

IMPROVING ACCESS TO HEALTH CARE FOR
COLORADO'S UNDERSERVED POPULATIONS:
RECRUITMENT AND RETENTION OF
INTERNATIONAL MEDICAL GRADUATES

Program Report and Evaluation

Colorado's Conrad 30 J-1 Visa Waiver
and National Interest Waiver Programs

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EXECUTIVE SUMMARY

International Medical Graduates (IMGs) are physicians who attend medical school and receive their medical degrees outside of the United States. IMGs are allowed to enter the United States for graduate medical education, through a J-1 Visa sponsorship, at an accredited residency or fellowship program. After the completion of their training, IMGs are required to return to their home country or country of last legal residence for two years before being allowed to return to the United States. In some cases the two-year home country requirement may be waived if the physician is willing to practice primary or specialty care, full-time, for three years in an area or areas of a state that are federally designated as a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA). At the time they receive a waiver of the home residency requirements, the physicians become known as J-1 Visa Waiver physicians.

The National Interest Waiver program allows professionals of exceptional ability to request a waiver of the labor certification requirements. IMGs requesting a National Interest Waiver must obtain a letter of recommendation from state health departments, stating that their work is considered to be in the public interest. Physicians applying for a National Interest Waiver must work full-time in primary care, for a total of five years in an area or areas of a state that are designated as a HPSA or MUA.

The purpose of the Colorado Conrad 30 J-1 Visa Waiver and National Interest Waiver programs is to improve access to health care in underserved areas of the state by increasing the number of physicians who will provide care to underserved populations. The expectation is that all providers in the practice where a J-1 Visa Waiver physician is located will see Medicaid, Medicare, and uninsured patients.

In the fall of 2005, the Primary Care Office began an evaluation of the Conrad 30 J-1 Visa Waiver (J-1) and National Interest Waiver (NIW) programs in the following areas: the provision of care to underserved populations (Medicaid, Medicare, uninsured, and underinsured), the factors involved in the recruitment and retention of physicians in underserved areas of the state, the “goodness of fit” between J-1/NIW physicians and their employers, and the performance of the Primary care Office.

The program evaluation used three sources of data: demographic data collected routinely on the J-1/NIW physicians serving in Colorado; semi-annual report data submitted by physicians and their employers (number of hours worked, number of patients seen, percent of Medicaid, Medicare and uninsured); and J-1/NIW/employer survey data collected in the fall of 2005.

The report concluded that the reasons for adequate or inadequate access to health care are complex involving many system-level factors such as physician to population ratio; location of health services; geographic concentration of physicians; insurance reimbursement rates; insurance status, and physicians’ willingness to provide health care to people in public programs (Medicaid, CHP+, Medicare). Access to care is also influenced by the individual’s social circumstances including education attainment, economic opportunities, and supportive family or social relationships. The interacting factors at both the system and individual levels makes improving access to care challenging but critical to all Coloradans’ health and well-being.

The rural and frontier areas of Colorado experience the greatest difficulties in recruitment although some of Colorado's urban areas experience difficulty recruiting certain sub-specialties. While Colorado has recruited 60 J-1/NIW physicians, retention of those physicians after the completion of their service commitment is far more important to the long-term success in improving access to health care. Fifteen of the 16 current J-1/NIW physicians plan to remain in the same county in Colorado when they complete their service commitment. Twenty-five (57 percent) of the J-1/NIW physicians, who completed their service commitment, remained in Colorado, 18 (41 percent) remained in the same county. The most effective placements of J-1/NIW physicians in reaching the uninsured and underinsured populations were with Community Health Centers (Federally Qualified Health Centers). J-1/NIW physicians provided a total of 359,031 patient visits, 60 percent of those visits were to Medicaid, Medicare and uninsured patients (12 percent were to uninsured patients).

Several factors were found to have the potential for improving physician retention rates. Physicians interested in remaining with the same employer should put forth the effort to improve their language/communication skills and demonstrate self-confidence and a high work ethic. These factors were found to influence an employer's perception of the physician's quality of care. Employers interested in retaining a J-1/NIW in their practice should provide equitable management practices such as equal distribution of Medicaid, Medicare and uninsured patients, clearly defined work expectations, and demonstrate acceptance of the J-1/NIW physician as a professional equal.

Two areas were identified for program improvement. J-1/NIW physicians and their employers suggested that the Primary Care Office provide trainings on cultural competency and practice management. Additionally J-1/NIW physicians indicated that they would benefit from connecting with other J-1/NIW physicians in the state.

This evaluation of the J-1/NIW programs is the first complete evaluation since the programs were implemented in 1997. Future evaluations should focus on the impact of any implemented program changes, quality of care issues, and revisit the issues of provision of care to Medicaid, Medicare, uninsured and underinsured populations, and retention rates.

HISTORY OF THE J-1 VISA WAIVER AND NATIONAL INTEREST WAIVER PROGRAMS

International Medical Graduates (IMGs) are physicians who attend medical school and receive their medical degrees outside of the United States. IMGs are allowed to enter the United States for graduate medical education, through a J-1 Visa sponsorship, at an accredited residency or fellowship program. After the completion of their training, IMGs are required to return to their home country or country of last legal residence for two years before being allowed to return to the United States. In some cases the two-year home country requirement may be waived if the physician is willing to practice primary or specialty care, full-time, for three years, in an area or areas of a state that are federally designated as a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).¹

The **J-1 Visa, Exchange Visitor Program**, which allows the IMG to train in the United States, was created in 1948 as an effort to promote mutual understanding with foreign countries. The Health Professional Education Assistance Act of 1976 imposed the two-year home residency requirement on all IMGs engaged in clinical training. The J-1 Visa Waiver program was enacted in 1994 to permit IMGs to request a waiver of the two-year home country rule through an interested government agency. In 1994 Congress extended the authority to recommend waivers to state health departments allowing them 20 recommendations per year creating the Conrad 20 Program.² State recommendations are made to the U.S. Department of State for review and then forwarded on to the U.S. Citizenship and Immigration Services (USCIS) for final review and approval. In 2002, congress extended and expanded the program to allow states to recommend up to 30 waivers a year. In 2004 congress again modified the program allowing each state to use 5 of its 30 slots for J-1 Visa Waiver physicians who treat the medically underserved from a HPSA/MUA even if the actual practice site is not located in a designated HPSA or MUA. A 2006 Government Accountability Office (GAO) report³ on the J-1 Visa Waiver Program found that 90 percent of waiver requests in FY 2005, came from states. The other 10 percent came from the Health Resources and Administration program or regional programs such as the Appalachian Regional Commission or the Delta Regional Authority.

In order for an IMG to be accepted for graduate medical education in the U.S. he/she must pass all required examinations administered by the Educational Commission on Foreign Medical Graduates (ECFMG). Currently, these include the United States Medical Licensing Examination (USMLE) Step 1 - biomedical science, Step 2 - clinical science, and an oral examination called Clinical Skills Assessment Test, which is only administered in the U.S. In addition IMGs must also show proficiency with the English language by passing an English exam, and be sponsored by an approved residency or fellowship program.⁴ IMGs are screened for security purposes before they are allowed to enter the U.S. and are re-screened when they request a change in their visa status.

The Conrad 30 program is used by all 50 states plus the District of Columbia to place physicians in underserved areas of their states. Eighty percent of states require that J-1 physicians provide care to Medicaid, Medicare and uninsured patients resulting in improved access to care.

The **National Interest Waiver Program** was established in 1999 under the Nurse Reinvestment Act. This program allows professionals of exceptional ability to request a waiver of the labor

certification requirements based on a letter of recommendation from state health departments, stating that their work is considered to be in the public interest. Physicians applying for a National Interest Waiver must work full-time in primary care, for a total of five years in an area or areas of a state that are designated as a HPSA or MUA. There is no limit to the number of recommendations a state may make. Time spent in H1-B (work visa) status to fulfill the J-1 Visa Waiver requirement counts towards the five years. A National Interest Waiver is one path to achieving permanent residency.⁵

COLORADO'S CONRAD 30 J-1VISA WAIVER (J-1) PROGRAM AND NATIONAL INTEREST WAIVER (NIW) PROGRAMS

The Conrad 20/30 J-1 Visa Waiver Program was implemented in Colorado in 1997 in response to difficulties some areas of the state were experiencing in the recruitment of physicians. The goal of the Colorado program is to place physicians in underserved areas of the state thereby increasing access to primary care and specialty services with a strong emphasis on providing care to underserved populations (Medicaid, Medicare, uninsured and underinsured). The Primary Care Office located within the Colorado Department of Public Health and Environment has administered the program since its inception.

Applications for a J-1 Visa Waiver physician are submitted to the Primary Care Office, by the health care facility wanting to employ the physician. Applications are reviewed according to set guidelines (Attachment A) by a committee of professionals from organizations concerned about the maldistribution of physicians in the state and knowledgeable about Colorado communities (Attachment B). If the committee recommends an application for approval, a letter is sent to the U.S. Department of State requesting further review and upon successful review is forwarded to the USCIS for final review and approval. The entire process takes five to nine months from the first contact with the Primary Care Office until final approval by the USCIS.

The Colorado NIW program evolved as J-1 physicians completed their three-year commitment and wanted to extend their service commitment in order to use a NIW as a means of obtaining permanent residency. The application guidelines (Attachment C) and process are similar to the J-1 Visa Waiver Program unless the physician completed their J-1 commitment in Colorado. In that case the application process is simplified.

Physicians and employers must agree to a full-time, three-year service commitment for J-1 or a five-year commitment for NIW, in an area of the State that is federally designated as a Health Professional Shortage Area, Medically Underserved Area, or a non-designated area that provides care to the population from a designated area. All providers in the practice must agree to see Medicaid, Medicare, uninsured, and underinsured patients on a sliding fee schedule. The application must demonstrate community need for the physician and his/her particular expertise. It must also show that the facility tried to recruit a U.S. physician for at least six months prior to offering the position to the J-1 physician.

DATA COLLECTION/DATA SOURCES

Data for this report and program evaluation were obtained from three different sources. The Primary Care Office maintains a database of all J-1 and NIW physicians that have provided care in Colorado. The database contains basic demographic information such as the physician's specialty, home country, start and completion dates, practice location, address, etc.

In addition, the Primary Care Office requires that all J-1 and NIW physicians and their employers submit Semi-Annual Reports to verify the number of hours they worked and the number of Medicaid, Medicare and uninsured patients seen within the last six-month period. Report forms are mailed to both the physician and their employer for completion. The office manager, billing person, or other staff person in the office who knows the details of the patient visits and payment source often provides the data. The physician and their employer must both sign the report.

The Semi-Annual Report Form (Attachment D) has changed several times since the program began, making some of the data difficult to compare. In the early years, Medicaid and Medicare patients were combined into one reporting category. As the tool was refined, the reporting of Medicaid and Medicare patients was separated. In addition, some of the reports from the early years were incomplete or missing, therefore data from these reports must be interpreted carefully.

The third source of data comes from two surveys conducted in the fall of 2005 and the winter of 2006. The Primary Care Office surveyed J-1 and NIW physicians (Attachment E) who had served or were currently serving in Colorado, and their employers (Attachment F). The implementation of the surveys was made possible through a grant from the Colorado Rural Health Center as part of its Health Professions Initiative grant from The Colorado Trust. Surveys were mailed to all physicians and employers that could be located. Follow-up phone calls were made to increase the response rate. The surveys focused on four areas: 1) recruitment, 2) retention, 3) the fit between employers, physicians and the community, and 4) physician and employer satisfaction with the Colorado J-1 Visa Waiver and National Interest Waiver programs and the Primary Care Office.

Demographic Data

The Colorado J-1 Visa Waiver program began in 1997 with the recommendation of six physicians. Since that time, Colorado has had a total of 60 J-1 or NIW physicians. Table 1 shows the number of physicians recommended each year. Recommendations are made on the federal fiscal year, October 1 through September 30. While it is difficult to determine the exact cause of the drop in the number of applications in 2003, one plausible explanation is the expansion of the Conrad J-1 Visa Waiver program from 20 to 30 slots per year in late 2002. Additionally, some states have more medical schools or accept more IMGs into their residency and fellowship programs leading to J-1 physicians remaining in the same state where they have lived for the last 6-7 years. With the expansion from 20-30 slots, many states that had a history of using all 20 slots were now using 30 slots and many states like Colorado that did not use all 20 slots experienced a moderate decline in the number of applications. According to the GAO report the number of J-1 physicians entering the U.S. has decreased by 40 percent from a decade ago. One possible reason for the decline is an increased number of physicians entering the U.S. on different types of visas such as the H-1B visa.

