

# AHEC PRIMARY CARE SUMMIT UPDATE

Erin Mundy, MPA



# AHEC Primary Care Summit Update

- Mission and Goals
- PC Summit Information
- Background and History
- Primary Care Workgroup
- Model Used
- State of PC in Georgia
- Solutions
- PTIP
- Next Steps

# AHEC Primary Care Summit Mission:

To develop strategies to meet the primary care physician workforce needs for the citizens of Georgia by 2020.



# AHEC Primary Care Summit Goal

50 Primary Care  
Physicians per 100,000  
population by 2020

# Why AHEC?

- Academically neutral
- History of working with all health professions, not just medicine
- Statewide service area
- Community investment across our boards of directors
- Primary care need is impacting all AHEC regions
- Skilled conveners and facilitators regionally and statewide

# Summit Ground Rules

- Invitation only
- Invitees are assumed to be experts in their respective fields
- Presentations are strictly limited
- Pre-conference reading/materials disseminated ahead of time
- Facilitators and recorders used with every breakout group
- Breakout groups given specific tasks to accomplish
- It a working *meeting* and not a *conference*
- AHEC's role is to convene, organize logistics, prepare advance materials, send invitations, and develop collaborative agenda

# Summit Format

- Update from past Summits
- Discussions of emerging trends
- Panel discussions – students, residents, etc.
- Breakout groups
- Recommendations made and prioritized
- Construct legislative agenda

# AHEC Primary Care Workgroup

- 2008 – Georgia Statewide AHEC Network Advisory Council prioritized its health workforce development focus on the *shortage of primary care physicians in Georgia*.
- Created the *Primary Care Workgroup* to address primary care shortages.
- National reports offered conclusive evidence that a major shortage was on the near horizon.
- AHEC Primary Care Workgroup hosted the first Primary Care Summit, November 2008.



# AHEC Primary Care Workgroup Representation

- AHEC Program Office
- 6 Regional AHEC Centers
- Albany Area Primary Health Care
- Community Health Care Systems
- Mercer University School of Medicine
- GA-PCOM School of Medicine
- Emory University School of Medicine
- Medical College of Georgia at Augusta University
- Morehouse School of Medicine
- Georgia State Office of Rural Health
- Georgia Academy of Family Physicians
- Georgia Board for Physician Workforce
- Georgia Chapter – American College of Physicians
- Physicians Assistants Program at Augusta University
- Nell Hodgson Woodruff School of Nursing at Emory
- Jiann-Ping Hsu College of Public Health at Georgia Southern University

# 2008 Primary Care Summit

- Goal of the 2008 Summit: Develop a collaborative work plan with Georgia medical schools and other partners to increase the number of medical school graduates choosing primary care and/or choosing to practice in a medically underserved setting in Georgia.
- Findings of the 2008 Summit were widely circulated and presentations made to select committees in the Georgia General Assembly.
- National presentations were solicited and provided.
- Ongoing research and monitoring of the primary care workforce conducted internally within the AHEC Network and its Advisory Council.
- Decision was reached to host another Summit in 2011 to update previous Summit findings and to begin crafting a unified plan.

# 2011 Primary Care Summit

- Introduced new *model* of addressing primary care medical shortages by identifying four phases of the medical education pipeline and developing strategies for each.
- Goal was to develop a comprehensive work plan identifying challenges and recommendations for each Phase: ***Published TARGET 2020.***
- Decision was made to host an Annual Primary Care Summit to monitor and make recommendations about the primary care workforce to state and federal leaders.

