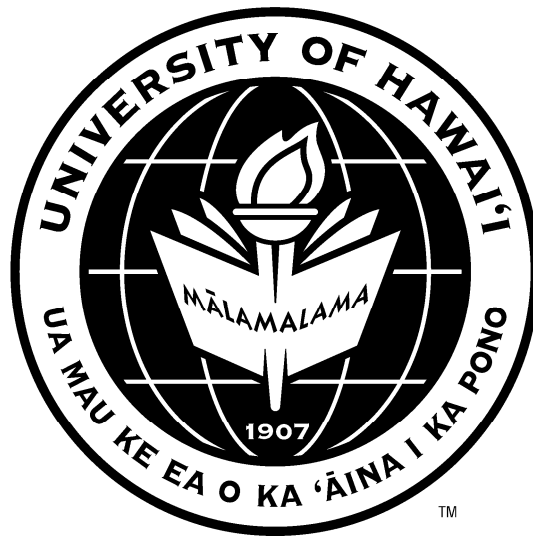


UNIVERSITY OF HAWAI‘I SYSTEM ANNUAL REPORT



REPORT TO THE 2014 LEGISLATURE

Report on Findings from the
Hawai'i Physician Workforce Assessment Project
And
Status of the Hawai'i Health Corps Program

Act 18, SSLH 2009 (Section 5) as amended by Act 186, SLH 2012
and
Act 187, SLH 2012

January 2014

Hawai'i Physician Workforce

In accordance with Act 18, SSLH 2009; Act 186, SLH 2012 and Act 187, SLH 2012

A report to the 2014 Hawai'i State Legislature:

Findings from the Hawai'i Physician Workforce Assessment Project

And Status of the Hawai'i Health Corps Program

Prepared by:

Kelley Withy, MD, PhD and

Kevin Rogers, MA, MHA

John A. Burns School of Medicine

Area Health Education Center

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Executive Summary

In the three years since the physician workforce assessment was fully implemented in 2010, the physician workforce has gone from 2,858 to 2,894 full time equivalents of direct patient care. However, based on population and aging statistics, the shortage of physicians has increased from 662 to 742, indicating a 20% shortage of physicians statewide. The physician specialties with the greatest shortages are primary care, particularly on neighbor islands, as well as specialties such as Neurosurgery, Infectious Disease, Pathology, Anesthesiology, Pulmonology, Thoracic Surgery, General Surgery and Gastroenterology. While the shortage changed little in most specialties, the Neurology shortage decreased from 42% to 37% and the Otolaryngology shortage decreased from 32% to 27%, while the Urology shortage increased from 29% to 40%. Geographically, the physician shortage remains most acute in Hawai'i County and is least severe in Honolulu County.

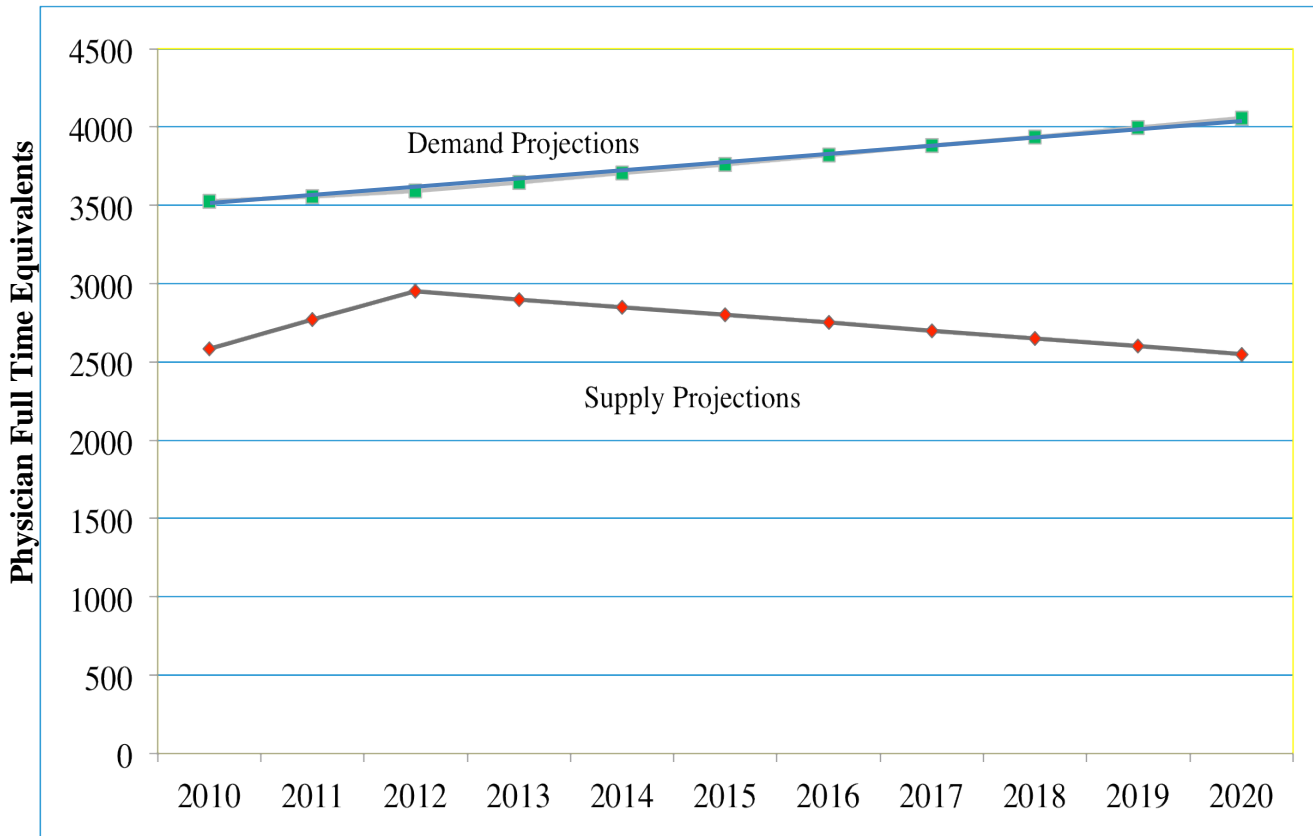
In order to mitigate the physician shortage, twelve interventions were identified by Hawai'i healthcare experts and the Hawai'i Medical Education Counsel, of which 10 solutions are being actively addressed by the Physician Workforce Research Team. They include: 1) alerting over 2,632 local students a year to healthcare careers and promoting a statewide resource bank of pathway opportunities; 2) expanding rural and interprofessional healthcare training for 197 students a year; 3) providing loan repayment to 16 providers working in underserved areas; 4) contacting all Hawai'i medical school and residency graduates who are practicing on the mainland to recruit them back to Hawai'i; 5) creating a more favorable physician practice environment through legislative reform of the Medical Claims and Conciliation Panel to the Medical Inquiry and Conciliation Panel; 6) encouraging ongoing dialog regarding administrative simplification and reimbursement changes; and 7) encouraging and educating providers, government and insurers on moving the model of care toward team-based and "patient centered medical home" delivery model through regular meetings and an annual continuing education conference.

