International Medical Graduate Assistance Program

Report to the Minnesota Legislature

August 1, 2018

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DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

August 1, 2018

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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 year, MDH and stakeholders have continued to build on a strong foundation for the IMG Assistance program by continuing to engage stakeholders, work across state agencies, and issue grants. We have strengthened relationships with existing partners and formed new relationships. This year, selected International Medical Graduates began participating in a nine-month intensive clinical preparation program for residency. This opportunity to participate in clinical preparation addresses a key barrier to entering residency programs for many aspiring International Medical Graduates.

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.

Sincerely,

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Acknowledgements

MDH staff would like to thank the members and chair of the International Medical Graduate 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.

Executive Summary

Pursuant to 2015 Minnesota Statutes, Section 144.1911, the Minnesota Department of Health implemented the *International Medical Graduates (IMG) Assistance Program* to address barriers to practice for immigrant international medical graduates, and to develop pathways to integrate them into the Minnesota health care delivery system. A key goal of the program is to increase access to primary care in rural and underserved areas of the state.

The components of the program include: 1) developing a roster of immigrant IMGs (IIMG) in Minnesota, 2) identifying the barriers to residency and taking steps to address them, including funding dedicated residency positions for IIMGs, supporting clinical readiness assessment and preparation programs, and providing career guidance and support, and 3) studying possible licensure changes to allow qualified IIMGs to practice in Minnesota.

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

Activities to Date

The program continues to be implemented in consultation with a wide variety of stakeholders, including: representatives from state agencies; the health care industry; provider associations; community-based organizations; higher education; and the immigrant IMG community.

1. **Roster:** The program has developed an initial database of 158 immigrant physicians, 130 of whom are actively pursuing a residency position in order to integrate into the Minnesota health care workforce.

2. **Collaboration to address barriers to residency:**

   Career Guidance and Support: MDH entered into grant agreements with two nonprofit agencies to provide career guidance and support for program participants:

   - WISE/NAAD partnership in St. Paul provided services to 72 IIMGs in 2017
   - Workforce Development Inc. in Rochester provided services to 58 IIMGs in 2017

   These organizations provided services to assist IIMGs with career navigation, exam preparation and residency applications. They also provided support to IIMGs seeking non-physician health care professions.

Recency of graduation barrier: Most U.S. residency programs consider only applicants who have graduated from medical school within three to five years. MDH worked with Minnesota residency program directors who reported they would be willing to relax this requirement if the applicant demonstrated they had passed a rigorous clinical assessment and participated in an in-depth clinical experience in the United States. In response, in 2016, MDH awarded grant funding to the University of Minnesota Medical School to develop and implement clinical assessment and clinical preparation and experience components to the program. In 2017, 15 eligible immigrant IIMGs were selected to have clinical assessments conducted by the University of Minnesota's Simulation Center. Of the 15, four were selected by the University to participate in the clinical experience component, which began in September 2017.

Dedicated Residency Positions: There are fewer residencies than eligible graduates, even before IIMGs are factored into the equation. To begin to address that barrier, in 2016, the IMG Assistance Program funded one dedicated residency in the University of Minnesota Pediatric Residency Program; the University funded another IIMG in the same residency program. In 2017, the IMG Assistance program funded two additional dedicated residencies, one in the University of Minnesota Pediatric Residency Program and one in the Hennepin County Medical Center Internal Medicine Residency Program, which brought the total number of IIMGs in residency programs in Minnesota to five. Each residency is funded for three years.

3. **Study of possible licensure changes:** MDH and stakeholders, in consultation with the Minnesota Board of Medical Practice and others, studied changes in health professional licensure and regulation that would be needed to ensure full integration of immigrant IMGs into the Minnesota health care delivery system. The study resulted in the two options for developing a skilled pathway to licensure. Research continues on the feasibility of these licensure changes.

Minnesota is the first state in the nation to implement a comprehensive program to integrate immigrant medical graduates into the physician workforce and realize the potential of these uniquely qualified professionals to address pressing issues like healthcare disparities, workforce shortages and rising health care costs. The steps taken by MDH and its partners over the past year have added to the strong foundation for achieving the goal of increasing access to primary care in rural and underserved areas of the state.

The limited reach of the program, however, is becoming apparent. While four IIMG's are now participating in Minnesota residency positions dedicated to IIMGs, and many more are benefiting

from other aspects of the program, there are more applicants in need of costly and intensive services than the program can accommodate, leading to frustration for stakeholders and eligible IIMGs. In 2018, MDH and its partners in the IIMG community will work to build and expand the reach of the program, implement fundraising and public/private partnership strategies, support new dedicated residencies to encourage rural practice, expand clinical rotations to include rural clinical opportunities, and explore changes in health professional licensure and regulation to ensure full integration of immigrant international medical graduates in the Minnesota health care delivery system

Introduction

The International Medical Graduates (IMG) Assistance Program (Minnesota Statutes, 144.1911) began in 2015 to address barriers to practice and to facilitate pathways to assist immigrant IMGs in integrating into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state. This annual report summarizes the progress of IMG integration activities in 2017 and includes recommendations for actions needed to cement and expand that progress.

