DAVID Y. IGE
GOVERNOR OF HAWAII

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DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
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Testimony in OPPOSITION to HB 1147 HD1
Relating To Health

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HEALTH
Hearing Date: Wed, March 18, 2015 1:30 PM Room Number: 414

Fiscal Implications: Appropriates an unspecified amount of general funds in fiscal years 2015-2016 and 2016-2017. The Department respectfully defers to the Governor's Executive Budget request for the Department of Health's appropriations and personnel priorities.

HB1147 HD1 would require the Department of Health to establish a two-year pilot Fail Safe program of two hospitals that provides 24 hours per day, seven days per week, and 365 days per year consultation services to emergency room physicians and nursing staff. It would also require the Department to provide patients and their family members, upon request, an opinion of another physician, including a senior emergency room physician regarding the diagnosis or treatment plan prescribed by an emergency room physician. The measure would also require the Department to convene a committee to create a forum to facilitate the sharing of best practices and benchmarking data for patient advocacy in the emergency department setting.

Department Testimony: The Department opposes HB1147 HD1, as we are concerned about the state's potential medical malpractice liability, the cost-benefit, and the feasibility of implementing the proposed emergency services failsafe pilot program. We respectfully defer to the findings and recommendations of the task force established per the passage of House Concurrent Resolution 112, HD1, SD1: Urging the Director of Health to Convene a Task Force to Assess the Scope and Feasibility of Establishing an Emergency Services Patient Advocate Program during the 2014 legislative session. The report was submitted to the twenty-eight legislature in December, 2014, and may be viewed electronically at http://co.doh.hawaii.gov/sites/LegRpt/2015/Reports/1/HCR%20122.pdf

The Department facilitated meetings of highly qualified and diverse emergency department experts and healthcare consumers. Consensus was reached on recommendations for HCR122, HD1, SD1, including:

1. Emergency Department (ED) care in Hawaii, for the most part, is quite good. It would not be prudent to implement changes that have the potential to disrupt the system currently in place.
2. A nurse practitioner would probably not have sufficient stature to persuade and ED physician to re-evaluate the management plan.
3. Many of the apparent conflicts between patient/families stem from inadequate communication.
4. Because the patient advocate (PA) would not have the benefit of direct contact with the patient or the results of the clinical workup, the value of the "second opinion" would be limited.
5. On occasion, the management plan might be altered for the better, but the ED professionals on the task force could not offer a meaningful estimate of how often this would occur, except to say that it would probably be rare according to the task force.
6. On the other hand, more tests would be ordered, more consultations would be obtained, and more patients would be placed in observation or admitted to the hospital. Costs would rise and patients would be subjected to increased risk of adverse reactions to tests and procedures.
7. To provide this service 24/7/365 using realistic salary estimates: $1,300,000.00 per year in salary alone. $850,000.00 per year in salary, if the service was provided only nights and weekends.

The task force recommended deferring the implementation of a centralized Department of Health program and strongly supported the utilization of existing hospital resources to support the objectives of a statewide patient advocacy program. The Task Force recommendations also asks the Healthcare Association of Hawaii to develop an appropriate, on-going forum that would facilitate the sharing of best practices and benchmarking data for patient advocacy in the emergency department setting.

Thank you for the opportunity to testify.

HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

TO:
COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

DATE: Wednesday, March 18, 2015
TIME: 1:30PM
PLACE: Conference Room 414

FROM: Hawaii Medical Association
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 1147

Position: Comments

Hawaii Medical Association has concerns with this measure. The HMA opposes state mandated involvement in direct patient care.

This bill would ask the Department of Health to put a health care provider on call to provide a second opinion for patients in emergency departments in Hawaii, at the patient's request. Legislating the practice of medicine has unintended and often disastrous consequences.

Thank you for the opportunity to submit testimony.

