



# To Grow Physicians Georgia Must Grow Graduate Medical Education

BY LAURIE OTT

*“No power on earth can stop an idea whose time has come.”* —VICTOR HUGO

**G**eorgia has a lot going for it: a growing population, new industries and employers and businesses attracted to the state are putting down investments. Thanks to sound fiscal management, we also have a state surplus, putting the Peach State in an enviable position.

However, Georgia's healthcare workforce must grow faster to match these advancements. The fact that 40 states surpass Georgia in terms of physician workforce, with some specialties like surgery being even more dire, is a pressing issue that demands immediate and urgent attention. Georgia's active physician numbers have not kept pace with the state's growing population, painting a worrying and urgent picture of Georgia's healthcare system.

How often have you found yourself struggling to secure a doctor's appointment? Even after 13 years in healthcare, I still receive monthly (sometimes weekly) calls from people desperate to see a primary care physician, OBGYN, neurologist, or another specialist. This problem affects us all daily, causing stress and uncertainty. The personal effect of a statewide shortage of physicians on Georgians is profound and cannot be overstated.

Why should Georgians have to wait so long to get care? What is going on? It's time for Georgia to take immediate and decisive action to address this pressing issue. The longer Georgia waits, the more Georgians will suffer from delayed care and increased stress.

Understanding that the solution to a doctor shortage is more complex than building more medical schools is essential. Medical schools are only part of training and retaining more physicians. Georgia is a net *exporter* of medical school graduates. (Every in-state medical school, including Emory, Medical College of Georgia, Mercer and Morehouse, sees more MDs leave the state for residency training than stay in Georgia. (The only osteopathic school, the Philadelphia College of Osteopathic Medicine, also has more DOs leaving the state than staying for residency training in Georgia.)

Georgia can feel pride in students who graduate and land residency training slots in prestigious institutions like Johns Hopkins or Mayo. Still, data from the American Association of Medical Colleges show that once a physician leaves Georgia for residency training, there's a less than 50 percent chance they'll return. If Georgia can do a better job of keeping them in the state to do undergraduate *and* graduate medical education (GME), that “stick” rate goes to almost 75 percent.

Georgia has multiple ways to immediately address the quantity and quality of GME slots in the state, including, among other things, 1) changing the culture in our medical schools that encourage MD graduates to leave Georgia for GME training, 2) developing eight to ten funding avenues, (mostly already available matching federal dollars) to offset the proposed additional funding for GME,

3) appointments by the state leadership (e.g., the governor and the House and Senate), the University System of Georgia, private medical schools and our great Georgia hospitals to collaborate to structure new GME slots, 4) providing housing, additional loan subsidies, contractual arrangements and other enticements to keep Georgia's graduating physicians to complete their GME (i.e., residencies) in Georgia. To get physicians to stay in the state, Georgia must immediately increase the quantity and the quality of GME offered. Rather than reinventing the wheel, Georgia can look to other states that have effectively tackled this issue to see how they are growing their physician workforce with a much faster per capita growth.

One excellent example is Florida. In 2013, they had 13 percent fewer medical residency positions *per capita* than Georgia. Florida had started in the early 2000s by growing the number of medical schools, but Florida also found it needed to accompany additional medical schools with GME growth to accomplish its goal of more physicians in the state.

## A comparison of filled residency positions

In 2015, Florida began supplying substantial startup grant funds for GME programs. This, along with other strategic funding mechanisms, mostly from matching federal funds, led to the significant expansion of residency positions for Florida medical school

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graduates. Georgia should take note of Florida's funding methods obtaining already available federal funding for GME programs. Florida has succeeded, but Georgia has lagged.

Most folks will consider "Medicaid expansion" when tapping into already available federal and state combined funds for physician training. We are not. States that have not expanded Medicaid (like Florida and South Carolina) extensively tap into Medicaid federal funding for GME.

In 2022, Florida received \$798 million (\$35.87 million *per capita*) in Medicaid GME dollars— a combination of federal and state monies, and South Carolina, half Georgia's size, received \$297 million (\$56.14 million *per capita*). Meanwhile, Georgia's combined state and federal Medicaid GME funding over this same time frame was \$55 million (\$5.04 million *per capita*). See this graphically in the chart above.

In other words, Georgia uses this already available funding mechanism

State	SOUTH CAROLINA	FLORIDA	GEORGIA
Rank	4	9	37
GME Payments	\$296.6 M	\$797.9 M	\$55 M
Population	5,282,955	22,245,521	10,913,150
Per Capita Investment	\$56.14	\$35.87	\$5.04
Investment to Match	\$557.4 M	\$336.4 M	-
Filled GME Slots per 100,000 in 2022	34.28	36.25	29.14

less robustly than other states. Those states are embarrassingly outpacing Georgia in physician training and retention. However, like all other states, Georgia has great flexibility in using this funding, so Georgia must immediately generate a strategic plan to increase GME.

Georgia has a tremendous opportunity to invest wisely in GME like other states, considering supply and demand and bringing stakeholders together to determine what kinds of physicians are needed, where and how many.

This is not to say states like Florida are perfect. There is a physician shortage nationwide. Researching best practices and developing a path and a plan for rescuing Georgians from being among the lower quartile of states with declining availability of healthcare physicians is priority one. There is no man, woman or child in Georgia who is not at the foot of healthcare. Georgia needs a strong healthcare workforce, and the time to build one is now.

*Laurie Ott is the principal consultant at The Georgia Higher Education Healthcare Initiative.*



## Working to Facilitate Collaboration Among Hospitals, Higher Education, and Practitioners.

A strong state needs a strong healthcare workforce.



**Laurie Ott**

Principal Consultant

O. 706.434.1763 | C. 706.830.8239

Lott@gahehi.org



**Georgia Higher Education  
Healthcare Initiative**