



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health
Monday, March 14, 2016 at 2:15 p.m.

by
Robert Bley-Vroman, Chancellor
and
Jerris Hedges, MD, Dean
and
Allen Hixon, MD, Chair, Family Medicine & Community Health
John A. Burns School of Medicine
University of Hawai'i at Mānoa

SB 3017 SD1 – RELATING TO HEALTH

Chair Belatti, Vice Chair Creagan, and members of the Committee, thank you for this opportunity to testify in support of SB 3017 SD1, provided that its passage does not replace or adversely impact priorities as indicated in our BOR Approved Budget. This measure would appropriate funds to support medical residency programs to help alleviate the shortage of primary care physicians in rural O'ahu and our neighbor island communities.

The public face of our medical school is its MD students—and we certainly are proud of the fact that close to 90% of them in every class are kama'aina who do Hawai'i proud, e.g. routinely scoring above the national average on U.S. medical licensing exams.

But the John A. Burns School of Medicine (JABSOM) also offers another type of training critical to our state that is less well known. Every year, JABSOM supervises the work of some 230 physicians at major medical centers in Hawai'i, doctors who are working toward licensure and board certification in about 20 different "Graduate Medical Education" specialties and subspecialties. They include:

- Internal Medicine (including Geriatrics and Cardiovascular Disease)
- Surgery (including Surgical Critical Care)
- Family Medicine (including Sports Medicine)
- Psychiatry (including Geriatric, Child & Adolescent, and Addictions)
- Obstetrics and Gynecology (Including Maternal Fetal Medicine and Family Planning)
- Pediatrics (including Neonatal-Perinatal)
- Pathology
- Orthopaedic Surgery
- The Transitional Year Residency Program provides a single year of clinical experience in various disciplines such as medicine and surgery before undertaking a specialty residency program.

Even while training, these doctors are working, caring for patients under the supervision of our UH faculty clinicians. The federal government, through the Centers for Medicare and Medicaid services (CMS), provides about 70% of the total salary for each the UH-JABSOM “MD resident” positions. Hawai‘i’s teaching hospitals have paid the 30% shortfall for these resident positions from their operating budgets.

Resident Number Expansion Goals:

The current family medicine residency has 18 residents (6 per year in a three year training program leading to Board Certification). The funding will allow immediate expansion by two residents per year beginning with the 2017 residency match. Over three years this will lead to a residency expansion from 18 to 24 residents or eight graduates per year. Phase 2 expansion will add four additional residents at neighbor island sites for a doubling of program size from the original 18 to 36 residents or 12 graduates per year.

The expansion model will utilize a 1:2 alternative training track format (i.e. first year on Oahu with second and third years on neighbor island sites). This model does three things: 1) fully utilizes the clinical learning environment of our large teaching hospitals during the first year of training, 2) establishes the optimal curriculum (i.e., placing second and third year training in a neighbor island rural community) to qualify for new Center for Medicare and Medicaid Services (**CMS**) resident “cap” positions for Hawai‘i and thereby generating federal GME reimbursements, 3) specifically places physician trainees during their final 2 years in rural and neighbor island settings, thereby bringing a higher skill level for patient care and enhancing recruitment to these communities after graduation. This is an integrated model where UH Family Medicine Residency programs on all islands are linked together and resources can be shared.

Ongoing Sources of Funds:

Successful GME programs are built upon collaborations between multiple funders. Over the past two years, a Family Medicine/Primary Care Consortium has been developed with a five year plan to expand training positions to address the access and workforce shortage issue. Key investors with the UH JABSOM and faculty practice plan are the (1) HMSA Foundation, (2) Queens Medical Center, and (3) Hawai‘i Pacific Health. State appropriation would be joining the funding by these other institutions in a public-private partnership.

The rapidly changing healthcare financial environment, however, is limiting the capacity of teaching hospitals/clinics to fund GME training. Many states facing primary care shortages have begun to supplement the available federal GME funding. This important piece is missing in Hawai‘i. We ask the Legislature to create an annual GME appropriation, which would allow JABSOM to expand the post-MD training of new doctors.