In 2005, approximately 25 percent of the states requested the maximum of 30 waivers and 25 percent requested less than 10 waivers.³

Table 1.

<i>Year</i>	<i># Applications Recommended to the U.S. Dept. of State</i>
1997-1998	6
1998-1999	9
1999-2000	9
2000-2001	4
2001-2002	12
2002-2003	13
2003-2004	2
2004-2005	5
Total	60

Completion of Service Commitment

Thirty-nine of the 60 J-1/NIW physicians have completed their service commitment in Colorado, 16 are in the process of completing their commitment, one physician transferred out of state, and four were terminated.

J-1 Visa Waiver and National Interest Waiver

Of the 60 J-1/NIW physicians, 44 had J-1 Visa Waivers, five had NIW and 11 had a combination of J-1 and NIW. Only one of the NIW physicians completed his/her J-1 service in another state and then moved to Colorado for the NIW service commitment.

Service Area

J-1/NIW physicians worked in 21 different counties throughout Colorado. Eight worked in frontier counties, 18 in rural counties, and 34 in urban settings (see Table 2). One possible reason why Pueblo had significantly more J-1 physicians than other counties is that several former J-1 physicians have established private practices in Pueblo. When they experience difficulty recruiting U.S. physicians, they are more likely to be aware of the J-1/NIW Visa Waiver programs.

Table 2.

<i>County</i>	<i>Frontier/Rural/ Urban</i>	<i># Physicians</i>
Adams	Urban	5
Alamosa	Rural	1
Arapahoe	Urban	2
Bent	Frontier	1
Baca	Frontier	2
Cheyenne	Frontier	1
Denver	Urban	9
El Paso	Urban	2
Fremont	Rural	1

Garfield	Rural	1
Kiowa	Frontier	2
La Plata	Rural	1
Larimer	Urban	1
Las Animas	Frontier	1
Lincoln	Frontier	1
Logan	Rural	1
Montrose	Rural	1
Morgan	Rural	5
Otero	Rural	3
Prowers	Rural	3
Pueblo	Urban	15
Rio Grande	Rural	1

Practice Setting

J-1/NIW Physicians served in a variety of practice settings throughout Colorado. All practices employing these physicians, committed to seeing Medicaid, Medicare, uninsured and underinsured patients on a sliding fee schedule. Twenty-seven physicians worked in private practices, 11 worked in Community Health Centers (CHC) also known as Federally Qualified Health Centers, 10 worked in hospital clinics, 9 worked in hospitals, and 3 worked in correctional facilities (See Figure 1). National data from the GAO Report, shows fairly similar results in that 75 percent of J-1 physicians worked in hospitals and private practices and 16 percent worked in CHCs and Rural Health Clinics.³

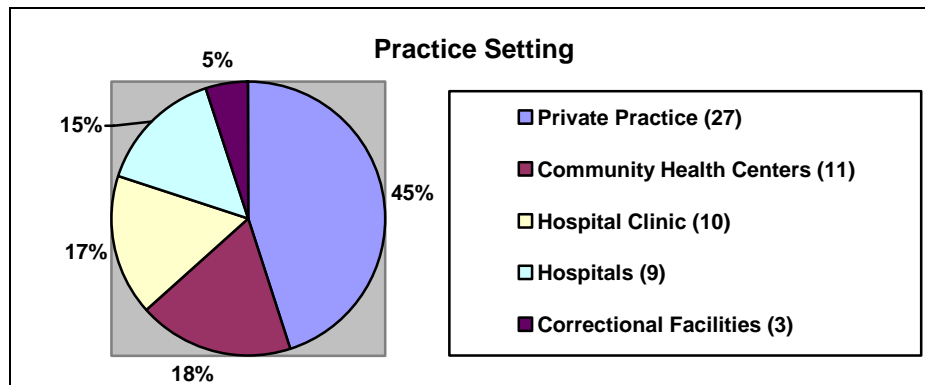


Figure 1

Specialty

In the early years of the Colorado J-1 Visa Waiver program, emphasis was placed on primary care. As the program evolved, it became apparent that many underserved communities were having just as much difficulty recruiting sub-specialists as primary care providers. An added benefit of placing a specialist in a rural area was that they often provided care to adjacent rural areas that could not afford to hire their own specialist. As a result, more people in rural areas were able to receive the specialty care they needed locally. Forty-four physicians (73 percent were primary care providers (Family Medicine, General Internal Medicine, Pediatrics, and Obstetrics/Gynecology – shaded in

gray in Table 3). Sixteen physicians (27 percent) provided sub-specialty care. The most frequent specialties were internal medicine (32), pediatrics (6) and Family Medicine (4).

Table 3.

<i>Specialty</i>	<i>Number of Physicians</i>
Internal Medicine	32
Pediatrics	6
Family Medicine	4
Anesthesiology/Pain Management	3
Cardiology	2
Obstetrics/Gynecology	2
Oncology/Hematology	2
Allergy and Immunology	2
Endocrinology	2
Neurology	2
Immunology	1
Ophthalmology	1
Pulmonology	1

The GAO study reported that on a national level, 44 percent of the waiver requests were for physicians to practice primary care exclusively, 41 percent were to practice specialty care exclusively, 9 percent were for psychiatry and 5 percent were for physicians to practice both primary care and specialty care.³ It is difficult to compare the Colorado data to the national data, as the Colorado data did not categorize physicians as solely primary care or specialty care.

Country of Origin

J-1/NIW physicians have come to Colorado from 22 different countries. The most common countries of origin, shown in Table 4, were the Philippines (16), followed by India (12), and Pakistan (7).

Table 4.

<i>Country of Origin</i>	<i>Number of Physicians</i>
Philippines	16
India	12
Pakistan	7
Poland	3
Grenada	2
Syria	2
Iran	2
Lebanon	2
Ecuador	1
Egypt	1

France	1
Germany	1
Italy	1
Jordan	1
Latvia	1
Malaysia	1
Mexico	1
Peru	1
Romania	1
South Africa	1
Thailand	1
Turkey	1

The American Medical Association⁶ reports that the top five countries where IMGs attended medical school are India, Philippines, Mexico, Pakistan and the Dominican Republic.

Gender

While most Colorado J-1/NIW physicians were male, nine were female.

Provision Of Care To Low-Income Patients (Semi-Annual Reports)

The main purpose of the Colorado Conrad 30 J-1 Visa Waiver and National Interest Waiver programs is to improve access to health care for underserved populations. Physicians and their employers submit reports twice a year to the Colorado Primary Care Office to provide an account of the total number of patient visits broken down by the number that were for Medicaid, Medicare, uninsured and underinsured patients. It is important to note that of the 60 J-1/NIW physicians, four did not submit any reports, some submitted incomplete reports, and the three employed at correctional facilities could only report the total number of patient visits since the inmate population is not categorized as Medicaid, Medicare or uninsured. Additionally, the 16 physicians who are still completing their service commitment have only submitted reports to date.

For the 40 physicians who completed their service commitment, there should have been a total of 262 reports submitted. Depending on whether a physician was a J-1, NIW or both J-1 and NIW, physicians should have submitted reports for three, two or five years. Of the maximum 262 reporting periods, 195 reports or 74 percent were submitted. Therefore, the numbers reported in Tables 5-7 represent a very conservative estimate of the amount of care provided to Colorado's underserved populations by J-1 and NIW physicians. If all reports had been submitted, the data probably would have indicated more than 470,000 patient visits.

The Semi-Annual Reports that were received show that between 1997 and the fall of 2005, J-1 and NIW physicians had a total of 359,031 patient visits (See the bottom row and middle column of Table 5). Of these visits 169,961 or 46 percent were provided to either Medicaid or Medicare patients and 42,418 or 12 percent of the patient visits were provided to uninsured patients on a sliding fee schedule. Nearly sixty percent of all reported patient visits were provided to Medicaid,

Medicare, uninsured, and underinsured patients. These summary data provides an indication of the magnitude of impact that the J-1/NIW program has had on Colorado’s underserved populations in less than 10 years. The J-1/NIW program is serving the intended target population, and beginning to accomplish the long-term goal of improving access to care for all Coloradans.

A comparison of raw numbers in Table 5 shows that Community Health Centers provided the most care (19,087 patient visits) to the uninsured population. Private Clinics served the smallest number of uninsured (8,396 patient visits) even though they had the largest number of J-1/NIW physicians and provided the most total patient visits. A comparison of percentages shows that hospitals provided a slightly higher percentage of care to uninsured patients than Community Health Centers when compared to their total number of patient visits. Private Clinics provided the least amount of care to the uninsured (5 percent) when compared to their total number of visits. On the other hand, Private Clinics were the largest providers of care to Medicaid and Medicare patients both in raw numbers and percent of total patient visits. It is important to note that the Department of Corrections provided care to all inmates through the State General Fund rather than through Medicaid or Medicare, therefore a comparison of their services is not included.

Table 5. Percents Reflect Row Percents of Total Visits.

<i>Type</i>	<i>Total # Physicians</i>	<i># Physicians reporting</i>	<i>Total # Patient Visits</i>	<i>Medicaid/Medicare (%)</i>	<i>Uninsured (%)</i>
Private Clinic	27	25	173,164	96,645 (56%)	8,396 (5%)
Community Health Center	11	11	75,136	35,766 (48%)	19,087 (25%)
Hospital Clinic	10	10	37,823	20,133 (53%)	4,174 (11%)
Hospital	9	7	35,078	17,417 (50%)	10,761 (31%)
Correctional Facility	3	3	37,830	*	*
Total	60	56	359,031	169,961 (46%)	42,418 (12%)

* The Department of Corrections provides care to all inmates through the State General Fund.

A comparison of patient visits per physician in the three outpatient settings shows that Community Health Center physicians had an average of 1,735 uninsured patient visits per physician, four to five times that of private clinics and hospital clinics (See Table 6). Hospital Clinic physicians had the lowest number of uninsured patients visits per physician. Therefore, the placement of J-1/NIW physicians in Community Health Centers shows the greatest potential for improving access to care for the uninsured population.

Table 6.

<i>Outpatient Setting</i>	<i>Patient Visits per Physician</i>	<i>Medicaid/ Medicare Visits per Physician</i>	<i>Uninsured Visits per Physician</i>
Private Clinic	6,927	3,866	336
Community Health Center	6,831	3,251	1,735
Hospital Clinic	3,782	2,023	417

In late 2003 the Primary Care Office revised the Semi-Annual Report form requesting that physicians report the care they provided to Medicaid and Medicare patients separately. The separation of data was important, as the two groups represent different underserved populations. Table 7 shows patient visits reported since the separation. Review of the data shows that while the

earlier report form requested the combined Medicaid and Medicare numbers, Community Health Centers and some hospitals had the ability to separate out the numbers and therefore reported the numbers separately. This led to higher separated numbers than expected. Since early 2004 hospital clinics provided a significantly smaller percentage of care to Medicaid patients while Community Health Centers providing the largest percentage of care to Medicaid patients. Hospital clinics provided a slightly larger percentage of care to Medicare patients.

Table 7. Percents Reflect Row Percents of Total Visits.

Type	# Physicians Reporting	Total # Patient Visits	Medicaid (%)	Medicare (%)
Private Clinic	25	173,164	35,586 (21%)	23,342 (13%)
CHC	11	75,136	20,321 (27%)	12,291 (16%)
Hospital Clinic	10	37,823	2,571 (7%)	8,044 (21%)
Hospital	7	35,078	9,214 (26%)	5,836 (17%)
Correctional Facility	3	37,830	*	*
Total	56	359,031	67,577 (19%)	49,413 (14%)

* The Department of Corrections provides care to all inmates through the State General Fund.

J-1/NIW and Employer Survey Responses

Forty-nine of the 60 J-1/NIW physicians were located for the survey and 39 responded to the survey. Eight physicians had more than one work location. Of the 36 different employers 22 responded to the survey, and 13 employed more than one J-1/NIW physician. Employers were asked to complete a survey form for each J-1/NIW physician they employed, giving the employer group 60 opportunities to respond to the survey. Thirty-eight survey forms were returned. Responses to the survey questions were entered into a database and analyzed according to the meaningful program-improvement issues of recruitment, retention, goodness of fit, and Primary Care Office performance. (See Attachment G for responses to selected survey questions.)

