

Testimony, HCR 141  
House Health Committee  
March 19, 2014

**LATE**

Submitted by: R. Don Olden, CEO Wahiawa General Hospital

The purpose of this written testimony is to document the notes from my oral presentation made at the House Health Committee Hearing this morning.

Wahiawa General Hospital fully supports HCR 141. The Resolution appropriately highlights the physician shortage problem in Hawaii and properly asks for an action plan to be developed to address the problems identified in studies previously conducted by the University of Hawaii. So far, a lot of red flags have been raised identifying the current problem without any effective corrective action plan.

Wahiawa General Hospital is caught right in the middle of the problem. Wahiawa has experienced an outmigration of substantially all specialist physicians over the last decade and the number of private primary care physicians has been reduced to levels way below normal. As a result, Wahiawa has been forced to develop a Hospitalist Program to take care of patients in the Hospital since the closure of Hawaii Medical Center West. Now approximately 95% of all acute care inpatients are admitted through the Emergency Room of WGH. Approximately 65% of the acute care inpatients are primarily cared for by the Hospitalists, 25% by the Family Practice Residency Program and 10% by private community physicians. As a contrast, three years ago 75% of inpatients were cared for by private physicians and 25% by the Family Practice Residency Program. Wahiawa is further challenged by the opening of Queens Medical Center West in May 2014.

WGH has supported the Family Practice Residency Program for over 20 years. The primary funding of the program has come from Wahiawa General Hospital. Over 100 Residents have graduated and approximately 85% still practice in Hawaii. WGH has been the primary hospital supporting the FM Residency Program all these years and the program has been losing over \$1 million per year for some time. WGH has capitalized the program by a minimum of \$12M in uncompensated funding. The total State of Hawaii has benefited but not necessarily Wahiawa Hospital. The most recent "University of Hawaii Physician Workforce Assessment Project", dated December 2012, suggested that the current shortage of Family Medicine Physicians in Hawaii was approximately 102. At the current Family Medicine Residency graduation rate of 6 Residents per year, it will take over 20 years to catch up with the current shortage. This estimate doesn't take into account the number of FM Physicians who will leave the work force over this time. It is ironic that Wahiawa Hospital has developed over 100 Family Practice Physicians over the last 20 years and addressing the shortage will take another 20 years if Wahiawa can continue to support the program over that time.

Many if not most of the Family Practice Residency Programs in the United States have support funding from sources outside a small hospital like Wahiawa. Wahiawa has continued to support the program primarily because there have been primary care physicians on the Board of Wahiawa Hospital that have tremendous empathy for the program. Unfortunately, Wahiawa has supported the program without outside support and most likely caused great harm to the survival ability of Wahiawa General Hospital. Unless Wahiawa gets support from outside sources Wahiawa cannot continue to support the Program.

The overall GME Programs in Hawaii are in need of additional funding support coupled with long lead times to ramp up the respective programs. Long lead times are needed to graduate quality physicians to meet the estimated shortages. It is indisputable that the CORE GME Programs are on Oahu along with the supporting hospital infrastructure. The Family Practice program is but a symptom of the overall problem. However, the Family Medicine Residency Program is a CORE Program to meeting the needs of the evolving new healthcare system under the Affordably Care Act.

Respectfully Submitted





# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

**LATE**

Written Testimony Presented Before the  
House Committee on Health  
Wednesday, March 19, 2014 at 8:30 a.m.  
by  
Dean Jerris Hedges, MD  
JOHN A. BURNS SCHOOL OF MEDICINE  
University of Hawai'i at Mānoa

### HCR 141 – URGING THE DEVELOPMENT OF AN ACTION PLAN TO MITIGATE IMMEDIATE AND FUTURE CRITICAL SHORTAGES OF PHYSICIANS IN THE STATE OF HAWAII.

Aloha, Chair Belatti, Vice Chair Morikawa and members of the Committee on Health, mahalo for this opportunity to testify.

The University of Hawai'i medical school is grateful to the Hawai'i State Legislature for its support of the data collection and analysis by our faculty and staff which has helped us document the severe physician shortage in Hawai'i and subsequently develop and implement efforts to ease the shortfall.

We have expanded our class size during a period of declining revenues and through our MD Program (266 students) and MD Residency Programs (235 MDs), we are proud to be the largest single producer of new physicians in the workforce, with an estimated 50% of MDs actively practicing in Hawai'i having trained at JABSOM or serving on our teaching faculty.

MDs with whom we have spoken in Hawai'i support the \$60 licensing fee which the Legislature approved because they understand the need to quantify and mitigate the severe shortage. (In 2012, Hawai'i was more than 600 physicians short of the number it should have for its population, we expect updated figures next month.)

We also have sought private and federal funding to inaugurate the Student Loan Repayment Program, to help reimburse the not insignificant educational debt held by MDs and Advanced Practice Nurses who commit to serve at least two years in Hawai'i communities for which they are most needed, including practices on Lāna'i, Moloka'i, Maui, Kaua'i, Hawai'i Island, and on O'ahu at the state prison, in Wai'anae, Kalihi and Waimanalo.

