



# UNIVERSITY of HAWAII®

Ke Kulanui o Hawai'i

David Lassner  
President

## DEPT. COMM. NO. 140

December 15, 2023

The Honorable Ronald D. Kouchi,                      The Honorable Scott Saiki, Speaker  
President and Members of the Senate      and Members of the House of Representatives  
Thirty-Second State Legislature              Thirty-Second State Legislature  
Honolulu, Hawai'i 96813                      Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, the University of Hawai'i is transmitting one copy of the Annual Report on the Hawai'i Medical Education Council (Section 304A-1704, Hawai'i Revised Statutes) as requested by the Legislature.

In accordance with Section 93-16, Hawai'i Revised Statutes, this report may be viewed electronically at: <https://www.hawaii.edu/offices/government-relations/2024-legislative-reports/>.

Should you have any questions about this report, please do not hesitate to contact Stephanie Kim at (808) 956-4250, or via e-mail at [scskim@hawaii.edu](mailto:scskim@hawaii.edu).

Sincerely,

A handwritten signature in black ink that reads 'David Lassner'.

David Lassner  
President

Enclosure

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# UNIVERSITY OF HAWAI‘I SYSTEM ANNUAL REPORT



REPORT TO THE 2024 LEGISLATURE

Annual Report on the  
Hawai'i Medical Education Council

HRS 304A-1704

December 2023

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## INTRODUCTION

### Executive Summary

#### Physician workforce shortages persist

Hawai'i's significant physician shortage persists. With an aging provider workforce, Hawai'i falls short by 757 full-time equivalents of physicians when accounting for the neighbor island and specialty demands. This shortage remains more pronounced in all areas of the state outside of urban Honolulu. It is projected to worsen as demands for medical care increase, with an aging population burdened by increasing chronic illness and aging providers retiring or moving out of state. The most significant shortages statewide, on all islands, are in primary care (family medicine, internal medicine, pediatrics, and geriatrics). Insufficient access to primary care frequently delays care and causes more costly care in emergency departments or hospitals. Other specialties have significant shortages, including Pediatric Pulmonology, Pediatric Gastroenterology, Pediatric Endocrinology, Adult Pulmonology, Colorectal Surgery, Thoracic Surgery, and Adult Endocrinology, according to the 2023 Hawai'i Physician Workforce report, reflecting the increasing chronic disease burden across the lifespan. The economic challenges of practicing in a state with the highest cost of living, high cost of private practice, and low reimbursement rates continue to hasten physician retirements and worsen the primary care and physician shortage crisis, especially on the neighbor islands. The lack of affordable housing options and insufficient practice support, worse for independent and neighbor island providers, contribute to the challenge of recruiting and retaining physicians. The excess cost associated with avoidable emergency care due to insufficient primary care providers is borne by the State and Hawai'i's hospitals.

#### Why GME Matters

Physicians who train in Hawai'i are far more likely to practice in Hawai'i. (See Appendix D). Studies of Hawai'i's physician population consistently show that most physicians have robust and long-standing family ties to our state. The University of Hawai'i John A. Burns School of Medicine (UH JABSOM) is the medical school source and/or residency program source for more than half of the physicians in Hawai'i. Physicians who train in Hawai'i-based residency programs (also known as Graduate Medical Education or GME programs) are more likely to practice and remain in Hawai'i. The retention rate (i.e., practicing in Hawai'i) for physicians who do medical school education and full GME training in Hawai'i is, on average, 75% or higher.

Despite extreme physician shortages and the expansion of the JABSOM class size from 62 (2009) to 77 (since 2019) matriculants per year, there has been limited growth in GME position to meet the growing needs. Since 2009, there were 227 actual positions which remained the same in 2023, to meet the anticipated demand of 300 positions by 2025. Nationally, Hawai'i is in the bottom quintile of GME positions per population. (See Appendix C)

Our GME programs, especially those in primary care, geriatrics, psychiatry (adults and children), and addiction medicine, serve a high proportion of O'ahu's most vulnerable populations – in outpatient and inpatient settings. The economic realities continue to worsen existing health inequities, with one-third of the State's population now receiving MedQUEST benefits. Our GME learners and faculty members continue working with health system leaders to ensure that members of our diverse populations suffering disproportionately receive the highest quality of care.

***This downward trend in GME training positions based in Hawai'i during critical physician shortages is of grave concern to this Council.***

## **Decreased federal and local GME funding, resulting in loss of GME positions**

Funding is the most significant barrier to expanding GME in Hawai'i. The federal GME reimbursement from the Centers for Medicare & Medicaid Services (CMS) to teaching hospitals is already lower than in most other states and does not account for the increased costs of education and training. Despite new federal legislation proposing a modest increase in GME positions, the current definitions do not favor Hawai'i receiving priority scoring for allocating new GME positions. Hawai'i's major community teaching hospitals (The Queen's Health Systems hospitals, Hawai'i Pacific Health hospitals, Kuakini Medical Center) have historically funded the gap between the cost of GME and federal GME support for these programs. The continued economic impact of COVID-19 challenges our teaching hospitals to fund the gap between the actual cost of training and federal GME support due to declining reimbursement for medical care, steeply rising hospital costs, and increasing amounts of under-compensated care for specific high-risk populations. As a result, significant GME training expansion in the next few years will not be possible on the shoulders of our health systems alone.

State reductions in funding to the UH and JABSOM have also reduced funding for crucial faculty members needed to provide excellent teaching and expand selected GME programs. Thus, sustainably financing GME to address future provider training costs remains a critical challenge for JABSOM, teaching hospitals, and the state legislature.

Many other factors negatively impact our ability to retain our GME trainees in Hawai'i or attract and retain them to practice on neighbor islands or more rural community settings. This report documents strategies to understand and reverse the decline of GME training opportunities and the resultant impact on the health of the people of Hawai'i. Expanding GME to meet the needs of Hawai'i's population will require close collaboration and synergistic efforts with the state, teaching hospitals, private practicing physicians, businesses, private foundations, and federal government agencies, including the United States Department of Defense, United States Department of Veterans Affairs, and the United States Health and Human Services Departments.

The Hawai'i Medical Education Council (HMEC) discussed these findings and recommendations, considering the current economy, healthcare financing, and the overall health system. The healthcare sector is one of the busiest parts of the state's economy. Numerous studies have demonstrated a strong correlation between a healthy economy and the health and education conditions of the population. A vibrant medical school that addresses the underlying contributors to health disparities and brings federal dollars to Hawai'i to address those mechanisms is critical to improving Hawai'i's overall health. As the state wrestles with the long-term consequences of the pandemic on health, the impacts of climate change as evidenced by the recent tragic wildfires on Maui, and worsening health disparities in some populations, a key economic growth area is in the health sciences through service delivery and federally-supported innovation and discovery through research. Having sufficient numbers of JABSOM faculty members who contribute to instruction and innovation/discovery will be essential to ramp up the health science sector and mobilize effective partnerships to assist economic recovery. Additionally, stronger connectivity and coordination are needed to help high school students from rural and underserved areas pursue health care, science, or medicine careers. This would also require additional faculty and staff to support the mentoring required.

### **RECOMMENDATION #1**

UH/HMEC recommends the State Legislature and State Executive Branch provide increased support for growing medical and health professions education on the neighbor islands by providing 1.5 FTE physician (faculty) coordinator positions and 1.5 FTE non-physician program coordinator/outreach positions, including salary and operational funding to JABSOM's base budget. The neighbor island-based faculty coordinator position will support a more rapid expansion of JABSOM's residency training and medical student experiences by providing on-

island coordination and focused attention to increase local health system capacity to provide high-quality clinical education. The dyad of physician coordinator and program coordinator/outreach position will enhance connectivity between the high schools, Department of Education, community colleges, Area Health Education Center programs, UH and JABSOM's many STEM programs, and UH health professions programs, including the medical school.