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 prep and certification of graduation from foreign medical school);
- 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; and
- 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)

Dr. Kefene's journey began in the late 1990's when he immigrated to the United States from Ethiopia. Prior to coming to the U.S., he had a decade of medical experience serving as a general practitioner, medical director and medical faculty in Ethiopia and Saudi Arabia. Upon arriving in Minnesota, he quickly learned about the steps necessary to practice medicine in this state.

As required, his educational credentials were certified and he passed the USMLE, Steps 1 and 2, with high marks on his first attempt. He became ECFMG-certified and applied to residency programs. Despite his experience and efforts, he was denied. He applied again. He was denied. He sought help from a non-profit organization that provided support and guidance for IIMGs to recertify as physicians in Minnesota. He took USMLE Step 3 to demonstrate that he would be successful in a residency program. Yet every application to a residency program was denied.

Kefene was facing impenetrable barriers - the recency of his graduation from medical school and his lack of US clinical experience. For the first time in his life, failure to achieve his goals seems to be a possibility. But he is not ready to give up. How does he give up when so many Ethiopians now living in Minnesota long for a physician who speaks their language and knows their culture? How does he give up when he knows his new home needs physicians in the rural and underserved areas of the state?

Background

The challenge of integrating foreign-trained physicians into the health care workforce is complex and long-standing. In Minnesota, the issue has 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

A Task Force chartered by the 2014 legislature concluded that integrating more immigrant physicians into Minnesota's health workforce could help address each of these issues, based on the following findings:

1. **The physician workforce does not mirror the state's racial and ethnic composition, and most of Minnesota's largest immigrant and refugee communities are underrepresented.**

2. **Minnesota is home to an estimated 250-400 immigrant physicians who lack a license to practice in Minnesota, almost all of whom are interested in entering medical practice or other health careers in the state.**
   - These physicians are from nearly 40 countries and speak more than 50 languages.
   - Over half of respondents to a state IIMG survey had applied for medical residency, but only a small minority (17 percent) had been accepted into a residency program.

3. **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" of 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 3-5 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.

The subsequent 2015 legislation reflected many of the recommendations of the Foreign-Trained Physician Task Force (http://www.health.state.mn.us/divs/orhpc/workforce/iimg/finalrpt.pdf). The Task Force report provides additional 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).

Definitions

International Medical Graduates (IMGs) are defined as individuals who obtained their basic medical degree outside the U.S. and Canada.[1] 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. who hold a medical license, and who are classified as either permanent residents ("green card" holders), U.S. citizens, asylees or refugees.

Pursuant to its statute, the IMG Assistance Program focuses specifically on category (3), referred to in this report as Immigrant IMGs (IIMGs), and specifically IIMGs not licensed to practice medicine in the U.S.

[1] Educational Commission for Foreign Medical Graduates. Definition of an IMG. Available from: http://www.ecfmg.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

The International Medical Graduates (IMG) Assistance Program is the first multi-component state program in the U.S. to assist immigrant international medical graduates (IIMGs) in integrating into the health care delivery system. As such, much of the work of its third year has consisted of continuing to build on the strong foundation, and establishing program elements with an eye to maximum long-term impact and value for the state of Minnesota. The program has accomplished much in its third year, and is well-positioned to help integrate growing numbers of IIMGs in their quest to serve in Minnesota's health care system.

Program Administration

The program is being implemented in consultation with a variety of stakeholders, guided by a highly engaged advisory committee that builds on the success of the 2014 Task Force, which brought together an unprecedented combination of individuals and organizations. The membership of the Advisory Committee 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 C: Roster of stakeholder group). The IIMG Assistance Program Advisory Committee meets quarterly and has subgroups or workgroups that meet between the quarterly meetings. The workgroups are:

- Clinical Assessment and Clinical Preparation
- Nonphysician Professions
- Licensing
- Fundraising

These workgroups include additional stakeholders beyond those serving on the overall advisory committee, 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.

