



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

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House Committee on Finance
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By

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HB 1447 HD1 – RELATING TO PALLIATIVE CARE

Chair Luke, Vice Chair Cullen, and members of the committee:

Thank you for the opportunity to provide testimony in support of HB 1447 HD1 which would establish a culturally competent palliative care pilot program that is aimed to ultimately increase the utilization of palliative care in Hawai'i for our citizens who suffer from life-threatening illness.

At the University of Hawai'i John A. Burns School Of Medicine (JABSOM), we strive to teach and train high-quality physicians, biomedical scientists, and allied health workers for Hawai'i and the Pacific by providing an opportunity for a medical education previously unavailable to residents of Hawai'i and other Pacific nations. Core to our mission of training the next generation of doctors for Hawai'i is to do so with respect for diversity and for conducting training and delivering care with integrity and intent to eliminate health disparities faced by many of our Hawai'i residents throughout the State. These health disparities include timely receipt of palliative care services.

JABSOM was the fourth medical school in the country to establish a Department of Geriatric Medicine. Within the department is a Division of Palliative Medicine. JABSOM's curriculum for all medical students includes required training in geriatrics and palliative care, as well as delivering that care as part of an interprofessional team. Similarly, JABSOM residents and fellows in geriatric medicine, internal medicine, family medicine and pediatrics also receive extensive training in palliative care as this is critical to reduce the physical and emotional suffering faced by patients and families when a loved one is diagnosed with a life-threatening illness. The collective clinical experiences of JABSOM faculty and residents/fellows who promote and/or provide palliative care services are consistent with the numerous studies cited in HB 1447 – that palliative care services are woefully underutilized, that there is confusion between palliative care and

hospice and that, when patients are finally enrolled, they are only able to benefit from services for less than 2 months.

We fully support this bill and are happy to participate by designating a representative to participate in administration of the program with the Department of Health and others, as well as to continue to support public and healthcare professional education about end-of-life conversations and options, palliative care and hospice, and this pilot program. Many of our JABSOM faculty have developed culturally competent curricula in end-of-life care and are happy to continue collaborating with others to strengthen the curricula and their long-term impact for patients and families.

Mahalo for the opportunity to testify on this matter.