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: padavan@hawaii.rr.com
Subject: Submitted testimony for HB1147 on Mar 18, 2015 13:30PM
Date: Monday, March 16, 2015 4:28:38 PM

HB1147
Submitted on: 3/16/2015
Testimony for HTH on Mar 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Padavan	Waianae Coat Comprehensive Health Center	Oppose	No

Comments: Hearing Date: March 18, 2015 Senator Josh Green Chair Senate Committee on Health Testimony OPPOSING HB 1147, HD 1 Dear Senator Green and members of the Senate Committee on Health: I serve as Director of the Waianae Coast Comprehensive Health Center's Emergency Department. I write you today to convey my strong opposition to HB 1147. Enabling a third party to arbitrate complex medical decision-making from a remote location is inappropriate. Individual hospitals and health-care systems establish patient advocacy programs, but to the best of my knowledge the level of governmental intervention under consideration is unprecedented within Emergency Medicine. That members of the legislature seek to pilot such a program in a fast-paced and intricate practice environment is confounding. I question whether the program's advocates fully grasp an Emergency Department's work-flow, the proven downsides of increased patient boarding by virtue of adding new layers of complexity, the established health risks associated with inappropriate hospital admissions, or the adverse effects of increased regulation on physician recruitment and retention. In addition, the proposed bill does not specify the level of expertise to be provided on-call. This will inevitably promote well intentioned advocacy and inflexible, protocol-driven assessment over sound and customizable medical decision making. The program won't examine our patients, and despite practicing in an era of technologically driven medicine, a hands-on assessment remains irreplaceable their care. Emergency Physicians are—by nature and by training—risk averse. Our Emergency Departments are focused on improving the care and the patient experience we provide. The program proposed by HB 1147 is not an appropriate means to accomplish this. Regards, Scott Padavan MD Director – Department of Emergency Medicine Waianae Coast Comprehensive Health Center 86-260 Farrington Highway Waianae, Hawai'i 96792 (808) 351 0612 padavan@hawaii.rr.com, spadavan@wcchc.com

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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THE QUEEN'S HEALTH SYSTEMS

To: Chair Josh Green
Vice Chair Glenn Wakai
Senate Committee on Health

From: Christina Donkervoet, RN
Director of Emergency Department
Director of Care Coordination and Patient Flow
The Queen's Health Systems

Re: HB 1147 HD 1, Relating to Health
Hearing—March 18, 2015 at 1:30 PM

The Queen's Health Systems is opposed to HB 1147 HD 1, which would require the Department of Health to establish an emergency services failsafe pilot program. We ask that you defer this measure and instead support recommendations made by the Patient Advocate Task Force, which was established by House Concurrent Resolution 122 from the 2014 legislative session.

The task force provided number of conclusions and recommendations, including a suggestion to provide an appropriate forum for hospitals to share best practices in patient advocacy. We believe that this forum will encourage open dialogue and collaboration between all providers to improve patient advocacy programs and practices in the state.

Establishing a failsafe program was <u>not</u> one of the recommendations made by the task force. The group did briefly discuss the fail safe program, noting that this program is actually a private, provider-driven service with a specific use "for cases where [physicians] are not following a clinical practice policy." The failsafe program as envisioned by this legislation could result in negative patient care and outcomes because it could delay care. Any delay in the provision of emergency care could have serious repercussions. It is also likely to be very costly to implement.

While we appreciate that HB 1147 HD 1 does not mandate the adoption of an emergency services failsafe program state-wide, we believe that the pilot programs will detract important resources away from other work to bolster our patient advocate services across the state. The pilot programs will likely be costly to establish and run and could delay needed emergency care for patients in the identified pilot sites.

We ask that you defer this measure. Thank you for your time and consideration of this matter.

Mark Baker, MD
Pali Momi Medical Center Emergency Department

March 10, 2015

Re: HB1147 HD1 Emergency Services Failsafe Program

OPPOSE

Dear Chair Belatti and members of the House Committee on Health,

I have been an Emergency Department Physician at Pali Momi Medical Center for more than 25 years. I am presently the Chief of Staff for the Medical Center. I have been a member of the Hawaii Chapter of the American College of Emergency Physicians for nearly 25 years. I have truly always been and will always be an advocate for my patients.

I am opposed to HB1147 HD1 Emergency Services Failsafe Program. Mandating a program of advocacy is not necessary nor will it help patient care. Legeslative efforts to aid healthcare would be better focused on preventative care.

