
A BILL FOR AN ACT

RELATING TO RURAL PRIMARY HEALTHCARE AND WORKFORCE DEVELOPMENT
IN THE SHORT-TERM.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that, aside from Oahu,
2 most of the State is federally designated as Medically
3 Underserved Areas, Medically Underserved Populations, or Health
4 Professions Shortage Areas. Physicians are choosing to relocate
5 out of rural areas and Hawaii. There is an urgent need to
6 provide high quality primary care services to already
7 underserved populations with disparate health indicators.
8 Maternal and child health risk, cardiovascular risk, and socio-
9 economic risk are greatest in rural Hawaii. According to the
10 department of health's 1999 statistics, the top ten highest risk
11 areas are all located in rural communities. The need for
12 physicians in rural areas will only increase with the aging
13 population and projected population growth on the neighbor
14 islands.

15 National studies have demonstrated that substantial
16 residency training in rural areas increases placement and
17 retention of physicians in rural practices. Additionally,



1 adults with a primary care physician, rather than a specialist
2 as their personal physician, have been shown to have a thirty
3 three per cent lower cost of care and were nineteen per cent
4 less likely to die (after controlling for age, gender, income,
5 insurance, smoking, and many other health conditions).

6 There are approximately three thousand five hundred
7 licensed physicians in Hawaii, but some of these physicians are
8 not actively practicing in Hawaii. Forty-two per cent of these
9 physicians are primary care physicians but most of these
10 physicians are clustered around Honolulu. Currently, there are
11 one hundred ten family physicians working on the neighbor
12 islands and many of their practices are not accepting new
13 patients because of very high demand or insurance
14 considerations, or both.

15 Currently, the University of Hawaii John A. Burns school of
16 medicine (UH JABSOM) family medicine residency program (FMRP)
17 conducts the only civilian FMRP in the State. This program's
18 mission is to provide well-trained primary care doctors to meet
19 the needs of rural and underserved areas of Hawaii and over
20 eighty per cent of its graduates meet this mission. Family
21 medicine is the only discipline that provides primary medical
22 care to the entire life span - caring for children, adults, and



1 the elderly - in the outpatient, inpatient, and long-term care
2 settings. The scope of services for a well-trained family
3 physician also includes maternity care, women's health, and
4 mental health care in the outpatient settings. Family medicine
5 also emphasizes using a systems-based and interdisciplinary team
6 approach to health care. The UH JABSOM FMRP has an outstanding
7 accreditation, a solid curriculum, a diverse faculty, and
8 academically strong residents. The precarious financial
9 situation at Wahiawa general hospital, the primary sponsoring
10 hospital in the area has the potential to further disrupt
11 clinical services in Central and Northern Oahu. An interruption
12 of the residency program on Oahu would end the development of a
13 rural training track in Hilo and further deplete the primary
14 care workforce, resulting in diminished health care access in
15 the State.

16 The residency training curriculum for family medicine
17 emphasizes continuity of care across the different health care
18 settings during the three-year residency-training period.
19 Residents care for a panel of patients and their families and
20 also provide education and outreach in local high schools and at
21 community events. The curriculum also emphasizes delivery of
22 culturally appropriate, cost effective, community-based care.



1 Resident and faculty research projects examine health
2 disparities and develop curricula or propose enhancements to
3 existing systems to ultimately reduce those disparities.

4 The current base FMRP at UH JABSOM trains eighteen
5 residents in a program that trains six residents per year for
6 three years. Wahiawa general hospital supports the salaries of
7 eighteen residents but receives Graduate Medical Education (GME)
8 funding from the Centers for Medicare and Medicaid Services
9 (CMS) for only fourteen residents. The salary shortfall adds to
10 the financial strain on Wahiawa general hospital. Of the three
11 years of training, two months are presently spent in Hilo where
12 residents rotate among private physician offices, emergency
13 departments, and provide outreach and education to the
14 community. This CMS-funded demonstration project and resident
15 rotation started in Hilo in January 2006. In a "rural training
16 track," residents do the bulk of their tertiary and specialty
17 training in their first year at the base program on Oahu, then
18 physically relocate to the rural site for the remaining two
19 years of training. To realize a full rural residency track in
20 Hilo, a full-time Hilo-based faculty is required to work in
21 close conjunction with the Oahu based residency program to
22 develop the Hawaii island family medicine rural training track.



