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Hiring and Keeping J-1 Visa Candidates in Your Community

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Immigration Law Basics – J-1 Visa

- J-1 Visa: Covers post-graduate medical trainees (e.g., residents), students, or researchers
- Every J-1 physician has a two-year home residency requirement
 - Upon completion of training, J-1 must return to home country for two years
 - Effect: Disqualification from H-1B Visa, Permanent Residence

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Immigration Law Basics – J-1 Visa

- J-1 Physician's options on completion of Graduate Medical Education
 - Go home for 2 years
 - Secure a waiver of 2-year home residence requirement
 - Rare: Get O-1 Visa as "Alien of Extraordinary Ability"

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Immigration Law Basics – J-1 Visa

- J-1 Waivers
 - Government agency request
 - Federal employer (VA, military)
 - Federal agency (HHS, DRA)
 - State Department of Health (Conrad State 30)
 - Exceptional hardship to certain U.S. relative
 - Persecution

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Immigration Law Basics – J-1 Visa

- Conrad State 30 Waiver Program
 - Enacted in 1994 for physicians to practice in underserved areas (serves public interest)
 - Each state allowed up to 30 physicians/year
 - 3-year employment obligation (H-1B)
 - Start within 90 days of waiver issuance
 - 40 hours/week direct patient care
 - Medically underserved placements (MUA/HPSA): 20
 - Flex waivers (non-MUA/HPSA located): 10

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Immigration Law Basics – J-1 Visa

- Conrad State 30 Waiver Program
 - Determine State Office of Primary Care (OPC) requirements
 - After determining site eligibility, identify candidate
 - Confirm immigration status (J-1)
 - Interview and site visit
 - Involve attorney
 - Complete employment agreement
 - Waiver request application to state agency: Substantial amount of documentation needed

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Immigration Law Basics – J-1 Visa

- Conrad State 30 Waiver Program
 - ND – Office of Primary Care
<http://www.med.und.edu/family-medicine/workforce.cfm>
 - MN – Office of Rural Health and Primary Care
<http://www.health.state.mn.us/divs/orhpc/workforce/j1/guide.html>
 - SD – Office of Rural Health
<https://doh.sd.gov/providers/ruralhealth/j1-waiver/>

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Workforce Efforts Through CRH

- Sourcing Candidates
- J-1 candidate connection assistance
- 3RNet
- Apgar

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ID	PROFESSION	SPECIALTY	AGE	SEX	EDUCATION	TRAINING	STATUS	START DATE	END DATE	ACTION
100	MD	Physical Therapist	Family Medicine	North Dakota	PhD	Subspecialty: Family Medicine	Indefinite/term	10/27/2014	3/30/2016	Action
101	MD	MD	MD	North Dakota	PhD	Subspecialty: Family Medicine	Indefinite/term	4/27/2014	3/30/2016	Action
102	MD	MD	MD	North Dakota	PhD	Subspecialty: Family Medicine	Indefinite/term	4/27/2014	3/30/2016	Action
103	MD	MD	MD	North Dakota	PhD	Subspecialty: Family Medicine	Indefinite/term	3/23/2014	3/30/2016	Action
104	MD	MD	MD	North Dakota	PhD	Subspecialty: Family Medicine	Indefinite/term	3/23/2014	3/30/2016	Action
105	MD	MD	MD	North Dakota	PhD	Subspecialty: Family Medicine	Indefinite/term	2/23/2014	2/23/2016	Action

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ID	LAST NAME	FIRST NAME	EMAIL	STATE	ACTION
100	Johnson	James	10012345@100.com	ND	Action
101	Smith	John	10112345@101.com	ND	Action
102	Johnson	John	10212345@102.com	ND	Action
103	Johnson	John	10312345@103.com	ND	Action
104	Johnson	John	10412345@104.com	ND	Action
105	Johnson	John	10512345@105.com	ND	Action

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Candidate Search Results Report

Email: john@100.com
 Name: John Johnson
 Date of Last Login: 4/11/2016 9:52:37 AM
 Registered On: 8/17/2015 8:49:28 AM
 Phone Number: 505-123-4567
 Address: 243 Pleasant St, Cassida, ND 58001-1234

Job Title: Family Medicine
 Location: ND
 Start Date: 10/27/2014
 End Date: 3/30/2016

Candidate lists sent every 2 weeks to those with active job postings, plus CAH CEO's.