Less directly related to expanding medical education opportunities on the neighbor islands, but critical to reducing health disparities in diabetes across the state, is a funding request for 1.0 FTE physician-scientist in endocrinology. This position will synergize with JABSOM's existing basic science, translational research, and community-based research programs in diabetes and cardiometabolic disease and help grow JABSOM's capacity for clinical translational research. This position will also help alleviate the state's shortage of endocrinologists. JABSOM's total supplemental budget request to the 2024 Legislature is 4.0 FTE and \$925,000.

### **RECOMMENDATION #2**

UH/HMEC recommends the State Legislature convene a task force comprised of state, county, and private partners to explore options and propose concrete steps toward affordable temporary housing options for the next generation of health professionals (i.e., students, residents) to encourage rotations and, eventually, careers on the less populated and/or rural island communities throughout the State of Hawai'i. Furthermore, UH/HMEC recommends these options and proposals be specific to each island community as we recognize and appreciate the dynamics of each locale, which will influence the overall effectiveness of the solutions being implemented.

### **Statutes and Definitions**

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 the excerpted text of statutes in 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 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.

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 Accreditation Council for Graduate Medical Education (ACGME). UH JABSOM has maintained full ACGME institutional accreditation for its GME programs.

“**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 in the Hawai'i Medical Education Council (HMEC) comprises eight Governor-appointed and Legislature-confirmed individuals and five ex-officio members depicted in Table 1.

**Table 1: Hawai'i Medical Education Council Membership & Staff**

Member #	Last Name	First Name	Representing	Appointment Date
Ex-Officio	Buenconsejo-Lum	Lee	Interim Dean, UH JABSOM	Not Applicable
Ex-Officio	Ceria-Ulep	Clementina	Dean, UH Nancy Atmospera-Walch School of Nursing	Not Applicable
Ex-Officio	Ueno	Naoto	Director, UH Cancer Center	Not Applicable
Ex-Officio	Takanishi	Danny	Interim Associate Dean for Academic Affairs, UH JABSOM	Not Applicable
Ex-Officio	Fink	Kenneth	Director, Hawai'i State Department of Health	Not Applicable
1	Antonelli	Mary Ann	The Federal Healthcare Sector	4/1/2021
2	Segawa	Lance	The Health Professions Community (Kaua'i)	Submitted
3	Kamaka	Martina	The Health Professions Community	Submitted
4	Rantz	Lisa	A person from the General Public (Hawai'i Island)	7/1/2021
5	Chun	Leslie	A Hospital at Which Accredited Graduate Medical Education Programs are Conducted	7/1/2021
6	Seto	Todd	A Hospital at Which Accredited Graduate Medical Education Programs are Conducted	7/1/2021
7	Sullivan	Rachel	A Hospital at Which Accredited Graduate Medical Education Programs are Conducted	Submitted
8	Inouye Baum	Colleen	The Health Professions Community (Maui)	11/23/2021
HMEC/GME Administrator	Steinemann	Susan	Designated Institutional Official, GME Director, UH JABSOM	Not Applicable
Administrative Support Staff	Costa	Crystal	GME Program Specialist, UH JABSOM	Not Applicable

## PART 1. FINDINGS

### HMEC Meetings

Four (4) HMEC meetings were convened in 2023, and the recommendations are included in this report from meetings held on January 23, April 24, July 24, and October 23, 2023. Appendix B includes a sample meeting agenda. Each item provides members with an opportunity for strategic brainstorming, synthesis, and development of specific next steps, recommendations, or directives to the HMEC/GME administrator.

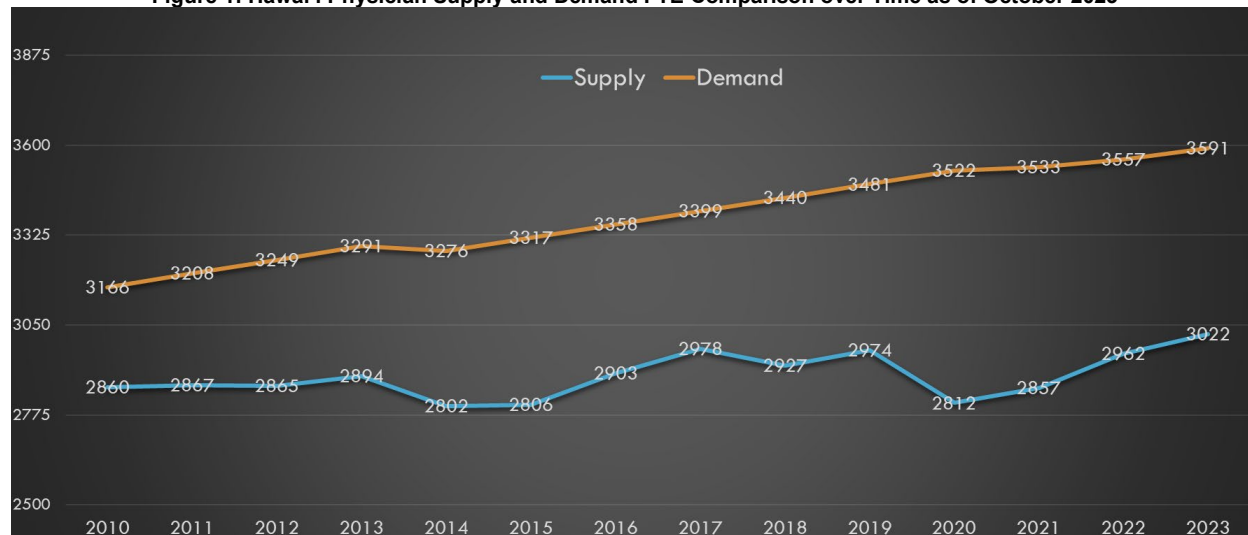
### Statutory Duties of HMEC

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

The 2023 Hawai'i Physician Workforce Assessment Project showed 3,599 physicians practicing in non-military settings in Hawai'i. These physicians provide 3,022 estimated full-time equivalents (FTE) of direct care to patients, an increase of 45 since 2020, 105 since 2021, and 60 since 2022

(a total increase of 210 practicing active physicians over the last three (3) years). However, there remains a shortage of about 567 FTE of physician services to meet the demand [Figure 1] and over 757 FTE short when examining specific island and specialty needs. Table 2 reflects the physician shortage by county. The 2023 Hawai'i Physician Workforce Report provides more detail on the methodology and includes information utilizing Hawai'i county-specific data. Table 3 shows that the most significant shortages continue to be in primary care. However, other specialties and subspecialties are also needed throughout the state. Selected information from the *Report to the 2023 Legislature, "Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project"*, is included below. The full report can be found on the JABSOM [Hawai'i-Pacific Area Health Education Center website](#).

**Figure 1: Hawai'i Physician Supply and Demand FTE Comparison over Time as of October 2023**



**Table 2: Physician Shortage, in Numbers & % Shortage, by County, 2022, 2023**

Shortage	Honolulu		Hawai'i County		Maui County		Kaua'i County		Statewide	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
FTE	382	318	183	206	167	181	45	52	776	757
%	15%	13%	37%	41%	40%	43%	26%	30%	22%	21%

**Table 3: Primary Care Physician Shortage, in Numbers & % Shortage, by County, 2022, 2023**

Shortage	Honolulu		Hawai'i County		Maui County		Kaua'i County		Statewide	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
FTE	106	59	12	17	44	42	0	6	162	123
%	14%	7%	9%	12%	36%	33%	0%	11%	15%	11%

- The most significant number of physicians needed is in primary care (family medicine, internal medicine, pediatrics, and geriatrics), with 123 FTEs needed across the islands. 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 significant shortages of Pediatric Pulmonology (64%), Pediatric Gastroenterology (66%), Pediatric Endocrinology (64%), Adult Pulmonology (54%), Colorectal Surgery (64%), Thoracic Surgery (55%), and Adult Endocrinology (60%) throughout the islands. Because of the relatively small population, most subspecialists (surgical or medical) would have insufficient patients to maintain a full-time practice on a neighbor island.