This investment would pay off significantly by increasing access to health care in our state. As you know, workforce studies indicate that Hawai‘i is nearly 700 physicians short (across all disciplines) when compared to national norms. This number has been steadily rising over the years and is predicted to increase.

We know that of all MDs who graduate from JABSOM and also do their post-MD training through JABSOM in Hawai'i, 80% of them will remain in the islands to practice medicine. Expanding GME is the most effective way to attract and retain physicians for Hawai'i.


Investing in the GME program helps to ensure that Hawai'i grows new doctors who will practice here.

UH-JABSOM requests that the Legislature appropriate funds in the amount of \$2 million as recommended by the Hawai'i Medical Education Council to maintain the stability of the existing residency programs and support the expansion of the Family Medicine Residency Program and provide the needed faculty, staff and clinical learning environment infrastructure support to sustain this expansion. This appropriation will be an ongoing need to ensure adequate primary care provider training for future generations.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Della Au Bellati, Chair, Committee on Health
The Honorable Richard P. Creagan, Vice Chair, Committee on Health
Members, Committee on Health

From:  Paula Yoshioka, Senior Vice President, The Queen's Health Systems

Date: March 11, 2016

Hrg: House Committee on Health Hearing; Monday, March 14, 2016 at 2:15 p.m. in Room 329

Re: **Support for SB 3017, SD1, Relating to Health**

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems (QHS). I would like to express my **support** for SB 3017, SD1, Relating to Health.

QHS recognizes the importance of alleviating the shortage of primary care physicians in rural Oahu and neighbor island communities in Hawaii. Access to a primary care physician is important to reduce morbidity and mortality as well as to decrease health care costs. Primary care physicians provide to crucial preventative care services, such as early detection and management of chronic diseases, which reduce hospital admissions and emergency room visits.

Thank you for your time and attention to this important issue.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



March 14, 2016 at 2:15 PM
Conference Room 329

House Committee on Health

To: Chair Della Au Belatti
Vice Chair Richard P. Creagan

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: **Testimony in Support**
SB 3017 SD 1, Relating to Health

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 180 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

We would like to thank the committee for the opportunity to **support** SB 3017 SD 1, which would fund graduate medical education at the John A. Burns School of Medicine (JABSOM). Investing in our physician workforce is critical because of the primary physician shortage in Hawaii. This funding will help to alleviate that shortage by creating opportunities for students in the state. It has been shown that of physicians that receive their medical degree and their training here in Hawaii, 80 percent will stay and practice in the state.

We are supportive of the legislature's attempts to direct funding towards effective and important programs such as this and urge your support of the measure. Thank you for your time and consideration of this matter.

March 14, 2016 at 2:15 pm
Conference Room 329

House Committee On Health

To: Representative Della Au Belatti, Chair
Representative Richard Creagan, Vice Chair

From: Michael Robinson, Vice President of Government Relations and Community Affairs

Re: Testimony in Support, SB 3017, SD2 Relating to Health

My name is Michael Robinson, and I am the Vice President of Government Relations and Community Affairs for Hawaii Pacific Health (HPH). Hawaii Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawaii Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawaii Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

HPH is writing in **strong support** of SB 3017, SD2 which would provide funding for the graduate medical education (GME) program of the John A. Burns School of Medicine (JABSOM). This measure would help to alleviate the shortage of primary care physicians in Hawaii and in particular in rural Oahu and on the neighbor islands.

Hawaii already faces a shortage of physicians, especially primary care physicians. Workforce studies indicate that we are nearly 700 physicians short when compared to national norms. This number has been steadily rising over the years and is predicted to increase. However, it has been shown that 80% of doctors who receive their medical degree and their GME training in Hawaii stay in Hawaii to practice.

Through its GME program, together with Hawaii's teaching hospitals, including Kapiolani Medical Center for Women and Children and Pali Momi Medical Center, JABSOM puts 240 doctors to work every year as physician trainees. As they train, these residents care for patients under the supervision of JABSOM's clinical staff. Funding the GME program would enable JABSOM to train more doctors, which ensures that Hawaii grows new doctors who will train and remain in practice in the state.