I would be pleased to elaborate if you like. I can be contacted by email at markbaker.hi@gmail.com or 808-754-4456.

Sincerely,

Mark Baker, MD, FACEP,
Board Certification in Emergency Medicine and Clinical Informatics
Emergency Department, Pali Momi Medical Center

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: tforney@hepa.net
Subject: Submitted testimony for HB1147 on Mar 18, 2015 13:30PM
Date: Monday, March 16, 2015 6:30:41 AM

HB1147
Submitted on: 3/16/2015
Testimony for HTH on Mar 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Forney	Individual	Oppose	No

Comments: Hearing Date: March 18, 2015 Senator Josh Green Chair Senate Committee on Health Testimony OPPOSING HB 1147, HD 1 Dear Senator Green and members of the Senate Committee on Health: I am an emergency physician and Director of my emergency department. I am writing in opposition to HB 1147. The physicians, nurses, and other health care professionals serving patients in our emergency department are advocates for every patient we treat. We work closely with our team of professionals to provide exceptional care at our facility based on the patient's individual needs and the resources our community provides. Further, our hospital has a specific patient advocate process already in place. A state-sponsored patient advocate is very unlikely to have the same level of expertise as our dedicated team, and may undermine and complicate care leading to even greater confusion for our patients in their time of need. Our emergency department is focused on improving the care and the patient experience we provide. The program suggested by HB 1147 is not an appropriate means to do so. Allow us to continue to advocate for our patients in a way that is most appropriate for our emergency department. Sincerely, Thomas Forney, MD, FACEP Director, Emergency Department, Wahiawa General Hospital Director, Kauai HHSC Hospitals, Hawaii Emergency Physicians Associated

15 March 2015

Re: HB1147 HD1 Emergency Services Failsafe Program

OPPOSE

Dear Senator Green and members of the Senate Committee on Health,

Over the past year I was one of several highly qualified Emergency Physicians, nurses, social workers, other healthcare professional and members of the community (including Senator Rolfing) that met monthly pursuant to HCR 122 HD1 SD1 under the auspices of the Hawaii Department of Health. The creation of a failsafe program was discussed but was NOT one of the recommendations.

Many of us volunteered and worked many, many hours to participate in these meetings and had vibrant discussion surrounding these exact measures, which are being reintroduced in this current HB 1147 HD1. We reached consensus that included establishing a centralized program managed by the Department of health to allow for sharing of beast practices in patient advocacy. After extensive discussion, we did NOT recommend a failsafe program.

Would the treating physician be mandated to take the advice of someone who has never seen, examined, or even spoken to the patient? Who would be responsible for outcomes if the "consultant" physician recommended something that had an adverse outcome? The emergency Physician is an advocate for the patent, as are the nurses, social workers, and every person in the hospital and in cases that were presented to us, it was a matter of miscommunication or misunderstanding rather than the physician treating the patient badly. Let us therefore focus our efforts on improving true patient advocacy. HB1147 HD1 is NOT the answer.

Thank you for allowing this testimony in OPPOSITION to HB1147 HD1.

Sincerely,

Elizabeth A Char MD

Emergency Medicine

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: wwarrington@hotmail.com
Subject: Submitted testimony for HB1147 on Mar 18, 2015 13:30PM
Date: Tuesday, March 17, 2015 8:23:29 AM

HB1147
Submitted on: 3/17/2015
Testimony for HTH on Mar 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Wayne Warrington	Individual	Oppose	No

Comments: As a full time Emergency medicine physician at The Queens medical centers I wish to oppose this measure. While I agree with the concerns that the bill attempts to address, namely the rapid and confusing process of receiving emergency care, I see this bill as yet another very expensive layer of beaureacratic red tape. We as emergency physicians and the administrators of the facilities we staff work very hard to maintain high patient satisfaction scores. Part of this includes good communication with patients about their treatment. We are incentivized by insurance payers and med mal lawyers to do this. Spending hundreds of thousands or millions of dollars to create a call center for patient advocates is not a efficient use of funds in my opinion.

