



MISSISSIPPI DELTA- MISSION: POSSIBLE

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The phrase, Mississippi Delta, conjures up a multitude of thoughts or memories for individuals, some good, some not so good, and some frankly bad. However it is home to many wonderful Mississippians. Their past has not always been bright but there is no reason that their future can't be made brighter and healthier.

This region, known simply as the Delta by many, has been called "The Most Southern Place on Earth" because of its unique racial, cultural, and economic history. Its residents range from the wealthy to the most impoverished, from the famous to the forgotten. One thing for sure, the world thinks of the Delta as synonymous with Mississippi. To ultimately change that image, we must change the perception and reality of the Delta.

The physical description of the Delta varies remarkably depending on the context of the document, who is describing it, and for the purpose for which the description is needed. David Cohn, an essayist from the Delta, summed up his native region more poetically when he wrote, "the Mississippi Delta begins in the lobby of the Peabody Hotel in Memphis and ends on Catfish Row in Vicksburg." This leaf-shaped section in the northwest quadrant of Mississippi is bordered by the Mississippi River to the west and the ridgeline of hills to the east, just beyond the Yazoo River. This region is formed by the confluence of the two main rivers just below Vicksburg. The eastern border varies slightly by county, or parts of counties, again depending on the document being produced and the interests of those producing it.

The Mississippi Delta is one of the most impoverished, underserved, and medically uninsured regions in the United States. Metrics for chronic healthcare issues such as diabetes, hypertension, stroke, obesity and high mortality rates are some of the highest in the nation. Contributing factors to these statistics include decades of high unemployment rates, poverty, lack of healthcare access, and educational deficiencies. Many state and federal agencies have placed emphasis on this region with less than stellar success.

Sounds a bit like the old TV show, *Mission: Impossible*. We could talk about the past ad infinitum, but, it is my mission to focus on its future. One of the tasks of the Office of Mississippi Physician Workforce (OMPW) is to study existing physician supply statewide, devise strategies and make recommendations to policy makers to help change the course of dismal physician numbers, and ultimately improve access throughout the state. It won't be quick, easy or inexpensive, but, I believe that with the proper focus, partnerships and collaborative arrangements we can and will succeed. We will move forward with the mindset, Mission: Possible.



A focus to improve the quantity of primary care physicians practicing in rural areas began by identifying potential students from rural and underserved areas of Mississippi and developing a plan that would nurture and support them through educational and financial resources. The hope was that, if their education was subsidized these individuals would be able to afford to return to their home regions to live

and practice. Identifying potential candidates that are capable and who possess a desire to return to rural areas to practice primary care, resulted in the development of the Mississippi Rural Physician Scholarship Program (MRPSP) in 2007. The mantra, then and now is, "Growing our own." The pipeline for identifying and training individuals from rural areas who possess a desire to return to those regions is strong and growing. A missing critical link to this overall pipeline plan is inadequate in-state training available for these individuals. More importantly, there is a major gap of training availability in regions where need is the greatest. Statistics on medical training supports the fact that almost 60% of physicians remain within a 100 mile radius of the location in which they train. Mississippi Allopathic and Osteopathic medical schools are increasing their enrollment and are projected to produce approximately 265 medical graduates per year within the next 5 to 6 years. Due to the Mississippi Rural Physician Scholarship Program, there is an increased interest in primary care, so it becomes critical that Mississippi establish graduate medical training opportunities in multiple areas around the state. Ideally these training sites can be strategically placed in areas of most need. The Mississippi Delta is not unique to this need but it has characteristics and deficiencies that make it even more challenging than others.

In 2004 there was an attempt to establish a family medicine training program in the Delta. A great deal of time, effort, and financial resources went into that effort but it never materialized due to a multitude of reasons. What has changed in the ensuing 10 years that would make this attempt successful? The short answer is, not much. New efforts must be strategically altered if we are to be successful. Graduate Medical Education (GME) is complex, highly regulated, and an expensive process. There are many requirements that must be in place for a new GME program to be successful. One of the more difficult requirements is identifying and securing a financially sound sponsoring institution. The Delta has the clinical landscape for successful primary care physician training. Unfortunately, it lacks financial stability in any single sponsoring institution to establish such a program. This does not diminish the need for improved medical access, in fact it magnifies it. A sustainable training platform would go a long way in supplying the medical needs of the area. However no single entity in the delta region has all the required components: physical, financial and clinical. Collectively all components are available and I believe possible to unite. To move Mississippi forward in healthcare, we need a well-organized collaborative training platform in this region and many others.

There are other underserved and impoverished areas around the country who have been successful in bringing graduate medical education to similar areas through a consortium approach. The consortium model, a 501(c)(3) legal entity, brings multiple medical institutions and communities together, pooling resources in a collaborative effort for the good of all. I know we live in a highly competitive world, but, I believe this is the way to be successful in improving healthcare delivery in these areas. Success will come through a concerted collaborative effort. The Office of Physician Workforce has taken the lead coupled with resources from the Mississippi Development Authority to bring together a group of enlightened and determined hospital executives to explore the possibilities of the formation of a delta educational and research consortium. On September 9, 2014 we finalized a resolution of commitment between these individuals and OMPW to formally begin this investigation. It is my hope and belief that we will be able to proceed with formative stages of a consortium in the near future. This entity then can, in turn, become the sponsoring agent and formal platform for GME residency programs in the Delta region. As I sat at my desk signing this document, I realized that it was one year to the day, September 9, 2013, that I officially began my journey as Director of the Office of Physician



Workforce. It will take a concerted effort from local, state and, quite possibly, federal partnerships to bring about success. I believe OMPW has been very productive in this first year in numerous ways. This document and plan signifies a major step in addressing healthcare access and physician training for the Delta region through the development of graduate medical education programs. Step one in Mission: Possible.