



# DIRECTOR'S REPORT 2021

**The Office of Mississippi Physician Workforce**

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# EXECUTIVE SUMMARY

## Strategic Highlights

As I reflect on the origin of the Office of Mississippi Physician Workforce, I am reminded of the extraordinary insight and input that the founding advisory committee members instilled in the process, beginning in July 2012. None of us had a full expectation of what was coming. Early on, we developed our mission statement: "To develop strategies that attract, educate and sustain a well-trained and appropriately distributed physician workforce in Mississippi, so as to ensure health care access for ALL Mississippians." Like building a house, one first needs a strong and well-placed foundation on which to build. To maximize healthcare access and delivery, the OMPW leaders felt that the work on that foundation needed to concentrate first on improving the primary care workforce, which is reflected in our vision statement, "Through emphasis on a strong and expanded primary care foundation, ALL Mississippians shall have access to timely and appropriate health care."

***"Medical training is rapidly changing across the U.S., in both the undergraduate and graduate medical education arenas. Many of these changes are allowing Mississippi to positively impact our physician workforce. "***

*John R. Mitchell, MD*

Now, as I reflect over the past eight years, how has our vision been met? We are not alone in the quest to improve access to quality and appropriate healthcare to all of our citizens. Actions indicate that our state and nation have taken the less than ideal physician access to mean that we need to produce more physicians. With expansion of existing medical schools and the continuing development of new medical schools, it would seem that we should be approaching a solution to the physician shortage. However, this process of growth has resulted in medical training rapidly changing across our state and nation, both in how we approach undergraduate medical education as well as the glaringly obvious need to expand graduate medical education (GME). Studies bear out that physicians remain to practice more than 50% of the time in close proximity of where they do their residency (GME) training more than, where they do their undergraduate medical school training (UME). In order for Mississippi to take advantage of this fact and maximize the retention of the newly "minted" medical graduates, we must focus on increasing our residency

(GME) training opportunities. With Mississippi's physician workforce metrics sitting at 50th in many categories, we must attack this strategy and outperform our neighboring/competing states in order to achieve a positive movement of our physician workforce. So back to the question, has the OMPW vision been met? The answer is no, but we are definitely making good progress toward that goal. This positive movement is reflected in the most recent Association of American Medical Colleges state workforce data report, which is published every two years. In 2018, Mississippi moved up to 49th in primary care physicians per 100,000 population, **CHART A**. The movement from 50th in primary care per capita, along with positive movement in other metrics, is the most significant positive improvement in this data in years.

On the surface, this may not seem to be much movement, but as stated, we are not the only state taking this approach. In order to grow our physician workforce we must train more at the GME level in state in order to have an opportunity to retain more. We have met and exceeded others to make this movement possible. Nevertheless, we must continue the process if we are to continue to achieve our goal of continued positive growth of our physician workforce. Moreover, and very importantly, our primary care physician workforce.

### CHART A:

MS Physician Workforce	2012			2018			Improvement
		Rank	Median		Rank	Median	
MS Population	2,984,926			2,986,530			
Pop < 18	788,045			873,497			
Physicians	5,396			5,714			+318
Primary care Physicians	1,891			1,968			+77
Active physicians / 100,000	180.8	50	244.5	191.3	50	257.6	
Active primary care / 100,000	63.4	50	90.3	65.9	49	90.8	YES
Percentage of Physicians Age 60 and older	28.0%	17	26.5%	33.7% ★	14	30.3%	NO
Students enrolled in medical school (MD and DO) / 100,000	28.3	24	29.1	35.0	23	32.7	YES
Students enrolled in Public Medical Schools	17.7	24	18.8	21.1	22	21.2	YES
Percentage change in Student enrollment at Medical schools	106.9%	5	18.6%	135%	3	24.6%	YES
Percent of Medical School Matriculants from in state	79.4%	12	67.7%	85.1%	9	65.5%	YES
Total residents/fellows in ACGME programs/ 100,000	18.7	43	26.8	26.1	37	28.1	YES
Total residents/fellows in primary care ACGME programs / 100,000	6.4	46	10.4	10.9	35	10.6	YES
Percentage of International grads	21.0%	31	22.4%	19%	29	20.5%	YES
Ratio of residents/fellows to medical students	0.8	34	1.05	0.7	1	1.0	YES
Percentage change in residents/fellows in ACGME programs 2001-2011	19.8%	25	19.7%	58.2%	5	17.6%	YES
Based on AAMC State Physician Workforce Data Reports							

Utilizing data from the Mississippi Medical Licensure Board, we are developing tools to measure and monitor multiple demographics of our physician workforce. One alarming trend, besides the deficiency of our physician workforce, is that we have a higher than national average of physicians over 60 years of age and that percentage has continued to increase since 2012. This is one metric we do not want to move toward #1. It is our hope that we are strategically addressing this very disturbing trend as we move forward with a high retention of residents.

Even with a focus on increasing GME training, we must not lose sight of the importance of recruitment. We must continue to share and emphasize the opportunities that Mississippi holds and we most assuredly need to maintain vigilance on maintaining a strong specialty physician workforce. As you will see in the maps of our GME training sites later in this document, we are also attempting to address the maldistribution of our primary care physician workforce by assisting in the development of GME training focused in a broad distribution around the state. Lastly, but as importantly, we must continue to look for innovative ways to advance and strengthen our physician workforce while continuing to look for ways to improve practice opportunities and payment models.

