

Georgia Board of Health Care Workforce

Virtual Meeting
2 Peachtree Street
Atlanta, GA 30303
January 19, 2023

Board Meeting Minutes

Dr. McFadden, Chairperson, called the meeting to order at 8:00 a.m. with the following Board members present:

James Barber, MD, Vice-Chairman
William Kemp, Secretary-Treasurer
Garrett Bennett, MD
Carolyn Clevenger, DNP
Steven Gautney, MSHA
Michael J. Groover, DMD
Indran Indrakrishnan, MD
Amy Reeves, PA-C
James L. Smith, Jr., MD
Joseph L. Walker, MD

Staff Present

Chet Bhasin
Aybriel Beckham
Leanna Greenwood
Yvette Speight
Cherri Tucker
Sharon Wilson
Anita Dunbar
Whitney Puetz (Intern)

Consultants to the Board

Al Dever, MD, Ph.D., Faculty WellStar Kennestone Family Medicine Program

Guests

Keri Conley, General Counsel and EVP Healthcare Policy, Georgia Hospital Association
Luke Gray, Assistant Director of Government Affairs, Augusta University, AU Health

Approval of Agenda

Dr. McFadden presented the agenda for the meeting to the Board for approval.

On Motion (Barber / Kemp), the Board unanimously approved the agenda for January 19, 2023 meeting.

Approval of Minutes

Mr. Kemp presented the meeting minutes for the October 20, 2022 meeting for review and approval.

On Motion (Indrakrishnan / Barber), the Board unanimously approved the minutes for October 20, 2022 board meeting.

Introductions

Anita Dunbar conducted a roll call with board members, staff, and guests.

Chairperson's Report

Dr. McFadden began her report by saying all the pre-Covid board meetings have been in person, but there are some virtues of virtual meetings such as the virtual option allows everyone to be able to attend today during this busy time. She acknowledged Mr. Bhasin's six months of being Executive Director of board, welcomed new staff members including Anita Dunbar, Office Coordinator. She also thanked Mrs. Tucker for her continued support as consultant through the ongoing transitions.

Dr. McFadden reported that she and Mr. Bhasin were able to attend the Governor's Inauguration on January 12, 2023 where they were able hear the governor's priorities for the next four years.

Dr. McFadden informed the Board of Dr. Rios's resignation after serving as a member of the board for approximately 12-15 years. She also mentioned that the board was now down two members with Doctor McCluskey's resignation earlier and the Governor's office had been notified of the two vacant positions.

Dr. McFadden touched on the closure of Atlanta Medical Center, which happened several months ago. She stated Atlanta area hospitals are seeing an increase in deliveries, trauma and sick patients that need to be hospitalized due to the closure.

Dr. McFadden informed the board the Governor has proposed \$125 million for school-based health centers throughout the state, with a priority on rural areas. She noted how school-based health centers can help to fill in the gap in counties where there are no physicians and based on the most recent physician report produced by the Board, there are 65 counties in Georgia that don not have a pediatrician.

Dr. McFadden reminded the Board the legislative session is in its second week and she anticipates there will be some movement on healthcare workforce shortages. She asked the Board members to continue to engage their legislators and key decision makers. She spoke on the importance of raising awareness about the Board so we can continue to be a part of the

solution. She stated the Healthcare Workforce Commission created by Governor Kemp through executive order sunset at the end of 2022 and their report has some recommendations around the workforce shortage which Mr. Bhasin will share some of the details in his report.

Dr. McFadden informed the board that the nursing school grant application window is now closed. She reminded the Board \$3 million was added to the Board's FY2023 budget for equipment and operating grants to nursing schools with wait lists and need for additional student capacity. Thirty applications were received requesting a total of approximately \$15 million, \$12 million more than the \$3 million appropriated. The selection committee will meet soon to review those applications and propose awards.

