



Monday, April 5, 2021 | Today's Paper | 82°

EDITORIAL | OUR VIEW

## Editorial: Neighbor islands need protection

April 1, 2020

The same aspect of island life that produces many challenges — remote isolation, high living costs — is ironically offering some measure of protection for Hawaii in the pandemic era.

The Pacific Ocean is not an absolute barrier but it's tough to traverse other than by air. Compared to other states that are attempting to insulate themselves but are unable to bar cars from driving across state lines, Hawaii's mission of regulating arrivals by air is, while challenging, more effective. Imposing a 14-day quarantine on visitors and residents who arrive in the islands was the starting point.

Now, Gov. David Ige took what is the next rational step in shielding Hawaii, to the extent possible, from the deadly coronavirus that threatens to collapse health-care systems in many parts of the globe. The interisland quarantine order issued on Monday takes effect today through April 30, requiring that anyone traveling between islands of the state shelter in place for 14 days.

Those qualified as "essential workers" — a designation being fine-tuned — will have to travel with masked protections and file an interisland declaration form before going through the TSA gate check.

Early moves to control the seeding and spread of the viral infections may have bought Hawaii some time, especially for its rural neighbor island areas. Social distancing in a sparsely populated area is part of the landscape.

But there are certainly gaps in that protection, and without careful adherence to the rules, the entire state, not just Oahu's urban center, can be at risk. In particular, Hawaii's rural hospital network, already fragile before this crisis, will be under perilous strain.

It's very like the concerns of other parts of rural America, small "islands" of community surrounded by a thinly populated land mass. They fare well early in a pandemic, experts say, but as occasions for exposure to urban populations increase, the risk of infection also rises.

In short, rural areas could take a harder hit later in the progression. And the same can happen in Hawaii — which on Tuesday marked its first COVID-19 death — with an accelerating infection rate.

Lt. Gov. Josh Green, the state's coronavirus prevention liaison, crunched some of the numbers during a Monday media conference. Green said the good news is that the state is in a position at present to keep the curve of the graph of disease cases within the capacity of the health care network to manage.

Hawaii COVID-19 patients are using 58 of 534 ventilators available and only 37% of the 338 intensive-care unit beds are occupied by those infected, he said.

But that margin of safety can shrink, quickly — and these are still the early days of spread. The case count has risen daily from 95 on March 26 to 120, 151, 175, 204 and 224. The curve can become even steeper, with 8% more cases possible in only two days, Green said. Four days later, the case count can be 15% higher, with a caseload increase by 43% by the sixth day.

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That's alarming enough viewed through a statewide lens, but leaves little room for error on an individual island. Kauai, for example, has only nine ICU (intensive-care) beds available. It wouldn't take much for adequate treatment to become difficult to access and for the whole system to become overwhelmed.

Additionally, Ige's latest executive order suspends some restrictions governing the use of telemedicine, and that's a good thing. Hawaii's health-care system will be under particular duress from now on, so using alternative modes of care will become everyone's responsibility. And responsibility begins with observing the state's new strict quarantine rules, for everyone's safety.

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EDITORIAL | OUR VIEW

## Editorial: Market changes, doctors struggle in Hawaii

Sept. 15, 2019

Multiple forces — some permanent facts of life in the islands, others temporary — are now compounding their effects to shrink the supply of doctors in Hawaii, now at its lowest ebb in four years. Efforts to counter this are underway but must accelerate if the state is to head off a severe crisis of care, especially on the neighbor islands.

The latest survey from the Hawaii/Pacific Basin Area Health Education Center indicates a current shortfall of 830 doctors statewide. The center, based at the University of Hawaii John A. Burns School of Medicine, estimated that the state's aging population needs at least 3,481 active physicians but has only 2,819.

This is anything but a new problem, but it's plainly getting worse. Many of Hawaii's doctors are baby boomers who are retiring en masse, at the same time all the other boomers and their elders are needing more care.

The current campaign to reorder the health-care economic landscape — dubbed “payment transformation” by Hawaii Medical Services Association, the state's largest health insurer — is surely one additional factor that's pushing more doctors toward the door.

But there are many more, unfortunately. Those in the industry make numerous observations about the job market in medicine:

>> One reason there are many struggling with payment transformation is that a disproportionate number of physicians in Hawaii are still private, individual practitioners. They say they need more predictability about income than the HMSA system provides.

One critic of the system, Dr. Stephen Kemble, said that this started with the insurer, which controls the largest share of medical coverage. HMSA's original “fee for service” payment system standardized fees and made them predictable, which enabled Hawaii doctors to project costs and start an individual practice.

Now predictability has been lost, he said, meaning that especially newly graduated doctors gravitate to the mainland where more of the marketplace has converted to group practices. Young doctors now prefer being employees but find fewer group opportunities here, he said.

>> There is the cost-of-living issue that affects everyone, including the cost of housing and the prospect of paying for private school for children. This is weighed against the sizable college-loan debts many new doctors carry.

>> Hawaii health-care institutions compete for recruits across the mainland, making it tough to fill slots — especially as some prospects are deterred by Hawaii's geographic isolation and distance from their extended families.

Of course, Hawaii has begun the transition to group practice. But its health-care institutions are recognizing that adaptation to new payment and cost-management models are deterring many doctors that the state needs to keep in place, if at all possible.

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HMSA and other Hawaii health-care institutions now recognize that the change is hard on doctors and have done outreach. Clearly, they do own some of the problem and must offer further help to physicians in making adjustments.

Some health-care centers are meeting to share ideas about more effective recruitment, an encouraging sign of collaboration. But there are already critical specialization shortages, especially on the neighbor islands. General practitioners increasingly must be supported in creating partnerships through telemedicine and conferencing to bridge the gaps.

And there must be continued exploration of ways in which nonphysician providers can extend the doctor's reach to patients. One such strategy is identified in "Healthy Hawaii 2020: A Community Health Plan," a blueprint issued by the state Health Department following a community health needs assessment by the Healthcare Association of Hawaii.

It recommends that doctors form a team including pharmacists and others to work with patients on managing their chronic diseases. This more collaborative approach is applauded by HAH, said its president and CEO, Hilton Raethel.

Of course, HAH also recently issued a report detailing how all of those non-physician health professions also are encountering similar shortages that must be overcome as well. Raethel said the association is continuing to work with the state Department of Education on expanding its "health academy" approach to promote the health-care professions among students from a young age.

Another task is to enable credentialing for more of these support professions in Hawaii. Some high-need professions, including physical therapy, need programs to be established locally, and the University of Hawaii has shown some interest in starting one. Lawmakers next session must take a hard look at ways to address all such crucial workforce needs.

Hawaii has a reputation for being one of the healthiest states in the nation. If the state seeks to maintain that status, the critical gap that has opened across its health-care professions is a complex problem that will take a concerted effort by public and private partners to overcome.

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# Why The Coronavirus Outbreak Could Make Hawaii's Doctor Shortage Worse

By Ashley Mizuo • Apr 2, 2020



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The state is scrambling to identify enough medical professionals to care for a potential surge of coronavirus patients in Hawaii. However, some doctors are concerned that the outbreak will further worsen the state's long-standing physician shortage.

Dr. Alistair Bairos, a general surgeon, has been practicing medicine on the Big Island for the past 35 years. Since the coronavirus outbreak, he's been seeing only about a third of the patients he usually does.

“Some doctors have cut back completely on face-to-face encounters,” he said. “The problem is then that the doctors still have practice expenses from which they’re going to get no or very reduced income.”

He said he does not think his practice can continue much longer with the small number of patients he's seeing.

Because of the stay-at-home order imposed by Gov. David Ige and the suspension of elective surgeries and other procedures, many private practices are going to struggle, said Dr. Scott Grosskreutz, a member of the Hawaii Physician Shortage Crisis Task Force. It's a group of physicians on Hawaii Island working to address the lack of doctors in the state.

“If private practices are basically fiscally failing in the next three to six months, you don't want these physicians to basically say, 'I'm bankrupt, I need a job' and leave because other states are recruiting,” Grosskreutz said.

“Other states are going out of their way to make it attractive for physicians to practice in their state. Requirements for state licensure have been stopped.”

### **Doctor shortage exacerbated by coronavirus**

Hawaii currently has a statewide [doctor shortage](#) of 24% with 2,974 physicians working full time. That percentage rises to 44% in locations such as Hawaii Island.

Dr. Elizabeth Ann Ignacio, treasurer with the Hawaii Medical Association, which represents doctors, explained that hospitals are trying to open opportunities for private practice physicians. She has been coordinating with the Hawaii Department of Health and the Healthcare Association of Hawaii, the hospital group, to bring together a medical workforce to deal with the current crisis.

“A lot of the hospitals are offering temporary disaster privileges,” Ignacio said, allowing doctors to practice in hospitals where they normally don't. “They're asking their community providers to sign up for those. So there are opportunities for them to continue having income and work while their practices are kind of quiescent.”

### **Hawaii's aging, vulnerable doctor workforce**

Another challenge for Hawaii is the age of many of its physicians: the state the second oldest population of doctors in the nation after New Mexico. Twenty percent of Hawaii's doctors are over the age of 65.

The [U.S. Centers for Disease Control and Prevention](#) reports those over 65 have a higher risk of mortality if they become infected by the coronavirus. The mortality rate for people between 65 and 84 is between 3% and 11%. For those between 20 and 54 years old, the mortality rate is less than 1 percent.

