

Georgia Board of Health Care Workforce

2 Peachtree Street, 6th Floor Board Room, and Virtual

Atlanta, GA 30303

October 20, 2022

Board Meeting Minutes

Dr. McFadden, Chairperson, called the meeting to order at 8:30 a.m. with the following Board members present:

James Barber, MD, Vice-Chairman
William Kemp, Secretary-Treasurer (virtual)
Garrett Bennett, MD
Scott Bohlke, MD (virtual)
Carolyn Clevenger, DNP
Steven Gautney, MSHA (virtual)
Michael J. Groover, DMD
Lily J. Henson, MD
Indran Indrkrishnan, 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
Jocelyn Hart (virtual)

Consultants to the Board

Emily Harris, JD, Georgia Attorney General's Office
Al Dever, MD, Ph.D., Faculty WellStar Kennestone Family Medicine Program

Guests

Tara Boockholdt, Senior Budget & Policy Analyst, GA House of Representatives
Becca Hallum, Georgia Hospital Association
Chadburn Ray, MD, Medical College of Georgia
Brent Churchwell, Interim Director, Senate Budget Evaluation Office
Bethany Sherrer- Medical Association of Georgia
Ashton Blackwood- Augusta University AU Health
Jessica Rivenbark- South Georgia Medical Education

Betsy Bates, Morehouse School of Medicine
Bethany Sherrer, Director of Government Relations and General Counsel, Medical Association of GA
Margie Miller, Government Relations, August University
Jasmine Shell- Scholarship Recipient
Shelley Nuss, MD, AU/UGA Medical Partnership Campus Dean

Approval of Agenda

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

On Motion (Barber / Indrkrishnan), the Board unanimously approved the agenda for October 20, 2022 meeting.

Approval of Minutes

Mr. Kemp presented July 28, 2022, the meeting minutes for review and approval.

On Motion, (Barber / Indrkrishnan), the Board unanimously approved the minutes for July 28, 2022 board meeting.

Introductions

Dr. McFadden conducted a roll call with board members, staff, and guests.

Chairperson's Report

Dr. McFadden began her report by saying it was great to see everyone in an in-person environment and expressed her gratitude to the Board members for persevering during the virtual world and appreciated their commitment to the Board and the citizens of Georgia. Dr. McFadden stated she was grateful to the staff that has worked tirelessly doing the work of the Board, through their grief and through the pandemic. She also informed the Board that Freeman Montaque left the Board a few days ago and thanked him for all his hard work. She also thanked Cheri Tucker for stepping in and being a lifeline to the Board over this last year, for always being available and doing whatever it takes to keep the Board's business moving. Dr. McFadden stated the Board is very fortunate to have Chet Bhasin as Executive Director and said he hit the ground running when he started in mid-June learning the programs of the Board, completing projects that were due in mid-July and meeting with stakeholders.

Dr. McFadden touched on HB1013, the Mental Health Parity Act, which adds a new chapter to the Board's law for the establishment of a Behavioral Health Care Workforce Data Base. She also informed the board Dr. Scott Bohlke and Dr. Jean Sumner have been appointed to Governor Kemp's Health Care Workforce Commission.

Dr. McFadden touched on the closure of the Atlanta Medical Center and the ripple effect that closure will have on both access to health care for patients and for trauma care by closing one of 6 level one trauma centers in the state. She continued by saying the closure will also impact GME training in the state.

She also said we are working on reenergizing the Medical Education Advisory Committee (MEAC) and how the board is working on setting up a similar advisory committee for nursing. Dr. McFadden informed the Board Dr. McCluskey's position is still open, and we are waiting for a replacement to be appointed.

Executive Director's Report

Mr. Bhasin began his report by discussing tentative meeting dates for the January and April 2023 board meetings.

Mr. Bhasin thanked all the staff for their hard work and assistance during his transition. He also stated the Finance/ Budget position has been posted and the Office Coordinator position has been filled. Anita Dunbar will begin in November as the new Office Coordinator.