Hawai'i Physician Shortage: Supply and Demand

The supply of physicians in Hawai'i is estimated based on responses to a voluntary survey of physicians administered at time of relicensure, internet searches and direct calling of physician offices to confirm hours of active patient care. Physician demand is estimated using a model created by the Lewin Group in 2010. This model utilizes pooled data on physician utilization in the US adapted for Hawaii's gender, age, general ethnic mix, insurance rates and obesity rates (as a marker of chronic disease). Detailed information on methodology is available in a prior Physician Workforce report at http://www.ahec.hawaii.edu/workforce/Final_report_January_2011.pdf.

As of November 01, 2013, approximately 3,633 physicians of the 8,800 licensed were providing some patient care in Hawai'i. The time worked totaled 2,894 full time equivalents (FTE) of nonmilitary direct patient care services in Hawai'i, compared to 2,858 in 2010. Demand was estimated at 3,636 FTE compared to 3,527 in 2010.

Figure 1. Trends in Physician Changes and Future Projections



Geographic Distribution of Physicians

The physician shortages are still greatest in the most rural areas of our state. Based on the ratio of physician supply to physician demand, Hawai'i County has the greatest unmet needs at 37%, followed by Kaua'i (35%), Maui (27%) and O'ahu (15%). Specialty estimates by individual islands are included in Appendix 1.

Table 1. Physician Shortage by Island

Island	2010 Supply	2012 Supply	2013 Supply	2010 Demand	2012 Demand	2013 Demand
Hawai'i	313	341	336	487	516	530
Kaua'i	136	132	130	183	196	199
Maui	279	305	301	396	405	413
O'ahu	2130	2177	2127	2461	2468	2494
Total	2858	2955	2894	3527	3585	3636

Specialty Shortage Changes

When individual specialties with the greatest shortages are examined, we find that the specialties that are more than 20% short of demand are listed below, with the comparison of 2010 and 2012 numbers in the right hand columns.

Table 3: Hawai'i Statewide Physician Deficit: Specialties in Greatest Need

Specialty	Supply	Demand	Difference	% Short	% Shortage from 2012	% of Shortage from 2010 assessment
Neurological Surgery	10.2	25	14.8	59%	55%	57%
Infectious Disease	13.18	31	17.82	57%	58%	43%
Pathology, General	42.89	92	49.11	53%	52%	More research needed
Anesthesiology	124.27	237	112.73	48%	47%	35%
Pulmonary	24.97	48	23.03	48%	45%	36%

Table 3: Hawai‘i Statewide Physician Deficit: Specialties in Greatest Need (Continued)

Thoracic Surgery	15.15	29	13.85	48%	44%	33%
General Surgery	69.07	129	59.93	46%	49%	41%
Gastroenterology	43.65	80	36.35	45%	42%	35%
Radiation Oncology	16.1	27	10.9	40%	40%	More research needed
Medicine/Med Peds	354.86	594	239.14	40%	37%	31%
Urology	31.16	52	20.84	40%	29%	29%
Cardiology	74	121	47	39%	36%	46%
Diagnostic Radiology	117.47	190	72.53	38%	39%	28%
Neurology	35.13	56	20.87	37%	42%	39%
Oncology/Hematology	32.8	50	17.2	34%	33%	33%
Endocrinology	17.35	26	8.65	33%	33%	38%
Otolaryngology	32.81	45	12.19	27%	32%	27%
Family/General Practice	322.20	414	91.8	22%	23%	20%
Geriatrics	36.83	46	9.17	20%	22%	17%

Solutions Being Implemented

Efforts to grow the population of satisfied physicians working in patient care in Hawai‘i are many. The Physician Workforce Research Team held the first Physician Workforce Summit in 2010 in order to prioritize the interventions to initiate first. At the first Summit, ten solutions were identified as the most important interventions in Hawai‘i to improve the physician workforce. In

2012, with the reauthorization of the Physician Workforce Assessment activities and the emphasis on solutions created in Act 186, SLH 2012, the Physician Workforce Research team began closer collaboration with the Hawai‘i Medical Education Counsel which identified two additional activities: a state loan repayment program and an initiative to recruit Hawai‘i medical training graduates back to practice in Hawai‘i. Below are the solutions being addressed by the physician workforce team and the progress made to date.

For clarification purposes, the Hawai‘i Physician Workforce Research Team is housed in and works hand-in-hand with the Hawai‘i Area Health Education Center (AHEC) Program, which is a federal grant funded program to improve the distribution, diversity and quality of the health professions workforce in the region. Dr. Withy, the principal researcher for the Physician Workforce Research Team, is the Director of the Hawai‘i AHEC, as well as president of the Hawai‘i State Rural Health Association and a member of the Governor’s Healthcare Transformation Task Force. She works to expand collaborations across multiple groups and organizations to maximize benefits for the present and future health workforce in Hawai‘i and to leverage available resources with the simplified goal of “the right amount of happy healthcare providers practicing in Hawai‘i”. All the activities are collaborative in nature as outlined below.

