

# How important are foreign-born international medical graduates (IMGs) to Critical Access Hospital (CAH) communities?

**Amy Hagopian**

**Gary Hart**

University of Washington Rural Health Research Center  
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# Physician Workforce Factoids

- Over 700,000 docs in U.S.
- # has grown 117% since 1970
- We went from 156 docs per 100K in 1970 to 238 docs per 100K in 1996
- Medical school enrollment up 50% since 1970 but little in the 90s
- Another 100,000 non-physician clinicians, too

# IMG Rules

- Medical school graduates typically come to the U.S. to complete residency training on J-1 study visas
- The J-1 visa requires a 2-year return to the home country after training
- J-1 visa waivers allow graduates to remain in U.S. to practice
- Etc. -- complicated and multi paths

# IMGs

- Foreign-born and not
- About 25% of residents and practicing physicians are IMGs
- The medical establishment (e.g., COGME, AAMC and AMA) have long advocated for holding residency slots to 110 to 120% of medical school graduates

# More on IMGs

- Tend to be internists
- Big donor nations are India, Philippines, Pakistan
- Sponsors: states through Conrad-20, USDA, ARC, NIH, VA
- East coast, big cities, small towns

# Project #1: Survey of CEOs of Rural CAHs

- N=388 administrators (96% response rate)
- Fall/winter 2001-2002
- Typical bed size is 20 (including swing)
- 3.4 LOS
- 25% occupancy
- Average population 30,000

# Physician Workforce

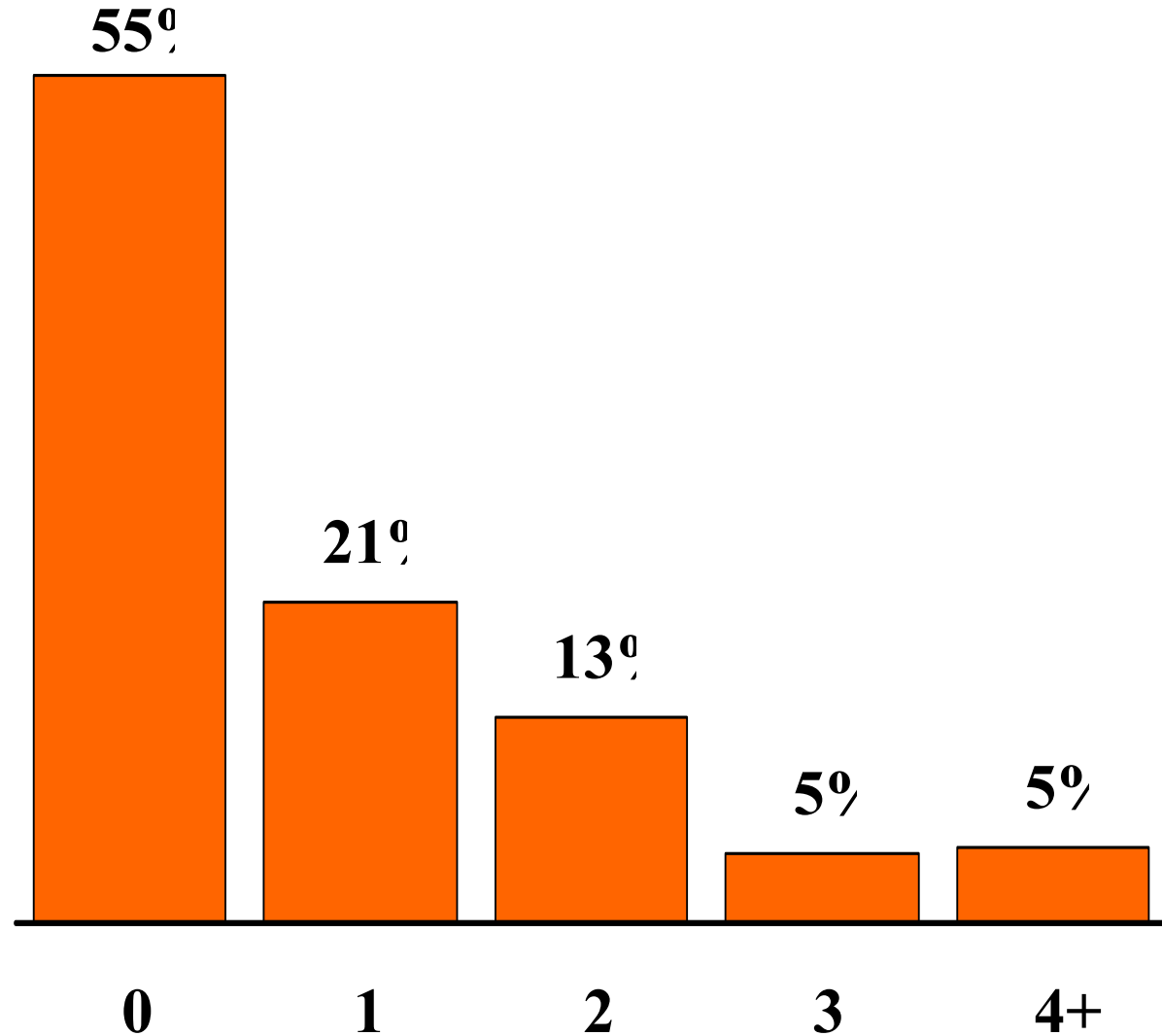
- Average CAH town= 4.8 physicians, median is 4.0
- Range is 0 to 35
- One-third of towns have one or more docs working part-time
- 26% of towns have a physician who does not admit

