UNIVERSITY OF HAWAI‘I SYSTEM ANNUAL REPORT

REPORT TO THE 2017 LEGISLATURE

ANNUAL REPORT
FROM THE HAWAI‘I MEDICAL EDUCATION COUNCIL

HRS 304A-1704

November 2016

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Executive Summary

Physician workforce shortages persist and worsen

Hawai‘i still has a physician shortage of about 500 physicians. The shortage is expected to worsen as demand for medical care increases with population aging. The largest shortages are in primary care (Family medicine and Internal medicine). Insufficient access to primary care frequently results in delays in care as well as more costly care in emergency departments or hospitals. Several other specialties have large shortages including general surgery, OB, and orthopedics. Of practicing physicians, many have closed their practices to new Medicaid or Medicare patients, which further exacerbates access to care for those most vulnerable. The excess cost associated with avoidable emergency care is frequently borne by the state and the hospitals.

Why GME matters

Physicians who train in Hawai‘i frequently practice in Hawai‘i. Physician Residency training programs (Graduate Medical Education or GME) are one of the most direct ways to reduce physician shortages. The physician retention rate for physicians who train in Hawai‘i for both medical school and their GME programs is nearly 80%.

Despite extreme physician shortages and the expansion of University of Hawai‘i John A. Burns School of Medicine (JABSOM) class size, there has been a contraction of overall GME positions in Hawai‘i from 241 (2009) to 233 (2016) [3%]. Hawai‘i is in the bottom quintile of GME positions per population. (See appendix C)

This downward trend at a time of shortage is of grave concern to this Council.

Decreased federal GME funding

Funding is the largest barrier to expanding GME in Hawai‘i. The federal GME reimbursement from Centers for Medicare & Medicaid Services (CMS) to teaching hospitals has decreased substantially over the past several years and will continue to shrink. Hawai‘i’s community teaching hospitals (The Queen’s Medical Center, Kapi‘olani Medical Center for Women and Children, Straub Hospital, Kuakini Medical Center, Wahiawā General Hospital and Pali Momi Medical Center) have historically paid for the increasing gap from declining federal GME funding. However, with steeply rising hospital costs related to federally mandated healthcare reform, as well as increasing numbers of uncompensated care, teaching hospitals are no longer able to fund the growing gap in federal GME funding.

Financing GME in a sustainable manner to address future provider needs remains a critical challenge for the John A. Burns School of Medicine, teaching hospitals and the state legislature. This report documents specific strategies to understand and reverse the decline of GME and its impact on the health of the peoples of Hawai‘i.

Statutes

The University of Hawai'i System (UH) and its John A. Burns School of Medicine (JABSOM) administer two (2) statutes related to graduate medical education (GME) and addressing the severe physician shortage needs in Hawai'i. *See excerpted text of statutes in the Appendix A.*

- [HRS § 304A-1702] – **Graduate Medical Education (GME) Program**, was established to formally encompass the administration of UH JABSOM's institutional graduate medical education (GME) program.
- [HRS §§304A-1703, 1704, 1705] – **Medical Education Council,** was created within UH JABSOM and called "The Hawai'i Medical Education Council" (HMEC). HMEC was given the administrative **duties and powers** to:

  (1) Analyze the State healthcare workforce for the present and future, focusing in particular on the State's need for physicians;

  (2) Assess the State's healthcare training programs, focusing on UH JABSOM's institutional GME enterprise to determine its ability to meet the workforce needs identified by HMEC;

  (3) Recommend to the Legislature and UH Board of Regents (BOR) ways in which identified GME and other healthcare training programs can improve and change in order to effectively meet the HMEC assessment;

  (4) Work with other entities and state agencies, and in consultation with the Legislature and BOR, develop and implement a Plan to ensure the adequate funding of healthcare training programs in the State, with an emphasis on UH JABSOM GME programs;

  (5) Seek funding to implement the funding Plan from all public (county, state and federal government) and private sources;

  (6) Monitor and continue to improve the funding Plan; and,

  (7) Submit an annual report to the Legislature no later than twenty days before the convening of each regular Legislative session.