Hawai‘i Physician Workforce Assessment Research Team Activities:

1. ***Expanding the pathway to health careers:*** Between the one year period 7/1/2012 and 6/20/2013, the Area Health Education Center (AHEC) contacted 2,636 students to promote health careers through classroom visits, career fairs, Teen Health Camps, after-school mentoring, summer intervention programs and other training. Dr. Withy is working with communities across the state to organize local meetings to discuss health career resources and needs. These meetings are designed to create a resource bank for each region of student activities and opportunities as well as alert each community to potential partnerships to expand resources. It is anticipated that these Roadmap meetings will culminate in a statewide meeting on September 6, 2014, where all resource information will be shared, solutions to unmet needs brainstormed and a resource bank created that will include a webpage and a booklet of statewide health career pathway resources and training

opportunities. In addition, Dr. Withy is a member of the Governor's Healthcare Transformation Task Force and the State Innovation Models Workforce Committee. Dr. Withy is working with academic and industry partners to create an early warning system for health workforce monitoring and a flexible and robust training system to meet the needs identified.

2. ***Expanding rural training opportunities:*** AHEC directly supports the newly developing Hilo Family Medicine Residency Program through the AHEC Center on the Big Island. In addition, AHEC has expanded support for travel to rural training experiences to reach over 197 health professions students a year through partnerships with the Department of Veterans Affairs (VA) and regional healthcare establishments. The future goal is to double the number of students training in underserved areas so that they return to work in areas of need.
3. ***Practice Reform, Patient Centered Medical Home (PCMH):*** The Physician Workforce Research team and AHEC held the 2013 Hawai'i Health Workforce Summit: Improving Provider Satisfaction and Practice Sustainability on April 20, 2013. This was an eight hour continuing education conference addressing multiple facets of PCMH that provided assistance to the 241 health professionals who attended. This conference was free to participants and travel was supported from neighbor islands. We are currently planning the 2014 Health Workforce Summit with the theme of Change=Opportunity. An emphasis will be maximizing understanding healthcare and payment reforms, care coordination networks, improving skills at precepting, sharing health careers pipeline resources to create a book and webpage, having a career awareness fair for health professions students and a career fair for young healthcare providers. Attendance is expected to be over 500 individuals, including healthcare providers, thought leaders, teachers and legislators.
4. ***Interprofessional Teamwork in Practice:*** AHEC is working to develop a registry of all interprofessional training in healthcare in Hawai'i. JABSOM and UH School of Nursing continue to grow interprofessional training opportunities, including the joint didactic activities and the VA rural interprofessional initiative.

5. ***Payment Reform:*** The 2014 Health Workforce Summit will emphasize payment changes, Affordable Care Act and Accountable Care Organization information. Two national speakers and local experts will present on the topics. The Health Workforce Research Team is studying reimbursement across the country in a collaborative partnership with Hawai'i Medical Association and will be publishing an article on the findings soon.

6. ***Rural Payment Incentives:*** There have been many changes to reimbursement in Hawai'i and there are currently two insurers that provide rural incentives, however these are expected to decrease in the future. On the bright side, rural primary care physicians are getting paid at Medicare rates for seeing Medicaid patients from 1/1/2013-12/31/2014. Dr. Withy is actively engaged in examining payment methodologies and working with insurers to maximize parity of pay for rural providers.

7. ***Community Involvement:*** The Research Team is working with Hawai'i State Rural Health Association and other groups to implement the Ho'okipa Initiative, a welcome wagon for new hires, interviewees and health professions students visiting neighbor islands. Three contracts were awarded to accomplish this task, as well as hold the Roadmap meetings mentioned above. In addition, Dr. Withy worked closely with Hawai'i Department of Labor when they held Healthcare Skill Panel meetings and in development of a plan to increase the health professions workforce by 20% by 2020.

8. ***Medical Malpractice Reform:*** As a result of efforts of the Hawai'i Physician Workforce Assessment, Hawai'i legislature passed Act 296, HSL 2012 changing the Medical Claims and Conciliation Panel to the Medical Inquiry and Conciliation Panel. As of 1/1/2013, all new cases filed will be heard by a Medical Inquiry and Conciliation Panel of one doctor and one lawyer, who will receive an increased payment of \$450 each, will no longer require a written judgment/decision, will allow an option for both sides to agree to go directly to court or mediation and will give the panel more leeway on how it is conducted. A training took place at JABSOM on 12/5/12 for more than 40 lawyers and doctors and was repeated for

more than 50 physicians at the Health Workforce Summit in April 2013. Dr. Withy has participated on one of the first MICP panels, continues to give talks to groups including Kaiser Executive Committee and recruits physicians to be panel members in collaboration with the Department of Commerce and Consumer Affairs.

9. ***Administrative Simplification:*** Dr. Withy is a member of the Governor's Healthcare Transformation Task Force as well as the State Innovation Models Multipayer Committee and is working with the insurers to create administrative simplification changes in Hawai'i. AHEC staff performed nine focus groups for providers across the state under a contract with the Governor's Office. Preliminary analysis indicates that the favored method to accomplish this administrative simplification is by eliminating prior authorization requirements, at least for providers who do not overuse services.

10. ***Electronic Health Records (EHR):*** The Research Team meets regularly with Hawai'i Health Information Exchange leadership to offer assistance with widespread implementation of EHR and encourage systems that will assist with administrative simplification and safe information sharing. We anticipate adding a question to the relicensure survey in the future regarding having an electronic health record and reaching meaningful use requirements.

