



# The Office of Mississippi Physician Workforce

## Fortifying and Advancing a Strong Primary Care Foundation

Created by the Mississippi State Legislature in 2012, the Office of Mississippi Physician Workforce works to address the state's shortage and maldistribution of physicians.

The OMPW collects information regarding the state's overall physician workforce, demographics, and physician access issues. A major focus is placed on establishing and fortifying a strong family medicine and primary care foundation.

As outlined in Mississippi House Bills 317 and 422, the OMPW addresses the physician workforce shortage by nurturing and financially assisting development and support of Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs.

The OMPW's responsibilities include: evaluating and monitoring the distribution and supply of all physicians in Mississippi; assuring an adequate and appropriately distributed supply in all specialties; and providing assistance and recommendations to the state's leadership on current and future physician workforce needs.

## Five Questions about the OMPW

### 1) What are the OMPW's priorities?

- To advocate for continued resources and support to address deficiencies and distribution factors in the physician workforce;
- To work collaboratively with the Mississippi State Board of Medical Licensure (MSBML) to build a robust and accurate data depository of all Mississippi licensed physicians;
- To develop and maintain a geospatial mapping tool that will allow physicians and other healthcare providers to identify health professional shortage areas and locate or expand their practices to reach patients in greatest need;
- To continue to form collaborative partnerships and build relationships with political leaders, healthcare leaders, and the public;
- To educate and better define physician and healthcare needs while aligning with available resources;
- To identify potential sites across the state to initiate and nurture new family medicine residencies;
- To explore and evaluate the potential for new Graduate Medical Education training sites in other specialties of need across the state and to nurture and support their advancement;
- To advance medical education in rural areas across the state;

- To develop a statewide faculty development and training process;
- To create a strategic workforce research plan that will address physician workforce shortfalls and ensure adequate access to healthcare services for all Mississippians;
- To continue to develop the OMPW's website with resources, news, and information; and
- To expand recruitment and retention initiatives to encourage physicians to enter, remain in or return to practice in Mississippi.

## **2) Why is addressing Graduate Medical Education (GME) so important and how can the OMPW assist and support GME training?**

Mississippi has one of the lowest per-capita active patient care primary care physician supply in the nation. The state has 67.4 active patient care primary care physicians per 100,000 population compared to the national average of 94.7.

Creating and expanding medical schools in our state and across the U.S. will produce more physicians. However, without expanding the number of residency slots in Mississippi, medical students will be forced to train, and likely settle, elsewhere.

By creating and expanding new Mississippi GME programs, the number of physicians who remain in Mississippi to practice can be directly increased. According to the American Association of Medical Colleges 2021 State Physician Workforce Profile, Mississippi ranks 7<sup>th</sup> in retention of medical graduates who complete both medical school and residency training within the state. This translates to a 77% retention rate. With improved geographic distribution and increased numbers of physicians, access to care should be positively influenced.

According to a recent American Medical Association study, the addition of one new physician into a municipality can produce a community economic impact of \$1-2 million through increased wages and benefits, the purchase of goods and services, and large-scale support of state and local tax revenues.

## **3) With medical education changes and an emphasis on new and expanded graduate medical education, how can the OMPW address and engage in GME development?**

The OMPW sponsored its' inaugural Graduate Medical Education (GME) Workshop in May, 2021. The free one-day event was designed to increase participants' understanding of key issues in GME funding through a combination of information sessions, practical advice, and GME updates. The OMPW plans to develop and deliver annual GME conferences with future symposiums focusing on topics such as faculty development, ACGME accreditation, and academic challenges.

## **4) How does the OMPW evaluate and monitor the Mississippi physician workforce?**

The OMPW and the Mississippi State Board of Medical Licensure (MSBML) are collaborating to develop, MS Mapper, a GIS application that will be used to analyze physician location and demographics. Selected components of MSBML data will be stored in this new longitudinal database where it will be available for further analysis.

Data analytics produced through this collaboration will provide the OMPW, researchers, and healthcare leaders with the tools needed to conduct more effective workforce planning and recruitment research. Selected charts, maps, and data dashboards will be published on the OMPW website.

## **5) How is the OMPW involved in physician recruitment and physician retention activities?**

OMPW is aligned with the National Rural Recruitment and Retention Network (3RNet), a web-based system that connects health professionals searching for jobs in rural or underserved areas with health care facilities. Other processes and methodologies are being evaluated. Visit the career center section at [www.ompw.org](http://www.ompw.org) for additional information.

## **Building Strong Collaborations:**

### ***Institutions and Entities in Dialogue with OMPW***

#### **Corporations and Universities:**

- Baptist Medical Group (Memphis)
- Merit Health
- The University of Mississippi School of Medicine (Jackson)
- The William Carey University College of Osteopathic Medicine (Hattiesburg)

#### **Hospitals, Communities and Residency Programs:**

- Baptist Memorial Hospital–Desoto (Southaven)
- Baptist Memorial Hospital–Golden Triangle (Columbus)
- Baptist Memorial Hospital–North Mississippi (Oxford)
- Delta Health System (Greenville)
- ECHealthnet Family Medicine Residency Program (Meridian)
- Forrest General Hospital Family Medicine Residency Program (Hattiesburg)
- Greenwood/Leflore Hospital (Greenwood)
- Magnolia Regional Health Center (Corinth)
- Meharry Medical College/A.E. Henry Community Health Center (Clarksdale)
- Memorial Hospital at Gulfport (Gulfport)
- Merit Health Wesley Internal Medicine and Emergency Medicine Residencies (Hattiesburg)
- Mississippi Medical Education and Research Consortium (Greenville)
- Mississippi State Hospital Psychiatry Residency Program (Whitfield)
- North Mississippi Medical Center (Tupelo)
- North Sunflower Medical Center (Ruleville)
- South Sunflower County Hospital (Indianola)
- Southwest Mississippi Regional Medical Center (McComb)
- The University of Mississippi Medical Center Department of Psychiatry and Human Behavior and Pine Grove Behavioral Health and Addiction Services (Hattiesburg)

## OMPW Accomplishments

- In 2012, there were 4 ACGME training sites in Mississippi. In 2021, there are 13 with 2 more in development.
- In 2012, there were 12 first year ACGME training positions in the National Resident Matching Program outside of UMMC. In 2021, there were 115.
- OMPW will work to achieve continued support for new and existing programs.
- Collaboration with the Mississippi Division of Medicaid resulted in stronger GME funding support.
- Collaboration with UMMC Center for Telehealth to expand telehealth and tele-education to rural and outlying residencies.
- Improving health care access and economic impact through physician growth. Each office-based physician supports a per-capita economic output of \$3.2 million and supports an average of 17 jobs while paying \$1.4 million in wages and benefits.\*

*\*Based on American Medical Association Economic Impact Study*

## OMPW Staff

### Director

John R. Mitchell, MD, FAAFP  
(601-815-0650) • [jrmitchell@umc.edu](mailto:jrmitchell@umc.edu)

### Associate Director of Business and Strategic Operations

Zonzie McLaurin, D.H.A., M.P.H., BHSA, CCRP  
(601) 815-0660 • [zmclaurin@umc.edu](mailto:zmclaurin@umc.edu)

### Education Administrator

Julie Paul, B.A.  
(601) 815-0736 • [jpaul@umc.edu](mailto:jpaul@umc.edu)

### Administrative Assistant III

Glenn Thomas, MCE, B.S.  
(601) 815-0650 • [gthomas2@umc.edu](mailto:gthomas2@umc.edu)