1 When the family medicine rural training track is fully
2 developed on the island of Hawaii, there will be eight residents
3 living and working on the island that include rotations to other
4 neighbor island sites. The first graduates would enter practice
5 in 2011. The aim is to replicate a rural training track on
6 Kauai once the Hawaii Island model is successfully implemented.
7 While in training, residents will have approximately six
8 thousand patient encounters over their two years of training.
9 By partnering with community organizations, community health
10 centers, and other health professions training programs to
11 conduct residency training, the impact on the health of the
12 neighbor island population is anticipated to be substantial.

13 Residency training programs tend to provide care to those
14 with limited or no access to health care. Community medicine
15 and community based participatory research will be a major focus
16 of the curriculum so that residents can begin to collaborate
17 with communities to address priority issues while they are in
18 training. With an interdisciplinary approach to caring for
19 medically or socially complex families, or both, more cost
20 effective and culturally appropriate care can be anticipated.
21 This expanded statewide model of family medicine rural training
22 aims to double the number of family medicine graduates



1 practicing in rural and underserved areas in the State in the
2 next ten years. Perhaps more importantly, it is anticipated
3 that many of these physicians will be "homegrown" since an
4 increasing number of JABSOM medical students are from the
5 neighbor islands and many of them choose family medicine as a
6 specialty.

7 To attain a successful model of family medicine training to
8 meet the health workforce needs of the State, the base program
9 on Oahu must be stabilized. If not, the present Hilo
10 initiative, which is the springboard for the larger family
11 medicine rural training initiative, will die. In addition to
12 supporting four "unfunded" resident positions, Wahiawa general
13 hospital also funds approximately two and nine-tenths full-time
14 equivalent (2.9 FTE) faculty salaries to operate the residency
15 program that consists of inpatient and outpatient care and
16 teaching. To maintain the present excellent level of training
17 of residents and medical students, eight full-time equivalent (8
18 FTE) faculty members are required. If financial support from
19 Wahiawa general hospital cease, clinical services will
20 drastically decrease, and education of future physicians will
21 also be severely impacted.



1 The purpose of this Act is to appropriate funds in the
2 short-term to:

- 3 (1) Stabilize the FMRP on Oahu for the next two years
- 4 while further program transition is occurring; and
- 5 (2) Provide short-term financial support to begin
- 6 development of the Hawaii island family medicine rural
- 7 training track that will expand the opportunities for
- 8 family physician training in the State.

9 Additional legislation is being requested to support development
10 of the larger family medicine rural training initiative which
11 will be more sustainable in the long-term. It should be noted
12 that states such as Texas and Washington presently fund portions
13 of their family medicine residency programs through legislative
14 line items to guarantee a sustainable primary care physician
15 workforce.

16 Funding of \$150,000 for fiscal year 2007-2008, and \$150,000
17 for fiscal year 2008-2009, is being requested directly for the
18 Hawaii Residency Programs, Inc., for two resident positions per
19 year for the next two years.

20 Funding of \$360,000 for fiscal year 2007-2008, and \$360,000
21 for fiscal year 2008-2009, is being requested directly for the
22 university clinical, educational and research associates, which



1 is the faculty practice plan of UH JABSOM to secure two and
 2 nine-tenths full-time equivalent (2.9 FTE) faculty positions for
 3 two years. Additionally, funding of \$150,000 is requested for
 4 one full-time equivalent (1.0 FTE) faculty member, based in
 5 Hilo, to work with the Oahu-based faculty in developing a full
 6 family medicine rural training track. In the second year,
 7 funding of \$225,000 is requested in anticipation that one and
 8 one half full-time equivalent (1.5 FTE) faculty members will be
 9 needed to support the increase in clinical volume and academic
 10 responsibilities.

11 SECTION 2. There is appropriated out of the general
 12 revenues of the State of Hawaii the sum of \$, or so
 13 much thereof as may be necessary for the fiscal year 2007-2008,
 14 and the sum of \$, or so much thereof as may be
 15 necessary for fiscal year 2008-2009, to stabilize the University
 16 of Hawaii John A. Burns school of medicine department of family
 17 medicine and community health rural primary health care services
 18 on Oahu and expand workforce development to the island of
 19 Hawaii.

20 The sums appropriated shall be expended by the department
 21 of health for the purposes of this Act.

22 SECTION 3. This Act shall take effect on July 1, 2007.



Report Title:

Family Medicine Rural Training Initiative; Healthcare Workforce;
Physician Training

Description:

Stabilizes the family medicine residency program and access to primary care services in central and northern Oahu for the next two years while further program transition is occurring; develops the Hawaii island family medicine rural training track, which expands the number of family physicians training in the State; and appropriates funds. Effective date 7/1/2007. (SD1)

