GME IN GEORGIA: Growth, Funding, and Sustainability

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Executive Summary of GME Programs in Georgia and Funding Stream Estimates for GME in FY 16:

GENERAL:

In FY 2016 there were 2,315 residents training in GME programs spread across 14 hospitals. Georgia continues to have an imbalance between the number of students graduating from in state medical/osteopathic schools (approximately 594 in 2012) and the number of available GME 1st year training slots (473 in 2012).

FINANCING IN FY 16:

The Board of Regents through the GME Expansion Program, provided **$4,275,000** to 3 hospitals who were engaged in GME expansion efforts.

The Georgia Board of Physician Workforce provided approximately **$6,612,493** in Specialty Specific Residency Capitation payments to support **383** residency slots in certain programs (primarily **Primary Care** disciplines.) Through the (general) Residency Capitation program, the GBPW provided payments of $3,172 per resident for a total of 2,315 residents at 14 hospitals **(**approximately **$7,343,180**). (Some federal dollars are drawn down so the total of the above two programs is not strictly reflecting state dollars).

The Georgia Department of Medical Assistance provided approximately **$100,000,000** in GME payments added to claims from hospitals supporting GME programs based on the Medicaid share of hospital billings; some of these dollars are obtained through the Medicaid match from the federal government so all were not State funds.

Medicare payments vary significantly for residency programs based on when the program was established. On average, Medicare provides approximately **$100,000** per resident within the cap allotted to each GME program; programs established before 1997 receive on average almost ½ of the payments provided to new programs. *For example, Augusta University receives $23,000 per resident in direct GME funding from Medicare; new programs will receive approximately $45,000 per resident. When indirect and direct GME payments from Medicare are totaled, Augusta University receives approximately $80,000 per resident while new programs will receive approximately $135,000 per resident from this funding source.*

FAST FACTS:

Since FY 13, Georgia has invested over **$17 million** to develop new GME slots in 9 hospitals in the state who had not previously sponsored GME programs. Existing GME programs already established at 10 teaching hospitals were not eligible for these funds to expand their existing programs.

Georgia's goal was to open 400 new GME slots across the state, with a focus on **Primary Care**. If all projected programs open the planned residencies, Georgia will have an estimated **581** new slots by 2025.

As new programs come on line, many are or will be eligible for state Residency Capitation funding and Specialty Specific Residency Capitation; the projected shortfall for the GBPW to provide the latter in FY 18 is **$761,651.**

Funding for GME sustainability in Georgia is provided by Medicaid, GBPW, and Medicare. The Veteran's Administration also supports some residency slots in Augusta and Atlanta. The Board of Regents has administered the GME Expansion funds through the GREAT Committee.

The complexity of GME funding is made more challenging by the difficulty of obtaining pertinent data and the lack of public transparency concerning funding from certain sources.

GME IN GEORGIA: Growth, Funding, and Sustainability

BACKGROUND:

Between 1990 and 2010, Georgia's population grew from 6.4 to 9.7 million- a 77% growth. Comparatively the U.S. population grew 36%. New England states consistently ***lost*** population during this time of population growth nationally, and most dramatically in the South. New England, which includes all states with a greater than 50 GME residents/100,000 population ratio has a physician to population rate of 350/100,000. Georgia, which is capped by the Balanced Budget Act of 1997 at 20.8 GME residents/ 100,000 population has a physician to population rate of 200/100,000.

It can take 11-16 years post high school to educate and train a new physician. In the United States, students training to be physicians spend approximately four years pursuing an undergraduate degree, followed by four years of medical school. Upon graduation from medical school, they receive their MD/DO degrees and license. Following medical school is the period most commonly called Graduate Medical Education (GME) or ***residency*** training. During this period, students see and treat patients under the supervision of more seasoned physicians. This training usually takes place in hospitals. On average, physicians spend four years in graduate training, although the length of training in highly specialized fields is several years longer and some primary care disciplines require only three years of residency training.

