

PRIMARY CARE IN GEORGIA

Georgia Rural Health Association
Annual Conference
September 2010

How Important is Primary Care?

- An increase of just one primary care physician is associated with 1.44 fewer premature deaths per 10,000 persons
- An increase of 1 primary care physician per 10,000 population results in a reduction of overall spending by \$684 per Medicare beneficiary
- The addition of one primary care physician per 10,000 population resulted in 3.5 fewer people dying each year
- Living in a primary care shortage area represents an independent risk factor for a preventable hospitalization

How is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care - A Comprehensive Evidence Review – ACP White Paper 2008

Understanding Georgia's Dilemma With Health Reform:

Increased Primary Care
Clinician Demand

Decreased Primary Care
Clinician Supply

Who are providers of *Primary Care*?

- Family Medicine, Internal Medicine, Pediatrics
- Nurse Practitioners
- Physician Assistants
- Dentists (increasingly included)

**So, how are we
doing in Georgia?**



Georgia's Physician Supply

Natl. Avg.

GA

200 docs per
100,000 pop.

300 docs per
100,000 pop.

Review of Facts & Figures:

Rate of primary care
physicians per 100,000
population(*excludes Gen.
Surgery in this calculation)

GA

82 docs per
100,000 pop.

Natl. Avg.

100 docs per
100,000 pop.

**using Kaiser Foundation study's definition, MS EC Health '04*

Primary Care Trends Getting Worse

- From 1997-2005 the number of US grads entering FP dropped 50% - Fam. Med, 9/07
- In 2007 only 23% of third year IM planned General IM compared to 54% in 1998 - Internal Medicine In-Training Exam Survey Data
- A 2007 study of 4th year med students career decisions showed only 2% interested in general IM — JAMA, 9/08

PRIMARY CARE: SUPPLY

“Georgia continues to rank well below the national average in the number of medical students per 100,000 population... Georgia ranks 34th out of 46 states that have medical schools.”

GBPW, Fact Sheet on Medical Education in Georgia
February 2008

NACHC Access 2015: Georgia Goals

Georgia Medically Disenfranchised = 1,335,787

Access 2015 Goal (25%) = 333,947

CHC patients 2006 = 248,205

■ Anticipated CHC patients 2015 = 582,152

■ To cover CHC increase

■ Need **88** new PA / NP

■ Need **168** new Primary Care Physicians

■ To cover all 1,335,787

■ Need **351** new PA/NP

■ Need **676** new Primary Care Physicians

Access Transformed -Building a Primary care Workforce for the 21st Century;

NACHC, Robert Graham Center, George Washington University School

Won't Medical School Expansion Solve the Problem? *AM J. Med.* 12/09

- Medical student enrollment increases from 18,636 in 2002 to 25,136 in 2012 (26% increase)
- In 2005 - 24,269 GME PGY1 slots filled by 18,560 US grads and 5,709 US IMGs & IMGs
- In 2012 - 24,269 GME PGY1 slots all filled by US grads BUT **for 867 US grads there will be NO GME slots and 5,709 IMGs LOST**

Georgia Production of Primary Care

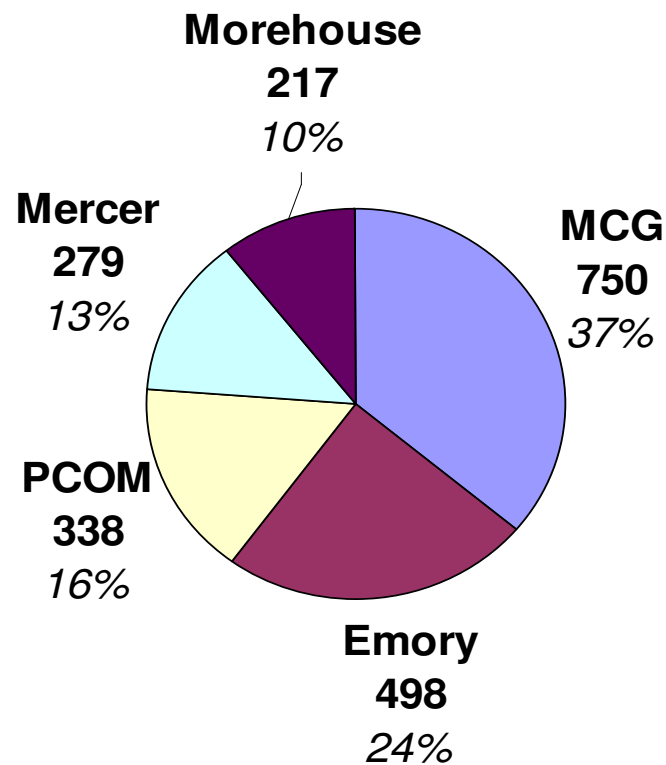
Physicians: *Georgia Board for Physician Workforce
"Spotlight on GME" February 2010*

Primary Care PGY1		% Not Specializing	Net
FP	63	95%	60
IM	137	22%	30
Ped	51	61%	31
Total	251		121

Total PGY1 = 702 (*ONLY 15% from Georgia Medical Schools*)

Yield = 121 Primary Care MDs (17%)

Georgia's Medical School Enrollment



Total Enrolled Med. Students

GA 2,082

Med Students Per 100,000 population

GA - 21.7

Natl. Avg. - 29

Projected 2020

GA - 25.2

Natl. Avg. - (29?)