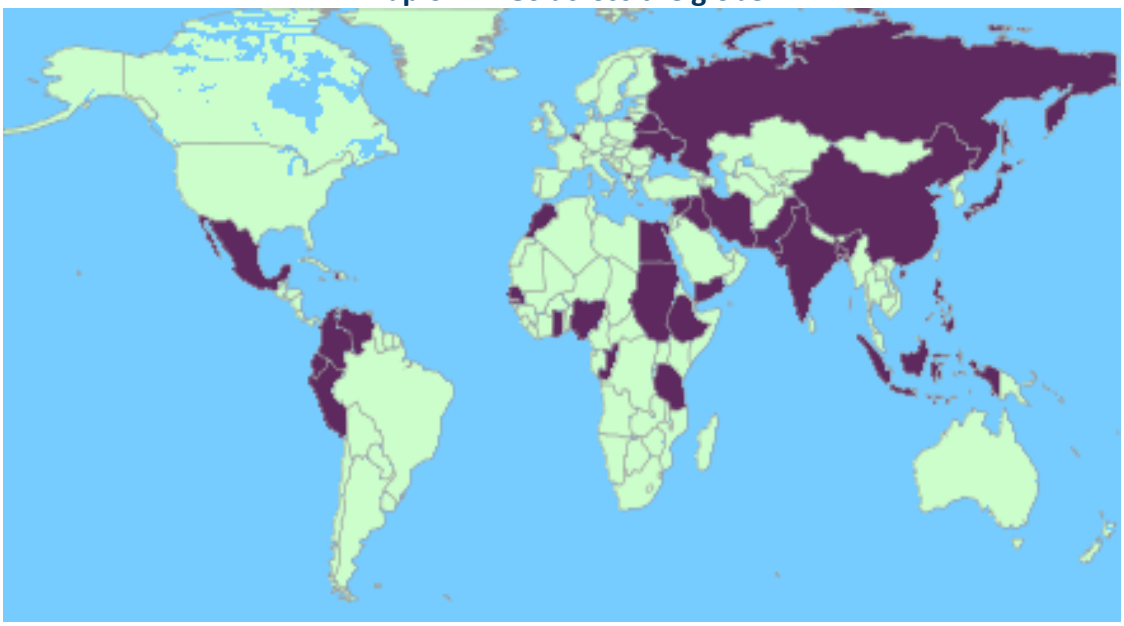
a) Progress to date

The IMG Assistance program database includes 158 physicians, an increase of 10 IIMGs from 2016. Of those, 130 are actively pursuing a residency position to integrate into the Minnesota health care workforce. Seventeen obtained residency positions last year. Unfortunately, only four of the 17 secured residency positions in Minnesota; the remaining 13 left Minnesota to enter residency programs in other states. This means that, while the program is showing strong success in helping IIMG's work through barriers to clinical practice, we will be challenged to meet broader goals related to reducing the physician shortage and addressing health disparities in Minnesota unless we can retain more of these qualified professionals in the state through additional residency slots.

The number of IIMGs on the roster is expected to fluctuate. The IMG Assistance program continues to receive telephone and email inquiries from IIMGs living in other states. Many see this program as lifeline to achieving their dreams and they are committed to moving to Minnesota in order to participate in the program. Others who have been in Minnesota for a long time and have been engaged in this long journey are discouraged by the scope of the impact of the program. Lacking immediate personal success, a few have disengaged from the process.

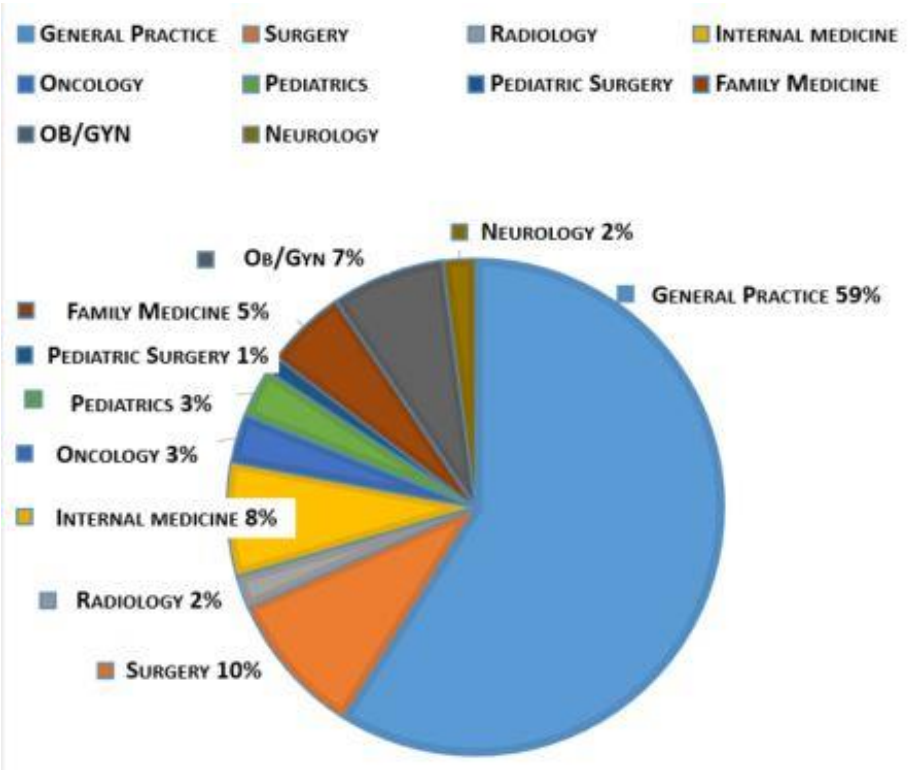
The current IIMGs in the IMG Assistance program come from all over the world, and speak more than 50 languages. While they represent a wide range of specialties, the majority were trained as primary care or general practice physicians.

