## HOUSE CONCURRENT RESOLUTION

URGING THE DEVELOPMENT OF AN ACTION PLAN TO MITIGATE IMMEDIATE AND FUTURE CRITICAL SHORTAGES OF PHYSICIANS IN THE STATE OF HAWATI.

WHEREAS, pursuant to Act 18, Special Session Laws of Hawaii 2009, the Hawaii State Legislature:

(1) Established the John A. Burns School of Medicine (JABSOM) Special Fund (Special Fund), to be administered by the University of Hawaii (UH);

(2) Created a \$60 fee to be assessed on the license and renewal of license of every physician and surgeon and every osteopathic physician or surgeon and deposited into the Special Fund to support ongoing assessment and planning of the physician workforce in Hawaii; and

(3) Directed JABSOM to assess the physician workforce in the State of Hawaii, and report its findings and recommendations to the Legislature, the State Health Planning and Development Agency, and the Hawaii Medical Board no later than twenty days prior to the convening of the Regular Session of 2011 and each odd-numbered year thereafter;

and

WHEREAS, in December 2012, JABSOM issued its report entitled, "Report on Findings from the Hawaii Physician Workforce Assessment Project, Act 18, SSLH 2005 (Section 5)", which found that Hawaii was short 600 physicians when compared to similar communities across the United States; and

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WHEREAS, the report found that half of the shortage was in primary care and the neighbor islands suffered a disproportionate shortage compared to Oahu; and

on page 5 of the report, as follows:

"Table 1. Physicians Shortage by Island, 2012

WHEREAS, this finding was clearly evident in Table 1, found

2012 Island	Supply	Demand	Shortage 2012	% Shortage
Hawaii	341	516	175	34%
Kauai	132	196	64	33%
Lanai	2	12	10	83%
Maui	292	376	84	22%
Molokai	1.1	33	22	50%
Oahu	2,177	2,468	291	12%
Total	2,955	3,590	635	18%

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WHEREAS, the figures used in determining demand were taken from a study issued in 2010 by Kelley Withy MD, PhD; Tim Dall MS; and David Sakamoto MD, MBA, entitled, "Hawaii Physician Workforce Assessment 2010" (Workforce Assessment), in which a proprietary model was developed by The Lewin Group to produce demand estimates for national associations and the Federal Bureau of Health Professionals; and

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WHEREAS, the demand model utilized national healthcare use and delivery patterns to calculate specialty and setting specific provider-per-population ratios by patient age, gender, race/ethnicity, obesity status, and insurance status for physicians, nurse practitioners, and physician assistants; and

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WHEREAS, these ratios, combined with population estimates and projections by Hawaii region, produced estimates of physician demand under alternative healthcare delivery scenarios; and

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WHEREAS, most troubling was the data found in Table 2 of the Workforce Assessment, as follows:

"Table 2. Projected FTE Physician Demand by Region (Baseline Scenario) from The Lewin Group

Year	State	Island				
		Hawaii	Oahu	Kauai	Maui	
2008	3,410	470	2,390	170	380	
2009	3,450	480	2,410	180	380	
2010	3,500	490	2,440	180	390	
2011	3,530	500	2,460	180	390	
2012	3,590	520	2,490	180	400	
2013	3,640	530	2,510	190	410	
2014	3,730	560	2,550	190	430	
2015	3,770	570	2,570	200	430	
2016	3,830	590	2,600	200	440	
2017	3,880	600	2,630	200	450	
2018	3,930	620	2,650	200	460	
2019	3,990	630	2,680	210	470	
2020	4,040	650	2,700	210	480	

WHEREAS, the study found that if current trends continue, Hawaii will suffer a net loss of practicing physicians every year resulting in a shortfall of 1,600 providers by 2020 if systemic changes are not implemented; and

WHEREAS, while both reports provided, among other things, general policy recommendations for the Legislature to establishing incentives for physicians to practice in geographically underserved areas, neither provided specific action steps that JABSOM and UH may take to increase the number of physicians trained in Hawaii that ultimately practice in Hawaii from the context of mitigating the anticipated shortfall; and

WHEREAS, because any action steps taken by JABSOM would require coordination with the residency programs at Queen's Medical Center, the hospitals of Hawaii Pacific Health, Kuakini Hospital, and Wahiawa General Hospital, and take years to develop and implement, it is vital that JABSOM and the various hospitals begin immediately to establish strategic goals, tactical initiatives for both the short-term and long-term, and consistent policy directives that reflect general consensus among all of the health care providers; and

WHEREAS, for example, the State has endorsed the policy of establishing a new family practice residency program at Hilo Medical Center; and

WHEREAS, however, it will take years before the program will be in a position to adequately train residents from JABSOM or other medical schools; and

WHEREAS, in the meantime, Wahiawa General Hospital is the only hospital that provides residency training for family practice physicians; and

WHEREAS, in recent years, Wahiawa General Hospital has operated the family practice residency program at a significant financial operating loss; and

WHEREAS, furthermore, the Legislature has reduced grant-inaid funding to Wahiawa General Hospital for the family practice residency program in recent years; and

WHEREAS, should Wahiawa General Hospital determine that it can no longer sustain the family practice residency program before the family practice residency program at Hilo Medical Center is fully operational, JABSOM could lose its accreditation by the Liaison Committee on Medical Education (LCME) of the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association; and

WHEREAS, should JABSOM lose its LCME accreditation, it would further damage the State's ability to recruit and retain qualified physicians in the State of Hawaii; and

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WHEREAS, in light of this, it is vital that JABSOM and UH proceed immediately in addressing the need to train a sufficient number of physicians in the State of Hawaii for both our immediate and future needs; now, therefore,

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BE IT RESOLVED by the House of Representatives of the Twenty-Seventh Legislature of the State of Hawaii, the Senate Concurring, that this body requests JABSOM, as part of its continuing physician workforce assessment, to develop an action plan detailing specific goals, activities, and measurement outcomes to mitigate the anticipated shortfall of physicians in the State of Hawaii for both the short-term, and long-term; and

 BE IT FURTHER RESOLVED that JABSOM collaborate with the Chief Executive Officers and administrations of all hospitals operating in the State of Hawaii, with particular focus on those which already partner with JABSOM to provide residency training for JABSOM graduates; and

BE IT FURTHER RESOLVED that JABSOM examine the capacity its facilities to determine whether class sizes may be expanded to increase the number of graduates and maximize the use of these facilities; and

BE IT FURTHER RESOLVED that as an action step, JABSOM address the sustainability of the family practice residency programs at Wahiawa General Hospital and its impact on JABSOM's accreditation while the family practice residency program is fully operational at Hilo Medical Center; and

 BE IT FURTHER RESOLVED that JABSOM include the action plan as part of its updated physician workforce assessment required pursuant to Act 18, SSLH 2009 to be transmitted to the Legislature at least twenty days prior to the convening of the Regular Session of 2015; and

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BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to: the Governor of the State of Hawaii; the Director of Health; the Chair of the Board of Regents of the University of Hawaii; the President of the University of Hawaii; the Dean of JABSOM; and the Chief Executive Officer of every hospital conducting business in the State of Hawaii.

OFFERED BY:

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