



Delaware's
**Conrad State 30/J-1
Physician's Program**

OCTOBER 2012



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

**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**

October 2012

ACKNOWLEDGEMENTS

The Bureau would like to acknowledge 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.

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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 aims to improve access to care for Delawareans in underserved areas of the state. Like many states, Delaware often experiences difficulties in attracting 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.

What is a J-1 Visa?

Normally, upon completion of their education, international medical graduates here 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 this program, the home residency requirement can be waived (by federal officials upon request from the state) for up to thirty physicians annually. In exchange, the physicians must agree to practice medicine full time at a pre-approved sponsoring site for a minimum of 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.

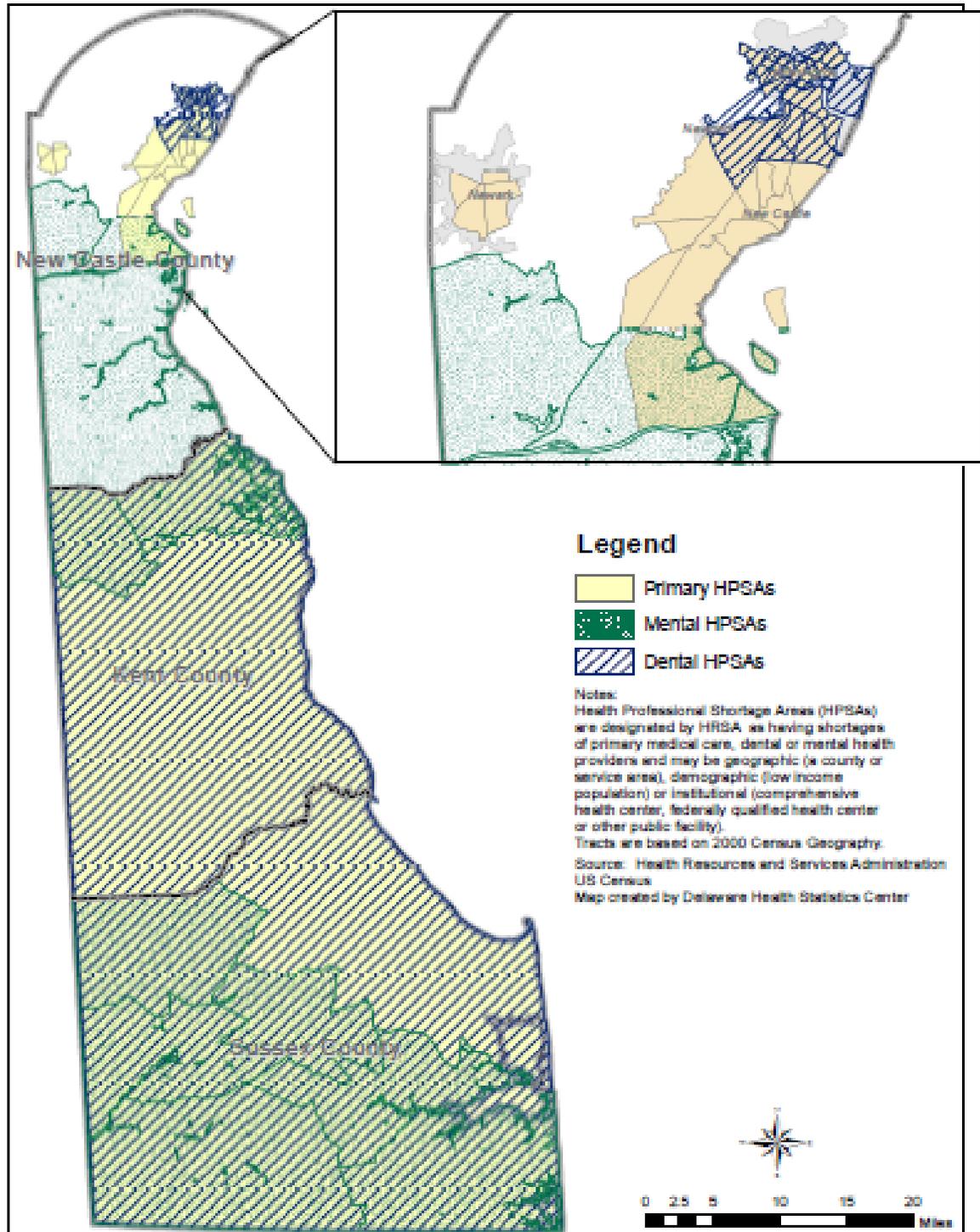
Delaware regulations governing the program have a number of requirements for both the sponsoring practice sites and the physicians. For example:

- Sponsoring sites must provide six months of 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 any non-restrictive covenants/non-compete clauses in their employment contracts with the physician.
- 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). Generally, an underserved area will have a ratio of 3,500:1; in certain cases 3,000:1 or higher to qualify. This includes the entirety of two of Delaware's three counties (Kent County, Sussex County) and segments of New Castle County (mostly in and around the City of Wilmington). Additionally, ten 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.

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

Delaware HPSA Designations



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 a demonstrated need.

A board of directors oversees the program with administrative support from the Division of Public Health's Bureau of Health Planning and Resources Management and its state Office of Primary Care. The director of the Division of Public Health functions as the state's "interested party" for the purpose of requesting the waivers from the federal government on behalf of the physicians.

The Bureau of Health Planning and Resources Management within the Division of Public Health recently created a database of J-1 physician placements to gain a better understanding of the impact of Delaware's foreign physicians in underserved areas of the state. This evaluation of the J-1 program is the first 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 initial report concentrates on:

- (1) Number of physicians approved per year (Table 1)
- (2) Number of physician placements by country (Table 2)
- (3) Percent of placements by county (Table 3)
- (4) Number of physicians in a practice setting (Table 4)
- (5) Residency training sites (Table 5)
- (6) Medical schools attended (Table 6)
- (7) Physicians per year by specialty type (Table 7)
- (8) Physicians originating country per year (Table 8)

Evaluations Findings

This table below shows the number of physician approvals and placement. It does not reflect the number of pre-approved medical sites – a number which is typically higher. This is because pre-approved sites are not always able to recruit a physician.

Table 1

Number of J-1 Physicians Approved for the State per Year

Year	Number
2000	14
2001	13
2002	18
2003	22
2004	21
2005	16
2006	11
2007	14
2008	8
2009	12
2010	14
2011	13
Total	177

Between 2000 and 2011, 176 J-1 visa waiver physicians were requested and approved for the state. The largest number of waivers occurred in 2003 when 22 were placed in the state. Since at least 2006, the J-1 Board has approved applications from practice sites to fill all 30 of the available physician placements slots. However, as the table above indicates, it is a challenge to actually fill those all of those slots.

Table 2

County of J-1 Physicians Placements per Year

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
2009	2	4	6	12
2010	0	9	5	14
2011	2	6	5	13
Total	37	40	99	176
Percent of Total	21.0	22.7	56.3	100

As shown by Table 2, J-1 physicians worked in different counties, although for two years (2001 and 2002) none were placed in Kent County. From 2000-2011, 56.3 percent of the physicians were placed in Sussex County, 21 percent in New Castle County and 22.7 percent in Kent County. The pie chart below shows the percentage by county.