- Physician retirement is a significant factor in widening the gap between demand and supply. The average age of practicing Hawai'i physicians is 54.3 (compared to 53.2 U.S. average) and slightly up from 53.3 last year (2022), with 22% already over 65, which means they will likely retire within 5-10 years. In addition, payment transformation and other significant health system changes push some older physicians in small practices (those with less than five physicians per practice) toward early retirement. From 2017-22, at least 446 physicians retired, and 733 physicians are known to have left the state. In 2023, at least 42 retired (60 in 2022), four passed away (seven in 2022), 55 moved out of state (54 in 2022), 212 decreased their work time, 90 increased time, and the state gained over 200 new doctors.
- The JABSOM GME programs graduate about 80 residents and fellows per year. Still, most surgeons and orthopedic surgeons, about half of pediatricians, and about two-thirds of internal medicine residents go to the continental U.S. for additional training in sub-specialty fellowships. Many of those with Hawai'i ties do eventually return home. Still, their return may occur 10-15 years later, depending on the specialty and the availability of Hawai'i jobs with salaries and benefits that account for the high cost of living. The Hawai'i Island Family Medicine Residency Program (Hawai'i Health Systems Corporation (HHSC-sponsored)) graduated four physicians in 2023 and is anticipated to graduate five in 2024. Most of their graduates have stayed in Hawai'i to practice. On average, the Kaiser Permanente Hawai'i Internal Medicine Residency Program graduates four to five per year, with all of their recent four graduates (2023) currently practicing primary care internal medicine or pursuing fellowships in Hawai'i.
- Appendix D provides a snapshot of JABSOM medical school or GME graduates practicing in federally or state-designated health profession shortage areas or medically underserved areas.

**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*

The UH JABSOM is the Sponsoring Institution for nineteen ACGME-accredited programs and one unaccredited fellowship (not eligible for accreditation) (Table 4). In 1965, without a UH-owned-and-operated hospital, UH JABSOM collaborated with private community hospitals/clinics and state and federal healthcare departments and agencies to form an integrated network of teaching hospitals/clinics. UH JABSOM learners, i.e., residents and fellows (and 3rd and 4th-year medical students), are educated and trained within this network of clinical learning environments. In addition, the core teaching hospitals and clinics house UH JABSOM's eight clinical departments: Family Medicine (Hawai'i Pacific Health-Pali Momi Medical Center), Geriatric Medicine (Kuakini Medical Center and Queen's Medical Center), Pediatrics and Obstetrics/Gynecology (Hawai'i Pacific Health-Kapi'olani Medical Center and Queen's Medical Center), and Internal Medicine, Pathology, Psychiatry and Surgery (The Queen's Medical Center).

An average of 230 physician trainees (residents and fellows) train annually in our accredited GME programs listed in Table 4. About a third of these physicians are graduates of UH JABSOM, a third from U.S. Medical Schools outside Hawai'i, and a third from international medical schools. This mix of Hawai'i, U.S. national, and international medical graduates (IMG) is ideal for Hawai'i-based GME programs. It is particularly appropriate for Hawai'i with its diverse, multicultural population of indigenous and migrant ethnic groups. JABSOM's GME programs produce primary care, specialty, and subspecialty physicians who become independent licensed practitioners in Hawai'i and the U.S.. More than thirteen graduates practice in the U.S. Affiliated Pacific Island jurisdictions, and many JABSOM faculty (who were once JABSOM students or residents) provide training to health providers in the Territory of Guam, Commonwealth of the Northern Mariana Islands, Territory of American Samoa, and the Freely Associated States of the Federated States

of Micronesia, Republic of the Marshall Islands, and the Republic of Palau. In addition, a few graduates have returned to Japan to transform the medical education system to become more consistent with the competency-based training model used by all ACGME-accredited residency and fellowship programs. Our graduates also serve as teachers for JABSOM medical students or residents doing electives in Japan.

**Table 4: UH JABSOM GME RESIDENT & FELLOW POSITIONS COMPARED TO 2009 HMEC REPORT**

UH JABSOM GME PROGRAM	2009 Actual Positions	*2009 Additional Positions Needed to Address Shortage	2023 Actual GME Positions	Current GAP positions	Desired Total GME Positions in 2025
<b>CORE RESIDENCY PROGRAMS (9):</b>					
Family Medicine (FM) <sup>A</sup>	18	18	21	15	36
Internal Medicine (IM) <sup>B</sup>	58	9	61	6	67
Internal Medicine Primary Care Track/Program <sup>B</sup>	n/a	n/a	0	12	12
Obstetrics & Gynecology (OB/GYN)	25	0	25	0	25
Orthopedic Surgery (ORTHO)	10	5	10	5	15
Pathology (PATH)	10	6	9	7	16
Pediatrics (PEDS)	24	0	23	1	24
Psychiatry (PSY) <sup>C</sup>	28	0	25	3	28
Surgery (SURG) <sup>D</sup>	23	7	21	9	30
<b>Core Program TOTALS</b>	<b>196</b>	<b>45</b>	<b>195</b>	<b>58</b>	<b>253</b>
<b>SUBSPECIALTY FELLOWSHIP PROGRAMS (11):</b>					
FM-Sports Medicine (SM)	1	0	1	0	1
IM – Cardiovascular Disease (CVD) <sup>E</sup>	6	3	10	2	12
IM – Geriatric Medicine (Geri-Med)	10	0	5	5	10
IM – Movement Disorders (Neuro specialty) <sup>B</sup>	n/a	n/a	1	0	1
OB/GYN – Maternal Fetal Medicine (MFM)	1	3	3	0	3
OB/GYN – Complex Family Planning (CFP)	n/a	n/a	2	0	2
PEDS-Neonatal Perinatal (Neo-Peri)	4	0	3	1	4
PSY-Addictions Psychiatry (Addict-PSY)	2	2	0	4	4
PSY-Child & Adolescent Psychiatry (CAP) <sup>F</sup>	4	2	4	2	6
PSY-Geriatric Psychiatry (closed 2023) <sup>G</sup>	1	0	0	0	0
PSY- Addiction Medicine (ADM)	n/a	n/a	1	1	2
SURG-Surgical Critical Care	2	0	2	0	2
<b>Subspecialty Program TOTALS</b>	<b>31</b>	<b>10</b>	<b>32</b>	<b>15</b>	<b>47</b>
<b>Core + Subspecialty TOTALS</b>	<b>227</b>	<b>55</b>	<b>227</b>	<b>73</b>	<b>300</b>

**Priorities for new or expanded GME programs at JABSOM** (superscripts are from Table 4).

<sup>A</sup> Family Medicine (FM) (3-year core program). Given the high need for primary care, as well as the JABSOM FM Program’s track record of retaining 75-90% of its graduates in Hawai’i (including several on Hawai’i Island, Maui, Kaua’i, and Lana’i), the program was gradually able to expand from 18 to 21 residents over the past three years. Ideally, the UH Family Medicine program would have 36 residents, with at least 12 in rural training tracks, where the last two years of their training would be done on a neighbor island (i.e., Kaua’i, Maui). Expansion to the neighbor islands requires teaching and clinical space, faculty personnel, judicious use of telehealth to connect to specialists and FM colleagues on O’ahu, and funding to support high housing and transportation costs. In August 2023, the UH program was awarded the HRSA-23-037 Rural Residency Planning and Development grant in close partnership with Hawai’i Pacific Health/Wilcox Medical Center, the Kaua’i District Health Office, and Hawai’i Health Systems Corporation – Kaua’i region. Detailed planning is underway for a rural JABSOM Family Medicine program on Kaua’i, where four new residents would spend their first year of training on O’ahu and the remaining two years on Kaua’i. The Kaua’i FM residents and residency program requires attention to necessary relocation costs (moving from O’ahu to Kaua’i). The program is aiming to attain provisional accreditation status in 2024, with the first cohort starting on O’ahu in July 2025. When the UH JABSOM Kaua’i program

matures (meaning three classes of four residents per class), that will add 12 residents to the current 21 JABSOM trainees, for a total of 33, still short by three of the project 36 projected needed by 2025.

