

# International Medical Graduate Assistance Program: Report to the Minnesota Legislature

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JANUARY 2016

# **International Medical Graduate Assistance Program: Report to the Minnesota Legislature**

January 2016

Minnesota Department of Health  
Division of Health Policy  
Office of Rural Health & Primary Care



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Minnesota  
Department  
of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

March 9, 2016

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The Honorable Kathy Sheran  
Chair, Health, Human Services and Housing  
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Honorable Chairs:

I am pleased to present this report of the International Medical Graduate (IMG) Assistance Program, as authorized by 2015 Minnesota Statutes, Section 144.1911.

In the last few months, MDH and stakeholders have made great strides in establishing a strong foundation for the IMG Assistance program by engaging additional stakeholders, working across state agencies, issuing grants, and developing programmatic policies and procedures.

Once again, Minnesota is leading the nation in health care innovation as the first state to implement a comprehensive program to integrate immigrant medical graduates into the physician workforce, taking an important first step to realize the potential of these uniquely qualified professionals to address pressing issues like healthcare disparities, workforce shortages and rising health care costs. This program is an important strategy to improve health equity in Minnesota.

I thank you for your commitment to Minnesota and all who live here. I welcome your questions and thoughts on how we can work together to strengthen Minnesota's health workforce and improve health equity for new Americans and the entire population.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger".

Edward P. Ehlinger, M.D., M.S.P.H.  
Commissioner  
P.O. Box 64975  
St. Paul, MN 55164-0975

# Acknowledgements

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MDH staff would like to thank the members and chair of the IMG Assistance Program Stakeholder Group and other key partners for their dedication and collaboration. So many continue to give so much, all on a volunteer basis and all in the spirit of helping our state break new ground in expanding health access and health equity. For a full list of Members of the Stakeholder Group, see Appendix C on pages 28-30.

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# Executive Summary

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## Background

While Minnesota's population is growing and becoming increasingly diverse, the state's primary care workforce is not keeping pace. Currently, 19% of Minnesota's population is comprised of minority and immigrant communities, but just 13% of the primary care workforce is from minority and immigrant communities. At the same time, Minnesota is projected to experience a shortage of primary care providers in the next decade.

In addition, Minnesota has among the worst health disparities in the nation, with minority and immigrant populations experiencing poorer health outcomes and poorer general health than their white counterparts.

Studies suggest that greater diversity in the health workforce, specifically increased cultural and linguistic competency, leads to improved clinical outcomes for racial minorities and immigrant populations.<sup>1</sup> One strategy to increase both the number and diversity of primary care providers is to integrate people trained as physicians in other countries into medical practice or an alternate health profession in Minnesota.

In response to these issues, the 2014 Legislature created a task force on foreign trained physicians, whose report documented the significant and longstanding barriers immigrant physicians face in securing medical residency and becoming licensed physicians. The task force also made recommendations to integrate these physicians into the health care workforce, which became the basis for the 2015 Legislature's creation of the International Medical Graduate (IMG) Assistance Program.

The IMG Assistance Program makes a powerful statement about the value that these individuals can provide in terms of both expanding access to care and diversifying Minnesota's health care workforce. It is also an innovative complement to other health care workforce development programs in Minnesota, which can address barriers to practice and facilitate pathways to assist the integration of IMGs into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state and decreasing health disparities.

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<sup>1</sup> Joiner, J. Racial Concordance as a Method to Decrease Healthcare Disparities. [Internet] Available from: [http://www.cwru.edu/med/epidbio/mphp439/Racial\\_Concordance.pdf](http://www.cwru.edu/med/epidbio/mphp439/Racial_Concordance.pdf)

## Activities to Date

In the initial six months since the IMG Assistance Program was created by the Legislature, MDH has implemented the following program elements:

### Program Administration

The program is being implemented in consultation with a stakeholder group including representatives from state agencies (the Board of Medical Practice, the Office of Higher Education, Minnesota Department of Employment and Economic Development), the health care industry, provider associations including the Minnesota Academy of Physician Assistants, community-based organizations, higher education, and the Immigrant International Medical Graduate (IIMG) community. The stakeholder group has met twice to date.

### Program Components

- 1) **Roster:** With the help of community organizations, the new IMG program has developed an initial list of 99 immigrant physicians currently interested in entering the Minnesota healthcare workforce. As the program becomes more established, the number of IMG on the list is expected to grow. (It is estimated that there are approximated 250-400 IMGs living in Minnesota.)
- 2) **Collaboration to address barriers to residency:** A major barrier to residency is the recency of the year of graduation from medical school. Stakeholders have surveyed primary care residency program directors at the University of Minnesota and all reported that they would be willing to relax the requirement relating to the year of graduation if the applicant demonstrated that they passed a rigorous clinical assessment and participated in an in-depth clinical experience in the US.
- 3) **Clinical Assessment:** Statute directs MDH to establish a process to assess and certify the clinical readiness of eligible immigrant international medical graduates to serve in a residency program. MDH has conducted the background research and as of January 2016 is beginning the process to contract with a qualified entity to develop the Minnesota IIMG Clinical Assessment.
- 4) **Career Guidance and Support:** This component of the program includes information on training and licensing requirements for physician and nonphysician health care professions, and guidance in determining which pathway is best suited for an individual international medical graduate based on the graduate's skills, experience, resources, and interests; support in becoming proficient in medical English; support in becoming proficient in the use of information technology, including computer skills and use of electronic health record technology; and support for increasing knowledge of and familiarity with the United States health care system and preparation for the licensing exams.

The MN Department of Employment and Economic Development (DEED) and MDH executed an interagency agreement which will supplement funds at MDH for these activities. MDH will invite eligible nonprofits to submit proposals for the 2016 IMG Career Guidance and Support Grant Program in January 2016.