This has truly been an exciting journey thus far, but it is far from over. Mississippi's healthcare future will be much brighter due to events associated with this journey. Thanks to the Advisory Board and to leaders like former Governor Phil Bryant, Lt. Governor Tate Reeves, Speaker Phil Gunn, Rep. Sam Mims and all of the 2012 legislators for setting the OMPW process in motion. The OMPW also owes an enormous debt of gratitude to the many partner organizations that have assisted, supported and been an invaluable part of the journey. As this important journey continues, we look forward to continued work with all of our partners and greatly look forward to working with our new leaders, Governor Reeves and Lt. Gov. Delbert Hoseman along with Speaker Gunn, Rep. Mims and the new and previous legislators. Improving our physician workforce while advancing access to care can be a reality with everyone working toward a common goal.



**John R. Mitchell, M.D., FAAFP**  
**Director**

*The Office of Mississippi Physician Workforce operates under the authority of the following two Mississippi Legislative Bills. For full context of both bills, you are referred to our home website: <http://www.ompw.org> (<https://www.ompw.org/OMPW/About-Us/OMPW%20Legislation.html>)*

## HOUSE BILL 317

MISSISSIPPI LEGISLATURE

2012 Regular Session

To: Public Health and Human Services; Appropriations

By: Representative Mims

### House Bill 317 (As Sent to Governor)

AN ACT TO ESTABLISH THE OFFICE OF MISSISSIPPI PHYSICIAN WORKFORCE WITHIN THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER (UMMC) FOR THE PURPOSE OF OVERSEEING THE PHYSICIAN WORKFORCE DEVELOPMENT OF THE STATE OF MISSISSIPPI AND THE ADMINISTRATION OF STATE FINANCIAL SUPPORT TO HOSPITALS OR OTHER ENTITIES FOR THE CREATION OF FAMILY MEDICINE RESIDENCIES IN MISSISSIPPI; TO CREATE THE MISSISSIPPI PHYSICIAN WORKFORCE ADVISORY BOARD TO ADMINISTER THE OFFICE AND ITS ACTIVITIES; TO PROVIDE FOR THE MEMBERSHIP OF THE ADVISORY BOARD AND PRESCRIBE THE POWERS AND DUTIES OF THE ADVISORY BOARD; TO PRESCRIBE THE ELIGIBILITY REQUIREMENTS FOR RECEIVING STATE FINANCIAL SUPPORT FOR THE CREATION OF ACCREDITED FAMILY MEDICINE RESIDENCY PROGRAMS IN THE STATE TO PROVIDE FAMILY PHYSICIANS THROUGHOUT THE STATE; TO AUTHORIZE THE ADVISORY BOARD TO PROVIDE STATE FINANCIAL SUPPORT TO HOSPITALS OR OTHER ENTITIES IN THE CREATION OF ACCREDITED FAMILY MEDICINE RESIDENCY PROGRAMS; TO PROVIDE THAT THE OFFICE OF PHYSICIAN WORKFORCE SHALL ASSESS AND MONITOR THE PHYSICIAN WORKFORCE NEEDS OF THE STATE IN ALL MEDICAL SPECIALTIES AND SEEK WAYS FOR THE STATE TO ADDRESS BOTH CURRENT AND FUTURE WORKFORCE NEEDS; TO PROVIDE THAT THE OFFICE OF PHYSICIAN WORKFORCE SHALL PROVIDE AN ANNUAL REPORT TO THE GOVERNOR AND LEGISLATURE ON THE CURRENT STATUS OF PHYSICIAN WORKFORCE AND TRAINING PROGRAMS IN MISSISSIPPI; AND FOR RELATED PURPOSES.

## HOUSE BILL 422

MISSISSIPPI LEGISLATURE

2017 Regular Session

To: Public Health and Human Services

By: Representatives Mims, Sykes, Dixon, Gibbs (72nd)

### House Bill 422 (As Signed by the Governor)

AN ACT TO AMEND SECTIONS 41-123-1, 41-123-7 AND 41-123-11, MISSISSIPPI CODE OF 1972, TO AUTHORIZE THE OFFICE OF MISSISSIPPI PHYSICIAN WORKFORCE OF THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER (UMMC) TO ASSIST IN THE CREATION AND/OR SUPPORT OF ACCREDITATION COUNCIL FOR GRADUATE MEDICAL

EDUCATION (ACGME) ACCREDITED GME TRAINING PROGRAMS IN THE STATE FOR OTHER NEEDED RESIDENCIES IN ADDITION TO FAMILY MEDICINE RESIDENCIES; TO DELETE REQUIREMENT THAT FINANCIAL SUPPORT AWARDED BY UMMC TO A HOSPITAL OR ENTITY TO ESTABLISH AND OPERATE AN ACGME ACCREDITED RESIDENCY BE DISTRIBUTED OVER A THREE-YEAR PERIOD; AND FOR RELATED PURPOSES.

## ADVISORY BOARD

An advisory board was created within House Bill 317 to assist the Office of Mississippi Physician Workforce in achieving its mission and vision. The advisory board is comprised of the following members: (a) The Chairman of the State Board of Health; (b) the State Health Officer; (c) two (2) physicians appointed by and from the membership of the Mississippi State Medical Association; (d) two (2) physicians appointed by and from the membership of the Mississippi Academy of Family Physicians; (e) one (1) physician appointed by and from the membership of each of the following organizations: Mississippi Osteopathic Medical Association, Mississippi Chapter; American College of Physicians, Mississippi Chapter; American Academy of Pediatrics; Mississippi Chapter American College of OB-GYN; and Mississippi Medical and Surgical Association; (f) two (2) physician designees of the Dean of the University of Mississippi School of Medicine; (g) the Chair of the Department of Family Medicine at the University of Mississippi Medical Center; (h) a member of the State Board of Medical Licensure; (i) one (1) physician designee of the Dean of the William Carey School of Medicine; (j) one (1) representative of the Mississippi Economic Council; (k) one (1) representative of the Mississippi Development Authority; (l) one (1) representative of the Mississippi Hospital Association; and (l) two (2) representatives of the Community Health Center Association of Mississippi.