<sup>B</sup> Internal Medicine (IM) – Primary Care and subspecialty fellowships.

Primary Care IM: The core Internal Medicine program developed a Primary Care Track several years ago, with increasing numbers of recent graduates choosing careers in Primary Care. The Department, with The Queen's Health Systems, recently received provisional accreditation for a new, separate \*Primary Care Internal Medicine Residency Program, with four residents per year starting July 2024. When the new program starts, the original Primary Track will close. Given the high need, we anticipate increasing the UH program over time.

Movement Disorders (1-year, non-ACGME fellowship): In 2023, a pilot program in neurology focusing on movement disorders (i.e., Parkinson's disease and similar) at Queen's was started with a 2022 legislative grant-in-aid funding to the Hawai'i Parkinson's Association. The first fellow will complete the program in 2024 and is anticipated to stay in Hawai'i to practice. The program will not recruit another fellow until sufficient funding for the fellow's salary and faculty time are secured.

Gastroenterology (3-year Fellowship): This subspecialty remains highly needed, especially given the increased prevalence of liver disease in specific Asian and Pacific populations and more endoscopic procedural needs for early cancer detection in the elderly. However, it will not be actively pursued until additional resources can be secured for fellows and faculty.

Medical Oncology (2-year Fellowship): Given the high burden of cancer, which is expected to increase as Hawai'i's population ages, and the anticipated retirement of almost 25% of our current oncology workforce within the next ten years, we are starting to explore developing a medical oncology fellowship (2-4 fellows per year). JABSOM is working closely with the UH Cancer Center to develop a future program's faculty base.

There is also high interest in developing a pulmonary medicine and neurology fellowship, given the high need for these specialty services and the shortage of providers across the state. However, more academic subspecialty faculty members, including some who provide clinical care on the neighbor islands, sustainable funding for fellows, and more capacity for required clinical research across the health systems and the University of Hawai'i will need to be in place before actively pursuing any of these options.

<sup>C</sup> Addiction Medicine (ADM) (1-year fellowship). This new fellowship began on July 1, 2019, with one fellow. Ideally, we should be training 2-3 fellows per year, given the growing need. However, this will require additional salary support and additional faculty time.

<sup>D</sup> General Surgery (SURG) (5-year core program). This program is in the process of expanding to 25 residents (5 per year) with a full complement beginning the 2024-2025 academic year (graduating five new surgeons annually). This will allow for increased training on the neighbor islands and Leeward O'ahu. However, significantly increasing the neighbor island training rotations will require additional faculty resources and sufficient patient volume. UH and Queen's are planning for a non-ACGME accredited neurointerventional radiology fellowship (1 fellow per year for two years).

<sup>E</sup> Cardiovascular Disease (CVD) (3-year fellowship). The CVD program is growing to 12 fellows by 2024 (graduating four new cardiologists annually). The expansion of fellows and faculty will

allow us to explore the feasibility of having some components of training done on the neighbor islands.

<sup>F</sup>Child and Adolescent Psychiatry (CAP) (2-year fellowship). The residual effects of the COVID-19 pandemic continue to exacerbate pre-existing shortages in caring for this highly vulnerable population of children and adolescents. Lack of inpatient beds and provider shortages negatively impact wait times, and these factors, along with increasing societal stressors, increase the risk of successful suicide attempts. In addition, insufficient providers and programs in ambulatory settings increase the risk of poor performance in school, negatively impacting the individual's potential to be a healthy, independent, and contributing adult. Funding is needed to restore the program to six fellows (three fellows per year) and increase faculty providers to expand services on the neighbor islands.

<sup>G</sup> Geriatric Psychiatry Fellowship (1-year fellowship). Unfortunately, due to nationwide difficulty in recruiting for this subspecialty of psychiatry, the retirement of the program director, and few job opportunities, this program formally closed in 2023. Psychiatric conditions in older patients are taught in the general psychiatry program.

### **Significant Gaps remain in the number of GME positions needed**

- Table 4 shows the large gap of 73 positions in GME needed to address current and 2025 projected Hawai'i Workforce Shortages.
- As Federal CMS funding for resident FTE has remained flat, our partner health systems have paid for the fellowships, some of the newer core positions from their operation funds, and the incremental salary increases for the residents/fellows. Constant changes in CMS payments to hospitals and providers, lower reimbursement rates for Hawai'i providers, and residual post-pandemic budget challenges cause us to slowly and very strategically expand GME programs based on the highest need, readiness, and capacity for an excellent educational program with research opportunities. According to the Association of American Medical Colleges (AAMC) physician supply and demand projections (June 2021), population growth and aging continue to have the greatest impact on physician workforces demands. With the anticipated U.S. population projections to increase by 10.6% between 2019 and 2034, the Western region is anticipated to see an increase in need from 186,700 to 240,300 by 2034, a growth by 53,600 physicians. Because it takes seven to 15 years to train a doctor, supporting an increase in the number of GME slots is part of a multifaceted strategy to support population care demands. For this reason, UH System, JABSOM, and HMEC continue to work with the Hawai'i congressional delegation, AAMC, Alaska, and other advocacy partners to modify the future legislation that creates more GME positions, so that the eligibility and priority criteria are move favorable to the island geography of Hawai'i.
- Resources beyond resident positions and administrative support are also needed for training faculty members and adding clinical training sites to ensure the provision of appropriate clinical supervision in the context of providing high-quality and safe patient care. Currently, many of the patients receiving care on academic teaching services are under- or uninsured or highly medically and socially complex.

### **Continuing work on improving retention (or return to Hawai'i) of GME program graduates**

- JABSOM has increased its class size to maximum capacity, given physical space constraints at the Kaka'ako campus and crowded clinical rotations on O'ahu. Since July 2019, JABSOM has accepted seventy-seven (77) medical students annually. In July 2023, 87% of the entering students were from Hawai'i, including six residents from Maui and one from Hawai'i Island. Six new students entered the Class of 2027 through the challenging one-year 'Imi Ho'ōla Post-

Baccalaureate Program. Nine students are from the U.S. continent, and one is from China, reflecting the broader JABSOM mission to be a center of excellence for Hawai'i and the larger Asia-Pacific region.

- Many of our GME programs retain more than 75% of their program graduates if the trainees also completed their medical education at JABSOM: Family Medicine, Obstetrics-Gynecology, Complex Family Planning, Geriatrics, General Psychiatry, Addiction Psychiatry, Addiction Medicine, and Child and Adolescent Psychiatry. In Pediatrics, those who subspecialize after residency often return to Hawai'i. Internal Medicine is also steadily improving its retention or return of its graduates (these numbers include the internal medicine subspecialties, in addition to primary care). All GME programs recruit residents who are more likely to practice in Hawai'i, but the National Resident Matching Program rules disallow direct recruitment or guaranteed placement. Therefore, our programs do not completely control who is hired into the residency program. For those programs whose graduates continue in subspecialty fellowships in the continental U.S., those graduates with Hawai'i ties eventually return home. Still, depending on the specialty, it may be 10-15 years later.
- Continued work is needed to develop more teachers of JABSOM students and residents throughout the state. Further increases in medical student class size and residency (GME) positions in Hawai'i will require additional faculty members for teaching and supervision. Our GME program graduates are actively recruited to help fill this gap.

