



Georgia Board for Physician Workforce

State of Georgia

Board Meeting Minutes

Saturday, November 8, 2008
9:00 a.m. – 10:55 a.m.

Conference Call Meeting

Board Members Present:

Ralph Austin, Jr., M.D.; Joe Sam Robinson, M.D.; Jim R. Lowry; Brian K. Burdette;
J. Daniel Hanks, Jr., M.D.; Reuben Roberts, Jr., M.D.; D. Wayne Martin, MBA;
E. Chandler McDavid, M.D.; Edward D. Conner, M.D.; Jacinto del Mazo, M.D.

Board Members Absent:

Thomas L. Hatchett, Jr., M.D.; Gilbert Klemann, M.D.

Staff Present:

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

Guests Present:

Frank Don Diego, M.D., Atlanta Medical Center; G.E. Alan Dever, M.D., Ph.D.;
Walter J. Moore, M.D., Medical College of Georgia; Linda Womack, Emory University;
Martha Elks, M.D., Morehouse School of Medicine; Betsy Bates, Morehouse School of
Medicine; James Zaidan, M.D., Emory University School of Medicine; Marilane Bond, Ed.D.,
Emory University School of Medicine

AGENDA ITEMS

DISCUSSION / ACTIONS / NEXT STEPS

CALL TO ORDER

Dr. Austin called the meeting to order at 9:00 a.m.

APPROVAL OF MINUTES

On Motion (Roberts, Austin), the minutes from August 9, 2008 Board Meeting were approved as written.

AGENDA ITEMS

DISCUSSION/ ACTIONS/ NEXT STEPS

CHAIRMAN'S REPORT

Dr. Austin thanked all Board meeting attendees and asked everyone to introduce himself/herself.

› ***Opening Comments***

Dr. Austin commented that the Board will be operating as a Committee of the Whole, so that the Workforce Committee can present their findings without having to meet separately. On October 15-16, the Georgia Board for Physician Workforce participated in the GME Summit hosted by the Medical College of Georgia. Dr. Austin noted it was a very informative meeting. Georgia is facing many of the same problems as the rest of the country with the diminishing physician supply and a rapidly increasing population. Maneuvering through the numerous state and federal funding complications in order to meet the physician workforce needs will be a formidable task. We feel that the Board can play a crucial role in helping to coordinate the statewide efforts, and to increase GME training to supplement the proposed increases in undergraduate medical education.

› ***Recap of the GME Summit Hosted by MCG***

Dr. Austin called on Ms. McNamara to briefly summarize discussion of the workgroup she attended during the Summit meeting.

Ms. McNamara reported that the Leadership and Governance group spent a fair amount of time discussing Utah's Medical Education Council. Utah has been able to tap into additional financial resources by pooling dollars to make the pie bigger. They were successful in getting teaching hospitals to agree to put their money into one single fund used to draw down federal dollars. The group also discussed additional financing opportunities, perhaps contributions from the hospitals to support residencies, as well as dollars from practice plans. There was mention that the Georgia Board for Physician Workforce could possibly expand its position and its role in oversight at the state level. There was consensus among the attendees that in terms of planning GME expansion, it may be better suited to use a regional approach looking at needs in specific areas of the state. Nothing conclusive came out of the workgroup, but it was a very good discussion on what is already in place in Georgia, what some other examples are from other states, and provided ideas for going forward for financing.

Mr. Lowry commented he thought the GME Summit was a good meeting and it placed a lot of light on a subject that the Georgia Board for Physician Workforce has been working on for some time. He stated MCG and the GBPW, working together with the residency programs in the state, will come up with a plan help address the problems with GME capacity.

Dr. Austin called on Dr. Don Diego to provide on update on the workgroup session he attended. Dr. Don Diego stated that discussion of the GME 101 workgroup focused on what GME is all about, the rules and regulations that must be followed, and some of the ways of achieving growth.

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Dr. Austin recognized Dr. Walter Moore for comments. Dr. Moore commented that from the standpoint of expanding GME, there are resources at the academic centers and the current teaching institutions that can help with new GME initiatives. He said trying to take a regional approach and then provide a central support that comes from the Board and from the academic medical centers that are already doing this, really speaks to the notion of collaboration and cooperation. Dr. Moore noted that it's complex but doable.

