Georgia Statewide AHEC Network

GPCA WORKFORCE DEVELOPMENT WORKSHOP
WORKFORCE DEVELOPMENT RESOURCES AND STATE PARTNERS
Presentation Goals:

• Describe the Georgia Statewide AHEC Network
• Provide the program mission, goals and program areas
• Provide the FY 2017 Executive Summary
• Share updated information about the AHEC Primary Care Summit
• Provide information about the AHEC Primary Care Workgroup
• Provide information about the AHEC Primary Care Summit recommendations
• Describe the GA-PTIP Program and program requirements
• Provide an update on plans to expand the GA-PTIP Program
Georgia Statewide AHEC Network

A partnership coordinated by Augusta University, the Georgia Statewide AHEC Network is a complex, multi-disciplinary effort which responds to the problems of health professionals supply and distribution in rural and underserved areas of the state.

Since 1984, the Georgia Statewide AHEC Network has represented a growing partnership of health providers, health professions students, educators, state agencies, and communities joined together with a commitment to resolve these problems through educational support to health professionals in the field, both as students and as practitioners.
MISSION:

To support the recruitment, education, training and retention of a diverse health professions workforce throughout Georgia.
GOAL:

Improve access to quality, primary health care in medically underserved areas through educational activities designed to
RECRUIT, TRAIN, and RETAIN community-based health care personnel where they are most needed.

*Health Professions Workforce Pipeline*

RECRUIT → TRAIN → RETAIN
Executive Summary Fiscal Year 2017

• In conjunction with community partners, located in sites across the state of Georgia, the Statewide AHEC Network provided the following services and achieved the following programmatic outcomes during fiscal year 2017:

• Partnered with 1,267 professionals who served as clinical preceptors for students matriculating at educational institutions (located in and outside Georgia). TRAIN

• Exposed 23,672 youth to health career opportunities through 486 regional AHEC activities and programs. RECRUIT

• Sponsored / co-sponsored continuing education programs serving 4,125 participants and providing 38,308 CME/CEU credit hours; 2,085 of these participants indicated these hours were necessary to meet clinical licensure requirements. RETAIN
2017 Executive Summary Continued

• Placed 2,316 health professions students and residents in 4,412 rotations in clinical training sites for a total of 696,370 hours of community-based clinical education/training. TRAIN

• Supported travel and housing for 2,787 rotations of health professions students to preceptor sites remote from their educational institutions and within AHEC regions. TRAIN

• Provided health careers, clinical training, or continuing education services to 10,590 minority students, residents, trainees, or practicing health professionals. RECRUIT/TRAIN/RETAIN

• As a result of these efforts, 383 AHEC supported health professions students completed their educational programs and returned to practice within an AHEC region this year. RECRUIT

*Data may vary for FY 2017 due to data system conversion.
AHEC Primary Care Summit

2008 - PRESENT

GEORGIA STATEWIDE AHEC NETWORK
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:

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<th>AHEC Program Office</th>
<th>Georgia State Office of Rural Health</th>
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<td>Morehouse School of Medicine</td>
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AHEC Primary Care Summit Goal:

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.
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
PC 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
2016 Primary Care Summit Recommendations:

• Convert Preceptor Tax Incentive Program from a deduction to a credit
• Expand Preceptor Tax Incentive Program to cover APRN and PA Preceptors
• Continue support for GME expansion (BOR)
• Maintain Physician LRP (loan repayment program) 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)

*2018 Primary Care Summit recommendations are currently being synthesized at this time to create our legislative agenda for 2018-2020.
2018 Primary Care Summit Highlights:

• Education and training of future primary care professionals
• Recruitment of future primary care professionals
• Retention of future primary care professionals
• Policy supports for primary care practice

*2018 Primary Care Summit recommendations are currently being synthesized at this time to create our legislative agenda for 2018-2020.
Georgia Preceptor Tax Incentive Program (GA-PTIP)
What is GA-PTIP?

Georgia Governor Nathan Deal signed into law April 15, 2014 legislation that creates tax deductions of up to $10,000 for uncompensated community based faculty physicians who provide training to medical, osteopathic, physician assistant and nurse practitioner students matriculating at Georgia public and private educational institutions.
History of GA-PTIP

• 2012 Primary Care Summit recommendation
• First of its kind in the United States
• Began as HB 922 sponsored by Rep. Ben Harbin; passed as SB 391 on Sen. Don Balfour’s Tri-Care Bill
• Department of Revenue language negotiated for Tax Manuals for 2014
Rational and Background for GA-PTIP

- Physicians, advanced practice registered nurses (APRN) and physician assistants (PA) are considered to be the core disciplines in primary care.

- Georgia faces a critical shortage of health care professionals, particularly those in primary care.

- To combat the shortage, Georgia has invested significant resources in expanding medical school class sizes, and the number and sizes of programs in advanced practice registered nursing and physician assistant education.

- As each discipline has expanded its class sizes, the demand for community based faculty preceptors has grown exponentially.

- Most community based faculty preceptors in Georgia are not compensated for their time teaching but do so as part of their personal commitment to the health care system.
Challenges 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 incentive could provide a powerful incentive to Georgia CBF to ONLY take Georgia Medical, Physician Assistant, and Advanced practice registered nursing 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.
Solution – GA-PTIP

In order for Georgia to provide community based education demanded by the three critical health disciplines (physician, APRN and PA) they must be able to compete with the out-of-state and off-shore programs who are willing to pay Georgia community based faculty to take their students.

Georgia can either pay the preceptors or create a valuable benefit to preceptors that would sway them to ONLY take Georgia medical, APRN and PA students.

Solution – GA PTIP - Georgia physicians who provide clinical training to health professions students for a minimum of three (to a maximum of 10) rotations, and who are not compensated through any other source, can claim a tax deduction of $1,000 for every 160 hours of training provided. Students must be enrolled in one of the state’s public or private medical/osteopathic, physician assistant or nurse practitioner programs.
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
Physician Eligibility:

Must be a licensed physician in GA

Cannot receive direct compensation for teaching medical, osteopathic, NP or PA students

Deduction only available for rotations supporting Georgia medical, osteopathic, NP or PA programs

Must complete a minimum of 3 rotations to be eligible; deductions are provided retroactively once eligibility is established

A maximum of 10 rotations may be claimed for deductions each calendar year
New/Pending Legislation:

• Legislation that converts the existing Tax Deduction to a Tax Credit
• Expand eligibility to include PA and APRN preceptors in addition to physician preceptors
• Include an incentive plan to encourage more rotations be supported

2016-2017: HB 463 introduced, expanding the definitions within the law, adding NP and PA preceptors to eligible recipients, and providing a vehicle for conversion to a tax credit. Bill did not progress past committee level.

2017-2018: HB 301 introduced, expanding the definitions within the law, adding NP and PA preceptors as eligible recipients and converting to a tax credit
  ◦ Passed the House in 2017
  ◦ Was recommended for passage by the House Rural Economic Development Council
  ◦ Was recommended for passage by the Senate Barriers to Health Care Study Committee
  ◦ Was used as a vehicle for other legislation, leading to no action on the bill in the Senate
Boundaries Recommended for New Legislation:

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.

Primary Care Workgroup is working with AHEC Network Program Office to complete the 2018-2020 Agenda/Work Plan.

AHEC Executive Director making presentations to multiple House and Senate study committees.

Next Primary Care Summit is April 2020.
Contact Information:

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
678-232-3759