Organization	Name
Community Health Center Association of Mississippi	Janice Sherman, MPA Aurelia Jones-Taylor, MBA
Mississippi Academy of Family Physicians	Katherine Patterson, MD Tim Alford, MD
Mississippi Chapter, American Academy of Pediatrics	Ed Ivancic, MD
Mississippi Chapter, American College of OB-GYN	Wayne Slocum, MD
Mississippi Chapter, American College of Physicians	Andrew Ouzts, MD
Mississippi Development Authority	Jamie Miller, BS
Mississippi Economic Council	Jason Word, MBA
Mississippi Hospital Association	Tim Moore, MHA
Mississippi Medical and Surgical Association	Jennifer Hicks, MD
Mississippi Osteopathic Medical Association	Ashley Hood, DO



Mississippi State Board of Health	Luke Lampton, MD <b>(Vice-Chair)</b>
Mississippi State Board of Medical Licensure	Ann Rea, MD
Mississippi State Department of Health	Thomas Dobbs, MD
Mississippi State Medical Association	Thomas Joiner, MD <b>(Chair)</b> Hugh Gamble, MD
University of Mississippi Medical Center, Department of Family Medicine	Shannon Pittman, MD
University of Mississippi Medical Center, School of Medicine	Loretta Jackson-Williams, MD Shirley Schlessinger, MD
William Carey School of Medicine	Melissa Stephens, MD

## EXECUTIVE COMMITTEE

Within House Bill 317 and from the advisory board, an executive committee was formed to transact business that must be conducted before regularly scheduled meetings of the advisory board. The advisory board members vote in the executive committee members. The advisory board at its next regularly scheduled meetings must ratify all actions taken by the executive committee. The executive committee is comprised of the following members:

Organization	Name
Mississippi Academy of Family Physicians	Katherine Patterson, MD
Mississippi Chapter, American College of Physicians	Andrew Ouzts, MD
Mississippi Hospital Association	Luke Lampton, MD <b>(Vice-Chair)</b>
University of Mississippi Medical Center, School of Medicine (GME)	Shirley Schlessinger, MD
Mississippi State Medical Association	Thomas Joiner, MD <b>(Chair)</b>
Mississippi State Department of Health	Thomas Dobbs, MD
University of Mississippi Medical Center, Department of Family Medicine	Shannon Pittman, MD
University of Mississippi Medical Center, School of Medicine	Loretta Jackson-Williams, MD
William Carey School of Medicine	Melissa Stephens, MD



# HISTORICAL JOURNEY

The historical journey actually began a few years prior to the groundwork formalizing the concept of the Office of Mississippi Physician Workforce (OMPW). Mississippi had long been known to lag behind in physician numbers. Multiple entities began to conceive plans to address this deficiency. A plan was initiated as far back as 2005 to begin increasing the University of Mississippi Medical Center's School of Medicine class complement in increments over several years. Then, in 2010, William Carey University opened the William Carey University College of Osteopathic Medicine (WCUCOM) with an inaugural class of 110 students.

Recognizing that the output of medical graduates would soon rapidly escalate, the question at hand was how are we to retain as many of these new graduate physicians as possible? Lt. Gov. Phil Bryant saw the importance of increasing Mississippi's physician workforce and reflected as much in his gubernatorial campaign material and speeches. Mississippi needed large numbers of physicians even to approximate the national average of physicians per capita across the U.S. For Mississippians to have improved access to care we needed especially to grow our primary care physician workforce and we also needed them more appropriately distributed. The need for an increased primary care workforce and, in particular, family physicians had long been championed by the Mississippi Academy of Family Physicians (MAFP). With the current trajectory of increasing production of physicians and the Lt. Governor's campaign statement, the MAFP leadership presented the concept of the OMPW to Lt. Gov. Bryant. The concept was to have a strategic plan for increasing the physician workforce centered on primary care and to begin with assistance in developing family medicine training programs strategically placed in the state.

Representative Sam Mims, Chairman of the House Public Health and Human Services Committee, championed this movement and authored House Bill 317 to establish the OMPW. With the collaboration of MAFP and the Mississippi State Medical Association, the bill passed and was signed into law by Gov. Phil Bryant in April 2012 becoming effective in July 2012.

Thus, the OMPW journey began as referenced in the bullets below. The growth of undergraduate medical training (UME) as well as graduate medical training (GME) is noted along the journey.

