



AUGUSTA UNIVERSITY
Philanthropy &
Alumni Engagement

The Medical College of Georgia educational experience is anchored by the main campus in Augusta, regional clinical campuses for third- and fourth-year students across the state and a second four-year campus in Athens in partnership with the University of Georgia. MCG's expanding partnerships with physicians and hospitals across Georgia currently provides about 350 sites where students can experience the full spectrum of medicine, from complex care hospitals to small-town solo practices. MCG and its teaching hospitals also provide postgraduate education to more than 500 residents in 51 different programs.

Philanthropy and Alumni Engagement
1120 15th Street, AD-1104
Augusta, GA 30912
706-721-4001

advancement.augusta.edu



3 + MCG = More Doctors
in Rural Georgia

Join us! Make a difference.

If you ask physician educators across the country about the Medical College of Georgia, they will tell you that our nearly 200-year-old medical school is great at educating physicians. That may seem like a logical response, but it's really more than that.

Georgia's only public medical school has always been exceptional at its fundamental mission of educating the next generation. I hear it in the accomplishments and hopes of our current students, in the national and international successes of our more than 9,000 living graduates and in the legacy of those who came before.

Even as we speak, MCG graduates are leading the American Academy of Pediatrics and the American College of Physicians. They are leading renowned cancer centers and health systems. Like the great MCG educators who taught them, many of them today are in turn educating the next generation, many at their alma mater as well as other top medical schools in our country.

Equally important, MCG graduates are providing frontline and subspecialty care to thousands of patients throughout Georgia and beyond each day.

Nearly two centuries of success with medical education is why we have been both very introspective and extrospective in undertaking what I consider to be the most significant curriculum change in our long, proud history.

I hope that many of you have heard that we are redesigning our four-year core curriculum to three years to enable even more purpose-driven medical education for the 180 medical students per class who are based at our main campus in Augusta.

We have been calling it tailor-made medical education because it will further hone a student's focus and future. For those with a commitment to practice primary care in our state, which is a huge need, they can finish medical school in three years and move directly into a primary care residency in Georgia. We hope to enable free medical education for our students who subsequently practice at least six years in underserved Georgia. We believe this will directly address the tremendous primary care physician shortage in Georgia, a state that continually ranks among the top 10 in both population and population growth, but a dismal 41st in the number of active primary care physicians per capita. In fact we have nine counties that don't have a single physician.

For the majority of our students, the ability to get their core work completed in three years means they can really focus their fourth year on research and/or clinical work directly related to their chosen specialty. Or they can pursue a dual degree like an MD/Masters of Public Health that will also strengthen their ability to impact health, health care and our future.

We all know how critical physicians are to our own health and to the health of our families as well as to both the physical and fiscal wellbeing of our communities. The need for physicians is real and acute in many of those communities and in our state.

I say all this to also say to you that this is a pivotal time for MCG and for our state and we need your support in ensuring success for both. I ask that you talk with your fellow community leaders about the importance of physicians to the health of your community and about the importance of the Medical College of Georgia in educating those physicians.

I ask as well that you strongly consider providing financial support to these new initiatives that we will have fully in place for medical students starting in the fall of 2021.

I am excited about MCG's present and future on this and so many fronts. And I appreciate your support in fulfilling a clear mandate for a healthier state and nation.

Respectfully,



David C. Hess, MD
Dean, Medical College of Georgia | Executive Vice President for Medical Affairs and Integration at Augusta University



Simple Math for a Complex Problem

The Medical College of Georgia (MCG) is the state's leading provider of physicians, graduating the largest number of physicians of the four Georgia-based medical schools. About 50 percent of our graduates remain in the state to practice, well above the average retention rate of 39 percent. In fact, one in five physicians in Georgia graduated from or completed their residency at MCG.

With numbers that strong – we are dedicated to tackling bigger challenges – starting with improving the health of citizens living in underserved, rural parts of the state, while also helping our students reduce the cost and time commitment needed to earn a medical education.

It's no secret that the entire country is facing a physician shortage. The Association of American Medical Colleges projects a shortage of between 46,900 and 121,900 physicians by 2032, including primary care (between 21,100 and 55,200). While primary care physicians are in short supply everywhere, the lack of providers in rural settings is more acute.

Georgia's physician workforce problem is one of the worst in the nation, ranking 41st in regards to the state's physician workforce per capita. Consider these Georgia facts:

- 8 counties = 0 physicians
- 11 counties = 0 family medicine physicians
- 37 counties = 0 internal medicine physicians
- 75 counties = 0 OB/GYNs

One contributor to the physician shortage is the staggering amount of debt incurred pursuing a medical degree. More than 80 percent of MCG students graduate with debt that can sometimes exceed \$130,000. This debt can discourage future physicians from practicing in the very areas where their need is greatest and may act as disincentive to choosing a career in primary care in favor of specialty fields that prove to be more financially lucrative.



A Proposed Solution

Our innovative **MCG 3+** program is a proven pathway to increase the primary care focus of medical graduates/residents leading to growth in Georgia's primary care workforce. **The goal is to increase primary care career graduates from 42% in 2018 to an estimated 64% in 2028, by:**

- Increasing enrollment to 300 per class: add 50 more students each year who are committed to practicing primary care
- Reducing medical school from four years to three years – combined with a 3-year in-state primary care residency (3+3)
- Providing free tuition or loan forgiveness for those students who commit to serve in a rural part of the state for a minimum of six years (3+3+6)

Physicians are more likely to practice in the state in which they receive their training, and retention rates are highest among physicians who completed both medical school and residency in the same state. If Georgia is going to make a significant impact on improving the health of the citizens living in rural parts of the state, we need to implement plans aimed at putting more physicians, especially primary care physicians, in those areas.

Leveraging the combined efficiencies of the accelerated 3-year MD curriculum and MCG's capacity to expand MD enrollment via a statewide regional campus model with the investments of the primary care residency-focused GREAT Committee, MCG will dramatically enhance its contribution to Georgia's primary care workforce.

What will MCG 3+ Cover Over a 5-year period

Program Development:
\$15,850,000 non-recurring,
over a 5-year period, to cover:

- Searching for/hiring new educational faculty members and essential MD program support staff
- Educational development and up-skilling for existing faculty (to teach a new MD curriculum)
- Medical student support services (i.e., wellness, career advising, academic advising, etc.)
- Clinical education platforms (maintaining current teaching venues, developing new standard clerkship sites, developing more longitudinal integrated clerkships [LICs])
- Facilities redesign (to support greater emphasis on small group case-based curriculum vs. classroom lectures)
- Teaching technologies (to provide statewide high-fidelity simulation training, point-of-care ultrasound education, “flipped classroom” capabilities for active learning, etc.)
- Graduate medical education (GME) programming enhancements
- Other operating expenses (miscellaneous student educational and faculty development support services and activities)

Tuition Remission:
\$5,000,000/year recurring for 50 students/year

What is the Timing?

Planning Phase: 2019-2020

First Cohort: 2021-2022

First Graduates: Spring 2025



“To some degree, part of the problem is the debt students carry, which precludes physicians from going into primary care because of the pay differential between what other specialists make and what primary care physicians make.”

Dr. Scott Bohlke, MD
Family Physician
Medical College of Georgia, '92