Dr. John Lauris Wade, also a member of the Hawaii Physician Shortage Crisis Task Force, used the mortality rates and a population infection estimate of 30% from the [University of Nebraska](#), and applied it to Hawaii's doctor population.

He calculates that out of the 594 doctors over 65 years old, 178 could fall ill and 6 could die.

Wade considers these numbers an underestimate because he used the lowest percentage of 3% to calculate the possible fatal cases.

### **Young doctors not attracted to Hawaii**

Wade noted that one of the reasons Hawaii's doctor population skews older is a deficit of younger doctors coming to the state.

He said the cause is probably a mix of factors. Unlike other states, Hawaii does not offer debt relief for young doctors with large student loans. The state's high cost of living and its general excise tax that is often passed onto physicians who serve Medicare and Medicaid patients are other reasons.

Both Wade and Grosskreutz said these factors make it difficult for Hawaii to compete with other states.

Wade believes the coronavirus outbreak could also cause more doctors to retire. In 2019, 91 doctors retired and 152 left the state.

"Our concern is that by adding an extrinsic stress of widespread coronavirus within the state of Hawaii, that process that is already in place will simply accelerate," he said.

There are doctors like Bairos, the Big Island general surgeon, who do not want to retire — even through two of the physicians with whom he shares an office will do so at the end of the week.

"We do it because it's a calling," he said. "You don't want to give up, especially in a time of major need."

Bairos is over the age of 65 and lives with his wife. While he does not plan to care for coronavirus patients directly, he still worries.

"You wonder what you're bringing back home. It's one thing if I go to the hospital one day or to the office to see a patient who I ultimately know turns out to be COVID positive. Your fears are absolutely realized," he said.

"But you have to know at the same time you can be exposed every day to somebody who is currently asymptomatic, but they are actually infecting you. So every day, when you go home — do I start sleeping in a separate bedroom? Do I wash things separately?"

### **Waiving licensing requirements unlikely to help**

Wade and Grosskreutz said the state should not expect to get an influx of health care workers from out-of-state coming to care for Hawaii patients, even though Gov. David Ige's

[Supplementary Proclamation](#) waives the state licensing requirements for many health care workers.

“We’re going into this with an army of physicians. It’s too small,” Wade said. “But sometimes you go into battle not with the army that you want, but the army that you have. And that’s what we’re doing.”

Lt. Gov. Josh Green, an emergency room physician, estimated Hawaii has about 5,000 non-practicing physicians.

“We would have a lot of capacity for individuals,” he said. “Of course, we only bring people off the bench when we have great need,” nothing that about two-thirds of the 5,000 are over the age of 65.

Given the advance age of the group, Marjorie Tayao, the Medical Reserve Corps coordinator at the Department of Health said, officials would only place older medical workers in less risky positions.

“Those that have the knowledge and have the experience can still help without being at risk. They don’t need to be in-person . . . whether it be a lot of trainings over the phone or using the internet,” she said. “There’s so many innovative ways we could utilize them.”

The [Medical Reserve Corps](#) is seeking workers with professional health backgrounds to sign up as volunteers. There’s no pay, but it’s a way to heed a call for service.

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Hawaii

# Limited Training Options Worsen Hawaii's Doctor Shortage

Officials estimate the state needs 800 more physicians, but the training pipeline for future doctors would need to expand three-fold to begin filling the gap.

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By Eleni Avendaño    / August 16, 2019

 Reading time: 11 minutes.



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Kamehameha Schools graduate Kekoa Taparra would love to return home to complete his doctor training in Hawaii when he graduates from medical school. But he can't.

A training program in radiation oncology — his chosen specialty — simply doesn't exist in Hawaii.

"I have this mission to come back home and join the forefront against cancer, but I definitely have to stay on the mainland a bit longer," he said over the phone from Rochester, Minnesota, where he attends the Mayo Clinic Alix School of Medicine.

Taparra, 28, entered his fourth year of medical school this fall and his graduate medical training will likely take at least another five years.

He's not alone. Many local medical students must complete their graduate training, or residency, elsewhere. Residency positions in Hawaii are limited in number and competitive, and certain specialties such as emergency medicine and radiation oncology aren't offered.

And the limited training opportunities are exacerbating the doctor shortage in Hawaii.



Courtesy Kekoa Taparra

Kekoa Taparra, a Kamehameha Schools graduate, has to complete his doctor training on the mainland because Hawaii has no residencies in his speciality, radiation oncology.

At last count, Hawaii has about 3,500 working doctors. But the state estimates it needs nearly 800 more physicians.

Almost half of the doctors needed in the islands are primary care physicians — those who practice internal medicine, family medicine, geriatrics or pediatrics — according to Hawaii/Pacific Basin Area Health Education Center Director Kelley Withy, who tracks Hawaii's medical professional needs.

“If we look at the supply and demand lines, we're diverging, so yes, we need more medical school training and residency training,” Withy said.

She estimates that Hawaii needs to double or triple both the number of medical students and the number of resident graduate doctors to sustain the system.

## Home Grown

The University of Hawaii John A. Burns School of Medicine, the state's only medical school, has grown its student body from 64 students to 77 over the past decade.

"It's growing in size, and that's a big accomplishment," said Leimomi Kanagusuku, who graduated from JABSOM in 2018. "But there is the issue of being able to house all the residents that we need here in hospitals. And if people do go away for medical school and residency, how do we get them to come back or stay in Hawaii?"

This year, Kanagusuku is among 232 resident doctors floating from hospital to hospital throughout JABSOM's residency programs on Oahu. About a third of the doctors currently in residence in Hawaii hospitals attended JABSOM. Selection of residents is extremely competitive. It's also out of the school's control, since medical school graduates across the world are placed into U.S. teaching hospitals by a national nonprofit organization called the National Resident Matching Program.

"Most states have seen a significant increase in GME (graduate medical education) residencies," said Jerris Hedges, dean of the University of Hawaii John A. Burns School of Medicine.

Not so in Hawaii, Hedges noted. The number of residency positions has actually declined slightly in Hawaii during the last decade — in 2009, there were 241 residents.

# Hawaii Doctor Residency & Subspecialty Fellowship Program Positions

	2009 Actual Positions	2018-19 Actual GME Positions	Current GAP Positions	Desired Total GME Positions in 2020
Total	241	222	61	284

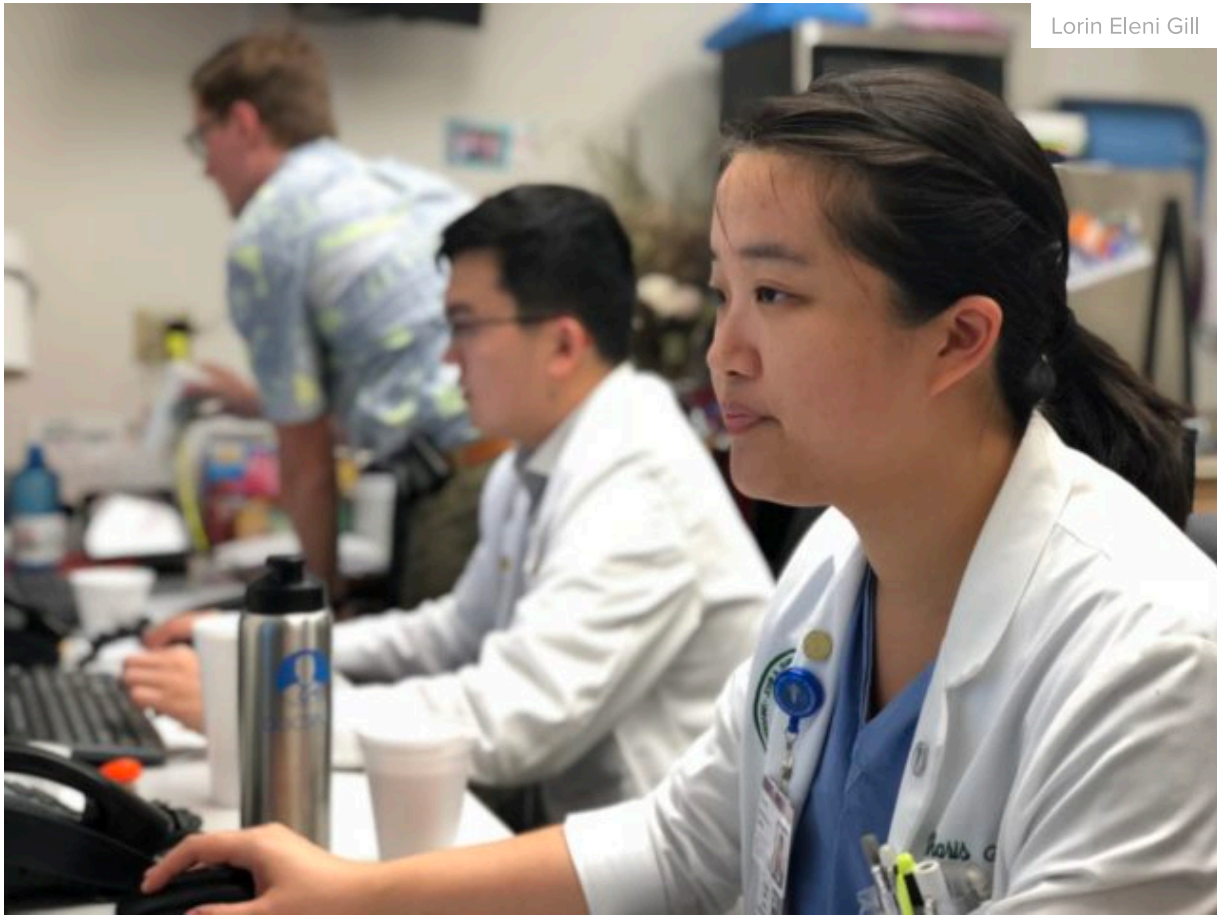
Currently the University of Hawaii's medical school is able to oversee just 19 nationally accredited programs which are run by a separate nonprofit called [Hawaii Residency Programs Inc.](#) Training spots are available in specialties like internal medicine, family medicine, obstetrics and gynecology, surgery and psychiatry, among others.