Definitions

HRS §304A-1701, defines **"Graduate Medical Education"** or **GME** as that period of clinical training of a physician following receipt of the medical doctor (or osteopathic doctor) degree and prior to the beginning of an independent practice of medicine.

"Graduate Medical Education Program" means a GME program accredited by the American Council on Graduate Medical Education (ACGME). UH JABSOM has maintained full ACGME institutional accreditation.

"Healthcare workforce" includes physicians, nurses, physician assistants, psychologists, social workers, etc. **"Healthcare training programs"** means a healthcare training program that is accredited by a nationally-recognized accrediting body.

HMEC Membership

Membership on Hawai'i Medical Education council (HMEC) - is comprised of eight Governor-appointed and Legislature-confirmed individuals and five ex-officio members listed in the Table 1 below:

TABLE 1 – HMEC CHAIR, MEMBERS AND STAFF						
#	Name	Appointment Dates		Expiration	Term#	Representing
	Hedges, Jerris (Chair)	Ex-officio			N/A	Dean, UH JABSOM
	Boland, Mary	Ex-officio			N/A	Dean, UH School of Nursing
	Holcombe, Randall	Ex-officio (or designee)			N/A	Director/Designee, UH Cancer Center
	Magnusson, A. Roy	Ex-officio			N/A	Associate Dean, UH School of Medicine
	Pressler, Virginia	Ex-officio			N/A	Director, Hawai'i State Department of Health
1	Dubbs, William		04/22/2014	06/30/2017	1	Chief of Staff, VA Pacific Islands Health Care System
2	Flanders, Chris	06/13/2016	06/13/2016	06/30/2019	1	Executive Director, Hawai'i Medical Association
3	Greene, George	07/06/2016	07/06/2016	06/30/2019	1	President and CEO Healthcare Association of HI (includes teaching hospitals)
4	Hixon, Allen "Chip"		04/22/2014	06/30/2017	1	Chair, JABSOM Department of Family Medicine and Community Health
5	McManus, Vicki	07/01/2012	07/01/2014	06/30/2017	2	General Public/Community/Business
6	Robbins, Kenneth	07/01/2014	07/01/2014	06/30/2017	2	CMO, Hawai'i Pacific Health
7	Vitousek, Sharon	07/01/2012	07/01/2014	06/30/2017	2	Founding Board member HHIC, NHCH
8	Yoshioka, Paula		07/01/2012	06/30/2017	1	Senior VP, Queen's Health Systems
	2016 Former Members					
	Salvador, Darryl	04/23/2009	07/01/2012	06/30/2016	2	Health Professional
	Kajiwara, Gary	04/17/2008	07/01/2012	04/17/2016	2	CEO, Kuakini Hospital
	STAFF					
	Andrade, Naleen	HMEC/GME Administrator (end: 6/30/16)			N/A	Professor & DIO/Dir of GME, UH JABSOM
	Buenconsejo-Lum, Lee	HMEC/GME Administrator (eff: 7/1/16)			NA	Professor & DIO/Dir of GME, UH JABSOM
	Costa, Crystal	Administrative Support Staff			N/A	Program Specialist, ODIO, UH JABSOM

Change in HMEC/GME Administrator – At the February 12, 2016 HMEC meeting, Dr. Andrade, Designated Institutional Official (DIO) and Dean Hedges introduced Dr. Lee Buenconsejo-Lum as the Deputy DIO and DIO-Designee to HMEC members. A written announcement was sent to HMEC members in October 2015. Dr. Buenconsejo-Lum succeeded Dr. Andrade as DIO in July 1, 2016 and has since served as the HMEC/GME Administrator.

HMEC Meetings

Three (3) HMEC meetings were convened and are covered in this report. Agendas and minutes were posted as required for meetings held on November 13, February 12, and May 13, 2016. Appendix B shows a sample meeting agenda. Each item provides members with opportunity for strategic brainstorming, synthesis, and development of specific next steps, recommendations, and/or directives to the HMEC/GME administrator.