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From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: klemmer@hawaii.rr.com
Subject: Submitted testimony for HB1147 on Mar 18, 2015 13:30PM
Date: Tuesday, March 17, 2015 7:42:24 AM

HB1147
Submitted on: 3/17/2015
Testimony for HTH on Mar 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Howie Klemmer	Individual	Oppose	No

Comments: HB 1147, relating to “Fail Safe” pilot program for emergency care As a physician specializing in emergency and trauma care, I am in strong opposition to HB 1147 which proposes a two-year, 24-hr on call “Fail Safe” program. While appreciative of the intent to protect patient’s rights, a centralized program at the Department of Health (DOH) would be ineffectual, costly, and impractical to implement. The bill would cause great delays in emergency department (ED) care and obstruct patient flow in the ED while waiting for the DOH practitioner to provide their second opinion. I can foresee particular issues with evaluation, treatment and discharge of drug-seeking patients. Operationalizing this at the DOH is prohibitively expensive, and creates the potential for liability for the State in terms of patient privacy issues and medical malpractice. This bill will exacerbate the real threats to quality emergency care in our state which include overcrowding of EDs, physician shortages, and misuse of emergency systems to provide care for chronic illnesses or substance abuse. I concur with the findings and recommendations of the task force established per the passage of House Concurrent Resolution 112, HD1, SD1. The report was submitted to the twenty-eight legislature in December, 2014, and may be viewed electronically at http://co.doh.hawaii.gov/sites/LegRpt/2015/Reports/1/HCR%20122.pdf Specifically, I believe the concept of a centralized DOH program should be abandoned, but that we should support existing hospital resources to achieve the objectives in the statewide patient advocacy program. Thank you for the opportunity to testify,

Frederick Rohlfing
Apt. 2505
600 Queen Street
Honolulu, HI 96813

Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

Hearing on HB1147, HD1
Date: Wednesday, March 18, 2015
Time: 1:30 P.M.
Place: Conference Room 414

Testimony in Strong Support

Chair Green, Vice Chair Wakai, and members of the Committee on Health. My name is Fred Rohlfing, at one time or another I have been a State Rep & Senator, a Federal Magistrate Judge, Maui Corp Counsel, American Samoa Attorney General and an United States Representative on the South Pacific Commission. Currently I serve on the Statewide Health Coordinating Council and in my second term. I am here today testify in strong support of HB1147, HD1, the "Fail Safe" bill.

I sat in one of these chairs on February 6, 2013, when I testified the first time for SB666. Mahalo Senator Green for introducing this bill. SB666 would have created corps of patients advocates for all of Hawaii's hospitals, specifically to advocate for patients in emergency rooms. During that day we also heard from Phyllis Dendle of Kaiser Permanete, who testified that Kaiser Hospital already has social workers who act as patient advocates for all departments of the their hospital. We also heard from a House staffer who's mother was an ER nurse about what its like at an ER at night:

> *"Especially in matters of life,death,and serious bodily injury, visits to the emergency room can be incredibly overwhelming, emotionally charged, and physically and mentally taxing. Often times, especially at night when emergency rooms are staffed at their minimum, sleep-deprived patients and their families are left unattended for hours. Moreover, those on*

emergency room staff are not in the role of patient counselor or confidante, instead they are more focused on providing prompt necessary care—as it should be. Hospital staff must make their priority the provision of critical medical care and often do not have the luxury of time to explain in satisfying detail the various treatment options and risks".

I know that both you, Dr. Green and Dr. Creagan know exactly how chaotic an ER can become, and have experience this many times before.

I then told my wife's story - how she was prematurely discharged from Kapiolani at 4 a.m., still in pain and in distress. By 7 a.m. she was in such pain that we took her to a Kapahulu clinic and then to Kuakini ER, at which time she was admitted and rushed into surgery, not only once but twice, but died on the 2nd day after Christmas. We considered filing a malpractice suit but decided instead of only one family receiving relief (ours) other deserving families would share in a legislative solution.

Moving on, SB666 was kindly received. It passed committees of both houses of the legislature without a negative vote….but it died due to an arbitrary time limit in Conference, it was the very next bill to be considered.