"These are fairly bread and butter programs, ones we definitely need in Hawaii, but if one were inclined to do additional specialization, you'd need to leave Hawaii," said Hedges, an emergency physician who has long advocated for the creation of an emergency medicine residency.

## Fewer Spots, More Competition

For some medical specialties, larger institutions elsewhere in the U.S. offer the opportunity to work with a bigger volume of patients, which is often a requirement for training.

But Hawaii needs more training opportunities in family medicine, gastroenterology, emergency medicine and medical oncology, according to the Hawaii Medical Education Council.



University of Hawaii John A. Burns School of Medicine medical student Charis Mok works in the resident's call room at Pali Momi Medical Center. The aspiring family medicine doctor said she hopes to stay in Hawaii for her residency after she graduates.

A decline in funding from hospitals and from the federal and state governments is the main issue, says Hedges. It's expensive to run training programs, and in some cases, there simply aren't enough patients to validate a residency.

Hospitals would have to cover the cost of new training positions, and while the institutions receive federal funding to support them, it's not nearly as much as what hospitals on the mainland receive.

Over the past several years, some teaching hospital partnerships have ended, including programs at Wahiawa General Hospital and St. Francis Healthcare System of Hawaii.

In the last two years, a combined training program in pediatrics and psychiatry closed, as well as a "transitional year" track. Meanwhile, a planned

rural expansion for the family medicine program did not get off the ground because of a lack of funding, according to the most recent [HMEC report](#). A potential gastroenterology fellowship could have brought someone in to help patients with liver disease, something that has a high prevalence among Pacific populations, but plans for it are on hold.

## UH Medical School Residency Programs

The University of Hawaii John A. Burns School of Medicine is the sponsoring institution of 19 nationally accredited residency and fellowship positions for doctors in training.

Internal medicine	60
Obstetrics and gynecology	24
Pediatrics	23
Surgery	22
Psychiatry	21
Family medicine	19
Cardiovascular disease	9
Orthopaedic surgery	9
Pathology-anatomic and clinical	9
Child and adolescent psychiatry	6
Geriatric medicine (internal medicine)	3
Maternal-fetal medicine	3
Neonatal-perinatal medicine	3
Surgical critical care	3
Complex Family Planning Fellowship	2
Sports medicine (Family medicine)	1
Addiction psychiatry	1
Addiction medicine (multidisciplinary)	0
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In an ideal scenario outlined by the HMEC report, the family medicine residency program would have 36 residents, instead of the current 18 positions, and there would be more rural training tracks on neighbor islands.

## Practice Where You Teach

The lack of doctors is felt most sharply on the neighbor islands, where far fewer physicians per capita practice — and where there are very few training opportunities.

“The way to get them home is to grow them and train them where you want them to practice — that’s the tested formula,” said Lee Ellen Buenconsejo-Lum, a family medicine physician and the director of graduate medical education at JABSOM. “But to do that you need faculty and clinical education space.”



Dr. Lee Ellen Buenconsejo-Lum with students Jester Galiza and Amandalin Rock at the University of Hawaii John A. Burns School of Medicine.

During their third and fourth year of medical school, JABSOM students may participate in clinical rotations at some community health centers or hospitals located on neighbor islands. But when they graduate and look to apply for a residency position, nearly all training opportunities are concentrated on Oahu.

## Accredited Graduate Medical Programs in Hawaii

Name	Number of Accredited Programs
University of Hawaii John A. Burns School of Medicine	19
Tripler Army Medical Center	12
Hawaii Health Systems Corporation - Hilo Medical Center	1
Kaiser Permanente Hawaii	1

The state's sole neighbor island residency program, the Hawaii Island Family Medicine Residency Program in Hilo, is part of the Hilo Medical Center run by the [Hawaii Health Systems Corp.](#) The program welcomed its first class of resident doctors in 2014 has graduated 10 doctors to date. It's supported by a recurring state appropriation and philanthropic support.

Walker says the training is particularly intensive, as many patients have not had access to primary care or preventive medicine for years.

"It forces us to be at the top of our practice because I don't have the luxury of handing off my patient to a specialist," said Walker.

Walker said Hilo's model could be adopted on other islands, but only if there's enough financial backing and the support of the community.

Some community health centers are also exploring ways to provide doctor training in primary care.

The Waianae Coast Comprehensive Health Center hosts 10 new medical students a year through its partnership with A.T. Still University School of Osteopathic Medicine in Arizona, but many leave.



“Most of the graduates of our A.T. Still training program have to go elsewhere for their residencies,” said Richard Bettini, president and CEO of the Waianae Coast Comprehensive Health Center. “Even though they’ve established working relationships, if they have to go to the continent, they develop new bonds and they stay.”

Now, Bettini and Bradley are exploring the possibility of starting a residency program so their medical students can stay for the required training. Waianae Coast Comprehensive Health Center already offers residency positions in dental care.

“It’s turning the paradigm on its head, saying, if you want to train primary care physicians for the community, the best place to train them is in the community with providers who are working in that environment,” said Steve Bradley, the chief medical officer at Waianae Coast Comprehensive Health Center.

## Creating Incentives

Meanwhile, officials also say Hawaii has a harder time retaining physicians because of lower salaries and reimbursement rates for care compared to other parts of the U.S. And when students graduate saddled with debt, more are picking higher-paying specialities.

“You can earn a lot more as a specialist, so the tough work of a primary care physician is undervalued in the U.S., and that drives physicians to go elsewhere and practice in different environments,” said Bradley, a former professor at JABSOM.



Nash Witten, co-chief resident of the University of Hawaii Family Medicine Residency Program, says it can be a costly financial choice for residents who choose family medicine to stay in Hawaii.

Nash Witten, co-chief resident of the UH Family Medicine Residency Program, says many of his peer resident doctors live at home with family if they can. When they finish their residency, they face difficult financial choices if they stick with family medicine, considering Hawaii's high cost of living and other factors, such as the steep price of malpractice insurance.

"They'll go out and start working and expect those normal basic things ... like a car ... and they realize they can't do it," he said. "You get an email from Alabama offering \$350,000 as an emergency department doctor, when a federally qualified health center might be offering \$120,000 for the same job. For my colleagues that don't have family ties here, Alabama looks really good."

This year, in an effort to keep doctors it trains home, JABSOM offered scholarships that require students to practice in Hawaii after graduation.

Kanagusuku said she wouldn't have been able to go to medical school without financial scholarship funding that she received from a Native Hawaiian scholarship program. Two years of her tuition were covered, and once she completes her residency in family medicine she'll be required to serve at a Native Hawaiian Health System clinic or a health center in Hawaii.

There are other incentives being offered to doctors willing to practice in underserved areas. The state offers a loan repayment program that has assisted 56 doctors with repaying their loans if they work in primary care or mental health, according to Withy.

"We've kept 50% of them, which is actually good compared to the 25% retention rate for national loan repayment," Withy said.

But Buenconsejo-Lum says it's far more difficult to convince doctors to stay when they're not from Hawaii.

"Unless that person is from Hawaii, they're going to do their three years and then they're gone," she said. "If they're not from Hilo, or a small town, and their kids get to middle school age, they may move to Oahu. To get doctors to neighbor islands, you have to make sure there's a job for the spouse and education (for their children)."

## Hoping To Come Home

Taparra, who completed a doctorate degree in cellular and molecular medicine before deciding to pursue becoming a doctor, thinks there are enough patients to justify at least some doctor training in oncology in Hawaii.

In the years since he began studying cancer biology on the East Coast, Taparra said 10 of his loved ones received a cancer diagnosis and five of them have passed away. That adds urgency to his desire to return.

"Looking at cancer rates in Hawaii, Native Hawaiians have the highest mortality rates for both men and women compared to any other ethnicity in

Hawaii,” he said.

“Looking at why our people are disproportionately dying from cancer is a big question. I’m just learning as much as I can, really just trying to do my best so hopefully one day I can come home.”

## Before you go

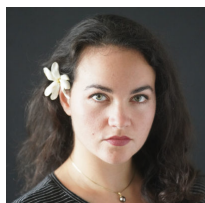
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Eleni Avendaño, who covers public health issues, is a corps member with [Report for America](#), a national nonprofit organization that places journalists in local newsrooms. Her health care coverage is also supported by [the McInerney Foundation](#), [the Atherton Family Foundation](#), [the George Mason Fund of the Hawaii Community Foundation](#), and [Papa Ola Lokahi](#). You can reach her by email at [egill@civilbeat.org](mailto:egill@civilbeat.org) or follow her on Twitter at [@lorineleni](https://twitter.com/lorineleni).

