

Primary Care Cures

Episode 96: Dr. Praveena Jaidev

Ron Barshop:

This episode is brought to you by the MediSearch Institute. What happens when patients cases become too complex to solve in a typical 30-minute visit? Well, we've all had those super thick, super deep patient history nobody's looked at in a long time and gone back through. Well, I'll tell you what happened is those patients bounce around from doc to doc without getting any answers or making any progress. These patients are trapped and lost in a maze.

Ron Barshop:

Well, MediSearch is here for those doctors and for those patients. Their motto is we solve the unsolvable. Their process is rather simple. Dr. Trent Talbot, the founder, assigns a team of medical detectives, typically three MDs and one PhD to each case. They research the latest breakthroughs and clinical trials and they elicit the opinions of 10 to 15 world-leading experts per case. They purposely seek out experts who will come at each case from a different perspective, the Bayesian method. Altogether, they will put in over 250 MD hours for every case. That means 500 times the amount of brain power that typical doctor can afford to offer.

Ron Barshop:

You know most problems in health care are fixed already. Primary care is already cured on the fringes, reversing burnout, physician shortages, bad business models, forced buyouts, factory medicine, high deductible insurance squeezes the docs and is totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of cost, deceleration of reimbursements. I want you to meet those in this show that are making a difference. With us, Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop:

Dr. Praveena Jaidev is a hospitalist at SwedishAmerican and is one of 127,000 approximately immigrant physicians who account for nearly a quarter of the country's licensed physicians. 1/6 in fact of the nation's healthcare workforce is foreign-born and 40% of American primary care workforce today is made up of people who trained in other countries but moved here. And more than half of all people who focus on caring for older people are what's known as international medical graduates or foreign medical graduates.

Ron Barshop:

IMGs play a vital role in caring for some of the most vulnerable patients like the rural communities in America and the underserved Medicaid populations and many like Praveena, you can live off of H1-B visas. Talk more about that. She completed her internal medicine residency at UPMC Pittsburgh and on a J-1 visa at the time and currently resident physicians from other countries are working in the U.S on J-1 visas.

Ron Barshop:

And these waivers are requiring them to return home to their country after their residency has ended for two years before they can apply for another visa, green card. But then if you're a Canadian doctor none of this exists. It's a different program for everybody else. The Conrad 30 Program allows these docs to remain in the U.S without having to return home if they agree to practice in an underserved area for a few years, but it's like the golden handcuffs because it's super restrictive.

Ron Barshop:

And I'll tell you why. Many communities including these rural and low-income urban districts have problems meeting their patient care needs and depend on these docs to provide their health care. But if they need to help out with something like COVID, they're not allowed to help out, they're locked into where they are at. So she's a member of Physicians for American Healthcare Access, PAHA, which is a group that's dedicated to increasing healthcare access for the underserved communities.

Ron Barshop:

They advocate for legislative solutions to protect these immigrant physicians and other nurses. Healthcare Workforce Resiliency Act is now in front of Congress and it's legislation that would allow Citizenship and Immigration Services to recapture up to 40,000 green cards previously authorized by Congress that haven't been used. This bill would respond to severe physician and nursing shortages by reserving 15,000 green cards for foreign-born physicians and 25,000 for foreign-born nurses.

Ron Barshop:

Physicians referred to on this legislation are the American-trained healthcare workers, but lack of flexibility to serve these pandemic changing needs. So like I said, they're not allowed to even take a shift at a hospital in other areas because they're golden handcuffed to these neighborhoods that they're supposed to be serving. So that really has hurt New York hotspots, California hotspots, Texas and Arizona hotspots. So foreign nurses on the other hand are often approved to come to America on employment-based green cards, but even after their app is approved, many are stuck in their home countries due to U.S processing delays and backlogs.

Ron Barshop:

In fact, if you're a foreign medical graduate, you've already done a residency, if you're from India like Pradev, you will have to do your residency all over again. And it's a seven-year time suck. And it's also about a \$60,000 process. So it's a game board. We'll put that game board on our show notes. You can see how ridiculous it is. Anyway, this Act allows us a fast-tracking. There are several states that are fast-tracking already because this is ridiculous and a cumbersome nightmare from age-old the 50s and 60s. So Praveena, welcome to the show.

Dr. Praveena Jaidev:

Thank you, Ron. Thanks for having me.