Dr. Austin called on Dr. Dever to give a brief report on the workgroup he participated in. Dr. Dever explained that there were 40-50 people at the session and Dr. Paul Rockey from the AMA presented an overview of the national picture and where Georgia ranked in physician shortage based on AMA data. Dr. Dever gave a presentation to the workgroup on the GBPW's history and its role in the area of medical education and the physician workforce. Dr. Dever also provided the workgroup with an overview of the GBPW's physician database and how it reflects practicing physicians, which differs from what the AMA captures. Dr. Dever felt his presentation and points were well received and workgroup participants clearly acknowledged that the Georgia Board for Physician Workforce has an important role to play in looking at undergraduate and graduate medical education. In addition, the GBPW has the database to support physician workforce planning. Dr. Dever noted that in the end, three of the four workgroup summaries were affirmative in terms of the role that the Georgia Board for Physician Workforce would play in this whole process.

Dr. Austin commented that there were questions from a couple of Summit attendees regarding the ability of the Georgia Board for Physician Workforce to handle implementation of future GME programs. He stated because of the GBPW's legislative charge, its neutrality, and the fact that state funding for both undergraduate and graduate medical education primarily come through the GBPW, the Board would be the logical entity to spearhead these efforts. The GBPW Executive Committee and the full Board stand willing to be very active participants in this process.

Dr. del Mazo spoke about two of his concerns. The first relates to rural primary care residency programs. He stated that comments made during the Summit suggested that what should happen is not so much that we increase the number of graduates for the state, but replace some of the foreign or international graduates with U.S. medical school graduates. Dr. del Mazo noted his belief that such action would make relatively little impact on increasing the total number of physicians. Also, another concern is that the emphasis on training internal medicine and other primary care physicians goes against the national trend because right now, physicians are not choosing primary care specialties. The question arises whether the state should expand extensively in areas/specialties in which the demand for training is going to go down. One approach may be to expand the number of teaching hospitals in metro areas such as Atlanta, but incorporate rural rotations into the training experience to offer new physicians exposure to both types of practice settings.

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COMMITTEE REPORTS

Physician Workforce Committee

Approval of Minutes

On Motion (Austin, Robinson), the minutes of the Physician Workforce Committee of June 24, 2008 were approved as written.

- ***Review of Physician Profile Report***

Discussion

Mrs. Caldwell explained that the draft copy of the Physician Workforce report was put together by looking at the core specialties using 2006 data from the Composite State Board of Medical Examiners. This is the first time since 2000 that there has been a data-driven profile document. Staff was asked to resume this type of publication by the Workforce Committee. In 2002 and 2004, *Is There a Doctor in the House*, was written and distributed instead. Mrs. Caldwell noted the current Profile Report examines trends from 1996 through 2006 among the five core specialties. The 2006 Profile represents something new since the Board switched to utilizing Primary Care Service Areas (PCSAs) rather than the old approach of evaluating physicians by county.

Dr. Hanks asked Dr. Dever to highlight the most important changes/trends in the physician workforce over the last ten years. Dr. Dever responded that the state has been relatively flat in most specialties. There have been increases in the numbers of minority and female physicians. In terms of the rate of physicians per 100,000 population, Georgia's rate has remained stagnant because of the rapid population growth.

- ***GME Expansion Survey***

Discussion

Ms. McNamara reported the Workforce Committee charged staff to work with Dr. Don Diego and Dr. Dever to develop a survey questionnaire. The survey was completed and a copy was included in the meeting packet. The survey was sent to nine designated GME officials to get a sense for current expansion plans, future expansion plans and any plans on the part of teaching hospitals to reduce their training programs. Ms. McNamara explained information was also sought on the hospitals' Direct Medical Education (DME) and Indirect Medical Education (IME) caps under Medicare. The GME officials were asked whether there are any resident positions above (or below) the Medicare cap and if so, how those positions are funded. The final two questions of the survey inquired whether teaching hospital officials would be willing to consider the realignment of GME positions to meet the workforce needs of the state or another alternative such as a GME trust fund, where all funds are pooled together and then distributed based on some agreed upon formula.