Focus Area 1: Recruitment

Physicians in Colorado are not distributed evenly throughout the state. Approximately 81 percent of the state's population lives in the 11 Front Range Counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo and Weld) where approximately 82 percent of the primary care physicians practice. The remaining 53 counties comprise 85 percent of the geographic area of the state and are the practice location of 18 percent of the state's primary care physicians. The rural and frontier areas of the state experience the greatest difficulties in recruitment although some of Colorado's urban areas experience difficulty recruiting certain sub-specialties.

Table 8 shows that employers in both rural and urban areas reported that the main reasons they chose to recruit through the J-1 Visa Waiver and National Interest Waiver Programs were that they were unable to recruit or had difficulties recruiting some specialties. Some employers provided more than one response.

Table 8.

<i>Reason for Using the J-1/NIW Programs</i>	<i>Number of Responses (% of Responses)</i>
Unable to recruit in rural area	16 (45%)
Unable to recruit some specialties	7 (20%)
Unable to recruit in urban area	5 (14%)
Applicant was an excellent candidate	2 (6%)
To give those who hold a J-1 Visa an opportunity	2 (6%)
Long-standing recruitment difficulties	2 (6%)
Provide community with affordable health care	1 (3%)
Total	35 (100%)

The Colorado J-1/NIW program guidelines require that health facilities try to recruit a U.S. physician for at least six months before offering a position to an IMG. The survey showed that the length of time facilities tried to recruit without success before turning to the J-1/NIW programs ranged from six months to 10 years (see Table 9). Employers gave more than one response if they had employed more than one J-1 physician.

Table 9.

<i>Length of Recruitment Time</i>	<i>Number of Responses</i>
6-9 months	8
1 year	4
1-2 years	9
3-4 years	4
5-10 years	7
Unknown	2

When J-1/NIW physicians enter the U.S. for training they sign an agreement to return to their home country when their training is complete, however, if they are willing to provide care in an underserved area of the United States they may be allowed to remain. J-1/NIW physicians were asked in the survey why they chose to remain. Table 10 shows that career and family were the most common reasons given.

Table 10.

<i>Reason for Remaining in U.S.</i>	<i>Number of Responses</i>
Family issues	21
(Child related)	(11)
(Spouse related)	(6)
(Other)	(4)
Career opportunities	21
Home country safety issues	3
Financial stability	2

J-1/NIW physicians also were asked what it was about Colorado or another state that made it their first choice of service location. The main reasons were recreational opportunities and weather, the practice location and the nearness to family and friends. The information in Tables 10 and 11 may help recruitment programs in Colorado emphasize certain benefits of the state.

Table 11.

<i>Reason for Choosing a Specific State</i>	<i>Number of Responses (% of Responses)</i>
Recreational opportunities/weather	16 (34%)
Practice location (employment opportunity and community)	13 (28%)
Nearness to family or friends	9 (19%)
Job offer or opportunity to practice specialty	7 (15%)
Low malpractice insurance	1 (2%)
Opportunity to get J-1 and eventually green card	1(2%)
Total Responses	47 (100%)

Both J-1/NIW physicians and their employers paid a portion of the expenses involved in the application process. Expenses included recruitment fees, attorney fees, filing fees, staff time, etc. The responses in Table 12 show that the physicians paid significantly more than their employers. Many J-1/NIW physicians hire recruiters to find them positions in the U.S. and hire immigration attorneys to help them through the immigration process. Several employers paid the \$1,000 premium-processing fee to expedite the H-1B work visa application process.

Table 12.

<i>Expenses</i>	<i>Physician Responses</i>	<i>Employer Responses</i>
Under \$4,999	4	5
\$5,000 – 9,999	9	1
\$10,000 – 14,999	5	2
\$15,000 - 19,999	1	
\$20,000 – 25,000	5	

Focus Area 2: Retention

Learning about physician retention was a key focus of the survey. The survey asked current J-1/NIW physicians if they planned to remain with the same employer, in the same county, in Colorado, or in the United States *after* they completed their service commitment. The same information on physicians who have completed their service commitment is tracked in the demographic database. If physicians indicated that they planned to change locations or had changed locations, they were asked to explain why. Reasons for not remaining in the same location included meeting the needs of their spouse’s career, wanting to teach in an academic program, or wanting to live in a larger city.

The majority of the current J-1 physicians indicated that they plan to remain in the same county with the same employer (Table 13). In fact, only one physician who answered this question planned

to switch employers but still remain in the same county. One physician said his future plans were dependent on his spouse’s educational plans so did not answer the question.

Table 13.

<i># Responses</i>	<i>Current J-1 Physicians (N=16)</i>
	Plan to remain:
N=13	Employer: (N=12)
N=14	County: (N=14)
N=15	Colorado: (N=15)
N=15	U.S. (N=15)

Data on retention of J-1/NIW physicians who have completed their service commitment was pulled from the demographic database. Thirty-three of the 44 former J-1/NIW physicians were located for the survey. Physicians who could not be located were assumed to no longer be practicing in Colorado. It is unknown if they have remained in the United States. Table 14 shows that 57 percent of the former J-1/NIW physicians continue to practice in Colorado, 25 percent are with the same employer, and 41 percent are in the same county.

Table 14.

<i>Have Data N=33</i>	<i>Completed Service Commitment (N=44)</i>
	Have remained:
N=33	Employer (N=13) (30% of 44)
N=33	County (N=17) (39% of 44)
N=33	Colorado (N=25) (57% of 44)
N=33	U.S. (N=33)

Pursuing Permanent Residency. J-1 physicians may pursue permanent residency either through a NIW or Labor Certification. Labor Certification is the process by which an employer certifies that a foreign national has a job offer that the United States Secretary of Labor has certified will neither displace a qualified U.S. citizen nor adversely affect wages and working conditions.⁷ A NIW is a waiver of the Labor Certification requirements and requires a letter of support from the Primary Care Office citing that it is in the public interest for the physician to remain in the United States.

Pursuing permanent residency through a NIW or Labor Certification is a clear sign of intention to remain in the U.S., but does not indicate whether the physician plans to remain in the same location. Current J-1 physicians were asked if they have already applied for or plan to apply for permanent residency. Fourteen of the 16 current J-1 physicians responded to this survey question. Twelve of the 14 physicians indicated that they plan to apply for permanent residency through either a NIW or Labor Certification.

Former J-1/NIW physicians were asked if they had already pursued permanent residency through a NIW or Labor Certification. Twenty-two of the 23 physicians who responded to this question indicated that they have pursued permanent residency and 19 identified which program they used. Nine physicians have pursued a NIW and 10 have pursued Labor Certification.

Employment Offer. Another key factor in retention is if the employer offers the physician an extended contract. Employers were asked if they had offered or planned to offer the physician a full-time position after their service commitment was complete. Twenty-eight of the 36 employers who answered this question, either have offered or plan to offer the J-1/NIW physician a full-time extended contract. Eight employers chose not to make an offer. Reasons given for not offering the physician an extended contract were poor communication skills, low self-confidence, and insufficient in-depth medical knowledge. Employers' perceptions of the physicians' work ethic was also associated with whether or not employers offered the physician a full-time position.

Focus Area 3: Goodness of Fit Between Physicians, Community, and Employers

Fit between J-1/NIW physicians, employers, and the community included survey questions about personal or professional acceptance and satisfaction, language barriers, and practice expectations. Goodness of fit is likely to be one important factor related to whether physicians remain in their service area after their service period. While fit between physicians, employers, and the community may be a factor leading to retention; this cannot always be assumed. Thus, the questions about "fit" are reported separately.

Physicians and employers were asked to rate the quality of several factors ranging from job performance and peer relations, to community acceptance and family enjoyment. Specific questions were asked about communication and language issues, work ethic, performance expectations, and equitable distribution of Medicaid, Medicare and uninsured patients.

Analysis of survey questions identified factors associated with the goodness of fit between employers and physicians. Results showed that it was the employers' positive perceptions of physicians that had the strongest association with physicians remaining with the same practice after completing their J-1/NIW service commitment. A related finding showed that language barriers were associated with employers' perceptions of physicians, and therefore retention. As ratings of physicians' language skills increased so did employers' perceptions about physician quality and work ethic. As employers' positive perceptions increased, so did the likelihood of physician retention. Figure 2 shows employers' ratings of their perceptions of the J-1/NIW physicians on a scale of 3-15. These data show that goodness of fit between J-1/NIW physicians and their employers is a factor in physician retention in underserved areas of Colorado. Attachment H succinctly describes the statistical procedures used to measure goodness of fit.

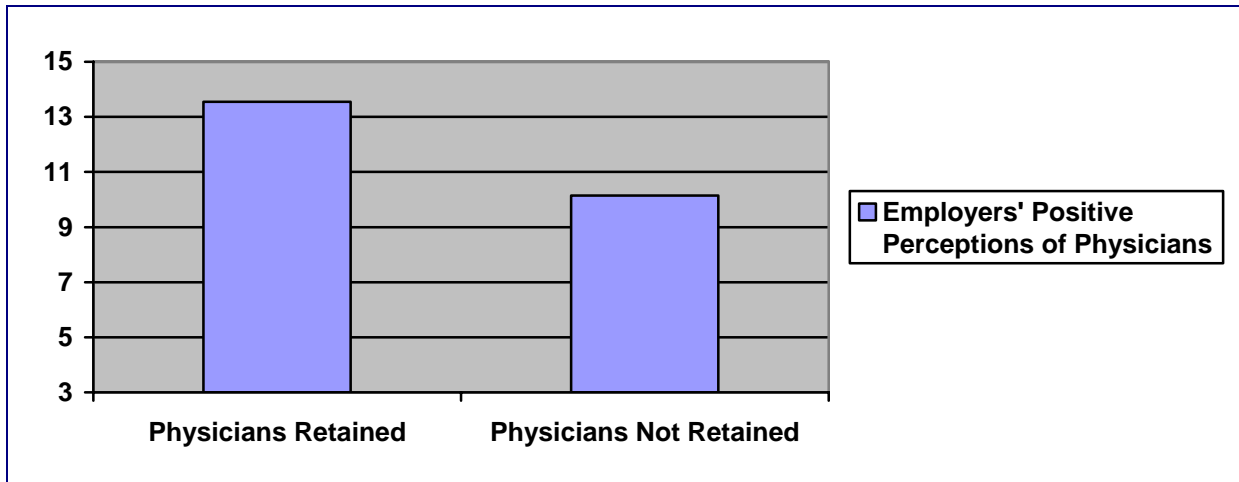


Figure 2. J-1/NIW physicians who remain with the same employer after completing their service commitment received higher ratings from employers.

Physicians' perceptions of their employers' equitable management practices was also associated with retention of J-1/NIW physicians. As physicians' positive perceptions increased about being accepted as an equal professional, having clearly defined work expectations, and seeing equal numbers of Medicaid, Medicare, and Uninsured patients, so did the likelihood of retention (See Figure 3). If physicians strongly agreed with the statement, that they would recommend their employer to any J-1/NIW physician, then the likelihood of retention increased.

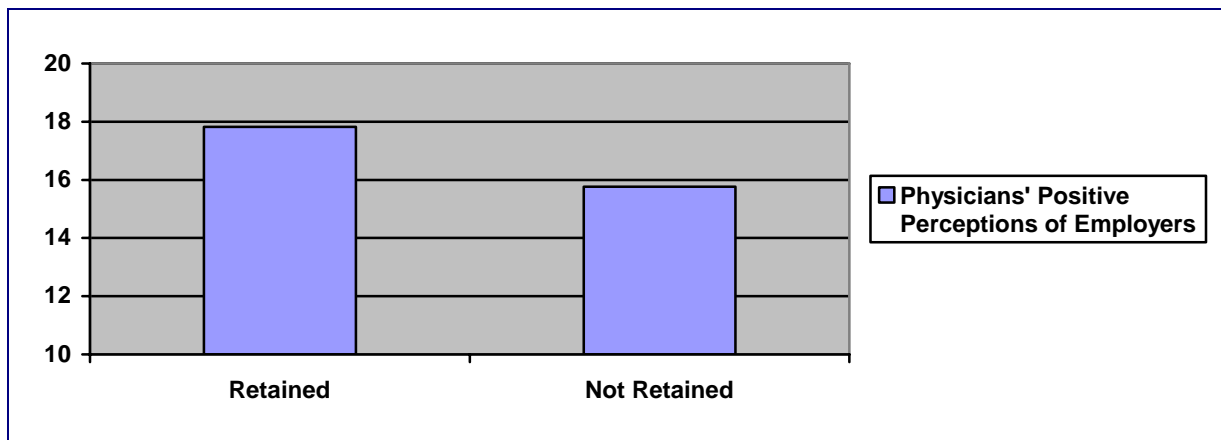


Figure 3. J-1/NIW physicians who remained with the same employer after completing their service commitment rated their employers higher for equitable practices.