# HISTORICAL JOURNEY (CONT.)

2010 -  
2011

- William Carey University College of Osteopathic Medicine (WCUCOM) admitted its first class of medical students, August 2010
- Magnolia Regional Health Center (MRHC), Corinth admitted its first class of Internal Medicine (IM) residents as an AOA accredited program, July 2010
- **Medical Training**
  - **Entering Class August 2010:** UMMC - 135; WCUCOM-110 (Total 245)
  - **Graduating Class May 2011:** UMMC - 115; WCUCOM - 0 (Total UME graduates 115)

2011 -  
2012

- Lt. Gov. Phil Bryant's campaign statement emphasized adding new physicians to Mississippi's workforce
- MAFP leaders met with Lt. Gov. Bryant which resulted in the initiation of legislation that would create the Office of MS Physician Workforce (OMPW) through HB 317 as introduced by Rep. Sam Mims
- **Medical Training**
  - **Entering Class August 2011:** UMMC - 135; WCUCOM - 106 (Total 241)
  - **Graduating Class May 2012:** UMMC - 120; WCUCOM - 0 (Total UME graduates 120)

2012 -  
2013

- The Office of MS Physician Workforce began its journey, July 2012
- MRHC IM program has its first graduates, June 2013
- OMPW began assisting Forrest General Hospital in development of a Family Medicine (FM) training program
- Work began with a national search firm to identify and hire a director for the OMPW
- Dr. Diane Beebe, Chairman of Family Medicine at UMMC, served as interim OMPW Director
- **Medical Training**
  - **Entering class Aug 2012:** UMMC - 135; WCUCOM - 108 (Total 243)
  - **Graduating Class May 2013:** UMMC - 107; WCUCOM - 0 (Total UME graduates 107)

2013 -  
2014

- First UME class graduates from WCUCOM, May 2014
- OMPW began work on physician Geographic Information System (GIS) mapping tool
- OMPW part time Director hired, September 2013
- The American Osteopathic Association (AOA) and the Accreditation Council on Graduate Medical Education (ACGME) signed a memorandum of understanding to create a single pathway for GME accreditation
- The single pathway GME accreditation was scheduled to occur over the period, 2015-2020
- **Medical Training**
  - **Entering Class Aug 2013:** UMMC - 145; WCUCOM - 108 (Total 253)
  - **Graduating Class May 2014:** UMMC - 113; WCUCOM - 86 (Total UME graduates 199)

# HISTORICAL JOURNEY (CONT.)

**2014 -  
2015**

- Forrest General Hospital FM received ACGME initial accreditation. FM residents began training, July 1, 2014
- EC-HealthNet FM received AOA accreditation. FM residents began training, July 1, 2014
- Merit Health Wesley received AOA accreditation. First EM residents began training, July 1, 2014
- OMPW assists EC-HealthNet through MDA Grant
- OMPW organized its first Strategic Planning Meeting, October 2014
- Baptist Golden Triangle Hospital began work on IM program application
- Appalachian Regional Commission (ARC) grant with OMPW assistance obtained for Baptist-Golden Triangle Hospital IM program
- OMPW partnered with the MS Primary Health Care Association and Mississippi State Department of Health (MSDH) to present a Workforce Policy Summit, March 2015
- **Medical Training**
  - **Entering Class Aug. 2014:**  
UMMC - 145; WCUCOM - 108  
(Total 253)
  - **Graduating Class May 2015:**  
UMMC - 130; WCUCOM - 78  
(Total UME graduates 208)

**2015 -  
2016**

- Merit Health Wesley received AOA Accreditation. First IM residents began training, July 1, 2015
- Magnolia Regional Health Center, Corinth Internal Medicine program received ACGME initial accreditation July 1, 2015 under new single accreditation pathway
- **Medical Training**
  - **Entering Class Aug. 2015:**  
UMMC - 145; WCUCOM - 108  
(Total 253)
  - **Graduating Class May 2016:**  
UMMC - 124; WCUCOM - 92  
(Total UME graduates 216)

**2016 -  
2017**

- HB 422 passed to broaden the scope of GME program development beyond FM for the OMPW
- First Rural Opportunities for Mississippi Physicians (ROMP) Career Fair offered
- Pine Grove Behavioral Health and Addiction Services and UMMC Department of Psychiatry entered into an Affiliation assisted by the OMPW
- FGH FM program graduates first class of residents, June 2017
- EC-HealthNet FM program graduates first class of residents, June 2017
- Baptist Golden Triangle IM program received Initial ACGME Accreditation, July 1, 2016
- **Medical Training**
  - **Entering Class August 2016:**  
UMMC - 145; WCUCOM - 108  
(Total 253)
  - **Graduating Class May 2017:**  
UMMC - 128; WCUCOM - 88  
(Total UME graduates 216)

**2017 -  
2018**

- OMPW creates certificated Mississippi Statewide Medical Educator Development Program (MS MED)
- HB 422 became effective, July 1, 2017 allowing for OMPW to assist in the development of residency programs other than family medicine
- EC-HealthNet received ACGME Initial Accreditation, July 1, 2017
- Baptist GTH first IM residents began training, July 1, 2017
- Merit Health Wesley received AOA Accreditation and First TRI residents began training, July 1, 2017
- Merit Health IM program graduates first residents, June 2018
- Merit Health EM program graduates first residents, June 2018
- **Medical Training**
  - **Entering Class Aug. 2017:**  
UMMC - 155; WCUCOM - 104  
(Total 259)
  - **Graduating Class May 2018:**  
UMMC - 139; WCUCOM - 99  
(Total UME graduates 238)

# HISTORICAL JOURNEY (CONT.)

2018 -  
2019

- OMPW hosts ACGME Workshop on Rural Physician Workforce Development
- MS MED graduates first class of scholars, January 31, 2018
- Federally Qualified Health Center (FQHC)/Hospital GME Summit, January 2018
- Began work with MS Medicaid to rewrite Medicaid state plan amendment on GME funding
- MS Mapper Physician GIS mapping tool begins beta testing
- MS MERC received ACGME Institutional Sponsor initial accreditation, July 1, 2018
- Merit Health Wesley TRI program received ACGME initial accreditation, July 1, 2018
- Merit Health Wesley IM program received ACGME initial accreditation, July 1, 2018
- **Medical Training**
  - **Entering Class August 2018:** UMMC - 165; WCUCOM - 101 (Total 266)
  - **Graduating Class May 2019:** UMMC - 134; WCUCOM - 89 (Total UME graduates 223)

