

Examining Health Care Workforce Needs in Hawaii

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Introduction

For years, the United States health care workforce has struggled to keep pace with burnout, retirement, or finding people with the specialty training needed to do the work. In fact, staffing shortages have been identified as the biggest challenge facing hospitals and health care providers nationwide.¹ Recent national estimates of physician supply indicate the current shortage is between 40,000 and almost 60,000 practicing physicians in the United States, and the shortage is expected to grow to 139,000 physicians by the year 2033.¹

The COVID-19 pandemic, a major public health catastrophe, exacerbated the strain on the health care workforce worldwide.² Effects of COVID-19 included morbidity and mortality of the public and health care workforce, economic impacts, as well as psychological

effects. Disaster response and substantial shortages of personal protective equipment resulted in feelings of fear and isolation.³ As a result, providers have been taxed both physically and psychologically. This is concerning because a health care workforce that is fatigued and burnt out can lead to medical errors, lack of empathy, decreased productivity, and higher turnover.²

Recently, the Association of Community Cancer Centers (ACCC) partnered with the Hawaii Society of Clinical Oncology (HSCO) to define workforce challenges in Hawaii and provide policy recommendations to address defined barriers and gaps. A landscape analysis was conducted to provide an overview of current regional activities, barriers, and interventions around the health care workforce shortage in Hawaii.

Why is there such a problem in Hawaii?

A 2022 report from the Healthcare Association of Hawaii found a 76% increase in the number of job vacancies for health care workers, from 2,200 in 2019 to 3,873.⁴ In recent years the COVID-19 pandemic played a major role, however there were factors at play

in Hawaii well before. For example, Hawaii's general excise tax, stringent licensing requirements, and high cost of living all make it difficult for health care providers to work in Hawaii.⁵

Workforce Challenges

Critical Staffing Shortages

The physician shortage in Hawaii is dire. Statistics show demand is greater for physicians and other health care workers than what is available, especially on neighbor islands.⁵ It is estimated that there are approximately 1,000 too few providers.⁶ Demand stretches across positions from providers and nurses who provide direct care, to administrators who support operations.

In a 2023 report titled, "Annual Report on Findings from the Hawaii Physician Workforce Assessment Project," the University of Hawaii examined supply and demand numbers based on a voluntary relicensure survey, queries of local community contacts, internet searches, and direct calls to physician offices, as well as the purchase of a demand model to support the analysis of physicians in relation to the population.⁷

Table 1. Statewide Supply and Demand Estimates by Medical Specialty⁷

Specialty (Medical Specialties)	Demand	Supply	Difference	w/o Overage	% Shortage
Allergy and Immunology	20.6	10.0	10.6	10.6	51.7%
Dermatology	34.7	49.6	-14.9	0.7	2.0%
Infectious Diseases	38.5	20.8	17.7	17.7	45.9%
Neonatology	25.5	21.8	3.7	7.8	30.4%
Nephrology+	47.5	32.1	15.4	15.4	32.5%
Adult Cardiology	102.6	78.3	24.3	24.3	23.7%
Pediatric Cardiology	7.1	6.3	0.8	1.2	17.3%
Adult Critical Care+	19.1	41.4	-22.3	5.6	29.5%
Pediatric Critical Care	2.7	5	-2.3	0.8	29.6%
Adult Endocrinology	28	13.9	14.1	14.1	50.3%
Pediatric Endocrinology	7.8	2.5	5.3	5.3	67.9%
Adult Gastroenterology	63.7	57.2	6.5	8.7	13.7%
Pediatric Gastroenterology	8.2	2.5	5.7	5.7	69.5%
Adult Hematology and Oncology	44.2	27.8	16.4	16.6	37.6%
Pediatric Hematology and Oncology	7.3	6.3	1.1	1.8	24.7%
Adult Pulmonology	57.3	19.8	37.5	37.5	65.4%
Pediatric Pulmonology	5.5	1.3	4.2	4.2	75.8%
Adult Rheumatology	22.5	20.6	9.5	9.5	42.2%
Pediatric Rheumatology	1.3	2.2	-0.9	0.4	30.8%
Medical Specialties Total	544.1	411.7	132.4	187.9	34.5%

The Physician Workforce Report found a 38% and 25% shortage for adult and pediatric hematology and oncology statewide, respectively.⁷ Primary care remains the area of greatest need across all islands. However, the greatest statewide shortage of subspecialties includes pediatric pulmonology, pediatric gastroenterology, pediatric endocrinology, adult pulmonology, colorectal surgery, thoracic surgery, allergy and immunology, and adult endocrinology (see Table 2).⁷

The numbers tell a very different story when examined on a county-level. Hawaii County is experiencing a shortage in both adult and pediatric hematology/oncology providers.⁷ While neighboring Kauai and Maui counties are experiencing a shortage in pediatric providers of hematology/oncology.

