

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, March 16, 2005

Members in Attendance: Munawar Azam, MD; Stanley Block, MD; Jeffrey Borkan, MD, PhD; Mark Braun, MD; L. Anthony Cirillo, MD; Charles Eaton, MD; Sarah Fessler, MD; Michael Fine, MD; David Gifford, MD, MPH; Arnold Goldberg, MD; Ellen Gurney, MD; William Hollinshead, MD, MPH; Victor Lerish, MD; Omar Meer, MD; John Murphy, MD; Mark Schwager, MD. *Guests:* Kerrie Jones Clark. *HEALTH Staff:* Robert Crausman, MD, MMS; Deborah Fuller, DMD, MS; John Fulton, PhD; Maureen Ross, RDH, BS; Deborah Pearlman, PhD. *PCPAC Staff:* Carla Lundquist, Mary Anne Miller, RN, MPH.

Unable to Attend: Herbert Brennan, DO; Herbert Constantine, MD; Sharon Marable, MD, MPH; Ray Maxim, MD; Donya Powers, MD; Richard Wagner, MD; John Young.

- *The J-1 Visa Waiver Program is an excellent tool for physician recruitment, but serious efforts must be made to increase provider retention at sites and within the state once the service obligation is complete.*
- *Determining organization of practices and establishing bidirectional communications mechanisms with primary care physicians statewide is essential in planning for and coping with emergent health issues.*

Dr. Fine opened the meeting at 7:30 AM and acknowledged the committee's appreciation of Dr. Maxim's hard work and leadership in his tenure as PCPAC Chair for the last two and a half years. Minutes of the February 16, 2005 meeting were approved as written.

J-1 Visa Waiver Program: Dr. Crausman, Chief Administrative Officer, Board of Medical Licensure & Discipline, provided an overview of the J-1 Visa Waiver Program in RI. International medical graduates who complete graduate training in the U.S. under J-1 Visas may have the two-year foreign residency requirement waived by agreeing to practice full-time for at least three years at a health care facility in a federally designated health professional shortage area (HPSA) or medically underserved area/medically underserved population (MUA/MUP). The facility must accept Medicare, Medicaid, and medically indigent patients. Under the Conrad 30 waiver program, the state may recommend up to 30 applications for waivers each year for State Department approval. Currently, there are ~125 physicians working in RI under J-1 Visa Waivers. The waiver program was originally conceived as a method to increase the supply of primary care physicians in underserved areas, but states may recommend other specialties of need at the discretion of the Director of Health. The most recent Congressional reauthorization of the Conrad 30 program allows five of the 30 state recommendations to be used for physicians practicing in a facility outside a designated shortage area, as long as the facility serves patients who reside in a designated HPSA/MUA/MUP. RI's priorities for J-1 Visa Waiver recruitment are posted on HEALTH's website [<http://www.health.ri.gov/hrs/professions/visa/j1visa.php>]; HPSA and MUA/MUP maps can be found at [<http://www.health.ri.gov/disease/primarycare/hpsa-professionals.php>].

Over the past two years, RI has made some changes in oversight of the J-1 Visa Waiver Program in an effort to increase provider retention on completion of the service obligation and to ensure equitable treatment of J-1 Visa Waiver physicians. Beyond the applicant's qualifications, the job offer, site need, and proposed contract are reviewed. Contract non-compete clauses are no longer permitted, severe monetary penalties for breach of contract are discouraged, and labor practices are monitored more closely to curtail abuse issues, particularly for sites with a "revolving door" policy that replaces one J-1 Visa Waiver physician with another to keep costs low. Currently, any substantial changes in physician contracts must be reviewed by HEALTH. Drs. Meer and Azam, formerly RI J-1 Visa Waiver program participants, commented on some of the challenges faced by J-1 physicians including the extending the service obligation from three years to five years, unfair labor practices, and discriminatory policies that compel MDs to leave the state when the service obligation was complete. Dr. Meer noted that RI was an attractive practice location for J-1 Waiver physicians and suggested that more MDs would be inclined to remain in the state if HEALTH served as a mediator to resolve untenable situations between physicians and employers. PCPAC members noted that physicians dissatisfied with their employment would be less able to serve their patients and community well. To promote stability of communities and patient/provider relationships, it was suggested that HEALTH require sites to provide retention plans.

Communications with Primary Care Physicians: Dr. Gifford thanked all present for their attendance, and requested a round of introductions to better understand the constituencies represented by PCPAC members. He expressed a desire to partner with the committee to expand bidirectional communications between HEALTH and the primary care community. He briefly discussed his background in quality improvement and his thoughts on using measurement, partnership/collaboration, synergy, and a customer satisfaction approach to improve the performance of public health. Dr. Gifford's planned focus areas for the next five years are: 1) racial/ethnic/gender health disparities; 2) childhood obesity and fitness; 3) changes and improvements in nursing homes; 4) emergency preparedness; and 5) providing better customer service in fulfilling HEALTH's main functions. Establishing and enhancing communications mechanisms with physicians statewide will be essential in planning for and coping with emergent health issues. Dr. Crausman has sent survey letters to physicians statewide regarding communications; and Dr. Gifford urged committee members to complete/return them. HEALTH needs to understand how RI physicians are organized into practice groups in order to plan effective communications. The blast fax is highly regarded by the community for distribution of information from HEALTH, and Dr. Gifford is interested in exploring other information technologies to create communications channels from physicians back to HEALTH. PCPAC members agreed that more two-way communication is needed, and discussed current efforts and potential approaches/focus issues that might be effective in generating community response.

PCPAC Agenda & Focus: Ms. Miller gave a brief outline of topics that will be covered in upcoming meetings and noted that next month's annual member survey will include the opportunity to nominate oneself or a colleague as Chair for the upcoming two-year term.

NEXT PCPAC MEETING WEDNESDAY, APRIL 20, 2005