How does GA compare in it's total # of residents?

GA	South East AVG.	NATL. AVG.
20.7	23.6	35.6

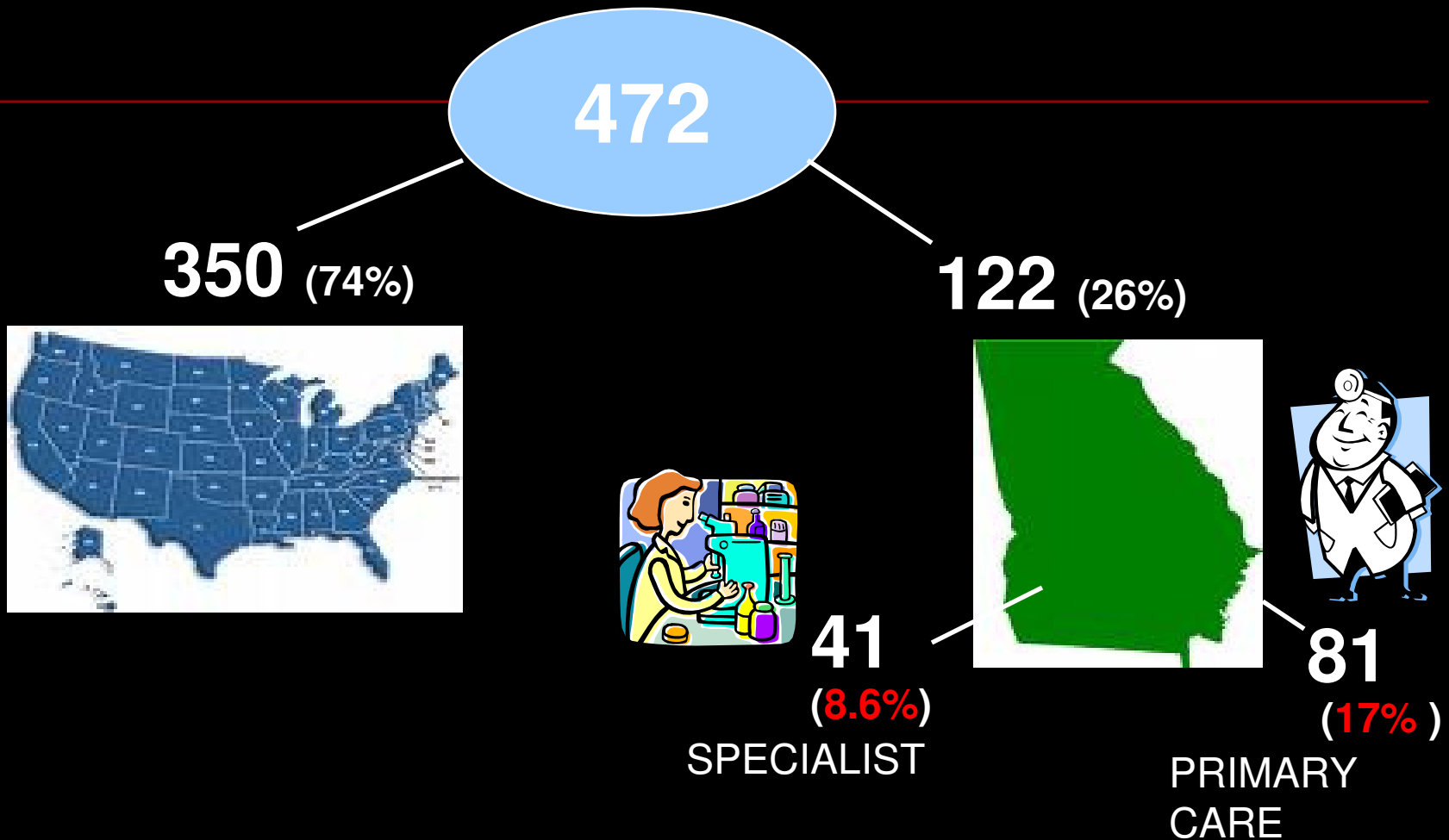
- **GA ranks 37th (*we rank 9th in total population*)**
- **GA would need 1,400 additional residency positions to match the natl. avg.**
- **GA would need 270 additional residency positions to match the Southeast avg.**

Although 261 (55%) of GA Med. School graduates go in to primary care, **only 81** of them matched to a Primary Care Residency in the state of Georgia

So we graduated over half of our in-state docs into primary care, then lost nearly 70% of them to out-of-state residency programs.

Where did the GA students/GA residents go in state?

'09 GA Medical School Graduates



**If We Keep Doing What We Have
Been Doing...**

**We Will Keep Getting What We
Got!**

Solutions?

- 1. Retain** – Keep the ones you got!
- 2. Recruit** – Grow your own – Plan #2

Georgia Workforce Summit Conclusion

*Denise Kornegay- Georgia State AHEC
The Journal of Rural Health, Summer 2009, p276*

“The need to define proven strategies is not the pressing issue; rather, the needs are to define the COMMITMENTS necessary to implement proven strategies, as well as the WILL to make physician distribution a PRIORITY issue in medical education.”

So What Do We Do?

- Increase awareness of careers in primary care and incentivize these career paths
- Local collaborations with students is key
- Reward students who select primary care
- Create primary care tracks in our medical school admissions programs
- Develop community based teaching sites for students that provide positive support for primary care

Contact information

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