine and rural health at Morehouse School of Medicine, said the school requires students to spend two weeks in clinical rural settings. The requirement, in addition to other policies and programs, has led to an increase in class size and interest in rural Georgia. She also said the preceptor tax credit has increased the number of providers who are willing to work with students. Another policy that is placing a desire in students to go back to rural Georgia is the preference applicants are given if they come from a rural setting. Dr. Babalola said students with a rural background who are trained appropriately are more likely to go back to their rural community to serve.

Students need mentors, Dr. Jean Sumner told the council. Dr. Sumner, dean of the Mercer University School of Medicine, said Mercer is working with middle school students to give them medical school experiences and arrange shadowing opportunities. She also said there is a shocking lack of understanding of the pathway to medical school, so the university is providing undergraduate pre-med advisors with a work day at Mercer University to understand what it takes for a student to do well at any medical school. The university is also starting a high school guidance counselor program, so a counselor can advise students who may want to go into health care. There is a need to improve career counseling and life experience is incredibly important in rural health. Giving high school students the ability to become a certified nursing assistant (CNA) through the technical schools would be worthwhile, and would allow students to work on the weekend or during the summer.

Succession Planning

Dr. David Bridges, director of the Center for Rural Prosperity and Innovation (CRPI), and Mr. Chris Scoggins, director of health policy and operations at the Georgia Rural Health Innovation Center (GRHIC), discussed succession planning for retiring or moving physicians with the council. Dr. Bridges said that legislators, medical schools, and doctors are aware of the problem, but asked if the communities themselves were aware of the risk of not having access to primary health care. Without access to primary care, health outcomes will continue to worsen. The lack of a structured mental health care plan over the past 20 to 25 years is a good indicator of what can happen without a structured primary care plan. In addition to the poor health outcomes, it is an economic disaster for rural Georgia. He asked, “Who’s going to move to areas where there is no access to even rudimentary... health care?” The overall solution to the problem starts with education, Dr. Bridges concluded.

Mr. Scoggins gave the RDC the following statistics specific to Georgia:

- Nine counties are without a physician;
- Seven counties have only one physician;
- 34 counties have five or fewer physicians;
- 384 rural physicians plan to retire in the next five years; and
- The state may need to replace 1,300 physicians in the next 10 to 15 years.

Mr. Scoggins continued that communities must be made aware of the need to do succession planning, in addition to providing them with an educational resources. GRHIC and CRPI have put together a program that helps create awareness, guides communities through planning, and helps communities understand what they must do to be competitive.

Dr. Bridges also gave an update on CRPI’s health care projects. He said that health care is too big of an issue to handle individually. Mercer University and CRPI discussed creating a Georgia Medical Education and Technology (G-MET) Center, which would support academic institutions

and clinical environments to allow for continued training and education. Dr. Bridges said that each college needs it, but no one can afford it individually. A summit has been held with representation from medical schools, nursing colleges, and hospitals. Initial data has been gathered, leading the group to develop a task force that will help identify collaborators, inventory existing assets, and formalize partnership agreements. The group is still discussing if they will build a central building or if the center will be mobile and decentralized. Dr. Bridges concluded that he believes it can be a public-private partnership between education, the clinical environment, and private business partners.

Debra Stokes, the executive director of GRHIC, said GRHIC is bringing four values to rural communities: trust; commitment; collaboration; and innovation. The center, created by House Bill 769 during the 2018 Session, is located at the Mercer University School of Medicine in Macon. The center's website will serve as a centralized Georgia Health Data Hub in addition to having a page for best practices. Ms. Stokes said the state has been divided into four regions, with a project manager assigned to each region. GRHIC has developed a mental health first aid training program, which is an 8-hour course that trains first responders and others in the community to identify, understand, and respond to signs of mental illness and substance use disorders. Ms. Stokes also said the center will be providing business training to rural practitioners, as well.

Chronic Care Management

Juliette Simpson is the chief strategy officer for AllHealth CHOICE, a remote health monitoring and care management organization for people with chronic medical conditions. One hundred seventeen million Americans have one or more chronic illnesses, with increased spending on chronic disease being a key factor driving the overall increase in health care spending. AllHealth CHOICE's MyCharlie mobile app and remote health monitoring platforms give the company real time information on their participants and allows them to provide care virtually, which helps with rural Georgia's limited health care access. The system, used by hospitals and other companies, has led to a 52 percent reduction in readmission rates, 75 percent reduction in emergency department visits, and a 94 percent increase in patient satisfaction and medication and medical device adherence. These successes led to a 55 percent reduction in total claims over a year within one customer's actual health claim utilization.

