



# **Big Island Health Workforce Assessment**

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# Background

- **Physicians per population: Hawaii 7<sup>th</sup> in the US (AAMC)**
- **Patients unable to find PCPs and specialty care**
- **Inadequate supply & demand data to assess supply**
- **7,000 licensed physicians (only about half work in Hawaii)**



# Methods: Supply

**All available sources to locate providers, specialty, office address(es) and FTE (but NOT age, gender or hospital status)**

- **DCCA license**
- **phonebook/directory assistance**
- **provider lists (insurers, labor unions, medical groups)**
- **hospital privileges list**
- **community providers (reality check)**
- **internet**
- **Phone the Provider's Office**



Methods:

Needs/Benchmarks/Demand

- **Need: Focus groups, group meetings, community interviews**
- **Benchmarks: U.S. physician per 10,000 population**
- **Utilization: Claims data demonstrates actual use of the healthcare system, however visits very low for mental health**



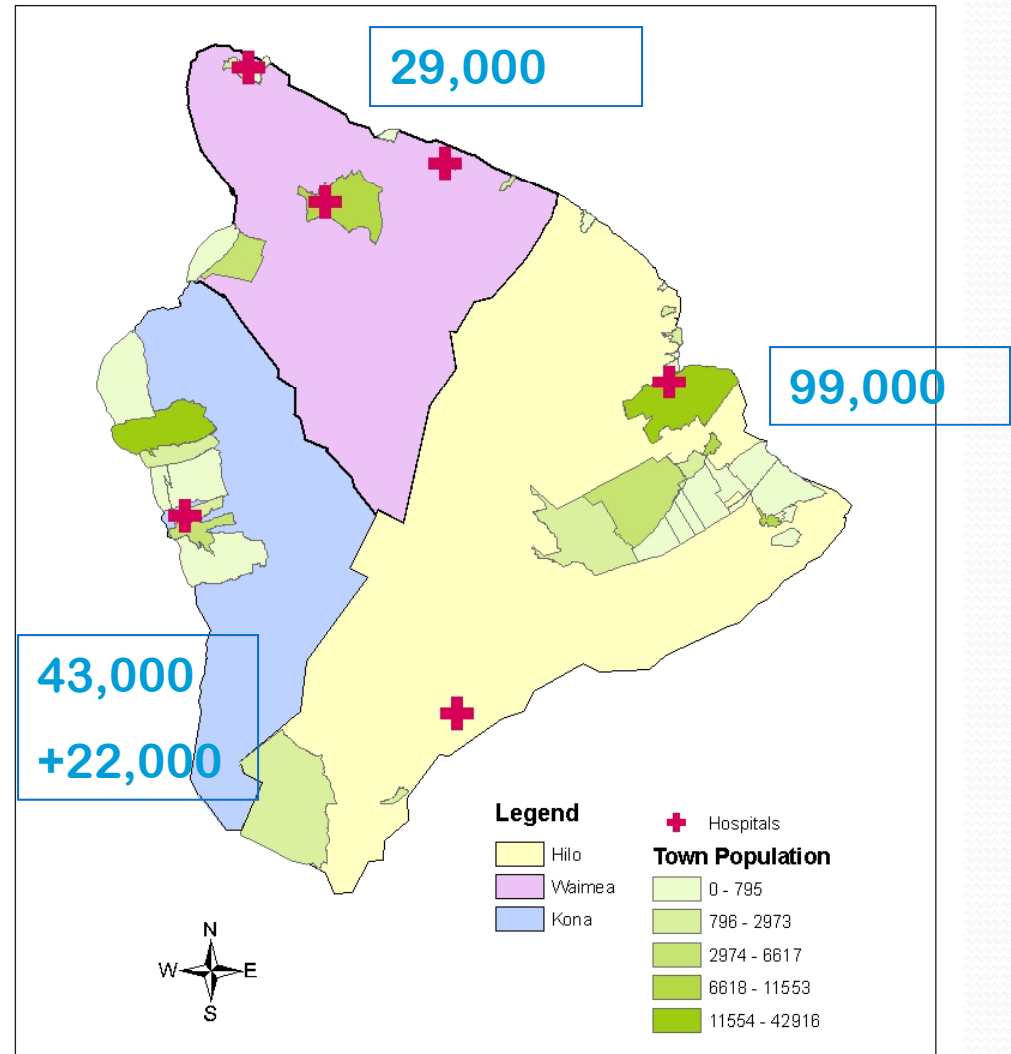
# Claims data: 85% of BI Population

**From 3 large insurers for 2002-2006:**

- **Visit count: type of provider, specialty, age range and gender of patients, place of service (inpatient or amb)**
- **Enrollment data by age range and gender**
- **63% for 2006, down from 74% in 2002**
- **Extrapolation:**
  - **specialty visits for 65+ extrapolated to 13% of BI population**
  - **Quest extrapolated to 22% of BI population**