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Hawaii

# More Federal Dollars Are Flowing To Hawaii's Rural Clinics

In just three years, nine more health clinics acquired Rural Health Clinic status from the federal government, allowing them to get higher reimbursement for Medicaid and Medicare patients.



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By Eleni Avendaño    / August 1, 2019

 Reading time: 6 minutes.



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More clinics across Hawaii are securing an important federal designation that will channel additional funding toward health care services in rural areas.

In just three years, nine more health clinics acquired Rural Health Clinic status from the federal government, taking Hawaii's total from two to 11 clinics. Gaining that designation means clinics will receive higher reimbursement for treating patients who are insured by Medicaid and Medicare, with the federal funding keeping the facilities financially afloat.

The Big Island clinic [Kipuka O Ke Ola](#) got its RHC designation in 2017, but the process took nearly two years, according to Claren Kealoha-Beaudet, the clinic's executive director and a practicing psychologist.

With a mission to serve Native Hawaiians and other underserved populations, gaining the RHC status has been crucial, she said.

“We would not be able to survive without it, especially as an independent clinic,” Kealoha-Beaudet said. “Because of the reimbursement, we’re able to provide that extra degree of support.”



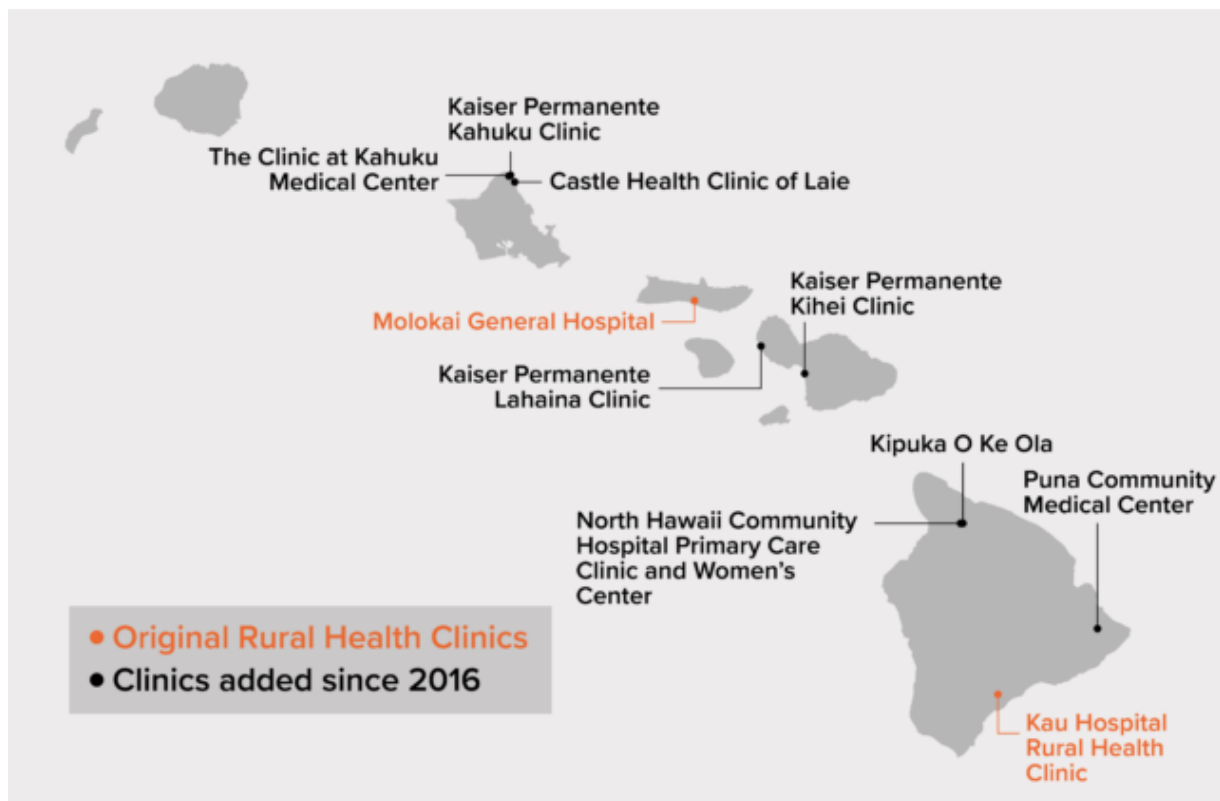
Kipuka O Ke Ola Board President Sonny Shimaoka checks in with Dr. John Kurap. It took the Big Island clinic nearly two years to get the certification making it eligible for more federal payments.

Most of the clinics provide services that would otherwise be difficult to access, especially in more isolated areas. Hawaii is home to approximately 1.43 million people, about a third of whom are considered to live in a rural area and experience more obstacles to accessing medical care.

Rural and medically underserved communities identified by the Health Resources and Services Administration tend to experience disproportionately higher rates of some diseases such as diabetes, hypertension and cardiovascular problems.

The University of Hawaii's [Physician Workforce Assessment](#) for 2018 found that Hawaii has a shortage of about 800 doctors, when compared to average demand for doctors on the mainland. Primary care, mental health, substance abuse and oral health care are areas of significant need, and many neighbor island residents must fly to Oahu for care.

“Due to our island geography and separation by water, access to care in isolated areas is one of the largest issues Hawaii faces and rural health clinics play an important role in meeting that need,” said Allison Mikuni, a program specialist at the Hawaii Department of Health Office of Primary Care & Rural Health.



More clinics in rural areas throughout Hawaii are receiving higher reimbursement from the federal government for their services.

Kipuka O Ke Ola — formerly Five Mountains Hawaii Inc. — partnered with the Waimea Hawaiian Homesteaders' Association and Waimea Hawaiian Civic Club to identify particular health needs in the community. Because of money from its RHC status, the clinic is able to offer primary care, psychological, psychiatric services as well as assistance in applying for social assistance.

“What we have found to be our experience is that if you open a practice, that doesn't necessarily mean that you're going to be able to capture the population that is most in need of the service,” Kealoha-Beaudet said. “We provide services such as case management, and we follow up with patients if they don't have health care, if they need food stamps, or need housing — the social disparities.”

“Because we're willing to address the social disparities, that's when we end up breaking down those barriers,” she added.



Rural Health Clinics generally focus on outpatient care, emergency care, and basic lab services in places that have been classified as Health Professional Shortage Areas or Medically Underserved Areas. The clinics may be public, nonprofit or for-profit facilities.



Colin Edsman

Kipuka O Ke Ola clinic in Waimea on the Big Island is one of 11 clinics across the state with the federal Rural Health Clinic designation.

Three of the clinics that achieved RHC status in October 2017 are owned by Kaiser Permanente and serve only Kaiser members. Those are the Kihei and Lahaina clinics on Maui and the Kahuku Clinic on Oahu.

Sheila Mackertich, the director of Medicaid at Kaiser Permanente, said it took about a year and a half to complete the paperwork and an on-site survey.

“We can use those dollars to reinvest,” she said.

“Depending on the score of your underserved designation in the state itself, it allows us ideally to recruit more physicians and nurse practitioners, in areas that are really challenging to recruit them.”

Three more of Kaiser’s Big Island clinics – Kona, Hilo and Waimea — are in line to receive the Rural Health Clinic status.

One of the challenges in getting the special status is proving certain communities are indeed serving a rural or underserved community.

“The state recognizes Maui county as a rural county and most of Maui is rural. However, the federal government actually lists the Maui entire county

as metropolitan, not rural,” said Scott Daniels, a DOH Office of Primary Care & Rural Health program specialist based in Hilo. “In the fed’s eyes, Kahoolawe is metropolitan. It’s bizarre.”

Kealoha-Beaudet saw that play out in her North Hawaii community of Waimea, where the average median income was being skewed by higher incomes among some North Hawaii residents, many retired. Doctors who are no longer in practice but are counted by the federal government also muddied the true need, she said.

“There’s a lot of wealth here and a lot of resort areas — people with lots of money, and then you have those who have very little,” Kealoha-Beaudet said. “In order for you to get the designation, you have to demonstrate that there’s a need in your community, so if there’s a lot of wealth and a lot of physicians, you can’t demonstrate need. We had to advocate for the feds to take a deeper look at that and try to take that into consideration.”

The process is well worth it, says Lisa Rantz, who has served as president of the Hawaii State Rural Health Association since January.

“The whole idea of developing a RHC is that it increases patient access to care, because our doctors’ offices are full, or they’re retiring and there’s no one stepping up to take their place,” she said.



Kaiser Permanente's Lahaina Clinic, along with two other Kaiser facilities, were certified as federal rural clinics in 2017.

Rantz, who also serves as the executive director of the Hilo Medical Center Foundation, said she worked for months to get all of Hawaii County designated as a Health Professional Shortage Area. Kauai County and Maui County are also expected to get the official geographic "shortage area" designation this September.

Rantz says the status could open the possibility for more clinics to become considered Rural Health Clinics and take advantage of the federal assistance.

"The more you understand, you ask why haven't we done this before?" she said. "A lot is because of the timing — an increasing population, a decreasing number of primary care providers — it's kind of the perfect storm."

