

Hawai'i Medical Education Council (HMEC) Meeting
 October 23, 2022 Time: 7:30-9:00 a.m.
 John A. Burns School of Medicine, Medical Education Building #202 and via Zoom

Members Present: Mary Ann Antonelli (representing the federal healthcare sector), Lee Buenconsejo-Lum (Associate Dean for Academic Affairs, Designated Institutional Official (DIO) for Graduate Medical Education, JABSOM), Jerris Hedges (Chair, JABSOM Dean), Colleen Inouye (representing the health professions community), Leslie Chun (representing a hospital conducting ACGME programs), Lisa Rantz (representing a person of the general public), and Todd Seto (representing a hospital conducting ACGME programs).

Members Absent: Katherine Finn Davis (for Interim Dean Clementina Ceria-Ulep, representing Nancy Atmospera-Walch School of Nursing), Lorrin Kim (for Elizabeth Char, representing the Department of Health), COL Judy Kovell (representing a hospital conducting ACGME programs), Loic Le Marchand (Interim Director UH Cancer Center), and Linda Rosen (representing the health professions community).

Public Attendees: Auli'i Dudoit (Deputy Executive Director, Hawai'i Residency Programs (HRP)), Chip Ellis (CFO, University Health Partners of Hawai'i), Aimee Grace (Director of UH System Office of Strategic Health Initiatives), Lynn Iwamoto (Assistant DIO, JABSOM), Martina Kamaka (Native Hawaiian Center for Excellence & Culture Competence Development Specialist, JABSOM), Holly Olson (Deputy DIO, JABSOM), Susan Steinemann (Assistant DIO, JABSOM), Natalie Talamoa (Executive Director, HRP), (Kelley Withy (Director, AHEC), and Derek Wong (Interim CEO, University Health Partners of Hawai'i).

HMEC Administrator: Lee Buenconsejo-Lum **Recorder:** Crystal Costa

1. Review of Minutes – Dean J. Hedges	Minutes from the last meeting, held on 7/25/22, were approved by voting members. The motion for approval came from Dr. Susan Steinemann and was seconded by Lisa Rantz. Voting was conducted by raising hands for those in person and using the “raise hand” feature for those attending via Zoom.	
2. Public Comment Period	No comments during this time.	
3. Chair Report - Dean J. Hedges	<p><u>Report from HMEC Chair (Dr. Jerris Hedges)</u></p> <p>Welcome Dr. Martina Kamaka who joined as a guest and will be nominated for the open HMEC seat, replacing Dr. Robert Hong who is currently serving on the States Ethics Committee.</p> <p><u>GME-related state legislation (Dean Hedges)</u> - Dean Hedges reported that JABSOM received favorable action in terms of the legislature which allowed moved several initiatives forward.</p> <ul style="list-style-type: none"> a. SB 2597, Relating to Loan Repayment for Health Care Professionals, as previously reported, was also signed into law and appropriates \$500,000 in state funds to JABSOM’s loan repayment program which will enable JABSOM to seek matching federal funds for a total of \$1M. JABSOM will be seeking to make this an ongoing commitment in the upcoming legislative session and not sought annually. b. SB 2657, Relating to Medical Education and Training, was signed into law and appropriates \$2.7M to JABSOM to create more residency and training opportunities on the neighbor islands in addition to appropriating \$4M to JABSOM to create additional medical residency and training opportunities through a partnership between JABSOM and the Veterans Affairs (VA). While JABSOM waits for the state to release funds, efforts continue with the VA to determine contractual needs to enable payments for teaching services that are providing education to JABSOM trainees. In addition, JABSOM is working with HRP to cover any 	Ongoing updates.

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additional training costs needed to support VA educational experience. Future messaging to the legislature will include a request for additional support which will be for a continuation of ongoing funds that would allow GME to truly expand, adding new positions which can only be done if there is an ongoing commitment as training spans over several years.

Dean Hedges commented that we are grateful for the support thus far from the legislature as these funds have allowed to build a foundation for programs that will extend to the neighbor islands. JABSOM is actively working with Graduate Medical Education (GME) programs to support elective time for residents and fellows to train on neighbor islands while building faculty positions to support educational activities. While this is a great step to expand training and access for medical education across the entire state, it remains insufficient for a sustainable expansion, therefore we will be going back in the upcoming to year to clarify requests and hope for ongoing supportive commitments.