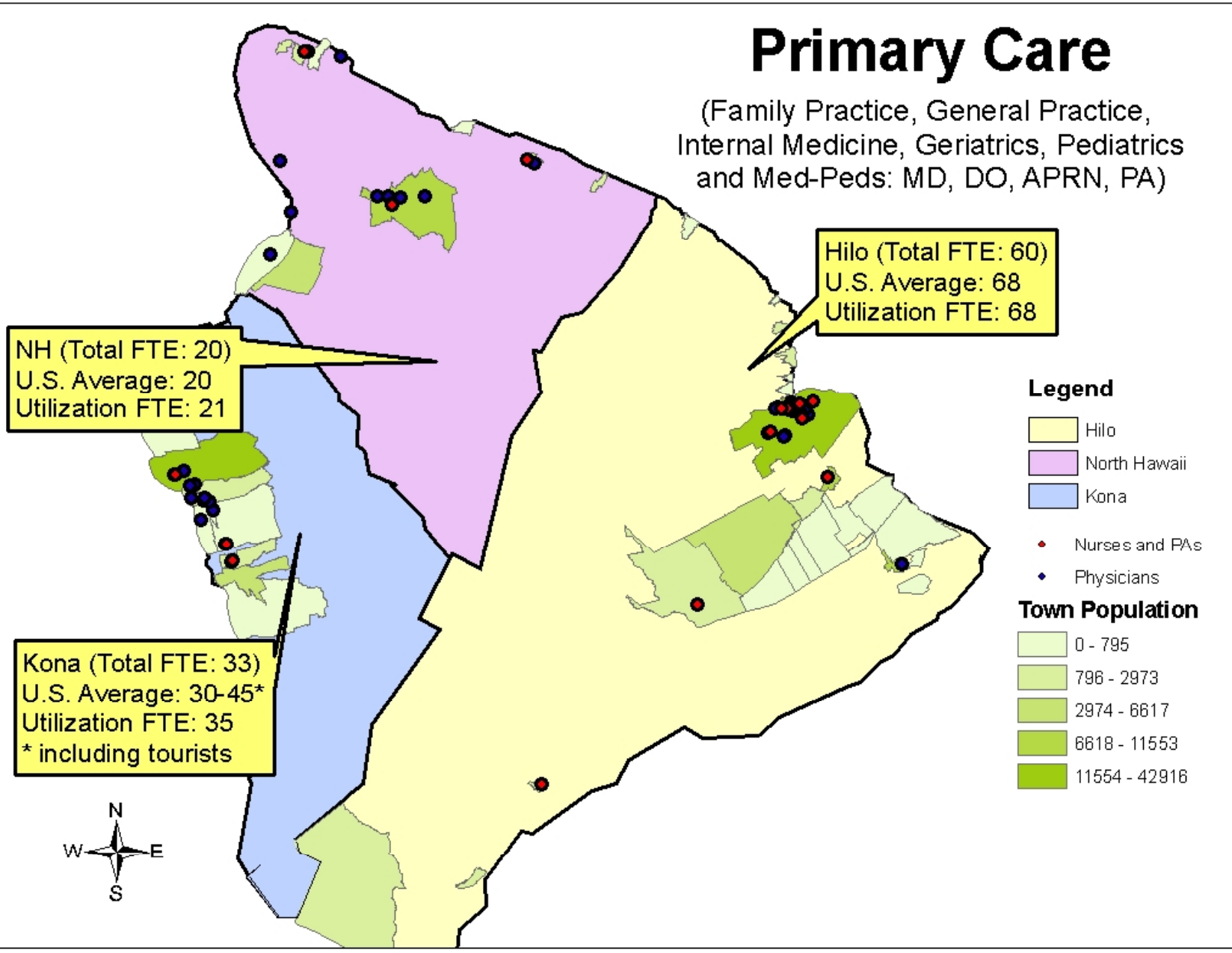
# Regions

- **Big Island divided into 3 regions representing geographic division and usage patterns**

