

# Health Care Workforce

## Health Care Workforce in Georgia

Like many other states, Georgia struggles with a health care workforce shortage, especially in rural areas. According to recent data from the Georgia Board of Health Care Workforce, there are eight counties without a physician, more than 60 counties without a pediatrician, more than 70 without an obstetrician/gynecologist and 95 counties without a psychiatrist.<sup>86</sup>

Thanks to the growth of the health care industry, the unemployment rate in Georgia has remained low. Health care and health care support occupations are expected to drive the job growth in Georgia. Total employment in Georgia is projected to grow to more than 5 million jobs by 2026, an 11.7 percent increase in jobs since 2016.<sup>87</sup> By 2026, health care and social assistance will account for one-fifth of new jobs created in Georgia.<sup>88</sup>

The total number of registered nurses (RNs) in the state will grow to 87,000 by 2026 and is expected to be 98,800 by 2030. This same year, there is a projected demand for 101,000 RNs, resulting in a shortage of 2,200.<sup>89</sup> With the RN turnover rate for Georgia at 18.7 percent<sup>90</sup>, there are efforts to recruit and retain nurses at health care organizations. There is also a focus on filling health care support occupations, including technicians. Due to demand, openings for these positions will grow at a rapid pace, creating a supply gap. These roles also have high turnover rates and are impacted by increased competition from other industries.

Access to health care varies across Georgia, with many counties facing severe provider shortages. Two-thirds of Georgia's 159 counties fall below the statewide average number for each category of nurses, physician assistants, total doctors and primary care doctors per 100,000 residents. Georgia has 89 percent of its counties below the statewide average for doctors per 100,000 residents and 81 percent with fewer primary care physicians than the state average. Nearly two-thirds are deemed shortage areas for dental care, mental health, and primary care.<sup>91</sup>

To help establish a pipeline of skilled health care talent, Georgia is investing in increased residency program capacity. One example of this is the Georgia Board of Health Care Workforce, which operates loan repayment programs designed to incentivize physicians to practice in rural communities.<sup>92</sup>

Academia is evaluating how nursing education is being delivered and considering innovative opportunities to align nursing education with current nursing practice. As health care delivery evolves, new solutions must be considered to develop the nursing workforce of the future. Thanks to the impact of technology, workforce educational programs are having to reexamine their teaching methods. Additionally, the scarcity of clinical experiences is forcing the consideration of alternative sites and simulation. The faculty shortage is creating opportunities for new suggestions to address the vacancies.

A 2017 survey done by accounting firm KPMG LLP indicated that hospitals use traveling nurses as cost-effective labor to meet the increased nursing labor demand. Currently, traveling nurses are 11 percent of the total nurse population and many are forecasting a growth in the use of these types of nurses.<sup>93</sup> Another study done recently in a large, busy regional hospital showed there is no significant difference in the patient experience or quality of care results with varying percentages of travel nurses.<sup>94</sup>

Employers, workforce development boards, academic institutions, economic development groups, community service providers, funders, government agencies and trade organizations are working together on long-term strategies to build a sustainable health care workforce pipeline.

### **Preceptor Tax Incentive Program**

In 2014, Senate Bill (S.B.) 391 created tax deductions for uncompensated community-based faculty physicians who provide training to medical, physician assistant, and nurse practitioner students. Under the bill, Georgia physicians who provide clinical training to health professions students for a minimum of three (to a maximum of 10) rotations, and who are not compensated through any other source, could claim a tax deduction for every 160 hours of training provided.

In 2019, the program was replaced with a new and expanded tax credit with the passage of House Bill (H.B.) 287. Updates include converting the tax deduction to a tax credit for eligible community-based facilitators; expanding the definition of eligible preceptors to include advance practice registered nurses (APRN) and physician assistants (PA); and removing the limitation on the types of rotations covered. Additionally, an incentive structure was implemented so that a preceptor earns a lesser amount for the first three rotations (\$500 for physicians and \$375 for APRNs and PAs) and an increased amount (\$1000 for physicians and \$750 for APRNs and PAs) for rotations 4-10. Students must be enrolled in one of the state's public or private medical/osteopathic, physician assistant, or nurse practitioner programs.

## **Inside the H**

### **Georgia Board of Health Care Workforce**

The Georgia Board of Health Care Workforce is a state agency responsible for advising the Governor and the General Assembly on physician workforce and medical education policy and issues. The 15-member Board works to identify the physician workforce needs of Georgia communities and to meet those needs through the support and development of medical education programs.

The Board's responsibilities include:

- **Monitoring and forecasting the supply and distribution of physicians in Georgia;**
- **Assuring an adequate supply, specialty mix, and geographic distribution of physicians to meet the health care needs of Georgia; coordinating physician workforce planning with state funding for medical education; and developing and supporting medical education programs required to meet physician workforce needs.<sup>95</sup>**

Georgia's public and private colleges and universities must be able to utilize the full cadre of Georgia community-based physicians in order to educate the students matriculating in Georgia programs. The tax deduction provides a reward to the community-based physician without creating an in-state bidding war for these valuable community resources.<sup>96</sup>

## Hospitals' Financial Support of Health Care Education

Georgia hospitals have contributed millions of dollars to support health care education. In 2017, not-for-profit hospitals reported nearly \$500 million in community support of health professions education.<sup>97</sup> Key areas of support include offering scholarships and tuition reimbursement; providing paid internships/part-time jobs to health care students; funding faculty positions; donating hospital staff to serve as part-time or full-time faculty; providing clinical preceptors for students; and funding the expansion of classrooms, laboratory space, or equipment and supplies needed for student education and training. In addition, hospitals and schools are beginning to develop partnerships to purchase and maintain simulation equipment that can be shared.

Many hospitals not only support local post-secondary health career education, but also partner with local school systems to provide clinical education opportunities for secondary students through the Health Occupations programs at local high schools. They also support their local Health Occupations Students of America (HOSA) organizations and offer volunteer programs that provide health care experience to interested individuals.



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