



October 16, 2000

MEMORANDUM FOR ARC GENERAL COUNSEL

SUBJECT: J-1 Visits to Northwest Alabama, Report 01-3(H)

The physicians noted in the subject report are:

- Dr. Amit Gupta, Cherokee 1/
- Dr. Yahya Qureshi, Rogersville 1/
- Dr. Moiz Master, Town Creek 1/
- Dr. Ammar Alrefai, Florence 2/

Notes: 1/ These three physicians were contacted directly and were very enthusiastic about the program and their practice. As excellent communicators, they would be good contacts if agency site visits in this area are contemplated.

2/ This physician, who was contacted by phone, was also a good communicator and would provide another perspective since, as a psychiatrist, his duties and contacts are somewhat different.

These physicians are located in the same geographic area, and access to the four locations can be accomplished in a relatively short time frame.


Hubert N. Sparks
Inspector General

Attachment

OBJECTIVE

The objective of our review was to determine compliance with ARC J-1 Visa Waiver program requirements, including J-1 physician performance of primary care services at an approved location for 40 hours per week.

RESULTS

Visits to Cherokee, Florence, Rogersville, and Town Creek, Alabama, confirmed that the J-1 physicians assigned to these locations were in compliance with program requirements. The three physicians contacted directly were enthusiastic about the program and their practice and commented about efforts to relate to the local communities and provide service to the primarily low-income areas where they were located. Each of the physicians noted their participation in programs wherein pharmaceutical companies contribute medicines that can be dispensed to patients without the capacity to pay.

The fourth physician, a psychiatrist, was not directly available; and staff explained that the physician was very busy and covered several hospitals in addition to his duties at the Riverbend Center for Mental Health. In a subsequent phone call, the physician said his schedule was 1-2 hours per day on rounds, 2-3 hours per day conducting a day program at the on-site clinic, outpatient services each afternoon for 20-25 patients daily, and some visits to another local hospital. He estimated his caseload as 1,200 patients.

During our visit to Cherokee, we noted that the J-1 physician's Cherokee schedule was 7:00 am to 1:30 or 2:00 pm daily, with Saturday duty if necessary. The physician also provided service in late afternoon at his employer's primary facility in Iuka, Mississippi, about 15 miles distant. Discussion indicated that the nurse-receptionist assigned to Cherokee was available from 8:00 am to around 12:00 noon. The J-1 physician noted an average Cherokee caseload of about 10 patients per day, with a variation generally of 6-15 per day. In the absence of the nurse-receptionist for part of each day, the physician said he performed all necessary actions, e.g., x-rays and drawing samples, and believed he could be more effective if the nurse-receptionist was available from 8:00 am until 1:30 or 2:00 pm. With respect to 7:00 am to 8:00 am, the physician noted that he did not believe any assistance was needed for this hour. He noted that, with his employer's consent, free medical exams were provided to Cherokee high school athletes; and these exams were conducted early in the morning.

We noted that the employer, when submitting justification for employment of a J-1 physician, had noted that the staff at the Cherokee office included one full-time nurse-receptionist.

This matter was discussed with the employer. He noted that limited billings for the Cherokee office resulted in a loss since the patient workload at Cherokee included a substantial number of indigents and sliding scale payees. He noted the approximate 8 patients per day that the J-1 physician saw in Iuka did not offset these losses and believed the current Cherokee staffing was fully sufficient to provide quality service to the average of 8 patients per day he cited as the Cherokee caseload. However, the employer said he was in the process of reviewing overall financial matters and would consider this issue.

We are not making any recommendation and believe the employer and employee are in the best position to resolve the issue of the nurse-receptionist. We recognize the J-1 physician's position but also believe the employer's comments with respect to workload and the free services provided should be considered. Internal resolution of this issue would best ensure the continued provision of quality medical service in an underserved area.


Hubert N. Sparks
Inspector General