# Developing the Model

- The Statewide Primary Care Workgroup determined that ***a model*** was needed to assist participants in addressing the complex issues and challenges involved with creating an appropriate Primary Care Medical Workforce for Georgia.
- It was agreed that the workforce would be addressed by each phase of its pipeline, thus allowing the participants to create balance across the pipeline through their recommendations.
- Provide legislators and other key decision makers an understanding of the time and investment it takes to educate a new physician.

| MEDICAL EDUCATION PIPELINE |                            |                |                             |
|----------------------------|----------------------------|----------------|-----------------------------|
| PHASE 1                    | PHASE 2                    | PHASE 3        | PHASE 4                     |
| K-12 Education             | Undergraduate /<br>College | Medical School | GME / Residency<br>Training |
| Years K-12                 | Years 13-16                | Years 17-20    | Years 23-28                 |

# PC Physicians vs. All PC Providers

- Recognize the value of all primary care providers
- Recognize the complexity of the challenges and the scope of strategies needed
- Chose to focus on Primary Care Physicians as the starting point, and in recognition that physicians' education pipeline is the longest

# 2016 Primary Care Summit

## Expanded Model Used

- Added APRN and PA programs to the work
- Added Phase 5 to the pipeline to include practice/retention

| PHASE 1        | PHASE 2                        | PHASE 3   | PHASE 4<br>(MD and DO)   | PHASE 5              |
|----------------|--------------------------------|---|--------------------------|----------------------|
| K-12 Education | Undergraduate Degree / College | MD / DO School<br>APRN and PA Graduate Programs | GME / Residency Training | PRACTICE / RETENTION |
| YEARS K-12     | YEARS 13-16                    | YEARS 17-20                                     | YEARS 23-28              | PRACTICE LIFESPAN    |

# 2016 Primary Care Summit Recommendations

- Convert Preceptor Tax Incentive Program from a deduction to a credit
- Expand PTIP to cover APRN and PA Preceptors
- Continue support for GME expansion (BOR)
- Maintain Physician LRP (loan repayment slots) slots and funding
- Maintain and increase APRN and PA LRP slots and funding
- Pursue FM and IM residency LRP program (for GA medical school graduates choosing GA GME programs)

# Primary Care Summit Participants

| STAKEHOLDER PARTICIPANT PROFILE |      |      |      |      |      |      |      |
|---------------------------------|------|------|------|------|------|------|------|
| SUMMIT                          | 2008 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| Medical Schools                 | 19   | 14   | 16   | 18   | 24   | 21   | 11   |
| GME Programs                    | 0    | 10   | 7    | 25   | 17   | 19   | 14   |
| State Agencies                  | 5    | 9    | 7    | 7    | 9    | 5    | 6    |
| Professional Associations       | 0    | 8    | 7    | 7    | 7    | 8    | 10   |
| State Legislative Branch        | 1    | 2    | 4    | 3    | 2    | 1    | 2    |
| Non Profits                     | 1    | 1    | 4    | 4    | 2    | 4    | 1    |
| Other                           | 3    | 11   | 9    | 12   | 8    | 5    | 2    |
| AHEC Center Staff               | 14   | 15   | 13   | 17   | 14   | 14   | 17   |
| AHEC Program Office             | 4    | 5    | 7    | 6    | 5    | 6    | 6    |
| PA Programs (invited in 2016)   | -    | -    | -    | -    | -    | -    | 3    |
| APRN Programs (invited in 2016) | -    | -    | -    | -    | -    | -    | 5    |



**WHAT IS THE STATE OF THE  
PRIMARY CARE WORKFORCE IN  
GEORGIA TODAY?**

# Georgia's Current PCP Shortages

159 Georgia Counties:

*6 without a Family Physician*

*31 without a General Internist*

*63 without a Pediatrician*

*79 without an OB/GYN*

*66 without a General Surgeon*

# Georgia's PCP Projected Shortage

To maintain the status quo, Georgia will need an additional 2,099 primary care physicians - an increase of 38% by 2030.