Focus Area 4: Physician And Employer Satisfaction With The Colorado J-1 Visa Waiver And National Interest Waiver Programs, and the Colorado Primary Care Office.

The application process for a J-1 Visa Waiver or a NIW is a long process requiring significant paperwork, time, money and patience. The average application takes six to nine months from start to final approval by the USCIS. The Primary Care Office facilitates a J-1/NIW Review Committee to develop policies and procedures for the administration of the program. Application guidelines

are discussed frequently and revised to improve the process. Guidelines emphasize the needs of communities and are written to provide consistency in review. Committee members represent organizations concerned about access to health care in Colorado (Attachment F).

Several of the survey questions focused on the ease of the application process and the support provided by the Primary Care Office. Figure 4 shows how strongly physicians and employers agreed with the statement, “The Colorado Conrad 30/NIW application process was easy to complete.”

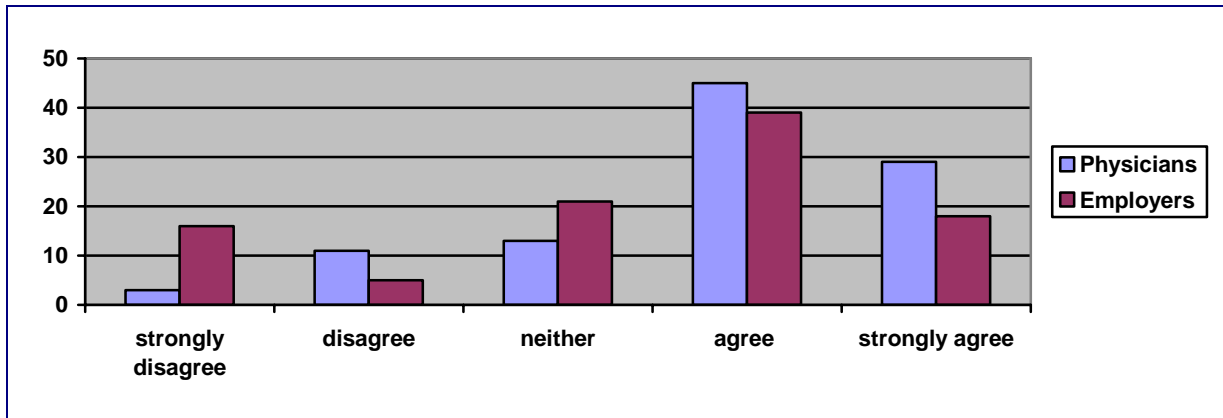


Figure 4. Percent of physicians and employers reporting about the ease of the application process

Figure 5 shows employers’ reports about their level of agreement with two separate but related statements about the J-1/NIW program, “I would employ through the waiver process again; I would recommend the Colorado J-1/NIW Program to others.”

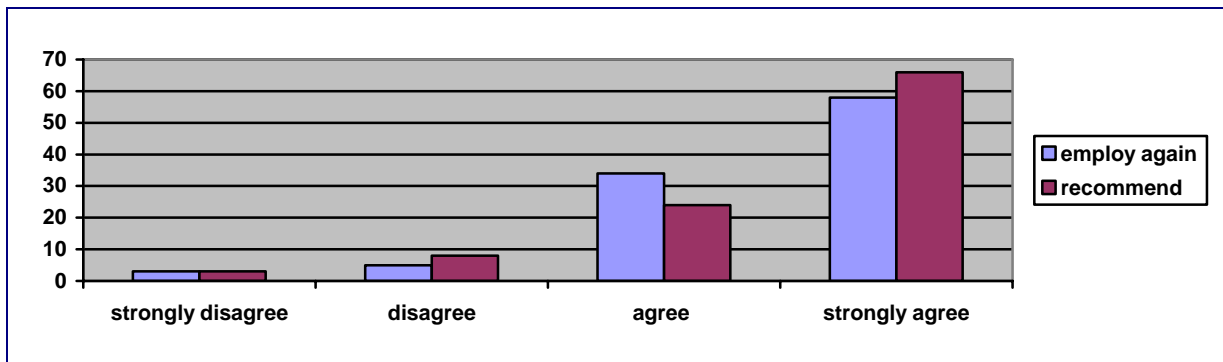


Figure 5. Percent of employers reporting about future activity with the J-1/NIW Program

The Primary Care Office strives to find ways to improve the satisfaction of employers and physicians with the J-1/NIW programs. During site visits, employers and physicians often identify areas where additional training is needed. The survey asked if the Primary Care Office should provide trainings to physicians and their employers. Figure 6 shows employers’ and physicians’ opinions about the needs for trainings.

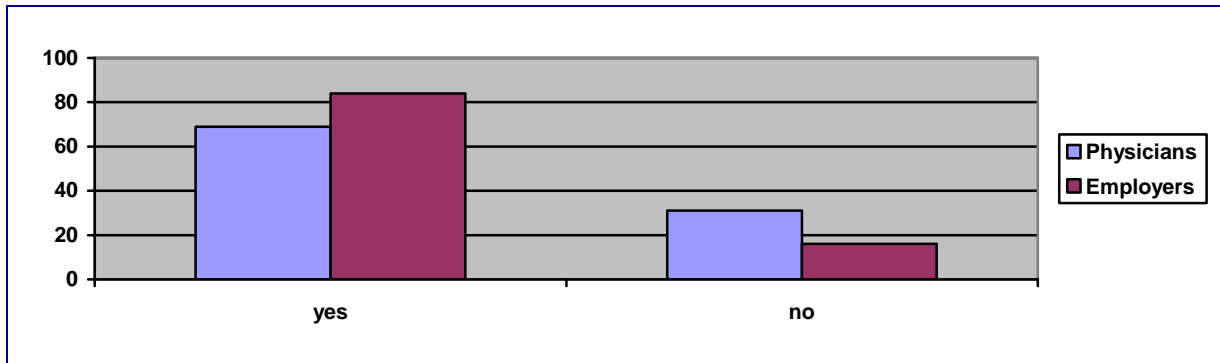


Figure 6. “Should the Primary Care Office offer trainings for J-1/NIW physicians and their Employers...YES or NO?”

Table 15 lists the recommendations made by employers and physicians about which trainings the Primary Care Office could provide.

Table 15

<i>Employer’s Suggestions</i>	<i>Physician’s Suggestions</i>
Practice management (10)	Practice Management (18)
Cultural competency (6)	Cultural Competency (14)
Integrating into the community (2)	Legal aspect of J-1 waiver (2)
State and federal requirements for J-1/NIW application process (2)	Role of J1 physician with the office, community and immigration/visa aspects of J1 Waiver
Language	Adjusting to life in CO
Medical coding	Understanding standards of medical care in rural areas
Contract expectations	Contractual issues
Individual counseling for problem situations	

OBSERVATIONS AND CONCLUSIONS

Access to Health Care

Reasons for adequate or inadequate access to health care are complex involving many system-level factors such as physician to population ratio; location of health services; geographic concentration of physicians; insurance reimbursement rates; insurance status, and physicians’ willingness to provide health care to people in public programs (Medicaid, CHP+, Medicare). Access to care is also influenced by the individual’s social circumstances including education attainment, economic opportunities, and supportive family or social relationships. The interacting factors at both the system and individual levels makes improving access to care challenging but critical to all Coloradans’ health and well-being.

The Primary Care Office at the Colorado Department of Public Health and Environment works to improve the system-level factors that influence access to care. Federally designated Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA) measure the

number of primary care physicians in a given area as it relates to the population in the same area, and are used as a requirement in the placement of J-1/NIW physicians and NHSC clinicians. Of Colorado's 64 counties, 52 are designated wholly or in part as HPSAs and 47 are designated wholly or in part as MUAs. The federal Shortage Designation Branch, Office of Workforce Evaluation and Quality Assurance, Bureau of Health Professions, Health Resources and Services Administration releases statistics that are based on HPSA designations. The most recent statistics (December 2005) show an estimated underserved population in Colorado HPSAs of 462,689 people. An additional 138 full-time equivalent (FTE) primary care physicians are needed to remove all HPSA designations. To achieve an ideal ratio of 1 physician to 2,000 Coloradans, an additional 193 FTE primary care physicians are needed in the areas currently designated.⁸

A recent report from the Colorado Health Institute found that between FFY 1999-2000 and 2003-2004, the number of uninsured Coloradans increased from 14.9 percent to 17.1 percent translating to 770,000 uninsured people in the state. From 1996 to 2003, the average family premium for health insurance in Colorado increased 102 percent. During a shorter time frame (2001-2003) the number of private businesses offering health insurance decreased by 14 percent.⁹

The purpose of the Colorado Conrad 30 J-1 Visa Waiver and National Interest Waiver programs is to improve access to health care in underserved areas of the state by increasing the number of physicians who will provide care to underserved populations. The expectation is that all providers in the practice where a J-1/NIW physician is located will see Medicaid, Medicare and uninsured patients. In addition to the J-1/NIW programs the National Health Service Corps (NHSC) also places primary care physicians in underserved areas (HPSAs) of the U.S. In August of 2006, the NHSC reported that there were 28 primary care physicians in Colorado.¹⁰ At the same time there were 18 J-1/NIW physicians in Colorado, 12 of those being primary care physicians. The GAO Report estimated that the J-1 Visa Waiver program places one and a half times the number of primary care physicians placed by the NHSC in the U.S.³ However, compared to national data, the Colorado J-1/NIW programs are less utilized as a means of increasing physicians in underserved areas.

Based on the data reported by each J-1 physician and their employer, limited evidence-based conclusions can be drawn about the overall effectiveness of the J-1/NIW program to improve access to care for the underserved populations in Colorado.

- J-1/NIW physicians provided care in 21 counties where underserved Coloradans lived. Six of the counties were urban, 15 counties were rural or frontier.
- 73 percent of the J-1/NIW physicians provided primary care, 27 percent provided sub-specialty care.
- A total of 359,031 patient visits were provided, 60 percent of those visits were to Medicaid, Medicare and uninsured patients (12 percent were to uninsured patients).

Recruitment and Retention

The rural and frontier areas of Colorado experience the greatest difficulties in recruitment although some of Colorado's urban areas experience difficulty recruiting certain sub-specialties. Employers in both rural and urban areas reported that the main reasons they chose to recruit through the J-1

Visa Waiver and National Interest Waiver Programs were that they were unable to recruit a U.S. physician or had difficulties recruiting some specialties. Recruitment efforts for ranged from six months to 10 years before a J-1 physician was hired. Both J-1/NIW physicians and their employers paid a portion of the expenses involved in the application process. Expenses ranged from \$5,000 to \$25,000.

The survey found that emphasizing the recreational opportunities and weather of the area, the positive attributes of the location and community, and emphasizing the career opportunities of the practice setting could enhance the recruitment of physicians to Colorado. These strategies may help Colorado compete with nearby states that have more residency/fellowship program options.

While Colorado has recruited 60 J-1/NIW physicians, retention of those physicians after the completion of their service commitment is far more important to the long-term success in improving access to health care. Data from the Primary Care Office and the survey results found that:

- 15 of the 16 current J-1/NIW physicians plan to remain in the same county in Colorado when they complete their service commitment
- 25 (57 percent) of the J-1/NIW physicians, who completed their service commitment, remained in Colorado, 18 (41 percent) remained in the same county.

Several factors were found to have the potential for improving retention rates:

- Physicians interested in remaining with the same employer should put forth the effort to improve their language/communication skills and demonstrate self-confidence and a high work ethic. These factors were found to influence an employer's perception of the physician's quality of care.
- Employers interested in retaining a J-1/NIW in their practice should provide equitable management practices such as equal distribution of Medicaid, Medicare and uninsured patients, clearly defined work expectations, and demonstrate acceptance of the J-1/NIW physician as a professional equal.

Opportunities for Program Change and Improvement

Data from the Primary Care Office and the J-1/NIW survey results provide some evidence that can support the process of making sound program decisions to improve the J-1/NIW program. In addition to drawing conclusions about program effectiveness, conclusions about program improvement are often the most significant use of evaluation in public health interventions. J-1/NIW program improvements are designed toward achieving greater access to care for underserved populations in Colorado.

- The most effective placements of J-1/NIW physicians in reaching the uninsured and underinsured populations were with Community Health Centers (Federally Qualified Health Centers). The J-1 Visa Waiver Committee should consider possible program changes that will result in other types of practices reaching increased numbers of uninsured and underinsured patients.

