



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health
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by

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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.