#### **Additional barriers to physician retention that must be addressed**

- The high student loan burden, lower salaries, and reimbursement rates (compared to other parts of the country), and the very high cost of living in Hawai'i may entice JABSOM graduates to the continental U.S. or keep them there for most of their careers. UH and JABSOM partner with many independent and other physician organizations to advocate for an increase to the Medicare Geographic Price Index and eliminating the 4.7% Hawaii General Excise Tax that independent providers must pay for care delivered to Medicare and Medicaid beneficiaries.
- In 2023, according to the Association of American Medical Colleges Graduate Survey, the average educational debt (undergraduate plus medical school) of JABSOM graduates who reported educational debt was \$173,787, with 19% having debt higher than \$200,000. This figure does not account for some students needing additional personal loans to cover their housing or other living expenses. Changes in loan repayment policies mean prolonged payment deferral is no longer an option. The continued growth of philanthropy (4-year scholarships including tuition and fees, with a service commitment) is needed to recruit talented and promising Hawai'i students to JABSOM. As of 2023, 23% of JABSOM students receive four-year, full-tuition scholarships. Additionally, 92.5% of JABSOM students receive some form of financial aid. Expansion of loan repayment programs or scholarships, especially those prioritizing practice in rural areas or with underserved communities, helps attract our JABSOM graduates to help meet our state's workforce needs. More information on the successes of the Hawai'i State Loan Repayment Program and the new Healthcare Education Loan Repayment Program (HELP) are noted in Duty 5.
- Rapid changes in medicine and reimbursement sway many young physicians away from primary care specialties and ambulatory practices in the communities where they are most needed. As a result, local health systems and insurers must work together to create attractive and meaningful jobs for JABSOM graduates and other Hawai'i-born physicians who have completed their schooling in the continental U.S.. In addition, more group practices with staffing to provide team-based, high-quality care are needed, especially on the neighbor islands.

- The disturbing trend of UH JABSOM residents being named as parties in malpractice claims during training – when they were providing proper care while supervised by a fully licensed physician as a part of the resident’s formal training program – has further limited our teaching hospitals’ ability to fund GME fully and consider expanding residency positions in high-need specialties. In addition, being named in a malpractice claim during training, even when the trainee is subsequently removed from the claim, has discouraged some GME residency graduates from accepting future jobs in Hawai‘i.

### **GME Programs Outside of JABSOM**

- Hawai‘i Health Systems Corporation (HHSC) Hilo Medical Center has welcomed its tenth class of residents to the Hawai‘i Island Family Medicine Residency Program. In 2023, they have 17 residents and plan to increase to 18 residents total (6 graduates per year) over the next few years.
- The Waianae Coast Comprehensive Community Health Center is also planning a small HRSA-supported Teaching Health Center GME Family Program, with eventual attainment of 6-9 residents once the program matures. UH JABSOM will synergize with the WCCHC program and is currently coordinating with the Hawai‘i Island Family Medicine Residency Program. If resources are obtained as planned, then by 2028, Hawai‘i’s civilian Family Medicine Programs will total 60 residents and graduate 19-20 per year (UH at Pali Momi 7 + UH at Kaua‘i 4 + HHSC Hilo 6 + WCCHC 2-3), which will help narrow the primary care gaps.
- Kaiser Permanente on O‘ahu recruited its ninth class of five (5) residents to its Internal Medicine Residency Program and has 15 residents in total. By 2027, when the new UH primary care Internal Medicine program matures, there should be nine new graduates per year combined.
- Tripler Army Medical Center’s (TAMC) 11 GME programs also continue to help serve the physician workforce needs of the military community. Some trained at TAMC eventually return to Hawai‘i to practice in the military and stay in the civilian community upon retirement. Of note, eight recent graduates of TAMC GME programs have remained in Hawai‘i to practice. Over the past 10 years of VA sponsorship of civilian positions in the TAMC Internal Medicine Residency Program, 18 graduates have practiced medicine in Hawai‘i (5 in the local community and 13 in VA [3 as part of their Chief Residency]). UH also jointly sponsors our neonatal-perinatal fellowship with TAMC. Recent fellows have been active-duty military, with a current civilian fellow who will stay in Hawai‘i to work after completing their fellowship.

### **Funding GME is the largest barrier to UH JABSOM’s ability to meet workforce needs**

Declining federal and hospital funding of GME is a challenge for the state of Hawai‘i because Hawai‘i, unlike most states, does not currently directly appropriate state funds for resident GME positions. Hawai‘i also does not have access to Federal Medicaid GME funding. Most of our major hospital training sites, especially those primarily supporting our GME fellowships, are paying for GME training costs out of operations, since we have insufficient CMS-reimbursable GME positions. For this reason, the UH System, JABSOM, and HMEC continue to work with the Hawai‘i congressional delegation, AAMC, Alaska, and other advocacy partners to modify the proposed future legislation that creates 14,000 more GME positions in the US, so that the eligibility and priority criteria to obtain new CMS GME positions are more favorable to the island geography of Hawai‘i.

For these reasons, a significant focus of HMEC since 2016 has been to strengthen partnerships and examine possibilities for additional GME resources.

### **State-level collaboration and coordination of GME efforts are needed**

- To the extent possible, it is in Hawai'i's best interest to have the HMEC serve as a systems-level forum through which statewide strategic planning of GME programs can help find the optimal economies of scale to train and deploy graduating residents/fellows into the physician workforce.
- Currently, there is a strong collaboration with the Veterans Administration (VA) Pacific Islands Healthcare System. The VA representative on the HMEC provides essential information regarding current and anticipated VA needs and funding opportunities and how the UH GME programs may help the VA meet future workforce needs, particularly outside of urban Honolulu on neighboring Hawaiian Islands, Guam, and American Samoa. Given different curricular requirements and clinical constraints at the VA, we have maximized the rotation opportunities in Family Medicine, Geriatrics, and Psychiatry. In addition, we are exploring options to expand training in addictions for general psychiatry residents, addiction medicine, and addiction psychiatry fellows. As VA faculty capacity and clinical operations are reconfigured to accommodate resident learners, we hope to have more primary care or psychiatry experiences at neighbor island VA clinics or the new Akaka clinic, which will open in Leeward O'ahu in 2024.
- As part of a long-standing collaboration with the Tripler Army Medical Center (TAMC), 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. In addition, the only neonatology program in the U.S. Pacific is shared between UH and TAMC.
- Stronger partnerships between local health systems and JABSOM are now in place to attract and retain academic faculty committed to working with diverse populations, teaching, and conducting scholarly activity to reduce health disparities and improve health for all Hawai'i's populations. In September-November 2021, JABSOM physician faculty members of the University Health Partners of Hawai'i faculty practice joined with either the Queen's University Medical Group or the Hawai'i Pacific Health Medical Group. Both health systems and JABSOM have committed to further strategic priorities that will ultimately improve access to care and the health of Hawai'i residents. These partnerships are critical for medical student education and residency/fellowship GME training. In the past year alone, 99 new faculty appointments have been processed to help support medical student and/or resident/fellow learning throughout HPH (62 new) and Queen's (37 new) systems. Most of these faculty do not receive funding from the state but commit a portion of their time to teaching in the clinical setting.

