



# Georgia Higher Education Healthcare Initiative

1190 Interstate Parkway | Augusta, GA 30909

July 7, 2025

To: Danisha Williams, Department of Community Health  
Re: the proposed GA HIP DPP

Dear Ms. Williams:

The Georgia Higher Education Healthcare Initiative (GHEHI) is responding to the Department of Community Health's request for written comments on Georgia's proposed new Directed Payment Program (DPP), Georgia-STRONG for Healthcare Improvement (HIP). GHEHI appreciates the opportunity to provide feedback on this critical initiative. GHEHI supports DCH's proposed approach to maximizing the impact of Graduate Medical Education (GME) funding, particularly from Medicaid, by ensuring GME funding is directly tied to measurable increases in filled residency slots. As COO Joe Hood stated at the June 27, 2025, Board of Community Health meeting, it is essential that the Department of Community Health (DCH) require hospitals to fill additional GME slots as a condition of participation in this program.

Despite the urgency, DCH's HIP proposal lacks critical details and will fail like earlier DPPs to grow GME in Georgia unless clear, enforceable accountability measures are mandated. Previous DCH programs that included GME language but lacked incentives and measurable requirements for filling additional slots have not produced meaningful progress.

Georgia ranks among the lowest states in physicians per capita (see attached data or visit GHEHI's website, [www.gahehi.org](http://www.gahehi.org)), resulting in long wait times and, in some cases, an inability to access physician care. This shortage affects every specialty and community, urban and rural alike, and every demographic throughout Georgia, and is reflected in the state's consistently poor healthcare outcomes (i.e., 49<sup>th</sup> in the nation). Rural communities are especially hard-hit, with patients often traveling hours to see a physician.

DCH's recommended \$2.5 billion in total funds designated to "enhance healthcare access, improve outcomes, and strengthen the state's healthcare workforce by supporting eligible hospitals that serve Medicaid enrollees" represents a tremendous opportunity for Georgia. As COO Joe Hood noted in remarks on June 27<sup>th</sup>, 2025 at the public Board of Community Health meeting, this new DPP is designed to "require providers to invest significant funding from this revenue in programs such as creating new graduate medical education slots, achieving higher retention rates of Georgia-trained physicians, and expanding OBGYN services throughout the state."

GHEHI strongly urges that participation in the proposed HIP DPP be contingent upon hospitals that receive additional GME funding making measurable, documented progress in

growing GME. GHEHI recommends that at least 20% of HIP funds (approximately \$510 million, or \$100,000 per residency position) be allocated solely for the creation and filling of new ACGME-approved residency slots. This level of investment, tied to strict accountability and reporting requirements, moves Georgia from 37th to 5th in the nation for GME per capita by adding over 5,000 new filled residency positions.

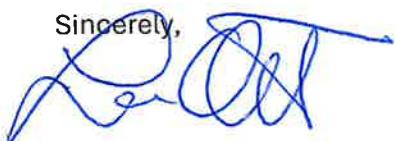
Georgia's DCH is well-positioned to achieve this goal, with five (soon to be six) medical schools, 31 teaching hospitals, and strong leadership from the Governor, DCH, and the Georgia Hospital Association. It is unacceptable that historically and currently, two-thirds of Georgia medical school graduates leave the state for GME due to insufficient residency opportunities in Georgia, particularly when Georgia has so many ACGME-approved residency slots that are currently unfilled [see attached appendix with ACGME data of unfilled residencies in Georgia by location, program sponsor, and specialty].

*The primary barrier to Georgia's current physician shortage crisis and its attendant poor healthcare outcomes has been a lack of targeted, accountable investment in GME growth.* DCH's proposed GA HIP DPP presents this unique opportunity: by attaching precise, enforceable requirements to funding, making payments contingent on actual increases in filled ACGME-approved residency slots. GME payments contingent on results (i.e., increases in filled GME slots) are used throughout the nation and are a generally accepted "best practice". DCH can structure its GME funding in a way that propels Georgia forward to finally begin reversing its physician shortage and improving healthcare access and outcomes for all Georgians.

Should Georgia and DCH continue with the status quo and fail to demand accountability and measurable outcomes, Georgia will fall further behind in healthcare workforce capacity and healthcare outcomes, currently 49<sup>th</sup> in the nation.

Thank you again for the opportunity to provide feedback. GHEHI applauds DCH and its partners for their efforts to design a DPP that includes robust accountability measures to ensure that investments in GME yield tangible, measurable results for Georgia's healthcare workforce and, ultimately, for Georgia's families.

Sincerely,



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