# CEO Workforce Report

- 42% say ongoing physician recruitment is a problem
- 56% say ongoing nurse recruitment is a problem
- Site visits tell us to watch problems related to radiology techs & pharmacists
- 39% do local career promotion activities

# CAHs With IMGs

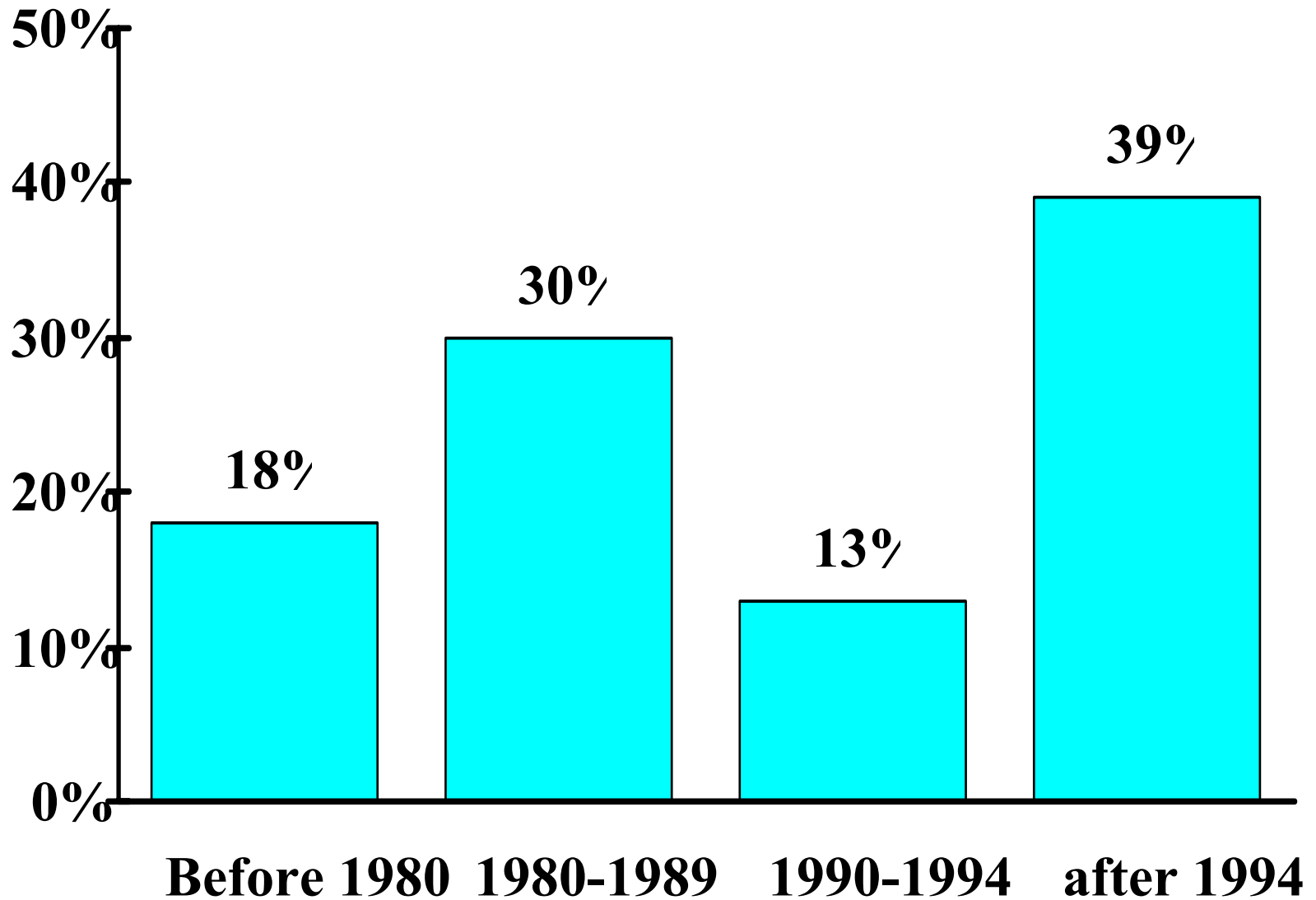
- 44% have IMG(s)
- If not now, 17% had some in past
- 48% of those with *any* have only one
- 11% of those with *any* have 4 or more