- While the survey showed that most physicians and employers were satisfied with the application process and support provided by the Colorado Primary Care Office, two areas were identified for program improvement.
 - J-1/NIW physicians and their employers suggested that the Primary Care Office provide trainings on cultural competency and practice management.
 - J-1/NIW physicians were asked if it would be a benefit to connect with other J-1/NIW physicians in the state. The mean response indicated that facilitating this request would be a positive improvement for the Primary Care Office.

Areas Needing Further Study and Evaluation

This evaluation of the J-1/NIW programs is the first complete evaluation since the programs were implemented in 1997. Future evaluations should focus on the impact of implemented program changes, quality of care issues, and revisit the issues of provision of care to Medicaid, Medicare, uninsured and underinsured populations, and retention rates. Consistency in reporting format and assuring submission of report forms is necessary to provide accurate data for analysis.

Based on the data, the J-1/NIW programs are an effective means of providing care to underserved populations, and have been effective in retaining physicians in underserved areas of the state. Improvements and changes could be implemented that will strengthen the programs and increase the amount of care provided to underserved populations.

References

- ¹ United States Department of State: http://travel.state.gov/visa/temp/info/info_1296.html
- ² United States Information Agency, 22CFR Part 514
- ³ Foreign Physicians, Preliminary Findings on the Use of J-1 Visa Waivers to Practice in Underserved Areas, United States Government Accountability Office, Leslie Aronovitz, May 2006)
- ⁴ Educational Commission for Foreign Graduates: <http://www.ecfmg.org>
- ⁵ United States Citizenship and Information Services: <http://www.uscis.gov/graphics/services/residency/physwaiver.htm>
- ⁶ American Medical Association: www.ama-assn.org
- ⁷ United States Department of Labor: <http://www.foreignlaborcert.doleta.gov>
- ⁸ Health Resources and Services Administration, Shortage Designation Branch, HPSA Find: <http://hpsafind.hrsa.gov>
- ⁹ Profile of the Uninsured in Colorado, Colorado Health Institute, 2004
- ¹⁰ National Health Service Corps: <http://nhsc.bhpr.hrsa.gov>

Attachment A: Conrad 30 J-1 Visa Waiver Application Guidelines



Colorado Department
of Public Health
and Environment

CONRAD 30 J-1 VISA WAIVER PROGRAM

Primary Care Office

PSD-A5

4300 Cherry Creek Drive South

Denver, CO 80246-1530

303-692-2470

Conrad 30 J-1 Visa Waiver Application

Physician's Name _____

Permanent Address _____

Phone Number _____

E-mail: _____

Country of Origin _____

Birthdate _____

Dept. of State Waiver

Review Case Number _____

Specialty _____

Signature _____

Date _____

Applicant Facility _____

Address _____

City, Zip & County _____

Phone Number _____

Fax Number _____

Practice Location _____

Address _____

City, Zip & County _____

Phone Number _____

Fax Number _____

E-mail: _____

Circle One: HPSA MUA MUP HPSA ID# _____

Authorized Signature _____

Date _____

Title _____



CONRAD 30 J-1 VISA WAIVER PROGRAM
Primary Care Office, PSD-A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1350
303-692-2470

Overview of Federal J-1 Visa Waiver Requirements

Federal law requires that foreign physicians seeking to pursue graduate medical education or training in the United States (U.S.) must obtain a J-1 Exchange Visitor Visa. The J-1 Visa allows physicians to remain in the U.S. until their studies are completed. Upon completion of their studies, the physicians must return to their home country for at least two years before they will be eligible to return to the U.S. Physicians who are subject to the two-year home country residence requirement may apply for a waiver of that requirement under any one of the four grounds provided by the U.S. immigration law.

1. Exceptional hardship to his/her spouse or child who is a U.S. citizen or permanent resident
2. Persecution if forced to return to his/her home country
3. A statement in support of a waiver from an interested U.S. government agency
4. A statement in support of a waiver from a state health department

Each state is allowed 30 recommendations each federal fiscal year (October 1 – September 30) to the U.S. Department of State. The U.S. Department of State reviews the application and makes a recommendation to the Bureau of Citizenship and Immigration Services (BCIS) (formerly the INS) as to whether or not the residency waiver should be granted. The BCIS makes the final determination and will inform the applicant and the Colorado Department of Public Health and Environment of their decision. The process takes approximately 4-5 months.

Procedures for Waiver Applications

Step 1. Applicants (physicians) must complete and send a Data Sheet application to the U.S. Department of State. The application form can be downloaded from <http://travel.state.gov/jvw.html>

Step 2. Once the Waiver Review Division has received the Data Sheet application, the physician will be sent a case number and instructions on how to proceed with the application.

Step 3. All required documentation must be submitted to the U.S. Department of State for the application to be processed.

Step 4. The U.S. Department of State reviews the application and a recommendation is forwarded to Bureau of Citizenship and Immigration Services for final review and approval.



CONRAD 30 J-1 VISA WAIVER PROGRAM

Primary Care Office, PSD-A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1350

303-692-2470

Overview of Colorado Waiver Review Process

The state of Colorado is committed to assisting all residents of Colorado with improved access to quality, affordable healthcare. Therefore, the Colorado Department of Public Health and Environment (CDPHE) will consider waiver requests of the foreign residence requirement on behalf of physicians holding J-1 Visas under certain conditions. The physician must:

- Work within Colorado in a clinical practice located in an area or areas of the state designated by the Secretary of Health and Human Services as having a shortage of healthcare professionals.
- Practice full-time (40 hours per week) for three years in primary care (family or general practice, general internal medicine, general pediatrics, obstetrics/gynecology), specialty care, or general psychiatry.
- Practice in the public interest (provide care to the Medicaid, Medicare, uninsured and underinsured population).
- Sign and adhere to the Colorado Department of Public Health and Environment, Primary Care Office, Statement of Commitment to Comply.

Requests for a J-1 Visa Waiver must be submitted by the Colorado healthcare facility (employer) desiring to hire the physician.

Requests are not accepted directly from physicians or attorneys.

Colorado's focus is on primary care but applications for specialists or sub-specialists will be considered if the healthcare facility can provide justification based on local conditions.

The application must show that the entire facility is able and willing to serve the underserved population (Medicaid, Medicare, uninsured, and underinsured).

Each application is reviewed in the order received. Each application is reviewed on its own merits. Consideration is given to the demonstrated need in the community, the thoroughness of the application, the healthcare facility's retention plan, and the degree to which the physician's training matches the community's needs. After 30 recommendations are made to the U.S. Department of State the program will be closed until the beginning of the next federal fiscal year (October 1).

The Primary Care Office Waiver Review Committee reviews each waiver application to determine how the placement will improve the accessibility of care to the underserved population in an area and to ensure that the proposed placement will not adversely affect or compromise the delivery of healthcare in the area. The submission of a complete waiver package to the CDPHE does not ensure that the CDPHE will recommend a waiver. In all instances, the CDPHE reserves the right to recommend or decline any waiver request. If the Waiver Review Committee's decision is positive, a copy of the application and the necessary cover letter is sent to the U.S. Department of State.

The Waiver Review Committee is comprised of professionals from healthcare organizations that are invested in primary care issues in underserved areas of the state and supportive of the J-1 Visa Waiver Program. The committee meets four times a year in March, June, September and December. Applications are due to the Primary Care Office two weeks before the committee meeting. Please call the Primary Care Office at 303-692-2470 for exact dates.

Contact the Primary Care Office at the Colorado Department of Public Health and Environment before you begin the application process to make sure you have the latest version of the Application Guidelines and a thorough understanding of all the requirements. Follow the checklist and refer to the Application Guidelines so that all information is included. If you have any questions about the application process, please contact the Primary Care Office at 303-692-2470. Mail your completed application to:

Kitty Stevens, RN, MSN
Director, Primary Care Office
PSD - A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530



Colorado Department
of Public Health
and Environment

CONRAD 30 J-1 VISA WAIVER PROGRAM

Primary Care Office, PSD-A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1350

303-692-2470

Application Guidelines

NOTE: Every attempt has been made to keep the application process simple enough that healthcare facilities can complete the process without hiring an attorney. Please contact the Primary Care Office if you need assistance with the application process. Physicians may want to seek legal counsel to assist in the preparation and submission of the required BCIS forms and documentation.

A waiver request must originate from the healthcare facility where the physician will be employed.

Applications are not accepted from physicians or attorneys. Please include the following information in the order listed. Please number each section. Please do not include extra information.

1. A completed Conrad 30 J-1 Visa Waiver Application Form.

2. Healthcare Facility Information:

Include a request from the healthcare facility to the Primary Care Office at the CDPHE requesting a letter of recommendation for the physician. Include a description of the facility that includes the name address, county, and the nature and extent of services provided; the facility's location in a Health Professional Shortage Area, or Medically Underserved Area/Population; and the percentage of the practice that serves the underserved (Medicaid, Medicare, sliding fee schedule). Also include a copy of the facility's sliding fee schedule on letterhead, your policies for implementation and a copy of the sign that is posted in the waiting area (stating that services are provided on a sliding fee scale for persons who qualify).

3. Community Information

Describe the location and characteristics of the service area. Explain how the current healthcare resources are over utilized, excessively distant, or otherwise unavailable to the underserved population. Explain the access issues in the community. Why is the underserved population unable to access healthcare? How long is the wait time for underserved patients to get an appointment? Explain your communities needs and how this physician's qualifications, and proposed responsibilities will meet those needs. Explain how accessibility of care for the underserved will be improved if you are allowed to employ this physician. Explain how a denial will affect healthcare in your community. Describe your efforts or plan to incorporate this physician into your community and the current healthcare system. How have you or will you introduce the physician to the community at large and to the medical community? Do you have a recruitment committee and who is involved? Describe community support for hiring this physician. Include any letters of support from the community.

4. National Recruitment Efforts

Describe your efforts over the last six months to recruit a U.S. physician for the job in the same salary range, prior to opening up the position to a J-1 physician. Include an explanation of how long the position has been vacant. Recruitment efforts may include attempts to recruit through the National Health Service Corps (NHSC), letters to residency/fellowship programs, ads placed in professional journals/newspapers, agreements with recruitment services, attendance at job fairs, contact with the Colorado Rural Health Center, etc. Include at least three copies of ads, letters, etc. used for recruitment. Proof of recruitment must show dates. Provide an explanation of why your recruitment efforts were unsuccessful (e.g. provider response to

recruitment efforts and facility response to the applicant). Explain how you know that the salary being offered meets the prevailing wage for your area.

5. Contract Information

Include a copy of the signed and dated contract for employment at the healthcare facility. The contract must specify that the physician will agree to the following if the waiver request is approved:

- To work full-time (a minimum of 40 hours a week) at the healthcare facility in which he/she is employed
- The contract is for three years (include start date within 90 days of BCIS approval)
- To practice primary care or specialty care in an area or areas that are designated by the U.S. Secretary of Health and Human Services as having a shortage of healthcare professionals. For purposes of this program, this includes those areas designated as a Primary Care Health Professional Shortage Area, Mental Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population.
- To provide healthcare to the medically underserved (Medicaid, Medicare, uninsured, and underinsured).
- The contract may not contain a non-compete clause.

6. Retention Plan

Clearly describe the facility's plans to integrate the physician into the community personally and professionally (see Retention Plan).

7. Physician Information

Include a brief summary of the physician's key qualifications as they relate to the community's need, proof of Colorado Medical Licensure or eligibility for licensure, the physician's resume, letters of recommendation from others who have worked or have knowledge of the physician's abilities and character, a copy of the U.S. Department of State (DOS) Data Sheet application form or the DOS letter showing the physician's case number, legible copies of all IAP-66/DS-2019 forms, copies of the I-94 entry and departure cards, form G-28 (if an attorney represents the physician), a personal statement from the physician explaining his/her reason for not wanting to fulfill the two-year home residency requirement, a statement from the physician that he/she does not have another waiver request pending with any other U.S. government agency, an explanation of any "out of status" for any periods of time spent in some other visa status or out of the county, and a statement of "no objection" from the physician's government if they helped pay for his/her education.

8. The Statement of Commitment to Comply with the Requirements of the Colorado Department of Public Health and Environment (CDPHE) – signed by the physician and an authorized person from the facility.