Dr. McFadden said this is really an important time in the life of the Board with many opportunities to address the healthcare workforce shortages fellow citizens in Georgia face. She said there is a lot of work for the Board to do and now that Mr. Bhasin is settled in, we really would like to populate the committees of the board to make sure that we are actively working on the people's business, even between board meetings. She said they will hear a little bit more about that as we get through this legislative session. She stated she appreciates that we have energized board members and a dynamic staff and as always, it is her honor to serve as the chair. She thanked the Board for entrusting that responsibility to her.

Dr. McFadden thanked the Executive Committee for working tirelessly and meeting every month to plan and strategize.

Dr. McFadden concluded her report by asking Dr. Clevenger to provide an update on the Nursing Workforce Advisory Committee.

Nursing Workforce Advisory Committee Report

Dr. Clevenger reminded the Board the Nursing Workforce Advisory Committee had 15 roles included in the proposal so there would be a very broad representation from the Board of Nursing, nursing, education, health systems leaders and nursing advocacy organizations. She stated some roles had a clear representative, such as the Area Health Education Center (AHEC), and for others they have asked for letters of nomination. Ms. Dunbar has kindly been collecting and collating the letters of nominations for us to review because in some cases we will need to make some decisions on whether one person may fit a couple of the represented roles. For example, someone who is a representative of a nursing school, could possibly also represent a not-for-profit, or also represent the license, vocational or license practical nurses.

Dr. Clevenger told the Board as soon as the letters of nomination are reviewed, they will send out formal invitations to serve on the committee. She said the Board of Nursing very enthusiastically received the opportunity for our boards to have that connection point.

Dr. McFadden thanked Dr. Clevenger for her update and asked if there is adequate representation from on-the-ground nursing. Dr. Clevenger responded they have gotten

participation that they feel they need to make sure they represent the entire breadth of the nursing workforce concerns and she thinks they are close. She said it will be interesting to finalize the roster and identify where gaps might exist. She said nursing, being as large and diverse as it is, she would never promise that they have got every bit of it covered, but she thinks this list is pretty comprehensive. She thinks they will cover a good part of the on-the-ground side, from the education side, from the licensing side and then from the health systems leaders as well and they do have positions for nurse leaders at an LPN level and RN level and an NP level.

Executive Director's Report

Mr. Bhasin started with introducing Sharon Wilson, the new Budget Manager and Anita Dunbar, the new Office Coordinator. He also informed the Board an intern would be starting soon. The intern program is collaboration between Emory's Rollins School and Department of Community Health (DCH). There are some projects being planned for the intern and those would be shared once completed. He advised a data analyst role is open and a candidate has been identified and Human Resources (HR) is working on the background work in terms of getting an offer out to that individual.

Mr. Bhasin informed the Board a cover sheet has been made for the \$3M Nursing Grant. This cover sheet shows where the nursing schools are located and the amount requested. The counties of the applicants were then imposed onto a map to see where the distribution is around the state. He informed the board the application review committee will be Dr. Indrakrishnan, Dr. Henson, Mr. Kemp, Dr. Clevenger, and himself.

Mr. Bhasin reported there are more data projects coming up. The intern, the data analyst, and Ms. Greenwood will be working on reports related to physician assistants and physicians. They will also be working on dentists related reports. Data collection for the Medical School Match report will begin in March and the Medical School Graduate Report will start closer to graduation for the Medical Schools. The data team has also been working on physician specialty fact sheets which have been posted to the website. He said the data team will soon start the analysis of the 2021 and 2022 physician and PA reports. Mr. Bhasin stated there is a pipeline of data and this is all happening in conjunction with the data set warehouse requirements that are being done for HB 1013.

Mr. Bhasin advised the agency should be moving to DocuSign for contracts which will allow for not only quicker turn around but a greater accuracy as contracts move around for signatures. He advised the agency has hundreds of agreements in place and this will allow, especially for Ms. Speight, better coordination of what's going where and at what time. He said staff is also working with the DCH IT department. to have the loan repayment applications digitalized for FY 2024 as opposed to the current paper format.