2019 -  
2020

- All residency programs in MS achieve ACGME initial accreditation or ACGME continued accreditation; can accept either MD or DO applicants
- Medicaid State Plan for GME funding amended and became effective, October 1, 2019
- First graduates of Baptist - Golden Triangle Hospital IM program
- SMRMC received ACGME Institutional Sponsor initial accreditation, July 1, 2019
- MS State Hospital received ACGME Institutional Sponsor initial accreditation, July 1, 2019
- **Medical Training**
  - **Entering Class August 2019:** UMMC - 165; WCUCOM - 103 (Total 268)
  - **Graduating Class May 2020:** UMMC - 144; WCUCOM - 106 (Total UME graduates 250)

2019 -  
2020

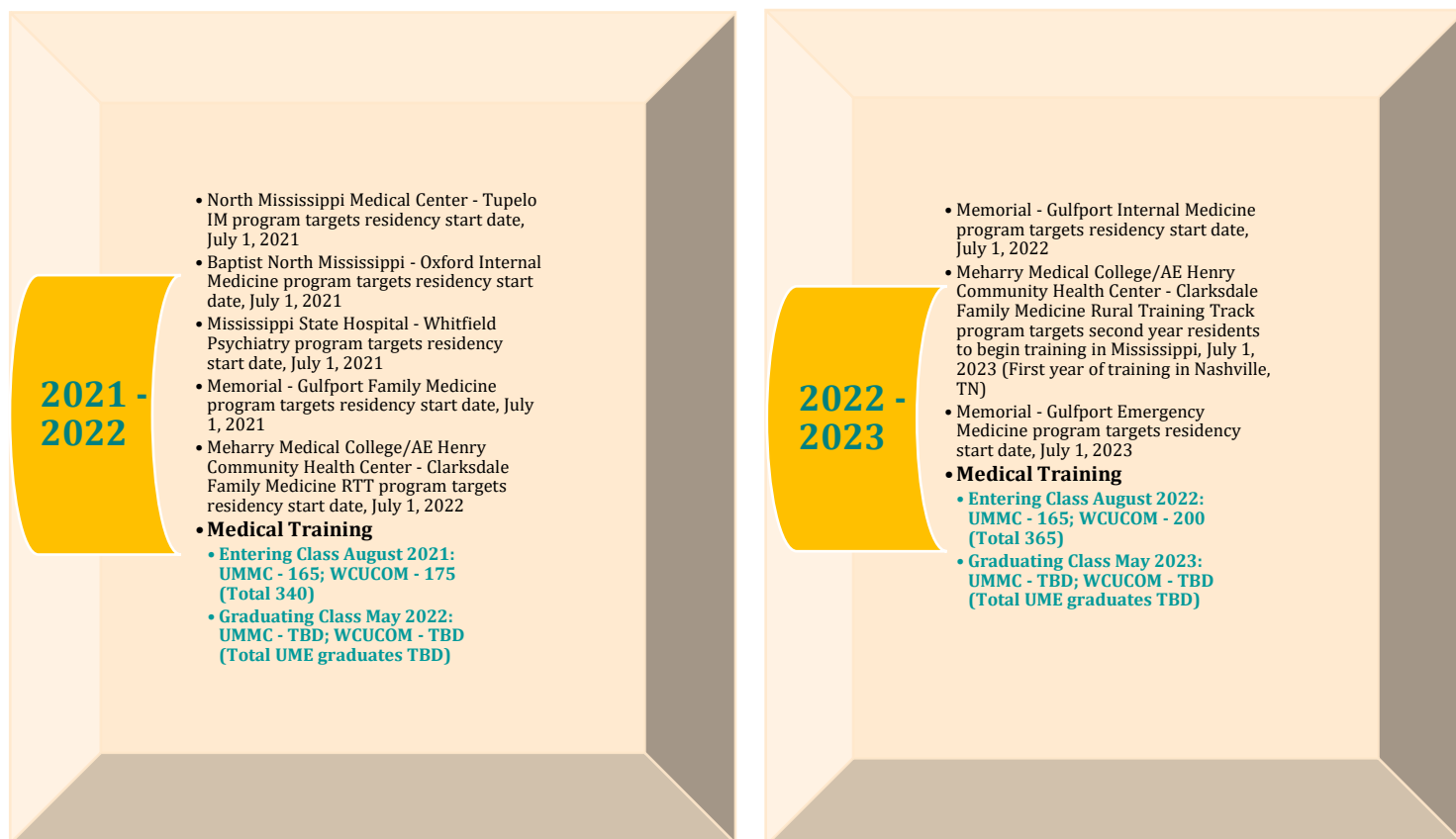
(Continued)

- Memorial Gulfport received ACGME Institutional Sponsor initial accreditation, July 1, 2019
- WCUCOM announces increase in class size from 100 to 200 over 3 years
- North Mississippi Medical Center - Tupelo IM program received ACGME initial accreditation, January 24, 2020
- Mississippi Medical Education and Research Consortium (MSMERC) - Greenville Family Medicine Program received ACGME initial accreditation, January 29, 2020
- Magnolia Regional Health Center - Corinth Emergency Medicine program received initial ACGME accreditation, April 2020
- **Medical Training**
  - **Entering Class Aug. 2019:** UMMC - 165; WCUCOM - 103 (Total 268)
  - **Graduating Class May 2020:** UMMC - 144; WCUCOM - 106 (Total UME graduates 250)