DUTY (1): Analyze the State healthcare workforce for the present and future, focusing in particular on the State's need for physicians

Key findings of the latest Hawai'i Physician Workforce Assessment Project show *a growing provider shortage based on supply demand methodology compared to the actual number of practicing physicians and show substantial and persistent shortages in primary care in all four Counties.* The *2016 Legislature Report on Findings from the Hawai'i Physician Workforce Assessment Project*, was submitted to the Legislature and released to the public, available at https://www.hawaii.edu/offices/eaur/govrel/reports/2016/act18-sslh2009_2016_physician-workforce_annual-report.pdf.

Table 2. Hawai'i Physician Supply Demand Estimates

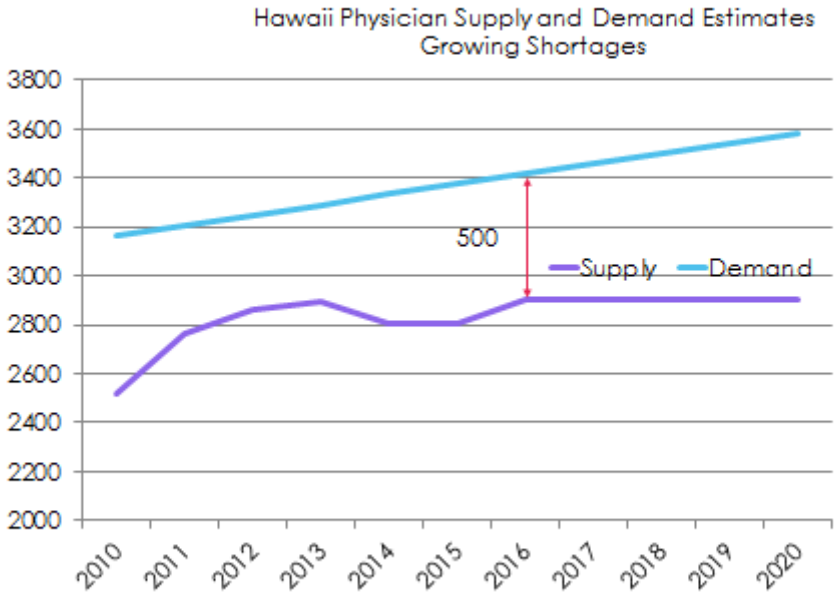

Table 3. Statewide Physician Shortages

TABLE 3 - LARGEST SHORTAGES OF PHYSICIANS BY COUNTY				
County	**O'ahu**	**Maui**	**Kaua'i**	**Hawai'i**
Largest Shortage by Number of Full Time Equivalents	• **Primary Care** • General Surgery • Pathology	• **Primary Care** • Emergency Medicine • Psychiatry	• **Primary Care** • Obstetrics • Cardiology • Neurology	• **Primary Care** • Anesthesiology • Cardiology • Orthopedic • Pathology
Largest Shortage by percent Needed	• Infectious Disease • Pathology • General Surgery	• Allergy • Colorectal • Neurosurgery	• Endocrinology • Rheumatology • Infectious Disease • Critical Care • Neonatal • Neurology • Colorectal Surgery	• Infectious Disease • Neonatology • Colorectal Surgery

- The greatest number of physicians needed is in the category of Primary care. The greatest number of additional physicians needed is on O'ahu. However, the impact of the physician shortages on access to care is felt most severely on the neighbor islands because of the geographic limitations to access.
- There are also large shortages of General Surgery, OB, Orthopedics, Psychiatry, Neurosurgery, Neurology, Cardiology, and the specialties seen in Table 3. Insufficient Behavioral Health providers are a challenge on every island and lack of access likely influences high suicide rates and high chemical dependency rates.
- The latest survey of physicians funded through HB1949/SB2388 for 2016 showed 8,900 physicians are licensed to practice in Hawai'i, however only about one third or 3,693 are actually practicing, The current deficit of physician full time equivalents (FTEs) compared to demand is calculated to be between 455 and 707 physicians, depending on varying assumptions.
- The Workforce Assessment shows that although there were 97 additional physician FTEs in Hawai'i in 2016, there were also 45 Hawai'i physicians who retired in 2016. On average, Hawai'i loses an average of 50 FTE of physicians annually, due to retirement. Therefore, we need 100 new physicians per year just to maintain current staffing levels.
- The average age of Hawai'i physicians is 54.9 compared to an average age of 51 for the US.
- In 2016, 52% of practicing Hawai'i physicians are older than 55, meaning that they will be retirement age within 10 years..

