



UNIVERSITY OF HAWAI'I SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Finance
March 3, 2009, 3:00 p.m.

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HB 0343, HD1 RELATING TO RURAL PRIMARY HEALTH CARE TRAINING

Chair Marcus Oshiro, Vice Chair Marilyn Lee, and members of the House Committee on Finance, thank you for the opportunity to testify today. The University of Hawai'i at Mānoa, John A. Burns School of Medicine wishes to convey its strong support for the intent of HB 343, HD1 provided it does not adversely affect our UH priorities as set in our budget request, most notably in health and safety and repairs and maintenance issues. Addressing these urgent needs is critical to our ability to perform our core mission for the State of Hawai'i. We recognize that you have many priorities and issues to weigh for the state, and certainly one of these is the critical shortage of medical care on our Neighbor Islands.

Recent evaluations of workforce need demonstrate that the big island of Hawai'i is currently SHORT 18 primary care physicians based upon current population and health care demands. Equally important is that on the Big Island, 55% of the present primary care physicians are in or close to retiring age.

The scope and intent to develop the rural primary care workforce pipeline remains critically important to the state. If funded, this bill is likely to improve short and long term primary care access in rural areas by training medical students and residents in areas of need.

This bill will allow the medical school to develop a clinical "footprint" on the neighbor islands leading to opportunities for improved access to specialty services.

This measure will allow collaborative interdisciplinary training including nursing, nurse practitioners, pharmacists, and other allied health professionals.

The placement of faculty physicians in neighbor island settings is likely to act as an economic stimulus to both the local hospitals and the surrounding communities. Research has found that each new physician generates an annual \$1,000,000 downstream benefit to the community from hiring staff and opening a practice site.

The needs on the Big Island will not be fully met until we can establish a sustainable post-graduate educational program there as part of the medical school's educational portfolio.

Establishment of such a program is dependent upon initial state investment in educators and (post-medical school, graduate medical school) resident salaries. Once established, generally in 3-4 years, the clinical activity of the faculty and resident practitioners should sustain the majority of the practice and most educational expense. Given such a resident education program, additional medical student education can take place on the Big Island.

These experiences will enhance general medical student interest in neighbor island practice by demonstrating the value of connecting with smaller neighbor island communities in Hawai'i. As demonstrated on the mainland, this exposure to practice outside of the larger urban communities leads to career and practice site choices favoring the neighbor islands by medical students.

Thank you for the opportunity to testify, we appreciate all interest in the University, and want to emphasize that we will be able to perform better in all arenas and best serve the state with support of the current campus priorities approved by the Board of Regents.