Ron Barshop:

This is such a big subject. So let's talk for a second about Match Day because it's the beginning of the game board for residency. Match Day for if you're not familiar with it, it's like Draft Day for professional sports. It's the day that a medical student or a foreign medical graduate will learn where they are going to go do their residency. So right now Match Day is adding about 7,000 foreign medical graduates, but that is not even close to the number that are applying to be matched. Is it?

Dr. Praveena Jaidev:

No, it's a very huge number. I don't have the numbers, but it's definitely very, very huge and very few match. And over the years, the competition has been so high that the percentage of people matching has gone down significantly.

Ron Barshop:

I can tell you what the number I know is pediatricians are. There's 15,000 international medical graduate pediatricians waiting to get matched, but they can't again, practice in the U.S until they get matched and do their residency. So again, this potential fast-tracking is going to be a big deal. What happens to a doctor who is not matched and they're waiting to get matched the next year or the next year or the next year, what are they doing for an income in the meantime?

Dr. Praveena Jaidev:

So everything is out of pocket. It is a very financially straining process they go through. People who have family support are lucky like myself I would say. My family supported me a lot during this process and some of my friends who were already in residency helped so I could stay with them and prep for my exams and attend interviews so that I don't have to rent a place by myself.

Dr. Praveena Jaidev:

But people who do not have that support, they take loans and it takes forever to repay that back. And I personally know a person who at the same time was trying to get into residency with me, but he wasn't lucky enough to get into. He tried for two years and then he decided to go back and settle in India. And he had to repay all those loans he had taken to try to get into the U.S medical training program.

Ron Barshop:

I walked into a program in near the airport in Houston. There's a doctor there who treats mostly Mexican immigrants who are illegal in America and all of his MAs and all of his nurses are foreign medical graduates from Mexico City and from other parts of Mexico. And he's paying them 25 to 35,000 a year, which is an MA salary, but they're doctors there. They could practice in Mexico.

Dr. Praveena Jaidev:

I know it's a really sad situation. So that's why we have all these reforms and we are trying to see. U.S have their needs doctors. It's not that we all want to come here for our personal benefit. We want to be here because the healthcare system or whatever personal, professional reasons we want to be in this country. But I think there's a huge backlog. For physicians it's of this so much

of shortage, but I don't know, there's some mismatch going on somewhere that people are not addressing it at a higher level.

Ron Barshop:

Oh, it is interesting to me that if you were to practice as a primary care physician in India first of all, you go to high school and medical school at the same time. It's a six-year program and your residency is all part of that too, isn't it? It's all bundled in?

Dr. Praveena Jaidev:

No resident... No, it's we do have the same setup. We do have to go... We call it post-graduation over there, here we call it residency. But it's the same thing, but it's less number of exams and the process is shorter. I should say you take only one test and based on how you do on the test and what field you want to go into, but you still go through three years of training.

Ron Barshop:

But even to get in that training, if you're not the top 1% of the top 1%, it's super competitive to get into that medical high school, isn't it?

Dr. Praveena Jaidev:

Yes. Very, very, you either have to be in the top 1%, like you mentioned, or you have to be from a very wealthy family so that they can pay for it and you pay out of pocket and get into med school.

Ron Barshop:

Sounds familiar well, so and by the way, it's the same in China. It's like the Olympics. If you make it to the Olympics Program in China, you are the best of the best. And it's the same with the doctors there, the same in Mexico. There's a giant read out of Mexican, Nigerian, Filipina. We could take any country. And if you're a doctor practicing in those countries, you are the very best of the best of the students. So you belong here. And most of the countries I just named, they've already done a residency there yet we require them to do it again here, don't we?

Dr. Praveena Jaidev:

Yes, even people who have been practicing for several years, even specialists like nephrologists and anesthesia, all these people, even if at this point, if they want to come, they still have to go to all the U.S Emory exams which we take. Yeah. They're practicing physicians. Yeah. But they still have to go through all the exams and the entire process of Match.

Ron Barshop:

So I know there are five states of a year ago. I haven't looked at the most recent numbers, but there are five states that are trying to fast-track IMG so that they can go right into practicing as long as they're with an American doctor who can teach them the real rules of American medicine. Do you think that's something that will expand over time? Is that more desperate states that need more doctors are going to allow that?