Table 4. UH JABSOM GME Positons - Persistent Shortages

TABLE 4 - UH JABSOM GME RESIDENT & FELLOW POSITIONS SINCE 2009 HMEC REPORT					
UH JABSOM GME PROGRAM	**2009 Actual GME Positions**	**2009 Additional Positions Needed to Address Shortage**	**2016 Actual GME Positions**	**Current GAP positions**	**Desired Total GME Positions in 2020**
Core Residency Programs:					
Family Medicine (FM)[A]	18	18	18	18	36
Internal Medicine (IM)[B]	58	9	58	9	67
Obstetrics & Gynecology (OB/GYN)	25	0	24	1	25
Orthopedic Surgery (ORTHO)	10	5	10	5	15
Pathology (PATH)	10	6	10	6	16
Pediatrics (PEDS)	24	0	24	0	24
Psychiatry (PSY)	28	0	25*	0	28
Surgery (SURG)	23	7	20	10	30
Transitional – 1 Year (TY)	10	0	9	1	10
Subspecialty Fellowship Programs:					
FM-Sports Medicine (SM)	1	0	1	0	1
IM – Cardiovascular Disease (CVD)	6	3	9	0	9
IM – Geriatric Medicine (Geri-Med)	10	0	11	0	10
OB/GYN – Maternal Fetal Medicine (MFM)	1	3	3	0	3
OB/GYN – Family Planning (FP)	n.a.	n.a.	2	0	2
PEDS-Neonatal Perinatal (Neo-Peri)	4	0	1	3	4
Combined Triple Board (PEDS-PSY-CAP)	4	0	Closed	5	5
PSY-Addictions Psychiatry (Addict-PSY)	2	2	0	4	4
PSY-Child & Adolescent Psychiatry (CAP)	4	2	6	0	6
PSY-Geriatric Psychiatry (Geri-PSY)	1	0	0	1	1
SURG-Surgical Critical Care	2	0	2	0	2
EXISTING PROGRAMS TOTALS	241	55	233	63	298
[A] FM – Expansion via FM Primary Care Consortium Rural Track	n.a.	n.a.	0		18
[B] IM – Gastroenterology (GI)	n.a.	n.a.	0		6
EXISTING & PROPOSED TOTALS	n.a.	n.a.	233		322

Large Gaps remain in number of GME positions needed

- Table 4 shows the large current gap of 63 positions in GME needed to address both current and 2020 projected Hawai‘i Workforce Shortages.
- Table 4 shows that the 2016 total number of GME positions is actually 8 **less** than in 2009. This decrease is despite an identified need for 55 new positions.
- Insufficient federal, state, and private funding was the major reason for the inability to attain the projected increases for Family Medicine, Internal Medicine, OB/GYN, Pathology, and Transitional Residencies; and for the Addiction Psychiatry and Geriatric Psychiatry fellowships. The Triple Board Combined Residency Program (Pediatrics / General Psychiatry / Child & Adolescent Psychiatry) was closed due to lack of funding. The Family Medicine rural expansion was not achieved due to lack of funding. The GI fellowship was postponed as securing funding for this initiative continues.

Pockets of Progress in GME

- Despite the overall lack of progress in increasing the number of GME positions, there were gains in the Cardiology and Geriatrics.
- The cardiology training program secured private funding to permanently expand to 9 fellows, thereby reducing a critical physician shortage gap noted in the 2014 Physician Workforce Study. Notably the expansion was needed to meet the demand of a surge in patient volume.
- The Geriatric Medicine program exceeded its fellowship numbers, which bodes well for access to care for the projected increases in the elderly populations in Hawai‘i;

GME Programs Outside of JABSOM

- In addition to the UH GME programs, Hawai‘i Health Systems Corporation (HHSC) Hilo Medical Center has welcomed their third class of five (5) residents to the Hawai‘i Island Family Medicine Residency Program. There are 12 total Hilo Family Medicine residents. The Hilo program anticipates graduating their first class of three (3) Board eligible family medicine specialists in June 2017.
- Tripler Army Medical Center's (TAMC) 12 GME programs also continue to help serve the physician workforce needs of the military community.
- Kaiser Permanente on O‘ahu recruited their second class of five (5) residents to its Internal Medicine Residency Program. The other significant announcement made by Kaiser Permanente in 2016 was to establish its own medical school in Los Angeles in order to establish a Kaiser workforce pipeline of medical students and residents who will ultimately work within the Kaiser Health Systems.

