



IMG Assistance Program

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- Background
- Taskforce
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- IMG Assistance Program
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- Questions

The challenge is **complex** and **longstanding**. In Minnesota, the issue gained urgency as policy makers sought to address several major issues facing the state:

- Shortages in the supply of physicians
- An aging and diversifying population
- Persistent health disparities
- Rising health care costs.

- Charge: To develop **strategies** to integrate refugee, asylee and other immigrant physicians into the Minnesota health care delivery system and make **recommendations** to the Commissioner of Health and Legislature.

- Composition

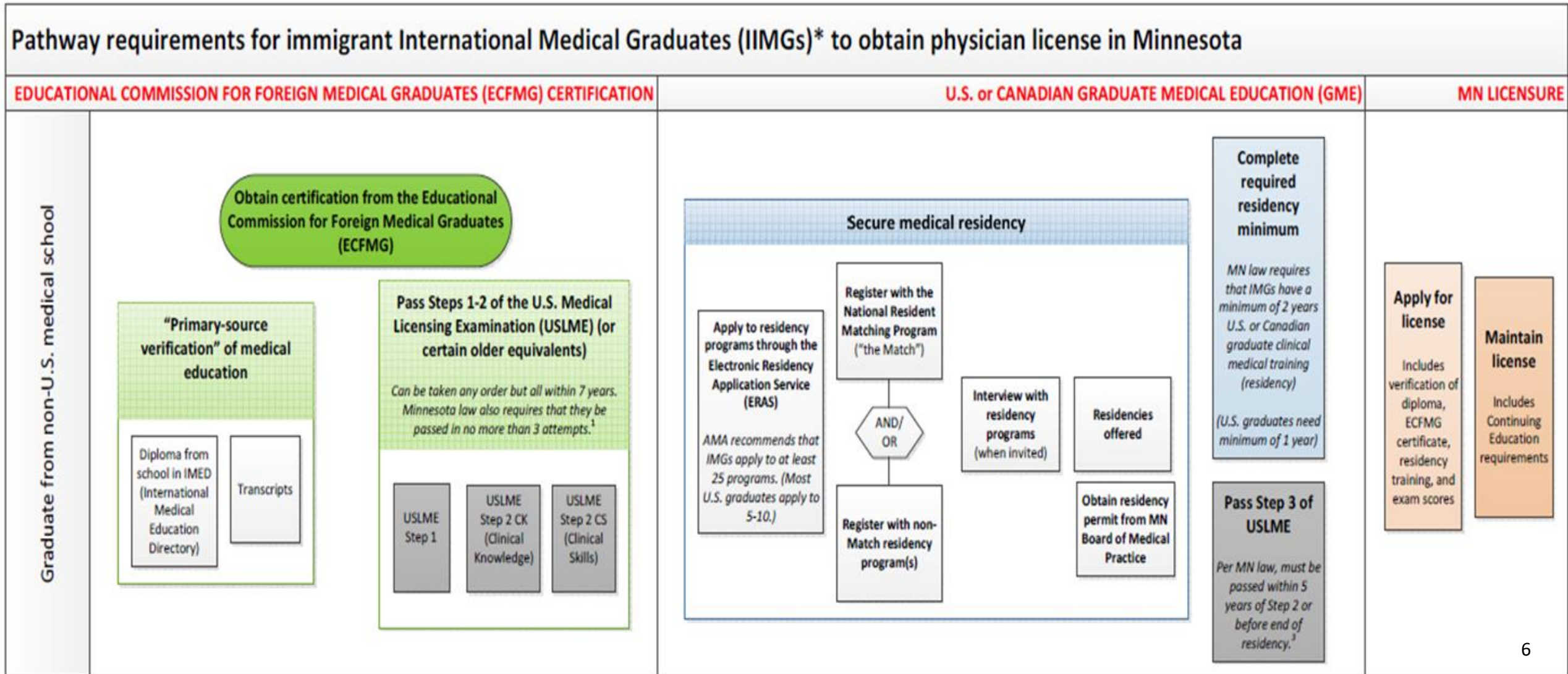


Chair, E. Bogonko, MD

Membership

IMGs, University of MN, Mayo Clinic, MN Medical Association, Women's Initiative for Self-Empowerment, New Americans Alliance for Development, Workforce Development Inc., Federal Reserve, Essential Health

