Medical College of Georgia changes aim to get more doctors to rural areas

By Tom Corwin

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In order to get more doctors to rural underserved areas of Georgia, the Medical College of Georgia is looking to shorten their time in school, get them into primary care and offer tuition forgiveness if they practice at least six years in one of those areas.

To Augusta University President Brooks Keel, it is a “very bold” initiative that will transform the school’s medical education and serve the state better. For Medical College of Georgia Dean David Hess, it is a new direction for the school that will address the state’s doctor shortage and expand what MCG can offer prospective students.

In order to get more doctors to rural underserved areas of Georgia, MCG is looking to expand its class by up to 50 students, shorten their time in school, get them into primary care residencies and offer tuition forgiveness if they practice at least six years in one of those areas. Keel refers to it as the “3+3+6” initiative.

“That’s a very bold and unique and innovative way of trying to help these young people in medical school” serve those areas debt-free, he said.

The Georgia Legislature included $500,000 in the budget for next fiscal year to aid the planning, and the money will likely be used to hire key administrative or faculty positions or move people into those posts, Hess said.
AU leaders went to the Legislature with the idea relatively late in the session, so getting anything in the budget was “fantastic,” he said.

“There was so much legislative support for this. This resonates really well” with legislators, he said.

Georgia already has a physician shortage in many areas of the state, and a looming national shortage would only make that worse. According to the Georgia Board of Physician Workforce, in 2017 eight counties, including Glascock and Taliaferro, had no physicians at all. There were 11 without a family medicine physician and 37 that did not have an internal medicine physician.

**Growing Athens as well**

The Medical College of Georgia’s branch campus in Athens with the University of Georgia will be expanding as well, although it is likely to stay a four-year medical school for now. The Georgia Legislature appropriated $1.4 million next fiscal year to fund that expansion, Augusta University President Brooks Keel said. The Athens class size will go from 40 students a year to 50 in fall 2020 and then to 60 in fall 2021, he said.

The Association of American Medical Colleges projected last month that by 2032 the U.S. will have a shortfall of between 46,900 and 121,000 physicians nationwide, including 21,100 to 55,200 primary care physicians. At the same time, the population over age 65 will grow by 48 percent and will increase the demand for physicians, the group said. In the South, the area with the highest projected demand, the need would increase by more than 350,000, the association said in its April report.

By increasing its class size by 50 students, and with the Athens program expanding to 60 students a year, MCG would reach a class size of 300, moving it from the eighth-largest medical school in the country to the fourth, Keel said. With that and the prospect of tuition forgiveness, the program will need about $15 million a year, Hess said.

“How quickly we would get up to 50 (new students) depends upon how much money we get from the state,” he said.
Even if it costs the state $20 million a year by 2028, just putting 48 MCG-trained doctors into rural underserved areas would yield an economic benefit to the state of more than $340 million, a Trip Umbach study found.

The Legislature also helped medical education in the state in another way. With its already large class size, MCG relies on regional campuses in Rome, Albany, Brunswick and Savannah to help with the teaching of third- and fourth-year students.

“If we just had all of our students here, the size of our health system would be crippling, it would be an obstacle,” Hess said.

The school has less than 500 clinical faculty, a fraction of what some other medical schools employ, so it relies on 2,500 volunteer faculty to carry some of the load, he said. This year, the Legislature passed the Georgia Preceptor Tax Incentive Program, which allows those volunteer physician faculty to apply for a tax credit of up to $8,500 a year to reimburse them for their uncompensated time, Hess said.

The school is also aided by the state creating 500 new residency slots, many outside the traditional bastions in Atlanta and Augusta, that will be critical to the expansion, he said.

The tricky part of the new initiative will be coordination between the medical schools and those graduate programs that will provisionally accept those students and be involved from the beginning in their education, Hess said. Though the initial idea was to do this with family medicine, internal medicine and pediatrics residencies, the four-year OB/GYN and five-year general surgery residency programs are also coming on board and many others could soon follow, he said.

“Everybody wants to do it now,” he said.

That is important because many areas of Georgia don’t have specialists available. In 2017, for instance, 75 counties lacked an OB/GYN, and that has likely only gotten worse as some rural hospitals have stopped provided birthing services since then.
The school is already revamping its curriculum to shorten the preclinical part of medical education from 24 months to 18 months, Hess said.

“Then students can really choose between three and four years” once the expansion begins, Hess said.

Even with a three-year offering, the rest of the 190 medical students will likely stay in a four-year model, he said. That fourth year could be different from previous classes, however. Some students might want to pursue a master’s degree in business or public health, and some might have a research year or choose an area of emphasis such as cancer biology through the Georgia Cancer Center, Hess said. Some branch campuses such as Rome already offer a different teaching model, which means students in Georgia have more choices, Hess said.

“It’s nice to have different models,” he said. “It’s nice to have something on the menu.”

By going to medical school and a residency in Georgia, the chances of staying in Georgia to practice rise above 70 percent for MCG graduates. In order to extend that to all parts of the state, MCG is going to have to redouble its efforts in those rural areas, Hess said.

“We’re going to have to really focus on trying to recruit more students from rural Georgia,” he said. “Every year we’re doing better, but that’s going to have to be an emphasis because they’re more likely to stick (in an underserved area). Most of the great examples (in those areas) we’ve seen, they have some tie to that hometown already.”