**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 each of its individual GME training programs continually address any citations, concerns, or anticipated threats to success and utilize the ACGME requirements as minimum requirements. The Annual Institutional Review meeting in September 2023 refined the numerous activities used for continuous improvement of the Institution (across programs) and supported program-specific quality improvement efforts that largely focus on creating excellent, safe, supportive, inclusive, and diverse clinical learning environments that support the provision of high quality, safe patient care for all patients, and especially those suffering disproportionate health disparities. Details of the JABSOM GME Annual Institutional Review and strategic focus areas can be found on our [GME website](#). Since late 2016, the UH JABSOM GME programs, their primary hospital partner training sites, and key community

stakeholders, including the HMEC, have been operationalizing a long-term strategic plan to develop a physician workforce that continues to advance the health and well-being of the people of Hawai'i. The HMEC, JABSOM, and key stakeholders continue to work on these strategic areas, some of which were described in more detail earlier:

1. Secure additional **resources** to maintain and expand GME programs. This includes funding for resident positions, supplemental educational activities, and additional faculty and clinical training sites (especially on the neighbor islands).
2. Develop a multi-pronged approach to improve physician **retention** in Hawai'i. This includes ongoing activities before and during residency training, policy advocacy related to payment, work with health systems, insurers, the state, and other partners to make Hawai'i a desirable place to practice, and advocating with state, county, and private entities for more affordable housing – especially for those still in training and those who want to spend a portion of their training on a neighbor island.
3. In partnership with the health systems and insurers, develop strategies to address and prevent physician burnout and **promote physician well-being**.
4. Expand **neighbor island** and telehealth training opportunities for residents and fellows. Numerous national studies prove that the best ways to attract and retain physicians in rural settings are to 'grow your own' and provide clinical training embedded within local community clinics and hospitals. Resources will be needed to develop clinical sites and faculty, as well as for resident housing and transportation. The lack of these resources constrains most programs' ability to offer neighbor island rotations. HMEC recommendation #1 specifically addresses the need for core compensated faculty members who can accelerate the coordination with neighbor island health systems to increase capacity for high-quality inpatient training, help coordinate educational opportunities, and build connectivity with the high schools, community college, UH health professions, and JABSOM programs to help grow the next generation of health and science professionals for Hawai'i and the neighbor islands, in particular. Faculty members with dedicated administrative, teaching, faculty development, and scholarly activity duties and expectations are needed to ensure the consistent and high-quality medical education required by the various accrediting bodies.
5. Incorporate more aspects of **population health** and **interprofessional education and training** into all GME programs to better equip future physicians to practice in team-based, patient and population-centered clinical settings. This effort includes primary care-behavioral health integration.

**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*

The information and strategies articulated in Duties 2, 3 and 5 comprise the Plan to ensure the adequate funding of healthcare training programs in the state, with an emphasis on UH JABSOM GME programs. The recommendations below support expansion to the neighbor islands and increasing pathways to grow other highly needed health professionals, particularly from rural and underserved areas. Both recommendations augment additional efforts by the Healthcare Association of Hawai'i, health systems on all islands, county officials, the Department of Education, UH community colleges, and other UH health professions schools to help address our dire shortages.



### **RECOMMENDATION #1**

UH/HMEC recommends the State Legislature and State Executive Branch provide increased support for growing medical and health professions education on the neighbor islands by providing 1.5 FTE physician (faculty) coordinator positions and 1.5 FTE non-physician program coordinator/outreach positions, including salary and operational funding to JABSOM's base budget. The neighbor island based faculty coordinator position will support more rapid expansion of JABSOM's residency training and medical student experiences by providing on-island coordination and focused attention to increase local health system capacity to provide high-quality clinical education. The dyad of physician coordinator and program coordinator/outreach position will enhance connectivity between the high schools, Department of Education, community colleges, Area Health Education Center programs, UH and JABSOM's many STEM programs, and UH health professions programs, including the medical school.

Less directly related to expanding medical education opportunities on the neighbor islands, but critical to reducing health disparities in diabetes across the state, is a funding request for 1.0 FTE physician-scientist in endocrinology. This position will synergize with JABSOM's existing basic science, translational research, and community-based research programs in diabetes and cardiometabolic disease and help grow JABSOM's capacity for clinical translational research. This position will also help ameliorate the state's shortage of endocrinologists. JABSOM's total supplemental budget request to the 2024 Legislature is 4.0 FTE and \$925,000.

### **RECOMMENDATION #2**

UH/HMEC recommends the State Legislature convene a task force comprised of state, county, and private partners to explore options and propose concrete steps toward affordable temporary housing options for the next generation of health professionals (i.e., students, residents) to encourage rotations and, eventually, careers on the less populated and/or rural island communities throughout the State of Hawai'i. Furthermore, UH/HMEC recommends these options and proposals be specific to each island community as we recognize and appreciate the dynamics of each locale, which will influence the overall effectiveness of the solutions being implemented.

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

- Federal and private funding to retain health providers through loan repayment programs was obtained in 2012. The 2017 Legislature and Governor Ige approved matching funds to increase educational loan repayments offered through the Hawai'i State Loan Repayment Program, which is matched with Federal Dollars. The program works to retain existing primary care and behavioral health providers through loan repayment, contingent on a commitment to practice in a Health Professions Shortage Area in Hawai'i for two years after loan repayment. Hawai'i has one of the most successful programs in the country, with 63% (as of 2022) of loan repayers continuing to work in the area after completing their service requirement. We are grateful to the 2023 Legislature for \$1 million per year into the Department of Health's base budget, which will be used to match the Federal loan repayment dollars that support primary care and behavioral health in health profession shortage areas. Additional details on the success of the Hawai'i State Loan Repayment Program can be found in the [2023 Hawai'i Physician Workforce Report](#).
- Hawai'i Healthcare Education Loan Repayment (HELP) program. We thank Governor Green and the 2023 Legislature for authorizing \$30 million over two years for the HELP, which benefits physicians, nurse practitioners, nurses, psychologists, and other high-shortage health professions. More than twenty current residents or fellows, some training on the continental U.S. and the rest training in Hawai'i, will start receiving loan repayment in 2024 while they complete their training program in return for a minimum two-year service commitment to Hawai'i. If the State can continue these loan repayment funds, we anticipate this will be a

good method to recruit our physicians back home earlier and help encourage careers in lower-paying medical specialties. JABSOM will closely monitor this novel program's short- and long-term impacts. More information on the HELP program can be found at <https://www.ahec.hawaii.edu/hawai%ca%bbi-help/>