In addition, two important interventions that were identified by the Hawai'i Medical Education Council and accomplished by the Physician Workforce Research Team are:

1. ***Hawai'i State Loan Repayment Program:*** In June 2012, the Hawai'i AHEC applied for federal funding to match contributions offered by HMSA and Queens to establish the first ever State Loan Repayment Program in Hawai'i. The two-year grant was awarded to UH in September and five individuals (two family nurse practitioners, one internist and two family physicians) received up to \$40,000 a year of loan repayment each from 9/1/2012 to

8/31/2013 and will receive a similar amount 9/1/2013 to 8/31/2014. The application cycle reopened in May 2013. In year two, 20 applications were reviewed and 11 awards made. Over the course of the two years, almost \$600,000 will be spent directly repaying loans for the 16 individuals described below: Two APRNs on Hawai‘i Island, one OB/Gyn and one Family Physician on Maui, one APRN on Moloka‘i and one APRN on Lana‘i, five APRNs, two Pediatricians, one Psychiatrist, one Internist, and one Family Physician on O‘ahu.

2. ***Practice in Paradise Campaign*** Job opportunities for physicians, APRNs and physician assistants in Hawai‘i are regularly posted on the internet at www.ahec.hawaii.edu through regular internet searches and contact with the recruiters for the local medical systems. AHEC staff participate in the monthly meeting of local recruiters in Hawai‘i. AHEC has collected a list of 50 mainland providers interested in job postings in their specialty and regional areas and are sending them that information. A career fair for young physicians is planned for September 6, 2014.

Next Steps

The Physician Workforce Research Team will continue to conduct the research and implement the solutions described above. Additional research will be conducted to identify who is entering and leaving the workforce, as well as specific findings for specialties such as Psychiatry (for which an article is in production). In addition, Dr. Withy is always willing to present the findings of the study statewide and perform exit surveys of providers leaving the state to better understand barriers to retention.

Continuation of the Hawai‘i State Loan Repayment Program past the 8/31/2014 grant end date depends on future influx of funding, most likely from multiple sources including the Hawai‘i Health Corps legislation, private donors and matching federal funds, but most other solutions will be continued with funding from the Physician Workforce Assessment special fund and the Area Health Education Center until no longer needed. Annual Health Workforce Summits will be held emphasizing systems reform and other factors that will improve provider recruitment and career

satisfaction. Medical Inquiry and Conciliation Panel recruitment and training will be ongoing via electronic and face to face sessions, as well as offered to physician groups across the state. Health careers recruitment activities are ongoing, as is the planning for local and statewide meetings to pool resources and produce a resource guide. Collaborative work with communities to promote health professions training, recruitment and retention will continue, as will collaborative efforts with health insurers, the legislature and the Governor's Healthcare Transformation Taskforce to provide physician incentives, encourage administrative simplification and systems change that increase teamwork and patient centered medical homes and create meaningful payment reforms. More information on ongoing and upcoming activities is available at the AHEC website: www.ahec.hawaii.edu. The AHEC office number is 808-692-1060 and Dr. Withy's direct office line at JABSOM is 808-692-1070 and email is withy@hawaii.edu.

Appendix 1: Evaluation of 2013 Physician Workforce Summit

Hawai'i Health Workforce Summit: Evaluation

Did you attend the 2012 Physician Workforce Summit last year?

Yes No No answer

Did you attend last year?	60	50	9	
Are you a PCMH	71	33	15	
What criteria	NCQA 7	HMSA 49	4	Other-hipa,pmag,HDD

Of those that said Yes to attending last year:

	Yes	No
Did last year increase understanding of PCMH?	53	9
Did it help you become a PCMH?	25	26

Hawai'i Health Workforce Summit: PCMH Evaluation

	Physician	Nurse Practitioner	Physician Assistant	Other HCP	Academ. Faculty	Administrator	Staff	Other
Count	100	4	1	2	3	11	2	4
Specialty	Ped13 FM24 IM27 PrevMed1 ER3 OB2 Psy1 Cardio.1 Geri.2 Radio1 Gen1 urgentcare1 addiction1	FM2 FNP1	FM1	Psych pedRN 1 RN3 Dentist 1 Nurse-educator1	Ped1 ER1	MD3		Semi-ret. Dr 1 Physician recruiter 1 Patient advocate consultant- 1 medicare specialist-1

<i>Please write in and rate the quality and helpfulness for the <u>two</u> Break Out Sessions you attended:</i>	<i>Poor</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent</i>
Provider Incentives (Bottom Line)		6	25	32	17
Telehealth	5	7	13	6	1
Interprofessional Practice	1	3	12	22	7
Medical Malpractice		2	4	16	13

	<i>I have no idea</i>	<i>I've heard things but don't know much</i>	<i>I know something about it</i>	<i>I can describe it very generally</i>	<i>I can explain to others</i>	
Before hearing the speakers:						
How will federal healthcare reform impact me?	3	21	33	32	10	
How can I increase net profit in my practice setting?	11	21	27	25	12	
How can I increase personal satisfaction with my career?	7	7	40	32	15	
What happens with a malpractice case in Hawai'i?	17	30	27	19	4	
Team based collaborative care/Interprofessional practice	7	12	36	30	12	
Telehealth uses in Hawai'i	11	36	33	11	3	
After hearing the speakers:	<i>I have no idea</i>	<i>I've heard things but don't know much</i>	<i>I know something about it</i>	<i>I can describe it very generally</i>	<i>I can explain to others</i>	<i>Increase in knowledge</i>
How will federal healthcare reform impact me?	1	4	35	39	19	13%
How can I increase net profit in my practice setting?	6	6	28	36	25	26%
How can I increase personal satisfaction with my career?	1	4	25	41	29	14%
What happens with a malpractice case in Hawai'i?	6	19	30	18	14	9%
Team based collaborative care/Interprofessional practice	5	6	30	26	26	7%
Telehealth uses in Hawai'i	18	18	29	21	7	8%

Participants showed an average increase in knowledge in all categories, ranging between a 7% increase and a 26% increase. A good question to have asked is: Are you going home today with at least one new idea about how to increase your career satisfaction?