*Kaiser Permanente, which operates three of the clinics mentioned in the story, is one of several funders of health care reporting at Civil Beat. Read [our policy](#) on outside funding.*

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Eleni Avendaño, who covers public health issues, is a corps member with [Report for America](#), a national nonprofit organization that places journalists in local newsrooms. Her health care coverage is also supported by [the McInerney Foundation](#), [the Atherton Family Foundation](#), [the George Mason Fund of the Hawaii Community Foundation](#), and [Papa Ola Lokahi](#). You can reach her by email at [egill@civilbeat.org](mailto:egill@civilbeat.org) or follow her on Twitter at [@lorineleni](#).

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# Hawaii County lacks hundreds of physicians needed to sustain the population

By STEPHANIE SALMONS Hawaii Tribune-Herald | Sunday, December 20, 2020, 12:05 a.m.

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Hawaii's physician shortage has loomed large for years but worsened in 2020 — and on the Big Island, the lack of doctors became even more dire.

A 2020 Hawaii Physician Workforce Assessment — completed by Dr. Kelley Withy, a professor at the University of Hawaii John A. Burns School of Medicine and a physician workforce researcher — found that Hawaii County is short 287 doctors and has 53% fewer physicians than similar-sized communities on the mainland.

That's the largest shortage in the state.

Maui County has a 43% shortage, Kauai has a 33% shortage and Oahu has a 20% shortage. Statewide, there is a need for 29% more physicians.

The Big Island had a doctor shortage of 44% last year.

Ideally, Withy said, Hawaii County should have 539 physicians, but instead there are 270.

"We've gotten a lot worse in a hurry," said Dr. Scott Grosskreutz, a Hilo radiologist who helped organize the Hawaii Physician Shortage Crisis Task Force.

The task force was formed two years ago to address the worsening shortage of doctors on Hawaii Island but has since grown to include members from all islands.

"In Hawaii, where the cost of providing services are high ... a lot of practices are having a difficult time staying viable," he said

According to the assessment, there are 2,812 full-time equivalent physicians in Hawaii, compared to the 3,529 physicians that are needed statewide.

However, the assessment finds there's actually a shortage of more than 1,000 physicians statewide when factoring in the needs for specific islands and specific medical specialties.

Grosskreutz said the goal of the crisis task force is to make Hawaii a viable place to practice for younger health care providers.

But there's difficulty in recruiting younger physicians, he said, which means the state is left with an older cohort of providers.

Many of these doctors, though, will have to retire soon, and there are few doctors to replace them, Grosskreutz said.

"We're trying to recruit more doctors to come here, we're trying to train more doctors locally, and we're trying to keep the doctors we have desperately," Withy said.

Nearly half of Hawaii's physicians — 46% — are 55 or older, and 21% of doctors are already 65. One is 90.

In the past year, at least 110 retired, 139 have moved and 120 decreased work time.

Eight have died.

"The number of deaths have been up for the last two years," Withy said. "If it was only this year, I would think it was COVID. It's a clear indicator our physicians are aging out and working until they die."

Grosskreutz, president of the Hawaii Radiological Society, echoed those sentiments.

"Many local doctors have deferred retirement working into their (late) 60s and 70s, while accepting the risk from the COVID pandemic," he said. "A third of our remaining doctors on the Big Island are over the age of 65. These senior doctors simply cannot carry on much longer and need to be replaced by recruiting younger providers."

According to Grosskreutz, the Big Island physician shortage soon will be approaching 300 doctors, and a 60% to 70% shortage of physicians is predicted for the near future.

No easy fix

But difficulties in the recruitment and retention of providers willing to live and practice in Hawaii are just one component of a complex and intertwined puzzle.

Reimbursement rates from insurance companies and Medicare and Medicaid, as well as high overhead and the state's general excise tax on medical services, are among some of the factors that make it difficult to attract and keep health care providers here.

Dr. Matthew Dykema, a private practice family medicine physician, moved to Hawaii in 2012.

He worked at Bay Clinic for four years before joining an established practice, Joyful Living, in 2016. He took over the operation in 2017 from a retiring physician.

"As far as the (physician) shortage, it just means I have a lot of patients to try and take care of myself," Dykema said. "Even though I'd like to bring on another provider, it's challenging financially to do that, and ... there isn't anybody. It's hard to incentivize people to move here if it's not even going to be financially sustainable."

Dykema, who is the sole provider at his practice, said there is a list of people who want to be patients, but the practice can only bring in new patients gradually as old patients leave or pass away.

But Dykema may be better off than some

He was on scholarship through the National Health Service Corps, which paid for his medical schooling in exchange for working in an underserved area for four years. Dykema said his work with the Bay Clinic counted toward that four-year commitment.

"I'm in a good position in that I don't have a bunch of medical school loans and was prudent throughout undergrad," he said. "... If I had a lot of debt from medical school, there's no way I'd be able to practice medicine here. Not in private practice. ... It's just really challenging, when you have overhead costs and the (insurance) reimbursements are low, to make ends meet."

The impact on health

Withy said the physician shortage can lead to a higher risk of untreated chronic illness and early mortality.

The Big Island, for example, doesn't have a heart surgeon, neonatologist, endocrinologist or colorectal surgeons.

"Let's say you had a baby born premature," Withy said. "I would say the risk on the Big Island is more than if you're at Kapiolani (Medical Center for Women and Children), where you have experienced neonatologists. And if you have a heart attack and need to have surgery right away, you would not get it."

Likewise, Grosskreutz said, the lack of access to health care providers could result in higher mortality rates from other causes.

“For example, having a personal physician or health care provider has been shown to double the likelihood of a woman being screened for breast cancer with mammography, and on the Big Island, we are missing over half the needed doctors,” he said.

According to Withy, those working to combat the physician shortage will lose some financial support from the state “because the Legislature is not considering anything that will require general funds, even if it’s needed, like loan repayment.”

The state is facing at least a \$1.4 billion budget shortfall due to the pandemic.

Withy said a loan repayment program has been in place since 2012, funded with a federal grant that requires a dollar-for-dollar match. For the last three years, the Legislature has been the primary funding source of the match, but can no longer afford it, she said.

Since its inception, there have been 52 loan repayment recipients. Withy said the current contracts will continue but new ones will not be awarded.

Lisa Rantz, president of the Hawaii Rural Health Association and executive director of Hilo Medical Center Foundation, however, said before former Mayor Harry Kim left office, the county awarded the foundation \$100,000 for loan repayments for doctors in Hawaii County.

What’s next?

Withy said there is a lot that needs to be done to address the state’s physician shortage.

“If we could triple the size of the medical school and the residencies, that would be a long-term solution,” she said. “... The Big Island used to have the worst primary care shortage, then started the family medicine residency (program), and now they’re not the worst primary care shortage.”

But Withy said increasing physician pay and decreasing administrative burdens are the quickest ways to incentivize doctors to come here — and stay.

A bill to exempt health care services provided by doctors and primary care APRNs from the general excise tax was introduced in the last legislative session, which was cut short due to the COVID-19 pandemic.

Grosskreutz said the bill had passed the state Senate but was not voted on during the emergency session called last spring.

The task force will ask Big Island lawmakers and Mayor Mitch Roth to support introduction of a more focused bill in the upcoming session that will help recruit more health care providers to the neighbors islands to help care for the growing number of Medicare and Medicaid patients.

According to Grosskreutz, Hawaii is only one of two states that taxes health care services, and the only state that taxes Medicare benefits.



“We feel that taxing patients for their health care when they are sick or injured is socially unjust, particularly during global pandemic,” he said. “Often these patients are unable to work and struggling to care for their families.”

When addressing the doctor shortage, Rantz said, teamwork is key.

The Hilo Medical Center Foundation serves as the Big Island’s Area Health Education Center, which helps address the health career workforce pipeline.

“We have tremendous shortages, Maui has tremendous shortages. Molokai does, but if you can’t get a doctor to move there full time or they can’t afford a doctor full-time, then maybe one of our docs (could fly over),” Rantz said.

“So we have resources. We just need to allocate them better,” she said. “So by working together we can do that.”

For her part, Rantz said she’s not surprised by the Big Island’s growing physician shortage.

“I anticipate that number is going to increase, and it scares me for our community. I think we need to band together, and we need to let our government know — whether that’s our County Council, our mayors, our legislators at the state and federal level — that they need to address this. They need to help.

“Because not having access to care is not good for our community’s health.”

Email Stephanie Salmons at [ssalmons@hawaiitribune-herald.com](mailto:ssalmons@hawaiitribune-herald.com).

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# Big Island's Doctor Shortage Could Grow to 72 Percent by 2030

By KU'UWEHI HIRAISHI • JAN 13, 2021



Pixabay Commons

The doctor shortage on the Big Island has grown nearly 40 percent since 2007. That's according to research on Hawai'i Island's health workforce over the years. Big Island doctors say the high cost of living, heavy tax burden,

and low reimbursements have created a bad situation that's likely to only get worse amid a global pandemic.

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Listening...

2:45

*Big Island Doctor's Shortage*

Hawai'i County has the largest doctor shortage in the state with fewer than half of the physicians needed to properly serve the island's population. Hilo radiologist Scott Grosskreutz says most people know somebody affected by the shortage.

"It might be a friend or a neighbor or a family member that hasn't been able to find a health care provider for their family," says Dr. Grosskreutz, "Sometimes people are suffering from diseases that go undiagnosed, like hypertension or diabetes and end up having secondary heart attacks and strokes."

