

The Distribution of IMGs in US: The Interplay of Poverty, Rurality, and Length of Practice

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Background

■ IMGs and US physician workforce

- Physicians who did not attend medical schools in the United States or Canada are referred to as international medical graduates (IMGs)
- Approximately 25% of practicing doctors in US (AMA, 2003)
- IMGs aggregation in primary care residency programs
- The rapid increasing of USIMG after 2000
- ECFMG and FAIMER

“IMGs could provide an important source of physician labor in underserved areas, but several policy issues remain problematic”

“A detailed analysis of their practice patterns and the associated benefit to rural or underserved areas is required” (*Boulet, etc. 2006, Health Affairs*)



Study Data and Methods

■ Data Sources

- 2006 AMA Master File: active, direct patient care, non-federal
 - 147,512 (23.1%): primary care 65,123 (44.1%) , USIMGS 16,458 (11.2%)
- 2006 HPSA, MUA/P, PSA from HRSA
- Population and Poverty from US Census
- Rural urban commuting areas (RUCA) from USDA/ERS

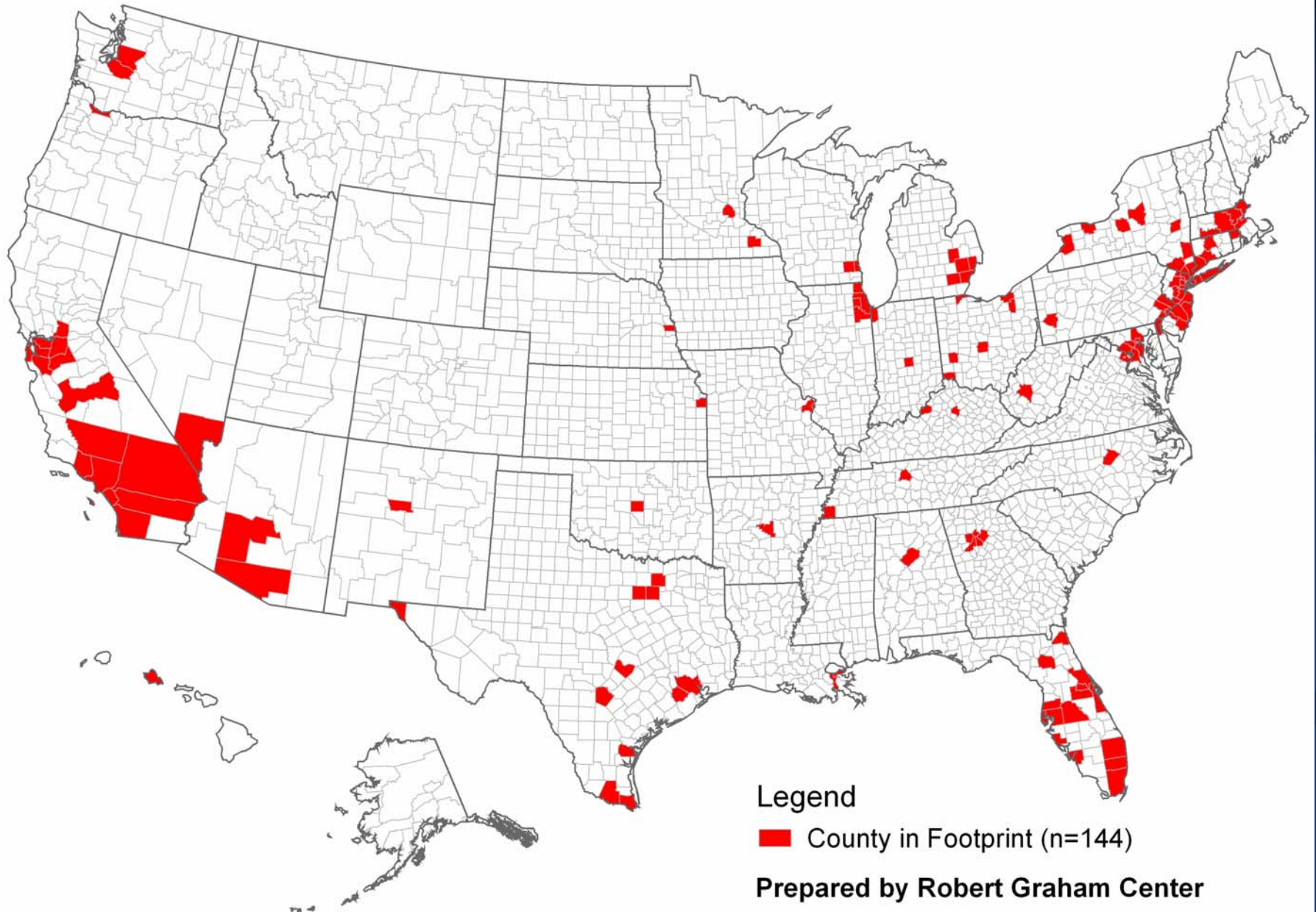
■ Methods

- Generalist (FP, IM, PED, OB-GYN) vs Specialist
- US IMGs vs Foreign IMGs
- GIS (Geographic Information Systems)
 - Geocoding, Geo-linkage, Visualization

