
The Supply Workgroup discussed many solutions for increasing the supply of physicians, and uncovered resources that are currently available or could be available without excessive effort. The general themes were the importance of pipeline activities, training students to be able to practice in rural areas, the importance of the community in recruitment and financial or other support for physicians. When individuals voted for the most urgent activities to pursue, four solutions were identified as the most important to address in the next 12 months:

1. Increase targeted training
2. Community Integration
3. Increase net physician income
4. Expand pipeline activities

Group discussion of the top three solutions is described below:

Increase targeted training

The Supply Work Group felt that the medical schools (both MD and DO) should recruit from and increase slots for students from rural areas and that more scholarships for students from the areas with the greatest need should be made available. Furthermore, expanding residency training in rural areas, and 3rd and 4th year medical students rural rotations should be increased. Finally, training needs to emphasize quality of care over quantity (value vs. volume), validate the importance of primary care and educate for the skills needed to care for members of rural communities.

Community Integration

The Supply Work Group felt that the community can be an invaluable resource for recruitment and retention. “We need the community’s help to get them here and keep them here.” Community members can also help provide education in cultural competency, work to improve the value of public education, and particularly be the first people welcome and keep new providers involved in the community. Sometimes community is the only group that can get spouse and family to stay in the community.

It was felt that because people with Hawaii ties are more likely to stay practicing here because the community integration is easier, we need a local recruitment network. A database for recruitment would be very helpful, such as a network with HPCA, medical schools, residencies and other healthcare based agencies that is available not just to doctors, but to employers. For example, med students who rotated through Hawaii higher education, contacting them to come back may increase our recruitment.
Increase net physician income

Many solutions were discussed to increase pay or decrease expenses. Increasing pay could be accomplished by creating reimbursement reform/or a differential between rural and urban areas. This may need to be addressed with Medicare, as the local insurers base their rates on Medicare. Incentives for hospital work need to be considered, as rural health clinics don’t let their doctors do hospital work, as the outpatient work is more lucrative, thus leaving the private doctors to pick up the slack. The system also needs to figure out how to mitigate the initial loss of funds when a new provider joins a group work and needs to coordinate better for federal designations that impact reimbursement.

Options discussed to decrease costs included Health enterprise zones and tax discounts; low interest loans; encouraging group practice to leverage resources; outsourcing back office for billing and hiring (i.e. Praxis or “Turnkey model”); matching services to encourage shared office space; External support for management services; training in business management through a partnership with Shidler College of Business; decreasing administrative costs by increasing efficiency; and using IT for electronic claims and decreasing paperwork.

In addition, while loan repayment was not singled out as a first step-solution, there was a possible solution for the loan repayment match suggested: Employment training fund that physicians already pay into could provide match for loan repayment. HPBAHEC agreed to administer loan repayment if needed.

Pipeline programs:

The group felt that pipeline programs needed to be expanded and more people made aware of them. Health career recruitment should at younger ages, such as middle school with science fairs.

In addition, students need to be better prepared academically; the State needs to invest in public education and retention through higher education. There are many resources available to students, they need to be compiled and disseminated in the form of a clearinghouse. Teresa Schiff, second year medical student offered to do this. Some of the resources mentioned include AHEC activities, Health care profession academies (Farrington), internships for high school students, the Imi Ho’ola program, teaching health centers-academic residencies collaborating and a Rural Health Scholars program where seniors in college from rural communities make a commitment to practice in Hawaii and are supported through the training process.

The Supply Work Group also discussed fly over physician system and telemedicine as solutions to consider in the near future.