We are grateful that Wahiawā General Hospital has partnered with JABSOM to train family medicine doctors for 20 years. Together, we have produced 106 Family Medicine Residency graduates, the majority of whom are practicing throughout the State. We are grateful, too, for the investments the Queen's Medical Center, the hospitals of Hawai'i

Pacific Health, Kuakini Health Systems, and the contributions of health centers (and more than 1,200 volunteer faculty throughout Hawai'i) continue to make supporting post-MD training in Medicine, Surgery, Psychiatry, OB-GYN, Pediatrics, Geriatric Medicine and Family Medicine.

In every state, the cost of training primary care providers is borne in some fashion with state assistance, in addition to federal funds. Residency training of MDs in specialties such as Family Medicine benefits not just JABSOM and Wahiawā General Hospital, but the entire state.

Our hope, in fact, is to expanding training of primary care, because the need is so great. The more GME slots which are open in Hawai'i, the more likely we are to retain physicians in our State. An estimated 80% of physicians practice in the communities in which they complete their Residency (GME) training.

JABSOM has been coordinating the legislatively mandated Hawai'i Medical Education Council that provides workforce analyses and strategic planning for GME training. These efforts will continue in conjunction with the leadership of the UH affiliated teaching hospitals, including the Hilo Medical Center – now beginning its first class of four residents in Family Medicine July 2014.

JABSOM is unable to use State teaching funds to deliver patient care for the explicit benefit of our affiliated teaching hospitals. However, through a university affiliated practice plan, university-affiliated practitioners are able to contract with the local teaching hospitals at fair market value to deliver clinical services benefiting those hospitals and helping create the clinical learning environment needed for both medical students and resident learners.

JABSOM is supportive of the spirit of this resolution and asks that the legislature also carefully review the future recommendations from the Hawai'i Medical Education Council that will outline areas by which state support can directly off-set some of the educational expenses currently borne by Hawai'i teaching hospitals. Indeed, an existing special fund overseen by the Hawai'i Medical Education Council could help off-set the educational expenses of affiliated teaching hospitals providing primary care residency training. The UH directed provision of new General fund support via this vehicle would be extremely valuable for Wahiawā General Hospital and other facilities carrying a disproportionate GME training cost.

Mahalo.

TESTIMONY  
OF  
UNMANI CYNTHIA GROVES  
PRACTICE MANAGEMENT CONSULTANT TO PROFESSIONALS  
ON HEALTH AND ENVIRONMENT  
BEFORE  
THE HOUSE COMMITTEE ON HEALTH  
Wednesday, 03-19-14 8:30AM in conference room 329.

HOUSE RESOLUTION HCR 141  
RELATING TO HEALTH AND PHYSICIAN SHORTAGES

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

Aloha Representative Belatti, Rep Morikawa and Health Committee,

I STRONGLY SUPPORT this resolution since it is way overdue and the numbers alone support this resolution.

I should remark that while the numbers listed in the resolution show clear need, it is not sufficient that we just look at numbers as shown in the resolution. In further review and planning, the numbers should be broken down by type of physicians to fit the needs of both Oahu and the outer islands which may have different need requirements due to the type of illnesses and training required for such matched with the type of physicians and facilities for acute, chronic, subacute types of conditions as well as occupational and environmental conditions whether needed in hospital and emergency care, convalescent care, veteran care, or out patient care. We should also be assessing alternative care physicians as one of the categories, not just allopathic physicians.

A study in conjunction should be done regarding 1) why there is high turnover of physicians related to the specialty of the physician--with solutions also noting 2) why physicians stay. Factors that matter should be prioritized, + and - s noted and incentivized using reasonable scale and standards: Concerns: Pay scale, ability to collaborate with top quality mentoring physicians to take them further in their research and careers, time factor vs the number of patients to give quality care, patient load due to doctors land nurse shortages, teamwork with others who are not well trained putting physicians in a position of potential negligence, insurance headaches increasing with reimbursement issues, high cost of living, quality of schools for their families, computer systems that haven't been streamlined enough for them to do their job properly in comparison to mainland hospitals, lack of ability to gain the full range of medical testing available in a timely way, equipment shortfalls, level of high

tech that falls below that of the mainland. The Paradise idealization of a more pristine environment is losing appeal due to the increasing environmental toxicity of the islands.

Mahalo for the opportunity to testify.

Unmani Cynthia Groves

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**LATE**

March 18, 2014

To: Della Au Belatti, Chair Dee Morikawa, Vice Chair Members of House of Representatives Health Committee

From: Brittany Brooks Subject: Support of the House Bill 141, creating an action plan to hire/create more physicians.

Hello! My name is Brittany Brooks, and I am a freshman at Kapolei High School on Oahu. I strongly support the bill HCR 141 and I would like to ask for your support on this bill. Currently in our state doctors are in a short supply. Doctors are needed to help keep Hawaii healthy and in good shape. The amount of doctors in Hawaii has dropped over the past couple of years by 2 percent according to the Honolulu Star Advertiser. In that article it also states that the amount of doctors will increase only to be shorter than what Hawaii actually needs by about 40 percent. With the lack of doctors comes lack of health care. Several practices in Hawaii have too many patients to begin with so they cannot take in any more. This prevents people from getting the proper care they need for injuries and/or sicknesses. Thank you for your time and consideration. I hope that this helps you make the decision to support this bill.

**LATE****HCR141**

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Paul A. komara, Jr.	Individual	Support	No

## Comments:

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