

**Delaware's
Conrad State 30/J-1 Visa Waiver Physician Program:
The Impact on Provider Supply
in Underserved Areas of the State**

**Bureau of Health Planning and Resources Management
Delaware Division of Public Health
Department of Health and Social Services**

July 2009



*DELAWARE HEALTH
AND SOCIAL SERVICES*

Division of Public Health

Acknowledgements

The Delaware Department of Health and Social Services, Division of Public Health, Bureau of Health Planning and Resources Management acknowledges the contribution of the Conrad State 30/J-1 Visa Waiver Program Manager, Joan Barnwell, and the Conrad State 30/J-1 Visa Waiver Board of Directors.

Delaware Conrad State 30/J-1 Visa Waiver Board of Directors

Valentine Burroughs, MD
St. Francis Hospital

Marilyn Hill, CMSR
Beebe Medical Center

Paul Lakeman, CFRE
Bayhealth Medical Center

Mark Meister
Medical Society of Delaware

Brian S. Olson, MBA
La Red Health Center

Anthony Policastro, MD
Nanticoke Memorial Hospital

Kevin Sheahan, MD
Nemours Pediatrics

Table of Contents

Program Purpose and Description	1
Evaluation Findings	4
Key Observations	12

Map and Tables

Map: Delaware Health Professional Shortage Areas	2
Table 1: Number of J-1 Physicians Approved for the State	4
Table 2: County of J-1 Physician Placements	5
Table 3: Percent of Total Placement by County	6
Table 4: Number of J-1 Physicians by Practice Setting	6
Table 5: Residency Training Sites	7
Table 6: Medical Schools Attended	8
Table 7: Physician Specialty Types	9
Table 8: Country of Origin	10
Table 9: Physicians Who Remained After Commitment	11

Delaware's Conrad State 30/J-1 Visa Physician Program: The Impact on Provider Supply in Underserved Areas

Program Purpose and Description

The Delaware Conrad State 30 / J-1 Visa Waiver Program improves Delawareans' access to care in underserved areas of the state. Like many states, Delaware often finds it difficult to attract physicians to meet their needs. Through the program, international medical graduates who have come to the United States to complete their graduate medical education are recruited by Delaware practice sites located in federally designated medically underserved areas of the state.

Normally, upon completion of their education, international medical graduates in the United States on a J-1 Visa are required by federal law to return to their country of nationality for at least two years before returning to the United States. However, under the Delaware Conrad State 30/J-1 Visa Waiver Program, federal officials can waive the home residency requirement, upon state request, for up to 30 physicians annually. In exchange, international medical graduates must agree to practice medicine full time at a pre-approved sponsoring site for at least three years. Once working, the physician's visa status changes from J-1 to H-1B, which puts them in line to secure permanent residency status. Examples of sponsoring practice sites include physician offices, hospitals and community health centers.

Delaware regulations governing the program have a number of requirements for both the sponsoring practice sites and the physicians. For example:

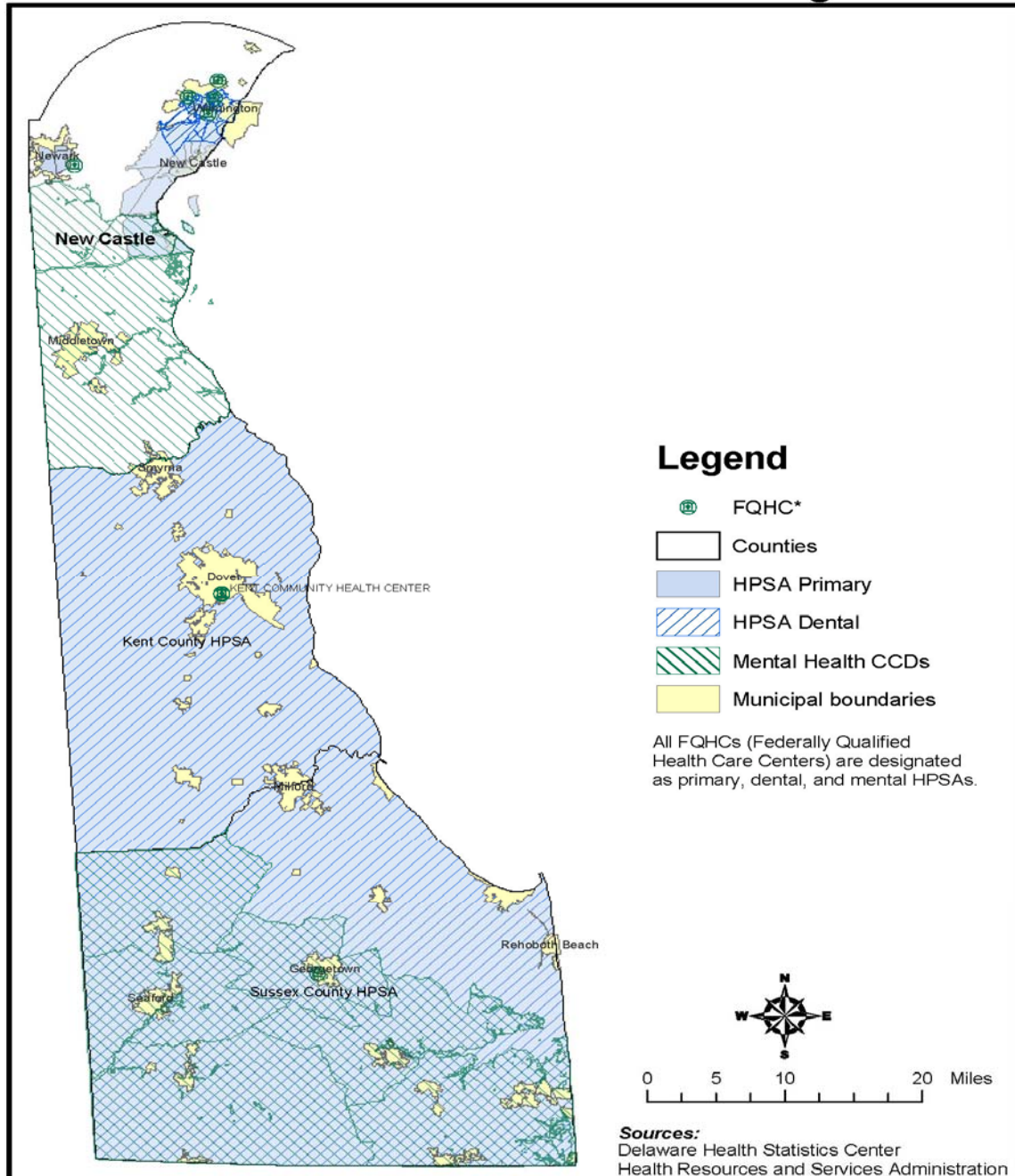
- Sponsoring sites must provide six months documentation of failed attempts to recruit an American physician.
- Sponsoring sites must provide three letters of recommendation: one from a medical professional, one from an individual representing the patient population, and one from an elected public official.
- Sponsoring sites must provide a competitive salary.
- Sponsoring sites are prohibited from including in their employment contracts with the physician any non-restrictive covenants/non-compete clauses.
- Sponsoring sites and the physicians must agree to treat all patients, regardless of ability to pay.
- Sponsoring sites and the physicians must agree to participate in the Community Healthcare Access Program/VIPII Network, which provides no-cost or low-cost care for low income, uninsured Delawareans.

For the most part, the practice site where the physician will work must be located in a federally designated Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA).¹ This includes the entirety of two of Delaware's three counties, Kent County and Sussex County, and segments of New Castle County (mostly in and around the City of Wilmington). Additionally, five of the 30 practice sites may be in areas that have not been federally designated as underserved, but nonetheless are experiencing a shortage of health professionals.

¹ Generally, an underserved area will have a ratio of 3,500:1; in certain cases 3,000:1 or higher to qualify.

The following map depicts the federally designated underserved areas of Delaware.