Mr. Bhasin touched on how the agency is also trying to share more information of what the Board is doing in real time. The goal throughout the year is to share some wins and some good news. Staff has rebranded the LinkedIn page and is using the Twitter page for periodic updates.

He encouraged the Board members to follow both pages to keep up to date. The goal is to convey positive information along the way.

Mr. Bhasin touched on the move from 2 Peachtree St. NW. He advised the date is still pending but should be around springtime. He said he would share the final date when given.

Mr. Bhasin said the Workforce Commission, created by the Governor's executive order, was led by DCH Commissioner Noggle. The Commission released their findings in December and there were four recommendations or four themes to look at. Theme #1 is to maximize the existing workforce. The existing health care workforce, looking forward through the end of the decade, shows when accounting for new graduates, people who relocate to Georgia, people net out retirements or people who leave healthcare altogether, there is a net deficit of around 4% on an annual basis going forward. That gap needs to be plugged.

Theme #2 is optimizing the healthcare education system. Theme #3 is how to attract new workers into the healthcare ecosystem. Theme #4 is healthcare infrastructure updates. Mr. Bhasin stated that areas specifically called out were the full behavioral health spectrum and EMS was also specifically called out at a high level. Dr. McFadden inquired if the Board had received a full report from the Commission and if it had been made public record. Mr. Bhasin advised that he would check and then share it with the board members.

Loan Repayment Applications

Physician Assistant Loan Repayment Program

Ms. Speight began her report with a review of the ranking list of the Physician Assistant Loan Repayment Program Applications for FY2023 (Attachment 1). Ms. Speight stated there were 23 applicants with 21 slots available. There were 13 renewals and 8 new applicants. Ms. Speight stated a motion was needed for approval of the ranking list for awards.

On Motion (Reeves / Barber), the Board unanimously approved the list of applicants, as presented, for awards.

Dentist for Rural Area Assistance Loan Repayment Program

Ms. Speight next reviewed the ranking list for the Dentist Loan Repayment Program (Attachment 2). She informed the Board there were 14 applicants, 8 renewals and 4 new applicants this year with 12 slots available. Ms. Speight stated a motion was needed for approval of the ranking list for awards.

On Motion (Groover / Gautney) the Board unanimously approved the ranking list of applicants, as presented, for awards.

Advanced Practice Registered Nurse Loan Repayment Program

Ms. Speight informed the Board there were 54 applicants, with 21 slots available, for the APRN Loan Repayment Program (Attachment 3). She stated there were 13 renewals and 8 new applicants. She stated a motion was needed for approval of the ranking list for awards.

On Motion (Reeves / Barber), the Board unanimously approved the ranking list of applicants, as presented, for awards.

Physicians for Rural Areas Assistance Loan Repayment Program

Ms. Speight informed the board that there were 44 applicants, with 37 slots available for the Physicians for Rural Areas Assistance Loan Repayment Program (Attachment 4). There were 26 renewals and 11 new applicants. She stated a motion was needed for approval of the ranking list for awards.

On Motion (Bennett / Indrakrishnan), the Board unanimously approved the ranking list of applicants, as presented, for awards.

Governor's Amended FY2023 and FY2024 Budget Recommendations

Mr. Bhasin began his report by informing the board there were no proposed changes for the Board in the Amended FY2023 budget recommendations. He then reviewed the Governor's FY2024 budget recommendations as follows:

Administration:

- 1) \$20,349 for a \$2000 cost of living adjustment, for full-time benefit eligible employee.
- 2) \$180,000 to increase funds for additional staff and technology to assist with loan repayment program expansion.

Total Recommendation for Administration: \$200,349

Graduate Medical Education:

- 1) \$186,774 to increase funds to reflect an adjustment in the Federal Medical Assistance Percentage (FMAP) from 66.02% to 65.89%
- 2) \$1,772,192 to increase funds for 102 new residency slots in primary care medicine.
- 3) \$375,000 to provide funds for five Graduate Medical Education (GME) feasibility grants to assist hospitals in establishing or expanding GME programs.