Map of IIMGS across the globe



Source: MDH Roster of IIMGs

Medical specialties of qualifying IMGs



Source: MDH Roster of IIMGs; 100% = 158 qualifying IIMGs

b) Next steps

In 2018, MDH will continue to add names to the roster and work to connect them to the resources available through the IMG program. We will also keep track of the the IIMGs who contact us for information but do not qualify for the program because they live outside of Minnesota, as well as those who drop out of the roster.

2. Collaboration to address barriers to residency

a) Career guidance and support

Legislative Charge:

- *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.*
- *The commissioner shall award the initial grants under this subdivision by December 31, 2015.*

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 United States Medical Licensing Exam (USMLE) licensing exams required for Educational Commission for Foreign Medical Graduate (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 then existing programs and concluded that such programs are a key component of integrating immigrant physicians into the health care workforce, but would have a far greater impact if they worked 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 could 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 does so within a coordinated statewide system.

b) Progress to date

In 2017, the program continued to provide traditional career guidance and support as well as trauma support and coaching. Many of the IIMGs did not plan to leave their countries of origin, but rather have uprooted their families, and 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, is essential in helping IIMGs deal with past trauma and providing the necessary information and tools to help them make informed professional decisions.

In 2017, MDH continued to work with three nonprofit organizations, through two grant agreements, to deliver these services. Women's Initiative for Self-Empowerment, in collaboration with New American Alliance for Development (St. Paul) and Workforce Development Inc. (Rochester) are delivering career guidance and support services to IIMG program participants. Their services include USMLE exam support, support for technology proficiency, Medical English proficiency training, electronic medical records training, life coaching, accent modification training, and weekly support groups. The agencies are serving 130 active participants.

> *NAAD led many supportive efforts to help me and other participants reach our future goals. They taught me how to formulate a strong competitive resume to find jobs that help me survive while doing my board exams, and they taught me how to write a strong personal statement.*
>
> *—NAAD Program Participant*

These agencies have begun counseling IIMG's about the alternative pathway of providing healthcare as Physician Assistants (PA). Fairview Medical Center, St. Catherine's University and Augsburg College collaborated with MDH to facilitate opportunities for IIMGs to understand

and consider entering the PA profession. This past year, one IIMG applied to St. Catherine's PA program and was accepted.

In addition, the program partnered with the Minnesota Department of Health Cancer Screening program, SAGE. Six culturally and linguistically appropriate IIMGs were integrated in select clinics to provide case management and screening for breast, cervical and colorectal screening services to immigrant communities most in need of screening. IIMGs participating in the program have the opportunity to work in clinics using electronic health record-keeping systems. While providing case management and cancer screening services, they interact with providers and become familiar with the US healthcare delivery system. All six participating clinics reported an increase in screening rates of at least 100%. This successful and innovative approach is being closely monitored and reported nationally by the Centers for Disease Control.

c) Next steps

In 2018, MDH will issue another RFP to provide additional funding to continue these services. In addition to the foundational services already being offered, grantees will work with MDH to establish a mentorship program with licensed physicians serving as mentors.

The roles of IIMGs working in clinics with the SAGE program may expand to also include conducting orientation to the clinics for new UCARE participants. UCARE has noticed that some individuals are not receiving primary care services despite having secured health insurance and selecting a primary care clinic. Due to the increase in cancer screening rates, UCARE and participating clinics anticipate that IIMGs will also positively impact the use of primary care clinics for those not familiar with the system.

3. Recency of graduation

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.

One of the main reasons immigrant physicians struggle to secure a medical residency is beyond 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.

a) Progress to date

Program directors who require applicants to have graduated from medical school within the last five years or earlier 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 United States.

