



Georgia Board for Physician Workforce

State of Georgia

Georgia Board for Physician Workforce Meeting Minutes

**Saturday, May 2, 2009
8:45 a.m. – 10:45 a.m.**

**1718 Peachtree Street, Suite 625
Atlanta, GA**

Board Members Present:

Ralph Austin, Jr., M.D., Chair; Joe Sam Robinson, Jr., M.D., Vice-Chair; James R. Lowry, Secretary-Treasurer; Crystal L. Brown, M.D.; Brian K. Burdette; Jacinto del Mazo, M.D.; Thomas L. Hatchett, Jr., M.D.; Kay, Kirkpatrick, M.D.; Gilbert S. Klemann, M.D.; William H. Lee III; D. Wayne Martin; Reuben Roberts, Jr., M.D.

Staff Present:

Cherri Tucker; Colette Caldwell; Kelly McNamara; Olive Jones-Golden

Guests Present:

George Fredrick, M.D., Phoebe Putney Memorial Hospital; Paul Forney, M.D., Medical College of Georgia; G.E. Alan Dever, M.D., Ph.D., Health Services Analysis and Atlanta Medical Center; Hugh D. Sosebee, Jr., Mercer University School of Medicine; William Bina, III, M.D., Mercer University School of Medicine; Julie Kerlin, Medical College of Georgia; Walter Moore, M.D., Medical College of Georgia; Betsy Bates, Morehouse School of Medicine; Martha Elks, M.D., Morehouse School of Medicine; Marilane Bond, Ed.D., Emory University School of Medicine; Beverly Taylor, M.D., Morehouse School of Medicine; Eve J. Higginbotham, M.D., Morehouse School of Medicine.

APPROVAL OF MINUTES

On **Motion (Roberts/Lowry)**, the minutes from February 7, 2009 meeting of the Georgia Board for Physician Workforce Board were unanimously approved.

CHAIRMAN'S REPORT

Dr. Austin called the meeting to order at 8:45 a.m., welcomed the new Board members, thanked attendees, and requested brief introductions from all.

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OLD BUSINESS

• *Approval of Rules*

Discussion

Ms. McNamara reminded the Board that at the last meeting, the Board briefly discussed the proposed changes to bring consistency between the GBPW Rules & Regulations, contracts, and report guidelines. At that time, the Board approved posting the Rules for public comment. Today, staff is seeking approval from the Board to file the Rules with the Office of the Secretary of State.

Action

On **Motion (Roberts/Lowry)**, the Board approved the changes to the Georgia Board for Physician Workforce Rules & Regulations for filing with the Office of the Secretary of State.

• *Fact Sheets*

Discussion

Mrs. Caldwell provided an overview of the first three Specialty Fact Sheets prepared by staff. The Fact Sheets look at: supply and distribution; demographic characteristics; and, trends in the number and rate of physicians in the specialties of Emergency Medicine, Psychiatry, and Anesthesiology.

Action

No official action was taken, but the Board advised staff to proceed with publishing and distributing the Specialty Fact Sheets.

• *Update on Migration Study*

Discussion

Mrs. Caldwell reported that progress has been made on the Physician Migration Study. The initial data analysis will focus on migration patterns for physicians as a whole, not by individual specialty. The last time the GBPW conducted a Physician Migration Study was between 1994 and 1996, so this initiative should be informative. The plan is for staff to interpret the findings and prepare a Fact Sheet for publication.

Action

No official action required.

• *Approve Penalties Related to FY2008 Outcomes*

Discussion

Ms. McNamara explained that one of the contract deliverables for funded residency programs is to retain 50% their graduates in the state based on a 5-year rolling average. The Board has outlined funding penalties to be applied when a program falls below the 50% threshold. The contracts state if

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a program falls below 50%, there is an automatic 10% reduction plus an additional 1% reduction for each point below 50%.

Action

On **Motion (Lowry/Hatchett)**, the Board voted to apply funding penalties to the two residency programs that did not meet the 50% retention requirement at the conclusion of FY2008.

NEW BUSINESS

- *Approve FY2010 Contracts*

Discussion

Mrs. Tucker informed the Board that the FY2010 contracts contain the standard language. There are no changes for FY2010 except for the funding amounts. The actual funding amounts will not be known until the Governor signs the FY2010 Budget. Once the budget is signed, the FY2010 contracts will be mailed.

Mrs. Tucker advised the Board they could approve the FY2010 contracts individually or as a group.