Comments on breakout sessions:

1. 15 minutes shorter please then we can squeeze one more in.
2. Tele health has so many possibilities which were never covered! Also, the dangers of loading patient information into a cloud was also never discussed. There may be a major HIPPA violation if the system is hacked, needs to be talked about.
3. Not clear on what will happen after payment and delivery system reform.
4. I expected more information about employing NP & PA's.
5. Inter. Pro. Practice should be more about setting up efficient models (MA, LPN, RN, NCM, mid levels, etc.) within practice. Getting folks to practice at the top of their level.
6. It was good to have the lawyers there who know the details.
7. The panel did not cover how interprofessional practice should happen/occur in terms of a model of med mal panel.

What was the most beneficial part of this conference?

1. Panel discussion.
2. Q&A after each session.
3. Economic Perspective Dr. Nichols.
4. Med mal 2.
5. Transformation of medical care- and who can change them- JABSOM, Government, Legislation.
6. Dave and Len.
7. Economic, Dr. Nichols.
8. Hearing from other MD re: ways to cope w/PCCMH.
9. Key note speakers.
10. Dr. Yano.
11. Have a panel w dean of UH SOM, nursing, Social Work or Department of clinical Psychology Chair, & UH Hilo College of Pharm to discuss inter. Prof practice.
12. Micro practice presentation.
13. Future of med i.e.: economic and how practices are going to change.
14. Mr. Taylor, the governor, happy doctor panel.
15. PCMH info is a necessity.
16. Non Physician role in Hawai'i is a very interesting, but could that mean doctors will be displaced in certain areas of medicine?
17. Represent other practice models other than private practice perspectives since most graduates are choosing employed physician model.

Please suggest changes that could improve the conference (bolded answers given more than once):

1. **Research, volunteer, and shadowing opportunities for premed students.*****
2. **Tele health is too general.**
3. **Time keepers need to be more strict on the panel.**

4. **Doctor Burnout, what are other options, more ideas for solutions please.**
5. **Room was freezing.**
6. **Longer and more Q&A.**
7. **Happy Doctors were not so happy, and took too long. They need to prepare a speech, so they are not so long winded. Also more Q&A.**
8. More break out groups-less gen. lect.
9. Doctor shortage should be at the forefront of the conference: the big island has 13% pop of the state but 25% of the doctor shortage.
10. Limit panel discussion, have them write their speech so they are not wasting time trying to think of words to say.
11. More mentorships for less experienced doctors.
12. Alternative medicine.
13. Invite Dr. Bender PCMH Extreme make over.
14. Invite Dr. Rosenbloom MD PhD – Portland pediatrician.
15. Ask the dean to do a general session about med schools contribution to the doctor shortage, including AHEC.
16. Could be more engagement, or activities.
17. Panel discussion took too long, not as helpful as it could be, could be more organized.
18. Medical student enrollment from neighbor islands and public schools.
19. Raise the PCMH credit.
20. More opportunities for Q&A at each time period.
21. Need MD workforce data updated every year & what are the trends?
22. More transparency about the payment model on the island and the mainland.
23. Let's talk about health care reform in other perspectives.
24. Telehealth could be more elaborative on its possibilities such as application and standardization.
25. Learning about the new MICP process.
26. More people from government need to sit and listen to the whole thing, not just leave asap
27. Incorporating info about FQHCs into the conversation.
28. Break outs could be specific to a specialty, ie: pediatrics is complex & the issues are different than internal med.
29. Panel discussion, need better moderators to stay on task.
30. Access to inform to educate a patient panel on proactive issues ie. insurance coverages, industry charges and increases.

Please tell us what you would like to have the Summit address next year and any suggestions you have for physician workforce activities (bolded answers were given more than once):

1. **Research, volunteer, and shadowing opportunities for premed students.*****
2. **Invite more students from JABSOM.**
3. **More people from government such as senators, mayor, Chair of senate and house Health Committees. THEY need to hear this more than most of us. To discuss their social /political platform for building a health care system to increase access and quality, and also manage cost.**
4. **Open dialogue on how specialists fit into the medical neighborhood.**

5. **Include a general session showing the impact of reform on the states that have already enacted it.**
6. **ACO's role in Hawai'i.**
7. **Are 1st year JABSOM students from outer islands increasing?**
8. People from government should stay and listen to what the doctors have to say, not leave after speech is done.
9. What is the retention rate of student staying in Hawai'i to study & practice? New docs staying in HI?
10. More tools and resources.
11. Which tort reform changes are possible and have the greatest impact in other states.
12. More patient engagement.
13. A discussion speaker on keeping overhead low and increasing revenue in current healthcare reform.
14. Trauma informed care ACE study results/implementation & collaboration w/BH & Integrated Health.
15. Technology use in PCMH.
16. Effective physician leadership, obtaining the skill set we need.
17. Where are the HAPPY docs?
18. Discussion about malpractice cap.
19. ACO→how to eval & decide to participate.
20. Build leadership capacity to increase physician impact at policy level.
21. How does telehealth coordinate to lower Hospital Readmission?
22. What is the top healthcare crisis on the horizon.
23. Advanced nursing roles.
24. Payer panel on payer reform.
25. Telehealth "users" panel.
26. More people talking about how to get more MD/DO's.
27. Discuss current successful models for interprofessional practice. Education, training and how to set up a community based interprofessional practice.
28. Solo-practitioners.
29. We need to discuss and address mental health issues.
30. Identify neighbor island kids that are going to medical schools on the mainland and create a "coming home" elective for them to do a primary care based rotation through the Family Med department. Let them know there are opportunities when they are ready to return home.
31. Sponsor a crash course in how to be a good preceptor for physicians who are willing to have a medical student in their clinic.

