

IMPROVING ACCESS TO INTERNAL MEDICINE IN UNDERSERVED GEORGIA COMMUNITIES

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The Problem: Georgia needs more physicians, including internists

- Georgia has a projected shortage of over 8,000 physicians by 2030
- Currently, 143 of 159 counties are Health Professional Shortage Areas (HPSAs)
- 40 Georgia counties have no internal medicine (IM) physicians
- Georgia will be more than **760** Internal Medicine physicians short by 2037 if trends continue

Why the Shortage?

- Demand is growing (Georgia's census grew by 1M people in the last decade), but physician supply is not growing fast enough
- The training pipeline is insufficient
 - Two-thirds (66%) of GA medical school graduates leave the state for residency; only 43% of those who leave for residency out of state return
 - Of Georgia's 991 Accreditation Council for Graduate Medical Education-approved IM residency slots, 919 are filled—leaving **75** vacant residency slots as of July 2025

Solutions in Motion

- New Partnerships: Collaborations like the Medical College of Georgia (MCG)—Archbold (IM residency program and clinical training site for 3rd & 4th year medical students)
- Telemedicine: Expanding remote care for rural hospitals
- Incentives: Loan repayment and awards in return for service, with a focus on recruiting in-state and rural-background graduates
- Mercer School of Medicine Nathan Deal Scholarships (7 new/year) in return for commitment to return to practice in medically underserved rural Georgia county
- New IM Residency program at St. Joseph's/Candler in Savannah is actively applying for accreditation with MCG as sponsoring institution with projected complement of 30

Opportunities and Recommendations

- Fill Existing Residency Gaps: Urgently target the **75** currently vacant approved internal medicine residency slots; review hospital responses and strategies to ensure every slot is filled
- Provide additional funds to institutions over their CMS cap that have ample resources to quickly grow their already established, high-functioning IM programs
- These additional funds to large institutions will expand pipelines to their fellowships in critical need IM subspecialties such as hematology/oncology and increase GME training time (from 3 years to 6 years) in GA thus helping to fill those critical need areas in GA
- Consider providing support for housing and other travel related costs to established programs that would support their residents completing electives in rural and/or underserved sites
- Expand and Establish Rural Training: Grow the number of residency positions, focusing on rural and underserved locations
- Quality Improvement: Form a residency quality improvement panel to share best practices
- Increase Incentives: Expand scholarships, loan forgiveness, and contractual arrangements to attract and keep new physicians in Georgia, with a focus on rural areas
- Sustainable Funding & Admissions: Secure dedicated funding for residencies and prioritize admissions for those likely to stay and serve in Georgia

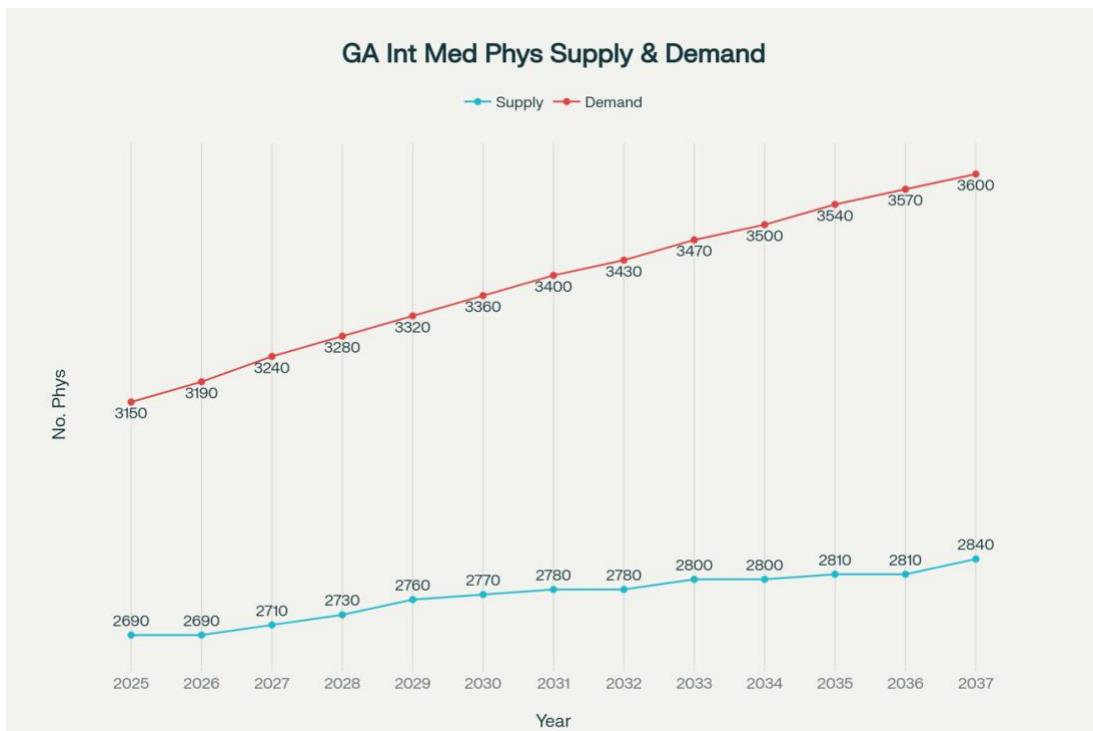
Bottom Line

Investing in and fully utilizing already-approved internal medicine residency slots—particularly in rural areas—will directly improve health care access and outcomes for Georgia's communities.

Internal Medicine Data

Georgia is meeting 85% of the demand for IM physicians (2025). By 2037, HRSA workforce projections show Georgia will meet 79% of the demand for IM physicians.

Source: <https://data.hrsa.gov/data/download?data=SCH#>



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