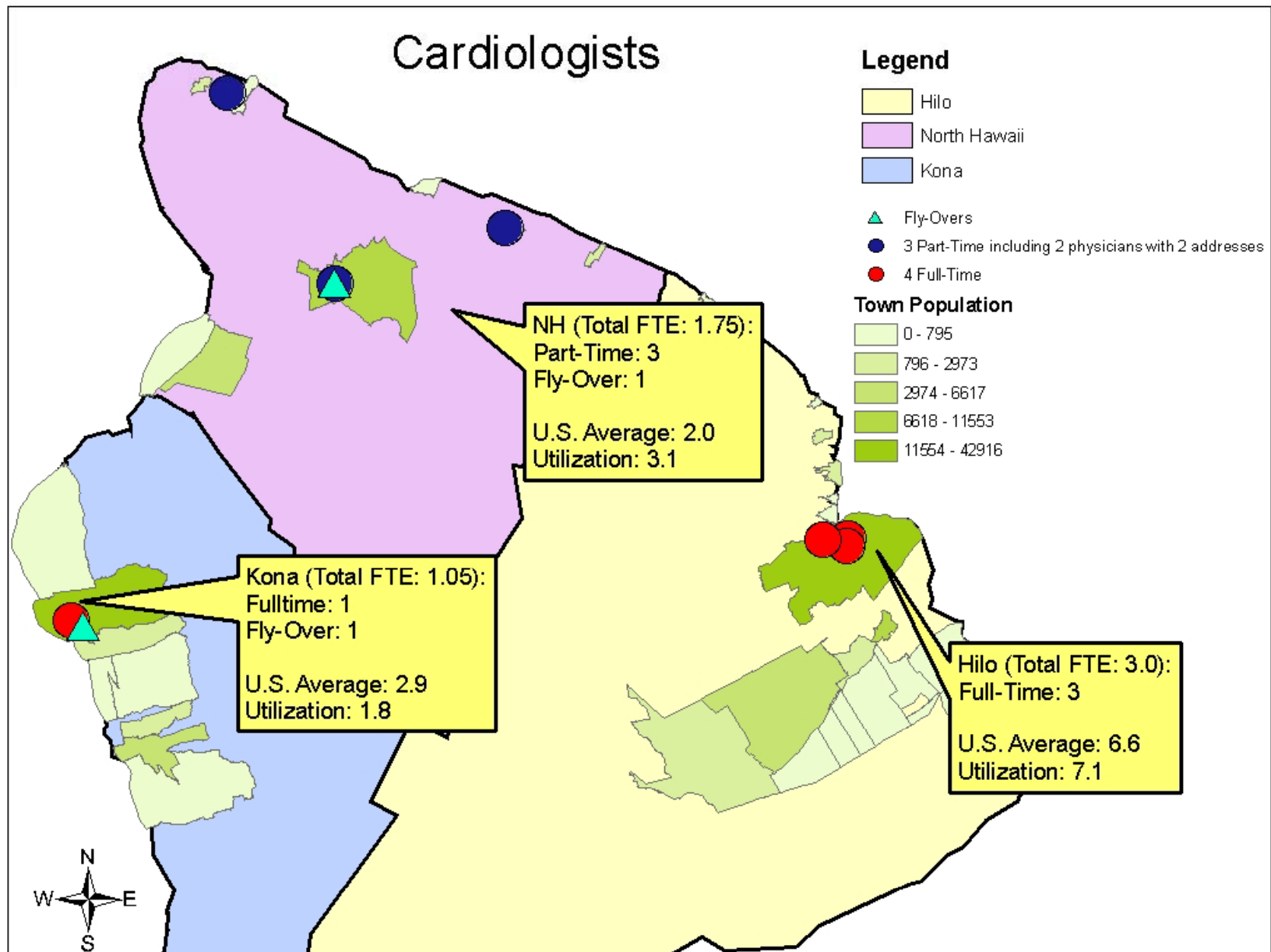


# Primary Care

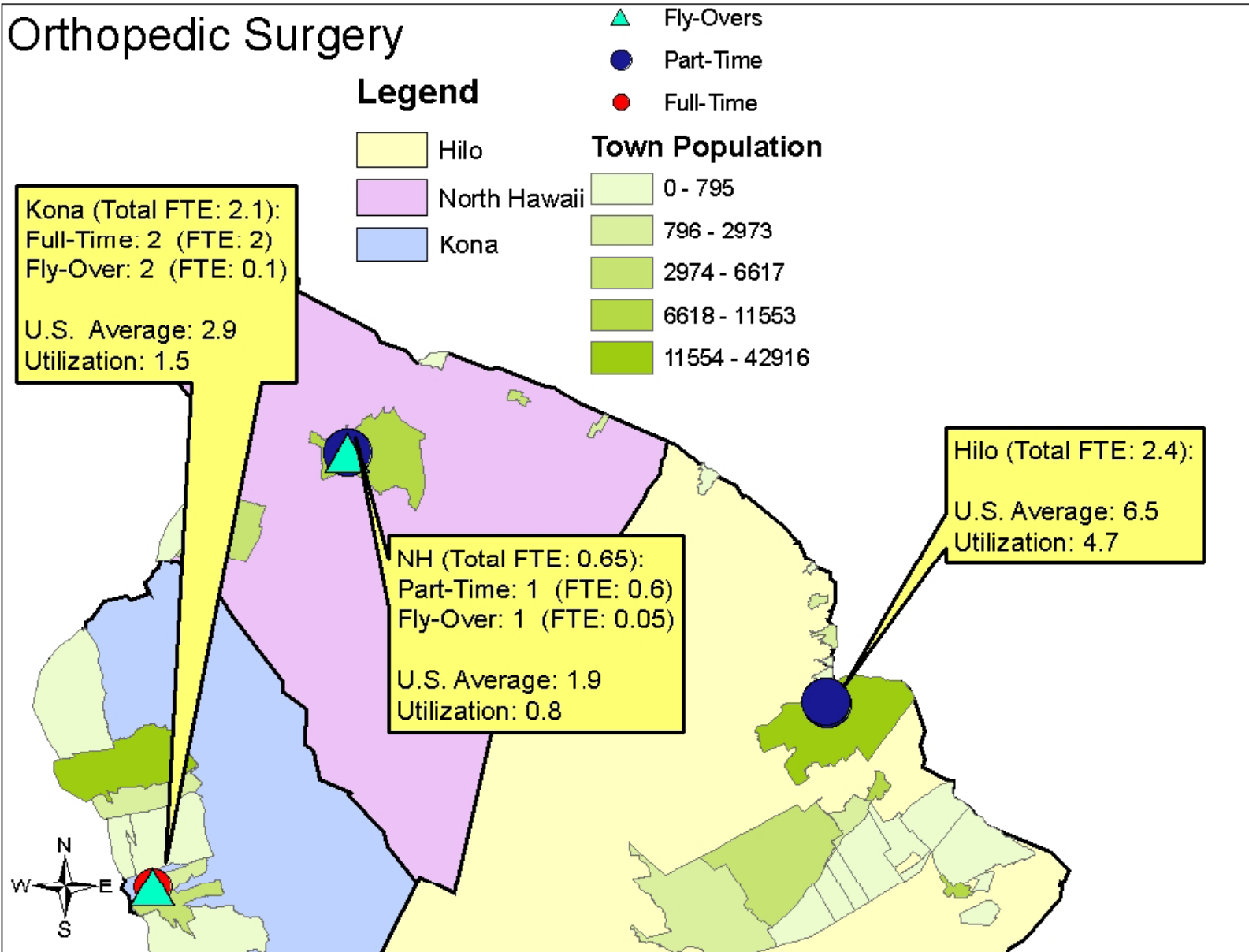
(Family Practice, General Practice, Internal Medicine, Geriatrics, Pediatrics and Med-Peds: MD, DO, APRN, PA)

