GME Expansion in Georgia

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What Problem Are We Trying to Solve? A Looming Physician Shortage

Background & Scope of the Problem:

- Physician shortages are expected to exceed 90,000 over the next decade.
- Georgia per capita† physician workforce ranks 40th in US (2009):
  - GA Per Capita rate — 204.5
  - US Per Capita rate — 254.5

† per 100,000

Source: Association of American Medical Colleges, 2010
Why the University System of Georgia (USG)?

❖ **USG is a major contributor to health workforce**
  - USG accounts for:
    - 80% of nursing graduates
    - 37% of all enrolled medical students
    - 100% of dentistry graduates

❖ **USG training is highly accessible**
  - USG institutions well distributed across the state
  - Low tuition

❖ **USG programs have a public mission/focus**
Unique Aspects/Challenges of Medical Education

- In contrast to other health professionals, physicians must complete 3+ years of graduate medical education (GME) at a clinical site before being able to be licensed or privileged.
- GME plays a critical influence on future practice locations of physicians.
- Georgia’s GME system poorly aligned to meet growing needs for physicians.

**In-State Retention in Georgia**

(% Active physicians practicing in state, 2008)

- Georgia ranks 39th in total residents per capita.
  - GA rate is 20.8/100,000; National rate is 35.7/100,000.
  - Per capita growth in GME capacity has been minor in last 10 years.
  - Georgia needs 1,450 more to meet national average but 350 to meet southeast averages.

<table>
<thead>
<tr>
<th>Completed UME in state</th>
<th>Completed GME in state</th>
<th>Completed both GME and UME in state</th>
</tr>
</thead>
<tbody>
<tr>
<td>47%</td>
<td>49%</td>
<td>71%</td>
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Unique Aspects/Challenges of Medical Education

- Imbalance exists in expansion of medical school enrollment and growth in residency positions
- Undergraduate Medical Education (UME) expansion is occurring at nearly double the rate of GME
- Compounds existing imbalances in Georgia’s medical education system
- Lack of GME positions is forcing more and more students out of state to complete training, decreasing the likelihood that they will practice in Georgia

Medical College of GA Enrollment

Source: Graduate Medical Education Data Resource Book; ACGME, 2010
GME Programs Are Developed By Local Hospital & Medical Staffs

- Georgia must grow GME program capacity to meet its needs for physicians

- GME programs are a three-way agreement between:
  - The ACGME/AOA for accreditation
  - The federal (and state) governments (for reimbursement)
  - A hospital (for teaching effort)
  - They do not necessarily involve a medical school or university

- GME programs are initiated & managed by hospitals and associated medical staffs

- **Development and expansion of physician training will not happen without local hospital & community engagement**
Goals & Objectives:

- Develop opportunities for USG and Georgia hospitals to work together to create 400 new residency positions resulting in:
  - Closing the gap between number of medical school graduates and 1st year GME positions
  - Increasing the number of residents in Georgia to meet southeastern per capita rate
  - Ensure some concentration on primary care and general surgery
Progress on GME Expansion

- Secured ongoing budgetary commitment from state leaders
  - $1.2 million state appropriations FY13
  - $3.3 Million state appropriations FY14
  - Potential $6.5 million state appropriations FY15
  - More in future years

- Devised template for distribution of funds to potential GME hospitals
  - Application process
    - 2 step process – looks at budgeting, Medicare supports and service volumes

- Eligibility Criteria
  - Acute Care Med/Surg Hospitals
  - Non-Hospital clinical facilities
  - Excludes critical access hospitals
  - Programs must secure ACGME accreditation – although dual accreditation permitted
Progress on GME Expansion

- **Specialty mix**
  - Primary care specialties (medicine, family medicine, pediatrics and OB/GYN)
  - General surgery
  - Other specialties deemed important by hospital

- **Use of funding**
  - Funding provided by the USG will cover only the initial ramp-up phase of new GME programs. Once residents arrive at new programs, USG funding ceases, as it is replaced by Medicare funds.
  - Use of funds has to comply with ACGME needs of programs and conform with state law.
  - Match is required by all partners – the USG will provide no more than $1 for $1 of hospital funds.
  - No limits exist on funding to any specific hospital.
Progress on GME Expansion

- Four hospitals current working to build GME
  - Covers all primary care specialties but pediatrics
  - Will provide for upwards of 267 additional GME slots
  - Redistributes GME in Georgia
- Other hospitals pending approval
  - Hospital system with over 1200 beds
- Other hospitals pending application
  - Large hospital system in NE GA
  - Hospital system in West Georgia

*Variability in “likelihood” reflects stages presented here

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Minimum Target</th>
<th>Maximum Target</th>
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<tbody>
<tr>
<td>Family Medicine</td>
<td>81</td>
<td>93</td>
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<tr>
<td>Internal Medicine</td>
<td>228</td>
<td>258</td>
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<tr>
<td>OB/GYN</td>
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<td>36</td>
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<tr>
<td>Pediatrics</td>
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<td>0</td>
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<td>General Surgery</td>
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<td>Transitional Year</td>
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<td>Emergency Medicine</td>
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<tr>
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<tr>
<td>Considered possible*</td>
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<td>534</td>
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Challenges impacting implementation

Typical issues
- Mission implications
- Impacts to hospital bottom line
- Complexity and infrastructure demand of certain specialties

Less typical issues
- Uncertainty stemming from implementation of ACA
- Sequestration and uncertain implications on federal budget
- Potential faculty shortages
- Accrediting body
  - No clear champion for large scale GME expansion
  - Ongoing renovations to application system for new programs
  - Lack of clarity on submission deadlines for new programs
Questions