- The Hawai'i/Pacific Basin Area Health Education Center (AHEC)'s three Federal grants support the "Pre-Health Career Core" program that establishes a pathway for health careers. The program has already guided more than 3000 high school and college students interested in health careers. The program is funded for four years and covers health sciences, shadowing, mentoring, research experiences, and Medical College Admissions Test preparation. These and other JABSOM pathway programs target students of Native Hawaiian descent and public school students from medically underserved areas, including the neighbor islands.
- Philanthropic support for 4-year scholarships to medical school will need to increase. Currently, about 25% of JABSOM first-year students have 4-year tuition scholarships. Eighty-nine percent of JABSOM students receive some form of scholarship or other financial aid. Reducing the educational debt for JABSOM graduates will allow those considering high-need specialties (for Hawai'i) to choose to stay in Hawai'i, with its high cost of living and a generally lower salary compared to some markets in the continental U.S. Some states have provided such scholarship funds to the state medical school.
- Full restoration of state funding (general and tuition) to support JABSOM faculty and staff members is needed to preserve our excellence in medical education, including expanding current training on the neighbor islands and with underserved populations throughout the state.
- Continued work with our major health system partners as detailed in Duties 2 and 3 (pages 7-14). These partnerships allow system improvements and additional resources to support faculty in achieving excellent clinical learning opportunities for our medical students and residents/fellows.
- JABSOM greatly appreciates the 2022 Act 248 new 6.0 faculty FTE and additional base budget funding for salaries and operational expenses (neighbor island rotation expenses). The FTE has been split and leveraged with existing G funds or private (health system or other employer) funding for eight part-time faculty on the neighbor islands, and seven new core JABSOM faculty who support medical school (medical students and residency) innovations and expansion of training sites across Hawai'i.
- JABSOM is extremely appreciative of the 2022 Act 262 one-time appropriation to JABSOM with an emphasis on supporting residency training on the neighbor islands and in medically underserved populations throughout the State (\$2.7 million); and to create further medical residency and training opportunities through a partnership between JABSOM and the U.S. Department of Veterans Affairs (\$4 million). \$3.2 million of the one-time appropriations for fiscal year 2022-2023 supported faculty, administrative staff, resident salaries, transportation, and travel costs when they rotated on a neighbor island. Unfortunately, the VA could not develop the mechanisms to support faculty expansion in sufficient time to expend funds. As noted in Duty 2, creating new residency positions and programs requires educational experiences, including faculty and space, that meet accreditation standards. Additionally, sustained funding (federal, state, and private) for resident/fellow salaries is required to support and finish a resident or fellow once we accept them into their training program (3-5 years for core programs, 1-3 years for fellowships).

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

See recommendations under DUTY 4 and DUTY 5. The ACGME requires the UH JABSOM's Graduate Medical Education Committee (GMEC), with oversight by the Office of the Designated Institutional Official (DIO) to monitor the implementation and effectiveness of the plans to improve and grow GME in the shortage specialties. HMEC input and guidance, in addition to the ongoing engagement by health systems, the Department of Health, and the legislative and Executive branches, addresses the matching of state specialty provider needs with training program growth and development. A summary of the results will annually be incorporated in our HMEC report to the Legislature.

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

This annual report for the Legislature serves that purpose.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Lee Buenconsejo-Lum', written in a cursive style.

Lee Buenconsejo-Lum, MD, FAAFP  
Professor & Interim Dean, and Chair of HMEC  
Barry & Virginia Weinman - Endowed Chair  
John A. Burns School of Medicine, University of Hawai'i at Mānoa

## **PART II. SUMMARY**

### **HMEC Recommendations to 2024 Legislature**

#### **RECOMMENDATION #1**

UH/HMEC recommends the State Legislature and State Executive Branch provide increased support for growing medical and health professions education on the neighbor islands by providing 1.5 FTE physician (faculty) coordinator positions and 1.5 FTE non-physician program coordinator/outreach positions, including salary and operational funding to JABSOM's base budget. The neighbor island-based faculty coordinator position will support a more rapid expansion of JABSOM's residency training and medical student experiences by providing on-island coordination and focused attention to increase local health system capacity to provide high-quality clinical education. The dyad of physician coordinator and program coordinator/outreach position will enhance connectivity between the high schools, Department of Education, community colleges, Area Health Education Center programs, UH and JABSOM's many STEM programs, and UH health professions programs, including the medical school.

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#### **RECOMMENDATION #2**

UH/HMEC recommends the State Legislature convene a task force comprised of state, county, and private partners to explore options and propose concrete steps toward affordable temporary housing options for the next generation of health professionals (i.e., students, residents) to encourage rotations and, eventually, careers on the less populated and/or rural island communities throughout the State of Hawai'i. Furthermore, UH/HMEC recommends these options and proposals be specific to each island community as we recognize and appreciate the dynamics of each locale, which will influence the overall effectiveness of the solutions being implemented.

## PART III. APPENDIX

### Appendix A: State Statutes Related to HMEC

HRS excerpts below were downloaded on December 22, 2014 from the following sites:

HRS0304A-1701 Definitions

HRS0304A-1702 Graduate Medical Education Program

HRS0304A-1703 Medical Education Council

HRS0304A-1704 Council Duties

HRS0304A-1705 Council Powers

## CHAPTER 304A UNIVERSITY OF HAWAI'I SYSTEM

Part I. System Structure Section

Part IV. Divisions, Departments, and Programs

J. Medical Education Council

304A-1701 Definitions

304A-1702 Graduate medical education program

304A-1703 Medical education council

304A-1704 Council duties

304A-1705 Council powers

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 the 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 Hawai'i medical education special fund established under section [304A-2164].
- c) All funding for the graduate medical education program shall be non-lapsing.
- 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 Hawai'i, the medical education council consisting of the following thirteen members:

- 1) The dean of the school of medicine at the University of Hawai'i;
- 2) The dean of the school of nursing and dental hygiene at the University of Hawai'i;
- 3) The vice dean for academic affairs at the school of medicine who represents graduate medical education at the University of Hawai'i;
- 4) The director of health or the director's designated representative;

- 5) The director of the Cancer Research Center of Hawai'i; 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 Hawai'i, 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 Hawai'i 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:
  - a. Is not a government employee; or
  - b. 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]

## Appendix B: Sample HMEC Meeting Agenda

Figure 2: Sample HMEC Meeting Agenda

Hawaii Medical Education Council  
University of Hawai'i, John A. Burns School of Medicine  
651 Ilalo Street, Honolulu, Hawaii 96813, Medical Education Building, #202 & Zoom, Office contact: (808) 692-0989, Fax (808) 692-1247

**AGENDA**

*Items not addressed during this meeting will be discussed on another day and time announced [at the conclusion of the meeting](#).*

1. Call Meeting to Order & Review / Approval of Previous Meeting Minutes (HMEC Chair, 5 minutes)
2. Public Comment Period - will be held at the beginning of the meeting and before each agenda item, (HMEC Chair, 5 minutes)
3. Report from HMEC Chair
  - a. Legislative Updates & Initiatives (15 minutes)
    - i. JABSOM Strategic plan updates - Dr. Lee Buenconsejo-Lum
    - ii. 2024 JABSOM legislative request - Dr. Lee Buenconsejo-Lum / Cynthia Nakamura
4. Physician Workforce Updates & Synergies
  - a. Federal Appropriations and GME Financing Update - Dr. Aimee Grace (5 minutes)
  - b. Physician Workforce Update (Update from Workforce Summit 9/9/23) - Dr. Kelley Withy (10 minutes)
  - c. Update from Hawaii Island Healthcare Conference (10/6/23) - Lisa Rantz (5 minutes)
5. Graduate Medical Education Updates (Dr. Susan Steinemann, 10 minutes)
  - a. Annual Institutional Review (9/22/23) Highlights
  - b. GME Program Prioritization Process/Potential Expansions
  - c. HRSA Rural Program Planning and Development Grant Update (Kauai)
6. HMEC Recommendations to the 2024 legislature (report due in November) - Dr. Lee Buenconsejo-Lum (15 min)
7. Open Forum: Public comment on issues not on the agenda, for consideration of the next meeting agenda (5 minutes)
8. Next HMEC Meeting – **Monday, January 22, 2024 @ 7:30 am** in-person and via Zoom
9. Adjournment

*For reference: HMEC Recommendations to the 2023 Legislature ([link to annual HMEC Report](#))*

**RECOMMENDATION #1**  
UH/HMEC recommends that the State Legislature and State Executive Branch provide increased sustainable funding to JABSOM's base budget to support the expansion of JABSOM's medical student and residency training experiences, particularly on the [neighbor](#) islands and rural areas of Hawai'i. The funding would support the growth of JABSOM faculty and administrative staff, as well as operational resources to support the continuation and expansion of innovative medical student and residency curricula to meet underserved communities' needs better.