Residency programs are strictly regulated by state and federal governments and the Accreditation Council for Graduate Medical Education (ACGME). Each one is unique in many ways, but all fall under the same mandates.

GROWTH OF GME IN GEORGIA

GME HOSPITALS AND SLOTS IN GEORGIA CIRCA 2010

During the mid-2000's, Georgia was committed to understanding its physician supply and its educational resources in place to meet shortages predicted on the horizon. This was done through review of its medical education programs (medical school enrollment) and its GME slots available across the state. It became clear that while the medical schools were expanding, the GME programs were not, resulting in a negative position of graduating more medical students than could be trained in the state. Compounding this problem were data indicating Georgia medical school graduates were not choosing Georgia residency programs for their training, thus significantly reducing their retention in the state (particularly in primary care disciplines.) **In 2010-2011, the state had 10 teaching hospitals with a total of 2,166 GME slots and graduated approximately 575 residents a year. Of the 747 first year GME slots in the state, approximately 15.8% (106) were filled by graduates of Georgia medical schools.**

GEORGIA'S GME EXPANSION INITIATIVE

Circa 2009, at the direction of Governor Nathan Deal, and in cooperation with the Georgia General Assembly, the University System of Georgia (USG) began a concerted effort to expand new graduate medical education programs at hospitals ***without established GME programs*** in the state to address an impending physician shortage that could cripple the state's health-care system.

The Governor created a GME advisory committee to guide the Board of Regent's implementation of the GME expansion plan. Through the creation of the GME Regents Evaluation and Assessment Team (GREAT Committee), the USG devised a template for distribution of funds to potential GME hospitals; created an application process; developed eligibility criteria including a required 1:1 funding match of hospital and state funds; and established a requirement that all programs must secure ACGME accreditation – although dual accreditation is permitted. The GREAT Committee focused on the following:

- Developing opportunities for USG and Georgia hospitals to work together to create 400+ new residency positions;
- Narrowing the gap between the number of medical school graduates in the state and the number of 1st year GME positions available in state;
- Increasing the number of residents in Georgia to more appropriately reflect the southeastern per capita rate of residents to population; and
- Focusing on Primary Care programs and General Surgery, particularly in rural parts of Georgia.

For a new teaching hospital, GME start-up costs are estimated to be $2 - $8 million depending on the number of residency programs (disciplines), number of faculty to recruit, etc. Through the GME expansion program, the state committed to bearing up to 50% of these costs at each hospital; there are no ceilings or limits on the funding that an eligible hospital can receive. State GME expansion funds continue until the first resident reports for duty. (Medicare GME payments to the hospital begin on the first day a resident is on duty.)

The initiative has been successful in securing ongoing budgetary commitment from state leaders. Funding began with a $1.2 million state appropriation in FY13 and has continued to flow. To date, **$17,161,925** has been provided to fund GME expansions. While it is difficult to obtain the specific data about expenditures of the expansion funds, the following summarizes the best approximate numbers ***encumbered*** for each fiscal year. Where noted, funding include special funding from the legislature for specific hospitals through the Georgia Board for Physician Workforce.

TABLE 1: GME Expansion funding recipients, as encumbered, FY 13-FY 16

Institution	FY 13	FY 14	FY 15	FY 16	Total
Athens Regional	$620,000	$631,000	$900,000	-0-	$2,151,000
Gwinnett Medical	$280,000 ***$150,000****	$350,000 ***$150,000****	$350,000 ***$150,000***	$375,000	$1,355,000 ***$450,000****
St. Mary's	$250,000	$300,000	$325,000	-0-	$875,000
South Georgia	$50,000 ***$523,000****	$694,000	-0-	-0-	$744,000 ***$523,000****
Wellstar		$500,000	$1,400,000	$2,000,000	$3,900,000
Tanner		$400,000	$700,000	-0-	$1,100,000
Redmond Regional		$400,000	$800,000	-0-	$1,200,000
NE Georgia				$1,900,000	$1,900,000
University			$800,000	-0-	$800,000
Total Expansion Funds	**$1,200,000**	**$3,275,000**	**$5,275,000**	**$4,275,000**	**$14,025,000**
Total Special Funds *	***$673,000***	***$150,000***	***$150,000***	-0-	***$973,000***

