Migration of Health Professionals and Residency Programs in Puerto Rico

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Universidad Central del Caribe School of Medicine
Objectives

• Present UCC Academic Regional Health Center
• Discuss the perspective of UCC regarding migration trends of medical students and residents
• Enumerate issues in regard to residency programs in P.R.
• Provide some recommendation in regard to brain drain
Brain drain

?

Brain circulation
Clearly established our commitment to improving the quality of life of the Puerto Rican community and to serve Hispanic communities in the mainland.

Our strategic plan emphasizes three pillars:

- educational programs
- research activities
- patient services
The UCC holds license to operate since 1976.

Currently authorized to confer:

- Doctor in Medicine
- PhD in Cellular and Molecular Biology
- **PhD in Neuroscience**
- Masters of Sciences and Arts in Biomedical Science
- Masters of Health Sciences in Substance Abuse Counseling
- Associate Degree in Radiologic Technology
- Post-Associate Degree certificates in: Mammography, Computerized Tomography, Magnetic Resonance and Ultrasound
- Bachelor in Sciences in Diagnostic Images
• Signed in 2006

– Four (4) Academic Regional Medical Centers were created
– Signed was after the Health Reform was implemented in PR
– As mandated by the law each School of medicine became part of an Academic Health Regional Center and this has provided multiple benefits including an stimulus to:
  • Research, Education and Patient service
– The goals of the law are clearly intertwined with the strategic plan of each medical school.
• **Bottleneck Effect**
  
  – New and existing medical schools for now have done their part by boosting the number of students they accept.
  – But that commitment will have little effect on physician shortages if there are too few places for future graduates to finish their training.
    • There are too few places for future graduates to finish their training
  – The worsening bottleneck in the pipeline is leading to increasing competition among larger groups of qualified medical school graduates for the limited number of residency spaces.
  – 2013: Last year 528 United States medical graduates did not receive a resident position match – more than double the number of the previous year.
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<table>
<thead>
<tr>
<th>Residency</th>
<th>‘90</th>
<th>‘13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Surgery</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Ob/gyn</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Transitory internship</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

*Note: No Sub-Specialties*
• New residencies in P.R
  – Surgery: San Lucas Hospital in Ponce
  – Med-Ped-: University Hospital in San Juan
Residency Place by Graduation Year

Source: AAMC Student Records System
Primary Care Residency by Graduation Year

![Bar chart showing the percentage of Primary Care and Non Primary Care residencies by graduation year.]

- **2012**: 60.0% Primary Care, 40.0% Non Primary Care
- **2013**: 50.9% Primary Care, 49.1% Non Primary Care
- **2014**: 53.7% Primary Care, 46.3% Non Primary Care

*Source: AAMC Student Records System*
Primary Care Residency in PR vs Non Primary care in USA and Graduation Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary Care (PR)</th>
<th>Non Primary Care (PR)</th>
<th>Primary Care (USA)</th>
<th>Non Primary Care (USA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>60.0</td>
<td>40.0</td>
<td>40.0</td>
<td>40.0</td>
</tr>
<tr>
<td>2013</td>
<td>60.9</td>
<td>45.8</td>
<td>54.2</td>
<td>54.5</td>
</tr>
<tr>
<td>2014</td>
<td>56.1</td>
<td>43.9</td>
<td>56.2</td>
<td>43.8</td>
</tr>
</tbody>
</table>

Source: AAMC Student Records System
Where do you plan to practice?
Source: AAMC Graduation Questionnaire

<table>
<thead>
<tr>
<th>Graduation Year</th>
<th>USA</th>
<th>PR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>43.9</td>
<td>56.1</td>
</tr>
<tr>
<td>2013</td>
<td>56.0</td>
<td>64.0</td>
</tr>
<tr>
<td>2014</td>
<td>53.7</td>
<td>46.3</td>
</tr>
</tbody>
</table>

Source: AAMC Graduation Questionnaire
Do you plan to practice in an underserved area?

Source: AAMC Graduation Questionnaire

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>54</td>
<td>2</td>
<td>44</td>
<td>100</td>
</tr>
<tr>
<td>2013</td>
<td>37</td>
<td>14</td>
<td>49</td>
<td>100</td>
</tr>
<tr>
<td>2014</td>
<td>35</td>
<td>5</td>
<td>61</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: AAMC Graduation Questionnaire
Residency Programs at UCC

- Internal medicine: accredited
- Family Medicine: closed
- Transitory Internship: closed
- Pediatrics: closed
Our Residency Program

• Internal Medicine
  – Established on 1978
  – 36 positions

• ACGME
  – Challenges:
    • Implementation of the Electronic Health Record in the hospital: Program Requirement: I.A.2.g
UCC Residents Graduate in Internal Medicine

<table>
<thead>
<tr>
<th>Graduation Year</th>
<th>PR</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>55.6</td>
<td>44.4</td>
</tr>
<tr>
<td>2013</td>
<td>71.4</td>
<td>28.6</td>
</tr>
<tr>
<td>2014</td>
<td>55.6</td>
<td>44.4</td>
</tr>
</tbody>
</table>

n=9

Source: UCC Graduate Medical Education Office
Suspected reasons to explain talent migration

What are the main elements creating the exodus

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Residents</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salary, better compensation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2. Fringe benefits</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3. Educational debt</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4. Job security</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5. Physical surrounding, safety</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6. Fewer bureaucratic headaches</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7. Prosperity, educational opportunities</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>8. Deteriorating school systems</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
PR ‘s Physician Migration

- Anecdotal reports
- Nieves and Stack; Veterans Affairs Medical Center, Virginia: *Puerto Rico’s Physician Migration: Pan American Journal of Public Health, 2009*
  - Increasing trend among physicians from PR to migrate to continental United States
  - Up to 10% of physicians registered with PR college of Physician (approx. 900) have moved to the continental United States (CONUS) in the last 3 years
  - In 1990: 755 of medical graduate from local medical schools completed their residency in PR, now only about 50% do so.
How is compensation disparities part of the physician decision?

- Educational debt is high (median $170,000)
- Compensation is low (reimbursement issues)
- Dealing with bureaucracy
- Anticipating cut of Medicare fund is a big challenge
Questions to be answered in regard to GME:

- What happened in GME after the health reform implementation?
- What community hospital can afford to establish residency programs?
- Who is going to pay the residents’ salary?
- How the Government could help remedy the situation by providing incentives or other financial assistance and by coming up with legal solution to the crisis in malpractice insurance?

- What the AAMC and the Congress are doing?
  (Congressional cap on paying for slots; still a debate)
Recommendations:

- Offer attractive incentives packages to stimulate the brain return: (payback)
- Activate the Law 136 consulting board in order to engage the Government and the Dept of Health responsibility of developing new residency programs
- Develop more clinical training sites in community hospitals and clinics
- Resolve the issue of malpractice
- Gather up to date information on the brain dain and brain circulation
- Support the Congress bill on GME AAMC vs IOM
  - Number of residencies to train graduates has increased only modestly, largely because of a congressional cap on paying for the slots
  - Avoid the bottleneck effect
- Since physician immigration is understudied this apparent physician migration should be systematically examined to clearly determine the origins and potential impact on the health care system of PR and the recipient states.
Brain drain

?

Brain circulation
Coalition for Fairnes
No more funding cuts for Puerto Rico!
Support the Coalition for Fairness

• Let’s save our healthcare delivery system in Puerto Rico.

• *Puerto Rico has until March 6 to respond to Washington and tell them: “No more funding cuts for Puerto Rico!”*

• For more information, visit the booth or go to the website:
  
  http://www.prmedicarecoalitionforfairness.org/
Thank You