Most states are also feeling the pinch as tax revenues recede while Medicaid costs—increasingly a larger proportion of most state budgets—continue to rise, according to the second Families USA report, “Precarious Position: States Must Balance Declining Revenues With a Growing Need for Medicaid.” The report found that 16 states and Puerto Rico face a $1 billion shortfall in fiscal year 2009, and 29 states and the District of Columbia are looking at shortfalls in fiscal 2009.

Congress is also considering Medicaid cuts in a special legislative session. Maine instituted some cost-sharing measures; New Jersey is considering shifting more of the burden onto Medicaid recipients. In Rhode Island’s 2008 budget, eligibility was reduced for parents and child care was increased; premium payments based on income are required, and the state is looking at further cuts in 2009, according to the report.

Families USA is pushing for federal relief, such as a temporary increase in the matching rate given to states for Medicaid. Congress passed such a fix in 2003, but it is unclear whether a proposed fix could make it out of Congress this year, said a Families USA staffer in the briefing.

International Graduate Fill Gaps in Physician Supply

BY JOYCE FRIEDEN
Senior Editor

ARLINGTON, VA. — International medical graduates have become an integral part of providing medical care in federally designated physician shortage areas, according to results from a recent study.

“Compared to U.S.-trained physicians, IMGs provide more primary care and more overall medical care to populations living in primary care shortage areas as well as to minorities, immigrants, patients in poor areas, and Medicaid recipients, said Esther Hing of the National Center for Health Statistics, in Hyattsville, Md.

Ms. Hing and her colleague Susan Lim, Dr.P.H., studied 2005-2006 data from the National Ambulatory Medical Care Survey. The survey was nationally representative, and the data used by the researchers included information from 2,390 physicians in office-based practices. Ms. Hing presented the survey results at the 2008 Physician Workforce Research Conference.

The survey showed that IMGs make up 25% of office-based physicians. They also tend to be a little older that U.S.-trained doctors, with an average age of 52 years, compared with 50 years for physicians trained in the United States. The racial and ethnic differences were more pronounced: 71% of U.S. medical graduates were non-Hispanic white, compared with 26% of IMGs.

Asian/Pacific Islanders made up 15% of IMGs, compared with 6% of U.S. medical graduates. More of the IMGs than U.S. medical graduates were working as primary care physicians—57% vs. 46%—a statistically significant difference, Ms. Hing noted.

IMGs also practiced more often in underserved states, and also had higher incomes than their U.S.-trained counterparts.

More of the IMGs than U.S.-trained physicians practiced in rural settings. However, IMGs also tended to practice in large metropolitan areas. IMGs were slightly more likely to practice in high-poverty areas, and also had higher incomes than their U.S.-trained counterparts.

From Medicaid, compared with less than one-fourth of U.S.-trained physicians.

This study illustrates how the U.S. health care system continues to rely on IMGs to address shortages in primary care,” Ms. Hing said at the conference, which was sponsored by the Association of American Medical Colleges and Harvard Medical School.

“The U.S. health care system faces challenges if the future supply and use of IMGs is constrained by recent changes in visa policy that reduce the number of incoming,” medical graduates, she said.