Puerto Rican physician’s recommendations to mitigate medical migration from Puerto Rico to the mainland United States (Under review at Health Policy Open)

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Abstract

Puerto Rico (PR) is a United States (US) territory with a history of colonial violence, poverty, and government corruption. Due to these sociopolitical factors and natural disasters (e.g., hurricanes, earthquakes), there has been a sharp increase in PR residents migrating to the mainland US. Local media outages and professional health organizations focus on the impact of medical migration on the PR health system (e.g., health personnel shortages and long waiting periods for critical care). According to the PR College of Physicians and Surgeons, 365-500 physicians have left annually since 2014, which represents a crisis of access to health services. However, few studies have focused on ways to mitigate medical migration from PR to US mainland. This article describes the recommendations provided by migrating and non-migrating Puerto Rican Physicians (PRPs) to mitigate medical migration from PR to the mainland US. We focus on qualitative data from a mixed-methods NIH-funded study (1R01MD014188) to explore factors that motivate or mitigate migration among migrating (n=26) and non-migrating (n=24) PRPs. Interviews were analyzed following thematic analysis guidelines. Results show the following themes: 1) strategies to retain early-career medical residents living in PR; 2) recommendations for local government on future health policy; and 3) work environment initiatives for health institutions to mitigate physician migration. Findings suggest multilevel efforts are required to mitigate medical migration in PR.

**Keywords**: medical migration; Puerto Rico; recommendations; healthcare systems
Highlights

● Data from the Puerto Rico College of Physicians and Surgeons (PRCPS) indicates that 365-500 physicians have left PR every year since 2014.

● It has been documented that a lack of physicians can lead to burnout, excessive workloads, inefficient work processes, and subsequent work-home conflicts.

● We emphasize qualitative data from in-depth semi-structured interviews with physicians.

● Physicians recommended five general policies to address the migration crisis:

   1. Workload in hospital settings is demanding compared to other work environments.

   2. Government and private sector should provide incentives to promote career development.

   3. Government should improve physicians’ work environment and legal registrations.

   4. General health system should modernize and move to electronic health records.

   5. Multilevel efforts are required to mitigate medical migration in PR.