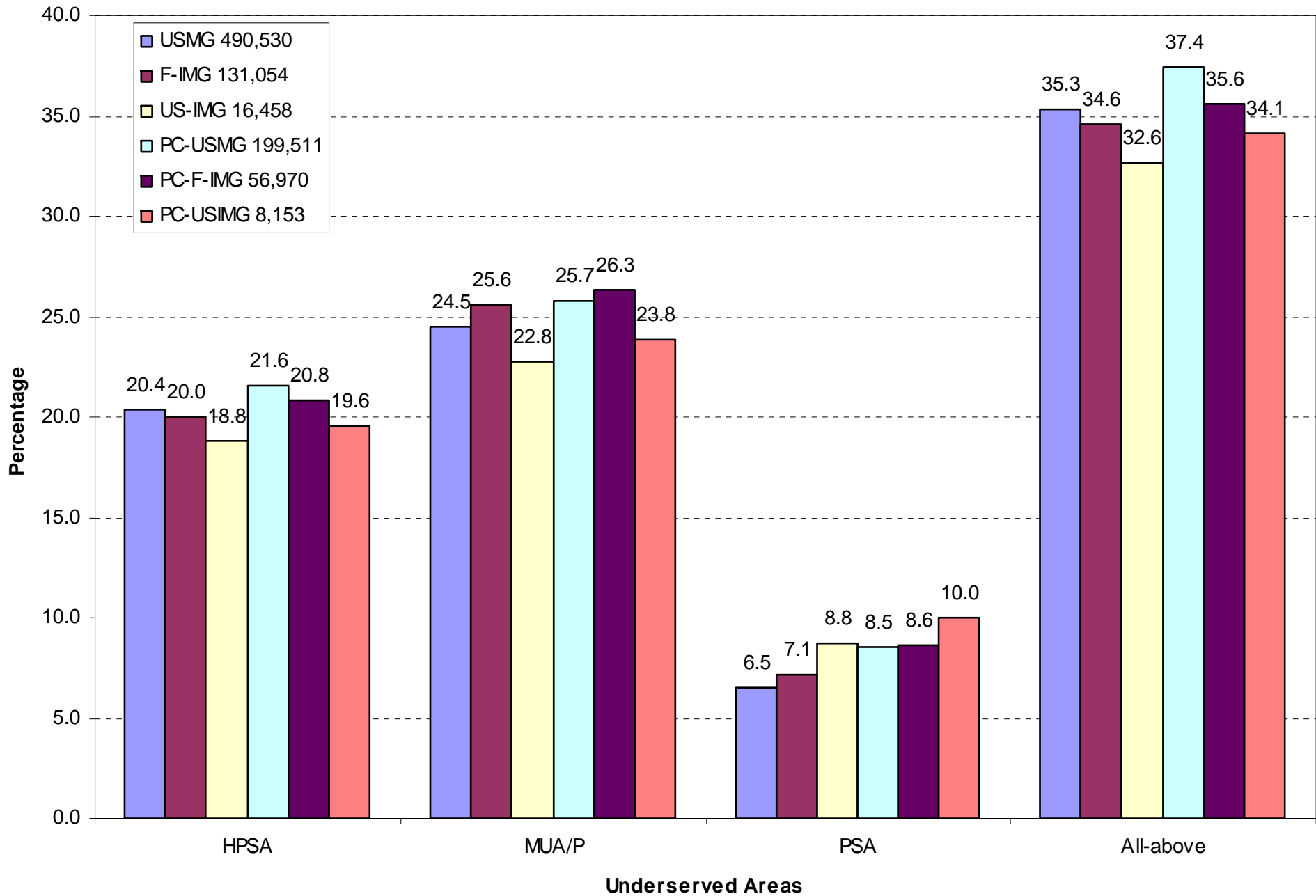


The Distribution of IMGs

The Direct Patient Care Physician County-level Footprint Map of IMGs in US (2006)