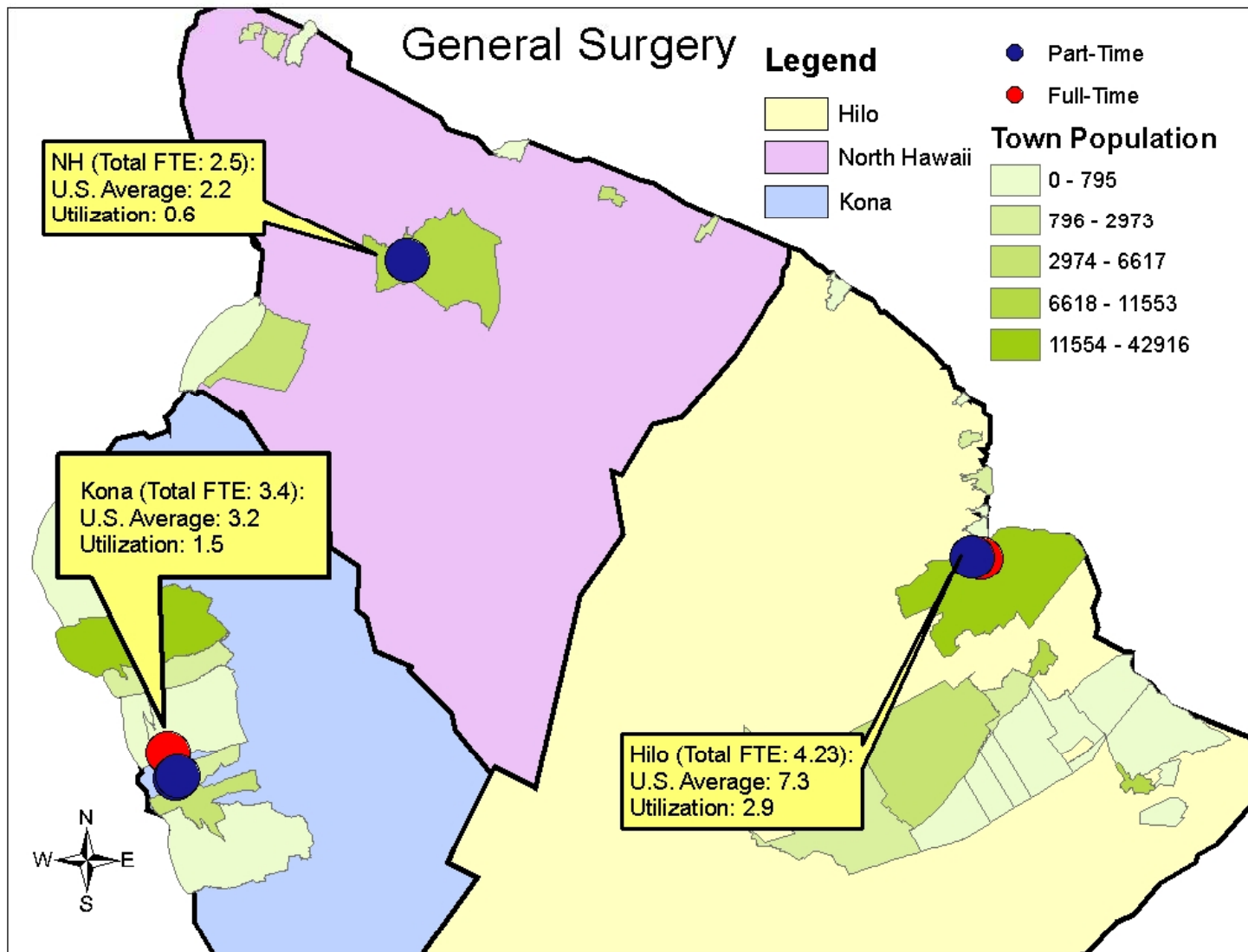



# Cardiologists



# Orthopedic Surgery







<b>Specialty</b>	<b>Estimated Unmet Demand</b>
<b>Primary Care</b>	<b>13 (8 in Hilo, 4 in Kona, 1 in NH)</b>
<b>Cardiology</b>	<b>5 (3 Hilo, 1 Kona, 1 shared Kona/NH)</b>
<b>General Surgery</b>	<b>2 (1 Hilo, 1 shared Kona/NH)</b>
<b>OB/Gyn</b>	<b>6 (4 Hilo, 1 Kona, 1 NH)</b>
<b>Orthopedics</b>	<b>2 Hilo</b>
<b>Psychiatry</b>	<b>5*</b>
<b>Urology</b>	<b>At least .5 in North Hawaii</b>
<b>Psychology</b>	<b>30*</b>
<b>Social Work</b>	<b>234*</b>

\*Mental health analyses performed using average comparisons instead of claims data, and are considered inaccurate because of challenges to locating mental health workers.

# Increase in Percent Utilization Compared to 2006 utilization

	2010	2015	2020
Population Growth	11.7%	24.9%	35.2%
Total Utilization	12.6%	26.8%	40.5%
Cardiology	14.1%	32.8%	54%
General Surgery	12.7%	27.4%	42.3%
OB/Gyn	12.5%	23.6%	33.2%
Ophthalmology	13.7%	31.3%	51.9%
Orthopedics	12%	25.5%	39.5%
Primary Care	12.7%	27.2%	41.3%
Psychiatry	10.4%	19.7%	29.4%
Urology	14.1%	32.5%	53.7%



# Low cost/No cost options

(Part of a Comprehensive Workforce Plan)

- **Form collaborative recruitment group and consolidate recruitment efforts**
- **Compile listing of position openings**
- **Create community profiles for web based advertising (i.e. 3RNet).**
- **Develop recruitment package with available resources (community support, assistance with spousal employment, etc.)**
- **Create transparent reimbursement schedules**



# More Low cost/No cost options

- **Community Health Centers to employ retired physicians**
- **'Embrace' new providers**
  - **community connections**