Thank you for the opportunity to testify.



HAWAI'I ACADEMY OF FAMILY PHYSICIANS

March 11, 2016

Committee on Health
Rep. Della Au Belatti, Chair
Rep. Richard Creagan, Vice Chair

Monday, March 14, 2:15 PM
Conference Room 211
State Capitol
415 South Beretania Street

Senate Bill 3017
Testimony in Support

We, the Board of Directors of the Hawaii Academy of Family Physicians representing 316 active family practice physicians in our state, strongly support SB3017. Providing funding to increase UH Family Medicine Residency Faculty and development of family medicine training opportunities in rural communities with an eye to residency expansion is an important step in addressing the primary care shortage in our state. When future doctors are educated at U.H. John A. Burns School of Medicine and are trained in Hawaii residency programs, over 80% stay in the state to practice and 70% of family medicine residency graduates (regardless of where they graduated medical school) stay in the state. This is the highest retention rate in the country and proves the value of "growing our own" physicians to address the physician shortage.

Currently Hawaii has a shortage of over 600 doctors and this is expected to grow to 1400 by 2020. 30.5% of physicians in Hawaii are over age 60. 17.8% are planning to retire in the next couple of years. Solving the problem of the primary care doctor shortage will require a multipronged approach over several years:

1. Increasing enrollment of John A. Burns School of Medicine
2. Educating the private hospital systems of the importance of a strong primary care network and the role they can play in supporting the development of that network
3. Providing funding support at the State and Federal level for hospitals with family medicine residency programs.
4. Providing loan repayment programs so that student debt is not a factor in students avoiding Family Medicine as a specialty.

The Board of Directors of the Hawaii Academy of Family Physicians has 16 practicing physician

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members, 10 of which are UH Family Medicine Residency graduates. Consistent with the values we were taught to advocate for primary care as the cornerstone of community health no matter where we received our training, the Board of the HAFP urges you to pass SB3017.

Respectfully submitted,

Nicole Apoliona, M.D.
Legislative chair

Kelley Withy, M.D., PhD.
President
Hawaii Academy of Family Physicians



March 14, 2016

The Honorable Della Au Belatti, Chair
House Committee on Health
The Honorable Richard Creagan, Vice-Chair
House Committee on Health

Re: SB 3017 SD1 – Relating to Health

Dear Chair Belatti, Vice Chair Creagan, Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 3017 SD1 which provides an appropriation to the John A. Burns School of Medicine for the Medical Residency Program. HMSA supports this Bill.

HMSA absolutely supports programs that build healthcare capacity, particularly in the rural communities of Hawaii. As you may be aware, the HMSA Foundation, for example, provided over \$500,000 to the Rural Family Practice Residency Program in Hilo to help train physicians who would remain and practice on the Hawaii Island.

HMSA believes programs such as JABSOM's Medical Residency Program are laudable and consistent with our goal of ensuring the health and wellbeing of Hawaii's communities.

Thank you for allowing us to testify in support of SB 3017 SD1.

Sincerely,

Jennifer Diesman
Vice President, Government Relations



House Committee on Health

The Hon. Della Au Belatti, Chair

The Hon. Richard P. Creagan, Vice Chair

Testimony in Support of Senate Bill 3017, SD1

Relating to Health

Submitted by Dustin Stevens, Public Affairs and Policy Director

March 14, 2016, 2:15 pm, Room 329

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, supports Senate Bill 3017, appropriating funds for a medical residency program.

The state of Hawaii has a physician workforce that is one of the oldest in the nation, causing an increasing shortage in the state of primary care providers. This bill aims to alleviate that by setting aside monies to increase the medical residencies in the state, a method that research has shown greatly enhances the likelihood of a provider remaining where they trained.