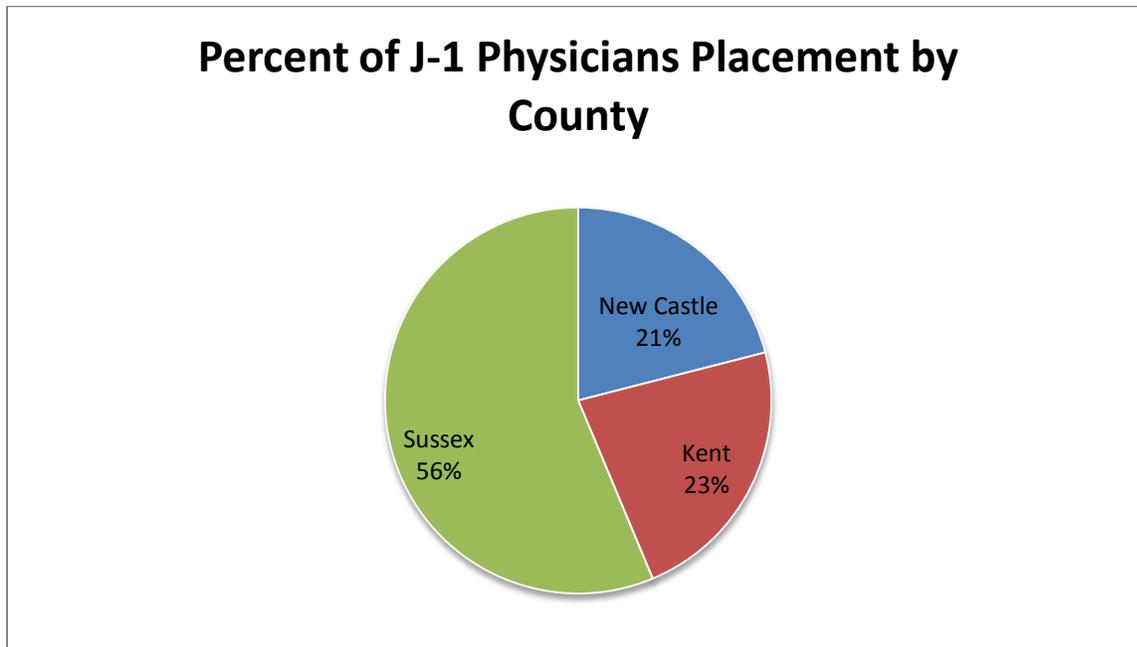


Table 3

Percent of Total Placements per Year by County

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
2009	16.6	33.3	50.0
2010	0	64.2	35.7
2011	15.3	46.1	38.4

The percent of physicians placed by year in each county is shown above.

Table 4

Number of J-1 Physicians by Practice Setting per Year

Practice Setting	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
Solo Practice	6	7	5	10	9	8	4	3	1	2	4	5	64
Group Practice	8	6	11	11	8	6	4	11	1	3	3	1	73
Hospital/Clinic	0	0	2	2	4	1	3	0	6	7	6	7	38
Total	14	13	18	23	21	15	11	14	8	12	14	13	176

The 176 physicians served in three general types of practice settings. Seventy-three physicians (more than 41 percent) worked in group practices, 64 (more than 36 percent) worked in solo practices and 38 (more than 21 percent) worked in hospitals and/or affiliated practice sites. The pie chart below shows the percentage by practice setting.

J-1 Physicians by Practice Setting Per Year

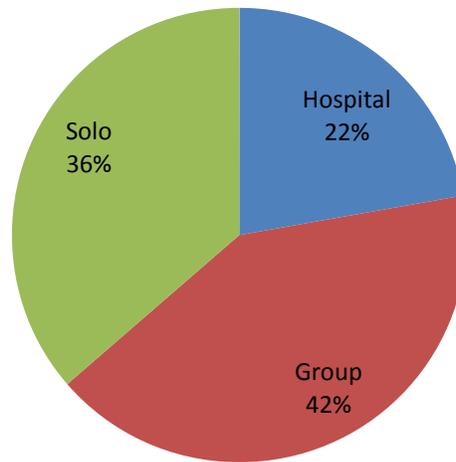


Table 5

Residency Training Sites

Place of Residency	Number of J-1 Physicians
Albert Einstein Medical Center, Philadelphia, Pennsylvania	10
Mount Sinai Medical Center, Miami, Florida	6
State University of New York, Buffalo, New York	6
Woodhull Medical & Mental Health Center, Brooklyn, NY	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

The above 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

Medical School	Number Attending
University of Philippines, Ermita, Manila	9
American University of Beirut, Beirut, Lebanon	7
Lebanese University, Beirut, Lebanon	5
University of Damascus, Damascus, Syria	4
University of Santo Thomas, Manila, Philippines	4
Grant Medical College, Bombay, India	3
King Edward Medical College, Lahore, Pakistan	3
Nishtar Medical College, Multan, 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
Jarwaharaial 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
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 De Guadalajara, Guadalajara, Mexico	2
University of the East, Manila, Manila, Philippines	2
Rawalpindi Medical College, Pakistan	2

The University of Philippines produced the largest number of physicians with nine total, followed closely by the American University of Beirut with seven total. The Lebanese University produced five and the University of Damascus and the University of Santo Thomas both produced four physicians.