NOTE: The J-1 Visa Waiver is only one step in a multi-part process. A waiver is necessary but not sufficient to obtain a foreign physician's services. A waiver simply eliminates the requirement that the physician return to his/her home country for two years before he/she can return to the US. It is important to note that the waiver of the two-year residence requirement is not a visa. Physicians going through the Conrad 30 J-1 Visa Waiver program are eligible for and must make an application to the BCIS for H1-B visa status. Permanent residence visa status will not be permitted until the physician's three years of obligatory service in a health professional shortage area have been fulfilled. A physician may want to seek legal counsel to assist in the preparation and submission of the required BCIS forms and documentation.



Colorado Department
of Public Health
and Environment

CONRAD 30 J-1 VISA WAIVER PROGRAM

Primary Care Office, PSD-A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1350

303-692-2470

Retention Plan

In an effort to promote a more stable healthcare system for underserved areas in Colorado and to increase physician satisfaction, the Primary Care Office encourages you to include in your application the steps you have taken or anticipate taking to improve the prospects for retaining the J-1 physician in your community.

The following information contains suggestions to help in the development of a strategy for your healthcare facility. These ideas are based on research and satisfaction surveys of J-1 Visa Waiver physicians. Not all communities are able to address every area, but discussing these issues and planning ahead of time may result in a better experience for both the physician and the community.

- Relate to your physician on a personal level
- Set up monthly meetings to discuss a variety of issues, concerns can arise from unmet expectations
- Develop a recruitment/retention committee or assign this task to one individual
- Keep in mind that today's physician looks for quality. Consider two factors as you begin to develop your retention strategy - **professional environment** and **lifestyle**.

Professional Environment

- Availability of medical colleagues
- Staff and professional support
- Adequate call coverage
- Quality facilities, equipment, and personnel
- Access to referral physicians
- Access to continuing medical education
- Monitor the physician's on-call responsibilities and patient load - Are they realistic or overburdening?
- Make sure that referral patterns are established and appropriate.
- Provide an opportunity for continuing education (include in the compensation package)

Lifestyle Issues

- Spouse employment opportunities
- Recreational and entertainment opportunities
- Quality schools
- Cultural activities
- Adequate housing
- Adequate shopping facilities
- Is the physician and his/her family's integrated into the community? Are they included in social events? Do they have a sense of belonging?



Colorado Department
of Public Health
and Environment

CONRAD 30 J-1 VISA WAIVER PROGRAM

Primary Care Office, PSD-A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1530

303-692-2470

Conrad 30 J-1 Visa Waiver Statement Of Commitment To Comply

I understand that the purpose of the J-1 Visa Waiver program is to provide increased primary and specialty healthcare to the medically underserved population in the service area. I understand and agree and that the provision of such services is in exchange for the request of a letter of support from the Colorado Department of Public Health and Environment. I agree to comply with all Conrad 30 J-1 Visa Waiver Requirements of the Colorado Department of Public Health and Environment including:

- Notify the Primary Care Office (PCO) of the J-1 physicians' local address and phone number as soon as he/she gets settled.
- Notify the PCO of the physician's actual start date.
- Submit a copy of the BCIS approval notice to the PCO.
- Submit semi-annual reports regarding the population served to the PCO.
- Fulfill a three-year commitment to serve full-time (40 hours/week) at the facility named in the waiver application.
- Approval must be obtained in writing from the PCO before any changes in practice location or scope occur.

Physician's Printed Name _____

Physician's Signature _____ Date _____

Printed Name (Facility's Authorized Representative) _____

Signature (Facility's Authorized Representative) _____

Title _____ Date _____

Facility Name _____



CONRAD 30 J-1 VISA WAIVER PROGRAM

Primary Care Office, PSD-A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1350

303-692-2470

Waiver Request Checklist

Include all items in your application packet in the order listed. **Please number each section.**

1. A completed Conrad 30 J-1 Visa Waiver application form
2. Healthcare Facility/Employer Information (on letterhead):
 - A statement requesting a waiver for the physician you plan to hire
 - Description of facility: name, address, county, and services provided
 - Location in a HPSA or MUA/P
 - Percentage of the practice that is serving the underserved (Medicaid, Medicare, uninsured, and underinsured)
 - A copy of your sliding fee schedule (on letterhead), the sign posted in waiting areas, and your policies for implementation
3. Community Information
 - Describe the location and characteristics of the area served by the healthcare facility
 - Explain how the current healthcare resources are over utilized, excessively distant, or otherwise inaccessible to the underserved population
 - Explain how this physician's qualifications and future responsibilities will satisfy those needs and improve accessibility to care for the underserved population
 - Explain how a denial will affect healthcare in your community
4. Recruitment Efforts Over the Last Six Months
 - Length of time the position has been vacant
 - Efforts to recruit through the National Health Service Corps (date the site application was submitted, attempts to interview scholars or loan repayment physicians)
 - Proof that you tried to recruit a U.S. physician: ads placed in at least one major medical publication, Denver newspapers, or letters to residency programs (Submit at least three copies of ads or letters.)
 - Describe any other means of recruitment that were used (such as the Colorado Rural Health Center's CPR Program, agreements with placement services, attendance at health fairs, etc.)
 - Evidence that the salary being offered meets the prevailing wage requirement
5. Contract Information
 - Submit a copy of the signed contract for employment that specifies:
 - Full time employment
 - Three years
 - Primary care or specialty care (please describe)
 - Start date within 90 days of BCIS approval
 - Serve Medicaid, Medicare, uninsured, and underinsured
 - May not contain a non-compete clause
6. Retention plan
7. Physician Information
 - Brief summary of physician's key qualifications as they pertain to the community's needs
 - Proof of physician's Colorado Medical License or licensure eligibility
 - J-1 physician's resume
 - Professional letters of recommendation for the J-1 physician (2-3)
 - Copy of U.S. Department of State Waiver Review Data Sheet application or DOS letter showing the case number
 - Legible copies of all IAP-66/DS-2019 forms
 - Copies of I-94 entry and departure cards
 - Form G-28 (if an attorney represents the physician)
 - A personal statement from the physician explaining his/her reason for not wanting to fulfill the two-year home residency requirement
 - A statement declaring the he/she has no other waiver requests pending with another government agency
 - Explanation of "out of status" for any periods of time in some other visa status or out of the country
 - Statement of "No Objection" if required
8. Signed Statement of Commitment to Comply with the Requirements of the Colorado Department of Public Health and Environment

Stamp all pages of the application with the physician's waiver review case number from the Department of State.

Please submit one copy of the complete application packet.



Colorado Department
of Public Health
and Environment

CONRAD 30 J-1 VISA WAIVER PROGRAM

Primary Care Office, PSD-A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1350

303-692-2470

Monitoring and Reporting Requirements

The Primary Care Office located within the Colorado Department of Public Health and Environment will conduct periodic monitoring of all J-1 Visa Waiver physicians either through site visits, telephone calls, or requests for written reports.

The physician and employer must submit to the Primary Care Office semi-annual reports about the population served. Reports are submitted in January and July of each year for the full three-year commitment.

Contract changes which result in termination of contract, practice location, or practice scope must be submitted in writing to the Primary Care Office in writing 30 days prior to the requested change.

Upon approval of the waiver request from the BCIS, the employer of the J-1 Visa Waiver physician is encouraged to work with safety net providers in the area to provide care for the underserved population. The Primary Care Office also will notify other primary care physicians in the area of the placement of the J-1 Visa Waiver physician.

Effect of failure to abide by the terms and conditions of the waiver: J-1 Visa Waiver physicians who do not complete the three-year commitment to the healthcare facility named in the waiver application (unless the BCIS has determined that there are extenuating circumstances or hardships to the physician), who do not work in U.S. Department of Health and Human Services designated shortage areas, who change employment without permission from CDPHE and the BCIS, or do not comply with the terms and conditions of the Statement of Commitment to Comply will be deemed as not maintaining their nonimmigrant status and will, therefore, be reported to the BCIS. Facilities who are out of compliance with the terms and conditions of the Statement of Commitment to Comply, may not be eligible for future J-1 Visa Waiver applications.

Attachment B: J-1 Visa Waiver Committee Members

J-1 Visa Waiver Committee Members
Colorado Department of Public Health and Environment
Primary Care Office
January 2007

Steve Baron
Colorado Health and Hospital Association
7335 East Orchard Road, Suite 100
Greenwood Village, CO 80111-2512
720-489-1630
steve.baron@chha.com

Amber Galloway
Workforce Development Coordinator
Colorado Community Health Network
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Denver, CO 80203
303-861-5165, ext. 234
amber@cchn.org

Dr. Luis Lorenzo
7247 W. Kentucky Dr, Apt E
Lakewood, CO 80226
303 922-0039 Home
719-252-8606 cph
lhylmdco@msn.com

Terri Means
Commission on Family Medicine
P.O. Box 6508-F496
Aurora, CO 80045-0508
303-724-9727
terri.means@uchsc.edu

Steve Holloway
Primary Care Office
Colorado Department of Public Health and
Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530
303-692-2582
kitty.stevens@state.co.us

Clint Cresawn
Colorado Rural Health Center
225 E. 16th Ave., Suite 1050
Denver, CO 80203
303-407-2031
ccr@coruralhealth.org

Randy Evetts
Southeastern Colorado AHEC
503 N. Main, Suite 422
Pueblo, CO 81003
719-544-7833
randy.evetts@secahec.org

Attachment C: National Interest Waiver Application Guidelines



Colorado Department
of Public Health
and Environment

NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office

PSD-A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1350

303-692-2470

National Interest Waiver Application

Physician's Name _____

Permanent Address _____

Phone Number _____

E-mail: _____

Country of Origin _____

Birthdate _____

Dept. of State Waiver

Review Case Number _____

Specialty _____

Signature _____

Date _____

Applicant Facility _____

Address _____

City, Zip & County _____

Phone Number _____

Fax Number _____

Practice Location _____

Address _____

City, Zip & County _____

Phone Number _____

Fax Number _____

E-mail: _____

Circle One: HPSA

MUA

MUP

HPSA ID# _____

Authorized Signature _____

Date _____

Title _____



NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office, PSD-A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1350
303-692-2470

Overview of Federal National Interest Waiver Requirements

Section 330 of the Immigration and Nationality Act provides for the allocation of preference visas for both family and employment-based immigrants. The second preference, employment-based category (EB-2), allows for the immigration of aliens who are members of professions holding advanced degrees or are aliens of exceptional ability. The attorney general is allowed to waive the job offer requirement placed on EB-2 applicants when it is determined that the services of the alien are in the national interest. Such waivers are commonly called National Interest Waivers (NIW). These waivers relieve the petitioner from fulfilling the labor certification requirement as administered by the Department of Labor.

In 1999 the Act was amended to add special rules for requests that are filed by or on behalf of physicians who are willing to work in an area or areas designated by the Secretary of Health and Human Services as having a shortage of healthcare professionals (Primary Care Health Professional Shortage Area, Medically Underserved Area, or Mental Health Professional Shortage Area), or at a VA facility.

NIW applicants must also obtain a letter from a Federal Agency or a state department of public health that determines that the alien physician's work in such an area or at such a facility is in the public interest.

National Interest Waiver physicians must practice primary care, full-time for a total of 5 years, within a 6-year period. Time spent in H1-B status to fulfill the National Interest Waiver obligation does count toward the 5 year commitment. National Interest Waiver petitions may be filed before the completion of the National Interest Waiver but the aggregate time must still be 5 years.

There is no limit on the number of NIW applicants a state may recommend in a year.

Permanent residence visa status is not permitted until the physician's five years of obligatory service in a health professional shortage area have been fulfilled.

For more detailed information contact an immigration attorney or go to the September 26, 2000 Federal Register at www.gpoaccess.gov/fr/index.html



NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office, PSD-A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1350
303-692-2470

Overview of Colorado Waiver Review Process

The state of Colorado is committed to assisting all residents of Colorado with improved access to quality, affordable healthcare. Therefore, the Colorado Department of Public Health and Environment (CDPHE) will consider requests for National Interest Waivers (NIW) for physicians willing to serve in underserved areas of the state. The physician must:

- Work within Colorado in a clinical practice located in Health Professional Shortage Area as defined by the Secretary of Health and Human Services.
- Practice full-time (40 hours per week) for five years (or 5 years minus the time spent in H1-B status to fulfill J-1 Visa Waiver requirements) in primary care (family or general practice, general internal medicine, general pediatrics, obstetrics/gynecology) or general psychiatry.
- Practice in the public interest (provide care to the Medicaid, Medicare, uninsured and underinsured population).
- Sign and adhere to the Colorado Department of Public Health and Environment, Primary Care Office, Statement of Commitment to Comply.

Requests for a National Interest Waiver must be submitted by the Colorado healthcare facility (employer) desiring to hire the physician.