GME updates (Dr. Lee Buenconsejo-Lum)

Dr. Buenconsejo-Lum welcomed and acknowledged guest, Ms. Auli'i Dudoit. Natalie Talamo, the Executive Director of HRP, introduced Ms. Dudoit, who is the new Deputy Executive Director of HRP. Ms. Dudoit joined HRP after serving the community as the former Executive Director of KEY Project and brings over a decade of experience working within local communities and government agencies including in the office of Mazie Hirono and The Office of Hawai'i Affairs (OHA). Also acknowledged, was Mr. Matthew Campbell, the new Director of Communications at JABSOM who will be working closely with Cynthia Nakamura (Government Affairs and Legislative Consultant for JABSOM) in the upcoming legislative session.

Update on the 2022-2023 GME Action Plan.

The GME strategic plan previously identified six (6) priority areas which began in 2020: 1) Quality & Patient Safety (QPS), 2) Scholarly Activity (SA), 3) Faculty Development (FD), 4) Population Health & Interprofessional Education (PH & IPE), 5) Well-Being (WB), and 6) Diversity, Equity & Inclusion (DEI), which is built into the JABSOM overall strategic plan with the goal to attain equity throughout all that JABSOM does).

JABSOM, known as the Sponsoring Institution (SI), annually conducts an Annual Institutional Review (AIR) to analyze data from all active GME programs, with a focus on aligning aims with the SI and major health systems that support medical education and clinical teaching. Dr. Buenconsejo-Lum provided updates in the six areas as follows which are a focus of the 2022-2023 GME Action Plan:

1. Quality & Patient Safety - efforts continue in building alignment for trainees and faculty to increase participation in QPS projects. This strategy is being combined with Scholarly Activity efforts to turn QPS projects into potential future publications, presentations and more. Building alignment hopes to lead QPS projects to positively impact the healthcare system while providing educational and system improvement exposure to trainees.
2. Scholarly Activity (includes research) – this year a focus will be on further examining how residents and fellows interpret as faculty effectively create and “environment of inquiry” which JABSOM, as the SI, scored just under the national average from last year’s ACGME survey report. Residents and fellows will be surveyed to gain a better understanding of their interpretation which will be communicated to program leadership and faculty to promote these behaviors.
3. Faculty Development – working to consistency evaluate and provide specific feedback on their performance as educators as an indicator for promotion. Aiming to increase the number of core faculty promoted to Associate Professor and reach at or above average on the ACGME surveys regarding the process for evaluating educators.