- 5) **Clinical Preparation and Experience:** MDH and stakeholders have developed the policies and procedures for the clinical preparation and experience. The prerequisite to participation is completing the clinical assessment, which will determine the length of the clinical experience. IMGs will then participate in a post assessment which will lead to a certificate of clinical readiness.
- 6) **Dedicated Residency Positions:** The University of Minnesota Pediatric Residency Program was selected as the first recipient of funding from the International Medical Graduate Primary Care Residency Grant Program and is in the process of selecting a resident. The resident will begin in March 2016.

## Conclusion

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Minnesota is the first state in the nation to implement a comprehensive program to integrate immigrant medical graduates into the physician workforce, taking an important and innovative first step to realize the potential of these uniquely qualified professionals to address pressing issues like healthcare disparities and workforce shortages.

In the last few months, MDH and stakeholders have made great strides in establishing a strong foundation for the IMG Assistance program by engaging additional partners, working across state agencies, issuing grants, and developing policies and procedures.

This program is positioned to have great impact, both for the individual immigrant medical graduates who participate in it and for the future patients that they may serve. However, MDH and stakeholders also realize that its reach may be limited, given the number of IMGs in Minnesota and those likely to arrive in the future. MDH and stakeholders look forward to implementing the next steps, including developing strategies to leverage additional funding sources and continuing to explore changes necessary in health professional licensure and regulation to ensure full utilization of immigrant international medical graduates in the Minnesota health care delivery system.





# Introduction

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While Minnesota's population is growing and becoming increasingly diverse, the state's primary care workforce is not keeping pace. Currently, 19% of Minnesota's population is comprised of minority and immigrant communities, but just 13% of the primary care workforce is from minority and immigrant communities. At the same time, Minnesota is projected to experience a shortage of primary care providers in the next decade.

In addition, Minnesota has among the worst health disparities in the nation, with minority and immigrant populations experiencing poorer health outcomes and poorer general health than their white counterparts.

Studies suggest that greater diversity in the health workforce, specifically increased cultural and linguistic competency, leads to improved clinical outcomes for racial minorities and immigrant populations.<sup>2</sup> One strategy to increase both the number and diversity of primary care providers is to integrate people trained as physicians in other countries into medical practice or an alternate health profession in Minnesota.

In response to these issues, the 2014 Legislature created a task force on foreign trained physicians, whose report documented the significant and longstanding barriers immigrant physicians face in securing medical residency, which is required to become a Minnesota licensed physician. The task force also made recommendations to integrate these physicians into the health care workforce, which became the basis for the 2015 Legislature's creation of the International Medical Graduate (IMG) Assistance Program.

The International Medical Graduate (IMG) Assistance Program ([2015 Minnesota Statutes, Section 144.1911](https://www.revisor.mn.gov/statutes/?id=144.1911) <https://www.revisor.mn.gov/statutes/?id=144.1911>) is designed to address barriers to practice and facilitate pathways to assist immigrant IMGs to integrate into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state.

Pursuant to subdivision 10 of that law, this report represents the Department's annual report on the progress of IMG integration activities, including recommendations on actions needed for continued progress integrating IMGs.

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<sup>2</sup> Id.

In collaboration with a multidisciplinary stakeholder group, community-based grantees, contractors, medical schools and medical residency programs, the IMG Assistance Program works to provide the following services (see Appendix B for the continuum of services):

- Gateway and Navigation (roster enrollment, career navigation, United States Medical Licensing Exam (USMLE) prep and ECFMG certification)
- Foundational Skill Building (medical English training, orientation to U.S. health care system, IT/typing skills training)
- Clinical Assessment
- Clinical Preparation (clinical instruction, clinical experience, letters of reference)
- Clinical Certification
- Residency Application Assistance
- Residency positions

Detailed information about the IMG Assistance Program is available on the [IMG Assistance Program website](http://www.health.state.mn.us/divs/orhpc/img/index.html) (<http://www.health.state.mn.us/divs/orhpc/img/index.html>).

This legislation reflected many of the recommendations presented in the [Task Force on Foreign-Trained Physicians Report to the Minnesota Legislature in January 2015](http://www.health.state.mn.us/divs/orhpc/workforce/iimg/finalrpt.pdf) (<http://www.health.state.mn.us/divs/orhpc/workforce/iimg/finalrpt.pdf>). (See Appendix C for a summary of the recommendations and how those compare to the final law). The Task Force report provides rich background on the rationale, policy drivers and potential of the new program. Additional background information is available on the [Task Force website](http://www.health.state.mn.us/divs/orhpc/workforce/iimg/meetings.html) (<http://www.health.state.mn.us/divs/orhpc/workforce/iimg/meetings.html>).

# Background

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The challenge of integrating foreign-trained physicians is complex and long-standing. In Minnesota, the issue has recently gained urgency as policy makers seek 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

The Task Force concluded that integrating more immigrant physicians into Minnesota's health workforce could help address each of these issues, based on the following findings:

1. **Comparison of the licensed physician workforce to the population overall**
  - The licensed physician workforce is older than Minnesota's population.
  - The physician workforce does not mirror the state's racial and ethnic composition.
  - Licensed foreign-trained physicians represent 16 percent of the physician workforce, but most of Minnesota's largest immigrant and refugee communities are underrepresented.
2. **Identification of immigrant physicians seeking to enter the health workforce**
  - Minnesota is currently home to an estimated 250-400 unlicensed immigrant physicians.
  - In a survey of the state's immigrant physicians, 87 percent of respondents were interested in entering medical practice or other health careers in Minnesota.
  - Among the survey respondents, 37 countries were represented and over 30 languages.
  - Just over half of the survey respondents were eligible to apply for medical residency, but only a small minority (17 percent) has been accepted into a residency program.
3. **Identification of barriers to practice.** Immigrant physicians face a range of barriers, with the following most significant:
  - *Growing competition for limited residency spots:* While 95 percent of seniors in U.S. medical schools get into medical residency, most immigrant physicians do not. This competition will get even tougher with the "residency bottleneck:" increasing numbers of medical graduates competing for a capped number of residency slots,
  - *"Recency" of graduation from medical school:* Most U.S. residency programs consider only those who have graduated from medical school within three to five years. Consequently, many of the most highly qualified immigrant physicians – those

who have practiced extensively since medical school – are essentially disqualified at this point in the path to licensure.