Requests are not accepted directly from physicians or attorneys.

The application must show that the entire facility is able and willing to serve the underserved population (Medicaid, Medicare, uninsured, and underinsured).

Each application is reviewed in the order received. Each application is reviewed on its own merits. Consideration is given to the demonstrated need in the community, the thoroughness of the application, the healthcare facility's retention plan, and the degree to which the physician's training matches the community's needs. There is no limit to the number of NIW requests each state is allowed to recommend.

The Primary Care Office Waiver Review Committee reviews each waiver application to determine how the placement will improve the accessibility of care to the underserved population in an area and to ensure that the proposed placement will not adversely affect or compromise the delivery of healthcare in the area. The submission of a complete waiver package to the CDPHE does not ensure that the CDPHE will recommend a waiver. In all instances, the CDPHE reserves the right to recommend or decline any waiver request. If the Waiver Review Committee's decision is positive, the necessary letter of support is sent to the Bureau of Citizenship and Immigration Services (BCIS) (formerly INS).

The Waiver Review Committee is comprised of professionals from healthcare organizations that are invested in primary care issues in underserved areas of the state and supportive of the J-1 and National Interest Waiver Programs. The committee meets four times a year in March, June, September and December. Applications are due to the Primary Care Office two weeks before the committee meeting. Please call the Primary Care Office at 303-692-2470 for exact dates.

Contact the Primary Care Office at the Colorado Department of Public Health and Environment before you begin the application process to make sure you have the latest version of the Application Guidelines and a thorough understanding of all the requirements. Follow the checklist and refer to the application guidelines so that all information is included. If you have any questions about the application process, please contact the Primary Care Office at 303-692-2470. Mail your completed application to:

Kitty Stevens, RN, MSN
Director, Primary Care Office
PSD - A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530

If the physician is currently practicing in Colorado and obtained his/her National Interest Waiver through the CDPHE, please contact the Primary Care Office, as there may be modifications to the above requirements.



Colorado Department
of Public Health
and Environment

NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office, PSD-A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1350
303-692-2470

Application Guidelines

NOTE: Every attempt has been made to keep the application process simple enough that healthcare facilities can complete the process without hiring an attorney. Please contact the Primary Care Office if you need assistance with the application process. Physicians may want to seek legal counsel to assist in the preparation and submission of the required BCIS forms and documentation.

A waiver request must originate from the healthcare facility where the physician will be employed. Applications are not accepted from physicians or attorneys. Please include the following information in the order listed. Please number each section. Please do not include extra information.

1. A completed NIW Application Form.
2. Healthcare Facility Information:

Include a request from the healthcare facility to the Primary Care Office at the CDPHE requesting a letter of recommendation for the physician. Include a description of the facility that includes the name address, county, and the nature and extent of services provided; the facility's location in a Health Professional Shortage Area, or Medically Underserved Area/Population; and the percentage of the practice that serves the underserved (Medicaid, Medicare, sliding fee schedule). Also include a copy of the facility's sliding fee schedule on letterhead, your policies for implementation and a copy of the sign that is posted in the waiting area (stating that services are provided on a sliding fee scale for persons who qualify).

3. Community Information

Describe the location and characteristics of the service area. Explain how the current healthcare resources are over utilized, excessively distant, or otherwise unavailable to the underserved population. Explain the access issues in the community. Why is the underserved population unable to access healthcare? How long is the wait time for underserved patients to get an appointment? Explain your communities needs and how this physician's qualifications, and proposed responsibilities will meet those needs. Explain how accessibility of care for the underserved will be improved if you are allowed to employ this physician. Explain how a denial will affect healthcare in your community. Describe your efforts or plan to incorporate this physician into your community and the current healthcare system. How have you or will you introduce the physician to the community at large and to the medical community? Do you have a recruitment committee and who is involved? Describe community support for hiring this physician. Include any letters of support from the community.

4. Recruitment Efforts

Describe your efforts over the last six months to recruit a U.S. physician for the job in the same salary range. Include an explanation of how long the position has been vacant. Where applicable, describe your efforts to recruit through the National Health Service Corps (NHSC). Include the date of your Recruitment and Retention Assistance application, attempts to interview NHSC Scholars and Loan Repayers. Include copies of letters to residency programs (in the specialty you are seeking), copies of advertisements placed in national or metro area journals/newspapers, agreements with placement services, attendance at health fairs, contact with the Colorado Rural Health Center, or other means of recruitment. Include at least 3 copies of ads or letters used for recruitment purposes. Explain how you know that the salary being offered meets the prevailing wage for your area.

5. Contract Information

Include a copy of the signed contract for employment at the healthcare facility. The contract must specify that the physician will agree to the following if the waiver request is approved:

- To work full-time (a minimum of 40 hours a week) at the healthcare facility in which he/she is employed
- The contract is for five years (or 5 years minus the time already spent in H1-B status fulfilling the J-1 Visa Waiver obligation)
- To practice primary care in an area or areas that are designated by the U.S. Secretary of Health and Human Services as having a shortage of healthcare professionals. For purposes of this program, this includes those areas designated as a Primary Care Health Professional Shortage Area, Mental Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population.
- To provide healthcare to the medically underserved (Medicaid, Medicare, uninsured, and underinsured).
- The contract may not contain a non-compete clause.

6. Retention Plan

Clearly describe the facility's plans for retaining the physician (see Retention Plan).

7. Physician Information

Include a brief summary of the physician's qualifications as they pertain the community's needs, proof of Colorado Medical Licensure or eligibility for licensure, the physician's resume, letters of recommendation from others who have worked or have knowledge of the physician's abilities and character, a copy of the U.S. Department of State Data Sheet application form showing the physician's case number, and copies of all BCIS approval notices (IAP-66, H1-B Visa, O-1 Visa, etc.)

8. The Statement of Commitment to Comply with the Requirements of the Colorado Department of Public Health and Environment (CDPHE) – signed by the physician and an authorized person from the facility.

Note: The National Interest Waiver is only one step in a multi-part process. A waiver is necessary but not sufficient to obtain a foreign physician's services. A waiver simply relieves the physician from fulfilling the labor certification requirement. It is important to note that the waiver is not a visa. Physicians going through the National Interest Waiver program are eligible for and must make application to the BCIS for an H1-B or O-1 Visa. Permanent residence visa status will not be permitted until the physician's five years of obligatory service in a health professional shortage area have been fulfilled.



Colorado Department
of Public Health
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NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office, PSD-A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1350
303-692-2470

Retention Plan

In an effort to promote a more stable healthcare system for underserved areas in Colorado and to increase physician satisfaction, the Primary Care Office encourages you to include in your application the steps you have taken or anticipate taking to improve the prospects for retaining the NIW physician in your community.

The following information contains suggestions to help in the development of a strategy for your healthcare facility. These ideas are based on research and satisfaction surveys of J-1 Visa Waiver and NIW physicians. Not all communities are able to address every area, but discussing these issues and planning ahead of time may result in a better experience for both the physician and the community.

- Relate to your physician on a personal level
- Set up monthly meetings to discuss a variety of issues, concerns can arise from unmet expectations
- Develop a recruitment/retention committee or assign this task to one individual
- Keep in mind that today's physician looks for quality. Consider two factors as you begin to develop your retention strategy - **professional environment** and **lifestyle**.

Professional Environment

- Availability of medical colleagues
- Staff and professional support
- Adequate call coverage
- Quality facilities, equipment, and personnel
- Access to referral physicians
- Access to continuing medical education
- Monitor the physician's on-call responsibilities and patient load - Are they realistic or overburdening?
- Make sure that referral patterns are established and appropriate.
- Provide an opportunity for continuing education (include in the compensation package)

Lifestyle Issues

- Availability for spouse employment
- Recreational opportunities
- Quality school
- Cultural activities
- Adequate housing
- Adequate shopping facilities
- Is the physician and his/her family's integrated into the community - Are they included in social events - Do they have a sense of belonging?



NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office, PSD-A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1350
303-692-2470

National Interest Waiver Statement Of Commitment To Comply

I understand that the purpose of the NIW program is to provide increased primary healthcare to the medically underserved population in the service area. I understand and agree and that the provision of such services is in exchange for the request of a letter of support from the Colorado Department of Public Health and Environment. I agree to comply with all National Interest Waiver (NIW) Requirements of the Colorado Department of Public Health and Environment including:

- Notify the Primary Care Office (PCO) of the physician's local address and phone number as soon as he/she gets settled.
- Notify the PCO of the physician's actual start date.
- Submit a copy of the INS approval notice to the PCO.
- Submit semi-annual reports regarding the population served to the PCO.
- Fulfill a five-year commitment to serve full-time (40 hours/week) at the facility named in the waiver application.
- Provide care to the Medicaid, Medicare, uninsured, and underinsured population in service area.
- Approval must be obtained in writing from the PCO before any changes in practice location or scope occur.

Physician's Printed Name _____

Physician's Signature _____ Date _____

Printed Name (Facility's Authorized Representative) _____

Signature (Facility's Authorized Representative) _____

Title _____ Date _____

Facility Name _____



NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office, PSD – A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1350

303-692-2470

Waiver Request Checklist

Include all items in your application packet in the order listed. Please number each section.

1. A completed National Interest Waiver (NIW) application form
2. Healthcare Facility (employer) Information:
 - A statement requesting a waiver for the physician you plan to hire
 - Description of facility: name, address, county, and services provided
 - Location in a HPSA or MUA/P
 - Percentage of the practice that is serving the underserved (Medicaid, Medicare, uninsured, and underinsured)
 - A copy of your sliding fee schedule (on letterhead), the sign posted in waiting areas, and your policies for implementation
3. Community Information
 - Describe the location and characteristics of the area served by the healthcare facility
 - Explain how the current healthcare resources are over utilized, excessively distant, or otherwise inaccessible to the underserved population
 - Explain how this physician's qualifications and future responsibilities will satisfy those needs and improve accessibility to care for the underserved population
 - Explain how a denial will affect healthcare in your community
 - Describe your efforts or plan to integrate this physician into the current healthcare system in your community
4. Recruitment Efforts Over the Last Six Months
 - Length of time the position has been vacant
 - Efforts to recruit through the National Health Service Corps (date the site application was submitted, attempts to interview scholars or loan repayment physicians)
 - Proof that you tried to recruit a U.S. physician: ads placed in at least one major medical publication, Denver newspapers, or letters to residency programs (Submit at least three copies of ads or letters.)
 - Describe any other means of recruitment that were used (such as the Colorado Rural Health Center's CPR Program, agreements with placement services, attendance at health fairs, etc.)
 - Evidence that the salary being offered meets the prevailing wage requirement
5. Contract Information
 - Submit a copy of the signed contract for employment that specifies:
 - Full time employment
 - Five years (or 5 years minus time spent in H1-B status to fulfill National Interest Waiver requirement)
 - Primary care
 - Start date
 - Serve Medicaid, Medicare, uninsured, and underinsured
 - May not contain a non-compete clause
6. Retention plan
7. Physician Information
 - Brief summary of physician's key qualifications as they pertain to the community's needs
 - Proof of physician's Colorado Medical License or licensure eligibility
 - NIW physician's resume
 - Professional letters of recommendation for the NIW physician (2-3)
 - Copy of U.S. Department of State Data Sheet application form showing the physician's case number
 - Copies of BCIS approval notices (J-1 Visa Waiver approval notice, H1-B Visa, O-1 Visa, etc.)
8. Signed Statement of Commitment to Comply with the Requirements of the Colorado Department of Public Health and Environment

Please submit one copy of the complete application packet.

If the physician is currently practicing in Colorado and obtained his/her J-1 Visa Waiver through the CDPHE, please contact the Primary Care Office as there may be modifications to the above requirements.



Colorado Department
of Public Health
and Environment

NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office, PSD-A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1350
303-692-2470

Monitoring and Reporting Requirements

The Primary Care Office located within the Colorado Department of Public Health and Environment will conduct periodic monitoring of all NIW physicians either through site visits, telephone calls, or requests for written reports.

The physician and employer must submit to the Primary Care Office semi-annual reports about the population served. Reports are submitted in January and July of each year for the full five-year commitment.

Contract changes which result in termination of contract, practice location, or practice scope must be submitted in writing to the Primary Care Office in writing 30 days prior to the requested change.

Upon approval of the waiver request from the BCIS, the employer of the NIW physician is encouraged to work with safety net providers in the area to provide care for the underserved population. The Primary Care Office also will notify other primary care physicians in the area of the placement of the NIW physician.