Table 7

Number of J-1 Physicians by Specialty per Year

Specialty	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
Psychiatry	1	2	0	3	2	0	0	1	0	0	1	0	10
Ob/Gyn	0	1	2	1	2	1	0	1	0	1	0	0	9
Pain Management	1	1	0	1	0	1	2	1	0	0	0	0	7
Pulmonology	0	1	1	0	0	1	0	2	1	0	2	1	9
Orthopedics	1	0	0	0	0	0	0	0	0	0	0	0	1
Family Medicine	0	1	2	0	0	1	1	1	0	2	0	0	8
Pediatrics	1	1	3	4	3	3	0	1	3	1	0	0	20
Gastroenterology	1	0	0	0	1	1	2	1	0	1	0	2	9
Pathology	0	0	0	0	0	0	1	0	0	0	0	0	1
Internal Medicine	6	2	3	7	3	4	2	2	3	2	5	6	45
Anesthesiology	0	0	3	3	4	2	0	2	0	0	0	1	15
Neurology	0	0	0	1	1	0	0	0	0	0	1	0	3
Ophthalmology	1	0	1	0	0	0	0	0	0	0	0	0	2
Cardiology	1	3	1	2	2	1	2	1	1	2	0	1	17
Dermatology	0	0	1	0	0	0	0	0	0	0	0	0	1
Allergy	0	0	1	0	0	0	0	0	0	0	0	0	1
Nephrology	0	0	0	0	1	0	0	0	0	0	0	0	1
Hematology	0	0	0	0	0	0	1	0	0	0	1	0	2
Radiology	0	1	0	0	1	0	0	0	0	0	0	0	2
Rheumatology	1	0	0	0	1	0	0	0	0	0	0	0	2
General Surgery	0	0	0	0	0	1	0	1	0	0	0	2	4
Plastic Surgery	0	0	0	0	0	0	0	0	0	1	0	0	1
Endocrinology	0	0	0	0	0	0	0	0	0	2	0	0	2
Infectious Disease	0	0	0	0	0	0	0	0	0	0	1	0	1
Cytopathology	0	0	0	0	0	0	0	0	0	0	1	0	1
Hospitalist	0	0	0	0	0	0	0	0	0	0	2	0	2
Total	14	13	18	22	21	16	11	14	8	12	14	13	176

The most frequent specialty was internal medicine, followed by pediatrics, cardiology and anesthesiology in that order. During the period, 45 physicians (26 percent) were providers of internal medicine, 20 (11.3 percent) were providers of pediatrics, 17 (10 percent) were providers of cardiology and 15 (9 percent) were providers of anesthesiology.