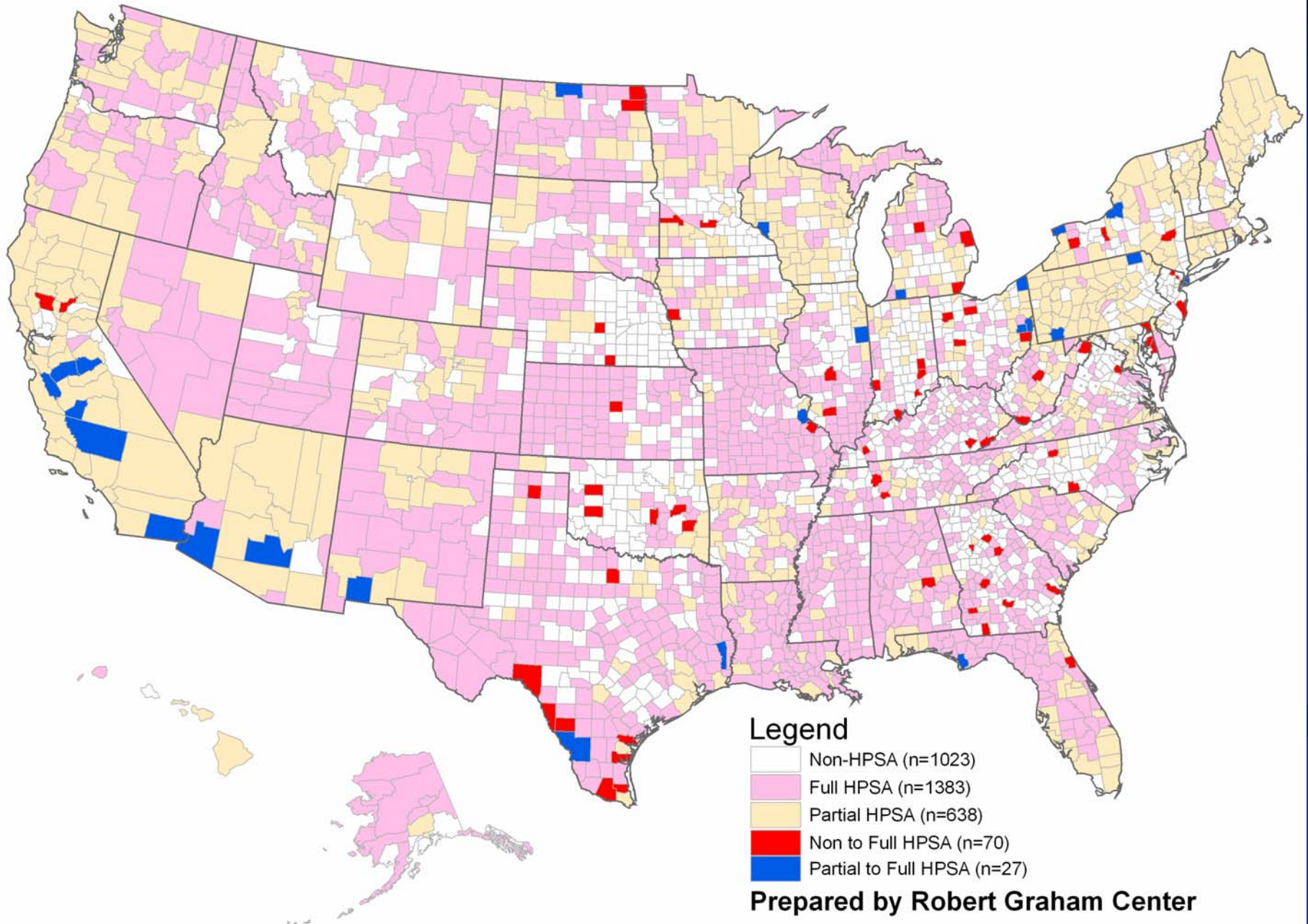


The Distribution of IMGs in Underserved Areas