Delaware Health Professional Shortage Areas



B.G. 2/19/08

Map

Delaware's Conrad State 30/J-1 Visa Waiver Physician Program Evaluation Report, July 2009
Delaware Division of Public Health, Bureau of Health Planning and Resources Management

Program Purpose and Description *(continued)*

Physicians may practice in a primary care specialty, such as family practice, general internal medicine, pediatrics, obstetrics/gynecology and psychiatry. They also may practice in a non-primary care specialty when there is demonstrated need.

A Board of Directors oversees the program with administrative support from the Delaware Division of Public Health's (DPH) Bureau of Health Planning and Resources Management and its State Office of Primary Care. The DPH Director functions as the state's "interested party" and requests federal government waivers on behalf of the physicians.

The Bureau of Health Planning and Resources Management (the "Bureau") within the Division of Public Health recently created a database on J-1 physician placements to gain a better understanding of the impact of Delaware's use of foreign physicians in underserved areas of the state. This evaluation of the J-1 program is the first evaluation since the implementation of the program in 1996. The Bureau maintains the data for the program and was the source of the information for this evaluation. The database contains basic information such as the physician's specialty, home country, practice location, place of residency training, medical school attended, and the number of physicians approved for the State.

This evaluation report includes:

1. Number of J-1 Physicians Approved for Delaware, 2000 – 2008 (Table 1)
2. County of J-1 Physician Placements in Delaware, 2000 – 2008 (Table 2)
3. Percent of J-1 Physician Placements by County, Delaware, 2000 – 2008 (Table 3)
4. Number of J-1 Physicians by Practice Setting, Delaware, 2000 - 2008 (Table 4)
5. Residency Training Sites, Delaware J-1 Physicians (Table 5)
6. Medical Schools Attended, Delaware J-1 Physicians (Table 6)
7. Delaware J-1 Physicians by Specialty, 2000 – 2008 (Table 7)
8. Delaware J-1 Physicians by Country of Origin, 2000 -2008 (Table 8)
9. J-1 Physicians Remaining in Delaware after Service Commitment, 2000 – 2004 (Table 9)

Evaluation Findings

Table 1 shows the number of physician approvals and placements. It does not reflect the number of pre-approved medical sites – a number that is usually higher. This is because pre-approved sites are not always able to recruit a physician.

Table 1

Number of J-1 Physicians Approved for Delaware, 2000 – 2008

Year	Number
2000	14
2001	13
2002	18
2003	22
2004	21
2005	16
2006	11
2007	14
2008	8
TOTAL	137

Between 2000 and 2008, the J-1 Board approved 137 J-1 visa waiver physicians, an average of 15 annually. The most occurred in 2003, when 22 J-1 visa waiver physicians were placed in Delaware. Since at least 2006, the J-1 Board approved applications from practice sites to fill all 30 of the available physician placement slots. However, as Table 1 indicates, it is a daunting challenge to fill those slots.

Table 2

County of J-1 Physician Placements, Delaware, 2000 – 2008

Year	New Castle	Kent	Sussex	Total
2000	1	3	10	14
2001	1	0	12	13
2002	6	0	12	18
2003	3	4	15	22
2004	6	4	11	21
2005	4	3	9	16
2006	3	2	6	11
2007	6	3	5	14
2008	3	2	3	8
TOTAL	33	21	83	137
Percent of Grand Total	24.1	15.3	60.6	100

As shown by Table 2, J-1 physicians worked in different counties. For two years (2001 and 2002), none were placed in Kent County. From 2000-2008, 60.6 percent of the physicians were placed in Sussex County, 24.1 percent in New Castle County and 15.3 percent in Kent County.

Table 3

Percent of J-1 Physician Placements by County, Delaware, 2000 - 2008

Year	New Castle	Kent	Sussex
2000	7.1 %	21.4 %	71.4 %
2001	7.7 %	0.0 %	92.3 %
2002	33.3 %	0.0 %	66.7 %
2003	13.6 %	18.2 %	68.2 %
2004	28.6 %	19.0 %	52.4 %
2005	25.0 %	18.8 %	56.3 %
2006	27.3 %	18.2 %	54.5 %
2007	42.9 %	21.4 %	35.7 %
2008	37.5 %	25.0 %	37.5 %

Table 3 depicts the percent of physicians placed by year in each county.

