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Energy and Commerce Subcommittee on Health**

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**For the Hearing Entitled
“Caring for America: Legislation to Support Patients, Caregivers, and Providers”**

Chairwoman Eshoo, Ranking Member Guthrie, and members of the Subcommittee on Health, thank you very much for the opportunity to speak with you today.

My name is Brooks Keel, and I am the President of Augusta University (AU). AU is one of four public research intensive universities in the State of Georgia and the home of the Medical College of Georgia (or MCG), the 13th oldest and 9th largest medical school in the country. We are the only public medical school and the only public academic medical center in the state.

MCG is the state’s leading provider of physicians, and we are on track to graduate 260 medical students in 2025. About 50 percent of our graduates remain in Georgia to practice medicine, well above the national average retention rate of 39 percent. In fact, one in five physicians in Georgia graduated from or completed their residency at MCG.

We are dedicated to tackling big 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.

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It is no secret that the entire country is facing a physician shortage. While primary care physicians are in short supply everywhere, the lack of providers in rural settings is especially acute. Georgia has a severe shortage of physicians, ranking 41st in the country in physicians per capita. Currently, 9 counties in Georgia have no practicing physician at all.

It is also well known that the impact of physician shortages extends beyond obvious detrimental health outcomes. One of the first things a business or industry considers when looking to expand into a community is the availability of adequate health care. Thus, physician shortages lead to both community health and economic disparities.

One contributor to the physician shortage is the staggering amount of debt incurred while pursuing a medical degree. While MCG offers scholarships to the neediest students, more than 80 percent of MCG students graduate with debt, sometimes exceeding \$130,000. This debt can discourage future physicians from practicing in the very areas where their need is greatest. This debt may also dissuade medical students from choosing a career path in primary care as specialty fields often prove to be more financially lucrative.

We know that 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. We recognized that if Georgia is going to make a significant impact on improving the health of the citizens living in rural parts of the state, we needed to implement plans aimed at putting more physicians, especially primary care physicians, in those areas.

Today, I want to share with you the details of a program created at the Medical College of Georgia. This program aims to eliminate medical school tuition debt, reduce disparities by increasing access to care in rural and underserved areas across the state of Georgia, and begins to tackle the extreme physician shortage that we are experiencing in one of the top ten most populous states in the country.

MCG has very recently implemented a new program, termed “MCG 3+”, which will substantially reduce the cost of medical school, shorten the time required for physician training, and incentivize physicians to practice medicine in rural and underserved parts of Georgia by offering the opportunity to have medical school tuition eliminated.

First, by employing a unique and novel curriculum, we have shortened medical school from 4 to 3 years. Right away, this reduces medical school debt by 25%.

Second, we are asking 1st year medical students who have a passion for primary care and a propensity for practicing in rural and underserved Georgia to commit to a primary care residency in Georgia. This alone will significantly enhance the chance that these students will continue to stay and practice in the state once they complete their training.

In this context, I am referring to “primary care” in the broadest of terms to include Family Medicine, Internal Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, Emergency Medicine and General Surgery.

Third, if these motivated students will commit to establishing their clinical practice in an underserved, rural area in Georgia, and will agree to practice in these areas for at least 3 years post residency training, we will waive their medical school tuition. In other words, *free medical school in return for a year-for-year clinical service commitment in rural Georgia.*

I should point out that while the primary impetus for the 3+ program was to incentivize physicians to establish a clinical practice in underserved and rural Georgia, this overall approach would also lend itself to tackle other vital needs of the state. For example, we are exploring whether the 3+ program will allow us to address a critical shortage of medical examiners and forensic pathologists in the State.

3+ was implemented in fall of 2021 and MCG contracted with 8 first year medical students to join the 3+ primary care pathway program. We hope to add another 10 next year. We recently received a \$5.2 million gift from Peach State Health Plan, a subsidiary of Centene Corporation, in support of the 3+ Rural Program. This was matched by another \$5.2 million from the State of Georgia, allowing us to establish a \$10.4 million dollar endowment to cover the tuition costs of these physicians.

We are aggressively seeking additional public and private philanthropic opportunities that would allow us to support additional students who desire to take advantage of this program. Our goal is to create a continuing pipeline of physicians who are dedicated to meeting the health care needs of the State, both now and well into the future.

We believe that leveraging the combined efficiencies of the accelerated 3-year MD curriculum, coupled with a tuition-free medical education and an in-state primary care residency experience, MCG will dramatically enhance our contribution to Georgia’s physician workforce and significantly impact the health and economic prosperity of all Georgians, especially those living in our rural and underserved areas.

For just a moment, I would like to mention a few pieces of legislation that will be discussed in this committee today.

First, H.R. 1667, the “Lorna Breen Health Care Provider Protection Act,” that would establish a grant program to provide for the training of health care students, residents, or professionals to reduce and prevent suicide, burnout, and behavioral health conditions. The public has become more aware of this issue during the pandemic, and it is a very important one. We owe so much to our healthcare workers, and I am grateful for them every day. AU Health has almost 6,000 employees and they have continued to do a tremendous job through every stage of the pandemic. I would like to recognize each of these employees and thank them for their dedication and continued service. I commend our legislators for recognizing the extreme burden experienced by our healthcare workers throughout the pandemic and thank you for prioritizing this issue.

Additionally, H.R. 5583, the “Helping Enable Access to Lifesaving Services Act,” reauthorizes mental and behavioral health education and training programs. This is important to our public academic medical center as it assists in the clinical experience of students with regard to field placement programs in mental health—including psychiatry. It also provides for a pilot program to allow medical residents and fellows to practice psychiatry in underserved, community-based settings that integrate primary care.

As I mentioned earlier, psychiatry is one of the seven primary care pathways identified in MCG’s 3+ primary care pathway program. This bill, H.R. 5583, could be very helpful to us as we work with students in the 3+ program who choose psychiatry as their area of practice.

Madam Chairwoman and Ranking Member Guthrie, thank you once again for your interest in Augusta University and the Medical College of Georgia, and for allowing me to be here today. I will be happy to answer any questions you and the Committee may have.