Appendix 2: 2013 Physician Workforce Relicensure Survey Questions

1. Do you provide healthcare to patients in Hawai'i? Yes No
If no, please skip further questions
2. Do you primarily serve a military or military dependent population? Yes No
3. Are you still in training (internship, residency or fellowship)? Yes No
4. What is your primary specialty? Other specialty?
5. Please tell us about your practice environment(s):
 - a. What is the primary location where you see patients?
 - b. Address 1:
 - c. City
 - d. State
 - e. Zip code
 - f. Phone number
 - g. Email/web address
 - h. How many hours a week do you see patients at this address?
 - i. Are you accepting new patients at this address?
 - j. Are you accepting new Medicare patients at this address?
 - k. Are you accepting new Medicaid or Quest patients at this address?
 - l. Do you have an additional office address?

If yes, please answer the following questions on the second work location:

- a. Address 2:
 - b. City
 - c. State
 - d. Zip code
 - e. Phone number
 - f. Email/web address
 - g. How many hours a week do you see patients there?
 - h. Are you accepting new patients at this address?
 - i. Are you accepting new Medicare patients at this address?
 - j. Are you accepting new Medicaid or Quest patients at this address?
 - k. Do you have an additional office(s) in Hawai'i? Yes no
6. Please check all the terms that apply to your patient care experience in Hawai'i:
 - a. Private Practice
 - b. Employed with no ownership interest
 - c. Employed with ownership interest
 - d. Self employed
 - e. Locums
 - f. Faculty
 - g. Administrator
 - h. Researcher
 - i. Other
 - j. Other
 7. What is the size of your practice group (how many partners do you have including yourself)?
1-2 3-5 6-10 11 or more

8. Do you provide care to Hawai'i patients via telemedicine? Yes No
9. Would you like your name and office contact information listed in a directory of Hawai'i physicians? Yes No (such a directory does not currently exist, but if there is desire by physicians, we can create a web based Hawai'i physician directory. It would only include your name and address contact information, but **NO OTHER INFORMATION COLLECTED ABOVE**).
10. Comments and suggestions addressing the survey or the physician workforce needs in Hawai'i:

Appendix 3: Hawai‘i State Loan Repayment Recipients

Year 1 (9/1/2012-8/31/2014)

Irene Hwang	Family Medicine MD Hauula CHC	Committed to working with the underserved. Has had experience working with HIV patients and at a methadone clinic in New York. Came to Hawai‘i on a vacation and fell in love with the place and the people. She wants to work in a quiet area with cultural diversity.
Anna Holt	Family Nurse Practitioner Waimanalo CHC	Dedicated to Hawai‘i, “Hawai‘i is my home, it means so much to me”. Has a strong interest in working with the medically underserved.
Ahoora Payam	Internal Medicine MD Waikīkī Health Center	Did his residency clinic at Waikīkī Health Center and decided to stay. Enjoys teaching and playing guitar. Teaches regularly and looking forward to doing more.
Megan Wright	Family Medicine DO Mālama I Ke Ola Health Center Maui	Megan is a family doctor from upstate New York who moved her family to Maui (where her husband is from) and hopes to stay forever. Likes to teach medical students.
Jennifer Krome	Family Nurse Practitioner Hui Mālama Ola Nā ‘Ōiwi Hilo	Attended college at UHH and nursing school at UHM. Is very involved in improving health for the medically underserved. She is very interested in caring for Native Hawaiians.
Total		3 O‘ahu, 1 Big Island, 1 Maui 2 APRN, 2 Family Medicine physicians, 1 Internal Medicine MD

Year 2 (9/1/2013-8/31/2014)

Name	Location	Background
Aileen Duran	Family Nurse Practitioner Lana‘i CHC	Aileen migrated to Hawai‘i at age 7 and grew up in Kalihi. She attended UH School of Nursing in the Family Nurse Practitioner Program with a focus in Women’s Health. She completed a rotation at Lana‘i Community Health Center during her last year and saw the need for a bilingual provider who can speak Tagalog and Ilokano. She started working as a locums for LCHC in May and accepted a full time position in July. Aileen enjoys giving back to the community. She received the Farrington High School Scholarship

		Program, which allowed her to attend UH Mānoa full ride so she gives back to the school by visiting her alma mater every year to speak to Health Academy students. She has taught recent migrated Filipinos health literacy including how to read prescription bottles. She goes to the Lana‘i Senior Center every month to teach a health topic of their choice. Aileen also teaches APRN students from the UH School of Nursing and Dental Hygiene
Jasmine Waipa	Pediatrician Wai‘anae Coast Comprehensive Health Center	I was born and raised in Hawai‘i, the eldest of four children. I attended Kamehameha Schools and graduated in 1998. I graduated from Harvard University magna cum laude in 2002 with a BA in Sociology. I attended Stanford School of Medicine and completed my residency in Pediatrics at Stanford’s Lucile Packard Children’s Hospital. While at Stanford, I received training in advocacy, especially in regard to health disparities, and developed projects to help Polynesian adolescents in poor neighborhoods, such as East Palo Alto. Finally, I was able to return home in 2011 to begin my work as a community pediatrician, dividing my time between Wai‘anae Coast Comprehensive Health Center, a federally funded community health center, and Kapi‘olani Medical Center for Women and Children in the NICU and Well Baby Nursery. I enjoy the continuity of my jobs, as I attend the deliveries of many babies that eventually care for in clinic. My interests are health disparities, adolescent medicine, obesity and preventable chronic disease in children, teaching and mentorship, and quality improvement in pediatric care.
Erik Anderson	Kalihi Palama Health Center Geriatric Nurse Practitioner	I was born and raised in Hawai‘i. I grew up in Kailua where my father has been practicing as a pediatrician for over 35 years. Upon graduating from Iolani School, I attended UC Santa Cruz and graduated with a BS in biology. I then returned to Hawai‘i to work as a skills trainer for autistic students at Lanikai Elementary School and coached high school kayaking at Le Jardin Academy until I pursued a career as a nurse practitioner. In 2008, I became a member of the UH School of Nursing and Dental Hygiene’s new MEPN program and later completed my MSN there as an Adult and Geriatric Nurse Practitioner. During my education at UH, I had the pleasure of doing a clinical rotation at Kalihi Palama Health Center. I enjoyed working with the patients from Kalihi, including the new Micronesian immigrants, and have been fortunate to be hired there as a nurse practitioner with the adult medicine team. I continue to keep in touch with the UH School of Nursing and Dental Hygiene as a board member of the UH Nursing Alumni Association.
Duffy Casey	Obstetrician at Community Clinic of Maui	Moved to HI 4 years ago. Had clinical rotations on neighbor islands. Lots of international experience; Honduras, Haiti, Burma. Grew up in small town, likes where he is at now.
Anjalie Graham	Family Nurse Practitioner	I have lived in HI for 2 years and hope to stay. WHCHC conducts homeless clinic once a week and I enjoy providing care. I’m hoping