Dr. Praveena Jaidev:

To be honest, I don't know because we have been trying to address this issue for a very long time, but we haven't seen any change so far. We are still stuck in the same boat of visas and unable... Even after the pandemic hit, if they cannot address the situation at this crucial moment, I don't know when it can be addressed. Because during when the first peak COVID happened in April, I wanted to sign up. I live in Chicago so I signed. I wanted to help out at McCormick Place because where I work at Rockford, I only do 18 shifts a month so rest of the time I'm off. So I really wanted to help out over there. I filled out the entire paperwork and everything, but they came back to me and said that I cannot help because I am on a visa. That was the only thing. So it's just unfortunate that even in a situation like this, the visa backlog situation is not being addressed. And I don't think if in future also it will be.

Ron Barshop:

It's just getting harder. So you're in Rockford, Illinois, you're in a suburb of Chicago. Do you think that the plan is that if you serve an underserved community like Rockford that you'll probably stay and live there because you get accustomed to that? Is that what you think the federal government's head is that they're trying to populate the unpopulated underserved areas?

Dr. Praveena Jaidev:

Yeah. So we are for being on a J-1 visa, like you mentioned earlier, like we have to, it is mandatory for us to serve in an underserved areas for at least three years. And after that, it's up to you if you want to continue or not, but three years is compulsory. So, but there is this thing called National Interest Waiver, which means that if you sell five years, you are not... To fight for your green card, you're not dependent on your employer. You can fight for it yourself. So some people go beyond three years and do the five-year term so that they don't have to depend on the employer just for finding green card and they can switch jobs.

Ron Barshop:

Have you been frustrated working in this pandemic environment as a doctor? Or are you impressed? What is your take on what's been going on from a physician's perspective after really let's say after March, when the PPE was a little more available?

Dr. Praveena Jaidev:

Talking about my hospital. Yes. We all have been very stressed out and frustrating I would say. I wouldn't say impressed at all. I don't think anybody else, it doesn't matter if we are on visa or not. In my hospital, I'm only one among the few who are on visa. There are a lot of citizens who work here, but everyone is equally frustrated especially when we started off. I don't think it has become better now, but it's still not ideal, I would say.

Dr. Praveena Jaidev:

We don't have N95 as much as we should be. We have more than what we had in April, but we still reuse them every day. We don't get a new N95 mask even though we see each physician has at least on their list has five to six COVID-19 patients for which we have to wear N95 mask and the entire PPE and go in. But in an ideal world, we need to not use the PPE even when we go into a second patient room. We have to use a new one every single time. But we reuse our N95

for two days, three days and we enter everyone's room. We could be the reason we're spreading the virus too, for not changing the PPE.

Ron Barshop:

Yes. Well, I've read some, this is ridiculous even talking about on the show, but I read some hack where if you boil water and rubber band your mask to it and put a little east cloth in between it, that you could kill the virus.

Dr. Praveena Jaidev:

I don't know. Yeah. There are a lot of, yeah, they did tell us a lot of tricks. We have all these disinfectant sprays, which we spray on a mask, but next day it smells off it and you can't breathe and all of this. So what we have been doing is have three masks. So we wear one on day one and do not use it for the next two days and use it on day three so that the virus strikes and dies or so.

Ron Barshop:

It's sad, isn't it? We're the greatest nation on earth yet we treat our doctors like they're in a coal mine.

Dr. Praveena Jaidev:

Yes. And when, yeah, even in our hospital, if we have to get N95 mask, we have to return our old one or they were trying to recycle it or I don't know what it was, but if not we are supposed to return the first one and then we get a new one.

Ron Barshop:

Something this serious, this massive, this sudden is it sometimes hard to refresh and get back to work the next day and get energized to tackle this one more day?

Dr. Praveena Jaidev:

Yeah, I guess that is the reason we don't work 30 days a month because physician burnout is a very huge thing. And I think that is why our contracts are scheduled like that. We work 15 days to 18 days a month so that you can be away from this and spend time away from this environment. And I personally I travel a lot, but even that, rest a bit now, so yeah, I would say I don't think anybody can put up with this stress if they work 30 days a month.

Ron Barshop:

You think it's going to be hard to recruit doctors to work for some hospitals that are not giving the best resources to all the doctors? Do you think that's going to be a factor in the decision-making going forward with residents moving to hospitalist positions?

Dr. Praveena Jaidev:

You mean not getting enough PPE?

Ron Barshop:

Just not being treated with the respect of even having enough PPE.