- *Lack of recognized clinical experience:* Most American residency programs prefer or even require that applicants have clinical experience acquired in the U.S., but such hands-on experience is nearly impossible to obtain outside of medical school or residency.
- *Complexity and costs of testing and other steps needed to qualify for residency:* Foreign-trained physicians often need assistance in English proficiency, exam preparation and navigating the path to licensure. Assistance programs are crucial, but will continue to have only limited success if other structural barriers go unaddressed.

The Task Force concluded that Minnesota has a valuable and underused resource in its population of immigrant physicians, many of whom stand willing and qualified to serve as primary care providers in rural and underserved communities of the state. It also concluded that Minnesota could effectively address the obstacles faced by those physicians if it undertook strategic, coordinated, public-private action. When implemented, these strategies could produce a larger and more diverse primary care workforce capable of reducing both health disparities and health costs in Minnesota. These findings are discussed in greater detail in the 2014 Task Force report, available at:

<http://www.health.state.mn.us/divs/orhpc/workforce/iimg/finalrpt.pdf>

## Definitions

International Medical Graduates (IMGs) are defined as individuals who obtained their basic medical degree outside the U.S. and Canada.<sup>3</sup> IMGs in the U.S. include several distinct subsets: (1) U.S.-born citizens who obtained their medical degree overseas (most commonly in the Caribbean or Central America); (2) foreign-born individuals who reside in the U.S. on non-immigrant visas (such as J-1, O-1 or H1-B visas) and (3) immigrants to the U.S. classified as either permanent residents (“green card” holders), U.S. citizens, asylees or refugees.

Pursuant to the law authorizing it, **the IMG Assistance Program focuses specifically on category (3), herein referred to as Immigrant IMGs (IIMGs), and specifically IIMGs not licensed to practice medicine in the U.S.**

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<sup>3</sup> Educational Commission for Foreign Medical Graduates. Definition of an IMG. Available from: <http://www.ecfm.org/certification/definition-img.html>. As the ECFMG notes, it is the location of the medical school that determines whether the physician is an IMG. Hence, if a non-U.S. citizen obtains their degree in the U.S., s/he is not considered an IMG.

# Activities to Date

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The International Medical Graduate (IMG) Assistance Program is the first multi-component state program in the U.S. to assist immigrant international medical graduates (IIMGs) with integrating into the health care delivery system. As such, much of its start-up work in the first year, particularly establishing an administrative foundation and developing program elements with an eye to maximum long-term impact and value for the state of Minnesota, has had few or no existing models to draw from. Despite the challenges of scaling the program to available funds and designing a first-of-its-kind program from scratch, the program has accomplished much in its first seven months and is well-positioned to help integrate growing numbers of IIMGs in their quest to serve in Minnesota's health care system.

## Program Administration

Funding for the program became available in July 2015 and a coordinator was hired in September 2015.

The program is being implemented in consultation with a variety of stakeholders, guided by a highly engaged stakeholder group that builds on the success of the 2014 Task Force, which brought together an unprecedented combination of individuals and organizations. The membership of the stakeholder group includes representatives from state agencies including the Board of Medical Practice and the Office of Higher Education, the health care industry, provider associations including the Minnesota Academy of Physician Assistants, community-based organizations, higher education, and the IIMG community. (See Appendix D: Roster of stakeholder group). The IIMG Assistance Program Stakeholder group meets quarterly and has subgroups or workgroups which meet in between the quarterly meetings. The workgroups are:

- Clinical Assessment and Experience
- Nonphysician Professions
- Licensing
- Financial Aid

These work groups include additional stakeholders beyond those serving on the overall stakeholder group, and include additional representatives from the Minnesota Medical Association and Board of Medical Practice.

# Program Components

## 1. Roster

*Legislative charge: [D]evelop and maintain, in partnership with community organizations working with international medical graduates, a voluntary roster of immigrant international medical graduates interested in entering the Minnesota health workforce to assist in planning and program administration, including making available summary reports that show the aggregate number and distribution, by geography and specialty, of immigrant international medical graduates in Minnesota. (M.S. 144.1911, subd. 3, clause (2))*

Last year's Task Force estimated that Minnesota is home to approximately 250-400 immigrant physicians who are not able to practice here because of barriers to licensure. This estimate was made without the benefit of any official, ongoing count of the total number of unlicensed immigrant physicians living in the state. This led to the recommendation that a centralized, voluntary roster of those interested in entering the Minnesota health workforce be created to provide better and more consistent information about the pool of immigrant physicians in the state and their qualifications and interests. This would, in turn, guide planning and program administration for maximum impact.

### **Progress to Date**

With the help of community organizations, the new IMG program has developed an initial database of 99 immigrant physicians currently interested in entering Minnesota health care workforce. This initial database is simply the starting point and will be used to build the full IMG Roster, which will collect the following information:

- Name
- Home Country
- Country of Medical Education
- Date of Medical School Graduation
- Specialty / Area of Practice
- Date of Entry into the US
- Date of Entry into Minnesota
- Minnesota County of Residency
- Current Employment
- Languages Spoken
- Desire to pursue US Medical Licensure (Y/N)
- USMLE tests taken and scores
- ECFMG Certified (Y/N)
- Have you applied for Residency
- If so, how many times? Any interviews? Did you secure a residency position (Y/N)
- If you secured a residency position, what was the specialty area of practice?

- Have you completed residency in the US? If so what is your current area of practice? Is it in a rural or underserved area?

