



APPALACHIAN  
REGIONAL  
COMMISSION

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*Office of the Inspector General*

October 13, 2000

MEMORANDUM FOR     The Federal Co-Chairman  
                                  ARC General Counsel

SUBJECT:                    OIG Reports—Special Report, Pennsylvania J-1 Program; New  
                                  York and Tennessee J-1 Programs

The enclosed reports denote overall compliance with program requirements by the J-1 physicians contacted during compliance visits in New York and Tennessee and a summary of factors that led to the ending of employment by two J-1 physicians in Pennsylvania. Followup action by ARC with respect to the Pennsylvania situation is recommended. In one case, followup with a Tennessee physician is necessary to verify a work schedule and type of practice.

  
Hubert N. Sparks  
Inspector General

Enclosures



SEPTEMBER 7, 2000

INTERIM REPORT 00-51(H)

MEMORANDUM FOR The Federal Co-Chairman  
ARC Executive Director  
ARC General Counsel

SUBJECT: Survey Report—Review of Selected Health Providers and J-1 Visa  
Waiver Physicians in Western Pennsylvania

## SUMMARY

During the period August 21 through September 6, 2000, our contacts with thirteen J-1 Visa Waiver program physicians and several employers disclosed two cases where the physicians' primary activities were related to nursing home visits and/or the conduct of rounds or other services at hospitals rather than providing primary care at clinical settings. This was attributed to limited patient workloads at the approved locations. Also, we noted three instances where J-1 physicians were on site full time at the approved location but where limited workload could impact continued full-time duty at these sites and two instances where workload appeared to be a factor contributing to the ending of employment. Also, followup is in process to reconcile information with respect to three physicians' practice schedules. In addition to determining the eligibility of service in the cases noted, there is a need for program officials to closely review sponsor requests, including workload estimates, in order to better preclude recurrence of the situations noted and to consider periodic followup to identify potential problems, especially at new site locations.

## BACKGROUND

This review was undertaken as part of a survey of J-1 Visa Waiver program operations in the Appalachian Region.

The J-1 Visa Waiver program provides a waiver of the requirement for a foreign physician to return to his/her home country after completion of medical training in the United States. ARC participates as a Federal entity sponsor to assist Appalachian Region communities in providing health care services to medically underserved areas. The applicable ARC policies and procedures require J-1 physicians to practice 40 hours of primary care per week in a designated Health Profession Shortage Area (HPSA) in the Appalachian Region. The ARC program requires the physician to serve at least 3 years (unless a state has a longer period). There is no prohibition on J-1 physicians working extra hours or practicing subspecialties after fulfilling primary care requirements.

Although primary responsibilities for reviewing J-1 Visa Waiver requests, including supporting documentation, justifications of need, program oversight, and reporting have been delegated to the state health agencies, ARC retains the authority to act on waiver requests and to ensure compliance with program objectives and requirements.

## 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.

## SCOPE

Contacts were initiated with health care providers and J-1 Visa Waiver program physicians in Western Pennsylvania between August 21 and September 6, 2000. On-site visits were made to six locations employing seven J-1 physicians, and telephone contacts were made with four additional J-1 physicians at three practice sites. Additionally, contact was made with two physicians whose employment ended on May 3, 2000, and with the applicable employer. Employment issues will be covered in a separate report.

## RESULTS

In two cases, the J-1 physicians spent limited amounts of time at the clinical location noted as the intended place of employment. For example, the scheduled office hours of these physicians ranged from 7 to 9 hours per week. Discussions indicated that the majority of services were related to rounds at local hospitals, treatment of indigent referrals at local hospitals, or treatment of nursing home residents. For example, one physician noted that, while his office adjacent to a hospital was open 9 hours per week for appointment or walk-in patients, he spent upwards of 60 hours per week in the hospital with the bulk of work related to treatment of needy persons without assigned or identified physicians and generally without insurance. Apparently, the hospital has a list of needy patients and refers the patients to physicians willing to provide services.

The limited amount of time at the approved clinics appeared to be directly related to lower patient workloads than estimated at the time employers submitted justifications of need. Also, in each of the cases, the employers had signed a Pennsylvania Department of Health Certification of Service to Medicare and Medicaid Persons that noted the physician would practice a minimum of 40 hours per week at the practice site noted on the sponsor's submission.

Available records did not reflect any notification by employers or J-1 physicians to the state or ARC about the limited service at the approved practice site or the need to perform related duties. We recognize, based on observation, that the services being provided are directed at lower income populations in medically underserved areas. However, in view of program requirements for primary clinical service, the large disparity between time devoted to in-office practice versus nursing home visits and hospital rounds reflects a need for program officials to determine the eligibility of such service.