He says the state's high cost of living and heavy tax burden make doing business in Hawai'i for any doctor an unattractive option. Especially for those in private practice.

"One of the real challenges we have here is the state of Hawaii uniquely taxes health care and Medicare benefits, which no other state in the country does," says Dr. Grosskreutz.

He's referring to the state general excise tax or GET, a 4-percent tax levied on all Hawai'i businesses. Unlike most businesses, however, doctors serving the state's most vulnerable populations through Medicaid and Medicare are not able to pass on the tax to their patients.

Lisa Rantz, head of the Hawai'i State Rural Health Association, says legislation is set to be introduced this session that would give doctors a GET exemption for serving these patients.

“I mean, it's not a great time to talk about, you know, relief from the GET tax for our physicians,” says Rantz, “But that would allow them to continue to practice and to be more in line with what's happening on the mainland.”

Hilo radiologist John Lauris Wade has analyzed the data on the Big Island's doctor shortage over the past decade. He says issues like the GET tax, the high cost of living, and the low insurance reimbursements have laid the financial groundwork for what he terms the perfect storm.

“Each of these things might be fine in and of itself but in combination has created an environment where Hawai'i is 1,000 physicians short,” says Dr. Wade, who also serves as the legislative liaison for the Hawai'i Physician Shortage Crisis Task Force.

He says the economic toll brought on by the COVID-19 pandemic will likely prevent state lawmakers from acting on any legislation this session to help rebuild the health workforce.

“When the community starts to ask why, that's where I think we'll start seeing our state government respond,” says Dr. Wade.

But he says if the issue continues to be ignored, the Big Island doctor shortage could grow to 72 percent by 2030.

[The Perfect Storm 2021: Hawai'i's Physician Shortage Crisis](#) by [HPR News](#) on Scribd

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From the Pacific Business News:

<https://www.bizjournals.com/pacific/news/2020/01/14/why-hawaii-island-doctors-are-looking-for-tax.html>

## Why Hawaii Island doctors are looking for tax relief

Jan 14, 2020, 2:40pm HST

As the beginning of the 2020 legislative session approaches, members of the Hawaii Island health care community have been seeking support of local county and state government officials – particularly in relation to the General Excise Tax and exemptions for medical services provided by physicians.

The GET bill, which addresses flexible spending, was introduced last year, but didn't make it through the legislative session because lawmakers were more focused on transit issues, according to an article written by the Hawaii Tribune Herald.

Scott Grosskreutz, a member of the Hawaii Island Physician Shortage Tax Force and president of the Hawaii Radiological Society, told Pacific Business News that Hawaii is the only state in the U.S. taxing health care services from private practice physicians. Hospitals and hospital employed doctors are already exempt from getting state taxes on health care services.

"It's a domino effect," Grosskreutz said in an interview with PBN. "And there are great economic implications."



DUTKO

Hawaii Island is short 230 physicians or 44% of the state's 820 physician shortage.

According to Area Health Education Center's annual Hawaii Physician Workforce Assessment Project report, Hawaii Island is short 230 physicians, comprising 44% of the state's 820 physician shortage.

John Lauris Wade, a member of the Hawaii Island Physician Shortage Tax Force and legislative liaison of the Hawaii Radiologic Society, wrote an op-ed article that analyzed the economic impact of solving Hawaii's physician shortage.

According to findings Wade gathered from IQVIA's national report prepared for the American Medical Association, every physician in the country is responsible for:

\$3,166,901 in aggregate economic output  
17 jobs  
\$1,417,958 in total wages and benefits, and  
\$126,129 in state and local tax revenues

Wade estimates that 820 new Hawaii physicians statewide could be expected to produce:

\$2,596,858,820 in aggregate economic output  
13,940 new jobs  
\$1,162,725,560 in total wages and benefits  
\$103,425,780 in state and local tax revenues

"Unfortunately, there is no magic hat solution to the physician shortage within the current payments system," Wade said in the article.

"Part of the reason for the shortage is the low reimbursement rates from Medicare compared to other states and the high cost of living in Hawaii," said HAH President and CEO Hilton Raethel, in an email to PBN.

The Healthcare Association of Hawaii — the nonprofit trade association for the state's hospitals, skilled nursing facilities, assisted living facilities, home care agencies, and hospices — works on health care issues of concern for the entire state, including the physician shortage in Hawaii.

"HAH has been working with partners in the health care community for some time to document the low relative reimbursement for physicians, and to present potential fixes to Hawaii's Congressional delegation," Raethel added. "This commitment means discussing various scenarios with collaborators across the spectrum of care. All of the hospitals in Hawaii are nonprofits. Some are struggling financially. Most have very slim margins, and rely at least partially on philanthropy to make ends meet. In this difficult fiscal environment, it behooves the private industry and government partners to work together to find workable solutions."

**Kelsey Kukaua**  
Associate Editor  
*Pacific Business News*







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# Some fear tax increase could dissuade physicians from moving to state

By MICHAEL BRESTOVANSKY Hawaii Tribune-Herald | Sunday, March 21, 2021, 12:05 a.m.

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Scott Grosskreutz

Scott Gr

A state bill that would increase taxes for high-income earners might be stalled, but it still could negatively impact the state’s doctor shortage.



Senate Bill 56 was introduced this legislative session in an effort to generate additional revenue for the state in the wake of a \$2 billion budget shortfall caused by the COVID-19 pandemic. In order to avoid imposing furloughs or layoffs for state employees, the bill proposed a series of increases to high earners' income tax, the capital gains tax, the corporate income tax and conveyance taxes.

Under the measure, people making \$200,000 or more a year would see their income tax rate increase from 11% to 16% beginning this year. If approved, it would be the highest income tax rate in the nation.

While the bill was largely popular among testifiers at its single Senate committee hearing earlier this month — which it passed unanimously — some were concerned about the legislation's potential to dissuade doctors to move to the state, exacerbating an already critical doctor shortage.

Hilo radiologist Scott Grosskreutz, who helped form a Hawaii Physician Shortage Crisis Task Force to work with the state Legislature on the issue, said Hawaii County has an estimated 53% fewer physicians than similar-sized communities on the mainland.

Furthermore, more than one-third of the doctors the county does have are 65 years old or older, meaning many will retire soon, leaving the county in even worse straits.

A bill that would raise taxes on a doctor's salary would simply disincentivize more doctors from traveling here and could force some physicians to leave, Grosskreutz said.

"It seems like there's not a good understanding (in the Legislature) of how physicians are trained," Grosskreutz said. "They forgo 10 years of employment opportunities during med school and residencies and fellowships ... so they enter the job market in their 30s, saddled with \$250,000 in student debt, and then they have to pay to move to Hawaii and set up."

Lisa Rantz, president of the Hawaii Rural Health Association and executive director of the Hilo Medical Center Foundation, said that because private practice doctors are not exempt from the state's general excise tax, a doctor in Hawaii can expect to make comparable income to a doctor in rural Ohio, while also dealing with a much higher cost of living.

"There was one doctor who told me, if this passes, they would just have to leave the state," Rantz said.

While the majority of testifiers at the Senate Ways and Means Committee earlier this month were supportive of the bill — with most pointing to the bill as a way to support one critical state program or another — others opposed it, although not because it could worsen the doctor shortage.

Most opposition was against the provision of the bill to increase the conveyance tax for the sale of properties valued at \$1 million or higher. But others, like the Hawaii Food Industry Association, opposed the bill because it could cripple the recovery of local businesses after the pandemic.



Monday, April 5, 2021 | ☐ Today's Paper | ☀ 82°

EDITORIAL | OUR VIEW

# Improve access to psychiatric care

March 22, 2016

The lack of access to specialized medical services on the neighbor islands is a real problem for Hawaii, as it is in rural communities across the country.

The shortage of psychiatric care, particularly access to psychotropic medication, is one example recognized by the medical community. In response, the Legislature is considering House Bill 1072, which would allow clinical psychologists to prescribe psychotropic drugs once they get additional training. This authority is usually reserved for medical doctors, including psychiatrists, and certain advanced-practice registered nurses.

The measure awaits a final hearing before the Senate Ways and Means Committee.

However, psychiatrists have legitimate concerns that the proposed training would be insufficient preparation. Medication plans for patients with multiple ailments — physical and mental — can be complex and require advanced medical knowledge. The drugs themselves are extremely powerful.

A better route to a solution that will “do no harm” is a greater investment in technologies that can bridge the gap between patient and the needed medication.

HB 1072 would create a “prescribing psychologist” category in statute, defined as a psychologist who has undergone specialized training in clinical psychopharmacology and has passed a national exam approved by the Hawaii Board of Psychology.

The applicant would need a post-doctoral master’s degree in clinical psychopharmacology. Other requirements would include at least 400 hours of clinical experience and supervision of at least 100 patients. He or she must prescribe “only in consultation and collaboration with a patient’s primary care provider regarding changes to a medication treatment plan,” the bill states.

Among those who find these precautions inadequate is Dr. Saul Levin, the CEO and medical director of the American Psychiatric Association. In written testimony, Levin said the clinical prerequisites fall short of professional standards.

“Consider for a moment that psychiatric resident physicians, who complete a four-year medical residency program following graduation from medical school, will generally see 100 patients in just two weeks,” he wrote.