AGENDA ITEMS**DISCUSSION/ ACTIONS/ NEXT STEPS**

As of the Board meeting date, all survey respondents had submitted information with the exception of the Medical College of Georgia. Dr. Moore assured the Board and staff that MCG's response would be received soon. The survey has also just been sent to Grady based on recommendations from Emory and Morehouse officials. Grady's response will be forthcoming. Ms. McNamara noted one other important thing staff is working on is to gather more detailed information on the GME payments for CMO services, as well as payments under the Disproportionate Share Hospital (DSH) and Upper Payment Limit (UPL) programs, so the Board can have better sense of actual money going into medical education. Initial survey results indicated three of the responding hospitals are above their CMS hospital caps and they fund those additional positions with hospital money. There are six teaching hospitals that indicated expansion efforts are underway or planned, and one institution is under their Medicare cap (but they are in the process of gradually expanding so their slots will be utilized in a couple years).

In terms of next steps, staff will review the MCG and Grady information once received and the Board will have to wait and see if the money stays in the GBPW budget for the GME expansion study. Depending on if the money stays in the budget, the Board can explore formulating a research question and proceeding with a more detailed GME expansion study.

Action

On Motion (Roberts, Austin), the Board approved the Physician Profile Report of the Workforce Committee pending the corrections suggested during the discussion.

Medical Education Advisory Committee (MEAC)**Discussion**

Dr. Don Diego reported on the following items that MEAC discussed during the October 7, 2008 meeting.

► ***IMG Licensing Issue Update*** – Dr. Don Diego explained there were some concerns from CSBME Board members that allowing International Medical Graduates to be licensed at 24 months might result in them leaving (dropping out of) the residency program early in order to begin practice. We reassured the CSBME that in order to sit for the board certification examination, a resident must finish the full residency program. This makes it very unlikely that a resident would stop at two years in their residency program. Stopping training after two years would prohibit them from receiving insurance and other reimbursement without board certification. After talking to Mrs. LaSharn Hughes, Executive Director of the CSBME, the MEAC feels the next step should be a meeting with a small group to include representatives from the GBPW, the MEAC, and the CSBME to iron out any lingering issues.

Dr. Don Diego noted that he and others have tried to reassure the CSBME that if an IMG is accepted into a residency program here in the United States, he/she is being scrutinized and held to the same exact standards as any American Medical Graduate would be.

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► ***Medical School Selection and the Link to Primary Care and Rural Practice***

The Georgia Academy of Family Physicians asked MEAC to look at the Howard Rabinowitz articles and consider whether any of the indicators could be applied by Georgia's medical schools when selecting students. Studies by Rabinowitz have shown that certain characteristics are indicative of whether a student is more likely to enter primary care and/or rural practice.

MEAC talked about the many factors involved in the medical school selection process including, but not limited to: MCAT scores, GPA, a student's academic and personal references, and personal interviews. In reality, there is no way to force a student into a certain specialty, particularly primary care, where reimbursement rates are less. Years ago when HMOs came in, there was a push toward primary care to the detriment of specialties. One possible approach is to ask the medical schools to look more closely at students that might go into needed specialties and areas. The timing would be right because the medical schools are all in the process of increasing class size. The recommendation of MEAC is to meet with the medical schools to keep the dialogue going.

► ***AHEC Primary Care Shortage Area Summit***

Dr. Don Diego reported the Statewide AHEC Office is having a Primary Care Shortage Area Summit on November 14th. GBPW staff will attend.

Joint Committee – Spotlight on Rural Issues

► ***Spotlight on Critical Issues in Healthcare in Georgia***

Dr. Roberts gave an overview of the issues previously approved by the Board for inclusion in a fact sheet. He then presented the joint committee's proposed short-term, mid-term, and long-term recommendations for addressing the issues. The recommendations require approval from the Board.

-Short term

- Recruitment of new physicians to Georgia, especially in rural and other underserved areas, through incentive programs.
- Expand loan repayment funding, where available, to include mid-levels (at least under certain circumstances).

-Mid term

- Retain physicians in Georgia by offering continuing incentives practice).

-Long term

- Retain physicians in Georgia by ensuring that specially selected students who are from rural Georgia are accepted into Georgia medical schools and incentivized to remain here to practice.