**RECOMMENDATION #2**  
UH/HMEC recommends that the State Legislature and State Executive Branch continue supporting and providing a State financial matching to the Hawai'i State Loan Repayment Program. Ideally, this match should be added as a permanent line item in the DOH budget to ensure sustainability. The funds currently come as a supplement to the annual Department of Health (DOH) budget with explicit instruction for the DOH to [annually](#) transfer those funds to JABSOM. This transfer is tied to JABSOM's oversight of the health professional loan repayment program for Hawai'i - including coordination of the National Loan Repayment Program Federal match for Hawai'i.

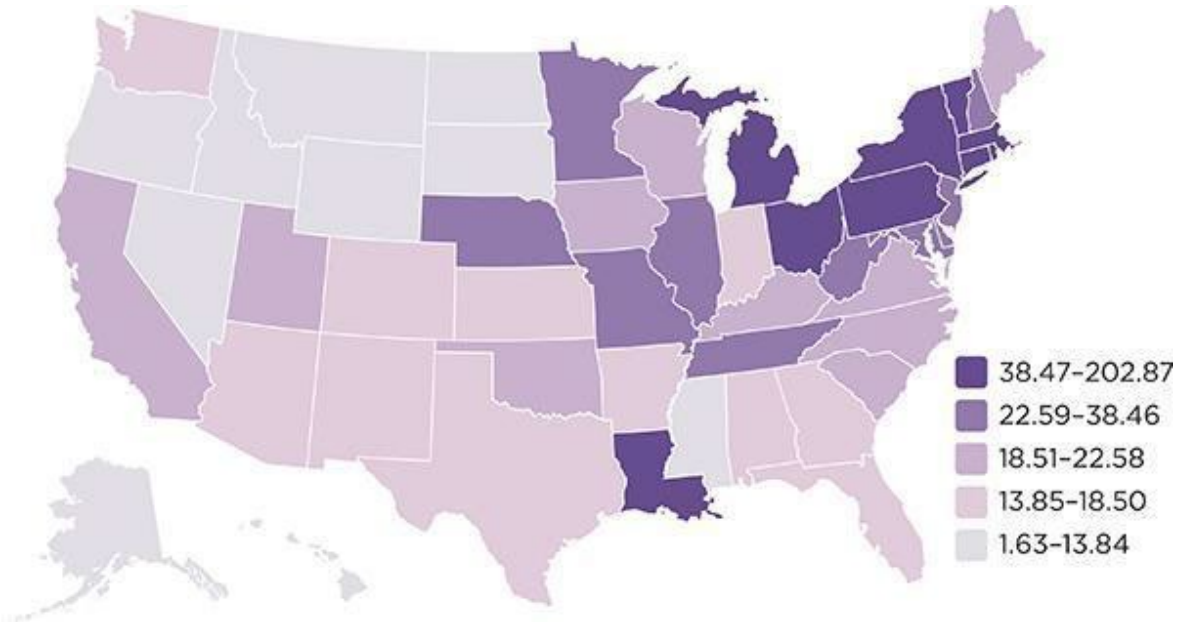
**RECOMMENDATION #3**  
UH/HMEC recommends that the State Legislature approve the proposed expanded definitions used to determine eligibility for the Hawaii State Preceptor Tax credit program. UH and other Hawaii-based health professions programs rely upon volunteer faculty preceptors for core educational programs. The program would increase participation by neighbor island faculty preceptors across medicine, nursing, and pharmacy. This support aids busy neighbor island practitioners and encourages neighbor island recruitment of trainees upon completion of their training.



**Appendix C: Number of Medicare-funded GME training positions by state, per 100,000 populations, 2010**

SOURCE: Institute of Medicine (IOM). 2014. *Graduate Medical Education That Meets the Nation's Health Needs*. Washington, DC: The National Academies Press. Figure 3-2.  
[https://www.ncbi.nlm.nih.gov/books/NBK248024/figure/fig\\_3-2/?report=objectonly](https://www.ncbi.nlm.nih.gov/books/NBK248024/figure/fig_3-2/?report=objectonly)

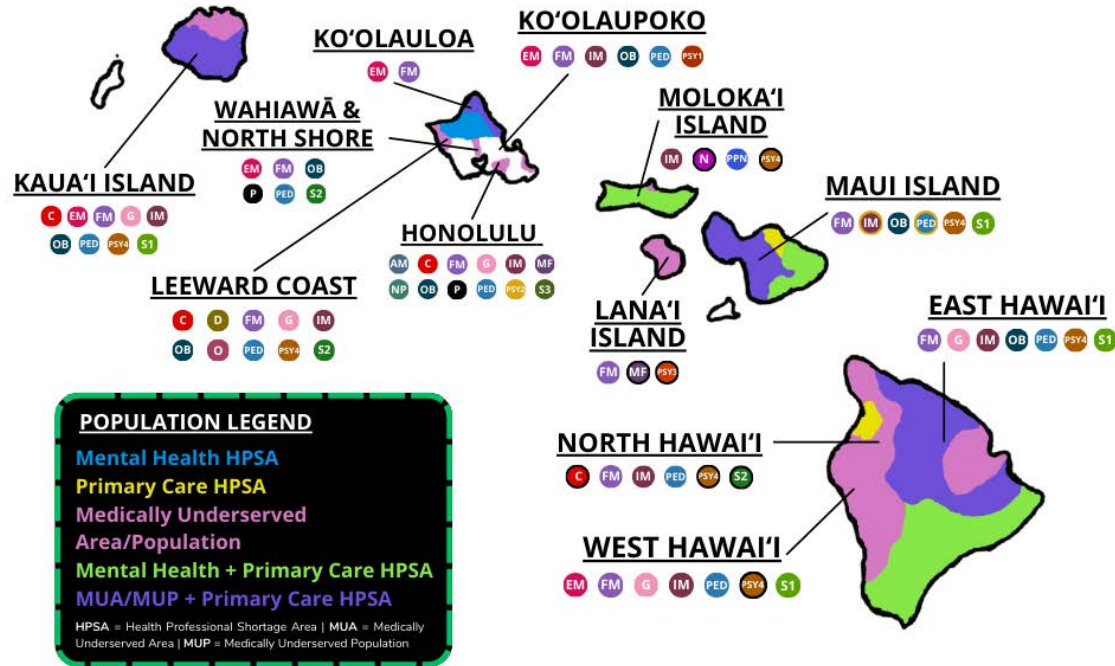
**Figure 3: Appendix C: Number of Medicare-funded GME training positions by state, per 100,000 populations, 2010**  
*Note: Hawai'i is in the lowest category (1.63-13.84 training positions per 100,000 population)*



# Appendix D: Rural or Underserved areas where JABSOM graduates practice

Figure 4: Appendix D: Where JABSOM medical school or GME program graduates practice as of November 2023

## RURAL OR UNDERSERVED AREAS WHERE JABSOM GRADUATES PRACTICE



MEDICAL SPECIALTY LEGEND			
AM	Addiction Medicine	PSY2	Psychiatry - Addiction, Child, General
C	Cardiology	PSY3	Psychiatry - Child
D	Dermatology	PSYA	Psychiatry - Child, General
EM	Emergency Medicine	S1	Surgery
FM	Family Medicine	S2	Surgery - General, Orthopedics
G	Geriatrics	S3	Surgery - General, Orthopedics, Critical Care
IM	Internal Medicine		
MF	Maternal - Fetal Medicine		
NP	Neonatal - Perinatal		
N	Nephrology		
OB	Obstetrics and Gynecology		
O	Ophthalmology		
P	Pathology		
PED	Pediatrics		
PPN	Pediatrics/Peds Neurology		
PSY1	Psychiatry		
			Denotes visiting physician from O'ahu or telemedicine
			Denotes visiting some visiting subspecialists