Mr. Bhasin let the Board know the office will be moving at the end of the year to the Twin Towers across the street from the State Capitol.

Mr. Bhasin reminded the Board 3 million dollars was added to the Board's budget to create a competitive grant for nursing schools that have a waitlist. The application is now live for nursing schools to apply, and the deadline is in January. Mr. Bhasin also thanked Dr. Clevenger and Mr. Gautney for their assistance during the process.

Mr. Bhasin stated the amended fiscal year 2023 and fiscal year 2024 budget requests have been submitted to the Governor's Office of Planning and Budget.

Mr. Bhasin informed the board the loan applications for all loan repayment programs are now live and the application this year is a fillable PDF. In addition, four questions have been added to the application to learn more about the applicants applying. Those questions included:

- Why did you choose to pursue a career in healthcare?
- What has attracted you to live and practice in a rural area?
- What excites you the most about the future of rural medicine?
- What advice would you offer to someone considering rural medicine?

Mr. Bhasin provided an overview of the Governor's Health Care Workforce Commission meetings to date. Dr. Bohlke also provided a few comments regarding how the meetings have been very informative regarding the issues that are being brought forward.

Medicaid Language Change for Loan Application

Mr. Bhasin presented a verbiage change for the loan repayment application regarding Medicaid. He stated the current language in the application reads: "There is no requirement that the practice be a not-for-profit organization. However, the physician must participate in the Medicaid program, must agree to accept new patients insured by Medicaid, and actively treat Medicaid patients."

The proposed language reads: “There is not requirement that the practice be a not-for-profit organization. However, the physician must participate in the Medicaid program, must agree to accept new patients insured by Medicaid, and treat patients with Medicaid on an ongoing basis as medically necessary.

On Motion, (Kemp / Indrakrishnan) the Board unanimously approved the verbiage change, as presented, for the loan repayment applications.

Public Comment Rule 195-2

Mr. Bhasin reminded the Board this rule change is required due to the Governor signing SB340 into law. The bill corrected the accrediting agency for graduate medical education programs and changed the requirement for hospitals to have 50 residents to qualify as a designated teaching hospital.

The Board approved the rule change at the July meeting to be released for public comment. One public comment was received which was in favor of the rule change. The rule is now ready to be approved to forward to the Secretary of State’s Office for publication in the Official Rules and Regulations of Georgia.

On Motion, (Barber / Clevenger) the Board unanimously approved the rule change be submitted to the Secretary of State’s Office for publication in the Official Rules and Regulations of Georgia.

Data Projects and Updates

Ms. Greenwood presented two Primary Care Service maps to the board from 1996 to 2019 to see how the data changed on where people go for care and what counties they are coming from to see the similarities and differences. This data is taken from the Annual Hospital report hospitals are required to submit to DCH annually. In looking at the 1996 map there were 96 primary care service areas and in 2019 it was reduced to 57 primary care service areas. The Board currently uses the primary care services for eligibility of certain scholarship practice locations. In addition, it is used as a geographic metric. She stated in addition to these two uses, this data could be used on a project that was proposed in 2021 where this map visualizes the changes in hospital locations and where people go for care on the Board’s new visualization page. She stated she has gotten feedback where that might be a useful tool for people to see the changes in the state. She said the maps were being presented as drafts for discussion and feedback.

Dr. McFadden asked if the primary care service areas are determined exclusively by hospital care. Ms. Greenwood responded yes, the data comes from the Annual Hospital Questionnaire’s submitted to DCH each year.

Dr. Dever added this was created in the 1990’s to determine primary care service areas and staff looked at a lot of models and it boiled down to what data was available to make decisions. These maps should be named Primary Care Hospital Service Areas as it is not identifying specific

physicians. He continued his comments saying there are states that do that and they have to get Medicare and Medicaid file and develop service areas from that on a person to person basis. He said he wasn't sure if that was in the scope of the Board. There are Gravity Models and algorithms that go by population that are used.