	West Hawai‘i Community Health Center	to participate in a new migrant worker health program starting at WHCHC. I have worked in community health in various forms my entire nursing career.
Heather Porter	Family Nurse Practitioner-Wai‘anae Coast Comprehensive Health Center	Born and raised on O‘ahu and part Hawaiian. Grew up seeing many of the health issues that Native Hawaiians experience in her own family. That motivated her to enter nursing. After a few years of working in the hospital and seeing people suffering from multitudes of preventable health problems, she was inspired to further her nursing career. She gained a Master’s Degree and became a FNP so that she could play an active role in family clinics whose staff often serve as the first layer of detection of health deterioration. She sees this first layer of detection having a dual role of protection. The health provider can recognize the patient visit as an opportunistic catalyst to engage people in conversations that can both educate and empower individuals to make lifestyle interventions that promote health and prevent disease.
Lisa Garrett-Guadnola	Family Nurse Practitioner Wai‘anae Coast Comprehensive Health Center	I was born and raised in Detroit, Michigan where my parents were automobile assembly line workers. After high school, I graduated from the Shapiro School of Practical Nursing. I continued my education while working in hospitals and nursing care centers in the Detroit Metropolitan area. While in my master’s program, I had the opportunity to work with Catholic Charities of Hawai‘i in Ma‘ili. This was my first introduction to the Wai‘anae coast and I felt right at home. I assisted families with anything they needed from blood pressure checks to health and nutrition education, and fun family activities. I enjoy health teaching and caring for people. I know that my nursing knowledge, experience, and love of learning makes a difference in kind of care my patients receive. When I’m not working, I really enjoy travel. I have traveled to quite a few countries including Canada, Mexico, England and Egypt. I believe that it is by reaching out and getting to know each other and about our vibrant cultures, that we can make a peaceful world for our children. I love to hang out at the beach with my family and friends, and I feel very fortunate to live here in Hawai‘i, as it has been a wonderful community to raise my four sons.
Jennifer Morita	Family Nurse Practitioner, Womens Health Wai‘anae Coast Comprehensive Health Center	Born and raised on O‘ahu, grew up in a single parent household in Palolo Valley, graduated from Kaimuki High School, and went to UH-Mānoa for nursing. Her training sites included IHS Homeless Clinic, Kokua Kalihi Valley, and Waikīkī Care A Van. She is committed to serving the underserved, particularly Native Hawaiians and Micronesians, and has a special interest in helping women currently in domestic violence.
Christopher Lawlis	Psychiatrist Halawa Prison	Moved to HI two months ago. This is his first post-residency job. Pharmacist wife gave birth to daughter a few weeks ago, wants to raise children in HI. Very interested in homeless and chemical

		dependence issues. Believes incarcerated can be helped to get back on track.
Alicia Turlington	Pediatrician Kokua Kalihi Valley Health Center	Alicia grew up on Kaua'i she graduated from medical school in 2008 from University of Southern California, Keck School of Medicine. She completed pediatric residency at the University of Hawai'i Pediatrics residency program where she trained at Kapi'olani Medical Center for Women and Children and completed a chief residency in 2012. Her pediatric continuity clinic was at an FQHC, Kokua Kalihi Valley Comprehensive Family Services beginning in 2008 and she has been there ever since, now as a pediatrician and attending for the pediatric residency clinic.
Denise Houghtaling	Family Nurse Practitioner Moloka'i Community Health Center	Grew up in Washington State, but has lived in HI for 7 years. She has been on Moloka'i for 6 months in her current position. She is also in a doctorate program at Johns Hopkins doing a Capstone project that focuses on providing services to sex/child abuse assault victims on Moloka'i.
Total	11	1 Moloka'i, 1 West Hawai'i, 1 Lana'i, 1 Maui, 4 Wai'ananae Coast Comprehensive Health Center, 1 Kalihi Palama Health Center, 1 KKV, 1 Halawa 7 APRN 1 OB 1 Psych 2 Ped

Hawai'i Providers Receiving Direct Federal National Health Service Corps Loan Repayment or Nurse Loan Repayment but participating in mentoring and CME activities

	Malia Ribeiro	FNP Honolulu Kalihi Palama Homeless Shelter
	Doede Donough	DO Ka'u Family Health Center Na'galehu, Hawai'i
	John Kurap	Family Medicine MD Bay Clinic Hilo



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Contact: Tina Shelton, Communications Director
sheltont@hawaii.edu (808) 554-2586

STATE LOAN REPAYMENT PROGRAM HELPS PROVIDE DOCTORS AND NURSES ON FIVE ISLANDS



Lisa Garrett-Guadnol and Jennifer Morita, Family Nurse Practitioners at Wai`anae Coast Comprehensive Health Center, are among 11 healthcare workers receiving 2013 State Loan Repayments.