IMG pathway to MN Medical License



Primary Barriers Identified

- Lack of recognized clinical experience, lack of opportunities to obtain it, and lack of faculty references/ connections.
- “Recency” of graduation: Common requirement that graduation from medical school occurred within 3-5 years of application to residency.
- Fierce competition for limited residency spots.
- Access to test prep courses, materials and time to study.
- Unfamiliarity with U.S. medical culture, vocabulary, treatment methods, and technology.

Taskforce Recommendation Vs Legislation

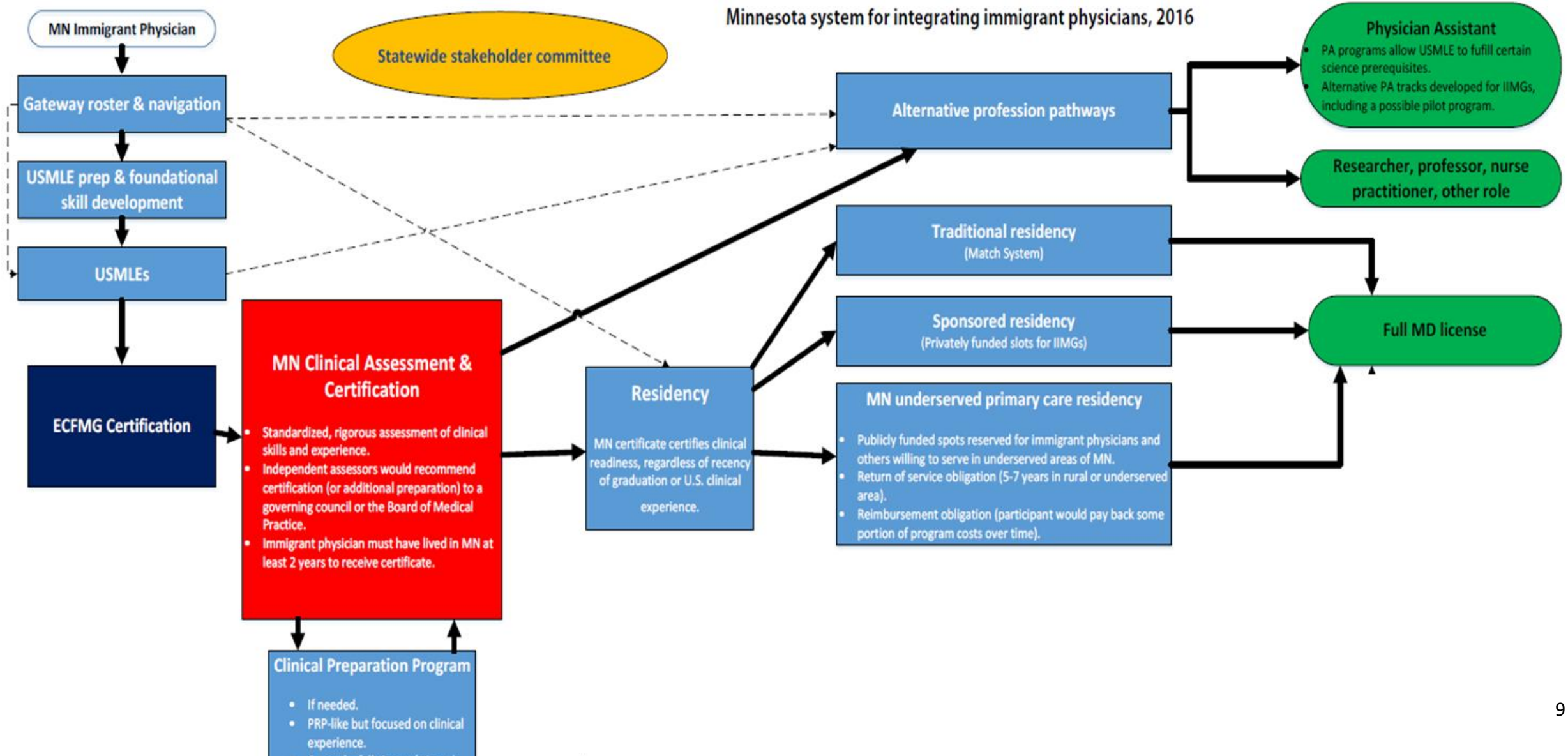
IMG Assistance Program components – Task Force recommendations vs. law as passed