Total Recommendation for Graduate Medical Education: \$2,333,966

Mercer School of Medicine Grant:

- 1) \$663,114 to increase funds for the fourth year of the seven-year plan for Mercer School of Medicine's medical school campus in Columbus.

Total Recommendation for Mercer School of Medicine: \$663,114

Morehouse School of Medicine Grant

- 1) No Changes

Physicians for Rural Areas:

- 1) \$850,000 to provide funds to establish a loan repayment program for mental health professionals.
- 2) \$190,000 to provide funds to establish the medical examiner loan repayment program.
- 3) \$2,040,000 to increase funds for the physician loan repayment program to increase award amount and update program guidelines.
- 4) \$440,000 to increase funds for additional loan repayments for five physician assistants and 39 advanced practice registered nurses.

Total Recommendation for Physicians for Rural Areas: \$3,520,000

Undergraduate Medical Education:

- 1) \$1,050,000 to provide funds to establish the nursing faculty loan repayment program.

Total Recommendation for Undergraduate Medical Education: \$1,050,000.

Mr. Bhasin said the total new funds the Governor recommended for the Board's budget is \$7,757,429.

Dr. Barber asked if this is a proposed budget or is this an approved budget?

Mr. Bhasin advised this is a proposed budget that the Governor has recommended. To which Mr. Barber asked when the budget would be approved? Mr. Bhasin advised these recommendations will go through the House and Senate and a final budget will be passed by both chambers before the session is over. The Governor then has 40 days to sign all legislation which would be no later than mid-May. He advised that these amounts could go up or down as the budget works its way through the legislative process and this would be for fiscal year 2024, which begins July 1, 2023.

Mr. Bhasin discussed the recommendation to put funding in for a nursing faculty loan repayment program in the Undergraduate Medical Education Program of the budget. He advised there is a similar program in Texas that Georgia could look at to develop its program if the funding holds. This would be a program where there are nurses that could perhaps be incentivized through loan repayment and would spend some time serving as a preceptor and thus allowing more nursing to be trained in the process.

Dr. Barber stated the concept of providing multiyear forgiveness sounds nice but did not want Board to get into a situation where it is having to look at requests for getting out of contracts because the practice location has changed. He said to award someone four years of loan forgiveness and after the first year find they have moved to a different location; the board would end up having to litigate as to whether the board would let them out or whether the money would be recouped. He said in terms of the Boards branding, there is a need to show that the money is making a difference. He agreed with education and preceptorship, but advised there is a need to find a metric that would show it increases the disparity of the workforce and decreases the disparity of the workforce in Georgia, that this is making a difference. He stated that Board

needs to have a metric that can show this is making a difference, or the money could be taken away.

Mr. Bhasin agreed with Dr. Barber and advised that he was not aware of a metric and would look into it. He added that Ms. Beckham is doing success stories on some of the past loan repayment recipients reporting on how the monies have assisted them in being a practitioner in the rural community. He advised this is something that the board can proceed with, whether it's the past dollars or the loan repayment dollars that the board just approved. Mr. Bhasin believes that sharing the story will allow the board to learn more and allow them to better analyze data that is needed.

Data Presentation

GME 5-Year Outcome Report

Ms. Greenwood presented the Five-Year Outcomes Report and said it is generated from data submitted by each Graduate Medical Education program, which sends spreadsheets of the location of the program graduates every year. The programs are asked to update their graduates practice locations by listing the city and state where they have been practicing for the last five years. She advised this year the reports were from the 2018 to 2022 time period. This metric is the benchmark where programs must have 50% or more of their graduates remaining in state for that five-year period.

She said this year, the programs under contract that have 50% or greater retention across all their programs Emory, Atrium Health Floyd, Memorial Satilla, Morehouse, Northside Hospital Gwinnett, Piedmont Columbus and WellStar Atlanta Medical Center.

She advised that the programs or institutions that have a program falling below 50% were Augusta University/UGA Medical Partnership at St. Mary's, Houston Healthcare, Medical College of Georgia at Augusta University, Memorial Health, Atrium Health Navicent and Phoebe Putney.