- *20% of this growth is projected based on increased utilization due to aging (rural populations aged 55-75 are projected to grow by 30% from 2010-2020);*
- *66% due to population growth; and*
- *13% due to greater insured populations following the Affordable Care Act.*

*Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.*

**WHAT ARE THE PRIMARY  
CHALLENGES IN TRAINING A  
PRIMARY CARE WORKFORCE IN  
GEORGIA?**

# Education Pipeline

- *K-12 education (High School diploma)*
- *4 years of undergraduate education (Baccalaureate)*
- *2 years for a Masters (PA and APRN)*
- *4 years of medical school (UME)*
- *3-8 years of residency training (GME)*

**-6 YEARS+ POST HIGH SCHOOL TO EDUCATE A NEW PA or APRN**

**-11-16 YEARS POST HIGH SCHOOL TO EDUCATE A NEW DOC**

# Community Based Education

*The more exposure a learner has to rural communities and underserved populations during his/her training, the more likely they are to practice in a rural setting.*

1. Recruiting and preparing community based teaching sites
  - *Site identification*
  - *Site Credentialing*
  - *Rewarding volunteer community based faculty (Preceptor Tax Incentive Program- PTIP)*
2. Addressing practical barriers to off campus / off site rotations.
  - *Housing issues*
  - *Travel issues*
3. Working with communities to develop Social Integration strategies



**SOLUTIONS: PRIMARY CARE  
STUDENT EDUCATION AND  
TRAINING**

# **1. Providing housing for students completing short term (2-8 week rotations) in communities remote from their campus**

*-Continue and increase funding the Statewide AHEC Network to provide housing for students completing community based clinical training remote from their campuses.*

# **2. Support development, expansion, and/or maintenance of the regional campus models of education to place medical/osteopathic (and perhaps APRN and PA students) for training in more communities across the state.**

*-Support MCG's regional campus model*

*-Support PCOM's Anchor program*

*-Support Mercer's distributed campus model and CIP (PA)*

*-Support MSM's regional campus program*



**3. Develop training for social integration strategies for communities hosting students and residents to provide them with tools to recruit these individuals for eventual practice.**

*–Offer technical assistance to communities to develop social integration plans.  
(Statewide AHEC)*

**4. Offering tangible rewards to community based physicians supporting medical education.**

*–Convert Preceptor Tax Incentive Program (PTIP) from a tax deduction to a tax credit. This is a priority. (Statewide AHEC)*

**WHAT IS PTIP?  
PRECEPTOR TAX INCENTIVE  
PROGRAM**

# PTIP

- *Georgia was first in nation to create*
- *2 other states have implemented (Colorado and Maryland)*
- *13+ other states have legislation pending or being developed*

# What Does PTIP Do?

- It provides an economic incentive to Georgia providers to participate in the training of future health care professionals
- It is limited to only those providers who receive no compensation from any source to train medical, osteopathic, PA, or APRN students
- The incentive is only available for those students from a Georgia educational program- public or private

# What is Pending?

- HB 301 which converts the existing Tax Deduction to a Tax Credit
- Expands eligibility to include PA and APRN preceptors
- Includes an incentive plan to encourage more rotations be supported
- Has passed House and is now in Senate Finance Committee

# Rationale and Background for Strategy:

- Georgia's primary care shortages are well documented; it is imperative that the training of medical students, physician assistant students, and advanced practice registered nurses students be secured in the state as these three disciplines form the core primary care workforce.
- Georgia invests heavily in the educational programs required to produce these students, and efforts such as this tax credit alleviate some of the struggles faced by these programs as they seek to secure sufficient community based training sites to educate their students.

# Challenge Addressed

Off-shore and out-of-state medical schools are using Georgia CBF and paying them +/--\$1500 per rotation. Rather than enter into a bidding war with these other players, a tax credit could provide a powerful incentive to Georgia CBF to ONLY take Georgia Medical, Physician Assistant, and Advanced practice registered nurses students.

If Georgia MD/DO, PA and NP programs were forced to pay \$1500 / rotation, then the expected cost would be approximately \$7,219,500 (4,813 rotations x \$1500 each). Since the majority of these rotations occur at a program based within the University System of Georgia, the state would be asked to help fund approximately 1/3 to 1/2 of these funds; without additional funding, students matriculating in these programs would be asked to pay additional fees.