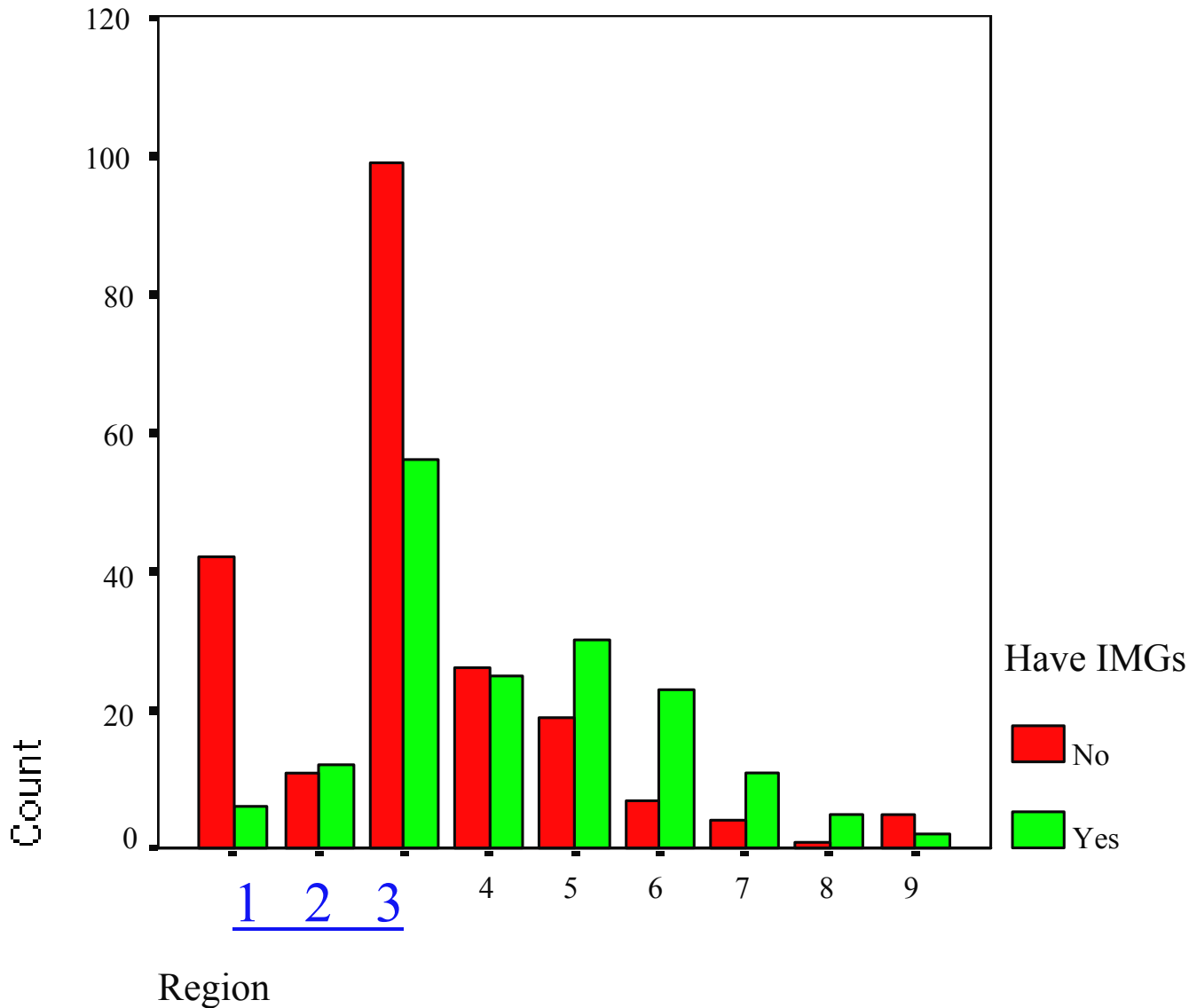
# CAH IMGs

- 18% of physicians were IMGs
- 20% of CAHs had half or more IMGs
- IMGs are more likely to be located in CAH communities with fewer physicians
  - \*40% of non IMGs in towns with <6 docs
  - \*52% of IMGs in towns with <6 docs

