

UNIVERSITY OF HAWAI‘I SYSTEM ANNUAL REPORT



REPORT TO THE 2013
LEGISLATURE

ANNUAL REPORT FROM THE
HAWAI‘I MEDICAL EDUCATION COUNCIL

HRS 304A-1704 (Act 181, SLH 2003)

January 2013

November 30, 2012

Hawaii Medical Education Council (HMEC)
Report to the Legislature 2013

Executive Summary

The HMEC met 4 times in 2012 and accomplished the following:

1. Nominated, presented and received approval of new 7 members of the HMEC by the Governor and the Senate
2. Secured funding for continued workforce assessment and initiatives with approval of S.B. 240
3. Initiated a Hawaii State Loan Forgiveness Program by raising the funds, selecting 4 candidates and establishing the policies and protocols for the program.
4. Established a method to communicate with JABSOM alumni and others interested in practicing in Hawaii entitled “Practice in Paradise”.
5. Assessed the reorganization of the GME programs conducted by the University of Hawaii, John A. Burns School of Medicine in conjunction with Hawaii Residency Programs, Inc.
6. Discussed initial workforce survey data for 2012 and compared this new information to the 2010 survey to identify important trends.

The HMEC would like to ask the 2013 Hawaii State Legislature to seriously consider the following recommendations:

1. Fund the Loan Forgiveness program starting in 2014 to assure that the pilot program is sustainable and fully implemented.
2. Continue support for the HPWAP activities and provide direction on any specific remedies that the Legislature feels important.
3. Find new funding to support the expansion of primary care training in Hawaii.

Introduction

In 2003, the Hawaii State Legislature passed Act 181, establishing the Medical Education Council (HMEC) within the University of Hawaii. In creating the HMEC, the legislature was specific in its expectations. HMEC was created to...

1. Conduct a comprehensive analysis of the health care workforce requirements of the state for the present and the future focusing particularly on the states need for physicians;
2. Conduct a comprehensive assessment of the State's health care training programs, particularly GME;
3. Make recommendations to the legislature and the board of regents for changes in or additions to the health care training programs in the state identified by the Council's Assessment.
4. Develop a plan to assure adequate funding of health care training programs in the state.
5. Implement the plan
6. Seek funding from public and private sources
7. Monitor the implementation and effectiveness of the plan, making modifications as needed after consulting with the board of regents and the legislature
8. Report back annually to the UH Board of Regents and the Governor

The chair of the HMEC is the Dean of the John A. Burns School of Medicine. What follows is a summary of the activity of the HMEC to address provider workforce planning issues in Hawaii.

Previous Work – Assessing the Problem and Identifying Potential Solutions

In 2009, the Legislature passed Act 43 creating the Hawaii Physician Workforce Assessment Program (HPWAP) at the John A. Burns School of Medicine, University of Hawaii at Manoa (JABSOM) to assess and report on the status of the provider workforce in Hawaii. In 2010, an initial assessment was completed and results reported to the HMEC. The results were sobering. We discovered that Hawaii was short 600 physicians as compared to current resources available on the mainland. Worse yet, this gap will increase to greater than 1500 physicians by the year 2020.

In order to communicate and begin identifying remedies to this challenge, the Physician Workforce Summit was held in June of 2010 and identified 10 key areas of opportunity to improve the numbers and efficiency of our provider workforce. Since that time, the HPWAP has been working to further delineate and implement improvements in these categories. A full report of the HPWAP will accompany this report.

In 2011, the HMEC focused its attention on the provider pipeline in Hawaii, in particular the number and types of Graduate Medical Education (GME) programs that currently exist, comparing this list to the anticipated shortages in Hawaii. GME is particularly important as it represents the last step in the training of physicians and often determines the decisions made by new physicians as to where to practice.

Our findings and concerns were provided in our report to the State of Hawaii. While Hawaii has a long and strong tradition of providing GME in a number of basic specialties and fellowships, GME in Hawaii was found to be struggling. In particular, the institutional accreditation of our collective programs was on a "short cycle" due to findings during its 2010 site visit. We also discovered that Hawaii was ranked last (50th) among the 50 states in developing GME positions. In fact, on average, the number of GME positions has gone up in the US by 18% over the past 10 years. In Hawaii, we have lost nearly 15% of our positions and this trend continues today. Our

greatest need in terms of providers is in primary care and therefore it is prudent that options to grow the Family Medicine program beyond a single rural hospital be explored, both for financial stability and for the expansion of training positions.

Our final recommendations for 2012 included the following:

1. JABSOM/UH should lead a strategic planning process, using the workforce data and involving key stakeholders, to determine the best investments in GME for the coming decade.
2. HMEC, working with JABSOM, will collect and report information regarding current GME funding in Hawaii and use this information in the GME planning process.
3. JABSOM should define, implement, and report on the 5 specific performance measures recommended by the HMEC in this report.

Report on 2012 Activities – Taking Action on Several Fronts

With this groundwork complete we undertook a number of specific activities in 2012 to address workforce shortage and to improve our capacity to train and recruit physicians.