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	<ol style="list-style-type: none"> 4. Population Health & Interprofessional Education – aiming to increase visibility of IPE educational events including webinars, and teaming skills in clinical environments. Currently there are initiatives and educational sessions that are IPE but programs may need additional education or clarification to better label and perceive them as “teaming” and IPE events. For PH, the focus is “how to care for groups of patients” rather than care of individual patients. <ol style="list-style-type: none"> i. Dr. Buenconsejo-Lum shared that PH efforts focuses on the mission to improve the health of people of Hawai‘i and underrepresented populations. For the purposes of the ACGME, residents and fellows are expected to learn skills related to PH that include reviewing a defined population’s health and making recommendations for improvement based upon review of that population’s data (i.e., all geriatric patients in a particular facility, admitted with X or Y diagnoses or conditions). The DIO team will be working with programs to help identify their target populations tailored by their specialty and primary training setting. 5. Well-Being – efforts are underway in conjunction with the health systems to include GME trainees in existing programs while partnering to explore additional support. 6. Diversity, Equity and Inclusion – the JABSOM DEI website is available and includes a variety of resources aimed at promoting WB. There is a current focus on addressing obesity and minority groups. There are two anti-bias online training modules close to completion. <p>GME Program Prioritization Process/Potential Expansions</p> <ol style="list-style-type: none"> 1. Family Medicine - The Health Resources and Services Administration (HRSA) Rural Program Planning and Development Grant is being pursued by the JABSOM Family Medicine (FM) Residency Program for rural training on the island of Kaua‘i. The team is in the process of writing a 3-year planning grant that is due in January of 2023 which would allow trainees to start during the 3rd grant year (2025). If approved, the FM program will then submit an ACGME application for the new rural residency training program which will be targeted for submission during the latter part of year one of the grant (2023). The FM residency program and JABSOM have been working closely with team members from Hawai‘i Pacific Health, Kaua‘i District Health Office and Hawai‘i Health Systems Corporation on curriculum and proformas required for the sustainability requirements of the grant application. 2. Internal Medicine – The UH Internal Medicine Residency Program (UHIMRP) is interested in growing primary care and rural expansions and are looking into ways to expand. 3. Non-ACGME Fellowship Program – <ol style="list-style-type: none"> i. Movement Disorders is not yet a recognized neurology sub-specialty, but the Hawai‘i Parkinson’s Association (HPA) received a legislative grant-in-aid to start a program at Queen’s by 2023. All movement disorders fellowships are not ACGME accredited at this point, but there are national curriculum and expectations in place. Plans are underway to begin this non-ACGME 1-year program which will interface with the IM and geriatrics programs and aims to eventually expand consultation services to the neighbor islands where there is currently a high need. ii. Neurointerventional Radiology – This fellowship is in early stages of planning. Given the high rates of cerebrovascular disease throughout the state, there is high need, sufficient patients and JABSOM faculty to support a new program at Queen’s. Plans are still being developed with no set timeline at this moment. 	
<p>4. Physician Workforce Data Updates & Synergies</p>	<p>Federal Appropriations and GME Financing Update (Dr. Aimee Grace) The AAMC has been pushing the Resident Physician Shortage Reduction Act which allotted 1,000 new GME slots for fiscal year 2020; however, there have been challenges with CMS implementation. The Build Back Better (BBB) draft Democratic only reconciliation</p>	<p>Ongoing Updates.</p>

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stalled and while earlier drafts would have included 4,000 new GME slots, there still was no special consideration for Hawai'i despite advocating for non-contiguous areas or inclusion of hospitals affiliated with minority-serving institutions. GME was not included in the final Inflation Reduction Act either. Most recently, the Senate Finance Committee's behavioral health workforce draft included 400 GME slots, which are targeted for the following categories:

- Rural teaching hospitals
- Teaching hospitals over their caps
- Teaching hospitals in states with new medical schools or branch campuses
- Hospital serving Health Professional Shortage Areas (HPSAs)
- Hospitals located in areas with less than 27 residents per 100,000 people

Unfortunately, despite coalition efforts and multiple discussions on the federal level, include with other minority groups, JABSOM's advocacy requests are not being addressed. The work will continue to see what can be done to include these verbiage request for non-contiguous areas and minority serving institutions in future legislation.

The Rural Health Research and Policy Center (Dr. Aimee Grace)

Just landed the earmark \$1M grant in September with a goal to produce actionable, evidence-based policy strategies to address Hawai'i's rural health challenges. The Center is in the process of onboarding three (3) new staff members to work on community health grant work focusing on key topics such as federal Medicare reimbursement, HPSA score challenges in non-contiguous areas, and more. Key partners include the Hawai'i State Rural Health Association, the Department of Health Office of Primary Care and Rural Health, and the Pacific Basin Telehealth Resource Center.

The new proposal for the VA Center for Native Hawaiian, Pacific Islander, and United States-Affiliated Pacific Islander (NHPIUSAPI) Health is under consideration in Congress, and would provide \$5M to the Center. The proposal includes a current list that does not explicitly mention GME but could be expanded to do so.

Dr. Buenconsejo-Lum shared that JABSOM has been meeting regularly with the VA and working to expand GME to rural sites throughout the state by increasing recognition and maximizing opportunities, including a new GME pilot program, which was included in the VA Mission Act. Dr. Antonelli shared that while the VA Secretary has been asked to include GME as a priority, and there has been discussions of increasing VA funded GME positions, there has been no clear initiative or detail announced, but there could be more to come as things are changing rapidly and there is a certainly a need in the islands. Dean Hedges commented that while these efforts may be a lengthy process, they are long-term strategies that could have long-term impacts and appreciated everyone's efforts and commitment to expanding GME.