Table 8**Number of Physicians Originating from Each Country per Year**

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
1. Argentina	0	0	0	1	0	0	0	0	0	0	0	0	1
2. Bangladesh	0	1	0	0	1	0	0	0	0	0	2	0	4
3. Brazil	0	0	0	0	0	0	1	0	0	0	0	0	1
4. Bulgaria	0	0	1	0	0	0	0	0	0	0	0	0	1
5. Canada	0	1	0	0	1	0	0	1	0	0	1	0	4
6. Columbia	0	0	0	2	1	1	0	0	0	0	0	0	4
7. Cyprus	0	1	0	0	0	0	0	0	0	0	0	0	1
8. Dominican Republic	2	0	0	0	0	0	0	0	0	1	0	1	4
9. Ecuador	0	0	0	0	0	0	1	0	0	0	0	0	1
10. Egypt	1	0	1	0	1	1	0	0	0	0	0	0	4
11. Germany	0	0	0	1	0	0	0	0	0	0	0	0	1
12. Ghana	0	0	1	0	0	1	0	0	0	1	0	0	3
13. Greece	0	0	0	0	0	0	0	1	0	0	0	0	1
14. Haiti	0	0	0	0	1	0	0	0	0	0	0	0	1
15. Hungary	0	0	1	0	0	1	1	0	0	0	0	0	3
16. India	4	4	3	6	4	2	1	1	2	4	2	5	38
17. Iran	0	0	0	0	0	1	1	0	0	0	0	0	2
18. Italy	0	0	0	0	0	0	0	0	0	0	0	1	1
19. Jamaica	0	0	0	1	1	0	0	1	1	1	0	0	5
20. Jordan	0	0	0	0	1	0	0	0	2	0	0	0	3
21. Kenya	0	0	0	0	0	0	0	1	0	0	0	0	1
22. Lebanon	2	2	3	1	0	3	1	0	0	0	0	0	12
23. Libya	0	0	0	0	0	0	0	0	0	0	0	1	1
24. Malaysia	0	0	0	1	0	2	0	1	0	0	0	0	4
25. Mexico	0	0	0	2	0	0	0	0	0	0	0	1	3
26. Nepal	0	0	0	0	0	0	0	0	0	0	0	1	1
27. Nicaragua	0	0	1	0	0	0	0	0	0	0	0	0	1
28. Nigeria	0	0	0	1	1	0	0	0	1	0	0	0	3
29. Pakistan	0	1	2	1	2	0	1	2	1	1	4	0	15
30. Peru	0	0	0	1	0	0	0	0	0	1	0	0	2
31. Philippines	3	2	2	1	1	1	1	2	0	1	2	2	18
32. Poland	0	0	0	0	0	0	0	0	0	0	1	0	1
33. Republic of Georgia	0	0	0	0	0	0	0	1	0	0	0	0	1
34. Romania	0	0	0	1	0	0	0	0	0	0	0	0	1
35. Spain	0	0	0	0	0	0	0	1	0	0	0	0	1
36. Sri Lanka	0	1	0	0	0	1	0	0	0	0	0	0	2
37. South Korea	0	0	0	0	0	0	0	0	0	1	0	0	1
38. Sweden	0	0	0	0	1	0	0	0	0	0	0	0	1
39. Switzerland	1	0	0	0	0	0	0	0	0	0	0	0	1
40. Syria	0	0	1	1	1	1	1	0	1	0	0	0	6
41. Ukraine	0	0	1	0	1	0	1	0	0	0	0	0	3
42. Uganda	0	0	0	0	0	0	0	1	0	0	0	0	1
43. United Arab Emirates	0	0	0	0	1	0	0	0	0	0	0	0	1

44. United Kingdom	0	0	1	0	0	1	0	0	0	0	1	1	4
45. Venezuela	0	0	0	1	0	0	1	1	0	0	0	0	3
46. Zimbabwe	0	0	0	0	2	0	0	0	0	0	0	0	2
Unknown	1	0	0	0	0	0	0	0	0	0	1	0	2
Total	14	13	18	22	21	16	11	14	8	12	14	13	176

As shown by Table 8, the most common countries of origin were India (38), Philippines (18) and Pakistan (15).

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

Also available to assess retention post the three-year service commitment obligation is to examine information about which physicians actually continue to practice in Delaware. Early in 2009, research conducted using an internet-based doctor-locator tool revealed that indeed most J-1 physicians remain in Delaware after the service requirement is completed. This is shown in Table 9.

Table 9

Number and Percent of J-1 Physicians Who Remained in Delaware after Service Commitment

Year	Total 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
2005	16	13	81.3
2006	11	6	54.5
2007	14	7	50.0
2008	8	7	87.5
2009	12	9	75.0
Total	149	102	68.4

The table above shows that of the 149 physicians placed between the years of 2000-2009 over 68 percent still reside and practice medicine in Delaware. It is noted that those physicians who had not completed their service commitment when the research was conducted are not included in this chart.

Key Observations

- **The entirety of two of Delaware's three counties and pockets of the third are defined as 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 2011, the Conrad State 30/J-1 Visa Waiver Program has brought 176 physicians to practice in Delaware.**
- **Over 65 percent of the physicians who came to Delaware in 2000-2009 under the Conrad State 30/J-1 Visa Waiver Program remain after their service obligation is complete.**
- **The J-1 Visa program contributes to the cultural diversity of Delaware's health care provider workforce. Physicians in the program come to Delaware from over 45 countries.**
- **Although today practice sites are usually approved to fill 30 physician practice slots, on average, 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.**