DUTY (2): Assess the State's healthcare training programs, focusing on UH JABSOM's institutional GME enterprise to determine its ability to meet the workforce needs identified by HMEC

Funding GME is the largest barrier to UH JABSOM's ability to meet workforce needs

Declining federal and hospital funding of GME is a particular challenge for the state of Hawai‘i because Hawai‘i unlike many states does not currently appropriate state funds for GME in order to reduce workforce shortages, especially in the rural areas. For these reasons, a major focus of HMEC in 2016 was GME resources development.

Two key areas of HMEC discussion and exploration are: 1) assessment of a legislative line item for GME training, and 2) establishing a Medicaid Matching Funds GME program.

State level collaboration and coordination of GME efforts is needed

- To the extent possible, it is in Hawai‘i's best interest to have HMEC serve as a systems-level forum through which statewide strategic planning of GME programs can occur to find the optimal economies of scale to train and deploy graduating residents/fellows into the physician workforce.
- Currently, there is strong collaboration with the Veterans Administration (VA). Dean Hedges regularly updates HMEC on developing the future workforce for the VA. The VA representative on the HMEC provides important information regarding current and anticipated VA needs and how the UH GME programs may help the VA meet future workforce needs, particularly outside of urban Honolulu on neighbor Hawaiian Islands, Guam, and American Samoa. Several GME programs train their residents and fellows in VA sites throughout Hawai‘i and the Pacific.
- As part of a long-standing collaboration with the Tripler Army Medical Center, several UH residency and fellowship programs have a portion of their clinical rotations at TAMC. Similarly, several TAMC programs rotate their residents at The Queen's Medical Center and Kapi‘olani Medical Center for Women and Children. The only neonatology program in the US Pacific is shared between UH and TAMC.

- As mentioned in prior HMEC reports, the Family Medicine Residency Program (FMRP) and Department of Family Medicine and Community Health (DFMCH) established a primary care consortium model supported by UH JABSOM, Hawai'i Pacific Health (HPH), The Queen's Health System (QHS) and Hawai'i Medical Services Association (HMSA). Over the past 3 years, the consortium business plan has been implemented and has been an essential safety net that provided a smooth transition of resident rotations from Wahiawā General Hospital to the HPH system. The Physician's Center at Mililani is the primary ambulatory teaching site for the family medicine program and its ownership and operation are now incorporated into the faculty practice of JABSOM. A key, unfunded, component of the business plan and consortium model included securing State funding to stabilize funding for this program and ensure its continued conservative growth required to meet the primary care and family medicine shortages on O'ahu, Maui, Kaua'i, and Hawai'i Island. Almost 80% of the UH FMRP graduates since 2007 currently practice in Hawai'i, with many serving rural and underserved populations. However, securing necessary resources for statewide expansion of the FMRP is critical, because even with the Hilo Family Medicine Program (an additional 4 graduates per year) the demand is much higher than the current supply of residency graduates.

DUTY (3) Recommend to the Legislature and UH Board of Regents (BOR) ways in which identified GME and other healthcare training programs can improve and change in order to effectively meet the HMEC assessment

The UH JABSOM's Institutional Program and its 19 UH JABSOM GME training programs are fully accredited – 17 by the ACGME and 2 fellowships (Maternal Fetal Medicine and Family Planning) from the American Board of Obstetrics Gynecology (ABOG). The Annual Institutional Review meeting was also used to start a new cycle of strategic planning for GME. The results of these meetings were presented at the February 12, 2016 HMEC meeting. UH JABSOM programs have worked effectively with accrediting bodies to improve in essentially all areas identified for improvement. Currently, 18 of 19 programs have no citations and most are in substantial compliance with accreditation requirements. Programs undergo an annual review process that takes into account changes in health care demands that might impact their curricular experiences. Starting in late 2016, the UH JABSOM GME programs, their major partner training sites and key community stakeholders started a long-term strategic planning process aimed at identifying viable and sustainable strategies to develop a physician workforce that continues to advance the health and well-being of the people of Hawai'i.