  - **subsidizing office space**
  - **professional mentoring**
- **Provide recognition and support of active providers**
  - **provide support for group formation**
  - **provide a voice**
  - **provide CE/CME**



## More Low cost/No cost options

- **Coordinate and advertise health careers recruitment programs**
- **Support increased training opportunities for health professions students on the BI**
  - **Increase preceptorship experiences**
  - **Residency training**
- **Support students pursuing health careers**
  - **Recognition**
  - **Mentoring**
  - **Housing**
  - **Scholarships/stipends**



# More options

**Encourage legislature to increase health resources for rural areas**

- **Increase provider reimbursement**
- **Decrease provider overhead, legal liability, taxes**
- **Increase use of telemedicine**
- **Increase incentives for providers (loan repayment)**

## **Solutions of greater cost include:**

- **Develop a formal marketing plan for recruitment to include employment model**
- **Create staffed and equipped facilities with business support**
- **Develop physician group(s) for recruitment, call sharing/coverage, cost sharing, and fee negotiations**
- **Reinvent “Call”**
- **Expand and strengthen hospitalist programs (other specialties?)**



## Solutions of greater cost include:

- **Create Centers of excellence and regionalize care**
- **Start a demonstration project: “Medical Home” model of care centered around an accessible medical team, advanced technology and new styles of care**
- **Expand and better coordinate the fly-over provider system**
- **Implement enrichment programs in the public schools**
- **Expand telemedicine infrastructure**

