

JAN 19 2007

S.B. NO. 976

---

---

## A BILL FOR AN ACT

RELATING TO RURAL PRIMARY HEALTHCARE AND WORKFORCE DEVELOPMENT  
IN THE SHORT-TERM.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. The legislature finds that, aside from Oahu,  
2 most of the state is federally designated as Medically  
3 Underserved Areas, Medically Underserved Populations, or  
4 Health Professions Shortage Areas. Physicians are choosing to  
5 relocate out of rural areas and Hawaii. There is an urgent  
6 need to provide high quality primary care services to already  
7 underserved populations with disparate health indicators.  
8 Maternal and child health risk, cardiovascular risk, and  
9 socio-economic risk are greatest in rural Hawaii. According  
10 to the department of health's 1999 statistics, the top ten  
11 highest risk areas are all located in rural communities. The  
12 need for physicians in rural areas will only increase with the  
13 aging population and projected population growth on the  
14 neighbor islands.

15       National studies have demonstrated that substantial  
16 residency training in rural areas increases placement and  
17 retention of physicians in rural practices. Additionally,



1 adults with a primary care physician, rather than a specialist  
2 as their personal physician, have been shown to have a thirty  
3 three per cent lower cost of care and were nineteen per cent  
4 less likely to die (after controlling for age, gender, income,  
5 insurance, smoking, and many other health conditions).

6 There are approximately three thousand five hundred  
7 licensed physicians in Hawaii, but some of these physicians are  
8 not actively practicing in Hawaii. Forty-two per cent of these  
9 physicians are primary care physicians but most of these  
10 physicians are clustered around Honolulu. Currently, there are  
11 one hundred and ten family physicians working on the neighbor  
12 islands and many of their practices are not accepting new  
13 patients because of very high demand or insurance  
14 considerations, or both.

15 Currently, the University of Hawaii John A. Burns school of  
16 medicine (UH JABSOM) Family Medicine Residency Program (FMRP)  
17 conducts the only civilian FMRP in the state. This program's  
18 mission is to provide well-trained primary care doctors to meet  
19 the needs of rural and underserved areas of Hawaii and over  
20 eighty per cent of its graduates meet this mission. Family  
21 medicine is the only discipline that provides primary medical  
22 care to the entire life span - caring for children, adults, and



1 the elderly - in the outpatient, inpatient, and long-term care  
2 settings. The scope of services for a well-trained family  
3 physician also includes maternity care, women's health, and  
4 mental health care in the outpatient settings. Family medicine  
5 also emphasizes using a systems-based and interdisciplinary team  
6 approach to health care. The UH JABSOM FMRP has an outstanding  
7 accreditation, a solid curriculum, a diverse faculty, and  
8 academically strong residents. The precarious financial  
9 situation at Wahiawa General Hospital, the primary sponsoring  
10 hospital in the area has the potential to further disrupt  
11 clinical services in Central and Northern Oahu. An interruption  
12 of the residency program on Oahu would end the development of a  
13 rural training track in Hilo and further deplete the primary  
14 care workforce, resulting in diminished health care access in  
15 the state.

16 The residency training curriculum for family medicine  
17 emphasizes continuity of care across the different health care  
18 settings during the three-year residency-training period.  
19 Residents care for a panel of patients and their families and  
20 also provide education and outreach in local high schools and at  
21 community events. The curriculum also emphasizes delivery of  
22 culturally appropriate, cost effective, community-based care.



1 Resident and faculty research projects examine health  
2 disparities and develop curricula or propose enhancements to  
3 existing systems to ultimately reduce those disparities.

4       The current base FMRP at UH JABSOM trains eighteen  
5 residents in a program that trains six residents per year for  
6 three years. Wahiawa General Hospital supports the salaries of  
7 eighteen residents but receives Graduate Medical Education (GME)  
8 funding from the Centers for Medicare and Medicaid Services  
9 (CMS) for only fourteen residents. The salary shortfall adds to  
10 the financial strain on Wahiawa General Hospital. Of the three  
11 years of training, two months are presently spent in Hilo where  
12 residents rotate among private physician offices, emergency  
13 departments, and provide outreach and education to the  
14 community. This CMS-funded demonstration project and resident  
15 rotation started in Hilo in January 2006. In a "rural training  
16 track," residents do the bulk of their tertiary and specialty  
17 training in their first year at the base program on Oahu, then  
18 physically relocate to the rural site for the remaining two  
19 years of training. To realize a full rural residency track in  
20 Hilo, a full-time Hilo-based faculty is required to work in  
21 close conjunction with the Oahu based residency program to  
22 develop the Hawaii Island Family Medicine Rural Training Track.