The USG has a total of **nine partners** to date to establish new GME programs: WellStar Health System in Marietta, Gwinnett Medical Center, St. Mary's Health Care System in Athens, Athens Regional Medical Center, Tanner Health System in Carrollton, Redmond Regional Medical Center in Rome, University Hospital in Augusta, Northeast Georgia Medical Center in Gainesville, and the South Georgia Medical Education Consortium.

GEORGIA GME EXPANSION PROGRESS TO DATE

The Governor and the legislature have remained steadfast in the commitment of funds and personnel to achieve this goal. Between FY 13 and FY 17, with approximately **$17,161,925 in state appropriations,** the GME Expansion program has demonstrated success**.** ***To date, with several programs still in development, the state is on track to open 581 new residency slots by FY 25.*** Ninety-seven of these slots were already open and accepting students in FY 17. Table 2 reflects the projected growth in GME slots by discipline in the state.

Table 2: Georgia New Residency Slots Projected, per year, FY 15- FY 25

	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Discipline	**14-15**	**15-16**	**16-17**	**17-18**	**18-19**	**19-20**	**20-21**	**21-22**	**22-23**	**23-24**	**24-25**
Internal Medicine		16	66	119	157	184	209	234	234	234	234
Family Medicine	5	10	21	31	56	83	106	114	114	114	114
OB/GYN				4	8	16	24	32	40	44	48
General Surgery					4	16	28	40	52	60	60
Emergency Medicine					8	16	29	34	39	39	39
Psychiatry						4	8	17	26	31	36
Transitional Year			10	32	40	40	50	50	50	50	50
TOTAL	**5**	**26**	**97**	**186**	**273**	**359**	**454**	**521**	**555**	**572**	**581**

Clearly the process and mechanisms established to identify potential new hospitals and the provision of expert technical and financial assistance to these hospitals has been successful. ***However, the opening of new slots and addressment of the GME imbalance was only part of the initiative. The enduring strategy was to create these new slots to strengthen the pipeline of physicians receiving their education and training in state, and then choosing to establish their practice in Georgia.*** According to data from the Georgia Board for Physician Workforce, if a medical student is from Georgia, attends a Georgia medical school, and then trains in a Georgia GME program, there is approximately a **79-82%** chance of retaining this provider in the state. If an individual only does the GME training in the state, there is only a **49%** retention rate.

While Georgia is not on track to meet the national ratio of medical school graduates to available GME slots in the state, we will have met and surpassed the regional ratio by 2025, meeting the goals of the GME Expansion Project.

GME FUNDING IN GEORGIA

1. FEDERAL (MEDICARE) FUNDING OF GME IN GEORGIA

Medicare funding in General: Before the Medicare program was created, GME was funded directly by hospitals. Residents were provided with a small cash stipend, room, board, and laundry and other services. Hospitals would directly and indirectly recover some of these costs through insurance billing. The current system of GME funding began in 1965, when the Medicare program was created. Congress included payments to hospitals for GME funding in Medicare because it recognized a need for trained physicians and other health care professionals to provide health care to the nation, and acknowledged that educational activities in a hospital enhance the quality of patient care. GME encompasses both medical/osteopathic training as well as dental residents. The latter are funded at the same level as medical/osteopathic residents. There is only one dental residency program in Georgia and that is at Augusta University.