# When First IMG?



# Mississippi Matters



1=WWAMIOH

2=West

3=Mountains & plains

4=Tx, Ok, Ar, La

5=Midwest

6=So Central

7=Southeast

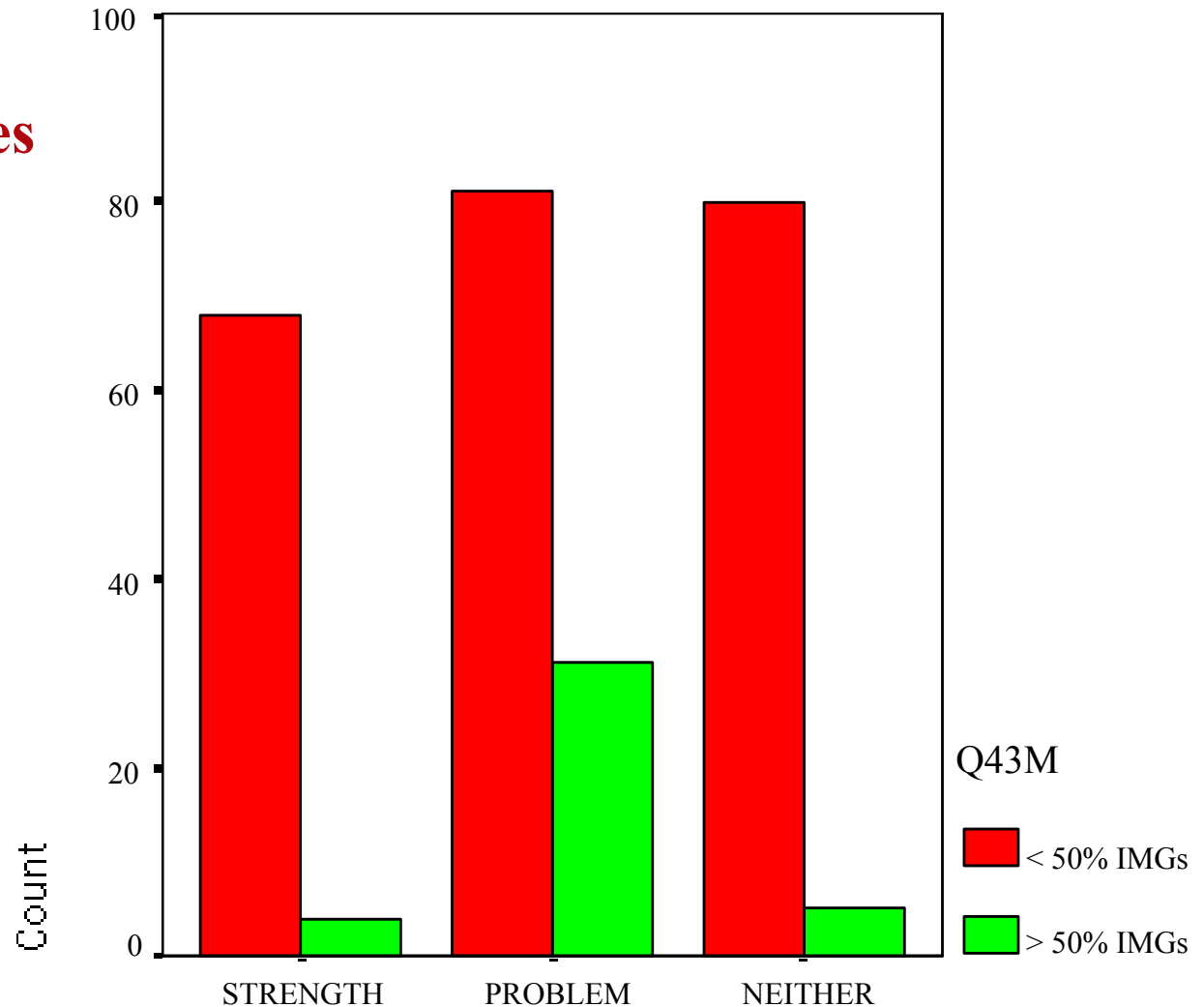
8=Mid-Atlantic