1           When the Family Medicine Rural Training Track is fully  
2 developed on the island of Hawaii, there will be eight residents  
3 living and working on the island that include rotations to other  
4 neighbor island sites. The first graduates would enter practice  
5 in 2011. The aim is to replicate a rural training track on  
6 Kauai once the Hawaii Island model is successfully implemented.  
7 While in training, residents will have approximately six  
8 thousand patient encounters over their two years of training.  
9 By partnering with community organizations, community health  
10 centers, and other health professions training programs to  
11 conduct residency training, the impact on the health of the  
12 neighbor island population is anticipated to be substantial.

13           Residency training programs tend to provide care to those  
14 with limited or no access to health care. Community medicine  
15 and community based participatory research will be a major focus  
16 of the curriculum so that residents can begin to collaborate  
17 with communities to address priority issues while they are in  
18 training. With an interdisciplinary approach to caring for  
19 medically or socially complex families, or both, more cost  
20 effective and culturally appropriate care can be anticipated.  
21 This expanded statewide model of family medicine rural training  
22 aims to double the number of family medicine graduates



1 practicing in rural and underserved areas in the state in the  
2 next ten years. Perhaps more importantly, it is anticipated  
3 that many of these physicians will be "homegrown" since an  
4 increasing number of JABSOM medical students are from the  
5 neighbor islands and many of them choose family medicine as a  
6 specialty.

7 To attain a successful model of family medicine training to  
8 meet the health workforce needs of the state, the base program  
9 on Oahu must be stabilized. If not, the present Hilo  
10 initiative, which is the springboard for the larger family  
11 medicine rural training initiative, will die. In addition to  
12 supporting four "unfunded" resident positions, Wahiawa General  
13 Hospital also funds approximately two and nine-tenths full-time  
14 equivalent (2.9 FTE) faculty salaries to operate the residency  
15 program that consists of inpatient and outpatient care and  
16 teaching. To maintain the present excellent level of training  
17 of residents and medical students, eight full-time equivalent (8  
18 FTE) faculty members are required. Should financial support  
19 from Wahiawa General Hospital cease, clinical services will  
20 drastically decrease, and education of future physicians will  
21 also be severely impacted.



1           The purpose of this Act is to appropriate funds in the  
2 short-term to:

3           (1)    Stabilize the FMRP on Oahu for the next two years  
4                   while further program transition is occurring; and

5           (2)    Provide short-term financial support to begin  
6                   development of the Hawaii Island Family Medicine Rural  
7                   Training Track that will expand the opportunities for  
8                   family physician training in the state.

9 Additional legislation is being requested to support development  
10 of the larger family medicine rural training initiative which  
11 will be more sustainable in the long-term. It should be noted  
12 that states such as Texas and Washington presently fund portions  
13 of their family medicine residency programs through legislative  
14 line items to guarantee a sustainable primary care physician  
15 workforce.

16           Funding of \$150,000 for fiscal year 2008-2009 and \$150,000  
17 for fiscal year 2009-2010 is being requested directly for the  
18 Hawaii Residency Programs, Inc., for two resident positions per  
19 year for the next two years.

20           Funding of \$360,000 for fiscal year 2007-2008 and \$360,000  
21 for fiscal year 2008-2009 is being requested directly for the  
22 University Clinical, Educational and Research Associates, which



1 is the faculty practice plan of UH JABSOM to secure two and  
2 nine-tenths full-time equivalent (2.9 FTE) faculty positions for  
3 two years. Additionally, funding of \$150,000 is requested for  
4 one full-time equivalent (1.0 FTE) faculty member, based in  
5 Hilo, to work with the Oahu-based faculty in developing a full  
6 family medicine rural training track. In the second year,  
7 funding of \$225,000 is requested in anticipation that one and  
8 one half full-time equivalent (1.5 FTE) faculty members will be  
9 needed to support the increase in clinical volume and academic  
10 responsibilities.

11 SECTION 2. There is appropriated out of the general  
12 revenues of the State of Hawaii the sum of \$660,000 or so much  
13 thereof as may be necessary for the fiscal year 2007-2008 and  
14 the sum of \$735,000 or so much thereof as may be necessary for  
15 fiscal year 2008-2009 to stabilize the University of Hawaii John  
16 A. Burns school of medicine Department of Family Medicine and  
17 Community Health rural primary health care services on Oahu and  
18 expand workforce development to the island of Hawaii.

19 The sum appropriated shall be expended by the department of  
20 health for the purposes of this Act.





1 SECTION 3. This Act shall take effect on July 1, 2007.

2

3

INTRODUCED BY: David Ylze



**Report Title:**

Family Medicine Rural Training Initiative; Healthcare Workforce;  
Physician Training

**Description:**

Stabilizes the Family Medicine Residency Program and access to primary care services in Central and Northern Oahu for the next 2 years while further program transition is occurring. Develops the Hawaii Island Family Medicine Rural Training Track, which expands the number of family physicians training in the state. Appropriates funds. Effective date 7/1/2007.