As this is an area of increasing need for Hawaii, the HPCA supports Senate Bill 3017 and thanks you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 11, 2016 5:29 PM
To: HLTtestimony
Cc: rontthi@gmail.com
Subject: *Submitted testimony for SB3017 on Mar 14, 2016 14:15PM*

SB3017

Submitted on: 3/11/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

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Subject: *Submitted testimony for SB3017 on Mar 14, 2016 14:15PM*

SB3017

Submitted on: 3/14/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Randall Suzuka	Individual	Support	No

Comments:

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SB3017

Submitted on: 3/13/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ku'ulei Christensen	Individual	Support	No

Comments: Chair Tokuda, Vice Chair Dela Cruz, and Members of the Committees: My name is Ku'ulei Christensen and I am a second year resident in the UH Family Medicine Program. I am writing in strong support of SB 3017 which would provide funding for the graduate medical education (GME) program of the John A. Burns School of Medicine (JABSOM). This measure would help to alleviate the shortage of primary care physicians in Hawaii and in particular in rural Oahu and on the neighbor islands. Having grown up in Hilo I know first hand the challenges our families face in obtaining healthcare, which is made even more apparent on our neighboring islands. From having to shuttle my frail 90 year old grandma to appointments on Oahu, to losing my father to cancer that earlier detection might have salvaged, to waiting 3 months for my nephew to see a specialist, I am reminded constantly of this need. For myself, this serves as a motivation to complete my training and serve our community. But I realize that I am only one person and we definitely need more. I am very grateful to be one of an only 6 resident class allowing me to train at home. Being more than halfway through residency, I can honestly say that this program has equipped me to be a both competent and culturally sensitive physician. Medicine can be learned anywhere, but I think the cultural competency component is unique to our program. Being able to live and train within the community you intend to serve affords an edge on being able to connect with our unique and diverse population and ultimately lead to better health outcomes. One can learn diabetes management in any residency program, but working with "aunty" to optimally time her insulin administrations during a luau or counseling "uncle" on how to make his daily plate lunch more healthy are nuances that local training helps master. It is also important to train as much physicians as possible at home to ensure we keep them here. We just completed our selection of new interns for the upcoming year and I was frustrated that we had many outstanding local candidates interested in our program, but not enough positions to offer. With your support, our program would be able to expand our class size to help ensure that more of our Hawaii physicians stay in Hawaii. Hawaii already faces a shortage of physicians, especially primary care physicians. This number has been steadily rising over the years and is predicted to increase. However, it has been shown that 80% of doctors who receive their medical degree and their GME training in Hawaii stay in Hawaii to practice. Through its GME

program, together with Hawaii's teaching hospitals, JABSOM puts 240 doctors to work every year as physician trainees. As they train, these residents care for patients under the supervision of JABSOM's clinical staff. Funding the GME program would enable JABSOM to train more doctors, which ensures that Hawaii grows new doctors who will train and remain in practice in the state. We urge you to pass SB 3017. Thank you for the opportunity to provide testimony. Sincerely, Ku'ulei Christensen, MD

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Subject: Submitted testimony for SB3017 on Mar 14, 2016 14:15PM

SB3017

Submitted on: 3/12/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lee Buenconsejo-Lum	Individual	Support	No