The two states where such programs have been initiated, New Mexico and Louisiana, have not led to prescribing psychologists relocating to rural areas, Levin contended, suggesting the programs may not address the problem they was designed to solve.

Psychotropic drugs are powerful substances that affect more than the brain, he said, and patients with multiple health conditions may suffer from their combination with other, unrelated prescriptions.

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Instead of expanding prescription rights, some in the medical field recommend other ways to bring psychiatrists into more remote communities. These programs are in their infancy in Hawaii and should be ramped up.

Hawaii's health-care system is especially in need of an active telemedicine component. Psychiatry may be more easily adaptable to this platform, since conversation and observation are the key doctor-patient interactions, and a teleconference can be a suitable means.

There are also ways to leverage the expertise of the psychiatrists through collaborative models. Assignment of case managers who act as intermediaries between psychiatrists and primary-care physicians could enable one approach.

Another program, launched at the start of the year in Hawaii, is called Project ECHO (Extension for Community Healthcare Outcomes). It involves psychiatrists in consultation sessions with other doctors to better prepare them for prescribing the needed mental-health medications — alerting them to potential common drug interactions, for instance.

It's past time to ramp up these efforts. If doctors want to keep greater control of these drugs, they bear a large share of responsibility for providing the solution.

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Community Voice

# Tom Yamachika: We Are Taxing Medical Practices To Death

Like hand sanitizer, face masks and toilet paper, these professionals are in short supply.

 25

By Tom Yamachika  / April 19, 2020

 Reading time: 3 minutes.



By now everyone knows that we're in a state of emergency. There's a virus spreading through the population and killing people.



There's no vaccine, and no confirmed effective therapy such as drugs, so if you get sick from it there's a chance that it will be game over for you.

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In a [video interview](#) on State of Reform, a website focused on health care policy in the five westernmost states, Dr. Scott Grosskreutz, a radiologist and president of the Hawaii Radiological Society, mentioned that there is now a 44% shortage of physicians on the Big Island, and that a third of the doctors remaining are 65 years old or older.

“[P]rivate practice is basically on the verge of going extinct,” he said, because already low profit margins are being pressured by “the GET tax and the low Medicare reimbursements along with the high cost of providing care.”

He continues:

*“We’re also reaching out to the Legislature and stating that the general excise tax of 4.7% with the county surcharges basically strips a lot of these narrow-margin medical practices and puts them into the red. So, if the GET and the surcharges were applied to the hospital system, our understanding from talking to the Healthcare Association of Hawaii is that most if not all hospitals in Hawaii would be in the red and would have to either limit services or possibly close. So, if the state legislature agreed that the GET tax on hospitals and hospital-employed physicians is a bad idea because it would cause collapse of that portion of the sector, why would you apply it to community-based physicians?”*

His observation about GET potentially killing off medical practices has basis in history. All hospitals in Hawaii now are section 501(c)(3) tax-exempt nonprofit companies that enjoy an exemption from the GET based on their tax-exempt status.



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Maui Memorial Medical Center in 2016.

A for-profit entity, HMC LLC, bought St. Francis West in Ewa Beach in January 2007. It did not have an exemption from the GET. It was in bankruptcy 20 months later.

Running a medical practice here in Hawaii does not seem to be an easy path to making tons of money. Our state runs a few hospitals, for example, and its portfolio used to include Maui Memorial in Kahului. It was losing tens of millions of dollars each year, so much money that state lawmakers, bucking fierce union opposition and lawsuits, [succeeded in privatizing](#) it in 2017.

For rural areas not conveniently near a big hospital, including entire islands without a hospital, their front-line defense against diseases in general must be the small businesses run by doctors who have taken up residence in the ..



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Maybe a distinction needs to be drawn between the small rural practices described here and specialty doctors pulling down millions of dollars a year.

Whatever we may think of the latter, there may be a good case, from a public policy perspective, for giving some tax relief to the former.

Unless you like the idea of having doctors in rural areas being scarcer than toilet paper is now.

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# Initiative seeks to leverage UH System to improve health in Hawai'i, Pacific

[UH News](#) » [Community](#) » Initiative seeks to leverage...

August 20, 2019  UH News



Hawai'i is often ranked as one of the healthiest states, with health insurance coverage and life expectancy higher than national averages. However, there are significant challenges in the state's health sector, including health disparities, especially among Native Hawaiians and Pacific Islanders; prevalent chronic conditions such as heart disease, high blood pressure and diabetes; behavioral and oral health issues; a rapidly aging population; and health workforce shortages.

The [University of Hawai'i System](#), through its 10 campuses, has many resources that can provide meaningful solutions to these challenges. UH has strong programs in health sciences, nursing, medicine, public health, social work, pharmacy, dental hygiene, cancer research and more. UH also has numerous successful units and programs that address health in social sciences, education, engineering, law, business, agriculture/nutrition and more.

UHealthy Hawai'i is a new initiative to leverage UH programs to improve health and healthcare in Hawai'i and the Pacific. It is one of UH



President **David Lassner's** top initiatives and is led by **Aimee Grace**, a pediatrician with significant federal policy experience.

UHealthy Hawai'i was forged through numerous listening sessions across the UH System and focuses on four primary areas.

#### **Ensuring a robust statewide health workforce**

Utilize UH's strong health sciences programs and its faculty, staff, graduates, and students to address the state's healthcare and service needs to include a diverse workforce.

#### **Discovering and innovating to improve and extend lives**

Build on UH's successful, culturally-sensitive research and innovation to improve the lives of Hawai'i's multi-ethnic population, indigenous Pacific communities, and the increasingly multi-cultural population of the continental U.S.

#### **Promoting healthier families and communities**

Champion prevention and wellness activities, establish a Healthy Aging Initiative, tackle persistent health disparities, foster global health engagement, and promote social connections that support emotional wellness and resilience.

#### **Advancing health in all policies**

Drive meaningful health policy and advance health in all policies, by applying UH's analytical and educational leadership. Address pressing health policy and economic issues in Hawai'i, the Pacific and nationwide.

The UHealthy Hawai'i initiative has been focusing its early efforts on optimizing Hawai'i's health workforce. The UHealthy Hawai'i team has been working with State Rep. John Mizuno and State Sen. Roz Baker on an upcoming legislative briefing on August 21, entitled "Hawai'i's Health Workforce Development for the 21st Century."

The August 21 legislative briefing will feature national experts on health workforce; explore data and trends from the Healthcare Association of Hawai'i, Hawai'i/Pacific Basin Area Health Education Center and the Hawai'i State Center for Nursing; and present details about the UHealthy Hawai'i initiative. Presenters will also share potential solutions to optimize Hawai'i's health system, address shared workforce challenges and address workforce issues in various sectors (including entry-level health professions, nursing, medicine, social work, behavioral health and public health). The briefing aims to drive toward consensus on shared priorities for Hawai'i's health workforce needs.

For further information, contact [uhovpri@hawaii.edu](mailto:uhovpri@hawaii.edu)

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# Hundreds focus on improving Hawai'i's health workforce

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September 26, 2019  [UH News](#)



State lawmakers hear from health industry and university officials on cutting the shortage in health workforce positions.

The University of Hawai'i and experts from leading healthcare professions provided key insight to hundreds of stakeholders interested in helping to prioritize potential solutions to the state's health workforce challenges at a recent informational briefing with legislators.

The "Hawai'i's Health Workforce Development for the 21st Century," briefing was co-chaired by Sen. Rosalyn Baker, chair of the State Senate's Committee on Commerce, Consumer Protection, and Health, and Rep. John Mizuno, chair of the State House of Representatives' Committee on Health, and featured 21 speakers, including local and national experts and important state stakeholders. With the support of [UH's UHealthy Hawai'i initiative](#), the goal of the briefing was to ensure robust community engagement in prioritizing potential cross-sector solutions to Hawai'i's health workforce challenges.

The UHealthy Hawai'i initiative, which aims to leverage the UH System to improve health and healthcare in Hawai'i and the Pacific, has focused its early efforts on optimizing Hawai'i's health workforce.

"We appreciate the support of Chairs Baker and Mizuno in examining the best possible solutions to health workforce challenges in Hawai'i," said UH President **David Lassner**. "As the state's sole public higher education institution, we are eager to build on our strong health sciences program to address Hawai'i's health workforce needs."

## Health workforce shortage statewide

Hawai'i has numerous health workforce needs and challenges. In 2018, Hawai'i had a shortage of 797 physicians across the state, according to the *Hawai'i/Pacific Basin Area Health Education Center's 2018 Workforce Report*. Additionally, the Hawai'i State Center for Nursing 2019 workforce supply data indicate that the advancement of nursing education is the lowest on the neighbor islands.

The need is not only for physicians and nurses. A recent report by the Healthcare Association of Hawai'i released in August found 2,200 open non-physician healthcare positions for 76 different patient-facing professions between the last quarter of 2018 to the first quarter of 2019. Some of the key professions in need include: medical assistants, nurse aides, registered nurses in specialty roles, patient service representatives, phlebotomists and physical therapists.

"Absolutely we have a shortage. Absolutely our shortage is worse on the neighbor islands," said Lt. Gov. Josh Green in his opening remarks. "The menu of solutions that we're going to hear today include...the way to get forward...We will have to choose what additional training to fund. Any grant or scholarship that we support, I believe that we should ask for a five-year commitment."

