

Hawaii Physician Workforce Summit (6/29/2010): Support Workgroup Summary

The **Support Workgroup** discussed ideas that would help retain physicians in Hawaii. Nine items were discussed, and the top three that the group felt to be most urgent to address are listed below. There was significant overlap with the findings of the Supply Group:

1. Passage of a tort reform statute
2. Free up physician time by simplifying non-clinical, administrative processes.
3. Create and implement incentives for more doctors to practice on the neighbor islands.

Group discussion of the top three solutions is described below:

Tort Reform

The group felt strongly that tort reform is essential for physician retention, as the high cost of medical malpractice insurance is causing clinics to shut down. Moreover, defensive medicine has the potential to determine a doctor's practice, ie accepting ER patients. It's difficult at times to get a physician to see a new referral because of liability fears, particularly hospitalized patients. The tort liability system is also a cost driver for many industries, not just healthcare.

Plaintiff lawyers may see themselves as advocating for their clients, but the present system doesn't work. The group felt that we have to find a way to provide reasonable compensation without the mega-judgments sometimes awarded at trial. One example mentioned might be a no-fault system that the Deans of the UH Law and Medical Schools are discussing. Community health centers are covered by the Federal Tort Claims Act; perhaps something similar could be developed for all physicians. And physician experts may have to volunteer time to help make the system work.

Administrative Simplification

The group felt that physicians spend an inordinate amount of time on non-clinical, administrative activities, such as the billing process, dealing with multiple formularies for pharmaceuticals, and complying with idiosyncratic insurance procedures, such as obtaining preauthorizations. They saw this as a poor way to utilize physician time, and, over time, these cumbersome processes become a significant cause for dissatisfaction with medical practice. Simplification would aid healthcare by facilitating needed tests and referrals.

Several ideas were proposed to simplify billing: standardizing forms; standardizing processes, ie prior authorization procedures. An example offered was from Ohio where they have a dedicated phone line for physicians for this; all insurers must use one clearing house to adjudicate complaints and appeals.

Pharmacy formulary: having a single statewide formulary would get rid of many logistical problems doctors and patients face, but insurance companies have to have an incentive to support a formulary determination process. There may be negative repercussions on the pharmaceutical industry, and these should be minimized. Ultimately, a single-payer system may be needed for true simplification.

Rural Incentives:

Incentives are needed to increase practice in rural areas, as it is difficult to recruit physicians to rural areas, such as our neighbor islands. It was noted that 12-15 yrs. ago commercial insurance companies gave a 10% reimbursement differential to primary care physicians and shortage specialists. Many in the group feel that providing financial incentives is the most effective strategy; this could take the form of a reimbursement differential or perhaps in more creative ways, such as subsidizing medical malpractice insurance.

Those familiar with the OB situation stated that newly trained physicians, in general, don't feel competent practicing in rural communities. To address these concerns, the group proposed that residents (physicians in training) who are considering a career on the neighbor islands should receive a more generalist skill set, so they can provide broad, across-the-board care. The group acknowledges that this may require a major change in the way physicians are trained and it may even increase the length of training.

New physicians are also concerned that because there may not be a "critical mass" of physicians in the community, so they will have to be on call every night. The group suggested that integrating a new doctor into a neighbor island community socially and professionally is important, and Kauai, with a stable, well-organized multi-specialty group, could act as a model for other neighbor island regions, as it provides peer support, call coverage, and consultations. The group felt that a regional medical care system, where there is a social connection between the physicians, might be the most appropriate way to solve many problems.