

UNIVERSITY OF HAWAI‘I SYSTEM ANNUAL REPORT



REPORT TO THE 2014 LEGISLATURE

ANNUAL REPORT FROM THE
HAWAI‘I MEDICAL EDUCATION COUNCIL

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

November 2013

November 15, 2013

Hawai'i Medical Education Council
Report to the 2014 Hawai'i State Legislature

Executive Summary

The Hawai'i Medical Education Council (HMEC) met 4 times in 2013 and in collaboration with the John A. Burns School of Medicine accomplished the following:

1. Assessed the physician provider pipeline and discussed options to improve provider workforce numbers at each step in the process.
2. Provided oversight to the Hawai'i Physician Workforce Assessment Project by reviewing updated workforce data and supporting specific recommendations for the Project.
3. Continued the Hawai'i State Loan Forgiveness Program initiated in 2012, providing support for 5 candidates in 2012 and expanding to an additional 11 candidates (Physicians & Advanced Practice Nurses) in 2013.
4. Established a method to communicate with JABSOM alumni and others interested in practicing in Hawai'i entitled "Practice in Paradise". HMEC surveyed alumni regarding their interest in returning to Hawai'i and discussed the results to develop additional strategies for recruitment.
5. Monitored the accreditation efforts of the Graduate Medical Education (residency/fellowships) programs of the John A. Burns School of Medicine post GME reorganization. While the final results of the Institutional Site Visit that occurred in March of 2013 are not yet available, overall outcome of the visit as posted on ACGME website is very positive.
6. Successfully supported state funding for the Native Hawaiian Center of Excellence, a program that serves to recruit high school students from rural Hawai'i into the health sciences.
7. Supported expansion of the primary care training positions in Hawai'i. The Legislature did support the Hilo Medical Center Residency Program financially and the program did receive its provisional accreditation to begin in July of 2014.
8. Introduced and discussed the Hawai'i Healthcare Transformation Workforce recommendations impacting physician workforce. The emphasis on primary care, prevention, integration, electronic health records, team care, and administrative reforms will have a dramatic effect on workforce planning and will be a major element of next year's HMEC activities focused on training, recruitment and retention strategy development and implementation.

Introduction

In 2003, the Hawai‘i State Legislature passed Act 181, establishing the Medical Education Council (HMEC) within the University of Hawai‘i at Mānoa. 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 Hawai‘i.

Previous Work – Assessing the Problem and Identifying Potential Solutions

In 2009, the Legislature passed Act 43 creating the Hawai‘i Physician Workforce Assessment Program (HPWAP) at the John A. Burns School of Medicine, University of Hawai‘i at Mānoa (JABSOM) to assess and report on the status of the provider workforce in Hawai‘i. In 2010, an initial assessment was completed and results reported to the HMEC. The results were sobering. We discovered that Hawai‘i was short 600 physicians as compared to current resources available on the mainland for comparable demographics. Worse yet, this gap will increase to greater than 1500 physicians by the year 2020-2025.

In order to educate key stakeholders and begin identifying remedies to this challenge, the Physician Workforce Summit was held in June of 2010. Participants 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 strategies to support training, recruitment, and retention in these 10 key areas.

In 2011, the HMEC turned its attention to the physician provider pipeline in Hawai‘i, in particular the number and types of Graduate Medical Education (GME) programs that currently exist, comparing this list to the anticipated shortages in Hawai‘i. GME is particularly important as it represents the last step in the training of physicians and the site of GME training contributes significantly the future practice decisions made by new physicians.

Our findings and concerns were provided in our 2011 report to the State of Hawai‘i. While Hawai‘i has a long and strong tradition of providing GME in a number of basic specialties and fellowships, GME in Hawai‘i was found to be struggling. In particular, the institutional accreditation of our collective programs was on a “short cycle” due to findings identified during the 2010 Accreditation Council for Graduate Medical Education (ACGME) site visit. We also discovered that Hawai‘i was ranked last (50th) among the 50 states in developing new GME positions. In Hawai‘i, we have lost nearly 15% of our positions and this trend continues today. In contrast, on average, the number of GME positions has gone up in the US overall by 18% over the past 10 years. Our greatest need in terms of physician providers is in primary care and therefore it has been concerning that in 2011, our single Family Medicine program was housed in a hospital facing significant financial challenges. Loss of support for that hospital could threaten continuation of the Family Medicine residency program.

