

Statement of The Hospital & Healthsystem Association of Pennsylvania

Before Senate Public Health and Welfare Committee

Presented by
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Upland, PA

Tuesday, April 15, 2008

Chairman Erickson and members of the Committee, I am James M. Redmond, Senior Vice President, Legislative Services, of The Hospital & Healthsystem Association of Pennsylvania (HAP). HAP represents and advocates for the more than 250 acute and specialty care hospitals and health systems in the commonwealth, as well as for the patients and communities they serve. I appreciate the invitation to present the hospital community's views on health clinics which provide care for low income and uninsured Pennsylvanians.

Our testimony will examine the following issues:

- Access to medical care.
- The role of hospital clinics.
- What needs to be done—The need to strengthen our primary care clinics.

Access to Medical Care

Pennsylvania faces the potential for a significant shortage of physicians. Studies demonstrate that Pennsylvania needs to take steps to ensure an adequate supply of physicians. Physician workforce levels in Pennsylvania are not nearly sufficient to meet the increase in demand for physician services that will result from our aging population. The fact that there is evidence that the nation faces a shortage makes the challenge for Pennsylvania even greater.

The Association of American Medical Colleges (AAMC) issued a state-specific report examining physician workforce. Some interesting facts about Pennsylvania were:

- Only 42.1 percent of the active physicians who completed their graduate medical education in the state remain practicing in the state, ranking Pennsylvania 33 of the 50 states. Surrounding states, such as New York, Ohio, and New Jersey, ranked higher.
- One of every five physicians in active practice is under the age of 40, and almost one of every four physicians in active practice is over the age of 60 years.
- Pennsylvania ranks fifth in the number of medical school students per population.
- Pennsylvania ranks fourth in the number of physicians in accredited residencies and fellowships per 100,000 population.

The Pennsylvania Department of Health Special Report on the Characteristics of the Physician and Physician Assistant Population in Pennsylvania is based on questions physicians must answer to obtain license renewal. The response rate is more than 96 percent. Key findings from the survey were:

- The number of physicians engaged in direct patient care fell from 26,328 to 24,696, a decline of 6.2 percent.
- The average age of physicians engaged in direct patient care is 49.3 years of age, up from 48.7 during 2004.
- The percentage of physicians employed by acute care facilities, including hospitals, increased from 45.6 percent during 2004 to 47.5 percent during 2006.
- The number of physicians between the ages of 30 and 49 who did not renew their licenses during 2004 was 2,066. During 2006, that number rose to 2,129.
- A number of primary self-designated specialists engaged in direct patient care in Pennsylvania decreased between 2004 and 2006:
 - Obstetrics/Gynecology specialists dropped from 1,232 to 1,096.
 - Orthopedic Surgery specialists dropped from 853 to 743.
 - Cardiology specialists dropped from 1,042 to 876.
 - Oncology specialists dropped from 1,042 to 502.
 - Emergency Medicine specialists dropped from 1,343 to 1,238.
 - Nuclear Medicine specialists dropped from 106 to 68.
 - Internal Medicine specialists dropped from 3,226 to 3,068.

This shortage has already placed tremendous strain on our health care delivery system. Most noteworthy is the dramatic rise in hospital emergency department visits. Hospital emergency departments are the place of last resort for seeking medical care.

Hospital Health Clinics

In responding to community need, hospitals throughout Pennsylvania have operated health clinics. These facilities are more than a place. They are a medical home that emphasizes a partnership among the patient, physician, nurses, and clinic staff. These health clinics become the place (or home) where patients are known, recognized, and supported; where they find a centralized base for medical care and connection to other medical and supportive community services.

Many health clinics embrace this comprehensive approach to health care and share a commitment to the community and ensuring quality care for the underserved. These clinics recognize the following:

- Too many low-income families lack a connection to a primary care physician or medical home.
- Emergency Department care is costly, episodic, and not equipped to provide patient followup.
- Access to primary care during non-traditional office hours is too limited.
- Health care needs to begin with increased prevention and wellness services.
- Low-income families face multiple challenges and need a holistic, community-based approach to effectively improve health care access and outcomes.

Pennsylvania's health clinics provide needed primary and preventive health care for historically underserved people who reside in medically underserved communities. Health clinics provide high-quality and cost-effective health care regardless of patients' insurance status or ability to pay. Health clinics generate substantial benefits for patients, communities, and private funders, as well as state and local governments. Health clinics help to reduce the use of costly hospital emergency visits, and avoidable hospital admissions.

What Needs to be Done?

To ensure access to medical care for thousands of low-income and uninsured Pennsylvanians, we must strengthen our health care delivery system which could be achieved by implementing the following:

- Provide public and private financial support of health clinics.
- Retire the Mcare fund and its unfunded liabilities—Extend Mcare abatement and retire the Mcare fund. New physicians should not have to be burdened with the possibility of paying the unfunded liabilities of the Mcare fund.
- Expand loan forgiveness programs—Many new physicians face thousands of dollars in student loan debt. Pennsylvania should provide incentives for new physicians to remain in Pennsylvania by providing a loan forgiveness program.
- Make Pennsylvania “physician-friendly”—Recruitment of new physicians is going to require a coordinated effort by hospitals, physician organizations, health insurers, and the commonwealth to ensure Pennsylvania has an adequate supply of physicians for the future and to promote the state as an attractive employment option for physicians.
- Make Pennsylvania a leader among states in the delivery of high-quality health care services through the use of health information technology—New physicians want to be able to use health information technology, such as electronic medical records and computerized order entry systems, to make the delivery of medical care more efficient and safer.

Conclusion

In cities and towns throughout Pennsylvania, hospitals are the cornerstone of the health care delivery system. Hospitals are there when Pennsylvanians give birth or die, are injured, or live with a chronic illness. Hospitals respond to the health care challenges in their communities. Hospitals provide care to the rich and poor, the well-insured and the uninsured.

Thank you for this opportunity to testify and to provide the hospital perspective on this issue. I welcome your questions.

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