Dr. McFadden then asked if there were benchmarks in other states that use counties to report this. Dr. Dever said most states use counties because of county budgets and government funding.

Dr. Barber stated he has been frustrated with using county borders as gave an example of the counties that surround his practice location. He stated what the Board wants to know is where is care missing, where are we lacking care and using counties does not do that.

Dr. McFadden said as the Board does its strategic planning this is an important concept the Board needs to look at.

Ms. Greenwood presented the new data visualization page on the Georgia Board of Health Care Workforce website in partnership with the Georgia Data Analytic Center. The link on the Board's webpage now takes one to the Georgia Data Analytic Center's webpage. The new site allows viewers to use mapping features, select specific counties, specialties, and now shows demography side by side instead of a pie chart at the bottom. She also stated that now data can be search on practice environments as well. After brief discussion regarding the various search functions, Ms. Greenwood said this is still a work in progress and will be updated as time goes on. She stated that some outside organizations might not have the most recent link to the new site.

Mr. Bhasin said he wanted to add that shortly after he came on board in June, Ms. Greenwood came to him with the information the current vendor was not renewing their contract. He stated she took on the project of finding a new vendor for this important data set and he wanted to acknowledge her efforts on getting this off the ground.

Dr. McFadden said it is great information and the Board cannot make good decisions without good data to access and the site is wonderful in terms of strategic planning of the Board and also in the Board's strategic planning, the Board will be discussing how we can drive people to our website, so they know this data exists.

Nursing Advisory Committee Proposal

Dr. Clevenger reviewed a previous presentation to the board highlighting the Georgia Nursing Leadership Coalition (GNLC) and creating a Nursing Advisory Committee to the Board.

Dr. McFadden stated the Board has set a precedence with the MEAC Committee when it was the physician workforce board and now that it is the Health Care Workforce Board, we need to think about how we gather data and the strategy going forward.

Dr. Clevenger stated the proposal is to appoint the GNLC Data Advisory Committee as a permanent advisory committee to the Georgia Board of Physician Workforce. The advisory committee would start with 8 members and then fill the remaining slots as interested parties come forward. Starting in 2023, with the Board's approval, all members of the committee would be assigned a 2- or 3-year term to begin in January of each calendar year regardless of when the member was assigned. Membership would consist of:

Chair: Nurse Practitioner member of the GBHCW

Vice Chair: GBHCW Data Team Supervisor

General Membership:

1. Georgia Board of Nursing Member 1
2. Georgia Board of Nursing Member 2 (RN)
3. Georgia Board of Nursing Member 3 (RN)
4. GNLC Leader
5. Nursing School Representative
6. Nursing School Representative
7. LPN Focused Leader
8. APRN Focused Leader
9. AHEC Member
10. Health System / Hospital Nursing Leader #1
11. Health System / Hospital Nursing Leader #2
12. Nursing Advocacy Group #1
13. Nursing Advocacy Group #2
14. Senior Living / Post-Acute Nursing Leader

After lengthy discussion on the membership of the advisory committee, Dr. McFadden called for a motion.

On Motion, (Henson / Indrakrishnan,) the Board unanimously accepted the initial proposal to create a nursing advisory committee to the Board.

Dr. McFadden said that in the future, maybe the Board should think about non-physician practitioners as a separate advisory group, which would include P.A.s, after the nursing advisory committee is off the group.

Practice Location Denial Appeal

Ms. Beckham informed the Board there were two letters supporting the appeal of Dr. Shell regarding the denial of her practice location request and that Dr. Shell was in attendance to appeal the Board's denial.

Dr. Shell thanked the Board for hearing her appeal and 1st wanted to affirm she is still committed to improving health care to underserved and under resourced communities across the state and

2nd if the Board upholds the denial of her practice location, she requests that a payment plan can be arranged to repay the \$240,000 required by the contract for default.