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. Funding for the continued work of the HPWAP was provided by the Legislature. The HMEC was specifically assigned to provide ongoing oversight of the workforce assessment activities and use of available HPWAP resources.

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 Hawai‘i Health Corps. Unfortunately, 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. We secured private funding from the Queen’s Medical Systems and Hawai‘i Medical Service Association (HMSA). A grant was submitted to the US Human Resources and Services Administration (HRSA) to secure federal matching dollars. As a result, our program had \$300,000 to fund loan forgiveness over the next 2 years.

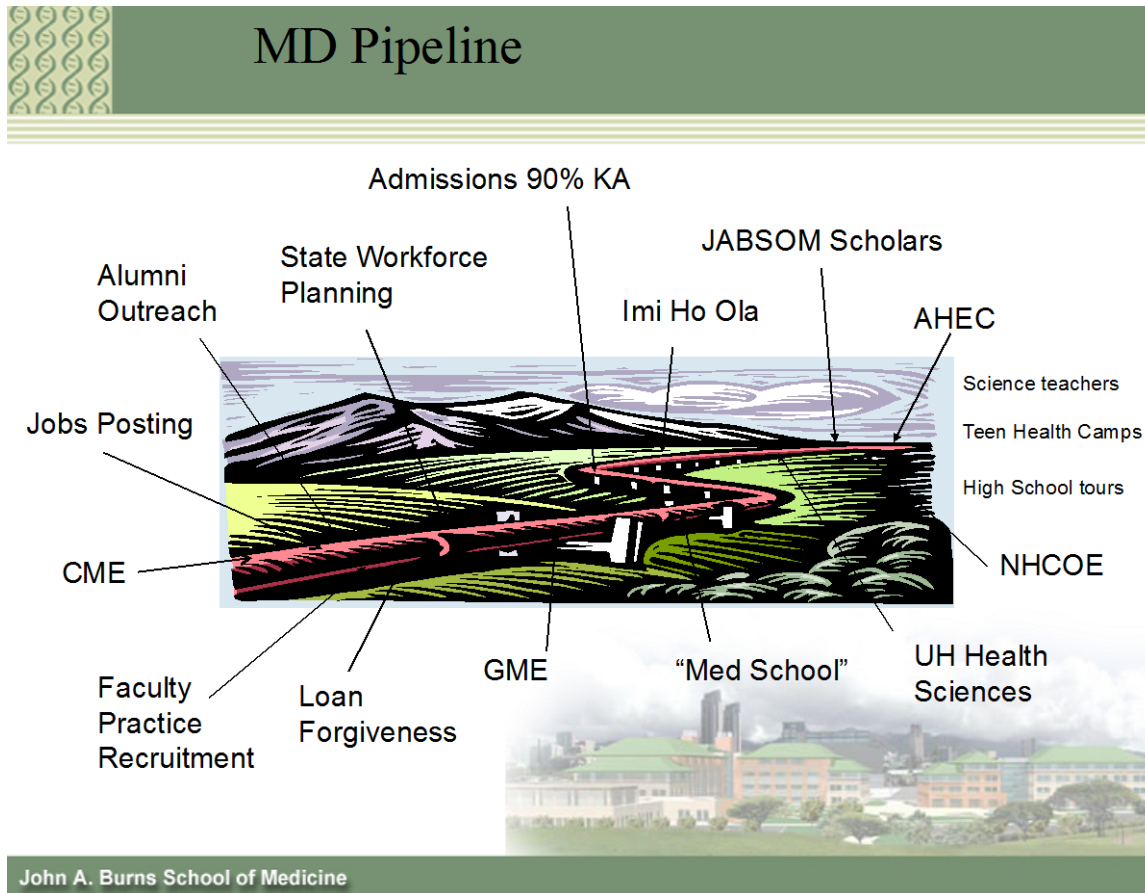
Also in 2012, JABSOM worked closely with the University of Hawai‘i Foundation to establish a job posting web site that will connect alumni with opportunities to practice in Hawai‘i. Jobs for physicians, advanced practice nurses and physician assistants are posted on this site. The site is now live and will allow for health systems to directly post jobs on the site in the near future.