The program is currently reviewing the technology options available to build and host the IMG Roster. The current options are minimal, static and do not allow for continual interaction and updates. The ability to interact and update the data will not only help identify IMGs in Minnesota but will help the program track their progress of integration into the health care system and will offer a recruitment pool for medical residency programs and other alternative professional opportunities, such as internships for the expansion of the public health workforce.

The next step is to continue populating the current database as we invite more IMGs to participate through outreach and recruitment with our partners and through the application and intake process of the grant programs. We will also explore funding options to build a more robust, interactive IMG Roster that could include features such as an initial self-assessment to quickly direct people to next steps. An enhanced Roster could also be an official source of information on health professionals who have unique skills such as competency in particular cultures, specific language skills, etc., that would be available to potential pre-residency employers, residency and Physician Assistant programs. It could also serve as a platform for identifying and working with immigrants in other health occupations.

## 2. Collaboration to address barriers to residency

*Legislative charge: [W]ork with graduate clinical medical training programs to address barriers faced by immigrant international medical graduates in securing residency positions in Minnesota, including the requirement that applicants for residency positions be recent graduates of medical school. (M.S. 144.1911, subd. 3, clause (3)).*

One of the main reasons immigrant physicians struggle to secure a medical residency is out of their control: most U.S. residency programs consider only “recent” graduates from medical school, typically requiring graduation within three to five years of application to residency. As a result, some of the most highly qualified immigrant physicians – those who have practiced extensively since medical school – are essentially disqualified at this point in the pathway to licensure.

The primary rationale for these “recency” guidelines is the need for residents to be as up-to-date as possible on medical knowledge, treatment methods and protocols, and technology, particularly given how swiftly the health care field is changing. The 2014 Task Force concluded these valid concerns could be addressed in new, more effective ways that would benefit residency programs and immigrant physicians alike, and that these innovations alone could go a long way toward integrating more immigrant physicians into the health workforce.



## Progress to Date

As indicated earlier, one of the workgroups of the Stakeholder group is Clinical Assessment and Clinical Preparation. Collaborating with clinical medical training programs to address the recency issue falls within the purview of this workgroup.

As an initial step, the work group conducted a survey of the six primary care residency program directors at the University of Minnesota and asked:

- a) Does your program eligibility include:
  - Graduation for medical school within five years of date of program application and;
  - U.S. clinical experience?
- b) Under what circumstances are you willing to relax those requirements?

The responses confirmed that a majority of the programs require applicants to have graduated from medical school within the last five years. One program requires applicants to have graduated from medical school within the last five years *or* practiced medicine within the last three years. Two programs evaluate the year of graduation on a case-by-case basis. However, they reported that the applications of those who graduated from medical school more than five years ago are under increased scrutiny.

All program directors reported that they would be willing to relax the requirement relating to the year of graduation if the applicant demonstrated that they had passed a rigorous clinical assessment and participated in an in-depth clinical experience in the United States.

We also learned that all program directors value IMGs and the cultural competencies IMGs add to the practice of medicine in Minnesota. Many work with IMGs. However, they generally work with IMGs who are on J-1 or H1-B visas<sup>4</sup> and not IMGs who have immigrated to Minnesota (the focus of this program).

To address this opportunity, the program will next work to finalize the clinical assessment and clinical experience program (described below) and work with the program directors to ensure that its components meet the requirements of being rigorous and in-depth. Our partners at the University of Minnesota are also conducting a review of past IIMG applications to residency programs to identify the impact of the recency issue in obtaining a residency position and to identify ways in which IIMGs can highlight their competencies and be more competitive in the residency application process.

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<sup>4</sup> J-1 visa is a non-immigrant visa issued by the United States to scholars, professionals or others to participate in cultural exchange in the US, including obtaining medical training. H1-B visa is also a nonimmigrant visa issues by the United States to high skilled workers. It allows US employers to temporarily employ foreign workers to specialty occupations. Both visas require a sponsor and are costly to obtain.

### 3. Clinical Assessment

*Legislative Charge: [D]evelop a system to assess and certify the clinical readiness of eligible immigrant international medical graduates to serve in a residency program. (M.S. 144.1911, subd. 3, clause (4))*

The current system of certification from the Educational Commission on Foreign Medical Graduates (ECFMG), needed for admission to residency and for licensure, requires that IMGs pass a part of the United States Medical Licensing Exam (USMLE) that assesses a medical graduate's clinical skills. However, the 2014 Task Force heard repeatedly – including from residency program directors directly – that ECFMG certification alone does not give them enough information about a candidate's clinical aptitude to know if they will succeed in a U.S. medical residency program. The Task Force therefore recommended, and the IMG Program Assistance program provides, that Minnesota develop a standardized assessment and certification program that would assess the clinical readiness of immigrant physicians, and therefore allow IIMGs to compete more fully with U.S. medical graduates for limited residency spots.

#### **Progress to Date**

As noted above, one of the workgroups of the Stakeholder group is the Clinical Assessment and Clinical Preparation group. In designing this component of the IMG program staff worked with the Interprofessional Education and Resource Center (IERC) and Academic Health Center (AHC) Simulation Center at the University of Minnesota. Staff there conduct simulations designed to meet assessment needs for professional accreditation as well as develop and promote interprofessional education and collaborative practice, and foster the development of clinical skills and patient communication. (<http://www.simulation.umn.edu/about>) Staff also has past experience conducting assessments for IMG's in collaboration with the University of Minnesota's Preparation for Residency Program which ended in [year].

The Simulation Center has provided concepts for building and implementing an assessment which will be presented to the Stakeholder Group in early 2016 for review and direction regarding contracting and implementation. MDH will then solicit bids and contract with a qualified entity to develop a Minnesota IIMG Assessment.