Additionally, given the deep pockets of the off-shore and out of state programs, the “price” for rotation could and most likely would be pushed higher as the “bidding war” begins for the community- based clinical training sites and faculty.

**HOW MANY STUDENT ROTATIONS  
ARE NEEDED?**



# Medical/Osteopathic Students

Each medical / osteopathic student has approximately 7 required core clerkship rotations in their third year and approximately the same in the 4th year.

- *Each rotation lasts 4-6 weeks on average.*
- *Approximately 40% of these required clerkship rotations occur in community based settings with **non-compensated** volunteer faculty;*
- *In 2016, there were approximately 594 3rd year Georgia Medical / Osteopathic Students at our five schools;*
- *594 x 7 required core clerkships = 4,158 rotations;*
- *4,158 x 40% in community settings = **1,663 rotations eligible for tax credit.***

# Physician Assistant Students

Each PA student completes approximately 50% of their required clinical rotations in off-campus community based training sites with practicing physicians and/or licensed PAs. The same seven clerkships are required as for medical students.

- *There are approximately 300 Georgia Physician Assistant students at five institutions;*
- *Each rotation lasts 4-6 weeks on average;*
- *300 students x 7 rotations= 2,100 rotations;*
- *2,100 rotations x 50% in community based training sites= **1,050 rotations eligible for tax credits.***

# APRN Students

There are 15 Advanced Practice Registered Nurse Masters Programs in Georgia with a total approximate enrollment of +/- 700. Nursing curriculum differs from the other two disciplines, but approximately each student would need 2 or 3 supported rotations.

- $700 \times 3 = 2,100$  *rotations eligible for tax credits*

# Who Benefits?

- **Eligibility:** Any *non-compensated* community based physician, advanced practice registered nurse, or physician assistant, licensed in the state of Georgia, providing preceptorship training for a medical / osteopathic student (MD/DO) OR a Georgia Physician Assistant (PA) student OR an Advanced Practice Registered Nurse (APRN) student matriculating at a public or private Georgia educational institution ;
- CBF must provide a minimum of three rotations to be eligible for the tax credit (credits are awarded retroactively to include these). The educational institution must certify these rotations as complete through reporting to the Georgia Statewide Area Health Education Centers (AHEC) Program Office at Augusta University.

# What Do They Receive?

**Incentive structure:** To encourage community based faculty to participate at the highest level, the amount of tax credits increase with service.

For medical/osteopathic preceptors, the first 3 rotations will be provided credits worth \$500 each; subsequent credits will be awarded credits at \$1000 each for rotations number 4-10.

For advanced practice nursing and physician assistant preceptors, tax credits of \$375 will be provided for rotations 1-3; credits will increase to \$750 per rotation for rotations 4-10.

These differences reflect income earning differences among the professions. No preceptor will receive credits for more than 10 certified rotations. (A rotation is defined as 160 hours of community based teaching.)

# Other Considerations

## Boundaries Recommended

Tax Credit Caps will have to be identified so there is no incentive to take more students than quality education standards can sustain (e.g. maximum of \$10,000 credit annually).

Tax credit would be non-transferable.

Unused Tax credit would not carry over to another tax year.

There should not be a “cash-out” option for unused credit.

# Next Steps

- Primary Care Workgroup meets monthly via teleconference to keep key stakeholders engaged in process and continued work on Primary Care Summit recommendations.
- AHEC Executive Director making presentations to multiple House and Senate study committees.
- **Next Primary Care Summit is *April 18, 2018***

Erin Mundy, MPA

Director of Community Based Training Programs

Georgia Statewide AHEC Network Program Office

Assistant Professor, Department of Family Medicine

Medical College of Georgia at Augusta University

[emundy@augusta.edu](mailto:emundy@augusta.edu)

678-232-3759