Eleven health care providers -- doctors and advanced practice nurses -- have been selected to receive up to \$40,000 to repay their student loans in exchange for working in a Health Profession Shortage Area in Hawai`i for two years. They include family nurse practitioners on Lāna`i, Moloka`i, West Hawai`i Island and Wai`anae, an obstetrician on Maui, pediatricians in Kalihi and Wai`anae and a psychiatrist at Halawa prison.

“These are people who are making a difference in communities where they are needed the most,” said Dr. Kelley Withy, the John A. Burns School of Medicine (JABSOM) professor who leads the Hawai`i State Loan Repayment Program. “Among the critical services these 11 will provide are helping sex and child abuse assault victims on Moloka`i, acting as the first layer of disease detection in family clinics and working with the homeless and migrant workers on O`ahu and in West Hawai`i,” Withy said.

The loan repayment program was launched last year to address a severe shortage of physicians and other health workers in the state. The Hawai`i State Legislature authorized the UH Mānoa schools of medicine and nursing to establish the loan repayment program. Funding so far has come from Affordable Care Act money and donations from HMSA, The Queen’s Medical Center and Aloha Care. In 2012, five health care workers received loan repayment awards. The 11 awards in 2013 total \$394,474.

“I attend the deliveries of many babies that I eventually care for in my clinic,” said Dr. Jasmine Waipa, a loan repayment recipient and pediatrician at the Wai`anae Coast Comprehensive Health Center. Waipa is a graduate of Kamehameha Schools, Harvard University and Stanford School of Medicine. “My interests are in health disparities, adolescent medicine, obesity and preventable chronic disease in children,” said Waipa.

Aileen Duran, a graduate of Farrington High School and the UH Mānoa Family Nurse Practitioner Program, noticed a real need for bilingual providers when she was training on Lāna`i. A speaker of Tagalog and Ilokano, Duran accepted a full-time position as a Family Nurse Practitioner at the Lānai Community Health Center in July.

Loan repayment award recipient Erik Anderson is a native of Kailua, O`ahu. He graduated from `Iolani School, the University of California-Santa Cruz and earned his master’s degree at the UH Mānoa School of Nursing and Dental Hygiene to become an Adult and Geriatric Nurse Practitioner. “During my education at UH, I had the pleasure of doing a clinical rotation at Kalihi-Palama Health Center,” said Anderson. “I enjoyed working with the patients from Kalihi, including the new Micronesian immigrants.” Anderson has joined the adult medicine team at Kalihi-Palama.

Denise Houghtaling, hired this year as a Family Nurse Practitioner at the Moloka`i Community Health Center, is also a loan repayment award recipient. She grew up in Washington State, but has lived in Hawai`i for seven years. She is currently in a doctorate program through Johns Hopkins and doing a Capstone Project that focuses on providing services to victims of sex and child abuse on Moloka`i.

Dr. Christopher Lawlis, who joined the state as a psychiatrist at Halawa Correctional Facility this year, is a new father who wants to raise his children in Hawai`i. His loan repayment award helps make that possible. “I am very interested in homeless and chemical dependence issues”, said Dr. Lawlis, and I believe the incarcerated can be helped to get back on track.”

Jennifer Morita, from Pālolo on O`ahu, graduated from Kaimukī High School and attended the UH Mānoa School of Nursing and Dental Hygiene. “I grew up in a single parent household,” said Morita. During her training at the Institute for Human Services, Kōkua Kalihi Valley and on the Waikīkī Care A Van, she honed skills and a passion to help the underserved, particularly Native Hawaiians, Micronesians and women currently in domestic violence settings. She is a Family Nurse Practitioner at the Wai`anae Coast Comprehensive Health Center and a loan repayment recipient.

Dr. Alicia Turlington, Pediatrician at Kōkua Kalihi Valley Health Center, grew up on Kaua`i. She completed her medical training at the UH-JABSOM Pediatrics Residency Program. While still a pediatrician-in-training, she was assigned to a clinic at Kōkua Kalihi Valley. “I started there in 2008 as a trainee and have been there ever since,” said Dr. Turlington, who now helps train current UH pediatric residents in addition to treating children at the health center.

Loan repayment award recipient Hokulani Porter, who is part-Hawaiian, grew up seeing many of the health issues that Native Hawaiians experience in her own family. “That motivated me to enter nursing,” said Porter. The holder of a Master’s Degree, she is a Family Nurse Practitioner at the Wai`anae Coast Comprehensive Health Center. “I believe we play an active role serving as the first layer of detection of health deterioration,” Porter said. “The patient visit can be a catalyst to engage patients, educating and empowering them to make lifestyle interventions to promote health and prevent disease,” she said.

Dr. Duffy Casey, an Obstetrician at Community Clinic of Maui, had lots of international experience when he moved to Hawai`i four years ago. Clinical rotations on the neighbor islands exposed him to the small-town life on Maui, which he loves. He is a 2013 loan repayment recipient.

Loan repayment award recipient Anjalie Graham is a Family Nurse Practitioner at West Hawai`i Community Health Center. “We conduct homeless clinics weekly and I enjoy providing that kind of care,” Graham said. “I hope to take part in a new migrant worker health program starting at West Hawai`i,” she said.

Lisa Garrett-Guadnola comes to the Wai`anae Coast Comprehensive Health center by way of Detroit, where her parents worked in an automobile assembly line. During a Master's program in nursing, she worked with Catholic Charities of Hawai`i in Ma`ili. "It was my first introduction to the Wai`anae Coast, and I felt right at home," she said.

"Students burdened by heavy educational debt may be less likely to choose primary care because it doesn't pay as well as sub-specialties, adding to the health care worker shortage," said Dr. Withy. "The student loan repayment program can help even the playing field."

JABSOM's Dr. Withy hopes that with state support, the loan repayment program can continue to grow to 50 recipients annually.

Note to editors: We are happy to assist you in contacting any of the 2013 state loan repayment award recipients. Contact Kevin Rogers of JABSOM's Hawai`i Area Health Education Center at (808) 692-1062.