9=Northeast

P=.000

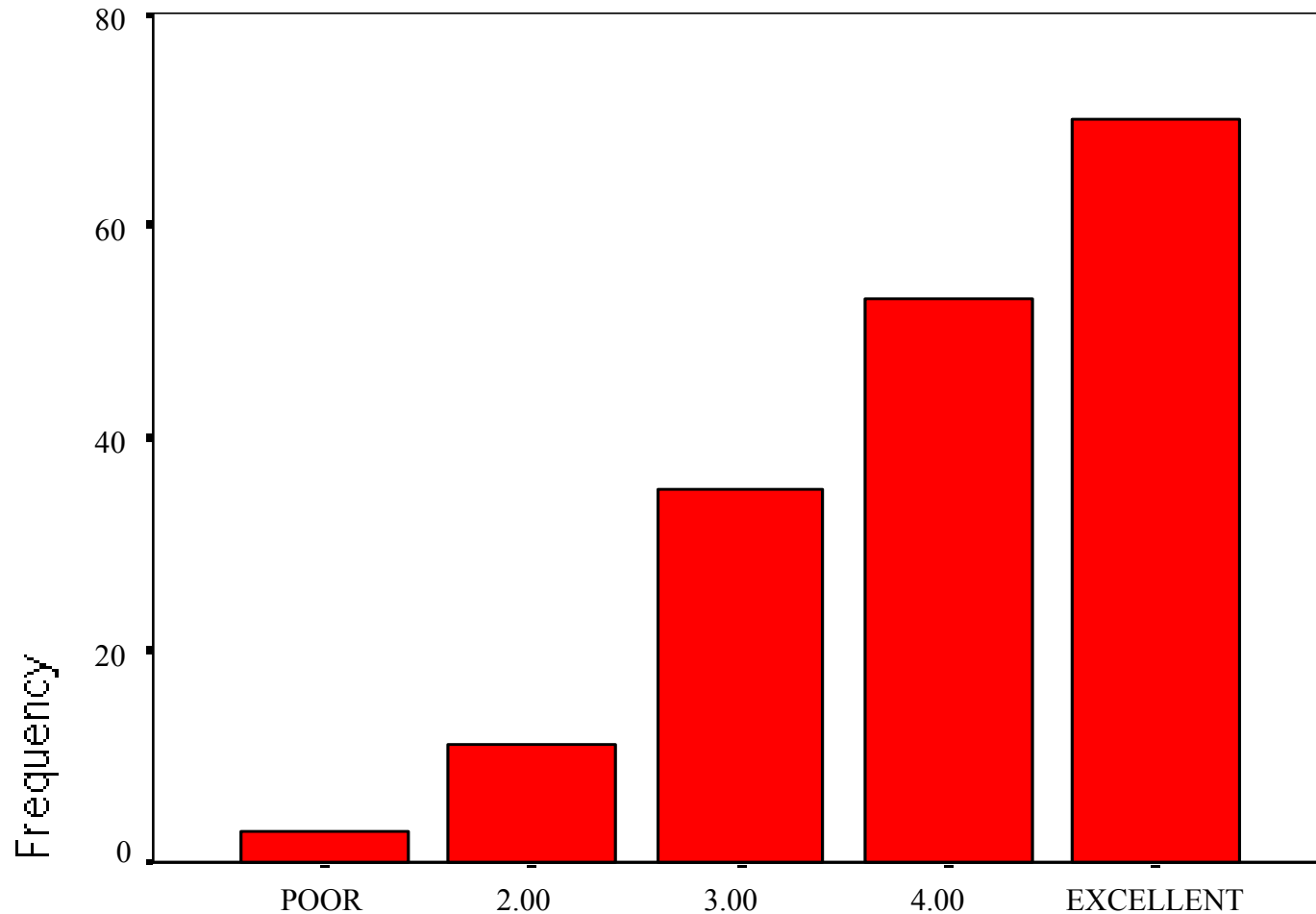
# Recruitment Problems & IMGs

41% of communities reported problems with physician recruitment  
problems have a larger proportion of IMGs

