HAWAIʻI MEDICAL ASSOCIATION

HMSA–HPH Provider Survey: Results Summary

Public summary · Proposed HMSA–Hawaiʻi Pacific Health affiliation and key healthcare issues · 111 responses, September 12 – October 7, 2026

The Hawaiʻi Medical Association introduced this survey to the healthcare community at the Hawaiʻi Health Workforce Summit on September 12, 2026, and shared it with Hawaiʻi's physician workforce community. It asked providers for their views on the proposed affiliation between HMSA and Hawaiʻi Pacific Health (HPH), and on the issues most pressing for their practices today.

Executive Summary

- **Opposition to the affiliation is broad.** 70% of respondents who chose a standard answer oppose it (50% strongly); 11% support it. 84% say they are at least somewhat familiar with the proposal.
- **The main concern is independent practice.** 77% cite reduced viability of independent or private practice, 75% cite insurer/provider conflict of interest and 69% cite market consolidation. 42% see no significant benefit.
- **Providers want HMA engaged.** 66% want HMA to take a formal position or represent provider views to regulators; 11% want it only to monitor.
- **Practice economics and access top the issues list.** Neighbor-island specialty access (75%), the cost of practicing in Hawaiʻi (73%) and Medicaid/QUEST reimbursement (72%) are most often rated serious or crisis-level.
- **The Primary Care Protection Act has majority support.** 67% support it (53% strongly) and 32% are neutral or want more information.
- **Workforce loss is a near-term risk.** 55% report ongoing or critical staffing shortages, and 38% of all respondents are considering leaving clinical practice, retiring early or relocating out of state within two years.

> **Reading these results.** Respondents chose to take part, so these figures show the direction of provider opinion, not a statistically representative sample of Hawaiʻi providers. Percentages are shown with counts in brackets. Not every respondent answered every question, so each chart shows its base (n); written-in answers outside the listed options are noted where relevant.

About the Survey

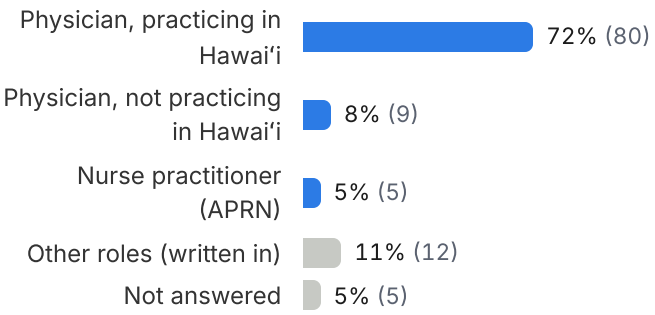
- **Distribution:** introduced at the Hawaiʻi Health Workforce Summit on September 12, 2026, and shared with Hawaiʻi's physician workforce community. The survey was open to physicians and other providers, whether or not they are HMA members.
- **Responses:** 111 responses were received online between September 12 and October 7, 2026; one blank submission was excluded. Because the survey was shared openly, a response rate cannot be calculated.
- **Content:** respondent profile; familiarity with and views on the proposed affiliation; concerns, benefits and expected effects; HMA's role; a 14-item rating of practice issues; support for the Primary Care

Protection Act; staffing; and plans to leave practice.

- **Confidentiality:** results are reported only in aggregate. Written comments are summarized, not quoted.

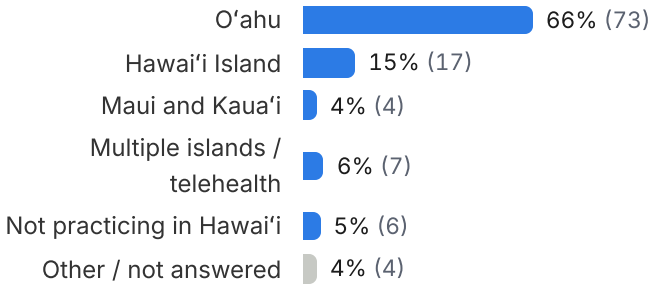
Who Responded

Role



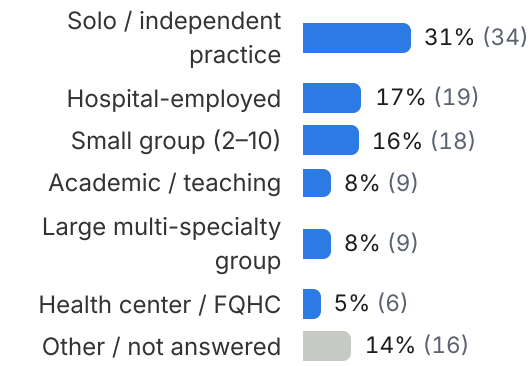
n=111

Where they practice



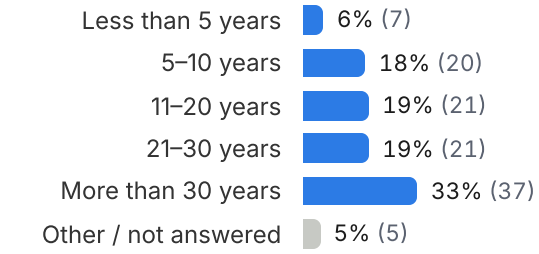
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Primary practice setting