### 4. Career Guidance and Support

*Legislative Charge:*

*(a) The commissioner shall award grants to eligible nonprofits organizations to provide career guidance and support services to immigrant international medical graduates seeking to enter the Minnesota health workforce.*

*(b) The commissioner shall award the initial grants under this subdivision by December 31, 2015. (M.S. 144.1911, subd. 4)*

Practicing medicine in the U.S. requires a wide range of skills and knowledge, some specific to the rapidly changing and highly complex American health care system. Even immigrant physicians with extensive clinical skills and experience overseas have much to learn in order to qualify for residency and practice effectively in the U.S. In addition to passing the rigorous and highly technical USMLE licensing exams required for ECFMG certification, they must demonstrate to residency programs that their English proficiency, technological skills and understanding of U.S. medical culture make them qualified to train successfully in a graduate clinical setting and beyond.

The Task Force examined existing programs, including the Foreign-Trained Health Care Professionals program funded by the legislature in three of the last ten years and administered by the Minnesota Department of Employment and Economic Development (DEED), that seek to support IMGs with career navigation, language assistance and test preparation. It concluded that such programs are a key component of integrating immigrant physicians into the health workforce, but will have a far greater impact if they work in concert with other key partners (including the medical education system, health care providers and employers, and regulatory bodies) and if key barriers on the pathway can be addressed (including opportunities for clinical experience and mechanisms for assessing clinical readiness).

The Task Force's recommendations therefore proposed, and the new program provides, for continuing support for these foundational programs, but doing so within a coordinated statewide system.

### **Progress to Date**

In the interests of interagency coordination, DEED and MDH executed an interagency agreement that will transfer from DEED to MDH most of the \$200,000 DEED was allocated by the 2015 Legislature for its Foreign-Trained Health Care Professionals program. This will supplement funds at MDH for these activities.

Staff and work group members also concluded that the program should expand traditional career guidance and support to also include trauma support and coaching. Many of the immigrant IMGs did not plan to leave their countries of origin but rather have uprooted their families, lost their physical belongings, professions and a sense of self-worth due to political persecution, civil unrest or war. As a result, they have experienced significant trauma. This is further compounded by the disappointment of loss of the ability to use their skills and talents in their new home. Many have tried for years to enter the health workforce and are experiencing failure to reach goals for the first time in their lives. Many hold on at all cost to the dream of practicing medicine. While this is an option for some, others could add value to the health workforce in MN by considering other alternatives including working in public health or in the Physician Assistant (PA) profession. Part of the problem is that they are not fully aware of these opportunities and what they entail. Combining trauma support and coaching including information on alternative pathways would be essential in helping IMGs deal with past trauma

and providing the necessary information and tools to help them make informed professional decisions.

The next step in developing these services is to issue a request for proposals from non-profit organizations to provide the necessary career guidance and support.

## 5. Clinical Preparation and Experience

### *Legislative Charge*

*(a) The commissioner shall award grants to support clinical preparation for Minnesota international medical graduates needing additional clinical preparation or experience to qualify for residency.*

*(b) The policies and procedures for the clinical preparation grants must be developed by December 31, 2015, including an implementation schedule that begins awarding grants to clinical preparation programs beginning in June of 2016. (M.S. 144.1911, subd. 5)*

The 2014 Task Force concluded another major reason immigrant physicians are not accepted into residency programs is a lack of hands-on clinical experience in the U.S. Most American residency programs give preference to applicants with clinical experience acquired in the U.S. or Canada. However, such hands-on experience with patients is nearly impossible to obtain outside of U.S. medical school or residency, particularly since patient privacy and security regulations were strengthened under the 1996 Health Insurance Portability and Accountability Act (HIPAA). This led to the recommendation, and resulting law, calling for a state grant program to support clinical training sites in providing hands-on experience and other preparation for Minnesota immigrant physicians needing additional clinical preparation or experience to become certified as ready for residency.

### **Progress to Date**

The Clinical Assessment and Clinical Preparation work group has been working to develop the policies, procedures, evaluation and outcomes for a grant program to support clinical preparation.

The group studied two basic types of clinical preparation: [UCLA International Medical Graduate Program](http://fm.mednet.ucla.edu/IMG/img_program.asp) [http://fm.mednet.ucla.edu/IMG/img\\_program.asp](http://fm.mednet.ucla.edu/IMG/img_program.asp)) and the former University of Minnesota Preparation for Residency Program (PRP). The program at UCLA is narrowly tailored to serve only Spanish speaking IMGs -not all IIMGs - who graduated from an international medical institution within the last four years. The PRP program was a broader program.

Based on its study of those programs, the work group has developed the following recommendations, which it will present to the overall Advisory stakeholder group in January 2016:

- a) The Clinical Preparation should serve a broad range of IIMGs and should not be limited to specific languages, ethnicities or year of graduation for medical school.

- b) A prerequisite for the clinical preparation should be the new Minnesota clinical assessment.
- c) The length of the clinical preparation should be based on the outcome of the clinical assessment. Standard preparation time is six months. A high pass on the assessment should result in a shorter preparation time and a low pass, a longer preparation time. Individuals who fail the assessment will be counseled on possible alternative opportunities.
- d) After the clinical preparation, an IIMG will be required to participate in a post-assessment conducted by an assessment preceptor.
- e) Passing the post-assessment will result in a certificate of clinical readiness.

The next step is to finalize the policies and procedures for the program and prepare a Request for Proposals for clinical preparation programs.

## 6. Dedicated Residency Positions

*Legislative Charge: The commissioner shall award grants to support primary care residency positions designated for Minnesota immigrant physicians who are willing to serve in rural or underserved areas of the state. (M.S. 144.1911, subd. 6)*

A key requirement for medical licensure in Minnesota is graduate clinical medical training in a U.S. or Canadian program accredited by a national accrediting organization approved by the state Board of Medical Practice. With rare exceptions, immigrant physicians are required to complete at least two years of such training, typically in a residency program, regardless of whether they completed similar clinical training outside the U.S.