Dr. Shell reviewed the letters from her employers, The Charlie Norward VA Medical Center and Augusta University Medical Center. She also presented data on the demographics of patients treated showing 33% of the patients she sees are from rural locations. In addition, she reviewed several projects she is working on involving the Covid and Opioid epidemic across Georgia, medications for addiction treatment lecture series, and outreach for substance abuse, mental health and chronic pain.

In closing, Dr. Shell stated she wanted to ask for forgiveness for not fulfilling her obligation and practicing in a rural area, but she is serving, through her work in addiction medicine and mental health, a large population which includes a lot of rural patients.

On Motion (Barber / Smith), the Board voted to go into executive session.

The Board meeting opened to the Public.

On Motion (Bohlke / Indrakrishnan), the Board voted to exit executive session.

On Motion ((Smith/ Bohlke), the Board unanimously voted to deny Dr. Shell's appeal.

Dr. Bennett asked Dr. McFadden to explain the reason for the denial. Dr. McFadden addressed Dr. Shell saying the Board thinks the work she does is incredibly important to our state and no one doubts the service she is providing for our citizens, but unfortunately the Board is bound by the statute that surrounds her scholarship and therefore the Board must deny her appeal. Dr. McFadden continued by saying the Board would like to work with Dr. Shell regarding her repayment and the second part of the vote today is the Board has to vote to request she provide us with an official request for a repayment plan by our next Board meeting in January.

On Motion (Barber, Bohlke), the Board unanimously voted to request Dr. Shell provide repayment options to this Board before the next meeting.

Dr. Shell thanked the Board for their consideration and asked about repayment timelines. Dr. McFadden responded it must be repaid within five (5) years.

MEAC Metric Recommendation

Dr. Nuss provided a presentation to the Board on the Medical Education Advisory Committee (MEAC). Her presentation included information on what MEAC is, its membership, when it started, and some of its accomplishments surrounding GME capitation programs. She then discussed the retention rates and contract penalties in the GME capitation contracts.

Dr. Nuss stated MEAC has two recommendations regarding the Residency Capitation contracts and penalties. First, the retention rates for the Residency Capitation and Specialty Specific Retention be modified to reflect the 5-year rolling average of the published AAMC State Physician workforce Data Report for Georgia using the Southeast US Regional average minus Florida (AL, GA, NC, SC, TN). She provided the data from the 2021 report showing the State Median at 45.1%, the US Retention at 47.6% and the SE Retention (without Florida) at 45.46% which would change the retention rates in FY2024 contracts to 45% from 50%. Dr. Nuss said the AAMC publishes this report every 2 years and the SE Retention can be reviewed with each published report.

On Motion, (Bennett / Henson) the Board unanimously approved the recommendation from the MEAC to modify the FY2024 and future contracts to reflect the 5-year rolling average utilizing the most recent edition of the published AAMC State Physician Workforce Data Report for Georgia using the Southeast US Regional average minus Florida putting the rate for the FY2024 contracts at 45%.

Dr. Nuss presented a second recommendation to modify the contract penalties for residency capitation and specialty-specific capitation by eliminating the 10% flat penalty and use a 1% penalty for each percentage point the retention rate falls below the contract retention rate, up to a maximum of a 10% penalty.

On Motion, (Bohlke / Smith) the Board unanimously approved the recommendation from MEAC modify the FY2024 and future contracts by eliminating the 10% flat penalty and use a 1% penalty for each percentage point the retention rate falls below the contract retention rate, up to a maximum of a 10% penalty.

Old/New Business

No new or old business.

Adjournment

On Motion (Smith / Henson), there being no further business, the Board moved to adjourn the meeting at 11:38 am.

Respectively Submitted,



William R. Kemp
Secretary-Treasurer



Chet Bhasin, FACHE
Executive Director