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Recruitment and Retention Resources

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Top & Bottom Apgar Factors
2014 North Dakota Comparison Database

North Dakota (2014) Top Apgar	North Dakota (2014) Bottom Apgar
<ul style="list-style-type: none"> •C-section •Distress •Transfer arrangements •Revenue flow •Mid-level provider workforce •Income guarantee •Internet access •Community need/support of physician •Ancillary staff workforce •Emergency medical services 	<ul style="list-style-type: none"> •Spousal satisfaction •Mental health •Shopping/other services •Access to larger community •Electronic medical records •Allied mental health workforce •Climate •Emergency room coverage •Payer mix •Call/practice coverage

Resource: Factors to Market Your Rural Community

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North Dakota Case Studies

- Based on interviews with stakeholders in three communities
- Recruiting and retention strategies
- Lessons learned
- Many factors applicable to both J-1 candidates and traditional candidates
- Suggestions align with *Apgar Factors to Market Your Rural Community*

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North Dakota Case Studies – Apgar Factors Common to Communities

1. **Community Need/Support**
2. Welcome and Recruitment Program
3. **Spousal Satisfaction**
4. Social Networking
5. **Hospital Leadership**
6. Access to a Larger Community
7. Loan Repayment

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Apgar Factor: Community Need/Support

Communities often express that they want their provider to live in their community.

Are those community members willing to step up and be a “welcome wagon” for the first 12 months?

Idea: engage hospital staff and community members alike to help make the physician and their family feel welcomed and important.

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Factor in Practice: Community Need/Support

- “Our patients are not just numbers.” Doctor will have a real, ongoing relationship with them.
- Focus on mission-driven nature of hospital. “We treat patients as individual person.”
- Tour the entire rural area, not just the towns
 - Highlight unique needs of rural residents
- Build appropriate housing
- “Both cried when doctor told patient he was leaving”

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Apgar Factor: Welcome & Recruitment Program

Competition in physician recruiting is extremely high

Recruiting physician is all about the process

Formal recruitment plan/process is advantage

Who answers the calls? How long does it take for response?

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Factor in Practice: Welcome & Recruitment Program

- Involve all hospital personnel in site visits
 - Understand who co-workers will be
 - Start to develop mutual respect
- Community tour by community member rather than hospital representative
- Tailor tour and introductions
- “We would even save them a ticket for the community theater production at the hospital fundraiser!”

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Apgar Factor: Spousal Satisfaction

- Spouse/partner important
 - Employment?
 - Socialization?

Example: “assign” social gathering host duties for first 12 months

Example: Find ways to get them engaged socially

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Factor in Practice: Spousal Satisfaction

- Recruiting both physician family is “crucial”
- Often the primary cause of providers departing
 - Some view as more important than financial aspects
- “We would have had a better and longer conversation with the family to get them more engaged right away.”
- Spouse was the more socially engaged of the two. This likely led to a 4.5-year stay.

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Apgar Factor: Social Networking

Communities often want someone who will “live in the community”

Some candidates may choose to commute in fear of feeling isolated.

Idea: Hire 2 candidates at the same time, or ask first candidate to assist in recruiting the second.

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Factor in Practice: Social Networking

- Community champion?
- Hospital employees took spouse to coffee, invited family to community events
- Cultural exchange
- Kids play together, went to daycare together

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Apgar Factor: Hospital Leadership

When a physician is confident in and supported by their facility's leadership, they feel valued and empowered.

Rural facilities will struggle without strong top leadership. Invest in training and education for middle management as these staff may become your next leaders.

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Factor in Practice: Hospital Leadership

- Strong relationship between doctor and hospital is "super important"
- Some candidates may appreciate input into "business" side of hospital, feeling invested
- Let the doctor practice medicine but also have some say in the organization
- May be key to keeping physician happy
- Solid leadership = good communication, even if topics are not easy

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Apgar Factor: Access to a Larger Community

Candidates may be coming from urban communities where they completed residency, for example. They have gotten used to having access to everything.

Offer candidates every other Fri-Sun off so they can take an extended trip to a nearby larger community for sporting events, concerts, shopping, etc.

Sponsor and Amazon Prime membership.

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Factor in Practice: Access to a Larger Community

- Schedule included time each month in larger hospital
 - Can be both benefit and risk
 - Barrier to developing patient relationship and building solid practice

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Lessons Learned & Words of Advice

- Leverage your state and federal programs
 - RTT
 - Loan repayment (as of October 2015)
- Clear communication from the beginning is vital
- Build in overlap between current provider and new provider

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Contact us for more information!

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