Comments: TESTIMONY IN SUPPORT OF SB 3017 SD2 Chair Belatti, Vice Chair Creagan, and Members of the Committees: My name is Lee Buenconsejo-Lum. I am a local girl from Wahiawā, a proud graduate of Leilehua High School (public school) who went to California for college, was able to come back to JABSOM for Medical School in 1990 and chose to stay here for my Family Medicine Residency training in 1994 – the first year the UH program opened. Although I had opportunity to do both medical school and residency training at very established and highly regarded programs on the mainland, I chose to come back and stay home. I took a chance on a brand new residency program because I knew that training here would expose me to the colleagues, network and community that I would need to understand if I wanted to make the most difference. I chose to stay on as faculty with JABSOM in 1997 in hopes of training more excellent Family Physicians for Hawai'i and in particular, to serve the rural, underserved, HPSA and minority communities in Hawai'i. For more than 10 years, I served as the Residency Program director. However, I am offering this testimony as a private citizen, on behalf of many patients who don't have good health or health care. Fifteen years ago, I was also the founding President of the O'ahu Rural Health Association – which was unfortunately short-lived, but nonetheless highlighted significant barriers to primary and specialty health care for the populations in Wahiawā/North Shore, Ko'olau Loa, Wai'anae and most of geographic Ko'olau Poko). Today, that shortage is worse, with only one private practice taking new Medicaid, Medicare or uninsured patients. The rest of the private practices in Central O'ahu/North Shore are closed to new patients and/or no longer participate in Quest/Medicaid/Medicare programs. The community health centers have surpassed maximum capacity and/or these patients have inadequate means to get to the community health centers with space. And so they do not have a primary care physician, do not get preventive services or cancer screenings, do not have access to the proper medications and counseling that could prevent or ameliorate their chronic disease, obesity, heart and kidney disease and diabetes. These patients show up in the emergency rooms severely ill, have repeated hospitalizations and, in many cases end up on dialysis or prematurely dead. I am therefore writing in strong support of SB 3017 which would provide funding for the graduate medical education (GME) program of the

John A. Burns School of Medicine (JABSOM). This measure would help to alleviate the shortage of primary care physicians in Hawai'i and in particular in rural O'ahu and on the neighbor islands. Hawai'i already had a maldistribution of primary care physicians when I was in training in the late 1990s. For the first six years of the UH Family Medicine Residency Program, we had a mandatory rural rotation in Hilo. That was also when the neighbor island rotations for medical students (on their 3rd year Family Medicine clerkship) started. During those early years, many JABSOM students and family medicine residents were very excited to work and learn more about the community and practice on a neighbor island. From those early years, 1 graduate is still in Hilo and another works part-time in North Hawai'i Island (as well as Moloka'i). For a variety of reasons, there was a hiatus in the neighbor island rotations for about 7 years. For the past 7 years, we have again had mandatory rotations in Hilo, but also have grown the neighbor island electives to include Kaua'i and Maui. In the past 7 years, we have had 6 graduates go to the Big Island to practice (Hilo, Waimea, Puna) and 5 currently reside there. We also have 2 graduates on Kaua'i, 3 on Maui and 2 that were on Lana'i for several years. All of our graduates who live and work on a neighbor island did 2 or more of their rotations on those islands while they were in residency training. In our current trainees, we anticipate 1 and perhaps 2 to move to Hilo later this summer when they graduate. The following year, we anticipate at least 1 to work on Maui. Many of our graduates also work with underserved, uninsured or underinsured populations in their practices, which includes a substantial number in several of the FQHC / Community Health Centers throughout the State. 70% of our residency program graduates and many other JABSOM graduates open their practices to medical students in their 3rd year. Many of the JABSOM students from the neighbor islands request their 3rd year Family Medicine rotations to be on a neighbor island so that they can learn more, learn from community physicians they grew up with ... all in hopes of returning to practice there one day, in whatever specialty they choose. JABSOM works hard to recruit the brightest 'local' kids to JABSOM. Particular outreach is made to the Native Hawaiian, Filipino and neighbor island students because the national and local data have proven that the best and only effective way to recruit and retain physicians in rural areas are to (1) select them from that rural community and (2) train them (in medical school and especially in residency) in that rural community. As JABSOM increases the proportion of students hailing from neighbor islands or rural/underserved/disadvantaged communities on O'ahu, we need more space in our residency program to train them. For the past 15 years, we have not had enough residency positions to match the JABSOM students choosing Family Medicine as a specialty who wanted to stay in Hawai'i to train. For this year's recruiting season, we had more than 11 JABSOM and mainland medical school Hawai'i students who really want to train with us. We have only 6 slots. When our Hawaii students train on the mainland, we run the risk of their not returning home ... or not for many years. Mahalo for seriously considering SB 3017 SD2. The return on the State's investment in graduate medical education in Family Medicine is hard to enumerate precisely ... but these physicians will stay in Hawaii to practice and serve the people. They, in turn, will inspire the next generation of rural local kids to pursue college, health professions or other science-related fields. This in turn will help slow the brain drain – Hawai'i students who go to college on the mainland and stay on the mainland to live and work. Thank you for the opportunity to provide testimony.