Table 4

Number of J-1 Physicians by Practice Setting, Delaware, 2000-2008

Practice Setting	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total	%
Solo Practice	6	7	5	10	9	8	4	3	1	53	38.7
Group Practice	8	6	11	11	8	6	4	11	1	66	48.2
Hospital/Clinic	0	0	2	2	4	1	3	0	6	18	13.1
TOTAL	14	13	18	23	21	15	11	14	8	137	100.0

Table 4 lists the 137 physicians served in three general types of practice settings: solo, group and hospital/clinic. Sixty-six physicians (more than 48 percent) worked in group practices; 53 (38.7 percent) worked in solo practices; and 18 (13.1 percent) worked in hospitals and/or their affiliated practice sites.

Table 5

Most Frequent Residency Training Sites, Delaware J-1 Physicians, 2000 - 2008

Place of Residency	Number of J-1 Physicians
Albert Einstein Medical Center, Philadelphia, Pennsylvania	8
Mount Sinai Medical Center, Miami, Florida	5
State University of New York, Buffalo, New York	5
Thomas Jefferson University Hospital, Philadelphia, Pennsylvania	4
Mayo Clinic College of Medicine, Rochester, Minnesota	3
Texas Tech University Hospital, El Paso, Texas	3
University of Missouri, Kansas City, Missouri	3
Woodhull Medical & Mental Health Center, Brooklyn, New York	3

Note: The Bureau's J-1 database does not include the years of attendance.

Table 5 represents the most frequent facilities at which the J-1 physicians received their residency training. Most completed their residency in nearby Pennsylvania.

Table 6**Medical Schools Attended, Delaware J-1 Physicians, 2000 - 2008**

Medical School	Number Attending
American University of Beirut, Beirut, Lebanon	7
University of Philippines, Ermita, Manila, Philippines	7
Lebanese University, Beirut, Lebanon	5
Grant Medical College, Bombay, India	3
King Edward Medical College, Lahore, Pakistan	3
University of West Indies, Kingston, Jamaica	3
Ain Shams University, Cairo, Egypt	2
Aleppo University, New Delhi, India	2
All India Institute of Medical Sciences, New Delhi, India	2
Jawaharalal Nehru Medical College, Belgaum, India	2
Jordan University, Irbid, Jordan	2
Maulana Azad Medical College, New Delhi, India	2
MGM Medical College, Indore, India	2
Nishtar Medical College, Multan, Pakistan	2
Patrice Lumumba University, Moscow, Russia	2
Punjab University, Punjab, India	2
Semmelweis University, Budapest, Hungary	2
University College of Medical Sciences, New Delhi, India	2
University of Damascus, Damascus, Syria	3
University De Guadalajara, Guadalajara, Mexico	2
University of Santo Thomas, Manila, Philippines	2
University of the East, Manila, Manila, Philippines	2
TOTAL	61

The medical schools that produced the largest number of physicians were the American University of Beirut and the University of Philippines (seven physicians each), followed by the Lebanese University (five physicians). Other schools were not included because they each produced one physician. The top three countries producing international medical graduates, according to the school attended, are India (17 graduates), Lebanon (12 graduates) and the Philippines (11 graduates), respectively.

