



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health
Wednesday, March 13, 2013
by

Dr. Winona Mesiona Lee MD
Director, The Imi Ho`ola Post-baccalaureate Program
and on behalf of

Dr. Keawe Kaholokula, PhD.
Chair, Department of Native Hawaiian Health

Dr. Allen Hixon, MD
Chair, Department of Family Medicine and Community Health
and

Jerris Hedges, MD
Dean, John A. Burns School of Medicine
University of Hawai'i at Mānoa

SB 665 SD1 – RELATING TO HEALTH

Chair Belatti, Vice Chair Morikawa and members of the committee:

Aloha and thank you for allowing us to testify today. The John A. Burns School of Medicine (JABSOM) supports the intent of SB 665 SD1, which would support our Native Hawaiian Center of Excellence, expand education to train primary care physicians, and fund an educational loan repayment program to attract and retain rural health care providers.

Native Hawaiian Health and Primary Care

To ensure the future health of Hawai'i's people, JABSOM is committed to producing a diverse health care workforce dedicated to meeting the health needs of all people of Hawai'i and the Pacific.

Native Hawaiians continue to suffer high rates of diabetes, cancer, heart disease, and obesity while remaining severely under-represented in all health professions. Only 4% of licensed physicians in Hawai'i are of Native Hawaiian descent, even though 26.2% of the population is of that ancestry. The good news: Native Hawaiian and other Pacific Islander health care providers are more likely than others to return to serve their home communities and provide services to those populations most in need.

Specifically, SB 665 SD1 would support the sustainability of the `Imi Ho`ōla Program, a post-baccalaureate, labor-intensive pre-medical school preparatory program for disadvantaged students, and the Native Hawaiian Center of Excellence (NHCOE), which help the medical school produce more primary care providers while simultaneously boosting the numbers of Native Hawaiians in the health professions.

The Native Hawaiian Center of Excellence (NHCOE) creates paths for Native Hawaiian students to succeed in health careers. Through community and educational collaborations (i.e. Na Pua No`eau-Center for Gifted and Talented Native Hawaiian Children, and Ahahui O Na Kauka-Association of Native Hawaiian Physicians), NHCOE is able to extend its reach annually to over 2,500 students spanning K-12, undergraduate, and post-baccalaureate. NHCOE's

Native Hawaiian Student Pathway to Medicine program works with promising Native Hawaiian students to become competitive applicants to health professions schools, such as JABSOM. Due to NHCOE's pipeline efforts, nearly 25% of `Imi Ho`ōla applicants for the 2013 entering class are Native Hawaiian.

The `Imi Ho`ōla program, whose students have been generously supported by The Queen's Health Systems, provides educational opportunities to aspiring MDs from disadvantaged backgrounds who demonstrate a commitment to underserved communities of Hawai`i. Students who complete the program automatically earn enrollment in the next JABSOM MD Class. To date, 226 `Imi Ho`ōla alumni have successfully graduated from JABSOM. Of these graduates, 38% are Native Hawaiian, 85% are providing primary care services, and 96% are practicing in underserved and/or disadvantaged populations.

Supporting Primary Care Graduate Medical (Post-MD) Education

SB 665 SD1 would allow JABSOM's existing Family Medicine Residency Program to expand faculty and increase its number of training positions.

Residency trainees are newly minted physicians working under our faculty's supervision in order to prepare for their licensure and board certification. They are the closest step in the educational pipeline to the point where they may become full-fledged doctors.

Currently, Hawai`i produces only six board-eligible "Family Medicine Physicians per year." A comprehensive approach to address the physician workforce shortage is needed.

A robust primary care workforce is associated with improved population health outcomes and lower overall health care costs. As the Legislature knows by funding JABSOM's Hawai`i Health Workforce Assessment, our State's own physician shortage is worsened by the fact that a large percentage of doctors practicing in Hawai`i are reaching retirement age.

Physician and Nurse Practitioner Loan Repayment Program

Inspired by the Hawai`i State Legislature's creation of a Hawai`i Health Corps, JABSOM sought private funding and Affordable Care Act monies to launch the unfunded health corps program concept. Through the generosity of HMSA and The Queen's Medical Center, this year we have begun paying back up to \$40,000 a year in educational debt for two physicians and two nurse practitioners who have committed to serve at least two years in rural centers on O`ahu, Maui and Hawai`i Island. Next year, an additional nine loan repayment contracts will be drawn up. With the Legislature's support, such as that offered in SB 665, we hope to increase the number of loan repayment contracts to 50 a year, which would significantly address the shortage of rural-area health care providers.

Mahalo for this opportunity to testify.



An Independent Licensee of the Blue Cross and Blue Shield Association

March 13, 2013

The Honorable Della Au Belatti., Chair
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

Re: SB 665, SD1 – Relating to Health

Dear Chair Belatti, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 665, SD1, which appropriates funding for various programs directed at expanding the primary care workforce. These include funding for the Hawaii Health Corps, the University of Hawaii's John A. Burns School of Medicine (JABSOM) and the School of Nursing and Dental Hygiene, JABSOM's Native Hawaiian Center of Excellence, and funding to enhance faculty and infrastructure of the Family Medicine Residence Program and for the development of new accredited family health centers. HMSA supports this Bill.

HMSA is acutely aware of the issue of access to health care, especially in rural areas of the state. Additionally, HMSA has been committed to making the patient-centered medical home the model for Hawaii's health care system. The success of that system will depend on an adequate primary care workforce. The appropriations in this Bill reflect an investment on the part of the State to constitute meeting that same goal.