2020 -  
2021

- MSMERC - Greenville Family Medicine Program matches with 7 interns to start, July 1, 2020
- Magnolia Regional Health Center - Corinth EM program began training 6 interns, July 1, 2020
- Baptist North Mississippi - Oxford IM program submits program application and received site visit, awaits review committee decision
- Mississippi State Hospital - Whitfield Psychiatry submits program application and receives site visit, awaits review committee decision
- Memorial - Gulfport Family Medicine submits program application and awaits site visit, afterwards will have to await review committee decision
- **Medical Training**
  - **Entering Class Aug. 2020:** UMMC - 165; WCUCOM - 175 (Total 340)
  - **Graduating Class May 2021:** UMMC - TBD; WCUCOM - TBD (Total UME graduates TBD)

# HISTORICAL JOURNEY (CONT.)



## Historical Journey Abbreviations:

AAMC:	Association of American Medical Colleges
ACGME:	Accreditation Council for Graduate Medical Education
AOA:	American Osteopathic Association
Baptist GTH:	Baptist Memorial – Golden Triangle Hospital
DO:	Doctor of Osteopathic Medicine
EM:	Emergency Medicine
FGH:	Forrest General Hospital
FM:	Family Medicine
GIS:	Geographic Information System
FQHC:	Federally Qualified Health Center
IM:	Internal Medicine
MDA:	Mississippi Development Authority
MS MERC:	Mississippi Medical Education and Research Consortium
MSDH:	Mississippi State Department of Health
PD:	Program Director
RTT:	Rural Training Track
SMRMC:	Southwest Mississippi Regional Medical Center
TRI:	Traditional Rotating Internship

# GME TRAINING SITES ACROSS MISSISSIPPI



THE OFFICE  
OF MISSISSIPPI  
PHYSICIAN WORKFORCE

Graduate Medical Education  
in Mississippi

## Graduate Medical Education in Mississippi 2012



University of Mississippi Medical Center,  
Jackson. Developed in 1955 in Jackson.  
Multiple programs ACGME accredited

Magnolia Regional Health Center, Corinth.  
Developed in 2010; AOA accredited, **Internal Medicine**. 6-6-6  
2015 ACGME accreditation for 12-12-12.

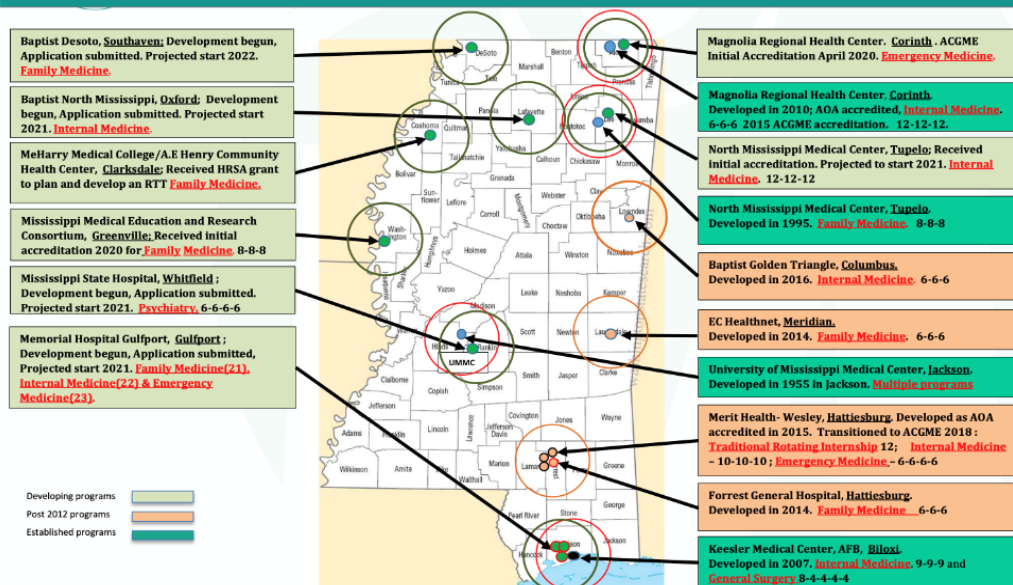
North Mississippi Medical Center, Tupelo.  
Developed in 1995. ACGME accredited for **Family Medicine**.  
8-8-8

Keesler Medical Center, AFB, Biloxi.  
Developed in 2007. ACGME accredited for **Internal Medicine**.  
9-9-9 and **General Surgery** 8-4-4-4-4



THE OFFICE  
OF MISSISSIPPI  
PHYSICIAN WORKFORCE

## Graduate Medical Education in Mississippi 2020



In 2012, GME training was minimal outside of the University of Mississippi Medical Center. As with most states with a single academic center, the residency and fellowship training were concentrated in and around the medical center. The Keesler Medical Center had GME training for several years. It lost its pediatric and Obstetrics/Gynecology training programs after Katrina but was able to retain General Surgery and Internal Medicine programs. In 1995, through a collaborative project between North Mississippi Medical Center and the Department of Family Medicine, a family medicine training program was begun in Tupelo, MS. It was not until 2010 that additional GME was developed. Magnolia Regional Medical Center

developed an Osteopathic Internal Medicine training program. As indicated in the 2020 map, several GME training programs have developed since 2012 and there are more on the horizon.