Table 7
Delaware J-1 Physicians by Specialty, 2000-2008

Specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total	Percent
Psychiatry	1	2	0	3	2	0	0	1	0	9	6.6
OB/GYN	0	1	2	1	2	1	0	1	0	8	5.8
Pain Management	1	1	0	1	0	1	2	1	0	7	5.1
Pulmonology	0	1	1	0	0	1	0	2	1	6	4.4
Orthopedics	1	0	0	0	0	0	0	0	0	1	0.7
Family Medicine	0	1	2	0	0	1	1	1	0	6	4.4
Pediatrics	1	1	3	4	3	3	0	1	3	19	13.9
Gastroenterology	1	0	0	0	1	1	2	1	0	6	4.4
Pathology	0	0	0	0	0	0	1	0	0	1	0.7
Internal Medicine	6	2	3	7	3	4	2	2	3	32	23.4
Anesthesiology	0	0	3	3	4	2	0	2	0	14	10.2
Neurology	0	0	0	1	1	0	0	0	0	2	1.5
Ophthalmology	1	0	1	0	0	0	0	0	0	2	1.5
Cardiology	1	3	1	2	2	1	2	1	1	14	10.2
Dermatology	0	0	1	0	0	0	0	0	0	1	0.7
Allergy	0	0	1	0	0	0	0	0	0	1	0.7
Nephrology	0	0	0	0	1	0	0	0	0	1	0.7
Hematology	0	0	0	0	0	0	1	0	0	1	0.7
Radiology	0	1	0	0	1	0	0	0	0	2	1.5
Rheumatology	1	0	0	0	1	0	0	0	0	2	1.5
General Surgery	0	0	0	0	0	1	0	1	0	2	1.5
TOTAL	14	13	18	22	21	16	11	14	8	137	100.0

The most frequent specialty was internal medicine, followed by pediatrics, anesthesiology and cardiology in that order. Between 2000 and 2008, 32 physicians (23.4 percent) were providers of internal medicine; 19 (13.9 percent) were providers of pediatrics; and 14 (10.9 percent each) were providers of anesthesiology and cardiology.

According to a 2006 report by the United States General Accounting Office on a survey of state's programs², nationally about 44 percent of J-1 physician waivers were for physicians to practice primary care. Forty-one percent were for physicians to practice in non-primary care specialties such as anesthesiology or cardiology. An additional 7 percent were for physicians to practice psychiatry.

² Foreign Physicians, Preliminary Findings on the Use of J-1 Visa Waivers to Practice in Underserved Areas, Statement of Leslie G. Aronovitz, Director, Health Care, United States Government Accountability Office, Testimony Before the Subcommittee on Immigration, Border Security, and Claims, Committee on the Judiciary, House of Representatives, Thursday, May 18, 2006.

Table 8**Delaware J-1 Physicians by Country of Origin, 2000-2008**

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total
1. Argentina	0	0	0	1	0	0	0	0	0	1
2. Bangladesh	0	1	0	0	1	0	0	0	0	2
3. Brazil	0	0	0	0	0	0	1	0	0	1
4. Bulgaria	0	0	1	0	0	0	0	0	0	1
5. Canada	0	1	0	0	1	0	0	1	0	3
6. Columbia	0	0	0	2	1	1	0	0	0	4
7. Cyprus	0	1	0	0	0	0	0	0	0	1
8. Dominican Republic	2	0	0	0	0	0	0	0	0	2
9. Ecuador	0	0	0	0	0	0	1	0	0	1
10. Egypt	1	0	1	0	1	1	0	0	0	4
11. Germany	0	0	0	1	0	0	0	0	0	1
12. Ghana	0	0	1	0	0	1	0	0	0	2
13. Greece	0	0	0	0	0	0	0	1	0	1
14. Haiti	0	0	0	0	1	0	0	0	0	1
15. Hungary	0	0	1	0	0	1	1	0	0	3
16. India	4	4	3	6	4	2	1	1	2	27
17. Iran	0	0	0	0	0	1	1	0	0	2
18. Jamaica	0	0	0	1	1	0	0	1	1	4
19. Jordan	0	0	0	0	1	0	0	0	2	3
20. Kenya	0	0	0	0	0	0	0	1	0	1
21. Lebanon	2	2	3	1	0	3	1	0	0	12
22. Malaysia	0	0	0	1	0	2	0	1	0	4
23. Mexico	0	0	0	2	0	0	0	0	0	2
24. Nicaragua	0	0	1	0	0	0	0	0	0	1
25. Nigeria	0	0	0	1	1	0	0	0	1	3
26. Pakistan	0	1	2	1	2	0	1	2	1	10
27. Peru	0	0	0	1	0	0	0	0	0	1
28. Philippines	3	2	2	1	1	1	1	2	0	13
29. Republic of Georgia	0	0	0	0	0	0	0	1	0	1
30. Romania	0	0	0	1	0	0	0	0	0	1
31. Spain	0	0	0	0	0	0	0	1	0	1
32. Sri Lanka	0	1	0	0	0	1	0	0	0	2
33. Sweden	0	0	0	0	1	0	0	0	0	1
34. Switzerland	1	0	0	0	0	0	0	0	0	1
35. Syria	0	0	1	1	1	1	1	0	1	6
36. Ukraine	0	0	1	0	1	0	1	0	0	3
37. Uganda	0	0	0	0	0	0	0	1	0	1
38. United Arab Emirates	0	0	0	0	1	0	0	0	0	1
39. United Kingdom	0	0	1	0	0	1	0	0	0	2
40. Venezuela	0	0	0	1	0	0	1	1	0	3
41. Zimbabwe	0	0	0	0	2	0	0	0	0	2
Unknown	1	0	0	0	0	0	0	0	0	1
TOTAL	14	13	18	22	21	16	11	14	8	137