Mental Health

Farmers have the third highest suicide rate of any profession, according to Dr. Anna Scheyett, the dean of the School of Social Work at the University of Georgia. An even more disturbing fact: the rate of farmer suicide in Georgia is over three times the statewide average. Dr. Scheyett said there is more research going on in countries other than the United States on the topic, but there are a number of factors that are found to be commonly associated with suicide:

- Stress;

- Health challenges and injuries;
- Social isolation;
- Age and gender risk factors, which show that the highest suicide rates are seen in older, white males;
- Culture or stigma about asking for help;
- The lack of access to services;
- Weather events, like Hurricane Michael; and
- Larger contexts, such as pricing of products.

“Farming is the only profession I can think of where you can work 24/7, do everything right, and still go bankrupt because of things that are outside of your control,” Dr. Scheyett said. There were 137 cases of farmer suicide between 2008 and 2017, but the number of suicides are typically underreported. She pointed out that coroners may call the suicide an accident if possible to spare the family of the heartache. Moreover, she said that a farmer mental health expert has concluded there are 25 attempts for every suicide. Therefore, for the 137 cases of suicide, there have been over 3,500 attempts in this state. Four factors, according to Dr. Scheyett, are important to be aware of: relationship issues; health struggles; signs of suicide; and finances. These factors give the state targets for intervention, which could include giving rural communities general prevention and education resources and making sure there are support services available, such as the Georgia Crisis and Access Line.

Rebecca Dillard, the project manager for Georgia Memory Net, spoke to the council about Alzheimer’s care expansion. The Georgia General Assembly allocated \$4.12 million in the Amended Fiscal Year 2018 budget for the Georgia Alzheimer’s Project, which is now Georgia Memory Net. The project operates as the clinical and operational arm of the state’s dementia plan. Georgia Memory Net works to make sure there is more access to diagnostic services; better linkages across clinical and community services; and a system with all of their partners to manage the transition of care from clinic to community. Ms. Dillard gave the council some general information about Alzheimer’s:

- The number of people with Alzheimer’s is growing, with 140,000 diagnosed with the illness in 2018; projections indicate 190,000 will be diagnosed by 2025;
- There is a six-year average delay in memory-loss diagnosis; and
- There are 1.4 million people in Georgia aged 65 or older.

She said many of the drugs being used today are to keep the Alzheimer’s from getting worse, so it is crucial to get an early diagnosis to stop the pathology in the brain.

November 13 – Health Care

Chairman Jasperse introduced the Community Service Board Panel at the opening of the second day of health care meetings to speak to mental health solutions.

Community Service Board

Melanie Dallas, the CEO of Highland Rivers Health, told the council that the state funds community service boards (CSB) as safety net providers. CSBs manage approximately 11,000 employees, establishing them as one of the largest pools of professionals for behavioral health. Ms. Dallas, who also serves on the Appalachian Regional Commission (ARC) Substance Abuse Advisory Council, said there are four recommendations from the ARC about hiring those who are recovering from substance abuse issues and are employable:

- Develop a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process;
- Develop and disseminate a playbook of solutions for communities addressing common ecosystems gaps and services barriers;
- Fund community pilot projects to demonstrate strategies that address common recovery-to-work issues that negatively impact regional workforce and employment gaps; and
- Map effective best practices in legal diversion programs as well as state programs that incentivize hiring of persons in recovery with criminal records related to drug charges.

Dr. Shannon Gordon, the CEO of River Edge Behavioral Health, said River Edge provides economic development in excess of \$140 million a year in the areas it serves. One hundred fifteen Americans die from the opioid crisis each day, and she added that Georgia does not draw the federal funds that should come to the state due to its population. Georgia comprises about 3.22 percent of the country's population, but only receives 2.11 percent and 1.11 percent of State Opioid Response funding and State Targeted Response funding, respectively. Rural communities receive even less, and she has to turn away people every day who are looking for help because she does not have medication-assisted treatment funds to serve them.

