

UNIVERSITY OF HAWAI‘I SYSTEM ANNUAL REPORT



REPORT TO THE 2009 LEGISLATURE

ANNUAL REPORT FROM THE
MEDICAL EDUCATION COUNCIL

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

November 2008

ANNUAL REPORT FROM
THE HAWAI'I MEDICAL EDUCATION COUNCIL
AS REQUIRED BY ACT 181, SLH 2003

Introduction

Act 181 of the 2003 Legislature requires the Hawai'i Medical Education Council to submit a summary report of the expenditures of program moneys authorized by the council. As in prior years, this report incorporates the deliberations of the Council.

Membership and Staffing

Membership of the Council is documented in Appendix A. There are 13 seats, of which two are unfilled ("Health Professions"). Appointments are for four terms, excepting ex officio members (e.g., Dean, JABSOM). The designated Chair is Jerris R. Hedges, MD, MS, MMM, the Dean of the John A. Burns School of Medicine (JABSOM). Dr. Hedges assumed the Chair position as he assumed the role of Dean in March 2008. The JABSOM staff member designated as Vice-Chair and point of contact for the Council is Dr. William Haning, JABSOM Director of Graduate Affairs. As new appointees, Dr. Hedges and Mr. Gary Kajiwara, CEO, Kuakini Health System, have been oriented to the Council's operations and the statute governing its mission.

Schedule

The Council convened on 18 June and 05 November during 2008. A quarterly meeting frequency is projected for 2008-2009.

Mission

The Council is tasked with advancing graduate medical education (i.e., post-M.D. and post-D.O. training; A.K.A. “GME”) within in Hawai‘i, in service to the health needs of the public. The tasks before the Council in discharging its mission are:

- 1) Identification of physician workforce needs within the State, in development of and sustainment of the highest possible level of medical care; and
- 2) Development of a state-wide centrally-managed scheme for graduate medical education (resident training) development and funding, to meet those workforce needs.

Structure

The Council consists of gubernatorial appointees both by name and by position, subject to confirmation by the Hawai‘i State Senate, in staggered terms of two years. The Council is housed within the John A. Burns School of Medicine for administrative support, and is presently sustained by in-kind service contributions. There is presently no executive authority for the Council.

Financial Report

No expenditures of program monies have been made nor have any monies been deposited in the Special Fund for the Council's activities, as established by Act 181.

Discussion

Additional challenges for developing the physician workforce have been identified and discussed by the Council:

- 1) Training sites have acutely constricted. The bankruptcy status of Hawai'i Medical Center East has led to the reassignment of 18 GME training positions to other hospitals, and while efforts are being exerted to ensure that the existing federal funding streams to support these 18 positions are preserved, this is by no means assured.

- 2) Most recently, the commitment for the 16 psychiatric residency training positions supported by the Department of Health at Hawai'i State Hospital is now in doubt. This affects the training of general psychiatrists, addiction psychiatrists, and indirectly child and adolescent psychiatrists and geriatric psychiatrists. The effect on the entire psychiatric residency training program is potentially cataclysmic. This should be considered in the context of an increasing state-wide demand for rural psychiatric services.

- 3) Residency program expansions including that in Family Medicine on the island of Hawai‘i have not received State Legislature-allocated financial support (HB1119, 2007). This planned growth of generalist family physicians is now on hold.
- 4) The costs of training are increasing out of proportion to available funding and reimbursement levels for faculty, creating difficulty in maintaining existing residency programs and in developing new ones.
- 5) The Orthopedic Residency Program has become most recently at risk. Insufficient support for faculty academic time continues to be the major factor operating against the development of new programs in emergency medicine, anesthesiology, gastroenterology, and cardiology.
- 6) Physician recruitment is complicated by the burden of training costs borne by the residents themselves, as the relocation costs to Hawai‘i and the notoriously high housing costs continue to mitigate against selection of Hawai‘i either as a training site by mainland medical school graduates or for the return of Hawai‘i graduates from mainland residencies.
- 7) Difficulty in physician recruitment deriving from an adverse liability (malpractice) environment has been addressed annually in the Legislature, in the context of tort reform. A more immediately-manageable area of liability is under consideration this year as SB 3077, “Relating to Volunteer Medical Assistance

Services,” a measure which apart from more general tort reform would resolve workforce liability and personal injury risk arising during emergencies. This is comparatively non-controversial and would immediately resolve an impediment to physician retention, while assuring the availability of the pool of physician trainees in time of disaster. The HMEC further supports the modifications suggested by the Department of Health (C. Fukino testimony 19 March 2008) providing for coverage of volunteers during training and preparation for emergencies, as well as designating such volunteers as state/county employees for liability and workers’ compensation purposes only.