In three other instances, the limited workload of J-1 physicians could be a purview of future problems and/or need for use of the physicians in other locations or performing other duties. In these cases, which involved two J-1 physicians at one site and one physician at another site, the physicians were complying with program requirements. However, workloads of a few patients per week for the single physician to 20 to 30 patients per week for the dual-physician site may be insufficient to justify long-term operations. In these cases, the physicians and/or employers were urged to contact state officials in advance if any changes to the current situations are contemplated.


Also, in two cases involving the ending of employment by two J-1 physicians, one contributing cause of the situation appeared to be limited workload. In three cases, followup is in process to obtain additional information about practice schedules.

In one instance, a J-1 physician had not submitted the employment verification form; and in one instance, a notice identifying billing practices was not posted. The physicians were provided the information necessary to comply with regulations.

Although limited workloads have contributed to changed services and the eligibility of services should be addressed by program officials, the overall issue of recommendations for J-1 waiver approvals and support for the workload estimates needs strengthening. Although our limited review does not provide a basis for conclusive determinations of cause, most of the cases where limited workload was apparent involved new site approvals and/or for-profit operations.

#### RECOMMENDATIONS

- The eligibility of services in connection with hospital rounds and nursing home visits, including the extent of such service for the physicians noted, should be evaluated; and, as appropriate, actions should be initiated to correct the condition to the extent possible.
- Program requirements should be emphasized to physicians and employers, including the need to promptly notify program officials when changed conditions impact intended physician utilization.
- Consideration should be given to periodic workload reporting to the state agency to better identify problems and permit actions consistent with program intents.

  
Hubert N. Sparks  
Inspector General



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September 7, 2000

Ms. Constance B. Hanna  
Public Health Program Administrator  
Division of Health Professions Development  
Pennsylvania Department of Health  
Health and Welfare Building, Room 833  
Harrisburg, PA 17120

re: OIG Interim Report 00-51(H)

Dear Ms. Hanna:

Enclosed is a copy of our interim report on contacts with J-1 physicians and some employers in the Pittsburgh area. We are following up in several cases, including a revisit to the area next week. A separate report will summarize the situation pertaining to Family Health Services Asthma Allergy Center and the two J-1 physicians formerly employed by this provider.

Sincerely,

A handwritten signature in black ink, appearing to read "Hubert N. Sparks", is written over the typed name.

Hubert N. Sparks  
Inspector General

Enclosure



September 7, 2000

MEMORANDUM FOR    ARC GENERAL COUNSEL

SUBJECT:                    Physicians Contacted in connection with OIG Report 00-51(H)—  
   J-1 Visa Waiver Program in the Pittsburgh, Pennsylvania Area


The contacts made during our survey were:

<i>J-1 Physician</i>	<i>Location</i>	<i>Notes</i>
Raheela Pirzada	Duquesne	<u>1/</u>
Neven Kosic	Braddock	<u>2/</u>
Michael Ong	Vandergrift	<u>3/</u>
Thaer Almalouf	Vandergrift	<u>4/</u>
Kalpana Rajashekar	Vandergrift	<u>4/</u>
Usha Sivakumar	Leechburg	<u>5/</u>
Mohammed Suddle	Wilkesburg	<u>6/</u>
Kofi Clarke	Pittsburgh	<u>7/</u>
Ayman Arouse	Pittsburgh	<u>7/</u>
Madhuri Mahajan	McKees Rocks	<u>8/</u>
Ravindra Godse	McKees Rocks	<u>8/</u>
Mubasher Fazal	Duquesne	<u>9/</u>
Farah Khan	McKeesport	<u>9/</u>

**Notes:**

- 1/ Office manager noted physician was at office site on Monday and Friday, 10:30 am to about 2:00 pm. Remaining time spent on rounds or at area nursing homes. Followup initiated with employer to obtain additional information.
- 2/ Office closed at time of visit. Physician contacted by phone and confirmed that office hours are 1:00 to 4:00 pm on Monday, Wednesday, and Friday, with remaining time spent at adjacent hospital making rounds and seeing patients referred by hospital.
- 3/ On site at Vandergrift. Active workload.
- 4/ Office closed when visited at 1:00 pm. Telephone contact with one physician and employer indicated physicians stationed at Vandergrift full time and returned to Irwin office in late afternoon to prepare records. Lunch break noted as 1:00 to 1:30 pm. Other physician on vacation. Limited workload of 20 to 30 patients per week.

- 5/ Physician on duty at site and noted a very small workload to date.
- 6/ Staff and physician contacted by phone. Physician at new location in Life Care Hospital. Physician had previously expressed interest in relocating one block, which would place office in local hospital. Security concerns and break-ins at initial location cited in request for transfer of location. Followup to verify current practice schedule initiated.
- 7/ Physicians and staff contacted by phone and no indications of any problems.
- 8/ Followup in process to confirm practice schedule.
- 9/ Physicians and former employer visited, and limited workload deemed to be one condition leading to end of employment.

  
Hubert N. Sparks  
Inspector General