

## Role of international medical school graduates in providing office-based medical care: United States, 2005-06

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AAMC Physician Workforce Conference  
May 1, 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics  
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## Objectives

- Identify role of international medical school graduates (IMG) in providing office-based care in 2005-06
- Characteristics of physicians and patients seen by IMG and U.S. medical school graduates (USMG) physicians are compared.

## Survey Methods

### National Ambulatory Medical Care Survey

- Annual nationally-representative survey of office-based physicians
  - 3,000 in 2005
  - 3,350 in 2006
- Scope
  - Nonfederal office-based physicians excluding radiologists, anesthesiologists, and pathologists

## Survey Methods (cont.)

- Face-to-face induction interview followed by medical record abstraction: ~30 office visits
- Response rates for data presented: NAMCS ~64%
- NAMCS visit estimates based on 47,023 sampled visits

## Analysis

- IMG role in providing office-based medical care is identified by comparing IMG physician and practice characteristics with those of U.S. medical school graduates (USMG)
- NAMCS 2005-06 physician estimates based on 2,390 physicians with sample frame information on location of medical training (excludes 6.2 percent missing this information)

## Physician characteristics examined:

- Physician demographics
- Practice in primary care shortage area
- Physician specialty
- Whether physician accepted new charity or Medicaid patients
- Selected physician characteristics from 2006 survey only:
  - Practiced in community health center
  - Saw patients during evenings or weekend hours

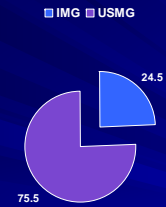
### Visit characteristics examined:

- Minority status of patient
- Expected payment source
- Characteristics of patients' neighborhood based on Census data matched to ZIP code of patient
  - Median household income
  - Percent with income below poverty level
  - Percent not speaking English
  - Percent foreign born

## RESULTS

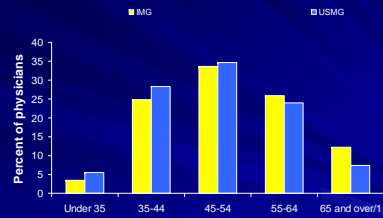
### Physician and practice characteristics

### Distribution of office-based physicians



SOURCE: 2005-06 National Ambulatory Medical Care Survey.

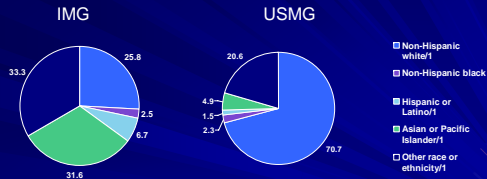
### Physician age



1/ Difference between IMG and USMG physicians is statistically significant ( $p < 0.05$ ).

SOURCE: 2005-06 National Ambulatory Medical Care Survey.

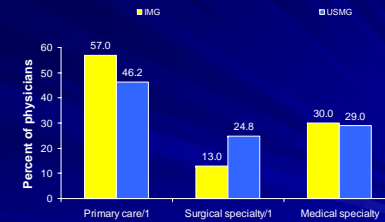
### Physician race and ethnicity



1/ Difference between IMG and USMG physicians is statistically significant ( $p < 0.05$ ).