- **Medical School Capitation Program** – These contracts are with Emory University School of Medicine, Morehouse School of Medicine, and Mercer University School of Medicine to train a certain number of Georgia medical students in their programs. The rate is approximately \$8,500 per Georgia resident. The deliverable for this contract is the requirement that 50% of the medical school's graduates must enter a primary care or core specialty as defined by the Board (family medicine, internal medicine, pediatrics, internal medicine/pediatrics, internal medicine/preventive medicine, internal medicine/family medicine, OB/GYN, and general surgery). The Primary Care and Core Specialty Enrollment rate is calculated using a 5-year rolling average. The funds are paid to the medical schools in one lump sum (usually during the first quarter of the fiscal year).
- **Family Medicine Residency Capitation, Pediatric Residency Capitation (for designated programs), and Preventive Medicine Residency Capitation** – These contracts are based on a per resident rate depending on how much funding the General Assembly provides. The Capitation funds are paid to the teaching hospitals and are to be used by the residency programs for training related expenses. The capitation contracts require 50% of the resident graduates to remain in state to practice based on a 5-year rolling average.
- **Medical School Operating Grants** – are provided to Mercer University School of Medicine (Macon Campus and Savannah Campus) and Morehouse School of Medicine. The contracts are intended to support the training of primary care and other needed core specialty physicians. The deliverable for this contract is the requirement that 50% of the medical school's graduates must enter a primary care or core specialty as defined by the Board (family medicine, internal medicine, pediatrics, internal medicine/pediatrics, internal medicine/preventive medicine,

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internal medicine/family medicine, OB/GYN, and general surgery). The Primary Care and Core Specialty Enrollment rate is calculated using a 5-year rolling average.

- **General Surgery Residency Capitation and OB/GYN Residency Capitation** – These are new contracts that were established in 2009 because the GBPW received a small amount of money to help with the expansions of the general surgery residency program in Macon and the OB/GYN program in Savannah. The capitation rate is at \$18,000 per resident. This contract does not have a deliverable yet because it is a new contract and only applies to residency positions added as part of the residency programs' expansion.
- **Residency Capitation** - The Residency Capitation contracts are provided to designated teaching hospitals. There is a Georgia law specific to this program. Funding is allocated by the General Assembly and then a per resident capitation rate is calculated based on the full-time equivalent number of residents in training. The estimated capitation rate for FY2010 is \$3,350 per resident.

Action

On **Motion (Klemann/Burdette)**, the Board approved the FY2010 contracts.

- ***Three Year Strategic Plan Review/Development***

Discussion

Ms. McNamara gave a brief overview of OPB's Strategic Planning training session she and Mrs. Tucker recently attended. The session outlined the state strategic planning process for FY2010 and the guidelines and requirements for state agencies. A key point is that the agency's strategic plan has to be closely tied into the state plan. OPB recommends that agencies have no more than 3-5 strategic goals and one objective for each goal. The GBPW's Executive Committee asked staff to look at the existing strategic plan and try to condense and flush it out. Staff was asked to provide some ideas for future directions and what the Board might want to submit to OPB.

The Executive Committee suggested three goals for the Board's consideration:

Goal 1 - Promote physician training and coverage in specialties and geographic areas of high need.

Options for measurable objectives:

- a) Maintain a comprehensive database of physician statistics and utilize the database to monitor trends, project future needs, and determine the adequacy of supply and distribution based on standards defined by the GBPW.

Strategy: Determine and articulate the areas of high need by specialty and geographic location.

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- b) Improve the supply and distribution of trauma physicians.

Strategy: Work collaboratively with the Georgia Trauma Care Network Commission to survey physicians in critical specialties such as Emergency Medicine, Orthopedic Surgery, Neurosurgery, etc. to determine if they are providing needed services and to what degree (e.g., taking call in the emergency room).

- c) Increase the number of trained geriatricians in Georgia 3% by 2013.

Strategy: Secure public or private funding for geriatric fellowships and/or continuing education programs for practicing physicians in diseases/conditions common among the elderly. Geriatrics is specifically noted in the GBPW statute.

- d) By 2012 capture and report data on the number, practice specialty, and practice location of 100% of the state's physician assistants and advanced practice RN's.

Strategy: Prepare strategies, in collaboration with other state entities, to evaluate and report on the supply and distribution of mid-level providers. Note: This is an area where the Board has expressed an interest in obtaining data. Staff has worked with the Composite State Medical Board to begin capturing data on Physician Assistants through the license renewal process.

Goal 2 – Enhance service functions through new initiatives to recruit and retain physicians in Georgia.

Options for measurable objectives:

- a) By 2011 achieve a functional web-based matching services program assisting a minimum of 150 customers (50 communities/opportunities and 100 physicians).

Strategy: Develop a web-based system that will make the GBPW a resource center for physicians seeking jobs and communities searching for physicians at no cost to users of the service.

- b) Increase the number of mini recruitment fairs held at the residency programs from two to a minimum of 4 each year.

Strategy: Implement a series of recruitment fairs targeting the residency programs that are supported by the Board, in order to improve communication between physicians and employers, and to encourage physicians to remain in Georgia.

- c) By the end of 2012, complete practice viability assessments in two communities.

Strategy: Secure resources to assist communities with assessing the initial viability of

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specific practice locations and to help communities identify ways to attract and retain physicians when practice is determined to be viable.

Practice viability studies may also be accomplished by identifying grants and other funding opportunities (such as loan repayment programs) for high need specialties and/or geographic areas of 35,000 population or greater.

Goal 3 – Secure and focus funding for medical education.