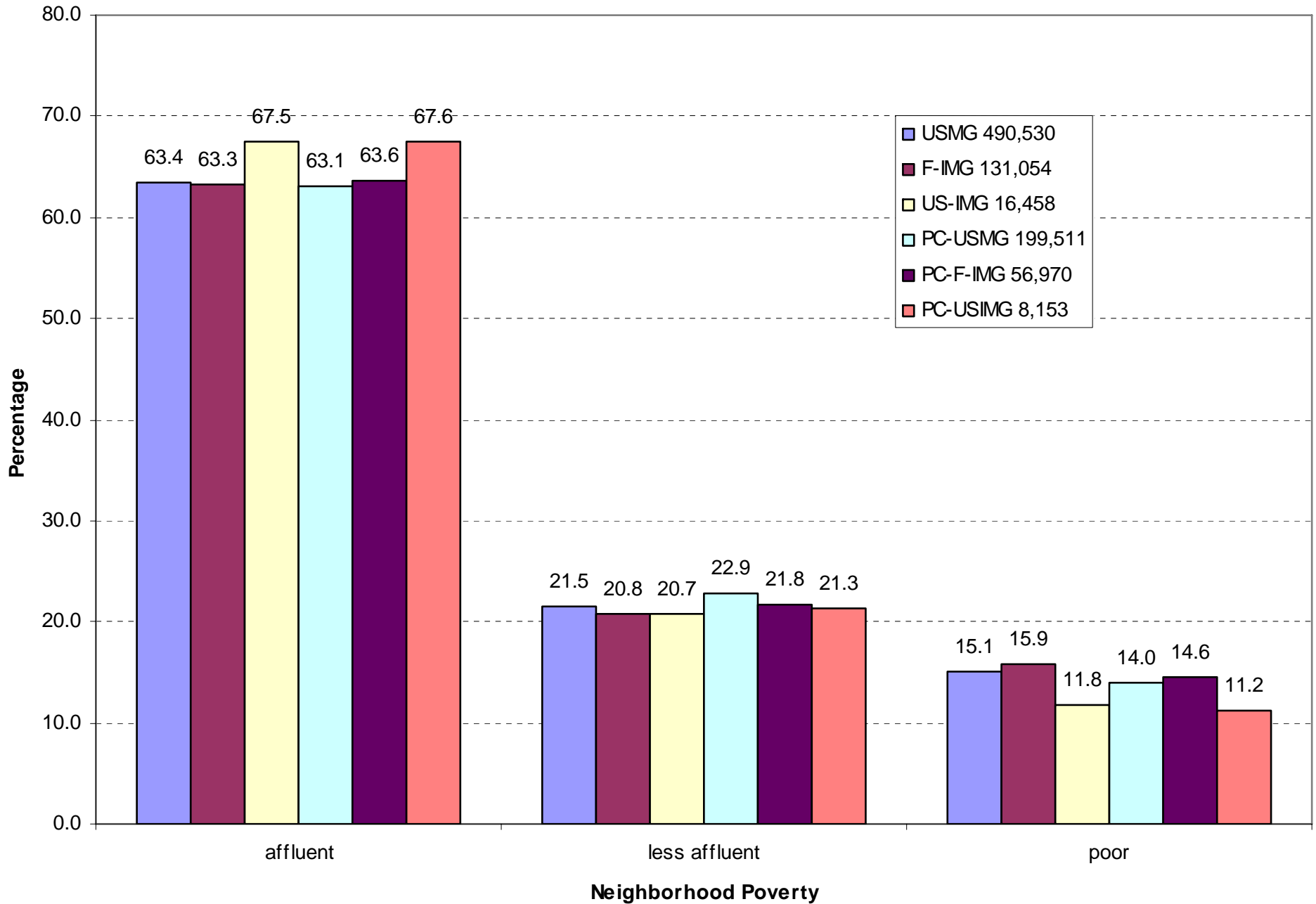


The Withdrawal of IMGs on PC HSPA

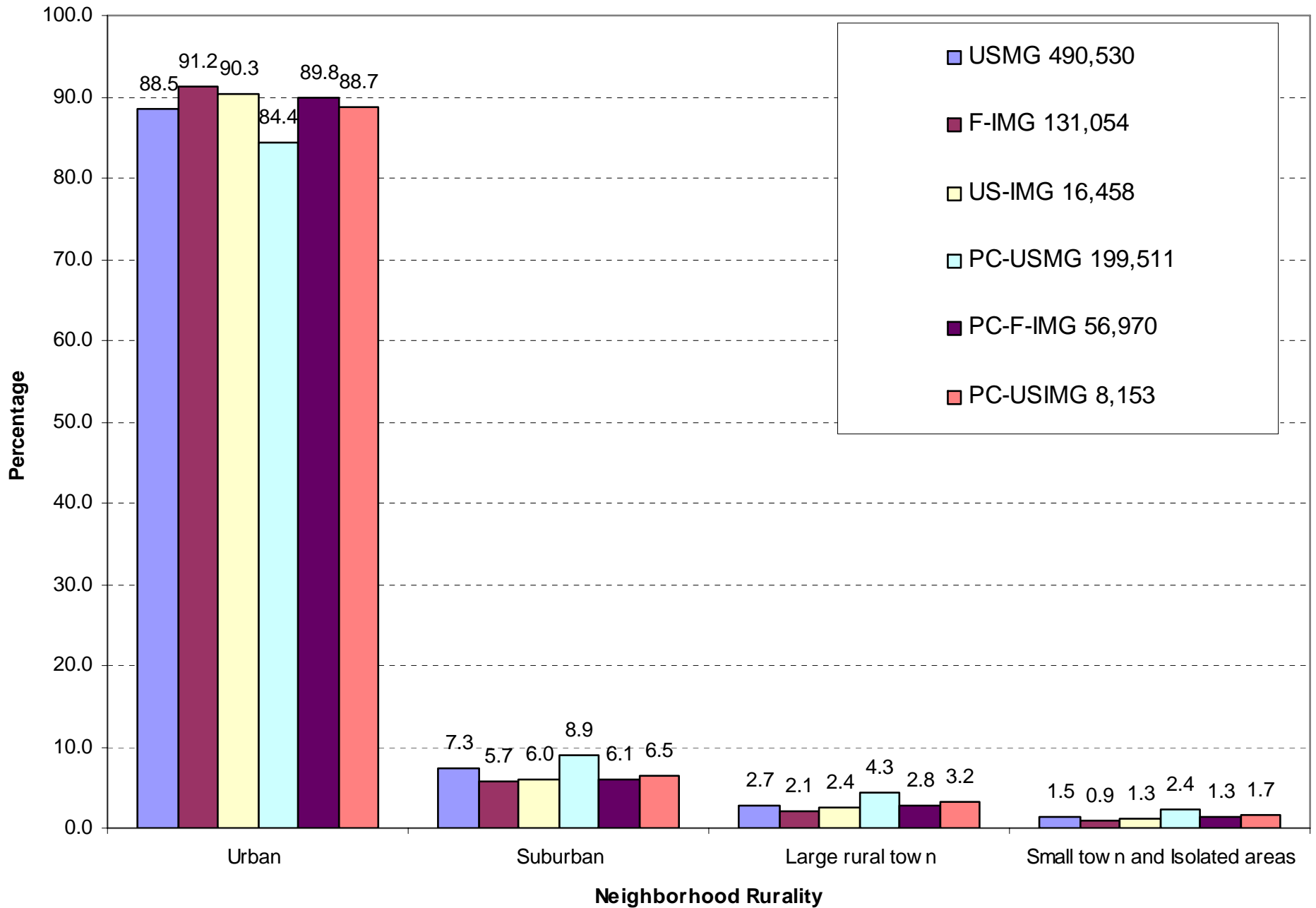
The Primary Care HPSA Landscape Changes After Withdrawal of PC IMGs (2006)