DUTY (4): Work with other entities and state agencies, and in consultation with the Legislature and BOR, develop and implement a Plan to ensure the adequate funding of healthcare training programs in the State, with an emphasis on UH JABSOM GME programs

RECOMMENDATION #1 –

UH JABSOM/HMEC recommends that UH JABSOM and the legislature work with vital stakeholders to more fully understand the need for additional GME positions, options for funding GME and the return on investment to the state of Hawai'i in funding GME.

RECOMMENDATION #2

UH JABSOM/HMEC recommends that the 2017 State Legislature assess the advisability and feasibility of an annual GME Appropriation to fund HMEC designated residency/fellowship programs.

RECOMMENDATION #3

UH/HMEC recommends that the 2017 State Legislature and State Executive Branch support the State Department of Human Services and UH JABSOM to work together to develop a State Medicaid GME Matching program to augment GME funding.

RECOMMENDATION #4

UH JABSOM/HMEC recommends that the 2017 State Legislature pass the amendments similar to HB1949/SB2388 (from 2016) that would extend the 'sunset' of this legislation and thus extend the reporting and interventional work done by the Hawai'i Physician Workforce Assessment and numerous related activities conducted by the Physician Workforce Research Team to help reduce Hawai'i's physician shortage.

DUTY (5): Seek funding to implement the funding Plan from all public (county, state, and federal government) and private sources

- Federal and private funding for provider retention through loan repayment programs was obtained in 2012. The Hawai'i State Loan Repayment Program has received funds to help 25 healthcare providers repay student loans since 2012. The program works to retain existing primary care providers through loan repayment which is contingent on the providers commitment to practice in a Health Professions Shortage Area in Hawai'i for two years after loan repayment. Of the 12 who have fully completed their loan repayment program, 58% are still practicing in underserved and rural areas of Hawai'i. This effective program has federal funding through August 2018, but has NOT received a state match. Efforts will continue to introduce legislation to sustain this successful program.
- The Hawai'i/Pacific Basin Area Health Education Center (AHEC) reported that AHEC has acquired three new Federal grants to support the "Pre-Health Career Core" program that establishes a pipeline for health careers. The program has already recruited 360 high school and college students interested in health careers. The program is funded for four years and covers health sciences, shadowing, mentoring, and research experiences, and MCAT (Medical College Admissions Test) preparation.
- As planned, seventy (70) medical students were accepted into UH JABSOM class of 2020 from a pool of 2,457 applicants. Fifty-five (78.6%) of the entering students attended high school in Hawai'i; and 22 (31.4%) were graduates of UH.
- Legislative funding to support the Primary care consortium training was sought in 2016 but was not appropriated.

DUTY (6): Monitor and continue to improve the funding Plan

See recommendations under DUTY 4

Monitoring the implementation and effectiveness of the plans to stabilize and grow GME in the designated shortage areas will follow the evaluation process set by UH JABSOM's GMEC and overall strategic planning process overseen by the Office of the DIO and HMEC. A summary of the results of that evaluation process shall be submitted to the Legislature in our annual HMEC report.

DUTY (7): Submit an annual report to the Legislature no later than twenty days before the convening of each regular Legislative session.

Please see this report to the legislature.

Respectfully submitted,

Jerris R. Hedges, M.D., M.S., M.M.M.
Dean, UH JABSOM and Chair of HMEC
Professor and Barry & Virginia Weinman Endowed Chair

HMEC Recommendations to 2017 Legislature

RECOMMENDATION #1

UH JABSOM/HMEC recommends that UH JABSOM and the legislature work with vital stakeholders to more fully understand the need for additional GME positions, options for funding GME and the return on investment to the state of Hawai‘i in funding GME.