I am back her today because my German blood won't let me give up. And I came back in 2014, with the thought of thought of reopening SB666. However in the end had to settled for a TASK FORCE created by HCR 122 to study the various issues we had raised and I believe to divert us from reinvigorating success with SB666.

The task force was comprised almost totally of hospital or health industry personnel. This body was thus packed with opponents of the patient advocate bill. Only 3 slots were made available to our side (community members) and were filled by, Barbara Marumoto, Creighten Liu and myself. We fought a noble battle but were outgunned from the outset. The hospitals wanted to maintain the "status quo". But despite their overriding control the hospital connected members never took a vote, Dr. Sakamoto never claimed their victory. Up till day his departure from DOH, Dr. Sakamoto held the belief that things were "modifiable" within a consensus of the members.

What we did learn during the task force meetings was that HPH did have a “fail safe” protocol as part of their risk management program. HPH physicians have telephonic 24 hour access to another experienced ER physician that the treating physician can consult with in high risk cases or situation that do come in the ER.

As this bill HR1147 moved through the house it was amended to a 2 year pilot project between a rural hospital such as Hilo Hospital and Queen’s Medical Center. It could also incorporate telemedicine component. From what I understand this project could be up and operating within a few short months, and that only cost involved would be establishing the protocol, and acquiring some addition equipment such as webcams and perhaps a dedicate phone line?

I would like this opportunity to thank and give credit to Representatives Creagan and Kobayashi for their support. They were key in ensuring that HB1147, passed the House.

In closing, I would like to state my conviction that if there had been a “failsafe” program in place when my wife Patty was first admitted, she, still be with me today.

Thank you senators for hearing this bill and bearing with me as I testified in person today.

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: gregorysuares@gmail.com
Subject: Submitted testimony for HB1147 on Mar 18, 2015 13:30PM
Date: Tuesday, March 17, 2015 4:55:56 AM

HB1147
Submitted on: 3/17/2015
Testimony for HTH on Mar 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Gregory Suares	Individual	Oppose	No

Comments: I oppose the creation/funding of a centralized process administered by the DOH. As an emergency medicine physician at QMC, I understand the need to support strong patient advocacy, however, feel that strengthening existing infrastructure within individual hospitals is a much more reasonable and cost-effective strategy. I have significant concerns regarding the cost and logistical mechanisms by which this action would function. Being a board certified EM physician, I have been trained and am expected to be THE patient advocate, fighting for the best interest of the patient without regard to finances/gender/ethnicity/etc. When confusion or miscommunication exists (at least at QMC) there are multiple opportunities and avenues that currently exist that a patient or family member can pursue. I feel that empowering and supporting those services (case management, social workers, charge nurses) would support the mission of patient care much more efficiently than a centralized format (removed from direct patient contact). Please feel free to contact me directly with any questions or concerns. Thank you for the opportunity to contribute to this important discussion. Gregory Suares, MD FACEP

HAWAII / ACEP
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Senator Josh Green
Chair
Senate Committee on Health

Hearing Date: Wednesday, March 18, 2015

Testimony in OPPOSITION to HB 1147, HD1

Dear Senator Green and Committee Members:

We are writing on behalf of the Hawaii College of Emergency Physicians, representing 146 emergency physicians and the hundreds of thousands of patients we treat in Hawaii each year. We stand in opposition to HB 1147 because we believe that the best possible emergency care is provided by emergency physicians, nurses, and staff members who are directly caring for our patients in Hawaii's emergency departments.

Several of our Board members served on the multidisciplinary Patient Advocate Task Force in 2014, which was established by House Concurrent Resolution 122 in the 2014 Legislative session. We spent considerable time and energy researching and discussing the topic of a state sponsored patient advocacy program very similar to the program proposed by HB 1147. The complete recommendations of the Task Force are available on the Department of Health website:

http://co.doh.hawaii.gov/sites/LegRpt/2015/Reports/1/HCR%20122.pdf

We feel it is worth including the consensus statements made by the Task Force.

1. ED care in Hawaii, for the most part, is quite good. It would not be prudent to implement changes that have the potential to disrupt the system currently in place.
2. A nurse practitioner would probably not have sufficient stature to persuade an ED physician to reevaluate the management plan.
3. Many of the apparent conflicts between patients/families stem from inadequate communication.