Dr. Barber inquired as to whether the retention rate starts at the day of graduation from residency or is it after fellowship? If a person goes away for a fellowship, do and they come back to get counted.

Ms. Greenwood said if a graduate has a military obligation or goes into a fellowship, they are taken out of the calculation until they finish the obligation or fellowship. If they go to a one-year fellowship, then the next year the report should show where they are actually practicing, whether it is in-state or out-of-state. that is why it is a five-year average rather than a one-year average.

Mr. Gautney asked for clarification on if someone finishing an internal medicine residency did a pulmonary critical care fellowship for three years in another state and then came back to Georgia. Would the counting begin when they returned?

Ms. Greenwood affirmed that if the person came back to Georgia, then they would be added to the percentage practicing in in Georgia for that program. If they remain out of state after they are done with their fellowship, then they're counted against the program for being out of state. She stated if the person is out of state for three years and then comes back for the last two years they are counted as practicing in Georgia those last two years.

Dr. Barber asked if there is an overall percentage for all the residencies?

Ms. Greenwood stated that there has been no calculation for percentages of all residencies. She advised the Medical Education Advisory Committee (MEAC) looked at the average percentages in the Southeast region and it's around 45%. That is why the MEAC Committee has proposed for the future to look at that percentage every year and lowering it depending on what the average for the region is.

Dr. McFadden asked if the programs that are struggling to get to 50% or 45%, are they the ones that have consistently struggled are there any new patterns? She asked Ms. Greenwood if there was any insight as to how the problems are happening?

Ms. Greenwood informed the board that the programs that are struggling tend to be consistently so. She said this is her third year of doing the survey and the programs that have been below the threshold tend to stay that way. She said there could be one year where a lot of the graduates just go out of state and that is another reason why the survey looks at it as a 5-year average. She said she does not know if smaller programs in general are the ones that are struggling. She said could not make an assertion about the size of the programs specifically, but it does seem to be that the programs that are offering a lot of very specialized training, tend to be the people who are going out of state and staying out of state.

Dr. Barber said the Board should caution the MEAC Committee that we are not trying to equal the region we are trying to do better than the region. He said he would not want the Board to say we are as good as other states that do not have this program.

Ms. Greenwood reminded the Board that the MEAC Committee decided to remove Florida from the calculations because Florida tends to have a very high rate of retention. She stated it may be 60% compared to 40s and 50s of other states in the region. That was part of MEAC's decision making as well, Georgia is not on the same level as places like Florida where people are actively trying to move and stay.

Dr. McFadden asked what happens when a program falls below 50%, which will soon be 45%?

Mr. Bhasin advised that programs may be given a year to get back up and there is a reduction in the amount of funds in their contract for that year.

2022 GME Exit Report

Ms. Greenwood started her review by reporting this year there were 708 responses to the GME Exit Survey and 79.5% of the total graduates participated this year, which is a little bit lower than last year. She said that this year some programs had trouble getting responses or people filling it out twice perhaps. This year was a little shaky and hopefully that process can be improved in the future.

Ms. Greenwood advised that the following programs had 100% completion rate, Morehouse, Atrium Health Navicent, WellStar Atlanta Medical Center, Northeast Georgia Medical Center, Advent Health Redmond, Piedmont Columbus Regional, UGA/AU Partnership at Saint Mary's and Atrium Health Floyd. She advised the board this is a survey about demographics, some practice features, finding a job and, satisfaction with their training. This survey is sent out every year before residents graduate from programs in June. She also reported the survey has been moved to an electronic format which has some challenges.

Dr. Smith inquired as to how does the survey get to 121% of response rate?

Ms. Greenwood advised it is likely the programs are sending out a link every two weeks, due to the reminders board staff send them to make sure all the graduates are filling out the survey. The graduate is probably seeing this link multiple times, not remembering if they did it or not, thinking that it might be something different from what they've done already. Right now, they do not have a verification process to make sure that the survey is only getting one per person. She reported that she is looking across the factors that they answer making sure that there is not more than one that looks pretty much identical. Everything is being done to clean, but there is not a good verification process right now.