In 2012, The University of Hawai‘i and the Hawai‘i Residency Programs, Inc. put substantial work into reorganizing the GME enterprise and establishing strategic planning and resource allocation elements that will allow for much stronger program development in the future. These efforts were codified in a collaborative partnership agreement and several other associated documents. The GME enterprise was well prepared for the ACGME accreditation site visit that occurred on March 19th, 2013.

Summary of 2013 Activities

Building on previous years of work that documented serious physician shortages, identified areas of potential improvement and raised awareness of the need to improve GME in Hawai‘i, we expanded our discussion to systematically include all major elements of the provider pipeline to

identify additional opportunities to increase the quality and quantity of our physician provider workforce.



State Workforce Planning

The full Hawai'i Physician Workforce Assessment Project report is attached to this report. In summary, the gap between provider need and provider numbers grew in 2013. We now estimate the shortage to be approximately 700 physicians. This trend is expected to continue making the work of the HMEC all that much more important.

Area Health Education Center (AHEC)

This HRSA grant was renewed at JABSOM in 2013 and continues to reach out to high school students across the state to encourage interest in health sciences careers. Activities on all islands in Hawai'i and out into the Pacific are underway. HMEC will continue to work with the greater Pacific AHEC based out of JABSOM to coordinate recruitment efforts.

Native Hawaiian Center of Excellence (NHCOE)

This program supports Native Hawaiian communities and high schools offering information on careers in the health sciences and interaction with members of the JABSOM faculty in order to serve as role models for these students. Federal funding for this activity stopped in 2012. In 2013, the Hawai‘i State Legislature provided bridging support to this important program. In addition, the Department of Native Hawaiian Health at the JABSOM applied for a new smaller federal grant to support the NHCOE. This grant was awarded and will provide continued support for the program for a few more years.

JABSOM Scholars Program

The University of Hawai‘i at Mānoa is working to encourage outstanding students matriculating at UH-Mānoa to consider specific training in medicine, offering scholarships to qualified entering freshmen to pursue premedical studies. If successful in meeting certain benchmarks, students will be accepted into JABSOM and thus continuing their training here in Hawai‘i. The program is in its second year.

University of Hawai‘i College of Health Sciences and Social Work

Workforce shortages will require strong team care and all providers contributing at the top of their licenses. To encourage interactive education, research, and clinical activities within the health sciences, the schools of medicine, nursing, and social work (along with the office of public health studies) have entered into an agreement to share and coordinate resources in these activities. The future health system will require very efficient, interdisciplinary systems of care and we are working to prepare UH students to perform well in the future.

Imi Ho‘ola Program

This stand out program continues to prepare students from underprivileged backgrounds for careers in medicine. It has a longstanding success rate and continues to address the issue of health disparities by increasing the number of Native Hawaiian and Pacific Island providers. This program requires substantial support at JABSOM and is in year 3 of a 5-year grant from the Queen’s Medical Center to support student stipends and keep student debt low. HMEC will monitor the program and continue to advocate for stable funding.

JABSOM – Medical Students

Class sizes at JABSOM were increased by 8% two years ago. JABSOM and HMEC continue to monitor the impact of this increase in terms of class performance and student success. Further expansion of the JABSOM class size should be considered if qualified applicants allow for both continued entering class expansion and excellent academic performance. The pipeline programs mentioned above will be very important to creating a large group of local qualified candidates.

Graduate Medical Education (Residency)

The main focus in 2013 was ACGME accreditation and implementation of the structural changes designed in 2012. At the time of this report we have not received official results of the March,

2013, Institutional Site Visit. However, initial indications suggest that the visit was successful. The ACGME accreditation web site now posts our status as “Continued Accreditation” with our next visit to be held in 2025.

The focus for 2014 will be on addressing any recommendations made in the final report from the accrediting body, implementing newly implemented accreditation requirements and conducting a strategic look at the needs of GME in Hawai‘i.

The Hawai‘i State Legislature did fund for one year the Hilo Family Residency Program. This program received provisional accreditation to start in July 2014 and will be accepting its first residents this coming summer. This will increase the number of family medicine resident slots in Hawai‘i from 6 to 10 per year.