## Creating solutions, addressing challenges

The briefing's second panel showcased potential solutions to Hawai'i's health workforce challenges in different sectors (including entry-level health professions, nursing, medicine, social work, behavioral health, and public health) as well as potential solutions to optimize Hawai'i's health system and address shared workforce challenges.

"The collaboration and political will to address Hawai'i's health workforce challenges demonstrated at this briefing are very promising," said **Aimee Grace**, director of Health Science Policy, UH System. "We look forward to continuing to work together with our legislators and public-private partners to advance these efforts to optimize Hawai'i's health workforce through the UHealthy Hawai'i initiative."

A link to the briefing materials, including the presentations, additional testimony, and electronic polling report, can be found at the [Senate Committee on Commerce, Consumer Protection, and Health website](#). The recorded briefing can be found on 'Olelo.

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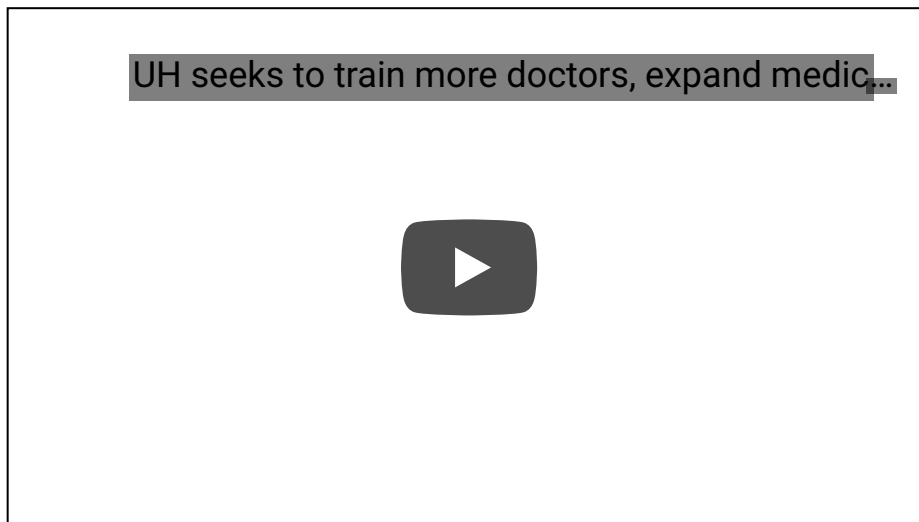
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# UH seeks to train more doctors, expand medical school to Maui

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February 23, 2020  UH News



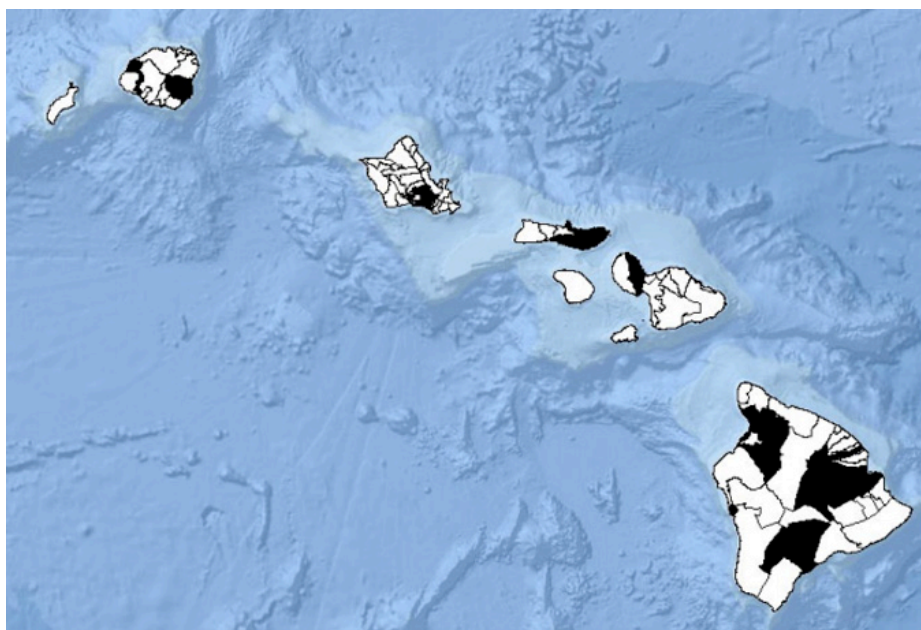
**Colleen Inouye** has been an obstetrician-gynecologist (OB-GYN) on Maui for the past 35 years. She's seen firsthand the severe impact the state's doctor shortage has had on her community. Inouye says for patients, that shortage can mean waiting up to six months for an appointment or delaying treatment.

"They wait until their situation becomes very severe, and by that time, of course, they'll have a different diagnosis and probably a worse diagnosis than if they had sought care earlier in their situation," Inouye said.

The University of Hawai'i is asking state lawmakers to consider funding an expansion of the [John A. Burns School of Medicine \(JABSOM\)](#) to Maui with the hope of retaining more medical students and increasing the number of local doctors.

According to JABSOM's latest [Hawai'i Physician Workforce Assessment Project Report](#):

- › **152 doctors moved away from Hawai'i**
- › **State's physician shortage remains between 519 and 820 doctors:**  
The calculations are based on the average U.S. use of physician services by a population similar to Hawai'i's. The wide range is due to the state's unique geography. There is a statewide shortage of 300 primary care doctors. Subspecialty needs include: infectious disease (72 percent short), pathology (58 percent short), pulmonology (56 percent short), colorectal surgery (52 percent short), hematology/oncology (47 percent short), thoracic surgery (45 percent short) and allergy and immunology (43 percent short).
- › **Hawai'i had a net gain of 47 doctors overall in 2019**

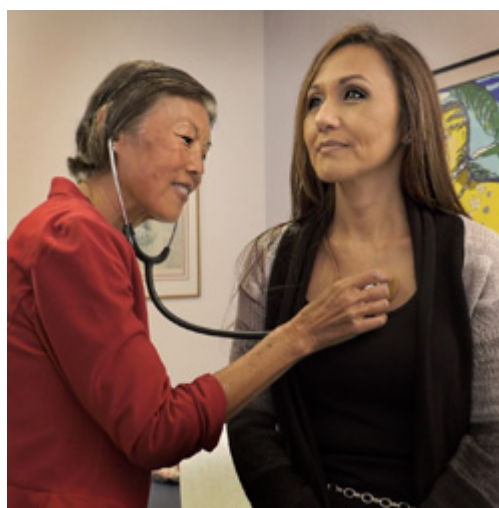


Physician shortage areas represented in white

All four counties are experiencing physician shortages: O'ahu (377 needed), Hawai'i County (230 needed), Maui County (153 needed), Kaua'i County (60 needed).

## A rise in demand, lack of services

On a busy day, Inouye treats up to 25 patients, and about 2,000 fill the database of her practice in Kahului. Some clients fly in from Moloka'i and Lāna'i because there is no OB-GYN on their island.



Colleen Inouye (left) at her practice.

## Maui County's doctor

shortage is palpable. According to the latest census, the Valley Isle is home to more than 167,000 residents, and JABSOM's assessment report indicated the county of Maui has a shortage of 153 doctors.

## How expansion can help address physician shortage

JABSOM is looking to expand to Maui so medical students can earn a four-year degree closer to home. The \$1.4 million budget request includes critical faculty positions that are needed to create a strong base upon which to build further medical training, including possible expansion of some residency rotations to Maui. The proposal is part of UHealthy Hawai'i, a UH systemwide initiative to leverage the UH System to improve health and healthcare in Hawai'i and the Pacific. Research shows more than 80 percent of doctors who attend medical school and train in-state end up practicing there too.

Currently, the medical school accepts 77 students per year at its Kaka'ako location. If funding is approved, the proposed cohort on Maui would accrue approximately five to six more students each year. Inouye interviews aspiring medical students on the Valley Isle during their JABSOM application process. She said a majority want to practice on island.

Related:

[Future doctors eager for medical school expansion to Maui](#)

"They really want to feel like they're a part of the community and that they're helping the patients here. If you start off as a medical student you have that opportunity to do that and there's a feeling of obligation and duty to those members of the community," Inouye explained.

JABSOM's Physician Workforce report also highlighted that 50 percent of Hawai'i's doctors are at least 55-years-old. Inouye isn't set on retiring just yet but is concerned the gap will widen if critical changes aren't implemented soon.

"Unfortunately, unless we have a new supply of younger physicians, we're going to run into a problem," Inouye said.

Once funding is available for the Maui-based teaching hub, recruitment could begin in the next academic year. If funding is approved in 2020,



the first class could start in July 2021.

## More about UHealthy Hawai'i initiative

Opening a second JABSOM campus is just one strategy the university is proposing to tackle workforce issues within the state's health care system. The [UHealthy Hawai'i initiative](#) helped to support a legislative informational briefing in August 2019 on potential solutions to Hawai'i's health workforce shortages across different sectors of health professions. Efforts are also underway to align UH's health programs with the needs of Hawai'i's health industry, such as in the area of physical therapy, which is in high need in Hawai'i.

Goals for UHealthy Hawai'i in 2020 include supporting recruitment into the health professions from Native Hawaiian and Pacific Islander communities and high school students; expanding telehealth; addressing shortages in clinical training sites; and expanding innovative models of care delivery, such as through the use of clinical pharmacists in primary care teams.

—By Moanike'ala Nabarro

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