Table 2. Greatest Subspecialty Shortages, Statewide⁷

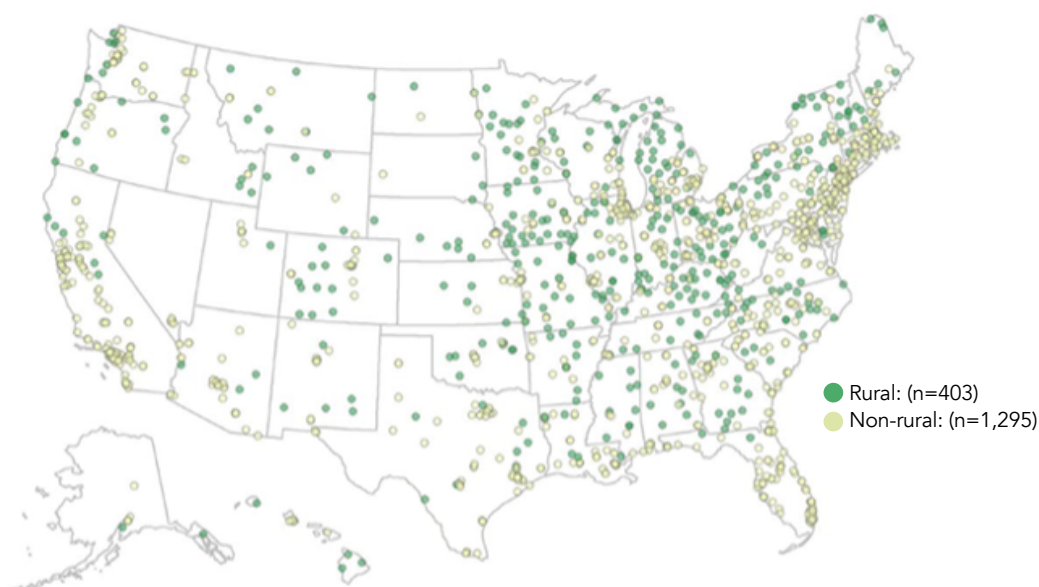
Specialty	FTE Shortage	Percent short
Pediatric Pulmonology	4.2	75.8%
Pediatric Gastroenterology	5.7	69.5%
Pediatric Endocrinology	5.3	67.9%
Adult Pulmonology	37.5	65.4%
Colorectal Surgery	6.4	60.0%
Thoracic Surgery	11.7	57.1%
Allergy and Immunology	10.6	51.7%
Adult Endocrinology	14.1	50.3%

FTE, full-time equivalent.

Table 3. Physician Supply and Demand Estimates for Hematology/Oncology, County-Level⁷

Oncology Shortages by County	Demand	Supply	Difference	w/o Overage	% Shortage
Adult: Hawaii County	0.9	0.0	0.9	0.9	100.0%
Pediatric: Hawaii County	6.5	0.0	6.5	6.5	100.0%
Adult: Honolulu County	29.0	23.2	5.8	5.8	19.9%
Pediatric: Honolulu County	5.5	6.3	-0.8	0.0	0.0%
Adult: Kauai County	1.9	2.1	-0.2	0.0	0.0%
Pediatric: Kauai County	0.3	0.0	0.3	0.3	100.0%
Adult: Maui County	7.4	2.2	5.2	5.2	70.3%
Pediatric: Maui County	0.6	0.0	0.6	0.6	100.0%

Figure 1. A Look at Rural and Non-Rural Oncology Practices



Sources: Medicare Physician Compare (April 2020 update), US Census Bureau Gazetteer Files, USDA Rural-Urban Continuum Codes

Comparatively, a look at oncology providers across the Nation show a similar pattern seen in Hawaii. Non-rural areas show higher numbers of oncology providers when compared to rural states. While rural states and Hawaii's outer islands reflect shortages (**Figure 1.**).⁸

Impact of COVID-19

Hawaii continues to deal with surges of COVID-19. As late as June 2022, the Hawaii State Health Department reported case numbers for a 1-week period in the thousands and 8 deaths.³ A recent study of Hawaii's nursing workforce revealed that of 421 respondents, 23% considered leaving nursing during the pandemic.⁹ Reasons provided include safety (39.2%), family/caregiver strain (32.0%), job fatigue (24.7%), retiring (21.6%), not wanting to be a health care provider (21.6%), and economic strain (9.3%). Even after the pandemic has been declared over, the effects are persisting on the health care workforce.