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APPENDIX A – State Statutes Related to HMEC

HRS excerpts below downloaded December 22, 2014 from:

http://www.capitol.hawaii.gov/hrscurrent/Vol05_Ch0261-0319/HRS0304A/HRS_0304A-1701.htm

CHAPTER 304A
UNIVERSITY OF HAWAI'I SYSTEM

J. Medical Education Council

[§304A-1701] Definitions. As used in this subpart:

"Centers for Medicaid and Medicare Services" means the Centers for Medicaid and Medicare Services within the United States Department of Health and Human Services.

"Council" means the medical education council created under section [304A-1703].

"Graduate medical education" means that period of clinical training of a physician following receipt of the medical doctor degree and prior to the beginning of an independent practice of medicine.

"Graduate medical education program" means a graduate medical education training program accredited by the American Council on Graduate Medical Education.

"Healthcare training program" means a healthcare training program that is accredited by a nationally-recognized accrediting body. [L 2006, c 75, pt of §2]

[§304A-1702] Graduate medical education program. (a) There is created a graduate medical education program to be administered by the medical education council in cooperation with the department of health.

(b) The program shall be funded with moneys received for graduate medical education and deposited into the Hawaii medical education special fund established under section [304A-2164].

(c) All funding for the graduate medical education program shall be nonlapsing.

(d) Program moneys shall only be expended if:

(1) Approved by the medical education council; and

(2) Used for graduate medical education in accordance with sections [304A-1704] and [304A-1705]. [L 2006, c 75, pt of §2]

[§304A-1703] Medical education council. (a) There is established within the University of Hawaii, the medical education council consisting of the following thirteen members:

(1) The dean of the school of medicine at the University of Hawaii;

(2) The dean of the school of nursing and dental hygiene at the University of Hawaii;

(3) The vice dean for academic affairs at the school of medicine who represents graduate medical education at the University of Hawaii;

(4) The director of health or the director's designated representative;

(5) The director of the Cancer Research Center of Hawaii; and

(6) Eight persons to be appointed by the governor as follows:

(A) Three persons each of whom shall represent a different hospital at which accredited graduate medical education programs are conducted;

(B) Three persons each [of] whom represent the health professions community;

(C) One person who represents the federal healthcare sector; and

(D) One person from the general public.

(b) Except as provided in subsection (a)(1), (2), (3), and (4), no two council members may be employed by or affiliated with the same:

(1) Institution of higher education;
(2) State agency outside of higher education; or
(3) Private entity.

(c) Terms of office of council members shall be as follows:

(1) Except as provided in paragraph (2), the dean of the school of medicine, dean of the school of nursing and dental hygiene, vice dean for academic affairs of the school of medicine at the University of Hawaii, and the director of health, or the director's designated representative, shall be permanent ex officio members of the council, and the remaining nonpermanent council members shall be appointed to four-year terms of office;

(2) Notwithstanding paragraph (1), the governor at the time of the initial appointment shall reduce the terms of four nonpermanent council members to two years to ensure that approximately half of the nonpermanent council members are appointed every two years; and

(3) If a vacancy occurs in the membership for any reason, the replacement shall be appointed by the governor for the unexpired term in the same manner as the original appointment was made.

(d) The dean of the school of medicine at the University of Hawaii shall chair the council. The council shall annually elect a vice chair from among the members of the council.

(e) All council members shall have voting rights. A majority of the council members shall constitute a quorum. The action of a majority of a quorum shall be the action of the council.

(f) Per diem and expenses incurred in the performance of official duties may be paid to a council member who:

(1) Is not a government employee; or

(2) Is a government employee, but does not receive salary, per diem, or expenses from the council member's employing unit for service to the council.