Obtaining such a position, however, is a difficult feat for a variety of reasons. One is the sheer number of medical graduates vying for an essentially static number of residency positions. Medicare funding for residency training (which covers about 25 percent of GME costs in the U.S.) has been capped at the number of slots that existed in 1997, and funding by Medicare is less than what it costs to provide care and training, according to the Metro Minnesota Council on Graduate Medical Education. Even as the number of slots remains capped, however, the number of medical school graduates is increasing as many schools expand enrollments in anticipation of the physician shortages. Sometimes referred to as the “residency bottleneck,” this is a major reason cited by both the University of Minnesota and Mayo medical schools for why they do not plan to expand their medical school class sizes.

Given this need for additional residency spots and the unique qualifications many IIMGs bring to serve the fastest growing segments of the state’s population and their willingness to serve in rural and underserved communities, the IMG Program includes grants to establish new residency slots dedicated specifically to immigrant physicians. The enabling legislation also established a revolving international medical graduate residency account to accept funds from the public and private sectors to sustain grants for dedicated residency positions. In addition to the commitment to serve in a rural or underserved community for at least five years, an IIMG

accepted into a residency position funded by this grant program is required to pay the lesser of \$15,000 or ten percent of their annual compensation into the revolving account for five years, beginning in the second year of post residency employment.

### **Progress to Date**

In September, MDH invited Minnesota primary care residency programs to apply for such grant funding through the 2016 Immigrant International Medical Graduate Primary Care Residency Grant Program.

The University of Minnesota facilitated two informational meetings with primary care program directors to review the grant, answer any questions, and brainstorm on how to implement this grant and remain in compliance with the policies of post graduate medical education.

One program, the University of Minnesota Pediatric Residency Program, responded with an application for funding. The application was approved for funding and will include:

- a) An assessment-based recruitment process.
- b) Preliminary preparation period with more targeted and mentored orientation.
- c) A training program with additional retention and career preparation activities through mentorship. We are in the process of finalizing the contract with the University of Minnesota Pediatric Residency Program.

In December, 2015, the University of Minnesota Pediatric Residency Program issued a call for applications for this new IMG residency. As of the time of this report, they had received 26 applications. One individual will be selected to fill the residency position, for training between 2016 and 2019. The individual should begin serving in a rural or underserved community in July 2019 and will start making payments into the revolving fund in July 2020.

# Conclusion

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The creation of the IMG Assistance Program was an important milestone. Minnesota is now the first state in the nation to implement a comprehensive program to integrate immigrant medical graduates into the physician workforce, taking an important and innovative first step to realize the potential of these uniquely qualified professionals to address pressing issues like healthcare disparities, access to healthcare and workforce shortages.

In the last few months, MDH and stakeholders have made great strides in establishing a strong foundation for the IMG Assistance program by engaging additional stakeholders, working across state agencies, issuing grants, and developing programmatic policies and procedures. This program is positioned to have great impact in lowering healthcare cost by increasing the use of primary care; eliminating healthcare disparities through diversifying the healthcare workforce with culturally and linguistically appropriate care; and increasing the number of physicians in rural and underserved areas of the state.

However, as implementation begins and the program's resources are committed, MDH also realizes the limited reach the program may have, given the number of IMGs in Minnesota and those likely to arrive in the future. MDH and stakeholders look forward to implementing the next steps detailed above, including developing strategies to leverage existing resources and continuing to explore changes necessary in health professional licensure and regulation to ensure full utilization of immigrant international medical graduates in the Minnesota health care delivery system.

Minnesota law establishing the program requires the commissioner to develop and report recommendations for additional funding needed to achieve the objectives of this program. Although specific funding amounts needed have not yet been identified and reviewed by the program's stakeholder group, current funding is only sufficient to successfully serve 60 - 85 of the 250 – 400 immigrant physicians in Minnesota, and the short term funding appropriated will only support dedicated residency positions for two or three immigrant physicians.

# Appendices

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- A. IMG Assistance Program Legislation
- B. Continuum of Services
- C. Stakeholder Group Membership



# Appendix A: IMG Assistance Program Legislation

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2015 Minnesota Session Laws, Chapter 71, Article 8, Section 17

## **144.1911 INTERNATIONAL MEDICAL GRADUATES ASSISTANCE PROGRAM.**

### **Subdivision 1. Establishment.**

The international medical graduate assistance program is established to address barriers to practice and facilitate pathways to assist immigrant international medical graduates to integrate into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state.

### **Subd. 2. Definitions.**

- (a) For the purposes of this section, the following terms have the meanings given.
- (b) "Commissioner" means the commissioner of health.
- (c) "Immigrant international medical graduate" means an international medical graduate who was born outside the United States, now resides permanently in the United States, and who did not enter the United States on a J1 or similar nonimmigrant visa following acceptance into a United States medical residency or fellowship program.
- (d) "International medical graduate" means a physician who received a basic medical degree or qualification from a medical school located outside the United States and Canada.
- (e) "Minnesota immigrant international medical graduate" means an immigrant international medical graduate who has lived in Minnesota for at least two years.
- (f) "Rural community" means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in section [473.121, subdivision 2](#), excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.
- (g) "Underserved community" means a Minnesota area or population included in the list of designated primary medical care health professional shortage areas, medically underserved areas, or medically underserved populations (MUPs) maintained and updated by the United States Department of Health and Human Services.