OFFICE

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4. Because the PA would not have the benefit of direct contact with the patient or the results of the clinical workup, the value of this "second opinion" would be limited.
5. On occasion, the management plan might be altered for the better, but the ED professionals on the TF could not offer a meaningful estimate of how often this would occur, except to say that it would probably be rare.
6. On the other hand, more tests would be ordered, more consultations would be obtained, and more patients would be placed in observation or admitted to the hospital. Costs would rise and patients would be subjected to increased risk of adverse reactions to tests and procedures.
7. To provide this service 24/7/365 using realistic salary estimates: $1,300,000 per year in salary alone. $850,000 per year in salary, if the service was provided only nights and weekends.

Emergency physicians in Hawaii are true specialists. The majority are Board Certified in Emergency Medicine. We all have multiple resources available at our facilities and within Hawaii's health care system. A significant part of our expertise is knowing how to use those resources to advocate for our patients. Such resources include specialty consultation, social workers, case managers, hospital employed patient advocates, and transfer to other facilities for higher levels of care to name a few. Additionally, each group of emergency physicians is comprised of multiple physicians. We often discuss management of complicated cases with colleagues in order to provide the best possible care.

We are concerned that a state sponsored fail safe program will lead to longer stays in our departments and increased wait times to see a physician with little or no benefit. Specifically, we fail to see how a provider who is not caring for the patient in person, may not know the facility well, and may not have the appropriate training to provide care in the emergency department will positively affect care. As noted by the Task Force, the introduction of a second provider could potentially increase testing, admissions, and costs, which could harm rather than help.

Lastly, it is important to note that every hospital in the state of Hawaii the Task Force surveyed has a specific patient advocate position or patient advocacy process already in place. These health care specialists know their communities and the available resources far better than an outside provider, and would likely already be involved in the patient's care at the point a state sponsored advocate became available.

We sympathize with Senator Rohlfing, who champions the idea of a patient advocate program. He served on the Task Force with us and told us the unfortunate story of his wife. We appreciate that he wants to help us improve emergency care in Hawaii. Please be assured that improving patient care and the patient experience is part of an ongoing process in every emergency department in our state. We stand by the recommendations made by the Patient Advocate Task Force, which strongly

supported using existing hospital systems rather than establishing a state sponsored patient advocate program.

Sincerely,

Danny Bamber, MD, FACEP
President-Elect, Hawaii College of Emergency Physicians

William Scruggs, MD, FACEP
President, Hawaii College of Emergency Physicians

HB 1147, relating to "Fail Safe" pilot program for emergency care

As a physician specializing in trauma care, I am in strong opposition to HB 1147 which proposes a two-year, 24-hr on call "Fail Safe" program. While appreciative of the intent to protect patient's rights, a centralized program at the Department of Health (DOH) would be ineffectual, costly, and impractical to implement. The bill would cause great delays in emergency department (ED) care and obstruct patient flow in the ED while waiting for the DOH practitioner to provide their second opinion. I can foresee particular issues with evaluation, treatment and discharge of drug-seeking patients. Operationalizing this at the DOH is prohibitively expensive, and creates the potential for liability for the State in terms of patient privacy issues and medical malpractice. This bill will exacerbate the real threats to quality emergency care in our state which include overcrowding of EDs, physician shortages, and misuse of emergency systems to provide care for chronic illnesses or substance abuse.

I concur with the findings and recommendations of the task force established per the passage of House Concurrent Resolution 112, HD1, SD1. The report was submitted to the twenty-eight legislature in December, 2014, and may be viewed electronically at
http://co.doh.hawaii.gov/sites/LegRpt/2015/Reports/1/HCR%20122.pdf
Specifically, I believe the concept of a centralized DOH program should be abandoned, but that we should support existing hospital resources to achieve the objectives in the statewide patient advocacy program.

Thank you for the opportunity to testify,

Susan Steinemann, MD, FACS

Hearing Date: March 18, 2015

Senator Josh Green
Chair
Senate Committee on Health

Testimony OPPOSING HB 1147, HD 1

Dear Senator Green and members of the Senate Committee on Health:

I am an emergency physician and Medical Director of Emergency Services at Kapiolani Medical Center for Women & Children. I am writing in opposition to HB 1147.