Options for measurable objectives:

- a) Increase funding to support undergraduate and graduate medical education expansion.

Strategy: Identify and assess issues emerging in medical education that could negatively impact Georgia's physician population and seek remedies to these problems through funding and others means.

Also, ensure Medicaid funds for graduate medical education are maximized.

Action

On **Motion (Klemann/Roberts)**, the Board approved the Strategic Plan.

- ***Nominating Committee Appointment***

Mrs. Tucker explained the Nominating Committee should consist of three Board members who will meet to identify a slate of officers for the next term. The recommendations of the Nominating Committee will be considered by the full Board and voted upon at the August 2009 meeting.

Action

On **Motion (Roberts/Burdette)**, the Board voted to appoint Thomas Hatchett, M.D., Gilbert Klemann, M.D., and Mr. Jim Lowry to the Nominating Committee with Mr. Lowry serving as chair.

EXECUTIVE DIRECTOR'S REPORT

Mrs. Tucker reported on the following:

- ***FY2009 Amended Budget and FY2010 Budget As Passed***

The FY2009 Amended Budget cut 22.5% from Administration, 7.7% from Medical Student Capitation, 6.7% from the Mercer and Morehouse Operating Grants, and 3.7% from the GME

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programs. Additionally, the General Assembly took out all of the funding for the Athens/Gainesville new residency program development. The overall impact in FY2009 was a 7.4% reduction to the GBPW budget.

The FY2010 Budget included a 20.8% cut from Administration and a 4.3% cut from the Mercer and Morehouse Operating Grants. The overall cut to the GBPW's FY2010 Budget was 4.5%. There was no reduction for Graduate Medical Education programs with the exception of the new program development funds in Athens/Gainesville. Additionally, there were no cuts to the Medical Student Capitation program, which provides funding to Emory University School of Medicine, Morehouse School of Medicine, and Mercer University School of Medicine for a designated number of Georgia residents.

- ***Expenditure Report to Date***

Expended and encumbered FY2009 expenses to date represent approximately 83% of the budget.

Third quarter GME payments have not been processed yet. Mrs. Tucker noted that the federal match rate has increased for the 2nd, 3rd, and 4th quarters due to the availability of federal stimulus money. This has resulted in eligible GME programs receiving approximately \$2.75 in federal funding for every \$1 in state funding provided through the GBPW.

- ***HB49***

House Bill 49 passed through the General Assembly and beginning July 1, 2009, the Georgia Board for Physician Workforce has the authority to apply for and seek grants, donations, and other non-state funds to help with the initiatives of the Board.

- ***Match Results***

Ms. McNamara highlighted the results of the 2009 Match. The GBPW considers family medicine, internal medicine, med/peds, pediatrics, OB/GYN, and general surgery to be core specialties. Of the graduates from Georgia's five medical schools, the percentage entering core specialties was as follows: Emory University School of Medicine 48%; Medical College of Georgia 53%; Mercer University School of Medicine 60%; Morehouse School of Medicine 75%; and, Philadelphia College of Osteopathic Medicine (PCOM) 52% for its first graduating class.

As far as medical school graduates selecting a Georgia residency site (regardless of specialty) the breakdown was as follows: Emory University School of Medicine 38%; Medical College of Georgia 23%; Mercer University School of Medicine 28%; Morehouse School of Medicine 20%; and, PCOM 19%.

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• ***Preliminary Findings from Medical School Graduate Survey***

Ms. McNamara reported that the GBPW's 2009 Medical School Graduate Survey was put online this year to in an effort to improve the response rate. The purpose of the survey was to better understand the factors that impact residency selection. A total of 395 medical school graduates from the teaching hospitals were surveyed. The response rate was 38% or 150 out of 395. Some of the key findings are:

- Medical students tend to make the decision about what specialty during their 3rd year of medical school.
- The factors considered most important or having the greatest influence on specialty choice were:
 - Lifestyle and Mentor/Role Model Influence
- The majority of respondents indicated Medical Education Debt had minor or no influence on their specialty choice.
- Fifty-three (53%) of respondents reported they had not ranked any Georgia graduate medical education programs in their top three choices during the MATCH.
- Respondents rated their overall perception of Georgia's residency training programs on a scale of 1 to 10 (1 is very negative and 10 is very positive).
 - The mean was 6.18
- Respondents perception of the quality of Georgia's residency training programs on a scale of 1 to 10 (1 is low quality and 10 is High Quality)
 - The mean was 6.49
- Graduates planning to practice in an underserved area were evenly split on whether the area would be rural or inner-city.
- The factors considered most important or having the greatest influence on choice of residency program were:
 - Reputation of Residency Program
 - Location of Residency Program
 - Family

NEXT MEETING

Dr. Austin announced the next meeting of the Georgia Board for Physician Workforce is scheduled for August 15, 2009 in Macon. The time and location will be determined at a later date.

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ADJOURNMENT

On **Motion (Hatchett/Robinson)**, the Board voted to adjourn the meeting at 10:45 a.m.

Respectfully Submitted,

Jim Lowry
Secretary/Treasurer