Effect of failure to abide by the terms and conditions of the waiver: National Interest Waiver physicians who do not complete the five-year (or 5 years minus time spent in H1-B status to fulfill J-1 Visa Waiver requirements) commitment to the healthcare facility named in the waiver application (unless the BCIS has determined that there are extenuating circumstances or hardships to the physician), who do not work in U.S. Department of Health and Human Services designated shortage areas, who change employment without permission from CDPHE and the BCIS, or do not comply with the terms and conditions of the Statement of Commitment to Comply will be deemed as not maintaining their nonimmigrant status and will, therefore, be reported to the BCIS. Facilities, who are out of compliance with the terms and conditions of the Statement of Commitment to Comply, may not be eligible for future J-1 or NIW applications.



Colorado Department
of Public Health
and Environment

NATIONAL INTEREST WAIVER PROGRAM

Primary Care Office, PSD-A5

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1350

303-692-2470

Semi-Annual Report Form

As a condition of the Colorado Department of Public Health and Environment's support of your waiver request, both the healthcare facility and the physician are required to fill out a report form every six months during the physician's five-year commitment period. Reports are due on January 15th (for July 1 through December 31), and on July 15th (for January 1 through June 30). Reports should be mailed or faxed to the address below:

Kitty Stevens
Director, Primary Care Office, PSD - A5
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530
(303) 758-3448 (fax)

The purpose of this report is to monitor compliance with the Colorado requirements of National Interest Waiver Program. Community and physician information submitted will help us determine the effect of the National Interest Waiver Program on underserved areas in our state. While it is expected that all providers in the facility will see Medicaid, Medicare, and uninsured patients, the information requested for this report is only for the National Interest Waiver physician.

Failure to comply with this reporting requirement on the part of the physician jeopardizes participation in the waiver program. Failure to report on the part of the healthcare facility may jeopardize future eligibility for future National Interest Waiver placements.

Reporting Period: (circle one) January 1 through June 30, _____ July 1 through December 31, _____

Name of Facility	Location	Average # of hours worked this reporting period	# of patients seen this reporting period	% Medicaid this reporting period	% Medicare this reporting period	% Uninsured or under-insured on a sliding fee schedule this reporting period

I, _____ (*Print Physician Name*), hereby certify that I provide primary care or specialty health services, which includes the provision of services to Medicaid, Medicare, uninsured and under-insured patients, at the above-stated location(s) for a minimum of 40 hours per week.

Physician (Please Print) _____

Physician's Signature _____

I verify that the physician listed above maintains a full-time clinical practice providing primary care health services with our organization as indicated on the table above.

Employer's Authorized Signature: _____

Employer's Title _____

Attachment D: Semi-annual Report Form

CONRAD 30 J-1 VISA WAIVER PROGRAM

Colorado Department of Public Health and Environment
Primary Care Office, PSD-PCO-A4
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
303-692-2470
cdphe.psdrequests@state.co.us



Colorado Department
of Public Health
and Environment

Semi-Annual Report Form

As a condition of the Colorado Department of Public Health and Environment's support of a physician's J-1 Visa Waiver or National Interest Waiver (NIW) request, the healthcare facility and the physician are required to complete this report every six months during the three-year commitment period of the physician. Reports are due on January 15th for the July 1 through December 31 reporting period, and on July 15th for January 1 through June 30 reporting period. Reports should be returned to the above address.

The purpose of the report is to monitor compliance with the requirements of the Colorado Conrad 30 J-1 Visa Waiver and NIW programs. Community and physician information submitted on this document also improves the evaluation data needed to report on the J-1 Visa Waiver and NIW programs. While it is expected that all providers in the facility will see Medicaid, Medicare, and uninsured patients on a sliding fee schedule, the information requested on this report is only for the J-1 Visa Waiver or NIW physician. Data should be provided for this six-month reporting period only for all location the J-1 Visa Waiver or NIW physician is approved to practice.

Failure to provide this report, on the part of the physician, may jeopardize participation in the waiver program. Failure to provide this report, on the part of the healthcare facility, may jeopardize future eligibility for J-1 Visa Waiver or National Interest Waiver physician placements.

Reporting Period: July 1 through December 31, 2006

Physician Start Date: _____

Clinic Location (Town)	Name of Facility	Mean hours worked <u>per week</u> for this period	Total patient encounters for this period	Number of Medicaid encounters	Percent of Medicaid encounters	Number of Medicare encounters	Percent of Medicare encounters	Number of sliding fee schedule encounters	Percent of sliding fee schedule encounters

I, _____ (**Print Physician Name**), hereby certify that I have provided primary care or specialty care health services, which includes the provision of services to Medicaid, Medicare, uninsured and under-insured patients, at the above stated location(s) for a minimum of 40 hours per week during this reporting period.

Physician's Signature _____

Date _____

I verify that the physician listed above maintains a full-time clinical practice providing primary care health services with our organization as indicated on the table above.

Authorized Signature of the Employer: _____

Date _____

Attachment E: Physician Survey Tool

Colorado Primary Care Office
J-1 Visa Waiver/ National Interest Waiver
Physician Survey

1. Why did you decide to remain in the United States at the end of your training rather than return home?

2. Was Colorado your first choice of service location?

Yes

No

3. What was it about Colorado, or another state, that made it your first choice? (Please explain briefly)

For statements 4-13 please circle the number in the right hand column that reflects the extent to which you agree or disagree with each statement about your work experience in Colorado.

		Strongly Disagree				Strongly Agree
4.	The Colorado Conrad 30/NIW application process was easy to complete.	1	2	3	4	5
5.	My work peers accepted me as an equal professional.	1	2	3	4	5
6.	The community accepted my family and me.	1	2	3	4	5
7.	Language differences were not a problem.	1	2	3	4	5
8.	The Primary Care Office provided the employment support I needed during my time in Colorado.	1	2	3	4	5
9.	The performance expectations at work were clear.	1	2	3	4	5
10.	I would recommend my employer to any J-1/NIW physician.	1	2	3	4	5
11.	My family enjoyed living in my practice location	1	2	3	4	5
12.	It would be a benefit to connect with other J-1/NIW physicians in Colorado during the service period.	1	2	3	4	5
13.	All physicians in the practice saw an equal share of Medicaid, Medicare and uninsured patients.	1	2	3	4	5

Comments: If you disagreed with any statement (4-12), please explain.

14. Should the Primary Care Office offer trainings for J-1/NIW physicians and their employers?

Yes No

If yes, what topics should be addressed?

- Cultural competency
- Practice management
- Other (please explain): _____

15. If you are currently a J-1/NIW visa waiver physician, do you plan to continue working in the:

United States	Yes	No
Colorado	Yes	No
Same County	Yes	No
Same Employer	Yes	No

If not, please explain where you plan to move and why.

16. If you are currently a J-1/NIW visa waiver physician and did not remain in your service location, please explain why you moved.

17. If you are currently a J-1 visa waiver physician, have you pursued permanent residency?

Yes No

Please circle which program you have or plan to apply for?

Labor Certification NIW

18. If you have already completed your J-1 visa waiver service commitment, have you pursued permanent residency?

Yes No

If yes, please circle which one you applied for?

Labor Certification NIW

19. Please list the expenses and the amount you paid in the waiver application process.

Attachment F: Employer Survey Tool

**Colorado Primary Care Office
J-1 Visa Waiver/ National Interest Waiver (NIW)
Employer Survey**

1. Why did you decide to recruit using the Conrad 30 J-1 Visa Waiver/NIW program?

2. How long did you recruit without success before pursuing a J-1/NIW Physician?

For statements 3-12 please circle the number in the right hand column that reflects the extent to which you agree or disagree with each statement about employment of a J-1 Visa Waiver/NIW physician.

		Strongly Disagree			Strongly Agree
3. The Colorado Conrad 30/NIW application process was easy to complete.	1	2	3	4	5
4. The community accepted the physician professionally.	1	2	3	4	5
5. The community accepted the physician personally.	1	2	3	4	5
6. Language differences were not a problem.	1	2	3	4	5
7. The Primary Care Office provided the support needed during the employment time of the J-1/NIW Physician.	1	2	3	4	5
8. The J-1 Physician demonstrated excellent work ethic.	1	2	3	4	5
9. I would employ through the waiver process again.	1	2	3	4	5
10. I would recommend the Colorado J-1/NIW Program to others.	1	2	3	4	5
11. Performance expectations were made clear before employment.	1	2	3	4	5
12. All physicians in the practice saw an equal share of Medicaid, Medicare and uninsured patients.	1	2	3	4	5

Comments: If you disagreed on any statement (3-12), please explain.

13. Please list the expenses and the amount paid by the employer in the waiver application process.

14. Should the Primary Care Office offer trainings for J-1/NIW physicians and their employers?

Yes No

If yes, what topics should be addressed?

- Cultural competency
- Practice management
- Other (please explain): _____

15. Did you/will you offer this physician a full-time position after their 3 or 5 -year commitment?

Yes No

Attachment G: Responses to Selected Survey Questions

Employer Survey Responses (rated questions)

Question #	# Responses	1	2	3	4	5	Mean
3) The Colorado Conrad 30 application process was easy to complete.	38	6	2	8	15	7	3.4
4) The community accepted the physician professionally.	36		5	4	10	17	4.1
5) The community accepted the physician personally.	36		5	7	11	13	3.9
6) Language differences were not a problem.	37	1	3	6	12	15	4.0
7) The Primary Care Office provided the support needed during the employment time of the J-1/NIW physician.	37	3		3	14	17	4.1
8) The J-1 physician demonstrated excellent work ethic.	37	2	1	4	11	19	4.2
9) I would employ through the waiver process again.	38	1		2	13	22	4.4
10) I would recommend the Colorado J-1/NIW program to others.	38	1		3	9	25	4.5
11) Performance expectations were made clear before employment.	37		1	2	10	24	4.5
12) All physicians in the practice saw an equal share of Medicaid, Medicare and uninsured patients.	34				7	27	4.8
		Yes		No			
14) Should the Primary Care Office offer trainings for J-1/NIW physicians and their employers?		26		5			
Cultural Competency		6					
Practice Management		10					
Other		8					
15) Did you/will you offer this physician a full-time position after their 3 or 5 year commitment?		28		8			

Physicians Survey Responses (rated questions)

Question #	# Responses	1	2	3	4	5	Mean
4) The Colorado Conrad 30/NIW application process was easy to complete.	38	1	4	5	17	11	3.9
5) My work peers accepted me as an equal professionally.	39			3	13	23	4.5
6) The community accepted my family and me.	39		2	3	11	23	4.4
7) Language differences were not a problem.	39			1	10	28	4.7
8) The Primary Care Office provided the employment support I needed during my time in Colorado.	35		2	4	13	16	4.2
9) The performance expectations at work were clear.	39		1	9	14	15	4.1
10) I would recommend my employer to any J-1/NIW physician.	39	3	4	4	13	15	3.8
11) My family enjoyed living in my practice location.	37	1	1	3	15	17	4.2
12) It would be a benefit to connect with other J-1/NIW physicians in Colorado during the service period.	38		1	8	12	17	4.2
13) All physicians in the practice saw an equal share of Medicaid, Medicare and uninsured patients.	38			3	11	24	4.6
		Yes	No				
14) Should the Primary Care Office offer trainings for the J-1/NIW physicians and their employers?	25	11					
Cultural Competency	14						
Practice Management	18						
Other	6						
15) If you are currently a J-1/NIW physician, do you plan to continue working in the:							
United States	53						
Colorado	43		10				
Same County	31		20				
Same Employer	23		29				
17) If you are currently a J-1 Visa Waiver physician, have you pursued permanent residency?	21		7				
Which program	NIW (7)		Labor Certification (17)				
18) If you have already completed your J-1 Visa Waiver commitment, have you pursued permanent residency?	22		2				
Which program	NIW (2)		Labor Certification (10)				

Attachment H: Statistical Procedures

Focus Area 3: Details of Statistical Procedures to Determine Goodness of Fit Between Physicians and Employers

Factor Analysis of survey questions identified independent constructs or factors associated with the goodness of fit between employers and physicians. Results from the factor analysis, and from a logistic regression model showed that employers' positive perceptions of physicians had the strongest association with physicians remaining at the same practice after completing their J-1/NIW service commitment (Odds Ratio: 1.63; CI 1.00-2.6). In other words, the chances of physician retention increased by 63% for each point increase in employers' perceptions of physicians (range 5-15). Note: small sample size (25 out of 60) limited stability and the conclusions that could be drawn from this multivariate statistical analysis procedure designed to model the complex relations among salient factors associated with retention.