I was a member of the Task Force on patient advocacy addressing H.C.R. No. 122. We met over many months and HB 1147 deviates from what the task force agreed upon in letter and spirit. A recurring theme in the discussions regarding patient advocacy was the need for advocacy while avoiding the clinical oversight of medicine.

I was the individual who brought the FailSafe concept to the patient advocacy task force, as our medical group, Emergency Medicine Physicians, a multihospital group who provides Emergency Department services at over 60 sites across the country, uses this as a risk management tool.

Briefly, we have Fail Safe policies for certain medical situations, as an example we have a policy that a patient with testicular pain needs to get a testicular ultrasound, and if the treating physician chooses not to get an ultrasound, they need to call the FailSafe physician on call to discuss their decision. These policies are NOT clinical policies, as we believe the clinical decision is best managed by the physician actually touching the patient. FailSafe pertains to certain clinical scenarios with very specific guidelines to call. It is not an advice line, a second opinion line, or an appeal line, because a remote physician who has no relationship with a patient and can't lay hands on the patient is not well suited to give clinical direction.

I have respect for Senator Rohlfing and sympathize with his loss, though this bill creating a FailSafe physician goes against what our task force discussed and agreed on, and reflects a clear misunderstanding of what our group's FailSafe policy is. As we discussed in our task force meetings, the health care professionals are advocates for all our patients. Our hospital has multiple options already available to manage a disagreement between patient/family and hospital staff. Nursing reports to the charge nurse, the clinical nursing coordinator, chief nurse executive, and administrator on call. Physicians report to the department director, department head, chief of staff, and administrator on call. These are the people who are involved if there is consultation or disagreement regarding patient care. A state-sponsored physician who is off-site, not at the patient bedside, and unfamiliar with real-time available hospital resources is not helpful.

Please support opposition of HB 1147. Review the task force final report, both to see the background and conclusion, as well as to see the broad composition of this group, from a variety of healthcare professionals and adminitrators as well as community members, to better understand the degree to which this issue has been addressed already.

Sincerely,
Sidney Lee MD
Director, Emergency Services, Kapiolani Medical Center for Women & Children
EMP Medical Group Board Member

Paul J. Eakin, MD, FAAP, FACEP
Kapi'olani Medical Center Emergency Department

March 17, 2015

Re: HB1147 HD1 Emergency Services Failsafe Program

OPPOSE

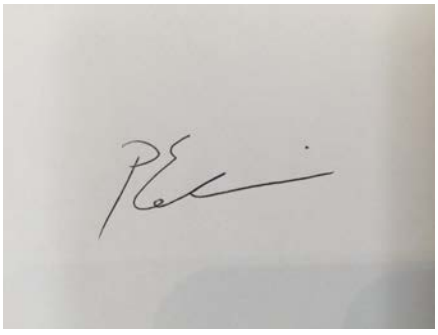
Dear Chair Belatti and members of the House Committee on Health,

I have been a Pediatric Emergency Department Physician at Kapi'olani Medical Center for more than 8 years. I am currently the Chief of Pediatric Emergency Medicine with the University of Hawaii Department of Pediatrics. I have been a member of the Hawaii Chapter of the American College of Emergency Physicians for nearly 6 years and currently serve on the Board. I have spent my life training to care for sick or injured children and this includes being their advocates on all levels.

I am strongly opposed to HB1147 HD1 Emergency Services Failsafe Program. Mandating a program of advocacy is not necessary nor will it help patient care. It will only complicate a system where there are already avenues for families to reach out for help, like contacting the hospital administrator on call. Legislative efforts to aid healthcare would be better focused on preventative care or improving access to medical specialists.

I would be happy to provide more information. I can be contacted by email at paul.eakin@hawaii.edu or 808-554-1696.

Sincerely,



Paul J. Eakin, MD, FAAP, FACEP,
Board Certified in Pediatric Emergency Medicine and Pediatrics
Associate Director of Emergency Medicine
Kapi'olani Medical Center for Women and Children