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On a related note, Dr. Roberts told the Board about The Pathway to Medical School Program developed at the Southwest Georgia Family Medicine Residency at Phoebe Putney (in collaboration with Albany Area Primary Healthcare). The Pathway Program requires 160 hours of shadowing with family medicine or other primary care physicians. The participating physicians from the community agree to take in students, who spend 60 hours of the experience doing community-based research. The participants are rising sophomore college students that are from Georgia (preferably rural Georgia). The student participants must also have a science GPA of 3.0 or higher, must be pre-med, and must write an essay about becoming a primary care physician. The Program now is limited to 10 participants at a cost of \$31,000 a year. The success rate of participants who have gone on to apply and be accepted at a Georgia medical school is 92%. This Program might be one to offer statewide (and will likely be discussed more at the AHEC meeting next week).

Action

On Motion (Burdette, Robinson), the Board voted to accept the changes as written to the Spotlight on Critical Issues in Healthcare in Georgia fact sheet.

Old Business

- ***Accepting Funds From Private Entities***

Discussion

Mrs. Tucker reported that during the 2008 legislative session, a letter was sent to the Attorney General's Office requesting information on accepting funds from private entities. The Attorney General advised that under the current law the Georgia Board for Physician Workforce does not have the authority to accept funds from private entities. She informed the Board staff has now submitted a legislative package to the Governor's Office and we are waiting to hear from them regarding the status of the package.

- ***Athens/Gainesville Residency Progress Report***

Discussion

Mrs. Tucker informed the Board that in accordance with the contract, the three hospitals submitted a progress report on the current feasibility study. The report noted the following:

- The hospital CEOs are meeting monthly.
- They have outlined the mission, vision and purpose for the consortium.
- A corporate structure and governance model for the consortium has been created.
- A draft management structure has been outlined.
- An approach has been defined for constructing the financial model and projections.

The report also stated meetings have been held with the medical staff of the hospitals in Athens and Gainesville, and the meetings are being used to communicate and solicit feedback (and to ensure medical staff awareness of and involvement in project activities).

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The consultant, ECG, is preparing draft business plans and financial projections for the envisioned consortium and the six residency programs. The hospitals are looking at primary care residency programs in family medicine, internal medicine, and OB/GYN. Additionally, the hospitals are evaluating other programs such as emergency medicine, general surgery, and psychiatry. Next steps outlined the CEOs will continue to meet monthly and town- hall style medical staff meetings will continue on a monthly basis as well.

Action

On Motion (del Mazo, Hanks), the Board voted to accept the progress report from the Athens/Gainesville hospitals.

Executive Director's Report**Discussion**

Mrs. Tucker informed the Board that the Governor's Office created a health and human services alliance group to serve as a coordinating body for related policy and cross-agency service delivery in Georgia. The alliance is made up of agency heads from the Department of Human Resources, Department of Community Health, Georgia Cancer Coalition, Governor's Office of Children and Families, Georgia Board for Physician Workforce and State Medical Board, as well as the Governor's Office of Planning and Budget Human Services Division Director, a Board of Regent's Medical Education Representative, and the Governor's Health Policy Advisor. The group had its first meeting in October and began outlining the goals and will meet again in December.

She also reported on the following:

- Staff was notified by the Lieutenant Governor that the Senate has created a Best Value in Government Taskforce which will be reviewing all state agencies to look for efficiencies and cost saving measures. The GBPW and SMEB hearing is scheduled on Friday, November 14.
- Staff will be updating Fact Sheets and will be distributing them in mid to late December, particularly on Graduate Medical Education, Undergraduate Medical Education and Physician Workforce data.
- The MD Physician Workforce website is being updated. It is not complete as yet, but progress in being made.
- The 2008 GME Exit survey data has been entered, is under review, and will be reported on at the February 2009 Board meeting.
- The results of the 1st and 3rd year Family Medicine Graduate Survey are under review and will be distributed to residency program directors when the report is complete.
- Staff surveyed 2008 graduates from Georgia's medical schools in response to the Board's interest in knowing more about factors that influence specialty choice and residency selection. The overall survey response rate was low, but the data has been entered and a report will be presented to the Board in February.

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- Updates to the Rules and Regulations will also be presented in February.

Next Meeting

Dr. Austin announced the next meeting of the Georgia Board for Physician Workforce is scheduled for February 7, 2009. The time and location will be determined at a later date.

Adjournment

On Motion (Hanks, Burdette), the Board voted to adjourn the meeting at 10:55 a.m.

Respectfully Submitted

Jim Lowry
Secretary/Treasurer