In sum, 34 physician GME positions of a total of 240 (14%) are in imminent peril of loss. This percentage does not represent the complete risk, as a loss of this many residents would will not result merely in downsizing of existing training programs, but would result in the loss of complete training programs. Those at risk include psychiatry, internal medicine, and surgery.

Studies of physician recruitment and retention conducted both by JABSOM and by Hawai‘i Residency Programs have demonstrated the following: a) there is a progressive decline in the recruitment of Hawai‘i medical school graduates to Hawai‘i medical residency programs, particularly in primary care; b) residents and students identify cost of living and educational loan burdens as major factors in their decision to locate away from Hawai‘i. At the moment, surveys of GME program directors indicate that the performance of the physicians graduated by the medical school or who receive specialty

training from the residency programs in Hawai‘i meets or exceeds that of mainland graduates. Hence, efforts to retain JABSOM trainees in the islands provide the best opportunity to meet Hawai‘i’s physician workforce needs.

Further, ongoing funding is needed to support studies that will guide physician workforce development and for the support of the work of the Council. This funding can be obtained by assignment of a surcharge to the physicians’ (M.D./D.O.) licensure fee. This approach has been used successfully in other states and is currently in effect for Hawaiian nursing workforce tracking. The current physician license charge is modest by national standards (\$290/2 yrs. vs. a mean of \$500).

Physician recruitment into training programs and post-training are complicated by several factors:

- 1) The demographics of the physician workforce are changing across the nation. This is not limited to Hawai‘i. Physicians are increasingly female, seeking a structured work environment, and commonly overly burdened with debt at the point of entrance into the workforce.
- 2) The demands of graduate and undergraduate medical education are changing. These are the product of public expectations for care (e.g., greater attention being required for childhood developmental and psychiatric challenges, increased

- demand for cardiologic and oncologic technical interventions) and of changing population demographics (e.g., an increasingly geriatric population).
- 3) There is an increasing burden of knowledge to be acquired by the trainee, necessitating different educational approaches, and altered training standards (e.g., implementation of a maximum 80 hour work-week, which may soon become a 56 hour work-week, for residency trainees).
 - 4) Insistence by the American Association of Medical Colleges and the Institute of Medicine to grow the number of medical school positions to meet workforce projections does not address the fixed number of physician GME trainee positions in this country. These GME positions have been traditionally supported by Federal funding through the Centers for Medicare and Medicaid Services, although funding for additional positions has been capped since 1996. Alternate forms of funding, which may include state and benefit-payor (insurance) sources, must be considered as Hawai‘i seeks to meet its growing physician demands.
 - 5) As the national supply of new physicians does not meet the demand, there is an increasing tendency to seek physicians from other countries, including foreign nationals who train in the U.S. It is noteworthy that Congress has approved a modification of the Conrad J-1 Waiver Program that modestly expands (by 5 physicians per year) the number of physician J-1 visa recipients who are permitted to remain in a state, while employed in a medical center serving rural or

disadvantaged populations. Unfortunately, this creates an ethical conflict in meeting our needs at the expense of countries which are far needier. This is a concern to which Hawai'i, in its relation to the nations of the Pacific Basin, must be particularly sensitive.

The Council received information related to workforce demand (SHPDA funding authorization, Act 219 2008) and the proposal for an educational debt reduction program for physicians in Hawai'i (HSCR 191-08 and HB 2392 HD1, 2008). The workforce demand report reinforced the growing shortage of physician generalists and specialists on the island of Hawai'i and emphasized that similar analyses are needed for the other islands. The report on a potential educational debt reduction program emphasized that matching federal dollars would only be available for general practice physicians and dentists accepting practice obligations in health need areas. The support is also limited to existing medical school loan repayment debt. A parallel program without federal matching monies is needed to would help address general debt reduction and thus aid the recruitment of needed physician specialists to O'ahu and the neighbor islands.

Recommendations for legislative and subsequent administrative actions:

1. Reduction in adverse working conditions for key physician groups (e.g., establishment of a state program for payment of liability insurance for physicians practicing in physician shortage areas; creation of a debt repayment program for

rural physicians & specialists in critical workforce need areas; and provision of state assistance with trainee and faculty housing).

2. Sustainment of existing residency support by the State and consideration of expansion in areas of State physician workforce demand.
3. Legislative adoption of SB 3077 SD2, Relating to Volunteer Medical Assistance Services.
4. Authorization of a medical license surcharge to fund the workforce policy research and clerical needs of the Council, presently being assumed in-kind by the School of Medicine.