In response, program staff and the Advisory Committee worked to develop the scope of the clinical assessment and the clinical experience programs using industry standards. MDH implemented a contract with the University of Minnesota Interprofessional Education and Resource Center (IERC) and Academic Health Center (AHC) Simulation Center to conduct the clinical assessment. In addition, MDH entered into a grant agreement with the University of Minnesota to develop and implement the curriculum of the clinical preparation ("BRIIDGE") program.

b) Next steps

In 2018, MDH staff will pursue opportunities to present program updates to residency program directors to inform them that their recommendations have been enacted and to obtain any additional feedback to ensure the services that were implemented will have the desired outcome of relaxing the recency requirement. MDH will also continue to work with the University of Minnesota to implement these programs.

4. 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.

The current system of certification from the Educational Commission on Foreign Medical Graduates (ECFMG), needed for admission to residency and for licensure, requires that IIMGs 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 predict success in a U.S. medical residency program.

The IMG Program Assistance program legislation required MDH to 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.

a) Progress to date

In designing this component of the IMG program, staff studied the Interprofessional Education and Resource Center (IERC) and Academic Health Center (AHC) Simulation Center (https://www.simulation.umn.edu/about)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. Staff also has past experience conducting assessments for IIMG's in collaboration with the University of Minnesota's Preparation for Residency Program, which ended in 2012.

In 2016, MDH entered into a professional technical contract with the University of Minnesota Simulation Center to develop and implement a Minnesota IIMG Assessment. The assessments occur as a part of the application and evaluation process for the clinical experience program.

In 2017, the Simulation Center conducted a clinical assessment of 15 IIMGs. The general observation was that the IIMGs have the medical knowledge, but may lack familiarity with some of the norms in U.S. healthcare. Four out of the 15 candidates were selected to participate in the clinical experience BRIIDGE program.

b) Next steps

MDH will continue to collaborate with the IERC/AHC Simulation Center, in concert with the clinical experience program, to carry out the clinical assessment portion of the IMG Assistance program, and to monitor its success.

5. Clinical preparation and experience – The BRIIDGE Program

Legislative Charge:

- *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 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.*

Another major reason immigrant physicians are not accepted into residency programs, and also one largely beyond their control given the current system, 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.

a) Progress to date

The IMG Stakeholder Advisory Committee's Clinical Assessment and Clinical Preparation workgroup developed policies, procedures, evaluation and desired outcomes for a grant program to support clinical preparation.

The University of Minnesota was awarded grant funds to implement the clinical preparation program. The first year included planning and developing curriculum, recruitment guidelines and creating a cadre of mentors. Beginning in September 2017, the University of Minnesota accepted four participants for a nine month, 40 hour per week, clinical experience.

L to R: top: Emily Langerak, Jaya Durvasula, MD, Hope Pogemiller, MD, Mike Westerhaus, MD, Bukhari Burale, MD, Chris Miller, BRIIDGE Program Coordinator. Bottom: Ahmad Al-Anii, MD, Mahmoud Alatbee, MD, Salahudin Maalim, MD, Pat Walker, MD.

This program is implemented in partnership with the Minnesota Department of Health, the University of Minnesota Department of Medicine, and HealthPartners. Core leadership of the program includes Drs. Hope Pogemiller, Salahudin Maalim, and Michael Westerhaus, all clinician-educators affiliated with the University of Minnesota Global Health Pathway. Participant training occurs in outpatient adult primary care, inpatient general medicine and pediatrics, and community-based learning.

Continual evaluation and mentoring are also core components of the program. Participants are assigned one-on-one mentors, who provide monthly feedback and evaluation to address areas of perceived deficiency and continued enhancement of strengths. Written and oral evaluations based on the four General Milestones of the Next Accreditation System[2] are

[2] The General Milestones of the Next Accreditation System are "developmentally based, specialty-specific achievements that residents are expected to demonstrate at established intervals as they progress through training". Nasca, T. 2012. The Next GME Accreditation System – Rationale and Benefits. https://www.nejm.org/doi/full/10.1056/NEJMsr1200117. March 15, 2012

completed by attending preceptors on a monthly basis as well. Within a few months of the program, preceptors noticed improvements in the IIMG's comfort, confidence, ability to connect with patients, organizational skills and efficiency when compared to their individualized reports from their clinical assessment.

> "I participated in the BRIIDGE program, and it has been a great opportunity for me to strengthen my clinical knowledge and skills, to be more familiar with the U.S. healthcare system, and to feel ready for the first day of my residency training…"
>
> —BRIIDGE program Participant

b) Next steps

MDH staff are in the planning stages for a second cohort of participants in the BRIIDGE program. The goal is to increase the number of positions from four to six and include additional preceptors. The second cohort will begin in January 2019. Based on advice from participants and preceptors, we are moving the start date so that the end of the program aligns with the residency application process, which opens annually in September.

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.

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 difficult 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.