n=111

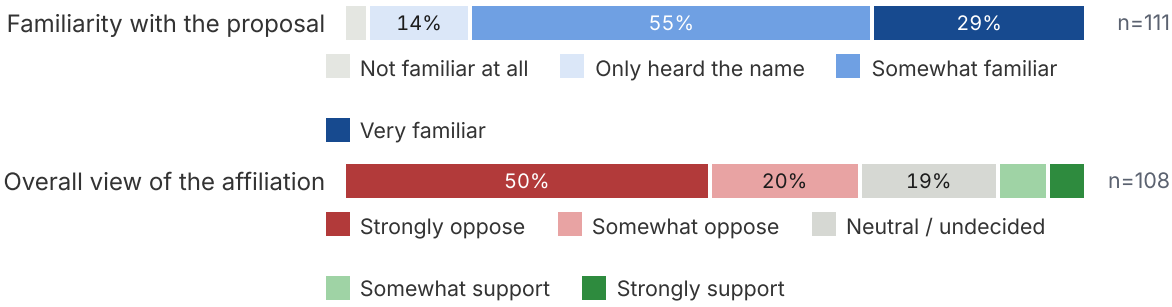
Years in practice



n=111

The Proposed HMSA–HPH Affiliation

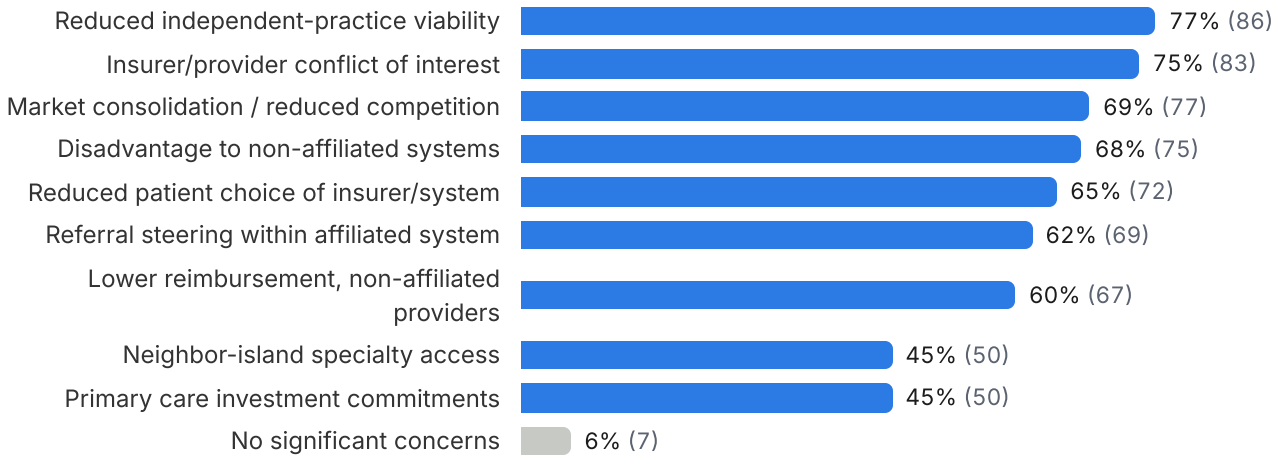
Familiarity and overall view



Overall view: n=108 standard answers; 2 written-in answers not shown.

Opposition is a majority across the largest practice-setting groups, including solo/independent, hospital-employed and academic respondents.

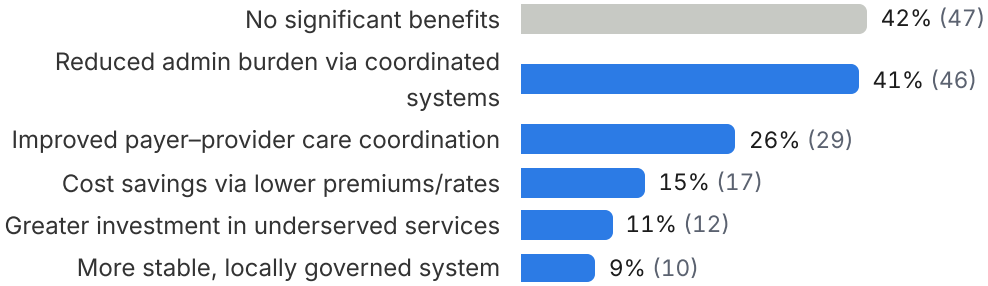
Concerns about the affiliation



Select all that apply · n=111

Only 7 respondents (6%) selected “no significant concerns”. Written comments raised antitrust and monopoly risk, effects on patient choice and out-of-pocket costs, and the lack of detail disclosed so far about the effect on clinical practice.