### **Subd. 3. Program administration.**

In administering the international medical graduate assistance program, the commissioner shall:

- (1) provide overall coordination for the planning, development, and implementation of a comprehensive system for integrating qualified immigrant international medical graduates into the Minnesota health care delivery system, particularly those willing to serve in rural or underserved communities of the state;
- (2) develop and maintain, in partnership with community organizations working with international medical graduates, a voluntary roster of immigrant international medical graduates interested in entering the Minnesota health workforce to assist in planning

and program administration, including making available summary reports that show the aggregate number and distribution, by geography and specialty, of immigrant international medical graduates in Minnesota;

(3) work with graduate clinical medical training programs to address barriers faced by immigrant international medical graduates in securing residency positions in Minnesota, including the requirement that applicants for residency positions be recent graduates of medical school. The annual report required in subdivision 10 shall include any progress in addressing these barriers;

(4) develop a system to assess and certify the clinical readiness of eligible immigrant international medical graduates to serve in a residency program. The system shall include assessment methods, an operating plan, and a budget. Initially, the commissioner may develop assessments for clinical readiness for practice of one or more primary care specialties, and shall add additional assessments as resources are available. The commissioner may contract with an independent entity or another state agency to conduct the assessments. In order to be assessed for clinical readiness for residency, an eligible international medical graduate must have obtained a certification from the Educational Commission of Foreign Medical Graduates. The commissioner shall issue a Minnesota certificate of clinical readiness for residency to those who pass the assessment;

(5) explore and facilitate more streamlined pathways for immigrant international medical graduates to serve in nonphysician professions in the Minnesota workforce; and

(6) study, in consultation with the Board of Medical Practice and other stakeholders, changes necessary in health professional licensure and regulation to ensure full utilization of immigrant international medical graduates in the Minnesota health care delivery system. The commissioner shall include recommendations in the annual report required under subdivision 10, due January 15, 2017.

**Subd. 4. Career guidance and support services.**

(a) The commissioner shall award grants to eligible nonprofit organizations to provide career guidance and support services to immigrant international medical graduates seeking to enter the Minnesota health workforce. Eligible grant activities include the following:

(1) educational and career navigation, including information on training and licensing requirements for physician and nonphysician health care professions, and guidance in determining which pathway is best suited for an individual international medical graduate based on the graduate's skills, experience, resources, and interests;

(2) support in becoming proficient in medical English;

(3) support in becoming proficient in the use of information technology, including computer skills and use of electronic health record technology;

(4) support for increasing knowledge of and familiarity with the United States health care system;

(5) support for other foundational skills identified by the commissioner;

- (6) support for immigrant international medical graduates in becoming certified by the Educational Commission on Foreign Medical Graduates, including help with preparation for required licensing examinations and financial assistance for fees; and
  - (7) assistance to international medical graduates in registering with the program's Minnesota international medical graduate roster.
- (b) The commissioner shall award the initial grants under this subdivision by December 31, 2015.

**Subd. 5. Clinical preparation.**

- (a) The commissioner shall award grants to support clinical preparation for Minnesota international medical graduates needing additional clinical preparation or experience to qualify for residency. The grant program shall include:
- (1) proposed training curricula;
  - (2) Associated policies and procedures for clinical training sites, which must be part of existing clinical medical education programs in Minnesota; and
  - (3) Monthly stipends for international medical graduate participants. Priority shall be given to primary care sites in rural or underserved areas of the state, and international medical graduate participants must commit to serving at least five years in a rural or underserved community of the state.
- (b) The policies and procedures for the clinical preparation grants must be developed by December 31, 2015, including an implementation schedule that begins awarding grants to clinical preparation programs beginning in June of 2016.

**Subd. 6. International medical graduate primary care residency grant program and revolving account.**

- (a) The commissioner shall award grants to support primary care residency positions designated for Minnesota immigrant physicians who are willing to serve in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency position per year. Eligible primary care residency grant recipients include accredited family medicine, internal medicine, obstetrics and gynecology, psychiatry, and pediatric residency programs. Eligible primary care residency programs shall apply to the commissioner. Applications must include the number of anticipated residents to be funded using grant funds and a budget. Notwithstanding any law to the contrary, funds awarded to grantees in a grant agreement do not lapse until the grant agreement expires. Before any funds are distributed, a grant recipient shall provide the commissioner with the following:
- (1) a copy of the signed contract between the primary care residency program and the participating international medical graduate;
  - (2) certification that the participating international medical graduate has lived in Minnesota for at least two years and is certified by the Educational Commission on Foreign Medical Graduates. Residency programs may also require that

participating international medical graduates hold a Minnesota certificate of clinical readiness for residency, once the certificates become available; and (3) verification that the participating international medical graduate has executed a participant agreement pursuant to paragraph (b).

(b) Upon acceptance by a participating residency program, international medical graduates shall enter into an agreement with the commissioner to provide primary care for at least five years in a rural or underserved area of Minnesota after graduating from the residency program and make payments to the revolving international medical graduate residency account for five years beginning in their second year of post residency employment. Participants shall pay \$15,000 or ten percent of their annual compensation each year, whichever is less.

(c) A revolving international medical graduate residency account is established as an account in the special revenue fund in the state treasury. The commissioner of management and budget shall credit to the account appropriations, payments, and transfers to the account. Earnings, such as interest, dividends, and any other earnings arising from fund assets, must be credited to the account. Funds in the account are appropriated annually to the commissioner to award grants and administer the grant program established in paragraph (a). Notwithstanding any law to the contrary, any funds deposited in the account do not expire. The commissioner may accept contributions to the account from private sector entities subject to the following provisions:

- (1) the contributing entity may not specify the recipient or recipients of any grant issued under this subdivision;
- (2) the commissioner shall make public the identity of any private contributor to the account, as well as the amount of the contribution provided; and
- (3) a contributing entity may not specify that the recipient or recipients of any funds use specific products or services, nor may the contributing entity imply that a contribution is an endorsement of any specific product or service.

**Subd. 7. Voluntary hospital programs.**

A hospital may establish residency programs for foreign-trained physicians to become candidates for licensure to practice medicine in the state of Minnesota. A hospital may partner with organizations, such as the New Americans Alliance for Development, to screen for and identify foreign-trained physicians eligible for a hospital's particular residency program.

**Subd. 8. Board of Medical Practice.**

Nothing in this section alters the authority of the Board of Medical Practice to regulate the practice of medicine.