Medicare pays hospitals for GME through two payment streams – Direct GME payments and the Indirect Medical Education Adjustment. *Direct GME* payments compensate a teaching hospital for overhead costs related to GME, such as salaries and fringe benefits for residents, teaching physicians and GME administrative staff. The *Indirect Medical Education Adjustment* compensates teaching hospitals for higher operating costs associated with the presence of a residency program such as more complicated cases, additional tests ordered by residents as part of the learning process and reduced patient care productivity by all staff members. Payments are calculated based on the percentage of charges that are attributed to Medicare patients, among other adjusters. There are approximately 115,000 physicians currently in residency programs nationally. ***Federal support translates roughly to about $100,000 per resident per year.***

The impact of the Balanced Budget Act of 1997 effectively ***froze*** the GME payments at 1997 levels for all existing residency programs and created a "cap" on the number of funded GME slots. The Act established limits on the number of allopathic and osteopathic residents that hospitals may count for purposes of calculating direct GME payments. ***For most hospitals, the limits were the number of allopathic and osteopathic FTE residents training in the hospital's most recent cost reporting period ending on or before December 31, 1996. Any residency slots added in established programs after this date were not eligible for Medicare reimbursement- as they were considered "over the cap". Many established residency programs/hospitals continued to add slots to provide the workforce needed in their area even though the hospital or health system had to fund these slots themselves.*** Most if not all of these existing GME programs support training above their Medicare cap, and have done so at their own expense. Many of these programs have significant numbers above the cap- up to 100 or more residents in some sites.

After 1997, few **new** teaching hospitals created new residency programs, largely due to the cost associated with standing up a wholly new program. However, if they were successful in opening new programs then their Medicare direct GME payments would be based on current cost reports. ***This translates to a significant variance in GME Medicare reimbursement available to teaching hospitals***

based on when the residency program was established, with older programs being reimbursed at a significantly lower rates. In Georgia, the GME Expansion initiative chose to focus on standing up wholly new programs and did not invest in expansions at existing programs or in addressing the funding shortfalls created at the hospitals who were providing training to residents above their Medicare "cap".

EXAMPLE: Impact of Balanced Budget Act of 1997 on Georgia's Medicare GME funding rates: Augusta University's long established residency programs (both medical and dental) are capped at the 1996 cost report amount of **$23,000**/ resident in direct GME financing for a maximum of 327 residents (although AU self-funds an additional 68 GME slots over its cap**). Most of the residency programs in the state which predate the state's GME Expansion program would be paid at or around this same capped rate.** Newly opened residency programs in the state (through the GME Expansion program) will receive direct GME financing based on 2016 cost reports (or later), or an estimated **$45,000**/resident. If indirect GME funding is included, then Augusta University (and similar programs in the state) receives a total direct and indirect Medicare GME payment/resident of approximately **$80,000**. The ***new*** programs in Georgia will receive an estimated combined IDGME/DGME payment of **$135,000+** per resident from Medicare.

According to the AAMC, residents typically work between 40-80 hours per week, at a median salary nationwide of $52,200. In the South the average salary is $51,000. Georgia's average resident salary is $51,000. This equates to an overall payment of under $13/hour for residents.

2. STATE FUNDING OF GME IN GEORGIA

There are two agencies which currently provide ***sustainability*** funding for GME in the state, (this excludes the Board of Regents GME Expansion program as it funds start-up costs but does not provide ongoing support). These are the Georgia Department of Medical Assistance (Medicaid) and the Georgia Board for Physician Workforce (GBPW).

Medicaid- general: Although there are no federal requirements that state Medicaid programs contribute to GME, it remains the second largest funder of these programs nationally. With no requirement for states to provide for GME, recent economic instability and budget constraints have led to a significant reduction in the number of states making Medicaid payments to GME programs. In 2015, forty-two states (down from 47 in 2012) were providing an estimated total of $4.26 billion in GME support, representing 6.6 percent of the program's inpatient hospital expenditures. Three additional states have indicated they may consider ending Medicaid GME funding within the next few years. According to the American Association of Medical Colleges in 2016, Medicaid programs in 32 of the 42 states made GME payments with the expectation of producing more physicians, (up from 22 states in 2012).