Burnout and Depression

Burnout has long been a problem nationally for physicians, nurses, and other health care professionals. Hawaii considers health care worker burnout from the pandemic an important public health problem.¹⁰

Burnout refers to a stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment.¹¹

The pandemic heightened the crisis. Factors affecting burnout include workload, supply shortages, and pressure, among many others. Burnout is difficult to combat. It can cause increased risk to patients, lead to potential malpractice claims, increase absenteeism, and cause substantial losses financially.¹¹

Limited Training Opportunities

The University of Hawaii John A. Burns School of Medicine in Honolulu is the state's only medical school.¹² It provides 19 accredited programs that are run by a nonprofit organization, Hawaii Residency Programs, Inc.¹³ The school of medicine cites approximately 230 physicians receive training annually in specialties such as internal medicine, surgery, psychiatry, and pediatrics. Oncology and radiation oncology are not on the list of training specialties offered.

Because medical school and residency positions are so few and so competitive, many local Hawaiians end up completing their training elsewhere in the United States.

Why are providers not moving to Hawaii?⁶

There are a host of reasons, but the state's high cost of living, licensing requirements, and general excise tax all make it harder to be a health care worker in Hawaii.

Cost of Living

Hawaii is the most expensive state to live in the United States.¹⁴ As one of the most remote places in the US, most resources need to be shipped in from the mainland.

- Ninety percent of food and 95% of energy resources are imported to Hawaii annually.¹⁵
- Average cost of a home in Hawaii is over \$1 million.
- Restaurants often charge more for food and drinks in areas of high tourism.

Licensing Requirements

Every state (commonwealth or district) in the United States has licensing requirements for providers to practice medicine. In recent years, states have begun creating compacts with other states to allow providers licensed in other states to practice within their state.¹⁶ Hawaii does not allow for such compacts. Any provider practicing medicine in Hawaii must be licensed by Hawaii.

General Excise Tax

Hawaii does not have sales tax. Instead, they use a general excise tax (GET).¹⁷ A GET is a tax imposed on a business for the privilege of doing business in Hawaii. Often, this cost can be passed through to customers. In the case of physicians and patients, however, this cost cannot be applied to Medicare, Medicaid, or TRICARE (insurance for US armed forces).¹⁸ As a result, physicians can make more money practicing in other states.

Recommendations

There are many groups across the state that are examining barriers and defining interventions to combat the workforce issues. It is in the best interest of all involved to coordinate these and other efforts to address workforce issues affecting Hawaii.

Some solutions already being implemented include⁷:

- **Recruit the future physician workforce:** Hawaii's Area Health Education Center (AHEC) receives federal grant funding to provide mentoring, counseling support and activities to promote careers in health professions.
- **Physician recruitment:** AHEC hired a statewide physician recruiter to support physician recruitment in Hawaii.
- **Educational loan repayment:** Hawaii's Loan Repayment Program (HSLRP) has supported 76 recipients since the program began in 2012. Additionally, the Innovative Loan Repayment Program has been introduced to support providers in areas of need who do not meet federal criteria for loan repayment.
- **Housing costs:** AHEC is working with banks to provide physicians with low interest, low down payment loan packages for purchasing homes.
- **Physician mentoring program:** Hawaii's physician recruiter has created the Alakai program for mentoring and providing cultural awareness to new physicians moving to Hawaii to practice.

Additional recommendations to consider include:

- Increase health care provider compensation.
- Establish residency and fellowship programs at health care practices on neighboring islands.
- Partner with mainland health care institutions to provide clinical care on neighboring islands.
- Work with other organizations to petition for exemption of medical services from Hawaii's GET.

In addition to initiatives focused on recruitment and retention of physicians, stakeholders should examine the incorporation of Advanced Practice Providers (APPs) into the oncology community. Studies show employing APPs such as nurse practitioners and physician assistants can help to improve the workforce issues in cancer care.¹⁹ While APPs can support clinical care, they also can contribute to administrative and operational tasks as well as patient education, genetic counseling, prevention, and survivorship care.²⁰

Conclusion

Hawaii's workforce shortage is real, and there are clear causes. It will take collaboration among many organizations within and outside of health care to address the underlying issues. Luckily for Hawaii, there are many groups already working on solutions. Major issues that will need to be addressed in the very near future include the cost of living, provider salaries, and reimbursement. The longer these major issues go unaddressed, the longer the workforce shortage will persist.

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