**Subd. 9. Consultation with stakeholders.**

The commissioner shall administer the international medical graduates assistance program, including the grant programs described under subdivisions 4, 5, and 6, in consultation with representatives of the following sectors:

- (1) state agencies:
  - (i) Board of Medical Practice;
  - (ii) Office of Higher Education; and
  - (iii) Department of Employment and Economic Development;
- (2) health care industry:
  - (i) a health care employer in a rural or underserved area of Minnesota;
  - (ii) a health plan company;
  - (iii) the Minnesota Medical Association;
  - (iv) licensed physicians experienced in working with international medical graduates; and
  - (v) the Minnesota Academy of Physician Assistants;
- (3) community-based organizations:
  - (i) organizations serving immigrant and refugee communities of Minnesota;
  - (ii) organizations serving the international medical graduate community, such as the New Americans Alliance for Development and Women's Initiative for Self Empowerment; and
  - (iii) the Minnesota Association of Community Health Centers;
- (4) higher education:
  - (i) University of Minnesota;
  - (ii) Mayo Clinic School of Health Professions;
  - (iii) graduate medical education programs not located at the University of Minnesota or Mayo Clinic School of Health Professions; and
  - (iv) Minnesota physician assistant education programs; and
- (5) two international medical graduates.

**Subd. 10. Report.**

The commissioner shall submit an annual report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care and higher education on the progress of the integration of international medical graduates into the Minnesota health care delivery system. The report shall include recommendations on actions needed for continued progress integrating international medical graduates. The report shall be submitted by January 15 each year, beginning January 15, 2016.

## Appendix B: Continuum of Services

### Continuum of Services – Years 1-2 of IMG Assistance Program

Gateway & navigation	Foundational skill building	Clinical assessment	Clinical preparation	Residency application	Residency
<p><b>List of services:</b></p> <ul style="list-style-type: none"> <li>• Roster enrollment</li> <li>• Career navigation</li> <li>• USMLE prep</li> <li>• ECFMG certification</li> </ul>	<p><b>List of Services:</b></p> <ul style="list-style-type: none"> <li>• Medical English</li> <li>• Orientation to U.S. health care system</li> <li>• IT/typing</li> </ul>	<p><b>List of Services:</b></p> <ul style="list-style-type: none"> <li>• Clinical skills assessment</li> </ul>	<p><b>List of Services:</b></p> <ul style="list-style-type: none"> <li>• Clinical instruction</li> <li>• Clinical experience</li> <li>• Certification of clinical readiness</li> <li>• Letters of reference</li> </ul>	<p><b>List of Services:</b></p> <ul style="list-style-type: none"> <li>• Assistance with application &amp; match</li> <li>• Interviewing practice</li> </ul>	<p><b>List of Services:</b></p> <ul style="list-style-type: none"> <li>• Dedicated primary care residency positions</li> </ul>
<p><b>Provided by:</b> Community-based grantees</p>	<p><b>Provided by:</b> Community-based grantees</p>	<p><b>Provided by:</b> Contractor</p>	<p><b>Provided by:</b> Medical schools and/or residency programs</p>	<p><b>Provided by:</b> Community-based grantees</p>	<p><b>Provided by:</b> Residency programs</p>



## Appendix C: Stakeholder Group

Stakeholder Group	Member
<b>Board of Medical Practice</b>	<p><b>Ruth Martinez</b> Executive Director Board of Medical Practice</p> <p><b>Molly Shwanz</b> Supervisor, Licensure Unit Board of Medical Practice</p>
<b>Office of Higher Education</b>	<p><b>Diane O'Connor</b> Deputy Commissioner Office of Higher Education</p>
<b>Dept of Employment and Economic Dev</b>	<p><b>Annie Welch</b> Senior Planner MN Department of Employment and Economic Development</p> <p><b>Sarah Sinderbrand</b> Planner MN Department of Employment and Economic Development</p>
<b>Health care employer in rural or underserved area</b>	<p><b>James Volk, MD</b> Chief Medical Officer Sanford Health</p>
<b>Health plan</b>	<p><b>Julie Cole</b> GME Health Partners</p>
<b>MN Medical Association (MMA)</b>	<p><b>Armit Singh, MD</b> MN Medical Association</p>
<b>MN Academy of Physician Assistants (MAPA)</b>	<p><b>Leslie Milteer</b> President Minnesota Academy of Physician Assistants (MAPA)</p>



Stakeholder Group	Member
Licensed physicians experienced in working with IMGs	<p><b>Edwin Bogonko, MD, Chair</b>  Physician  St. Francis Regional Medical Center  Representative for the MN Medical Association</p>
Organizations serving the IMG community, such as NAAD and WISE	<p><b>Wilhelmina Holder</b>  Executive Director  Women’s Initiative for Self Empowerment (“WISE”)</p> <p><b>Mimi Oo</b>  Program Director/Coordinator  New Americans Alliance for Development (“NAAD”)</p> <p><b>Jinny Rietmann</b>  Program Coordinator  Foreign-Trained Healthcare Professionals  Workforce Development Inc.</p> <p><b>Jane Graupmann</b>  Executive Director  International Institute of Minnesota</p>
MN Assoc of Community Health Centers (MNACHC)	<p><b>Christopher Reif, MD</b>  Director of Clinical Services  Community University Health Care Clinic</p>
University of MN	<p><b>James Pacala, MD</b>  Associate Department Head  University of Minnesota, Family Medicine &amp;  Community Health</p>
Mayo School of Health Sciences	<p><b>Barbara Jordan</b>  Administrator  Mayo Clinic College of Medicine Office for Diversity</p>
GME programs not at U or Mayo	<p><b>Meghan Walsh, MD</b>  Chief Medical Education Officer  Associate Medical Director  Hennepin County Medical Center</p>
PA education program	<p><b>Donna DeGracia</b>  Curriculum Director/Academic Coordinator</p>

Stakeholder Group	Member
	Master of PA Studies Program St. Catherine University, School of Health
<b>Two IMGs</b>	<b>Tedla Kefene</b> International Medical Graduate  <b>Nadia Rini</b> International Medical Graduate