Strategy	Task Force funding recommendation	As passed
Strategy 1: Coordinating council	Funding for the operations of the council beginning in June 2015. Estimated \$135,000.	\$133,000/year for MDH staff and administration of program.
Strategy 2: Gateway & foundational support	\$500,000/year for grants to nonprofits to serve 50 immigrant physicians/year.	\$TBD
Strategies 3 and 4: Clinical assessment & certification	Develop a plan by December 31, 2015, including proposed legislation, a proposed budget, and an implementation schedule that allows for assessment and certification of immigrant physicians by June 2016. Estimated \$150,000/year.	\$TBD to develop system + \$TBD to operate.
Strategy 5: Clinical preparation program	\$750,000/year to train 15 immigrant physicians/year.	\$TBD/year.
Strategy 6: Dedicated residency positions	\$2.25 million/year for 15 primary care residency positions dedicated to immigrant physicians + the development of sponsored (privately funded) residency slots.	\$500,000/year for 2 years + revolving loan fund to be funded by participants after residency.
Strategy 7: Changing " <u>recency</u> " requirements	Encourage or require Minnesota medical residency programs to revise their graduation <u>recency</u> preferences to accept the Minnesota IIMG certification and/or ECFMG certification as a measure of readiness for residency, regardless of <u>recency</u> of graduation or U.S. clinical experience.	"Work with graduate clinical medical training programs to address barriers faced by IIMGs in securing residency positions in Minnesota, including the requirement that applicants for residency positions be recent graduates of medical school." Progress to be reported in annual report.
Strategy 8: New licensure options	Develop new licensing options for immigrant physicians -- including a time-limited apprenticeship licensure, limited licensure to practice under supervision, and full licensure -- that do not require U.S. medical residency experience.	Work with Board of Medical Practice and others to further study "changes necessary in health professional licensure and regulation to ensure full utilization" of IIMGs. Recommendations due January 2017.
Strategy 9: Streamline paths to alternative professions	Work with PA programs on alternatives for admission requirements for foreign-trained physicians, and \$450,000 to develop a new (or pilot) immigrant physician-to-PA track to include expedited training during the academic phase and specially designed clinical rotations.	Program is to "explore and facilitate more streamlined pathways for IIMGs to serve in <u>nonphysician</u> professions in the Minnesota workforce," reporting progress in annual report.
TOTAL FUNDING	\$4.3 million/year for 1st year; then \$3.8 million/year	\$1 million/year