Post Graduate Loan Forgiveness

This was year two of the Loan Forgiveness Grant and we extended support to an additional 11 practitioners. These practitioners were physicians and advanced practice nurses, working in underserved areas and programs, who have demonstrated significant educational debt. In order to continue this program and use it to recruit graduates to underserved areas of Hawai‘i, we are recommending that the Hawai‘i Health Corps receive State funding this year to continue the work started by this pilot grant.

Alumni Outreach and Recruitment

Letters were sent to approximately 2500 JABSOM alumni offering to provide them with information on opportunities and surveying their employment needs and interests. Of those who completed the survey, 50% were considering returning to Hawai‘i. Most of these were looking for employment opportunities rather than starting their own private practice. Approximately 40% expressed an interest in being involved at JABSOM as a member of the faculty. Nearly 20% noted that loan forgiveness would be an attractive element of the position in Hawai‘i.

HMEC will continue to support the web site at JABSOM and encourage further development of the ties to JABSOM alumni.

Development of the Faculty Practice

Several factors make the development of an employment model for faculty in practice important. As noted above, most physicians entering practice are looking to join an organization that can support the business elements of their work while they focus on medical care. To expand the class size for JABSOM or GME programs, we will need to recruit more faculty members with established practices to support clinical education. The University Clinical, Education & Research Associates (UCERA) faculty practice is well suited to support this recruitment of needed providers/teachers. Recruitment models need to be developed with collaboration of hospital/clinic systems and UCERA.

Continuing Medical Education

The physician workforce in Hawai'i is older than the national average. HMEC reviewed results of a major national survey that noted that the physician workforce is demoralized and frustrated with the amount of change affecting medicine. Early retirements could substantially worsen the physician workforce shortage in Hawai'i. Therefore, every effort should be made to support current practitioners in keeping up-to-date with medical standards, transitioning to electronic health records, making the conversion to new billing systems (ICD-10), and preparing for teaching new competencies identified by the accreditation bodies for the medical school and residency programs.

JABSOM held the first-ever strategic planning session for CME in October of 2013. The HMEC will review the results of this work in 2014 and determine if there are specific recommendations needed to improve our abilities to support physicians currently practicing and avoid early retirements that may lead to severe access issues.

Agenda for 2014 and Beyond

For the coming year, HMEC will continue work with the University of Hawai'i to implement the programs listed above. The Hawai'i Physician Workforce Assessment Program will continue to pursue remedies as outlined in the attached report.

As for Graduate Medical Education, 2014 promises to be a very important year. With the accreditation process complete, GME leaders will need to turn to implementing any recommendations we receive and to establishing stronger ties with host hospitals to meet new accreditation criteria for a stronger clinical learning environment. The long awaited strategic planning, performance improvement, and program building efforts should now begin in earnest, given successful ACGME accreditation.

The HMEC would like to ask the 2014 Hawai'i State Legislature to seriously consider the following recommendations:

1. Funding the Loan Forgiveness program starting in 2014 to assure that the pilot program is sustainable and fully implemented.
2. Continuing support for the HPWAP activities and provision of guidance on any specific remedies that the Legislature considers important.
3. Secure funding for the Family Medicine Programs at Hilo Medical Center and Wahiawa General Hospital.
4. Consider funding for expansion of the JABSOM class and training sites on neighbor islands.
5. Consider developing a GME funding source to develop programs in medical specialties in great shortage in Hawai'i.

In closing, the HMEC wishes to thank the leadership and Board of Regents of the University of Hawai'i, the Hawai'i State Legislature and Governor Abercrombie for taking the time to understand this important health issue of provider shortages in Hawai'i. We are grateful for the support given during the last legislative session. The HMEC will continue to explore and

recommend practical ways to improve the access to qualified physicians and providers in our state.

Respectfully submitted,

Roy Magnusson, MD
Associate Dean for Clinical Affairs

Jerris R. Hedges, MD
Dean

John A. Burns School of Medicine
University of Hawai‘i at Mānoa

2012 Hawaii State Loan Repayment Program

<http://www.kitv.com/news/hawaii/New-program-to-ease-doctor-shortage-medical-school-debt/-/8905354/16772104/-/aeqblz/-/index.html?absolute=true>

Application information:

Funds available: \$120,000 for year 9/1/2012-8/31/2013, 24 month obligation required for any funding.