Given this need for additional residency spots, 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 Assistance 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 public and private sector organizations 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 by a residency program 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.

a) Progress to date

The University of Minnesota Pediatric Residency Program has continued to collaborate with MDH to provide dedicated residency positions since the inception of the program. Hennepin County Medical Center's Internal Medicine residency program joined the partnership last year. This past fall, the Mayo Clinic Pediatric Residency Program applied for and was selected for funding. As of 2017, the program had funded four dedicated residency slots; by July of 2018, the program will have six residents (five of them state-funded) in Minnesota residency positions dedicated to IIMGs.

Dedicated-Residency Positions

Name of Program	2016	2017	2018
U of M Pediatric	2*	1	1
HCMC Internal Medicine		1	
Mayo Clinic Pediatric			1

*One IIMG selected during the application process for the dedicated IIMG position was funded by the University of Minnesota.

b) Next steps

The demand for the IMG dedicated residency positions far exceeds the number of slots available. The fundraising work group of the IMG Assistance Program Advisory Committee is working to promote the public-private partnership and raise public funds to support maintaining and increasing the number of dedicated residency positions available each year. MDH will partner with a wide range of stakeholder organizations to host an informational forum in May 2018 to raise awareness of the IMG Assistance Program and build additional support. Following the forum, staff will develop and implement a fundraising plan to secure private funds to support additional residency positions.

7. Study of possible licensure changes

Legislative Charge: The commissioner shall … 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 graduated in the Minnesota health care delivery system. The commissioner shall include recommendations in the annual report required under subdivision 10, due January 15, 2017.

MDH met with the Board of Medical Practice and other stakeholders for eight months in 2016 and reviewed the medical practice act, reviewed programs in other states and studied possible changes to the medical practice act.

The group studied several strategies and settled on two possible proposals: an IMG Primary Care Integration License and an amendment to the medical practice act to include an exemption for practice in primary care in a rural or underserved area. (See Appendix D)

Creation of this alternate license would be beneficial because it would be an efficient process – it would allow objectively qualified physicians into the system quickly to address issues of health disparities and primary care shortages. It would not require residency positions. In addition, it would be cost effective. The cost of retraining IIMGs in a residency program is approximately $300,000 to $400,000; while there would be funding needs for clinical experience and post assessment, as well as funding needs for Board capacity, those needs would be far less than the cost of residency.

Implementation of this proposal raised several concerns. This effort is hinged on identifying and securing the commitment of an accredited assessor. Currently the state uses national assessors to assess doctors in the disciplinary process. These assessors would be ideal collaborators, however, assessing IIMG competency for practice would deviate from their current practice, in that the IIMGs have not completed residency.

There are also concerns about the employability of the IIMGs with this proposed restricted license. Any IIMG licensed under this proposal would not be eligible for board certification. As such, employers may face a barrier in being reimbursed for the services rendered by non-Board certified physicians. Due to this restriction of the reimbursement of non-Board certified physicians, we need to conduct a survey of employers, specifically clinics which provide services to uninsured persons, to determine if they would employ non-Board certified physicians. We have received a mixed response concerning the employability of non-Board certified physicians. More information is needed.

Further, Minnesota is a member of the Federation of State Medical Boards and has adopted legislation implementing the Interstate Medical Licensure Compact. The Interstate Medical Licensure Compact provides an expedited pathway to licensure for qualified physicians who wish to practice in multiple states. The concern was raised as to whether this restricted license would impact the Interstate Medical Licensure Compact. Initial research revealed that IIMGs licensed under the proposed licensure would not be eligible to participate in the Compact process. However MDH looks forward to sharing this proposal with the Federation of State Medical Boards and obtaining further feedback.

Finally, some key stakeholders also raised additional concerns. The Minnesota Academy of Physician Assistants' (MAPA) initial reaction was that creating a "sponsored or supervised" restricted IMG integration license for IIMGs would create professional role confusion for healthcare systems and patients, specifically with regards to how similar to or different from the PA profession. MAPA feels that unless this licensure and the entire process is clearly defined, it would create confusion over who can supervise PAs during their restricted licensure periods and, potentially, after unrestricted license is obtained. The Minnesota Medical Association is currently opposed to a tiered licensure system. Further discussion is need with both MAPA and MMA to fully discuss their concerns and to the extent possible, remediate those concerns.