# LOOKING AHEAD

As one can see, the output of Mississippi medical school graduates will increase from approximately 115 in 2010 to that approaching 365 +/- by 2027. That seems such a long time in the future, but it takes many years to develop graduate medical education sites and 2027 will be upon us before we can have adequate positions developed. With what seems to be presently a GME target of 1.1 training slots per graduate and using a 90% graduation percentage estimate, we would need approximate 362 first year training slots in 2027. With that projection, we will still need to develop approximately 55 more first year residency training positions by then.

GME by the Numbers				
YEAR TRAINEES ENTER	SPONSORING INSTITUTION	SPECIALTY	FIRST YEAR SLOTS AVAILABLE in match	TOTAL TRAINEES in MS (excluding fellows)
<b>2012</b>	University of MS Medical Center	MULTIPLE (66)	117	Not available at time of print
	Keesler AF Medical Center	GEN. SURGERY & INTERNAL MEDICINE	8	24
	Keesler AF Medical Center	INTERNAL MEDICINE (AOA)	9	27
	Magnolia Regional Health Center	INTERNAL MEDICINE (AOA)	6	18
	North Mississippi Medical Center	FAMILY MEDICINE	8	24
	<b>TOTALS in 2012</b>		<b>148</b>	
<b>2020</b>	University of MS Medical Center	MULTIPLE (66)	149 (NRMP 2020)	514 (2019-20)
	Keesler Medical Center	GEN. SURGERY & INTERNAL MEDICINE	8	24
	Keesler Medical Center	INTERNAL MEDICINE	9	27
	Magnolia Regional Health Center	INTERNAL MEDICINE	6	18
	Magnolia Regional Health Center	EMERGENCY MEDICINE	6	6
	North Mississippi Medical Center	FAMILY MEDICINE	8	24
	Baptist Golden Triangle	INTERNAL MEDICINE	6	18
	Forrest General Hospital	FAMILY MEDICINE	6	18
	EC HEALTHNET (Meridian)	FAMILY MEDICINE	6	18
	MS MEDICAL EDUCATION & RESEARCH CONSORTIUM	FAMILY MEDICINE	8	8 (NEW)
	MERIT HEALTH WESLEY	INTERNAL MEDICINE	10	30
	MERIT HEALTH WESLEY	EMERGENCY MEDICINE	6	24
	MERIT HEALTH WESLEY	TRADITIONAL ROTATING INTERNSHIP	12	12
	<b>TOTALS in 2020</b>		<b>240</b>	<b>741</b>
<b>2024 (Projected)</b>	University of MS Medical Center	MULTIPLE (66)	149 * (+/- from yr to yr )	514* (based on 2019 )
	Keesler Medical Center	GEN. SURGERY & INTERNAL MEDICINE	8	24
	Keesler Medical Center	INTERNAL MEDICINE	9	27
	Magnolia Regional Health Center	INTERNAL MEDICINE	6	18
	Magnolia Regional Health Center	EMERGENCY MEDICINE	6	18
	North Mississippi Medical Center	FAMILY MEDICINE	8	24
	North Mississippi Medical Center	INTERNAL MEDICINE	12	36
	Forrest General Hospital	FAMILY MEDICINE	6	18
	Baptist Golden Triangle	INTERNAL MEDICINE	6	18
	Baptist Desoto	FAMILY MEDICINE	6	18
	Baptist North Mississippi	INTERNAL MEDICINE	12	36
	EC HEALTHNET (Meridian)	FAMILY MEDICINE	6	18
	MS MEDICAL EDUCATION & RESEARCH CONSORTIUM	FAMILY MEDICINE	8	24
	MEHARRY/AE HENRY RTT	FAMILY MEDICINE	3	6
	MERIT HEALTH WESLEY	INTERNAL MEDICINE	10	30
	MERIT HEALTH WESLEY	EMERGENCY MEDICINE	6	24
	MERIT HEALTH WESLEY	TRADITIONAL ROTATING INTERNSHIP	12	12
	MEMORIAL-GULFPORT	FAMILY MEDICINE	10	30
	MEMORIAL-GULFPORT	INTERNAL MEDICINE	12	36
	MEMORIAL-GULFPORT	EMERGENCY MEDICINE	10	30
	MISSISSIPPI STATE HOSPITAL	PSYCHIATRY	6	24
	<b>TOTALS in 2024</b>		<b>311</b>	<b>949</b>

- University of Mississippi Medical Center 1<sup>ST</sup> Year Residency Training Slots vary from year to year and may increase modestly by 2024 but for purposes of this chart will use the 2020 NRMP count.



## WRAPPING UP

This report has focused primarily on graduate medical education development and residency training but there is much more activity going on at the Office of Mississippi Physician Workforce. As the office assisted in the development of new GME training sites across the state, there became evidence of a great need and responsibility to develop a process and plan for faculty development and training. OMPW developed a pilot, the Mississippi Medical Educator Development Program (MS MED) and continues to refine it. As the MS MED program continues to be refined there will be many opportunities as programs and faculty continue to grow.