45 inquiries, **31** applications, **12** applications met final guidelines (no service obligation, no bad debt, HPSA, full time, US citizen)

Breakdown of applications:

7 NPs: FNPs at Waimanalo, Waianae, East Hawaii, West Hawaii, Kalihi Palama homeless, Molokai, and 1 Geriatric/Adult Kalihi Palama.

5 MD/DOs: 3 FM (Hauula, Maui, Waianae), 1 peds (Kokua Kalihi Valley), 1 IM (Waikiki Health Center)

Name	comments	Brief info
Anna Holt FNP Waimanalo	FNP born and raised in Hawaii (Kamehameha/UHM) who graduated in 2011 and is working at Waimanalo HC, first as locums, then full time May 2012	Dedicated to Hawaii, "Hawaii is my home; it means so much to me". Dedicated to working with underserved, admits she has "a big learning curve to understand the resources and needs of patients." Working with PCMH since 2008.
Ahoora Payam IM Waikiki	Internist at Waikiki Health Center since the day after he graduated residency at UH. He is from an international background, parents in Las Vegas, and he is being primed to be Chief medical Officer of Waikiki Health Center	Did his continuity clinic at Waikiki Health Center throughout residency, is very involved in getting full certification for PCMH, really enjoys teaching (residents and PA students) and is a generally very upbeat and happy guy.
Jennifer Krome- 120K FNP Hui Malama- NHHCS Hilo	FNP from mainland who has been in Hawaii for 12 years, including college at UHH, nursing school at UHM. She worked at Bay clinic in Pahoa for 3 years as an RN, and left there 2 years ago. She now works at Hui Malama Ola Na Oiwai with a part time NP and a one day a week doc to see all NH patients from Big Island.	Is very involved in improving health for the underserved. She plans to stay for as long as she can. She is very interested in caring for the Native Hawaiian population, has precepted students. She is drawn to caring for people who have trouble finding a provider and need the help the most. Very happy with her job right now.
Megan Wright FM Maui CHC	Family physician from mainland at Maui CHC since July 2012. Completed NHSC scholarship commitment still has \$38K in debt	Went to med school with desire to do primary care, husband from Maui and really likes and intends to stay at Maui CHC. Enthusiastic and dedicated.

Decision making by representatives from JABSOM, UH SONDH, Hawaii DOH

Criteria used: Geographic area ranked by unmet need for primary care; ties to community; willingness to teach; experience with PCMH.

Other factors considered: EHR, newly hired, personality and service to Native Hawaiian community.

Future plans: At least 12 awardees for 9/1/2013-8/31/2014. Apply for new grant June 2014, hopefully with Hawaii Health Corps matching funding. AlohaCare also possibly interested.

Practice in Paradise Campaign to recruit our docs with Hawaii ties

Actions taken:

1. Post Card being sent to all JABSOM graduates who live on Mainland (info provided by Alumni Association) and UH Residency graduates (info purchased from AMA Subsidiary).
<http://www.ahec.hawaii.edu/jobs.html>
2. Web page advertising of physician jobs created in collaboration with JABSOM Alumni Association
<http://jabsom.uhalumni.org/s/1220/jabsom/index.aspx?sid=1220&gid=3&sitebuilder=1&pgid=1158>
3. Web listing of PA and NP jobs on AHEC webpage <http://www.ahec.hawaii.edu/jobs.html>
4. Methods for listing new jobs: Weekly internet search and direct submission through webpage or email withy@hawaii.edu or jtua@hawaii.edu.
5. Two question survey-what would make Hawaii the ideal place to work? And would you like information on jobs in your field and desired geographic region?
http://uhalumni.org/s/1220/jabsom/jabsom.aspx?sid=1220&gid=1&pgid=1142&cid=2287&post_id=0

Future possibilities:

1. Job fair at 2014 healthcare workforce summit
2. Vendor booths at national physician conferences (AAFP, etc)

Other Physician Workforce initiatives:

1. 2014 Healthcare Workforce Conference Planning April 2014: Sustaining Medical Practice in Hawaii
2. Health Careers Pathway meetings, web page and resource book
3. Medical malpractice reform: Medical Inquiry and Conciliation Panel training on 12/5
http://www.ahec.hawaii.edu/SaveTheDate_Revised10.29.12.jpg