

The Doctor is Not In

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Hawaii is 500 doctors short. Here's what the UH Medical School is doing to fix the huge deficit, especially on the neighbor islands.

- The Neighbor Islands count success in single digits these days:
- **Six or seven on Hawaii Island.**
- Two new doctors on Kauai over the last few years.
- Two on Maui.
- Two on Lanai, though both later moved back to the Mainland.
- None on Molokai.

“Part of the solution is working together to find smarter ways to deliver care.” -Jerris Hedges, Dean of the John A. Burns School of Medicine.

“We’ve been rotating folks to Hilo for a long time and that’s mostly how a lot of the new family-medicine physicians get to Hilo. Over the last 10 years we’ve placed six or seven,” says Lee Buenconsejo-Lum, head of the residency program at UH’s John A. Burns School of Medicine, which places new doctors in three-year residencies statewide after they graduate.

“It’s a fairly high percentage that have ended up on the Neighbor Islands,” says Buenconsejo-Lum. “We’ve tried to make the Neighbor Island experience available as much as possible to introduce them to rural medicine and the community. It’s important to provide that residency rotation, otherwise you’ll never get anyone to the Neighbor Islands.”

Hawaii’s physician shortage, especially on the Neighbor Islands, is dire. Patients sometimes wait four and five months on the Neighbor Islands for both primary care and specialist appointments. **There’s now an estimated shortage of 500 physicians throughout the state, but if you look more deeply into statistics using a national formula, it’s more like 700,** says Dr. Kelley Withy, director of the medical school’s Area Health Education Center.

It’s going to get worse, Withy says.

“In 2019, a whole bunch of changes take effect that will cut Medicare reimbursements for physicians who don’t have electronic records. We have a lot of senior (physicians) who are going to quit. Right now there are over 600 physicians (in Hawaii) who are 65 years old or older.

“It costs \$40,000 to change to electronic medical records. Some hospitals like Hawaii Pacific Health and Queen’s will help you. But, if you’re a solo practitioner, you’re looking at a lot of expense and training and frustration. So we have that to contend with.”

That’s not all.

“We need to train more, but we’re pretty much maxed out on Oahu in terms of space,” says Withy. “Medical training is very labor intensive. It has to be supervised. The fact that we don’t have enough doctors makes it harder to train new ones; we need doctors to train doctors. But since we don’t have enough, it’s hard for them to train new doctors because they’re so busy.

“And don’t get me started on the paperwork these days.”

In 2016, with the addition of new doctors in Hawaii, offset by retirements and moves away from the Islands, “We gained 100 doctors,” Withy says. “The year earlier it was four. With 100 a year, that would get us to where we want to be by 2025. But I don’t think that’s going to happen.”

Dean Jerris Hedges says JABSOM is focused on training, recruitment and retention of physicians, and collaborating with other health disciplines to build healthcare teams.

“It’s important to provide that residency rotation, otherwise you’ll never get anyone to the neighbor islands.” -Lee Buenconsejo-Lum, Head of Residency Program at JABSOM.

“Part of the solution is working together to find smarter ways to deliver care,” says Hedges. “We work closely with UH’s schools of Nursing, Social Work and Public Health on new models in how we train together so our graduates will work better together.” There are many advantages to the collaborative approach: Some of the work commonly done by doctors in the past might be done by other healthcare providers instead; collaboration can reduce costs; and collaboration can produce a more holistic approach to treatment, and possibly better outcomes.

In March, the medical school was recognized nationally by U.S. News & World Report as 23rd in the nation for turning out the most primary care residents. (Residents are doctors in training after they graduate from medical school.) Primary care, the field with the biggest shortage, is defined as family medicine, pediatrics or internal medicine; 52 percent of JABSOM graduates choose primary care.

On **Hawaii Island**, which has the biggest shortage in family medicine, physicians like Melanie Arakaki are like gold.

On a recent Tuesday afternoon, the family practitioner and UH graduate was leaving her Hilo office for house calls with elderly home-bound patients. “If I see them face to face, then we can get home care for them – home health nursing and home health physical therapy,” she says. “We have to document it or insurance won’t pay for it.”

Because **Hawaii Island** lacks so many GPs and specialists, Arakaki treats everything. “We don’t have enough psychiatrists, so we do a lot of counseling, a lot of psych stuff. And a lot more cardiac care. I think we’re pretty good at it because we’ve had to do it because there’s no one to refer to,” she says.

“**Gosh, we need everything. In Hilo**, for example, there are two cardiologists for all of East Hawaii. There’s one urologist and one neurologist for the whole island; one permanent ear, nose and throat specialist for the whole island.

There are just three orthopedic surgeons in Hilo, and four general surgeons – one of whom is retiring soon – two nephrologists and three gastroenterologists – two of whom are past retirement age; so we’re short on everything. Getting specialists here is a real problem.

We don’t have an infectious disease specialist, an endocrinologist or a rheumatologist. A lot of our patients have to go to Oahu. If we can’t get them in to see a specialist, insurance will pay a partial reimbursement for a flight.”