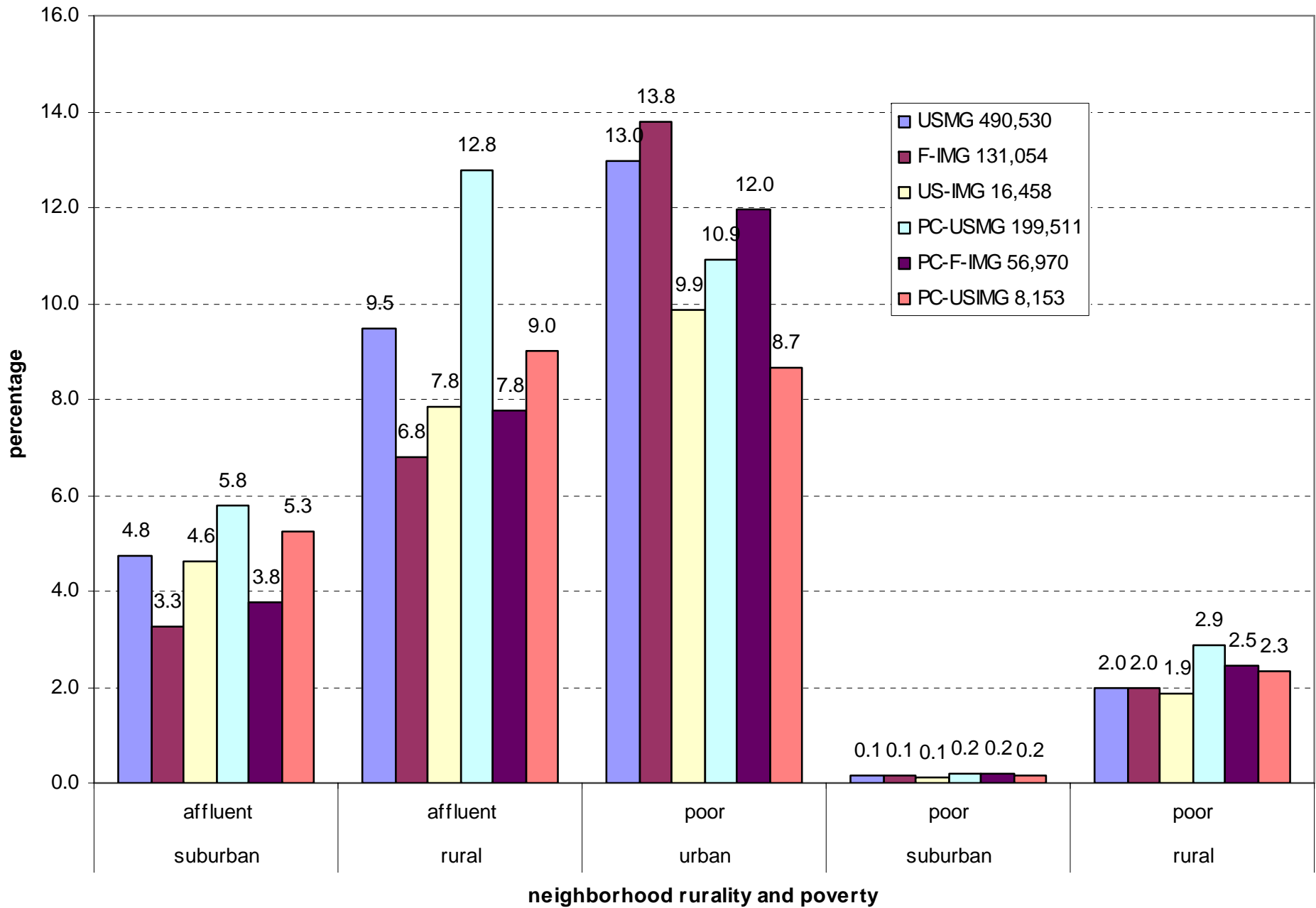
The Distribution of IMGs by Poverty



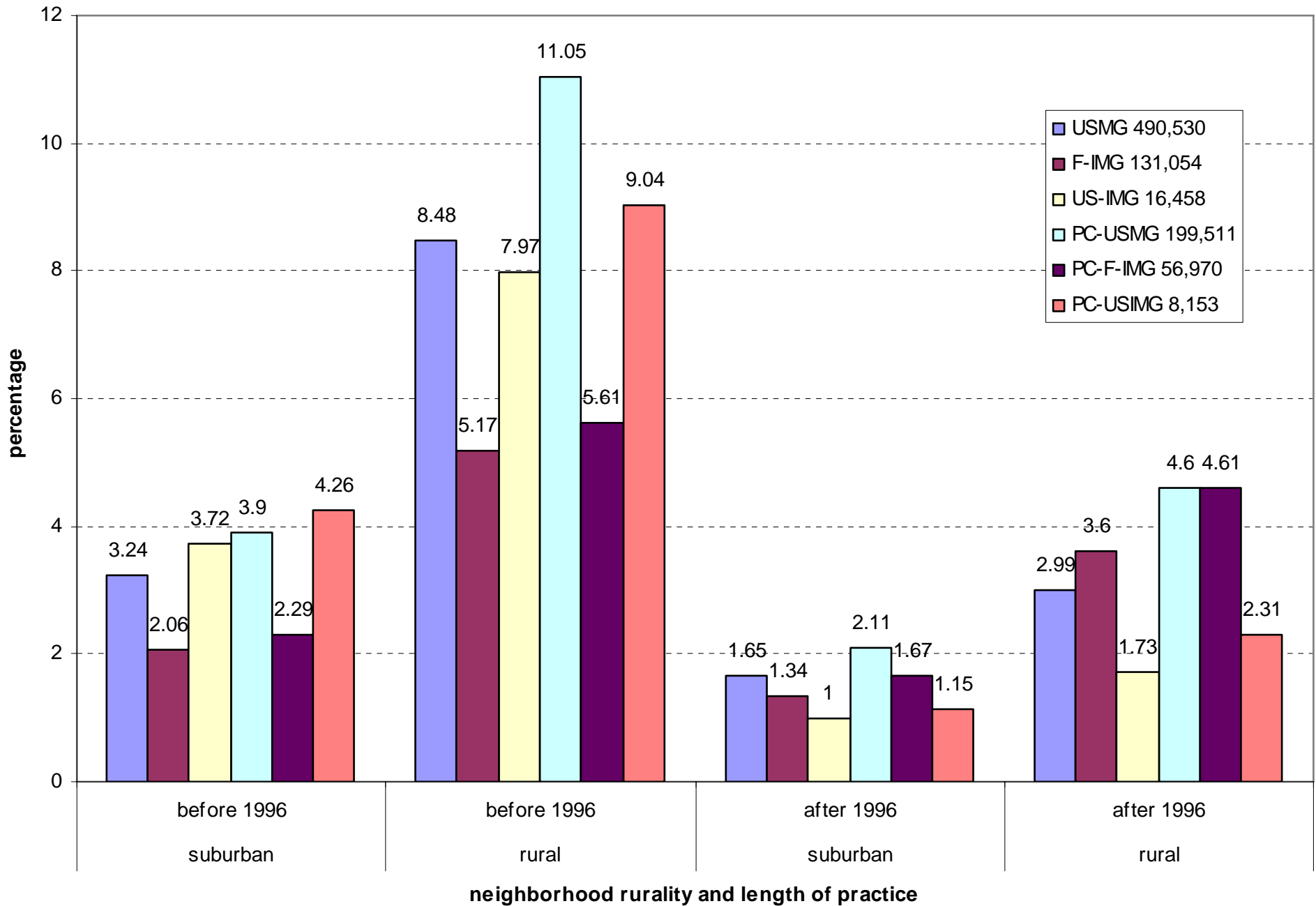
The Distribution of IMGs by Rurality



The Distribution of IMGs by Rurality and Poverty



The Distribution of IMGs by Rurality and Length of Practice



Questions?



The Distribution of IMGs by Poverty and Length of Practice