<u>Georgia Department of Medical Assistance (Medicaid)</u>

Georgia's Medicaid program provides GME payments directly to teaching programs and implicitly through capitation rates of Managed Care Organizations. A Medicare methodology is used for payment of indirect costs. Direct GME costs are reimbursed from a separate pool of funds based on the 2011 Medicare cost report. An important note to this is that Georgia ***assumes*** MCOs are distributing GME

payments to teaching hospitals, but unlike many other states who recognize and include GME payments in capitation rates to MCOs, it does not ***require*** them to distribute these funds to the hospitals.

States differ in which health professions are eligible for Medicaid GME payments. Georgia only provides payments for medical residents while other states include graduate nurses and other professions. As reported to the AAMC in 2015, Georgia provided **$46.6** million in direct GME payments (amount for indirect GME payments was not submitted) for **FY 15**. This number includes only payments for direct GME costs under both fee for service and managed care; payments for indirect GME costs were not provided. This could account for the difference in Medicaid GME funding captured in the AAMC's 2013 survey of state Medicaid programs which reported that Georgia spent **$100.9** million in 2012 for GME payments. It is logical to assume that Georgia's actual total GME payments in FY 15 were closer to the $100 million level.

Prior to July 1, 2015, Georgia Medicaid reimbursed GME through a hospital specific add-on payment based on GME program costs and the Medicaid charges as a percentage of hospital charges. This was included in the payment (remit) received for each patient seen in the hospital. After July 1, 2015, Georgia Medicaid changed its reimbursement for GME by utilizing a stand-alone pool of funds. Each hospital receives its percent share of the pool based on its GME costs, based on prior year GME cost.

Another significant change effective July 1, 2015 was that payments are delivered quarterly rather than being paid on each claim. Georgia Medicaid is in the process of changing the way it calculates GME funding for FY 17 but the new methodology has not yet been found.

Georgia Board for Physician Workforce (GBPW)

The GBPW is perhaps the most important funder to sustain existing and new residency programs in Georgia. It operates two critical programs that offer direct support to GME in the state. These are *Residency Capitation* and *Specialty Specific Residency Capitation*. **Table 3** presents a detailed report of the expenditures in these two programs.

Residency Capitation: Circa 1984, the GBPW was authorized to initiate a resident capitation program for all residents at any teaching hospital then operating residency programs in the state. The law provided for up to $10,000/resident and did not exclude any disciplines from eligibility. Funding level was to be determined by the legislature's appropriation for this program. The law (31-7-95) further stipulated that **no new hospitals** could be added to receive these funds without specific legislative action. Currently, this program provides $3,172 per resident for 2,315 residents training at 14 hospitals. Hospitals creating new slots with GME Expansion funds are not eligible for this funding without specific legislative action, which has not occurred nor been mentioned at this time.

Specialty Specific Residency Capitation: In the 1980's the legislature took a new route for supporting GME by creating special residency capitation for family medicine, general internal medicine, emergency medicine, and psychiatry slots. This was followed by additional funding for select pediatric slots in Macon and Savannah (MSM was later added). Later Commissioners at DCH added preventive medicine slots at Emory and MSM and 6 OB/GYN slots in Macon and Savannah. These residencies receive different

levels of capitation, and not all slots are capitated. Some of these primary care slots are eligible for the Medicaid match, which provides approximately $2 per every $1 of state funds expended.

Table 3: Specialty Specific Residency Capitation and (general) Residency Capitation Funding Levels through the GBPW, 2016			
SPECIALTY SPECIFIC RESIDENCY CAPITATION PAYMENTS			
Residency Type	**# of Slots funded**	**Capitation Amount per slot**	**Total**
Family Medicine	240	$18,755	$4,501,200
Internal Medicine	65	$15,000	$975,000
Pediatrics	50	$15,591	$779,550
OB/GYN	14	$15,333	$214,662
General Surgery	4	$15,502	$62,008
Emergency Medicine	Under Development	$14,500	-0-
Psychiatry	Under Development	$14,500	-0-
Preventive Medicine	10	$8,073	$80,073
TOTAL	**383**		**$6,612,493**
(GENERAL) RESIDENCY CAPITATION PAYMENTS			
Hospitals specified in 31-7-95	**2,315**	**$3,172**	**$7,343,180**

