HB 428 HD1 – RELATING TO PHYSICIAN WORKFORCE ASSESSMENT

Chair Tokuda, Vice Chair Dela Cruz, and members of the committee:

Thank you for this opportunity to provide testimony in strong support of HB 428 HD1, which permits continuation of the Hawai‘i Physician Workforce Assessment program that supports research of the supply and demand of physicians in Hawai‘i, as well as interventions to recruit physicians and increase career satisfaction of practicing physicians. Currently the program is scheduled to sunset on June 30, 2017.

We request a minor amendment to the bill to adjust the effective date to June 29, 2017 so that the program may continue without interruption.

Hawai‘i has a shortage of over 500 doctors, which has improved from a shortage of 600 in 2015. The physician shortage is compounded by the fact that we have the fifth oldest physician workforce in the country, and many of our physicians will be retiring in the next several years. Continuation of the physician workforce assessment enables the John A. Burns School of Medicine (JABSOM) to continue efforts to address the physician shortage through workforce support activities and research on the supply and demand of physicians in the State. The modest license fees help JABSOM implement interventions to recruit physicians and to identify ways to increase career satisfaction among practicing physicians so that they remain in practice. According to David Armstrong, Director of the Health Workforce Technical Assistance Center, “Having your own data enables you to monitor and address health workforce issues as they arise. Secondary data sources are often insufficient to address specific health workforce issues because they frequently present findings at the state level or for a group of specialties. For example, not many secondary data sources can readily address the question of how many gastroenterologists are located in a specific region of your state. Furthermore, secondary data sources that can address these questions tend to be flawed and expensive”. Thus, the work performed by JABSOM in assessing the physician workforce is a valuable tool in implementing initiatives to alleviate the physician shortage in Hawai‘i. Nonstop efforts to recruit and retain physicians in our
state, is a vital part of the process. We note that nursing licensure fees which go to support the ongoing efforts of the Center of Nursing continues without a repeal date.

Specific activities that have been undertaken with the funds paid by the physicians upon relicensure include:

Continuing Medical Education for over 4,000 person-hours per year. Offerings include:
1. An annual Hawai‘i Health Workforce Summit for 500 providers to learn about changes in healthcare, avoidance of “practice burn out”, new advances in rural health, geriatrics and electronic health records;
2. Project ECHO, weekly remote telehealth sessions addressing endocrinology/diabetes, behavioral health, and geriatrics (monthly).

Recruitment of new physicians to Hawai‘i. Physicians have found employment in Hawai‘i based on job advertisements at www.ahec.hawaii.edu where all open positions in the state are advertised in collaboration with the Hawai‘i Physician Recruiters group.

Support for activities to recruit students into health careers such as those at www.ahec.hawaii.edu.

Support for state efforts to get expanded federal designations of Health Professions Shortage Areas.

Support for 13 physicians to receive loan repayment for working in underserved areas.

Support for the Hawai‘i Ho‘okipa Program, a welcoming program for newly arriving providers to get them integrated into the community where they work.

Support training for medical students in rural areas.

Creation of a Rural Health Coordinator at University of Hawai‘i that will work with all health students working in rural areas to increase opportunities and track the impact of the rural training programs.

Medical malpractice reform education (2013).

Continuation of the Physician Workforce Assessment program will cost the physicians of Hawai‘i $60 every other year and will allow for continuation of the above activities as well as capacity to act rapidly when new ideas for solving the physician shortage are identified. Thank you for this opportunity to provide testimony.