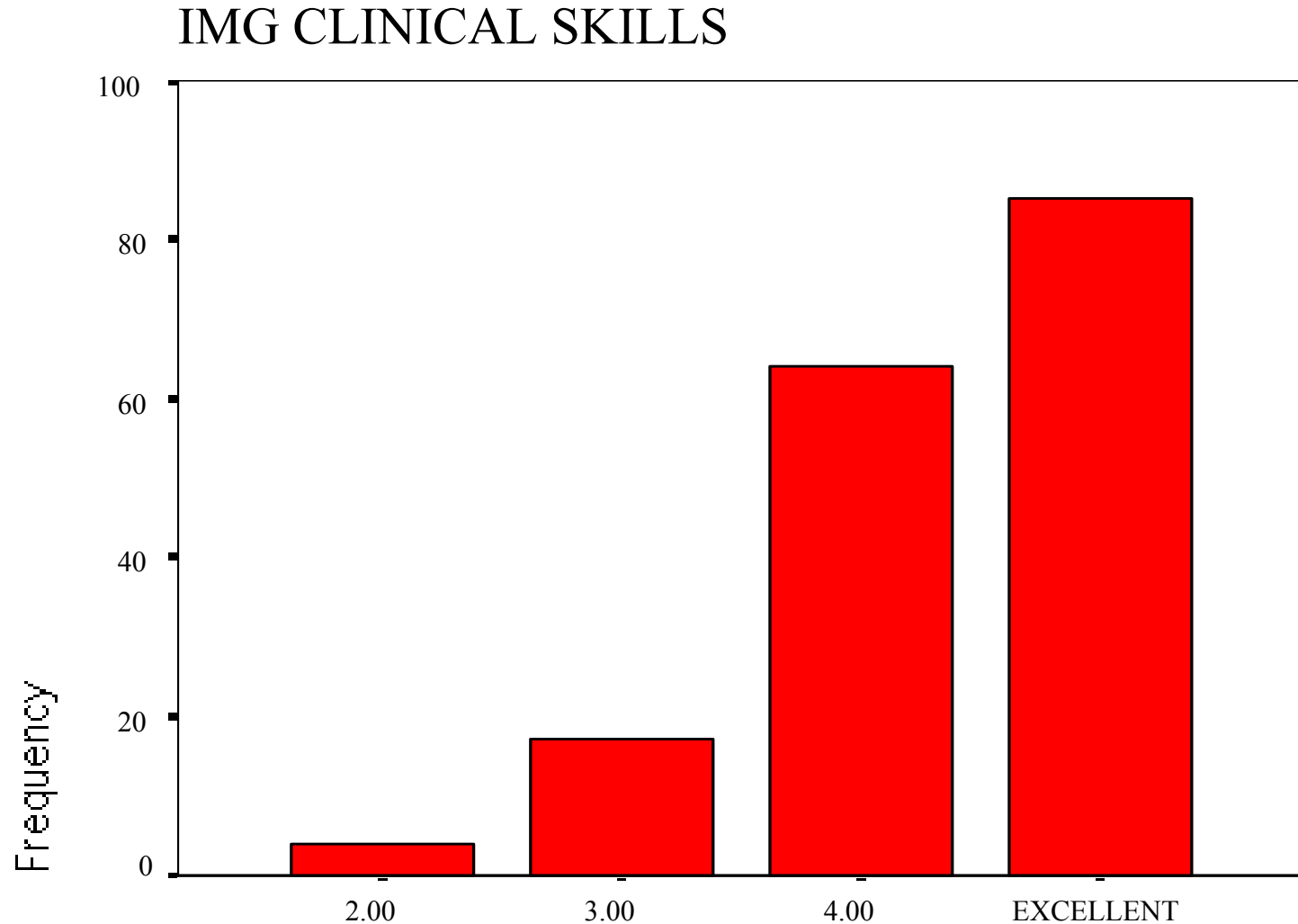


# CEO Ratings of Their Physicians

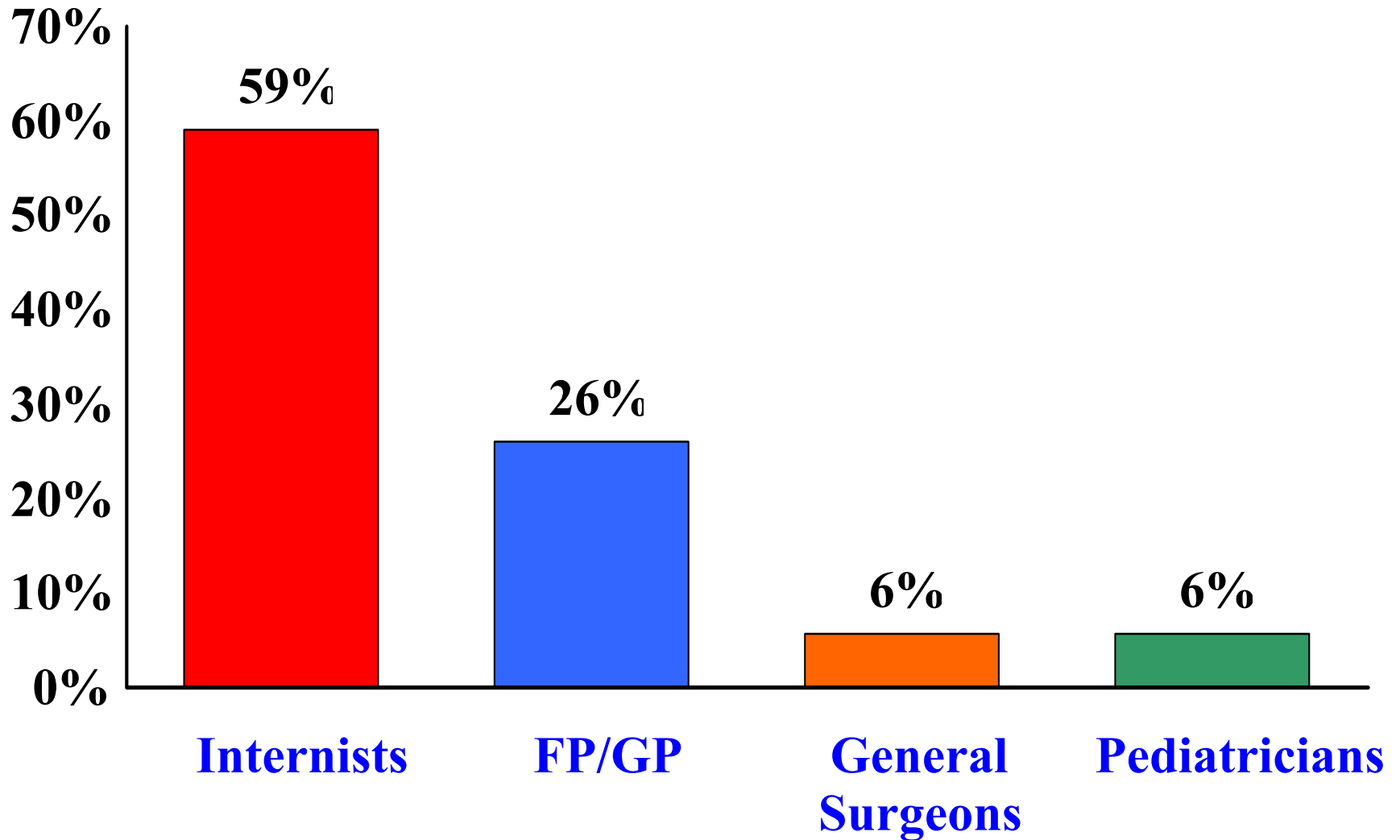
IMG INTERPERSONAL SKILLS



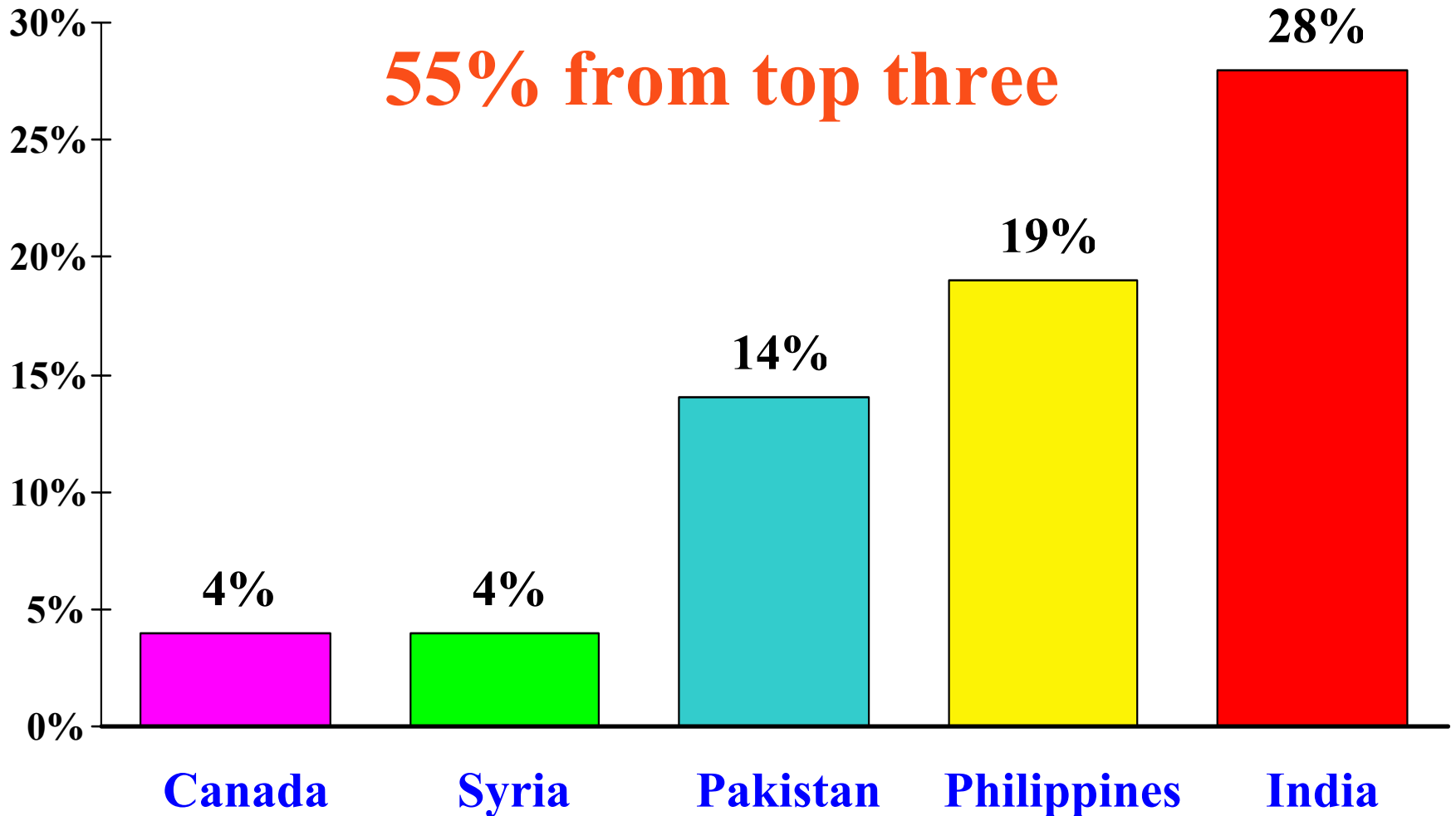
# CEO Ratings of Their Physicians



# IMG Specialties



# IMG Countries of Origin



# CAH Summary

- IMGs play a significant
- Role of IMGs has been increasing
- Substantial difference in use divided by Mississippi
- IMGs rated highly on clinical and interpersonal skills
- Majority of IMGs are internists
- Majority of IMGs are from 3 countries
- IMG policies are multifaceted and often problematic -- if the solution seems simple, not enough is understood (e.g., service to underserved, medical school size increases, etc. etc.)