In summary, additional licensure options are necessary, would integrate qualified IIMGs into the health care delivery system without the time and expense of residency, and are consistent with health equity priorities. However, at this time, there are many ancillary issues to address to determine the practicality of implementing of these proposals. As a result, in 2016 the Commissioner proposed that MDH continue to conduct the necessary research to address these issues.

a) Progress to date

In 2017, MDH staff was able to identify a potential assessor, located in Denver, Colorado. This group already assesses current licensed physicians for competency. More discussion is needed

to adjust the process to assess the skills of IIMGs who have not participated in a residency program. The issues of employability and the impact of changes to the IIMG licensure process on the Interstate Medical Licensure Compact remain.

b) Next steps

Further research on these issues will continue in 2018. Many other states are grappling with this issue, and MDH staff will partner with representatives from other states through WES Global Talent Bridge: IMPRINT, a national organization dedicated to the recertification of highly skilled immigants and refugees.

Conclusion and Recommendations

Minnesota has been recognized as the first state in the nation 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. Other states are now following our lead and considering similar legislation.

In the last year, MDH and its partners have continued to build on the strong foundation of the IMG Assistance program by:

- engaging additional stakeholders;
- working across state agencies;
- issuing grants; and
- developing programmatic policies and procedures.

In 2017, the program and its partners served:

- 130 IIMGs through career guidance and support;
- 15 IIMGs through clinical assessment; and
- four IIMGs particpated in the clinical experience – BRIIDGE program.

In addition, IIMGs collaborated with the SAGE cancer screening program to more than double the cancer screening rate of six clinics

Born and raised in Ethiopia from a family of 11, I was very influenced by my physician uncle to excel in school. I was admitted to Gondar University School of Medicine. After graduation in 2006, my wife and I went to a remote underserved community in Ethiopia to fulfill our long-due community service. Our U.S. part of history began in 2010, when I settled in Minnesota after winning a diversity lottery.

Like most immigrants, I had underestimated the life challenges a new immigrant faces after coming to the USA. I was married and had one daughter. My wife and daughter did not join me until 2012, due to the lengthy immigration process. My biggest stress was to get money to support my family back in Ethiopia. I had a lot of sleepless nights and long days searching for work here – I mean any work. I applied to jobs ranging from cashier to gas station attendant to opportunities in universities. It was tough to get a job as a new immigrant with no U.S. experience or references. I could barely buy food for my child; taking USMLE exams and preparing for residency was the last thing on my mind. I remember thinking about donating blood just to earn money…

However, as implementation moves forward and the program's limited resources are committed, MDH also recognizes the limited reach the program may have, given the increasing number of immigrant IMGs in Minnesota, unless additional funding is obtained or licensure changes are established.

In 2018 and beyond, MDH and its partners in the IIMG community look forward to:

- Working with Minnesota residency programs to increase the acceptance rate of IIMGs.
- Continuing to explore changes in health professional licensure and regulation to ensure IIMGs are able to practice in Minnesota; and
- Implementing additional public/private partnership and fundraising strategies to expand the program's reach.

Continuation of these actions is key to ensuring that the IMG Assistance program achieves the goal of fully leveraging immigrant international medical graduates in the Minnesota health care delivery system and increasing access to primary care in rural and underserved areas of the state.

…During that dark time, I heard about NAAD [New American Alliance for Development]. They immediately changed my dark days into lights on the horizon. They helped me with employment information, resume writing and words of encouragement.

After a while, I got a job as a Pharmacy Technician. Having a secure income gave me time to refocus on advancing my medical practice. ***That is when I found out about the lengthy journey, the ups and downs, the hope and despair of IMGs.***

It took me years to finish the process of becoming ECFMG certified. Supporters from NAAD helped me prepare for and pass all the USMLE exams and get my ECFMG certification. And now that things did not work out as hoped, they are helping me achieve my second plan - becoming a proud Physician Assistant.

Only those who understand the hard reality of IMGs experiences know what it really means to have someone there to support you when everybody else doubts your abilities. They helped me find a bright light after a huge disappointment; they helped me reset my mind after a psychological crisis of identity, and become a productive part of the Minnesota medical community.

—IMG Assistance Program participant from Ethiopia

Appendices

A. IMG Assistance Program Legislation
B. Continuum of Services
C. Advisory Committee Membership

Appendix A
IMG Assistance Program Legislation

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 postresidency 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.