GME SUSTAINABILITY IN GEORGIA

Long term sustainability of GME programs in Georgia is a critical priority. Responding to a lack of federal funding solutions, federal funding discrepancies described previously, and the increasingly critical need for physicians, Georgia has chosen to invest over $17 million dollars to date to expand its GME programs. But opening programs is not enough. ***These programs were also intended to extend GME training opportunities outside of the metropolitan area of Atlanta and North Georgia, to target expansion of primary care, and to retain the graduates in the state for practice upon completion of training.***

The GBPW offers the logical place to insure continued funding stability for Georgia's GME programs. As new slots are opened via the GME Expansion program, then funds must be transferred to the GBPW to provide resident capitation and specialty specific resident capitation to the eligible programs for sustainability. If this does not occur then two negative consequences occur. First, if the existing funds are simply divided by a greater denominator, then every program will be "cut." And as older programs are already receiving significantly lower federal GME payments, their cuts will be more critical. Second, if the new programs are not provided with capitation funding, then the business plan on which they were predicated will have fatal flaws in their future funding projections and future sustainability.

If all projected expansion slots funded by the state reach fruition, there will be a substantial increase in slots across the state. **Table 4** demonstrates this projected growth, by specialty, through FY 2025.

This is a problem for FY 18. The GBPW will be short approximately **$761,650** to fully fund the existing and new slots coming on line in fiscal year 2018. A choice must be made to fund every program at a lower level or to ***exclude*** new programs if the funding is not increased.

Additionally, if the projections hold true, the state will have grown from having GME programs at 10 teaching hospitals to having GME programs at 19 hospitals. **Table 5** provides the projected growth in slots and in hospitals participating in GME.

Table 4: Georgia's Projected Primary Care Residency Programs PGY 1 slots, 2010-2011 through 2024-2025*		
Specialty	**Total of PGY 1 positions, 2010-2011**	**Total PGY 1 positions projected, 2024-2025**
Family Medicine	81	188
Internal Med.	138	214
Pediatrics	55	55
OB/GYN	25	37
General Surg.	47	59
Other Specialties	401	473
Total	**747**	**1,026**

Table 5: Georgia's Projected Residency Positions by Teaching Institution, 2010-2011 through 2024-2025*		
Teaching Site	**Total # Residency slots, 2010-2011**	**Total # of Residency slots, Projected, 2024-2025**
Emory	1159	1159
AU / MCG	449	449
Morehouse	140	140
Memorial (Savannah)	123	123
MCCG (Macon)	109	109
Atlanta Med. Center	81	81
The Medical Center (Columbus)	53	53
Floyd Medical Center	30	30
Phoebe Putney	16	16
Satilla Regional	6	6
Total, 2010-2011	***2,166***	***2,166***
Athens Regional Medical Center		108
St. Mary's Hospital		30
Gwinnett Medical Center		58
South GA Consortium		9
Redmond Regional		40
Tanner Medical Center		46
Wellstar		123
University Hospital (Augusta)		12
Northeast GA Medical Center		155
Total, New, 2024-2025		***581***
TOTAL- ALL- 2024-2025		**2,747**
GBPW: Spotlight on Graduate Medical Education, February 2011; Board of Regents, GREAT Committee, 2016		
*These projections do not include those proposed by Coliseum Medical Center in Macon as these are not being funded through the GME Expansion program but through private funds. Projected numbers of new slots at Coliseum are 400.		

SUMMARY THOUGHTS:

1. To sustain Georgia's GME programs- ***Existing, New, and Projected***- there must be a solid funding road map developed and followed to insure sufficient funding for capitation programs from the state. Commitments to funding must be re-evaluated and affirmed.