Maintaining a Strong HMEC Membership

A number of new appointments to the HMEC were confirmed in order to continue the fine work of those completing 2 terms of service on the Council. Members appointed by the Governor and vetted and approved by the Senate. New appointments included Paula Yoshioka (Queen's Medical Center), Dr. Kenneth Robbins (Hawaii Pacific Health), Dr. James Hastings (Veterans Administration), Sharon Vitousek (Physician), Vicki McManus (consumer), Gary Kajiwara (Kuakini Medical Center) and Darryl Salvador (provider).

Secured Funding for the Workforce Assessment (HPWAP)

Funding for this project was initially to sunset after the 2010 and 2012 assessments were complete. Given the findings and the need to implement solutions, funding was graciously continued and the HPWAP was directed to proceed with the 2012 assessment and invest at least half of its budget on specific action items to remedy the shortage. The HMEC was specifically assigned to provide ongoing oversight of the programs activities and use of available resources.

Creation of the Hawaii State Loan Repayment Program

During the 2012 Legislative session, the value of providing loan forgiveness for new physicians to reduce barriers to establishing practices in underserved communities was discussed at length and culminated in the passing of legislation creating the Hawaii Health Corps. Unfortunate due to tight state budgets the program was not funded. Therefore the HMEC undertook, via the Workforce Assessment team, to establish a pilot program of loan forgiveness. Private funding was provided by the Queen's Medical Systems and Hawaii Medical Service Association (HMSA). A grant was submitted to Human Resources and Services Administration (HRSA) to secure federal matching dollars. As a result, our program has 300,000 dollars to fund loan

forgiveness over the next 2 years. For this year (2013) 4 providers, 2 physicians and 2 advanced practice nurses, will receive this support. All are serving in community health centers in Hawaii.

Development of Tools to Recruit JABSOM Alumni to Hawaii - Practice in Paradise

Many of our JABSOM students are now going to the mainland to complete their specialty training. The HMEC felt strongly that we should develop tools to provide information to alumni that would actively share notices of job opportunities in Hawaii. JABSOM worked closely with the University of Hawaii Foundation to establish a job posting web site that will connect alumni with opportunities to practice in Hawaii. The site will post jobs for physicians, advanced practice nurses and physician assistants. The site is now live and will allow for health systems to directly post jobs on the site in the near future.

Reorganization of Graduate Medical Education

In response to our finding regarding GME last year, we met with GME leaders to review efforts to reorganize and re-enforce GME in Hawaii. We received updates from GME leaders including Dr. Naleen Andrade, Designated Institutional Official (DIO) for GME, Richard Philpot, Chief Executive Officer for Hawaii Residency Programs Inc., and Dr. Courtney Matsu, Associate DIO.

We are pleased to report that the University of Hawaii and the Hawaii Residency Programs have put substantial work into reorganizing the GME enterprise and establishing strategic planning and resource allocation elements that will allow for much strong program development in the future. The full report to HMEC will be appended to this document. Highlights include the confirmation that JABSOM/UH is the sponsoring institution for GME, the completion of a new affiliation agreement clarifying support, responsibilities and accountability for success in GME, the clarification of the UH student status and the protections afforded our faculty, and the creation of the Office of the Designated Institutional Official within JABSOM. This last change placed a physician and senior JABSOM faculty member in charge of all GME going forward and marks a significant development in our GME programs. Additional efforts were also undertaken to make available key resources such as simulation labs, research support, and faculty time to lead the GME programs. These programs will undergo their site visit on March 19th, 2013.

Summary of 2012

Building on previous year's work that documented serious physician shortages, identified areas of potential improvement and raised awareness of the need to improve GME in Hawaii, we have implemented a number of specific improvements that we hope will partially address the issue. These include a pilot for loan forgiveness, a process to recruit alumni back to Hawaii, and the complete reorganization of Graduate Medical Education. This last step is most critical as it is GME that largely determines the number, specialty mix, and skills of the physicians entering practice in Hawaii.

Agenda for 2013 and Beyond

For the coming year, HMEC will continue to implement the programs listed above. The Hawaii

State Loan Forgiveness Program will be implemented and a new set of awardees will be identified for year 2 of this grant. The Practice in Paradise Web Site will be advertised, augmented and monitored to determine use and effect. The Hawaii Physician Workforce Assessment Program will continue to pursue remedies as outlined in the attached report.

As for Graduate Medical Education, 2013 promises to be a very eventful year. University of Hawaii Programs will undergo an Institutional Site visit in mid-March of 2013. Subsequently, the strategic planning, performance improvement, and program building efforts can be continued in earnest.

The HMEC would like to ask the 2013 Hawaii State Legislature to seriously consider the following recommendations:

4. Fund the Loan Forgiveness program starting in 2014 to assure that the pilot program is sustainable and fully implemented.
5. Continue support for the HPWAP activities and provide direction on any specific remedies that the Legislature feels important.
6. Find new funding to support the expansion of primary care training in Hawaii.

In closing, the HMEC wishes to thank the leadership and Board of Regents of the University of Hawaii, the Hawaii State Legislature and Governor Abercrombie for taking the time to understand this important health issue of provider shortages in Hawaii. We are grateful for the support given and the HMEC will continue to find practical ways to improve the access to qualified physicians and providers in our state.

Respectfully submitted,

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Dean

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