Physician Workforce Update (Dr. Kelley Withy)

There are 11,325 licensed physicians throughout the state which is up by 733 from last year. The current supply of practicing physicians is at 3,519 for 2,962 full time equivalent positions, an increase of 105 from last year (taking into considerations new and departing physicians). There have more locums (more than previous years), telehealth and more movement with 60 retiring physicians, 7 deceased, 84 moving away, 212 decreasing work time, 90 increasing work time, 39 reopened practice and over 200 new doctors. The new demand for physicians is at 3,551. Adjustments have been made over the years to take into consideration emergency room visits

by tourists, needs for surgical subspecialties on the neighbor islands and adjusted the need estimate to 20.5 psychiatrists (combined child, adolescent and adult) per 1,000 population based on previous research.

The greatest shortages still include primary care as the largest group, followed by a variety of child services, pulmonology, colorectal and thoracic surgery, pathology, physical medicine and rehabilitation, allergy and adult endocrinology, which all remain over 50% short statewide. Infectious disease is not on this list for the first time in years. Shortages by county have not changed much since last year, but for the first time, Maui county's shortage is higher than the island of Hawai'i county by percentage. IF we are able to increase the number of physicians in the state by 100 FTEs every year starting now, then by 2030 we would almost meet the demand. However we traditionally only increase about 30 FTEs a year.

What is being done to address shortages?

1. Expanding training (pathways) to neighbor islands and collaborating with the chamber of commerce, Department of Health and anyone interested in all healthcare careers
2. Supporting recruitment with the new physician recruiter, Mr. Thomas Hao, who is reaching out to potential physicians, including reaching out to JABSOM graduates, sending postcards through the JABSOM alumni association and working with many others. Please feel free to reach out to Thomas or Dr. Withy know who else Thomas should be connecting with.
3. Expanding loan repayment options. Anyone that might qualify should contact Dr. Withy as there are local incentives and opportunities available.
4. Continuing education support.
5. Support groups, looking into if there should be more of these throughout the islands.
6. Telehealth, free services are offered in rural areas.
7. Working to obtain affordable homes with low interest and low down payments to help providers buy homes.

In addition, the recent physician workforce summit was well attended with over 900 participants that tackled topics such as how to make Hawai'i the best place to practice. The top 10 solutions were:

1. Minimize administrative burden
2. Increase local insurance reimbursement and salaries
3. Increase Medicare rates for Hawai'i
4. Eliminate GET on healthcare
5. Improve EHR to expedite documentation and improve information flow
6. Expand telehealth and insure payment for it
7. Interprofessional models of care to share workload
8. Reimbursement for care outside of visits and services
9. Incentivize healthy patient behavior
10. Rapid/efficient licensing and credentialing