2. Efforts to insure that the residency programs- ***Existing, New, and Projected***- actually **recruit** students most likely to practice in the state upon completion of training must become a priority. ***Aggressive marketing and recruitment for all of Georgia's GME programs, including development of incentives directed towards graduates of Georgia medical schools choosing Georgia residency programs, and robust Loan Repayment programs through the GBPW to secure providers in our most underserved areas post residency training.***

3. As the GME Expansion program ends, equal commitments must be made to insuring the ongoing sustainability of newly opening GME programs in the state and planned transfer of funds from the BOR to the GBPW to sustain GME investments in the state.

4. Possible limitations or constraints on any additional new teaching hospitals could be considered, perhaps limiting further expansion opportunities or innovative partnership strategies to serve certain geographic locations such as in South Georgia.

5. Future expansions should include utilization of the established GME programs and the long history they have of providing 50+ years of training in the state. Most of these programs, located in Atlanta, Augusta, Savannah, and Macon are already bearing the costs of supporting residency slots over the federal CMS cap. With assistance, they could potentially create innovative programs to expand slots dedicated to meeting geographic and /or discipline specific workforce needs. This could happen much more rapidly than what is necessary to stand up a totally new program from scratch.

6. Data about GME funding in Georgia needs to be streamlined and appropriate sources identified to collect and report annual information. The difficulty of obtaining data for this report underscores the lack of public transparency available about this crucial issue. A mock spreadsheet is provided at the end of this document as an example of the minimum data that is recommended to be routinely reported to the legislature through a designated agency.

7. Continued monitoring of the ratio of graduates of in state medical/osteopathic schools and the number of PGY1 GME training slots should be made. Ideally, there should be a 1:1 match to create a better balance in our undergraduate and graduate medical education pipeline.

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Interviews and Consultations were held with the following individuals to obtain data reported herein:

Angela Ashmore Bryant, *Reimbursement Supervisor/Finance,* Augusta University Health

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Cherri Tucker, (Retired), Georgia Board for Physician Workforce

Summary Tables:

Table 1: Georgia's Residency Positions by Teaching Institution, 2010-2011			
Teaching Site	**Total # Residency slots**	**Total # of Filled Slots**	**Total Graduates / 2010**
Emory	1159	1094	323
AU / MCG	449	421	111
Morehouse	140	129	33
Memorial (Savannah)	123	117	35
MCCG (Macon)	109	107	30
Atlanta Med. Center	81	79	19
The Medical Center (Columbus)	53	47	11
Floyd Medical Center	30	30	7
Phoebe Putney	16	16	4
Satilla Regional	6	6	2
Total	**2,166**	**2,046**	**575**
GBPW: Spotlight on Graduate Medical Education, February 2011			

Table 2: Georgia's Primary Care Residency Programs filled by Georgia Medical Student graduates , 2010-2011			
Specialty	**Total of PGY 1 positions**	**# of PGY 1positions filled / GA med stud.**	**% of PGY 1 positions filled by GA med. Stud**
Family Medicine	81	9	11.1%
Internal Med.	138	19	13.8%
Pediatrics	55	21	38.2%
OB/GYN	25	6	24.0%
General Surg.	47	11	23.4%
Other Specialties	401	52	13.0%
Total	**747**	**106**	**15.8%**
GBPW: Spotlight on Graduate Medical Education, February 2011			

Example Data Items to be routinely collected and reported: GME

HOSPITAL and DATE Residencies began	RESIDENTS		Federal CMS/ Medicare Funding for GME					State Funding for GME				
	# TOTAL RESIDENTS	# TOTAL PGY 1	CMS CAP	TOTAL SLOTS OVER CAP	DIRECT GME	INDIRECT GME	TOTAL CMS PAYMENTS/ Resident	STATE MEDICAID	GBPW RESIDENT CAPITATION	GBPW Specialty Resident Capitation	BOR GRANT FUNDS / EXPANSION	NOTES
Example: Augusta University	510		327	**68**	$23,000	$57,000	$80,000				-0-	94 VA slots; 21 military slots