

SHPDA Advisory Councils

The Governor appoints members to serve on the Statewide Health Coordinating Council (SHCC) and the Subarea Health Planning Councils (SAC). The appointees serve for four-year terms. Appointees may serve a maximum of two consecutive terms.

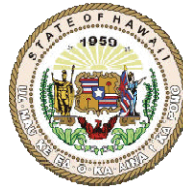
The SHCC is a twenty-one member panel which serves as an advisory council to SHPDA. Duties include reviewing CON applications, selecting CON review panel members, and preparing the HSFP.

Duties of the SACs include reviewing CON applications as well as making recommendations related to health planning for the geographical subarea they serve.

There are six SACs: Hawai'i County SAC, Kaua'i County SAC, Tri-Isle SAC (Maui, Moloka'i, and Lana'i), Honolulu SAC, Windward O'ahu SAC, and West O'ahu SAC.

If you are interested in serving on the SHCC or SAC, please complete an application on the Governor's Boards and Commission website:

<http://hawaii.gov/gov/about/boards-commissions.html>



David Y. Ige, Governor

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www.shpda.org

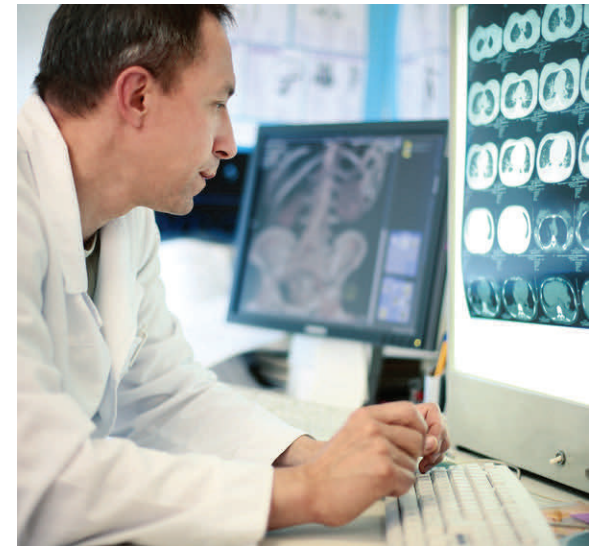
NON-DISCRIMINATION STATEMENT

We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. If you have a concern, write or call the Hawai'i State Health Planning and Development Agency or the Department of Health Affirmative Action Officer at P.O. Box 3378, Honolulu, HI 96801-3378, or call 586-4614 (voice/TTY) within 180 days of a problem.

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Hawai'i State Health Planning and Development Agency

SHPDA



..... promoting accessibility for all the people of the State to quality health care services at reasonable cost.

Purpose & Functions

SHPDA promotes accessibility to quality health care services at reasonable cost.

SHPDA's functions are to:

1. Administer the State's Certificate-of-Need (CON) program.
2. Serve as staff in the preparation and revision of the State's Health Services and Facilities Plan (HSFP) as well as implement the HSFP.
3. Conduct studies and investigations regarding the causes of health care costs.
4. Promote the sharing of facilities or services by health care providers to achieve economies of scale and restrict unusual costly services.
5. Conduct coordinated health planning activities and determine health needs of the State.

State Health Services and Facilities Plan

The HSFP is a guiding document for both the CON process and health care services planning in Hawai'i. It addresses the health care needs of the State, including inpatient care, health care facilities, and special needs. The plan depicts the most economical and efficient system of care commensurate with adequate quality of care and includes standards for utilization of health care facilities and major medical equipment.

Certificate-of-Need Review

A certificate-of-need is required to construct, expand, eliminate, initiate or modify a health care facility or services in the State of Hawai'i. Applications for CON review must address six categories:

1. The relationship of the proposal to the HSFP.
2. Need and accessibility of the proposal.
3. Quality of service/care that is proposed.
4. Cost and financial impact of the proposal.
5. Relationship of the proposal to the existing health care system.
6. The availability of resources for the provision of services proposed.

For more detail, the CON criteria checklist and a flowchart of the CON application process for review are at www.shpda.org.

Administrator's Reports, CON Applications and Decisions

The monthly Administrator's report provides the latest update on CON applications, decisions, and SHPDA's activities or events. To view or download copies of these and other SHPDA publications, please visit www.shpda.org.

Health Care Services Utilization Report

SHPDA collects healthcare services utilization data from providers across the State and produces an annual Utilization Report. The report is used as a tool to assess health care services utilization, trends, needs, and costs by CON applicants, providers, healthcare market analysts, economists, researchers, etc.

The Utilization Report includes data such as:

- ◇ Hospitals' inpatient bed capacities.
- ◇ Current number of nursing home facilities and beds.
- ◇ Average length of stay, occupancy rates, and average daily census.
- ◇ Total number of procedures for computed tomography (CT), magnetic resonance imaging (MRI), radiation therapy, and cardiac catheterization.