Dr. Barber asked does the survey go straight to MEAC?

Ms. Greenwood advised that to her knowledge, it does not. She advised that this is a required survey that the board does every year and she is not sure if it's in any way directly tied to funding. They are reporting on the education.

Dr. Smith asked, is there an expectation that is given for them, or a benchmark of what is expected for people to respond?

Ms. Greenwood advised that it is required, and the participants are told. But there is no roster of all their respondents or all their graduates coming up. It is up to the programs to do their best to get everybody responding. But in terms of verification even on their end, they don't really have a way to verify that everybody's done it.

Dr. Smith inquired as to whether this information is essential to the board for operations?

Ms. Greenwood affirmed, yes, but especially because they are looking at practice intent. Such as where are they planning to go? Are they planning to do fellowship or what's their perception of the quality of their training. It is very essential that the board keep up with this information.

Dr. Smith advised that the point being is if the board feels like this is essential information and should tell the participants it's an expectation and they could potentially withhold funds if the board is not getting the information they needed. He asked should the Board consider that we have the expectation of this being a mandatory report.

Dr. Dever advised that data represents more than money as much as it represent a metric or part of a metric to determine the diversity and inclusiveness. In places where it's over 100%, that's one issue, but in places where it's under, there is under counting the demographic characteristics of and their locations and so forth. The report has significant importance of in terms of looking at the whole metric of diversity for the program.

Ms. Greenwood reported the following highlights from the survey:

- the percent of respondents identifying as female has increased from 46.3% in 2021 to 49.3%.
- Between about 45 and 50% of graduates plan to have Georgia as their primary location after their training,
- 28.8% of graduates went to high school in Georgia and about 23.5% attended medical school in Georgia,
- Almost 50% report having \$200,000 or greater in education debt.
- About 70% of people who went to either high school or medical school in Georgia planned to stay for the next year.

She reported the most cited reasons for leaving Georgia are the same as they were last year: additional medical training, proximity to family and better jobs in the desired location. This year, additional training or fellowship was the first reason, whereas in years before it has been proximity to family. Those have always very consistently been the top reasons for leaving.

Ms. Greenwood stated OBGYN is the primary care and core specialty that has the greatest gender differential with 80% being female, 20% male. This year psychiatry was the most gender equitable, about 53% female, 47% male. In the past it has been internal medicine and possibly emergency medicine.

She advised that in the past five years, it is showing a small but upward trend in the percentage of graduates identifying as black. There has been a low of 11.6% in 2019 and then a high of 17.2% this year. The percentage identifying as Hispanic has been stable over the past five years.

She said 34.6% of respondents reported having no educational debt, and of those with debt, the most respondents reported having \$200,000 to \$300,000 in debt, and that has been consistent over the past few years.

Dr. Barber inquired as to whether Ms. Greenwood believes that most of respondents don't have debt?

Ms. Greenwood advised they are not sure what the financial situations are, but it has been consistent over the last few years. They don't know if respondents are saying zero, it's an open text response so they can answer, prefer not to say. She also stated the respondents may be saying 0 instead of giving the actual answer.

Dr. Barber asked if they would consider dropping that as one of the entries and just do less than 100,000? He said it is hard to believe the majority have no debt and that really impacts the motivational options, if the respondents don't have debt and debt forgiveness, it is not a good tool.

Dr. Clevenger advised that this is important around survey design and reporting and would see the same thing in the redesign of nursing surveys. Prefer not to answer is not seen as a category in the report.

Dr Barber stated that even if a third have no debt, 65% have significant debt, and 34% have no debt, which would be hard to believe. But the overwhelming majority would have debt.