RECOMMENDATION NOT ADOPTED

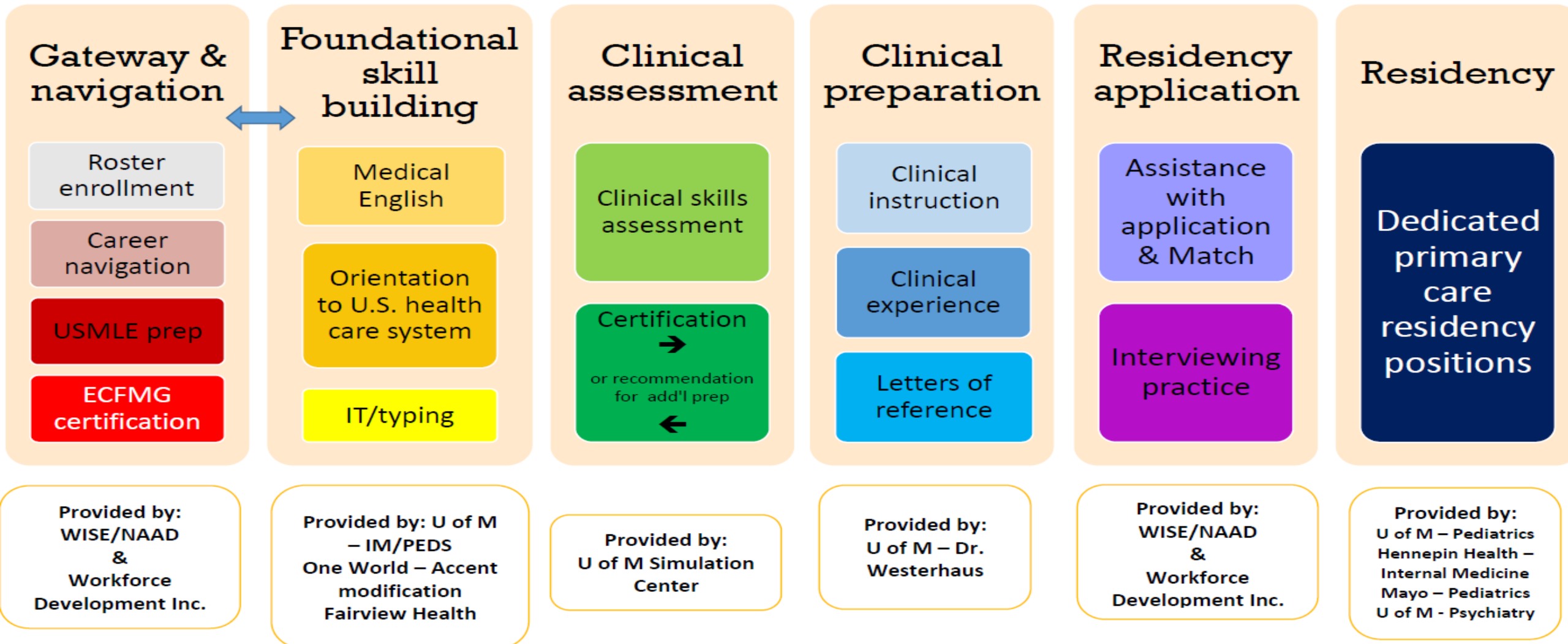
Apprenticeship program	\$100,000/year to apprentice 5 immigrant physicians each year	Did not pass
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IMG Pathway



IMG Assistance Program

IMG Assistance Program - CONTINUUM of SERVICES



Bridge Program – Structure of Training

- Semester-long *Global Health in a Local Context* course
 - September – December
 - Immerses students in the study of health equity, the social determinants of health, the principles and practice of global health in a local setting, and community-based healthcare.
- 9 month Clinical training
 - April - December
 - 50/50 Inpatient and outpatient rotations

Bridge Program – Key Logistics

- Clinical Training Logistics
 - Work on inpatient teams, 1 per team
 - Preceptors at clinic sites run special IMG clinics – 2 IMGs, 2 patients each for each half day clinic
 - Between Medical Student and Resident
 - Hired as UMN Employees in Research Specialist category
 - Treated as 4th year Medical Students in clinical environment

Bridge Program – Key Logistics

- Key Logistical challenges
 - Hiring, malpractice coverage
 - Legal & licensure
 - Identifying clinic preceptors with flexibility to hold specially-formatted IMG clinics
 - Integration with other learners
 - Access to student resources

Bridge Program – Advocacy for Graduates and Outcomes



UNIVERSITY OF MINNESOTA
Driven to Discover®

- 100% of graduates have entered residency programs
- Letters of recommendation
- Promotional/program description letter to all MN residency programs
- Advocacy with programs graduates are applying to

Questions



Thank you.

- Immigrant IMGs (International Medical Graduates) website: [International Medical Graduate Program - Minnesota Dept. of Health \(state.mn.us\)](https://www.state.mn.us/health/immigrant/IMGs/index.html)
- MDH: Yende Anderson, yende.anderson@state.mn.us, 651-201-5988
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