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HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH

Monday, March 14, 2016
2:15 p.m.
Conference Room 329

TESTIMONY IN SUPPORT OF SB 3017

Chair Au Belatti, Vice Chair Creagan, and Members of the Committees:

My name is Dr. Kenneth Ortiz, MD and I'm a second-year family medicine resident at the University of Hawaii's Family Medicine Residency Program and a proud alumni of the UH System. I am writing in **strong support** of SB 3017 which would provide funding for the GME program of the John A. Burns School of Medicine (JABSOM). This measure would help to alleviate the shortage of primary care physicians in Hawaii and in particular in rural Oahu and on the neighbor islands.

I was born and raised on the windward side of Oahu and graduated from James B. Castle High School in Kaneohe, Oahu. I later completed my bachelor's degree, graduate program, and medical school at the University of Hawaii. Following my completion of my family medicine residency program, I will be alleviating Hawaii's physician shortage in either Maui or Kaneohe. I hope my educational career and dedication to the health of Hawaii's people, exemplifies how graduate medical education (GME) plays a vital role alleviating the shortage of primary physicians in Hawaii, including rural Oahu and on the neighbor islands.

Hawaii already faces a shortage of physicians, especially primary care physicians. This number has been steadily rising over the years and is predicted to increase. However, it has been shown that 80% of doctors who receive their medical degree and their GME training in Hawaii stay in Hawaii to practice.

Through its GME program, together with Hawaii's teaching hospitals, JABSOM puts 240 doctors to work every year as physician trainees. As they train, these residents care for patients under the supervision of JABSOM's clinical staff. Funding the GME program would enable JABSOM to train more doctors, which ensures that Hawaii grows new doctors who will train and remain in practice in the state.

We urge you to pass SB 3017. Thank you for the opportunity to provide testimony.

Sincerely,

Kenneth Ortiz, MD
UH Family Medicine Residency Program, PGY-2
Honolulu, Hawaii

March 11, 2016

Committee on Health
Rep. Della Au Belatti, Chair
Rep. Richard Creagan, Vice Chair

Monday, March 14, 2:15 PM
Conference Room 211
State Capitol
415 South Beretania Street

Senate Bill 3017
Testimony in Support

Dear Rep Belatti,

I am writing in strong support of SB3017. As a U.H. Family Medicine resident my rural medicine rotations were highlights of my training. Working closely with community family physicians in Hilo taught me to integrate all aspects of a patient's story (physical, mental, emotional, social, community, culture) to make diagnoses and choose appropriate treatments. It also gave me a window into a world where a physician's involvement is essential to the functioning of the community. Those lessons have served me well on Maui.

SB3017 seeks funding to begin expanding the UH Family Medicine Residency program to provide more training opportunities in rural areas. These are the areas suffering the most from Hawaii's physician shortage which is currently estimated at over 600 physicians and expected to grow to a shortage of 1400 physicians by 2020. If you are a resident of urban Oahu, you don't know there is a physician shortage. If you moved to Maui, you would be made aware of this issue as soon as you tried to access medical care. I did a survey of primary care providers in June 2014 and outside of our FQHC clinic there was not a single primary care provider accepting new Quest patients on the West side of Maui. For the remainder of Maui there were 2-3 primary care providers accepting some form of Quest but only 1 provider accepting new patients with any Quest and that was at an HHSC primary care clinic.

The current residency training programs besides family medicine are based in Honolulu and to be honest they instill a belief in trainees that "the best" medicine is practiced in Hawaii. Only by getting students and residents out of urban Oahu to experience for themselves the quality and culture of medical practice in rural sites will they realize this is not true and the joys of medical practice can be even greater where the need is more acute.

I strongly support SB3017 as one effort in a multipronged approach necessary to address the crisis of physician shortage in Hawaii.

Respectfully submitted,

Nicole Apoliona, M.D.