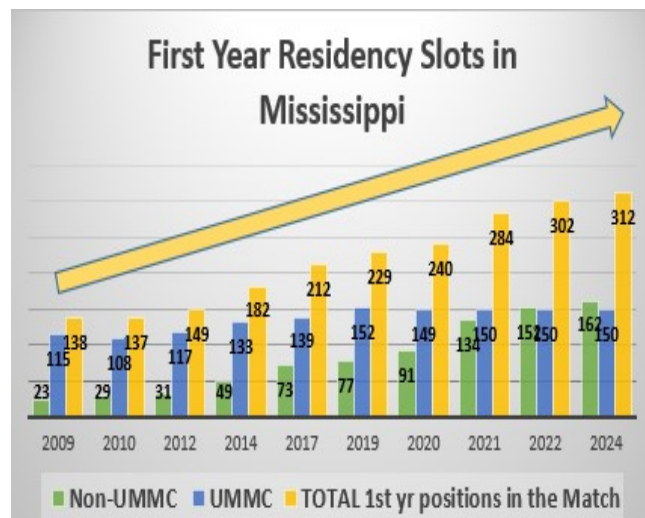
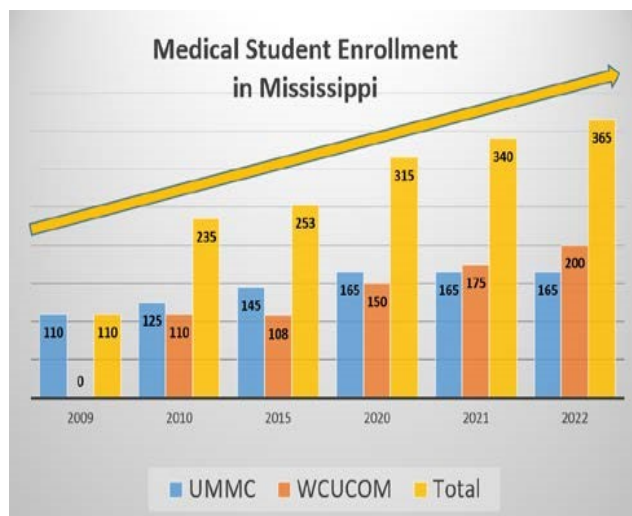
The OMPW has collaborated with the Mississippi Medical Licensure Board for several years now planning and developing a tool to analyze the physician workforce by location and demographics. We are very excited that the development of the physician geospatial-mapping tool is nearing a development point, which will allow it to be made available for the public's use in 2021.

Great strides have been made to move the physician workforce toward positive metrics, especially the primary care cohort. However, we must continue to focus on making Mississippi an attractive and enjoyable place to practice medicine so that not only those physicians that we are training in the state stay, but likewise those working or training in other states will find Mississippi a desirable place to work and live.

On a personal note, I would like to praise the team effort from the Office of Mississippi Physician's Workforce staff, and thank them for their professionalism, diligence, supporting efforts, and most of all, their caring attitude which has made this journey a success. I could not do it without them, as they play a pivotal part in the successful outcomes of the office.

I will end my report by repeating the OMPW mission statement: "Develop strategies that attract, educate, and sustain a well-trained and appropriately distributed physician workforce in Mississippi, so as to ensure health care access for ALL Mississippians."

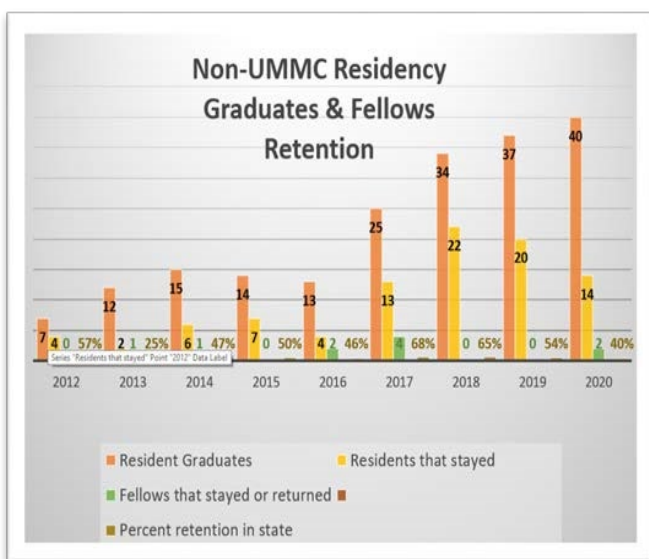
# OMPW PROJECT OUTCOMES



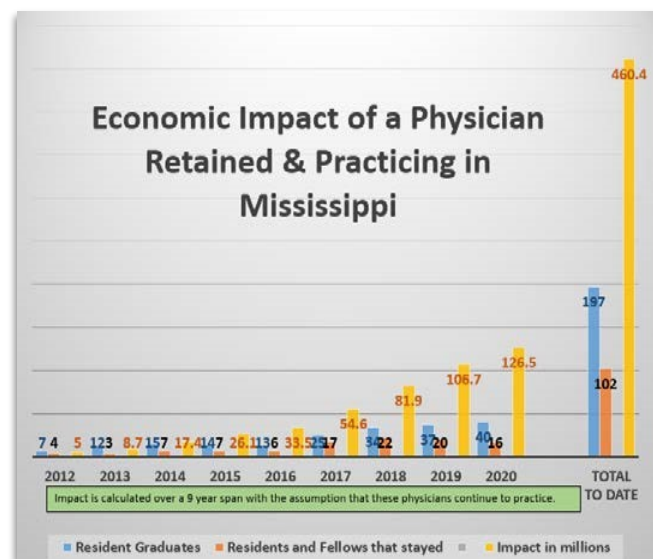
RESPONSE



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## **The Office of Mississippi Physician Workforce**

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