Dr. Praveena Jaidev:

Yeah. That's yeah. I would definitely say that. I think people would like to go more on the outpatient setting because they can make their own rules. You're not tied up to a hospital and you don't have to stick to their rules and all these PPE regulations and stuff like that. Yeah. I definitely see there would be, but this is not a situation which is happening in one state or anything. It's of the entire country.

Ron Barshop:

Are there any good positive chances of this bill passing so that it could move on in to the Senate and also may be approved by the president? Or is it stuck in a committee? What is the status of this bill?

Dr. Praveena Jaidev:

So we did have a very good response and we were very positive about it. And I would say wowed just because the election is coming up and everyone's sidetracked and not interested to listen to anything at the moment, but they did get a good support. We have 40 co-sponsors, 40 senators and 76 house reps, but it's not enough for the bill to pass, but we are trying to get it included in the COVID Relief Bill, if that ever happens, because even discussion about the COVID Relief Bill has been ongoing for several days or weeks, I would say, but nothing so far. So we're trying to get it included in that because it is part of the pandemic.

Ron Barshop:

So the good news is that enlightened states are fast-tracking enough international medical graduates because they need physicians badly. 28 states have now approved nurses to basically become an MD with all the rights and privileges and scope of practice after three years of service under a doctor's tutelage. So again, nurses don't have the residency doctors have, but they now have a fast-track in 28 states. There was 21 states by the way this time last year. So it's to solve this to physician shortage that we're talking about here, nurses are going to be part of that solution. PAs will be part of that solution. And nothing would be smarter than to bring smart people from the best and brightest from the schools that are the best and brightest into a workforce and get rid of a backlog. It would just be so logical. It would just make so much sense. There's no real reason to continue to delay these visas and to put them on the slow track of just basically lost opportunities.

Dr. Praveena Jaidev:

Yeah. And especially when we were trying to address this bill, we were emphasizing on the fact that this is not displacing any jobs from American citizens, because this is, we're talking about physicians who are already here and already working. It's not about bringing more people into the country. So this is about just safeguarding their status here, that they don't, if they lose their job or they don't have to leave the country or if they can go and work in places where there is need and the visa restriction isn't there.

Ron Barshop:

Yes. Well Praveena, what question should I have asked you that I did not ask you about international medical graduates? This is the topic I've wanted to do address for so long. So glad to have you on the show, talking about it. What should I be asking you that I didn't

Dr. Praveena Jaidev:

Maybe what would you do if you not get a green card and not be a citizen in the next couple of years?

Ron Barshop:

Yeah.

Dr. Praveena Jaidev:

I think I would leave the country and I'm already thinking about it. Yeah. Because and how long can we live in this uncertainty? Because there are certain countries which are more welcome to immigrants than U.S has been, how the last like Canada and Australia. So the citizenship over there is not that difficult. And I already know a lot of friends who moved to Canada so I am considering that.

Ron Barshop:

It would be a shame to lose you, but everybody understands. And by the way, this is a long, this is multi-parties, multi-presidents, multi-administrations that this has been a problem. This is not just this administration or last administration.

Dr. Praveena Jaidev:

Yeah. Hopefully the bill gets addressed sooner than later.

Ron Barshop:

Yeah. All right. Well Praveena, what message should Americans hear that they don't know that if you could fly a banner over the whole nation?

Dr. Praveena Jaidev:

I would say we are going through a tough time and everybody is dealing it in their own way. And hopefully we get out of it stronger than ever. And good luck to everyone.

Ron Barshop:

Yes. So be kind, be gentle. Everybody's going through this in their own way and less judgmentalism, more kindness.

Dr. Praveena Jaidev:

Yes.

Ron Barshop:

Very good. Praveena thank you for your time. And we look forward to you becoming an American as soon as possible and not losing you to another...

Dr. Praveena Jaidev:

Thank you so much.

Ron Barshop:

Yeah. Okay. Take care of yourself.

Dr. Praveena Jaidev:

You too. Bye.

Ron Barshop:

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Ron Barshop:

Thanks again. Thanks again to our sponsor, the MediSearch Institute. I want to read you a note a CEO friend of mine sent me who used them for a rare childhood disease her daughter had. Dr. Talbot's research was thorough. He provided clear paths of treatment and he gave me access to the best physicians. I'm so grateful for his work. That's the MediSearch Institute.

Ron Barshop:

Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to primarycarecures.com for show notes and links to our guests. And number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your podcast and subscribing and leave us a review. It helps our megaphone more than you know. Until next episode.