Kirsten Infinger, the outpatient director of Georgia Pines Community Service Board, discussed the \$50,000 federal loan forgiveness program, called the National Health Service Corps Loan Repayment Program (NHSC). To receive loan forgiveness, the program requires two years of service for all clinical licensed providers who stay in their rural community and continue to serve that population; however, the provider could move to another rural community on the other side of the country as long as the community fell under the same program.

Dana Glass, the CEO of Aspire Behavioral Health and Developmental Disability Services, said the CSBs are pushing the loan repayment program as a benefit added to employment, but they have to apply and then certify each site, not the organization itself.

Dr. Mark Johnson, the CEO of Gateway Community Service Board, said making psychiatry a primary care specialty has helped with the mental health shortage in the state. He pointed out that support staff shortages, such as for those who have master's degrees in family therapy or are licensed professional counselors, is significant as well. Dr. Johnson said Medicaid funds those services, as it does for social work, but Medicare does not, which is a major problem.

District Health

Dr. Charles Ruis, the director of the Southwest Health District, said his region of the state is lacking obstetricians. Compounding the issue of resources is that some pregnant women do not keep their appointments and others need additional support to be successful, as they do not know how to take care of themselves and the baby during and after pregnancy. To counteract this problem, a program was developed 10 years ago to get pregnant women to see their doctor as a group, with scheduled appointments every four weeks. Dr. Ruis said the practice is working and the Dougherty County low-birth weight rate is six percent for the women who go through this program, compared to a 10 percent state rate and a 14 percent rate in Albany.

He also said that telehealth has been instrumental with medication compliance issues. Nearly all tuberculosis cases are treated and monitored by the Department of Public Health (DPH). Dr. Ruis said the population of people infected with tuberculosis is mobile and it is hard to ensure they are taking their medicine; however, ingestion of each dose of tuberculosis medication is observed by a DPH medical professional by watching on a smartphone, which allows for an easier, safer, and faster observation process.

Suleima Salgado, Director of Telehealth, Telemedicine and Rural Health Initiatives, said DPH gives a great referral to specialty services, but many patients cannot get to the physical location. Therefore, they began to work with telemedicine to virtually link to providers in the district or the neighboring district if necessary.

Rural Physician Shortage

Stephanie Kindregan, the government affairs director for MagMutual, said there is compelling data that a state's legal environment and medical malpractice premiums are tied to physician recruitment and retention. Georgia has the worst legal environment for physicians in the southeast, which makes it harder to recruit new graduates. Georgia is ninth in the United States in severity of paid claims, compared to North Carolina, which is 35th. The average payout in Georgia is now \$500,000, which is higher than all neighboring states. The frequency is also higher. In 2005, the General Assembly passed tort reforms, which were overturned by the courts in the following years. Texas, which passed its tort reform package in 2003, has 25 percent more physicians in the state than what they would have if they had not passed tort reform.

Derek Norton, government relations director of Medical Association of Georgia (MAG), said MAG advocates for Medicaid rate increases for primary care and is focused this year on improving the deteriorating legal climate in the state that creates many barriers for rural physicians to practice.

Dr. Scott Bohlke, who practices in Brooklet, said his office operates as a walk-in doctor's office. No appointments are required. If someone is sick, his office will see him or her. Dr. Bohlke said that residencies and a rotation in rural settings are important, because it gives students exposure to rural areas and may spark a desire to settle into a practice there. He also spoke about the issue of malpractice suits, saying that a surgeon was sued and won the case, but he had to move due to the negative reputation he gained from the lawsuit.

Colquitt Regional Medical Center

Jim Matney, the CEO of Colquitt Regional Medical Center, concluded the meeting with an update on the hospital's family medicine residency program and its goal to develop a rural psychiatric residency program. The first class of residents from the family medicine program graduated in June 2019, with 66 percent of the graduates staying in Colquitt County to practice. For every new physician brought into the community, there is a \$1.5 million impact and five new jobs created directly. Colquitt Regional Medical Center was awarded a \$750,000 federal grant this year to develop a rural psychiatry residency program, which will be one of four rural psychiatry programs developing in the nation. The need is great because it is the only psychiatric residency program south of Macon. There are 2.3 million Georgians with mental illness, yet there are 84 counties with no psychiatrist. Moreover, Georgia ranks 47th out of 50 for access to mental health care.