Mr. Bhasin asked what if respondents were asked a scholarship question, how much did they get in scholarships? Example, if they are currently in debt for \$200,000, but received \$100,000 in scholarships, they would have been in debt for \$300,000 if they had not gotten scholarships. He said understanding how they got to their number would be good in the future. He added if almost 30% of respondents plan to enter additional training or fellowship after the current year, it is kind of difficult to see people who are entering a fellowship. They may be answering questions based on that understanding. Some clarity in these answers might be good to have.

Ms. Greenwood continued saying almost half of respondents plan to be in Georgia for the next year, which seems high compared to years in the past. The report also shows 6.8% of respondents plan to practice in a rural area. The percentage of respondents reporting having difficulty finding a job has decreased the last two years to 17.5%. She said she was not sure what exactly accounts for that difference, in 2020 and 2021 it was almost 25% and down to 17.5% this year.

Dr. Barber inquired if all the years of medical school, if this survey would reflect every year of medical school?

Ms. Greenwood answered this is a survey for Graduate Medical Education graduates. A separate survey is done for Medical School graduates. She said this is a new question that was added this year. To delve into having difficulty finding a job. The most common reasons why people reported having difficulty finding a job were not a favorable work life balance. Respondents did not believe they would be satisfied with the job and lack of mentoring opportunities.

She advised the questions on a scale of 1 to 5 asked respondents to rate their satisfaction, their perceptions. If all their medical school debt were forgiven, how likely would they consider a 5-year obligation to practice in a rural setting, a Georgia county population less than 50,000 and the average was 2.9. Ms. Greenwood thought that seemed high considering the respondents are from all sorts of specialties The average of 2.9 was the same as it was last year as well.

Dr. Clevenger inquired as to whether the commissioning of this report is something that is in the boards statute that is done historically?

Ms. Greenwood stated, yes, this is the 20th year in a row that GBHCW has done the GME Exit Survey.

Mr. Bhasin stated there are ongoing conversations with the Board of Nursing because of HB 1013 He said they are being extremely collaborative and extremely communicative with GBHCW and they are working out the last bit of the nuances for the data exchange for HB1013. He questioned whether they should have proposed something with nursing capacity?

Dr. Clevenger said all of these are resource intensive and I am only speaking to the world that she knows and nursing education does have similar data that they submit to other entities, potentially Board of Nursing but also accrediting and so forth. She said if the board had capacity and interest, she thinks it would be something of interest to pursue because this is giving so much rich content right as we think about strategy and planning for workforce needs. It would be helpful to have that kind of background knowledge for other areas in nursing. She said The programs do submit similar data already and she thinks there might be a capacity or resource limitation for the Board of Nursing to then analyze it. She said not everyone is as fortunate as us to have someone like Leanna and her team.

Mr. Gautney said if there is data out there, we could help them analyze it. He said nursing data could be collected with the licensing process if there would be a way to make it compulsory and do the same thing with physicians. To compel them as part of their licensing to respond to certain survey questions.

On Motion, (Barber / Clevenger) the board unanimously voted to accept the report and to publish the full report.

Scholarship Repayments

Jasmine Shell, M.D.

Mr. Bhasin started the report with Dr. Shell. He informed the board that back in October, Dr. Shell came before the Board and presented her case regarding her contract default. The Board rendered a decision that she would be held accountable for the \$240,000 for her medical school scholarship she received from the board. The Board then requested for her to come up with the repayment plan. Mr. Bhasin advised Dr. Shell had been very responsive between the last meeting and today. She presented four repayment options. Mr. Bhasin asked do we want her to pay her loan back in two years, three years, or five years with the total amount of \$240,000 split evenly on an annual basis with the amount paid monthly. He said she is requesting two months to start making payments. He advised that this is being brought forward for discussion and decision.

Dr. Barber inquired if she had indicated which of the four options she would prefer?

Mr. Bhasin advised that she had not. She wanted to present four options for review.

Mr. Kemp advised that historically the board has allowed some range of what the recipient can afford and if it's feasible to them.

Mr. Bhasin informed just for clarification Dr. Shell would restart payment two months after date of board meeting.