Table 8 shows the most common countries of origin: India (27), Philippines (13) and Lebanon (12).

Each J-1 physician practicing in Delaware must complete an exit interview within 90 days of completing his/her three-year service obligation, or if the employment contract is terminated because the J-1 physician did not meet the three-year obligation. The exit interview concentrates on the J-1 physicians' experiences in Delaware. The interview asks about their future plans for practicing medicine at the current site or another location, either in Delaware or another state. Most respond that they plan to continue to practice in the state. Some, however, indicate their plans to move to other states, often to accommodate spousal or extended family needs.

To assess J-1 physician retention following their three-year service obligation, the Bureau examines information about which physicians continue to practice in Delaware. Early in 2009, research³ conducted using an Internet-based doctor-locator tool revealed that most J-1 physicians remain in Delaware after completing their service requirement. (See Table 9.)

Table 9

J-1 Physicians Remaining in Delaware after Service Commitment, 2000-2004

Year	Number of J-1 Physicians Per Year	J-1 Physicians remaining in Delaware after service commitment	Percent
2000	14	7	50.0
2001	13	6	46.2
2002	18	14	77.8
2003	22	17	77.3
2004	21	16	76.2
Total	88	60	68.2

Note: The Bureau's J-1 database does not include the years of attendance. The Bureau compiled this information from individual case records.

Over 75 percent of the 47 physicians placed in years 2002-2004 remain in Delaware today. Of those placed in 2000, 50 percent continue to practice medicine in Delaware, compared to 46 percent in 2001. Physicians who had not completed their service commitment when the research was conducted are not included in this chart.

³ This was achieved via a crosscheck of state physician licensure records with "UCompare Healthcare" physician finder tool.

Key Observations

- The entirety of two of Delaware's three counties and pockets of the third are federally designated as medically underserved.
- The J-1 Conrad/State 30 Visa Waiver Program is a significant tool for the recruitment of physicians to underserved areas.
- Between 2000 and 2008, the Conrad State 30/J-1 Visa Waiver Program has brought 137 physicians to practice in Delaware.
- Most physicians who come to Delaware under the Conrad State 30/J-1 Visa Waiver Program remain after their service obligation is complete. Of those recruited in 2002-2004, 77 percent remain. Of those recruited in 2000 and 2001, about 50 percent remain.
- The J-1 Visa Program contributes to the cultural diversity of Delaware's health care provider workforce. Through the program, physicians come to Delaware from over 40 countries.
- Practice sites are usually approved to fill an average of 30 physician practice slots, yet only 15 of the slots are actually filled. This is an indication of the difficulties communities face attracting physicians.
- Strategies should be explored to increase the number of physicians who are recruited through the program.

This page intentionally left blank.