	<p>Next year’s summit will focus on the ‘administrative burden’ and surveys will be deployed to collect feedback early on. Dean’s Hedges commented that supporting and strengthening our local economy will also help us increase retention rates to help tie it altogether.</p> <p><u>Preceptor Tax Credit Update (Dr. Kelley Withy)</u></p> <p>Last year there were 253 providers earning \$559K of tax credits which almost doubled from the previous year and we are currently entering year 4 of a 5 year program. This coming year we will be asking for an extension of the program and for a broader definition of primary care to expand eligible providers, including non-physicians (e.g. adding the two new physician assistant programs). Any changes to the program would need to be done through legislation. Dean Hedges reported that the state will be up \$2B in GET tax this year and JABSOM hoping that the legislators will consider capitalizing on long term investments in the healthcare system.</p>	
<p>5. New Business</p>	<p><u>HMEC Annual Report (Dr. Lee Buenconsejo-Lum)</u></p> <p>Dr. Buenconsejo-Lum shared the draft of the 2022 HMEC annual report to the 2023 Hawai’i State Legislature and reminded The Council that by law, these type of annual legislative reports need to be posted at least 20 days before the opening of the legislative session.</p> <p>Feedback was collected from The Council regarding ways of framing impacts from the pandemic and on the three (3) recommendations to the 2023 Hawai’i State Legislature. Overall the emphasis will remain focused on expanding teaching and services to the neighbor islands where state workforce reports continue to demonstrate high needs.</p> <p>In regards to recommendation #1 for loan repayment programs, The Council suggested adding “continue” to establish that this was not a new request, rather explicitly stating an extension of an ongoing request to make this a permanent budget item for the state. Dean Hedges commented that this program is one of the most successful programs in the country in terms of bringing people back to serve their working commitments. Dr. Withy shared that the Hawai’i State Legislature gave \$500K last year to help with the loan repayment program and the federal grant provides \$825,000 or \$875K a year for 3 more years, which specifically targets working service commitments in the islands. Since 2012, 76 providers have been funded through these programs and another 76 could be supported over the next few years with ongoing support. Current data shows that 60% of award recipients stay in Hawai’i after completing their commitment. The change would be a permanent for ongoing sustainability and potentially used as recruitment tool, now that the legislators are understanding more about the impacts of these programs.</p> <p>Recommendation #2, requests to increase the JABSOM base budget to support training expansions to neighbor islands and rural areas for medical student and residency experiences. Funds would support staff and faculty as the learning environment gets built together. The proposal will be to take \$2M (and new FTE) from the recently awarded \$6.7M (2022 session) to be included in the JABSOM base budget as a perpetual increase. This would be in addition to the recent base budget increase received of \$1.67M this past year which also included six (6) additional faculty FTE. The remainder of the funds will be allocated to cover operational and neighbor island experiences. Funding would support growth of JABSOM faculty, administrative staff and ongoing faculty development and competency-based education. The Council suggested moving this current draft recommendation #2 to become recommendation #1 as the ability to expand training could be used to attract additional interest in the loan repayment program.</p> <p>Recommendation #3, which for the last six years had targeted the needs of the Medicaid population, has had very little traction. That, combined with all the changes nationally and the substantial increase in QUEST patients as a result of the pandemic, has resulted in the Medicaid office being busy attending to many new changes. The suggestion to The Council this year is to replace this previous</p>	

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	<p>recommendation with support for the Hawai'i State Preceptor Tax Credit initiative by requesting to expand the definitions used to determine eligibility. This could expand the program to increase qualifiers from other healthcare programs such as pharmacy, nursing, and more. Dr. Antonelli shared her support of this change as this could help to strengthen the incentive for local providers to teach. Dr. Inouye, also supportive of this change, suggested specifically including "volunteer faculty" to describe the preceptors. Dr. Seto expressed his support if this could be a sustainable model for preceptors which are important for teaching. Dr. Buenconsejo-Lum shared that this recommendation would align with the UH Mānoa Health Science Steering Committee, and the overall UH System priorities related to health workforce. This could be a good opportunity to increase the communication and partnerships between healthcare programs to work together and prioritize 3-4 initiatives to strengthen requests, including for rural expansions.</p> <p>Next steps include strategizing how to best request and be included in the UH Mānoa System package (JABSOM requests are part of UH Mānoa's requests). Debbie Halbert, the Vice President for Academic Strategy, will be focusing on three lines: 1) entry level, 2) nursing, 3) social work and public health. Recognizing this is phase one of a multi-phase strategy, JABSOM will continue to collaborate with UHM and UH system to help strengthen any requests.</p> <p>The draft HMEC report will be released this week with updated final recommendations including feedback from The Council.</p> <p>The Council was informed that starting in 2023, Dr. Buenconsejo-Lum will be chairing this meeting as the Acting Dean, as Dean Hedges will be on leave prior to his expected retirement on February 28, 2023. Dr. Buenconsejo-Lum will become the Interim Dean on March 1, 2023. Dr. Susan Steinemann will become the Designated Institutional Official for GME effective January 1, 2023 and these announcements will be made at the upcoming Graduate Medical Education Committee in November.</p> <p>The Council was thanked for their feedback and ongoing support for GME and wished happy holidays.</p>	
6. Public comment	Dean Hedges was thanked for his years of service and several members expressed gratitude and wished him well during his retirement.	
7.Additional Items	Next HMEC meeting: Monday, January 23, 2023, at 7:30 am, location JABSOM Medical Education Building Room 202 and via Zoom.	
8.Adjournment	Meeting adjourned by Dean Hedges at 8:59 am.	

Minutes Approved: CC 1/23/23 (Recorders Initials & Date)

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