A council member may decline to receive per diem and expenses for service to the council. [L 2006, c 75, pt of §2]

[§304A-1704] Council duties. The medical education council shall:

(1) Conduct a comprehensive analysis of the healthcare workforce requirements of the State for the present and the future, focusing in particular on the State's need for physicians;

(2) Conduct a comprehensive assessment of the State's healthcare training programs, focusing in particular on graduate medical education programs and their role in and ability to meet the healthcare workforce requirements identified by the council;

(3) Recommend to the legislature and the board of regents changes in or additions to the healthcare training programs in the State identified by the council's assessment;

(4) Work with other entities and state agencies as necessary, develop a plan to ensure the adequate funding of healthcare training programs in the State, with an emphasis on graduate medical education programs, and after consultation with the legislature and the board of regents, implement the plan. The plan shall specify the funding sources for healthcare training programs and establish the methodology for funding disbursement. Funds shall be expended for the types of costs normally associated with healthcare training programs, including but not limited to physician salaries and other operating and administrative costs. The plan may include the submission of an application in accordance with federal law for a demonstration project to the Centers for Medicaid and Medicare Services, for the purpose of receiving and disbursing federal funds for direct and indirect graduate medical education expenses;

(5) Seek funding from public sources, including state and federal government, and private sources to support the plan required in paragraph (4);

(6) Monitor the implementation and effectiveness of the plan required in paragraph (4), making such modifications as may be required by future developments and changing needs and after consulting with the legislature and the board of regents, as appropriate; and

(7) Submit a summary report to the legislature no later than twenty days before the convening of each regular session, of the expenditures of program

moneys authorized by the council under this subpart. [L 2006, c 75, pt of §2]

[§304A-1705] Council powers. The medical education council may:

(1) Conduct surveys, with the assistance of the department of health and the department of commerce and consumer affairs, to assess and meet changing market and education needs;

(2) Appoint advisory committees of broad representation on interdisciplinary clinical education, workforce mix planning and projections, funding mechanisms, and other topics as is necessary;

(3) Use federal moneys for necessary administrative expenses to carry out its duties and powers as permitted by federal law;

(4) Distribute program moneys in accordance with this subpart; provided that any expenditures authorized shall be for a public purpose and shall not be subject to chapters 42F, 103, 103D, and 103F;

(5) Hire employees not subject to chapters 76 and 89 necessary to carry out its duties under this subpart; and

(6) Adopt rules in accordance with chapter 91, necessary to carry out the purposes of this subpart. [L 2006, c 75, pt of §2]

[§304A-2164] Hawaii medical education special fund. There is established a Hawaii medical education special fund, into which shall be deposited all funds received by the medical education council, including:

(1) Moneys from the federal Centers for Medicaid and Medicare Services or other federal agencies;

(2) State appropriations; and

(3) Grants, contracts, donations, or private contributions.

The fund shall be administered by the university. Moneys deposited in the fund shall be expended by the university for the purposes of the graduate medical education program established under section [304A-1702]. [L 2006, c 75, pt of §2]

APPENDIX B: Sample HMEC Meeting Agenda

– HMEC MEETING AGENDA – STANDING ITEMS & SPECIAL PRESENTATIONS FOR 2016		
Item #	*HMEC Agenda Items & Salient Discussion Themes*	*Presenter(s)*
1.	*Report from HMEC Chair* - *Impact/outcomes of key legislation* - *National trends in Medical Education* - *HMEC activities & outcomes*	*Dean J. Hedges*
2.	*Legislative Highlights* - *On GME and other healthcare professional training.*	*Dean J. Hedges, Associate Dean A.R. Magnusson, other HMEC members, & guests*
3.	*Report from Dr. Kelley Withy* - *Hawai'i/Pacific Basin Area Health Education Center (AHEC) Updates* - *Progress on the Healthcare Workforce Analysis* - *Updates on Loan Repayment Program, "Practice in Paradise", and other physician and healthcare professional recruitment/retention programs.*	*Dr. K. Withy*
4.	*GME Report from Dr. N. Andrade* - *UH JABSOM GME Programs updates* - *Progress of HMEC initiatives and directives assigned to her.* - *UH JABSOM Annual Program Evaluations and Institutional Review*	*Dr. N. Andrade*
5.	*Special Presentations by Selected Experts & GME Leaders (listed below by date, topic & speaker:*	
	November 13, 2015 *– Follow-up on GME Resources Development*	*Dr. Allen "Chip" Hixon*

Appendix C

Number of Medicare-funded training positions per 100,000 population, 2010

SOURCE: Mullan et al., 2013. https://www.ncbi.nlm.nih.gov/books/NBK248024/figure/fig_3-2/?report=objectonly