Thank you for the opportunity to testify in support of SB 665, SD1.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark K. Oto".

Mark K. Oto
Director
Government Relations



HAWAII MEDICAL ASSOCIATION

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DATE: Wednesday, March 13, 2013
TIME: 8:30 A.M.
PLACE: Conference Room 329

To:
COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

From: Hawaii Medical Association
Dr. Steven Kemble, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: SB 665 RELATING TO HEALTH

In Support.

The HMA appreciates the effort to enable physicians to service rural and underserved areas.

Hawaii is currently experiencing a patient access to medical care crisis due to an inadequate supply of physicians statewide.

Economic incentives that reduce the financial burden of a medical practice can serve as meaningful incentive to practice in rural areas.

Financial burdens include:

- Overhead that can be as high as 75% of gross income;
 - Overhead includes, high medical malpractice insurance premiums (premiums vary by medical specialty);
- Overhead includes increasing manpower, office rent and other business expenses;
- Income is based on inadequate payment for services from private and public health plans; and
- For new physicians, typical student loan debt of \$150,000.

Thank you for the opportunity to testify on this matter.

OFFICERS

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SECRETARY - THOMAS KOSASA, MD IMMEDIATE PAST PRESIDENT - ROGER KIMURA, MD
TREASURER - BRANDON LEE, MD EXECUTIVE DIRECTOR - CHRISTOPHER FLANDERS, DO

Hawaii State Legislature
SB665

Testimony of Kelley Withy, President of Hawaii State Rural Health Association
February 2013

The Hawaii State Rural Health Association would like to express our strongest support for SB665. We are acutely aware of the fact that we are approaching a healthcare crisis in rural Hawaii. Some areas of the State, such as the Big Island, are already suffering a severe shortage of healthcare providers. In fact, the JABSOM AHEC assessed the shortage and found that we need 600 more providers than we have. Because the shortage is most severe in the rural areas and the neighbor islands, we feel strongly that solutions are needed.

Recruiting and retaining healthcare providers is a huge challenge, especially in rural areas. It will require multiple complementary activities. SB 665 supports three important activities:

1. Loan repayment is the fastest way to get providers to practice in areas of need and every dollar allocated to this can be matched by the federal government. We are very excited that the medical school has introduced a state loan repayment program and ask you to provide the support to continue it.
2. Native Hawaiian Center of Excellence helps insure that our healthcare providers are culturally competent and helps increase the number of Native Hawaiians practicing medicine in Hawaii.
3. Primary care training in rural areas will increase the number of physicians who decide to live and work in rural areas.

Therefore we strongly support this bill and hope you will pass it. Thank you for this opportunity to be heard.

Sincerely,

Kelley Withy, MD, PhD
President, Hawaii State Rural Health Association

Hawaii State Legislature
SB665
Testimony of Kelley Withy, MD, PhD, March 2013

I am writing to express my strong support for SB665. I have performed the physician workforce assessment for Hawaii since 2009 when the Hawaii State Legislature authorized the UH John A. Burns School of Medicine to regularly compile the data on physicians in Hawaii and develop solutions. My findings are that we have maintained a shortfall of physicians that exceeds 600 full time equivalents since 2010, and the highest percentage of shortage are on the neighbor islands, but that the demand on Oahu is also exceeding the supply.

There are many solutions that my office is implementing to meet the workforce shortage. One of these is a state loan repayment program. In the last year, I was able to pursue a dream I have had for many years, of starting a Hawaii State Loan Repayment Program. As you probably know, Hawaii has far fewer National Health Service Corps loan repayers that we could have. One reason is that there is no guarantee that graduates will be able to stay in Hawaii to serve out their commitment. Other than the Native Hawaiian Health Scholarship Program, an outstanding program for Native Hawaiian students entering health professions, a State Loan Repayment Program is the only way to support a provider's commitment to serve Hawaii's underserved areas. In 2012, by asking private organizations, primarily HMSA and Queens, for a one time donation totaling \$150,000 a year for 2 years, I was able to apply for matching federal funds and we now have five loan repayers working in Hawaii who are having their loans paid off to a maximum amount of \$40,000 a year. Of these five, two are nurse practitioners in Waimanalo and Hilo, one is an internist at Waikiki Health Center, and two are family physicians at community health centers in Laie and on Maui. All are ecstatic to be receiving loan repayment and admit that this will influence their future ability to stay in practice serving the underserved. Next year we have enough money to expand the program to 12 loan repayers, but after 8/31/2014, we HAVE NO ADDITIONAL FUNDING TO SUPPORT THE PROGRAM. If the State can provide funding for loan repayment/Hawaii Healthcorps activities, this can be matched by federal grant funds 1:1 and can expand the number of healthcare providers recruited and retained in Hawaii.

Thank you for having the foresight to work on building Hawaii's workforce, not just through loan repayment, but also through support of statewide residency training, which is highly effective at getting students to settle in the areas of need where they perform their medical training. I also commend you on your foresight in supporting Native Hawaiian health programs as Native Hawaiians have some of the worst health statistics in the country and are also far underrepresented in the physician workforce in Hawaii. In fact, there are only 2.3 Native Hawaiian or Other Pacific Islander physicians for every 10,000 Native Hawaiian or Pacific Islander residents in the state. This must be remedied, as well as general and preventive healthcare emphasized, both of which are active and important roles of the Native Hawaiian Center of Excellence.

Sincerely, Kelley Withy, MD, PhD, Physician Workforce Researcher UH JABSOM AHEC