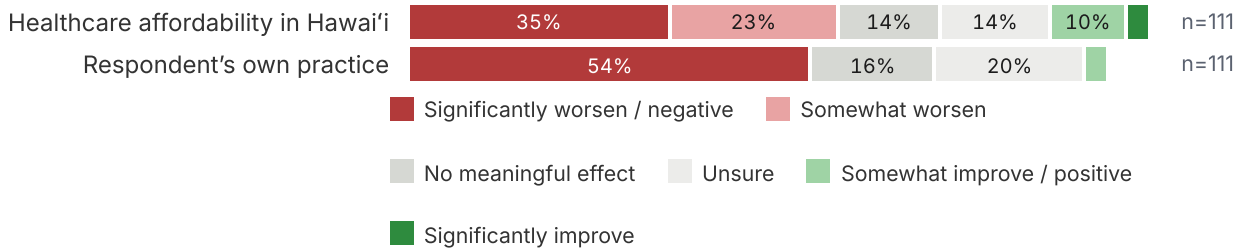
Potential benefits



Select all that apply · n=111

More respondents see no significant benefit than cite any single upside. Some supportive comments were conditional, or pointed to the potential of better-aligned incentives between payers and providers.

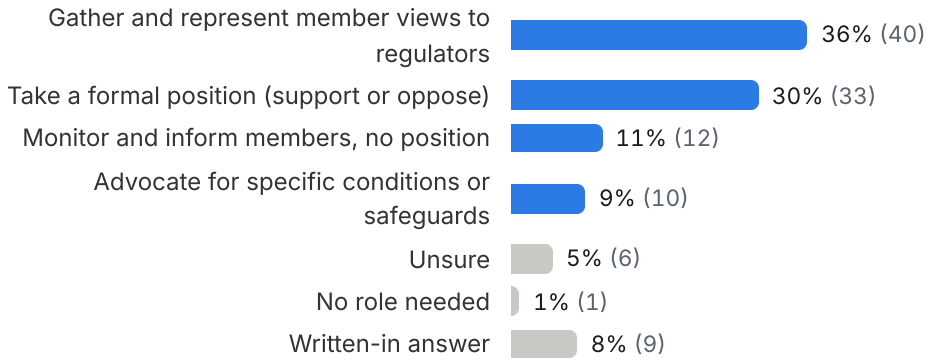
Expected effects



Share of all 111 respondents; 2 (affordability) and 8 (own practice) written-in or blank answers make up the remainder. Own-practice options were negative, no meaningful impact, unsure or positive.

58% believe the affiliation would worsen affordability, and 54% expect a negative effect on their own practice. Only 3 respondents expect a positive effect on their own practice.