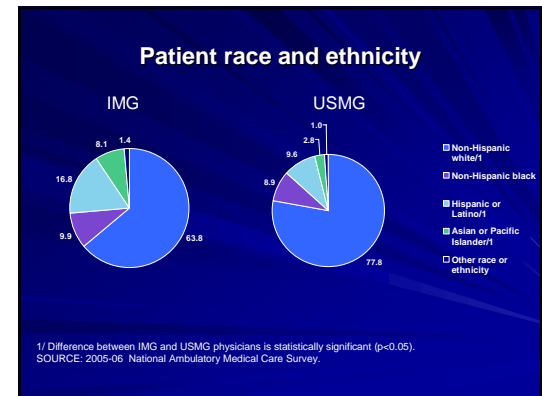
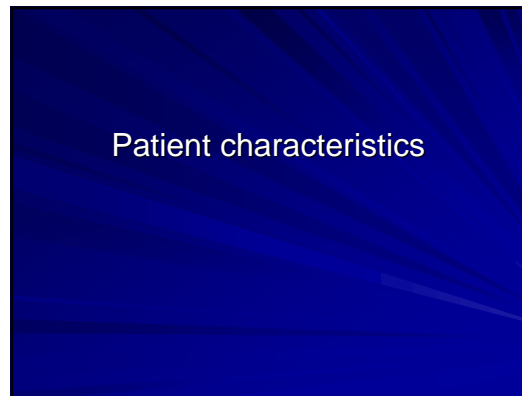
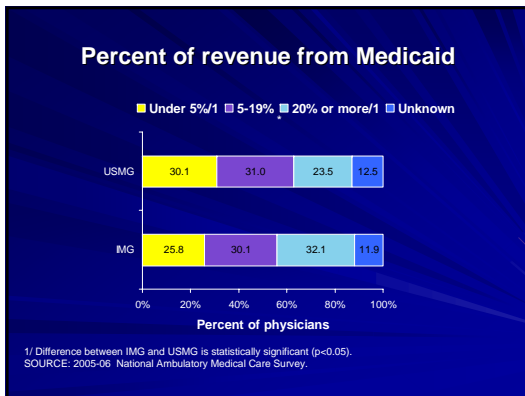
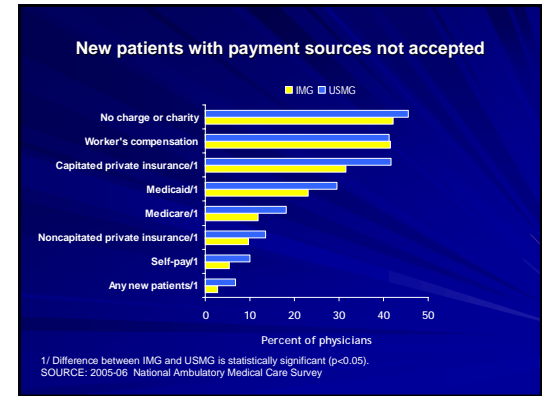
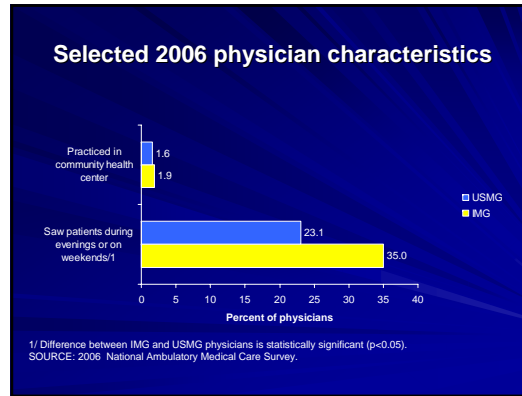
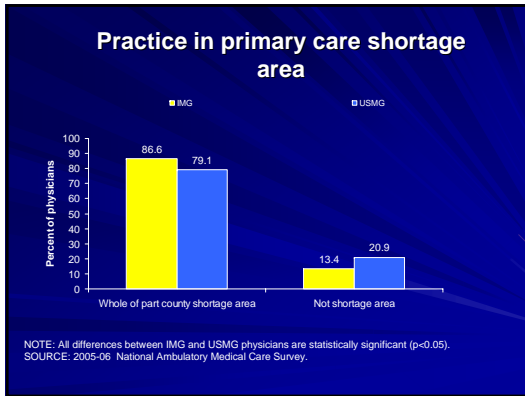
SOURCE: 2005-06 National Ambulatory Medical Care Survey.

### Physician specialty type

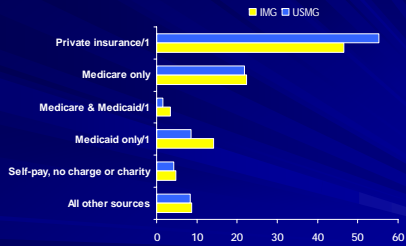


1/ Difference between IMG and USMG physicians is statistically significant ( $p < 0.05$ ).

SOURCE: 2005-06 National Ambulatory Medical Care Survey.



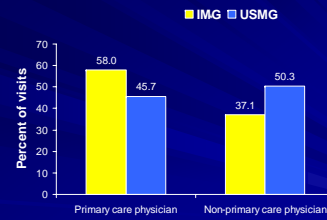
### Patients' primary expected source of payment



Percent of visits

<sup>1/</sup> Difference between IMG and USMG is statistically significant (p<0.05).  
SOURCE: 2005-06 National Ambulatory Medical Care Survey

### Physician is patient's primary care physician



<sup>1/</sup> All differences between IMG and USMG are statistically significant (p<0.05).  
SOURCE: 2005-06 National Ambulatory Medical Care Survey.

### Service area characteristics

### Characteristics of patients' neighborhood

Characteristic	IMG	USMG
Median household income	\$44,758	\$47,569
Percent foreign-born	14.5	9.0
Percent not speaking English at all or very well	5.6	3.0

NOTES: All differences between IMG and USMG are statistically significant (p<0.05). Estimates exclude cases missing information for IMG status (6.2%) and neighborhood characteristic (6.8%).  
SOURCE: 2005-06 National Ambulatory Medical Care Survey.

### Conclusions

Compared to USMGs, IMGs differentially provide:

- More primary care
- More medical care to populations living in primary care shortage areas
- More medical care to populations living in poverty areas
- More medical care in areas with more immigrants, as well as to minorities
- More medical care to the poor relying on Medicaid for payment.

### Policy implications

- The U.S. health care system continues to rely on IMGs to address the physician shortage situation.
- The future supply and use of IMGs depends on immigration policy and other factors.