2011 JABSOM Annual Summary Reports to Mānoa Chancellor

Note that the requested format, content, and Mānoa Campus goals for these reports have evolved over this time frame. The Annual Summary Report has been submitted in April of each year, beginning in 2011.

Overview:
Building upon past organizational success, the University of Hawai‘i – Mānoa, John A. Burns School of Medicine (JABSOM) focused upon research enhancement and addressing the state’s physician workforce shortage, despite economic challenges at the campus and state level. To address the former goal, JABSOM has implemented RMATRIX (translational research initiative), proposed modification of tenure requirements for JABSOM faculty members to permit additional tenure track positions, and continued fund-raising efforts to build a Neuroscience Center of Excellence. To address the latter goal, JABSOM has explored an Emergency Medicine training initiative linking TAMC and UH, expanded efforts to align UCERA with teaching hospital needs to foster JABSOM clinical department faculty stability, and expanded medical school class size to 66 entering medical students per year starting July 2011.

During the current academic year, chair searches for department chairs of Pediatrics (Kenneth Nakamura, MD), Native Hawaiian Health (Keawe Kaholokula, PhD), and Communication Sciences & Disorders (Henry Lew, PhD, MD) have been completed. Only two interim or acting chair positions remain. One is in the Department of Pathology in association with the Chair assuming the role of Director of the University of Hawaii Cancer Center and one is in the Department of Geriatric Medicine with the Chair serving as the Chief Operating Officer of UCERA. In both cases, strong interim/acting leadership exists with ongoing leadership support from the Associate Dean for Clinical Affairs. Additionally, JABSOM recruited a new Director of Medical Student Affairs (Richard Smerz, D.O.), further enhancing strong student services for our medical students. JABSOM continues to have one of the most diverse executive leadership team (associate deans, directors, & chairs) and faculty composition of all U.S. medical schools.

Although not a School objective for FY 2011, JABSOM as the Sponsoring Institution for the Hawaii Residency Program, Inc., graduate medical education (GME) programs under the University of Hawaii banner completed its ACGME site visit in October 2010. The GME enterprise received a 2-year accreditation with 7 citations. This is a short accreditation cycle and is coupled with citations to be addressed. The School has already begun to restructure its GME enterprise in response to this site visit and further corrective actions will be required in FY 2012.

Medical student education (the M.D. degree program) continues to be strong. Over 80% of our incoming students are residents of Hawaii, demonstrating our continued emphasis on supporting the educational aspirations of our local citizens. Our current third-year medical student class posted the highest class average on Step 1 of the national licensing examination (United States Medical Licensing Examination) in the history of our school, which also represented the 6th straight year that our students
have scored above the national average on this important educational benchmark. Our outgoing senior medical student class recently were notified of their post-graduate training ("residency training") assignments, and were very successful in being accepted into some of the best training programs in the country. Of important note, 42% of our graduates chose to do at least the first-year of their residency training here in the state of Hawai‘i. This represents a significant increase from recent years. This is of particular interest in that statistics bear out that 80% of our graduates that choose to also do their residency training in Hawaii will end up practicing here in our State.

FY 2011 Benchmarks and Performance:

1) **Implement RMATRIX (translational research initiative)**

JABSOM received notification that its RMATRIX grant would be funded in September of 2010 with support to start October 2010. Dean Hedges serves as Principal Investigator on the grant, but is ably supported by two co-Program Directors (Bruce Shiramizu and Todd Seto) and three administrative team leaders (Tammy Ho, Louise Fujisue, and Pam Bullard). The grant is designed to help reduce health disparities in Hawaii through translational work that links scientists at UH with others in the community in six key health initiatives. This is to be accomplished through shared research infrastructure and research programs. The investigative team hosted a successful External Advisory Committee meeting in March 2011. Already collaborative efforts with community investigators and across UH have been enhanced by the grant. Efforts to meld RMATRIX resources and research leadership with other UH-based research programs (e.g., Centers of Biomedical Research Excellence [COBRE] in Emerging Infectious Diseases, Cardiovascular Research, and Biogenesis; IDeA Networks for Biomedical Research Excellence; Center for Native and Pacific Health Disparities Research, and HIV-AIDS Research Center) have been successfully initiated.

2) **Modify tenure requirements for JABSOM faculty members to permit additional tenure track positions**

This has been a challenging initiative for JABSOM. The JABSOM general faculty passed a supportive measure to begin the process of modifying the tenure requirements. Despite intermittent discussion with the VP for Academic Affairs/Provost, this issue has not moved forward with discussions between UH administration and UHPA. Considerable attention has been given by the VP for Academic Affairs/Provost to a presumably resolved affiliation agreement between the university practice plan (UCERA) and UH. Although further deliberation of this practice plan initiative (clarification of current practice) has been stated by the VP for Academic Affairs/Provost as a prerequisite to moving the tenure issue forward, the logic and politics remain opaque.