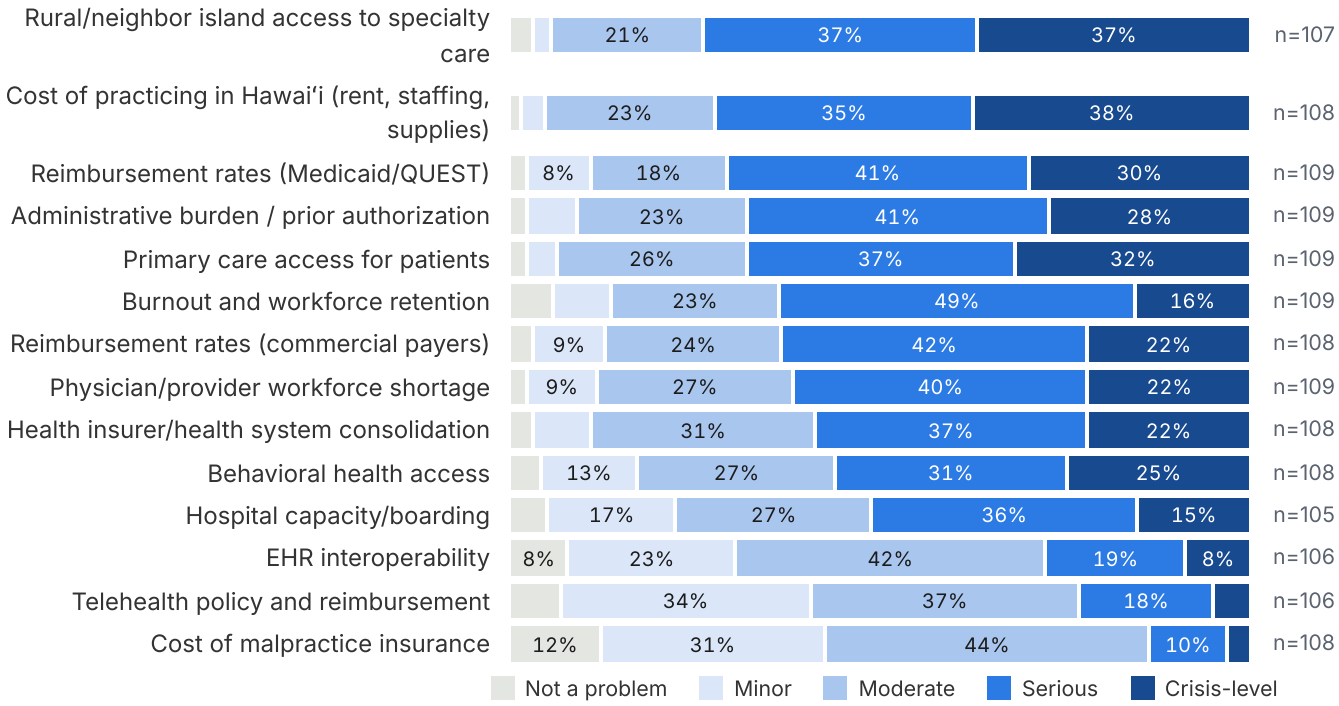
What role should HMA play?



n=111

Most Urgent Practice Issues

Eleven of fourteen issues are rated serious or crisis-level by a majority of respondents. Malpractice cost, telehealth policy and EHR interoperability rank lowest.

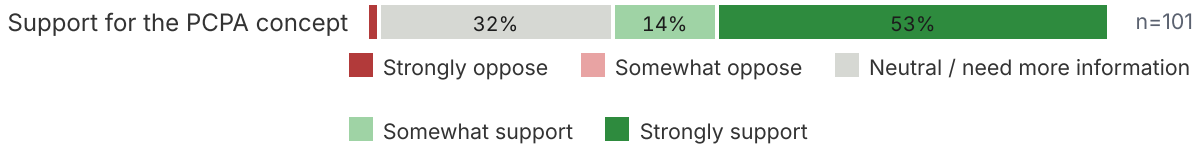


Sorted by share rated serious or crisis-level. n=105–109 per item.

Top legislative priorities

Asked in free text to name their top three legislative priorities, respondents most often named reimbursement rates (50% of the 90 who answered), followed by workforce shortage (34%) and administrative burden / prior authorization (31%). Cost of practicing and living, burnout and retention, and rural / neighbor-island access followed. Answers were coded by keyword, so these shares are approximate.

Primary Care Protection Act

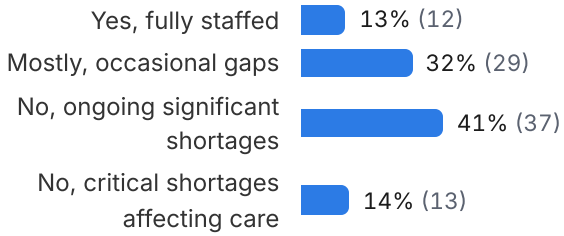


n=101 standard answers; 6 written-in answers summarized below.

67% support the concept of a minimum primary care investment for health carriers. The 32% who are neutral or want more information suggest many providers would welcome more detail on the bill. Written-in answers ranged from conditional support tied to accountability and access, to objections to the mandated spending minimum, to requests for more information.

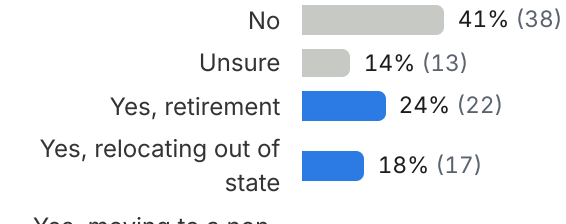
Workforce Sustainability

Able to recruit and retain enough staff?



n=91 standard answers

Considering leaving within two years?



n=93 standard answers

55% report ongoing or critical staffing shortages. 42 respondents (45% of standard answers, 38% of all respondents) are considering retirement, relocation or a non-clinical role. About a dozen more wrote that they have already retired, left private practice or moved to direct primary care, so the figure likely understates departures. The biggest challenges named in free text were reimbursement and payment delays, staffing shortages, administrative and prior-authorization burden, and the cost of living.

Next Steps

These results will inform HMA's work on the proposed affiliation and its advocacy on reimbursement, workforce, administrative burden and access to care.