



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

**Written Testimony Presented Before the
Senate Committee on Higher Education
And
Senate Committee on Health**

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By

Jerris Hedges, M.D., M.S. MMM

Dean

and

Kelley Withey, M.D., Ph.D.

Interim Director

John A. Burns School of Medicine

University of Hawai'i at Mānoa

SB 43 RELATING TO PHYSICIAN WORKFORCE ASSESSMENT

Chair Tokuda, Chair Ige and members of the Committees:

Thank you for the opportunity to testify today. The John A. Burns School of Medicine supports the intent of the bill provided it does not adversely affect our University of Hawai'i 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, so the following substantive information on this program is provided to assist you in your decision-making process.

In Hawai'i, no organization collects information regarding where physicians work. Our Department of Commerce and Consumer Affairs does an excellent job of collecting mailing addresses and information on physician competence, however currently does not collect demographic information, work location information, services provided or future practice plans (i.e. retirement). As a result, nobody knows how many physicians are actually practicing medicine in Hawai'i, or what services are available in which communities. As an example, there are almost 8,000 physicians licensed in Hawai'i, but less than half are actually practicing. We hear anecdotal reports of shortages almost daily, but we don't have hard numbers of who, what, and where. We must quantify the supply of services in each part of Hawai'i and match this to

the demand for services. In this way we can determine where the services are lacking and we can work to meet these unmet needs in an organized and cost efficient manner.

The most effective way to collect the necessary data is to contact the physicians directly. Surveys sent out have a low response rate. Phone calls are very expensive. More than half the states in the US use an expanded licensure survey to collect this information. Therefore, the easiest and least expensive way to do this is ask the physicians for this information when they relicense every two years. Every physician who provides care to patients in Hawai'i must be licensed. Therefore, if we expand the questions asked at relicensure, we will be able to have up-to-date information on all practicing physicians every two years. With this, we can work to place physicians in the areas and specialties of need, and we can assess the success of intervention programs such as loan repayment and scholarships.

The costs of this will be minimal to tax payers, with physicians who license paying a small fee for the collection and analysis of this information. The fee described in the legislative language (an additional \$30/yr which puts the total cost at \$150/yr) maintains the cost of physician licensure well below the US average of \$205 per year. This funding will be used for data collection and analysis, as well as development of interventions to improve distribution of the physician workforce in Hawai'i.

Thank you for this opportunity to be heard.