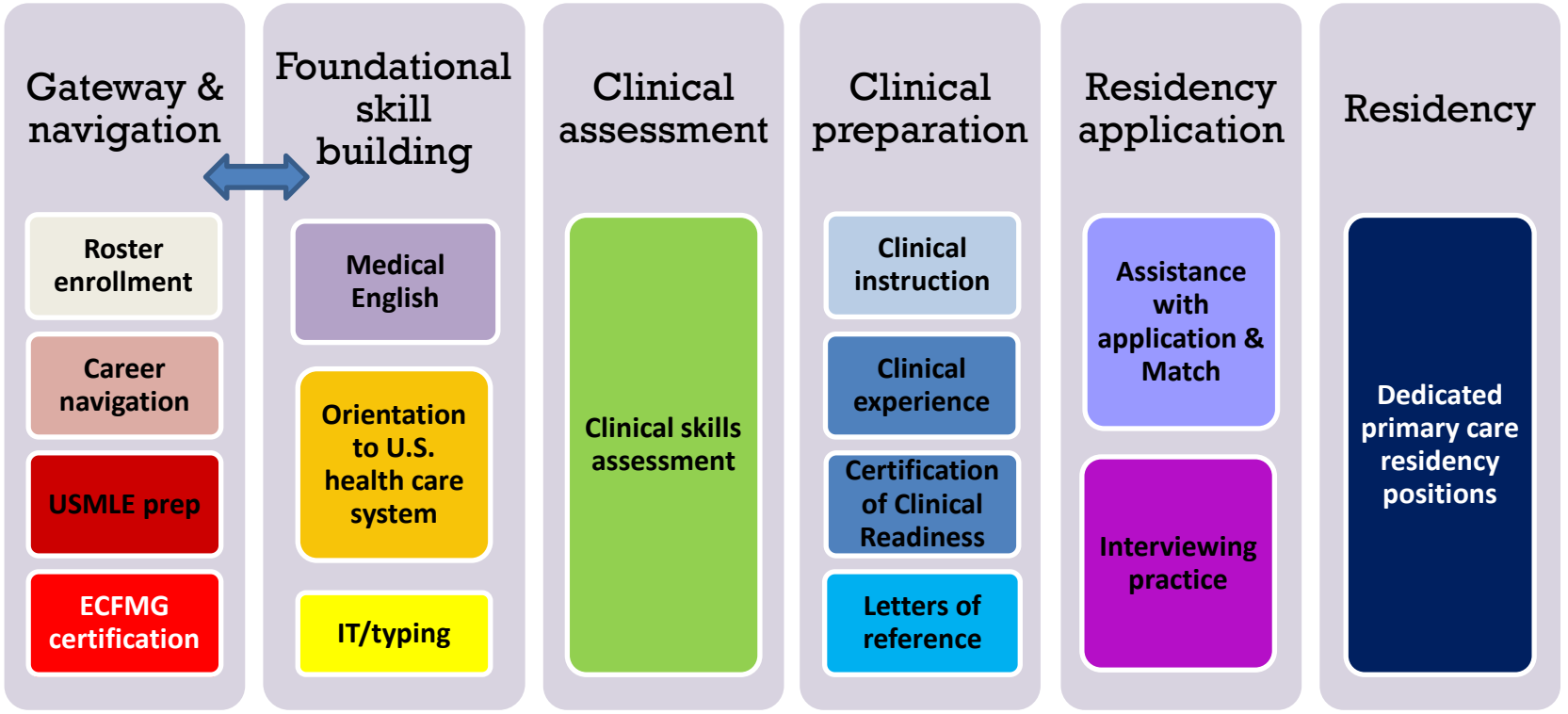
Subd. 10. Report.

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



Appendix C
Advisory Committee

Stakeholder Group	Member
Board of Medical Practice	**Ruth Martinez** Executive Director Board of Medical Practice **Molly Shwanz** Supervisor, Licensure Unit Board of Medical Practice
Office of Higher Education	**Vacant – Recruitment on going**
Dept of Employment and Economic Dev	**Annie Welch** Senior Planner MN Department of Employment and Economic Development **Sarah Sinderbrand** Planner MN Department of Employment and Economic Development
Health care employer in rural or underserved area	**Vacant – Recruitment on going**
Health plan	**Julie Cole** GME Health Partners
MN Medical Association (MMA)	**Armit Singh, MD** MN Medical Association

Stakeholder Group	Member
MN Academy of Physician Assistants (MAPA)	**Leslie Milteer** President Minnesota Academy of Physician Assistants (MAPA)
Licensed physicians experienced in working with IMGs	**Edwin Bogonko, MD, Chair** Physician St. Francis Regional Medical Center Representative for the MN Medical Association
MN Assoc of Community Health Centers (MNACHC)	**Christopher Reif, MD** Director of Clinical Services Community University Health Care Clinic
University of MN	**James Pacala, MD** Associate Department Head University of Minnesota, Family Medicine & Community Health
Mayo School of Health Sciences	**Barbara Jordan** Administrator Mayo Clinic College of Medicine Office for Diversity
GME programs not at U or Mayo	**Meghan Walsh, MD** Chief Medical Education Officer Associate Medical Director Hennepin County Medical Center
PA education program	**Donna DeGracia** Curriculum Director/Academic Coordinator Master of PA Studies Program St. Catherine University, School of Health
Two IMGs	**Tedla Kefene** International Medical Graduate **Nadia Rini** International Medical Graduate