The lack of resolution of this issue has slowed and compromised faculty expansion during these difficult fiscal times. JABSOM has great difficulty executing a research program business model based upon faculty productivity incentives without the expected tenure requirement
modifications. Support from the Chancellor and President in resolving this issue is essential at this point.

3) **Launch fund-raising effort to build Neuroscience Center of Excellence**

Although there has been active continued fund-raising efforts within JABSOM (e.g., an active and successful internal giving campaign in the fall of 2010), major gifts have been hampered by a thinly stretched development staff with limited outreach to alumni. The greater involvement of medical students in the annual campaign has helped increase scholarship support, but continued efforts by the Dean, his executive leadership team, and the development officer will be required in the coming years. Additionally, the recruitment of a lead neuroscientist with the skill set to assist with fund-raising will be vital to this effort. A small $100,000 donation towards the neuroscience effort was received in 2010 and will help with a junior investigator in Geriatric Medicine. The recent completion of the Cadman Endowed Professorship will also assist with this effort. Finally, the support of Greg Willem at the UHF for an alumni-focused development officer to begin before the end of FY2011 will greatly assist this effort and enhance the efforts of Jeffrie Jones, the JABSOM lead development officer.

4) **Launch Emergency Medicine training initiative linking TAMC and UH**

JABSOM has been active in assessing the statewide physician workforce needs. A legislative report from a JABSOM based taskforce (led by Kelly Withy, MD, and David Sakamoto, MD) demonstrated that Hawaii is short over 600 practicing physicians at this time and by 2020 will be short over 1200 practicing physicians unless significant changes in training capacity and recruitment/retention are undertaken. The School has been active in statewide planning around these initiatives. The continued development of the interdisciplinary clinic in Hilo (to eventually help support a Family Medicine residency program expansion), piloting of a first year Problem-Based Learning course in Hilo, and the expansion of clinical training programs on several neighbor islands are key examples of the school’s efforts to expand undergraduate and graduate medical education capacity.

Given the shortage of primary care physicians in Hawaii, the growing reluctance of primary care providers to provide care for socially and medically complex patients with acute illness, and the reality that emergency medicine physicians have de facto begun to provide “point of first contact care” (an important element of primary care) to much of the population, JABSOM began to explore the potential for an emergency medicine training program in Hawaii. This is particularly relevant given the growing number of JABSOM graduates who select this specialty training and leave for the mainland.

Under the direction of Associate Dean Roy Magnusson, a working group including emergency physicians from the Queens Medical Center and Tripler Army Medical Center was assembled. A report of readiness for a residency program in emergency medicine is expected before the end of FY 2011. The major challenge at this time seems to be an adequate number of academic
faculty members and support for the training positions at the Queens Medical Center. The Tripler Army Medical Center may also need to enhance its faculty component, but in conjunction with the Veterans’ Affairs Medical Center, the residency positions to be provided by the federal arm of a community/federal partnership appear solid for the moment.

Should the resources not be available for the community component of the partnership, the same task force is reviewing the potential for an emergency medicine fellowship that would help develop the academic faculty at both the Queens Medical Center and Tripler Army Medical Center.

5) **Expand medical school class size to 64 entering medical students per year**

Under the guidance of Vice Dean/Admissions Director Satoru Izutsu, Associate Dean for Medical Education Richard Kasuya, and newly appointed Director of the Office of Medical Education Damon Sakai, the JABSOM entering class size was increased from 62 to 64 with the class beginning July 2010. Although this incremental class size growth was modest, it required still required significant coordination and management of existing educational resources within limited clinical training sites.

Ongoing initiatives to support this effort include developing additional training opportunities on the neighbor islands across all four years of the curriculum, greater use of the Tripler Army Medical Center as a training site, and greater engagement of the simulation center. A commitment has been made to increase the class size to 66 entering students in July 2011.

6) **Expand alignment of UCERA with teaching hospital needs to foster JABSOM clinical department faculty stability**

Considerable effort has been undertaken by Chief Financial Officer Nancy Foster to integrate a fiscal understanding and the budgeting process with UCERA. This has helped the Clinical Departments and the School reduce shared costly redundancies. Faculty practice plans require additional review to ensure equity within disciplines and incorporation of appropriate academic and practice incentives. This activity will be undertaken in conjunction with UCERA in the coming academic year. Efforts to share risk management needs and oversight represent one such effort and have been coordinated by Associate Dean Roy Magnusson and the JABSOM Risk & Contracts Officer – Lauren Kwak.

Key success stories have been evidenced by shared programs and directed faculty responsibilities supporting hospital initiatives in Obstetrics & Gynecology, Surgery, Geriatric Medicine, Psychiatry, and Family Medicine. A new initiative to enhance resident training and clinical service in Internal Medicine is being reviewed by the Queens Medical Center leadership at this time. These initiatives have largely been led by the department chairs with the support and guidance of Associate Dean Roy Magnusson who also serves as the UCERA Chief Medical Officer.