On Motion, (Barber / Kemp) the board unanimously voted to accept Dr. Shell's offer to provide repayment subject to her decision about which option she prefers.

Josephine Pearson, D.O.

Mr. Bhasin reminded the Board that they discussed Dr. Pearson, in April of 2022, where she was requesting another hardship pause due to COVID. The Board denied her request at the April 2022 meeting. Mr. Bhasin was able to recover some communication where staff reached out to Dr. Pearson in May and July of 2022 without reply. Staff is bringing her back to make the Board aware there has not been any payments in a while. Her file was previously sent to the AG's office and they initiated her default repayment. The file has come back to Board and is now at a decision point. Does the board want to take it back to the AG office?

Dr. McFadden informed Dr. Pearson is in breach of her contract at this point. She inquired whether the board needs to vote or just need to reach out as a board?

Dr. Barber inquired, isn't there an automatic process from there?

Mr. Bhasin informed that the AG's office needs to be involved then GBHCW would let them know and they would then pursue it per the terms of the agreement.

Mrs. Tucker informed the Board Dr. Pearson has a signed contract, but she also has a signed promise promissory note through the AG's office, from when she went into the original default. There are also provisions in that promissory note if she fails to pay, which she has.

Dr. McFadden inquired if Dr. Pearson has not made an additional request to the board? If there is need to remind her of her obligation.

Dr. Bhasin advised that Mr. Montague's previous two outreaches to her have been unresponsive, GBHCW would reach out to her via e-mail and phone number with a reminder of the arrangement and see what her response is.

Dr. Barber advised the board to notify breach of contract and let the AG take over.

Practice Approval

Mr. Bhasin said Dr. Suzanne Abbasi has submitted a practice approval form. Dr. Abbasi entered into a contract for a scholarship award for medical school. The amount she was awarded by the Board was \$20,000. As of July of 2021, she is practicing in Columbia County, which does not meet the population threshold of 50,000 or few persons. The county population in 2010 (the decade of her contract) was 124,053. Mr. Bhasin advised the Board must either approve or deny Columbia County for her practice location.

Dr. Smith asked if she is outside of a qualifying area, how can the Board possibly approve her request.

On Motion, (Barber / Smith) the board unanimously voted to deny the practice approval request of Dr. Abbasi to practice in Columbia County.

Annual Reports

Ms. Beckham started her report with the FY2022 Annual Report. Some of the notable accomplishments are:

- The Board held four quarterly board meetings to discuss board business and other healthcare workforce matters.
- All funds appropriated for the four loan repayment programs (physicians, dentists, physician assistants and nurse practitioners) are fully utilized and there are more applicants than funds to make awards.
- The Data Team published reports that are relevant to multiple stakeholders including a Dentist Workforce Report, Medical Student Graduate Survey Report, and Match Report of Georgia medical school graduates.
- The Data Team surveyed medical school graduates from Emory, Medical College of Georgia at Augusta University, Mercer Morehouse and Philadelphia College of Osteopathic Medicine – Georgia Campus to determine factors that influence specialty

choice and residency selection/location and then produced the Georgia Medical School Graduate Survey Report

- The Data Team surveyed Graduate Medical Education (GME) Program Graduates from all funded GME programs in Georgia and published the GME Exit Survey Report.

Ms. Beckham advised there is a loan repayment program report attached for review which lists the awardees and the amounts awarded in FY2022. There are maps highlighting each county where the recipients are practicing.

Ms. Beckham also presented the FY2022 Scholarship report for review. The question was asked, when would this program be phased out? Ms. Beckham responded she believes the last obligation should be completed in 2025 but she will double check. She said there are only twelve scholarship recipients remaining and once they complete their obligation the program should be done.

On Motion (Barber / Clevenger), the board unanimously voted to accept the report and publish the information.

Old/New Business

No new or old business.

Adjournment

On Motion (Barber / Smith), there being no further business, the Board moved to adjourn the meeting at 10:10 am.

Respectively Submitted,



_____ Will Kemp, Secretary



_____ Chet Bhasin, Executive Director