TRANSCRIPTION FOR

TRANSITION OF THE OAHU REGIONAL HEALTH CARE SYSTEM INTO THE DOH

TUESDAY, NOVEMBER 9, 2021

11:00 A.M. TO 11:52 A.M.

VIA ZOOM

>>Dr. CHAR:

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My name is Libby Char, the Director of Health. Thanks for joining us today. I’d like to call the meeting to order.

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Also wanted to just thank everybody for the time spent. I know that our consultants from RGP have been reaching out to you and some of your staff and having long conversations and trying to really get a better sense of all the

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pieces that are involved in the timelines and the details and what exactly needs to be done. So, thank you very much because that's really really key to making this a successful project.

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With that, I'd like to get started. Get the next slide please.

>>SEAN SANADA:

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Good morning everyone. Sean Sanada with Oahu region here. So, for those of you who have fully read Act 212,

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this whole committee is created, this whole working group is created through section nine of Act 212. And in that act, it does create what's called a working group, which is a smaller,

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set of people. Whereas there's the consultative working group which is the small group and this group at large. Because of the confusion in the language of the statute where it says working group and consultative working group, we decided to call the small working group a steering committee.

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So in order to effectuate what we need to do as the members of the steering committee, we do have to proceed with a motion, just as a formality.

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So the working group members are comprised.

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What the decision is, it's actually a little bit more complicated than that. There's a working group members and a decision making working group members.

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So the ones that are making the decision here by statute would be Dr. Char, Derek Akiyoshi, myself, and Marian Tsuji from the Department of Health. But the larger part of the steering committee working group would be also comprised of Heather Ching-Manzano, Janis Morita,

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Steve Sakamoto, and Mike Hamamoto. Mike is with the Oahu region. The other three are with the Department of Health.

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So that being said, this would be a vote for the working group members,

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in addition to the steering committee members. Hope I didn't confuse anyone, but here goes. I move for the establishment of the steering committee to be comprised of the Director of Health, the Deputy Director for Behavioral Health, the HHSC Oahu region

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Chief executive officer. Pursuant to Section 9(b)of Act 212, 2021 Hawaii Session laws, the steering committee members are authorized to investigate transfer activities to be implemented by the working group by making decisions, assisting the Director of Health and chair of the Oahu

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regional system board or designee to make final decisions, establishing and directing priorities for the working group, and eliminating obstructions on working group matters.

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The steering committee shall report its findings, decisions, approvals, priorities, and obstructions at the next duly noticed board meeting or working group meeting.

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Based on this motion, do I have a second from the working group.

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Please unmute yourself before you speak.

>>DR. CHAR:

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I’ll second it.

>>SEAN SANADA:

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All in favor say aye.

>>DR. CHAR, DEREK AKIYOSHI, MARIAN TSUJI, HEATHER CHING-MANZANO, JANIS MORITA, STEVE SAKAMOTO, MIKE HAMAMOTO:

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Aye. Aye. Aye.

>>SEAN SANADA:

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For the record, I heard seven ayes and I'm ayeing as well, so that would be a measure of motion passes.

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Okay, now that that logistical matter is taken care of, we can move on. Thanks everyone.

>>BRANDY CANNON:

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All right. This is Brandy Cannon, and I'll be helping facilitate this meeting today. The next topic on our agenda is project status updates. And so, first up we’ll have the finance, accounting and facilities work stream presentation, and the

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presenter will be Todd Okamoto.

>>TODD OKAMOTO:

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Good morning. I'm Todd Okamoto. I work with RGP. I think I introduced myself at the last meeting. My focus today will be on the finance, accounting and facilities as Brandy just mentioned.

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I guess to preface all this, it's kind of this area is sensitive to everything else that's going on, IT you could argue as well. Financially, though, there are a lot of moving parts.

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And with that I will get into what we have accomplished so far.

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Assessing that the interconnectedness of everything, and the financials. I have had recurring meetings with the Department of Health, and HHSC Oahu region. I did get in touch with corporate as well.

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We've gotten five years of the historical financials to get a sense of the current trajectory, which is kind of hard to gauge with the whole covid thing going on and any other disruptions that may have taken place during the time period.

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The fixed asset register as part of assessing what the organization has on hand to work with going into a carve out situation was also very helpful to get with the register.

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Other indicators of activity going on with the patient days.

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We received that as well as some discussions and guidance on whether or not we need a certificate of need, from the Department of Health, healthcare assurance.

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Facilities Management. We've also had meetings with the work stream leads to get an idea of what that whole transition will entail.

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I’ll kind of skim over this, these tasks to be completed. A lot of them are going to be covered in the timeline.

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The fixed asset inventory evaluation, the budgets, capital lease accounting, which is unique to government. At this point, payer contracts which will be in the revenue cycle area, as well as Medicaid.

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And again, the IT system has found its way into our finance and accounting with the point click care which is the medical record system that is currently being used and moving that to the Department of Health, which could get a little tricky.

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On top of that, the high-level estimates are in progress, but I'll talk about that more on the next slide. Next slide.

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Okay, so now I need to first

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just say straight forward with the digging into a lot of the workings of this, the timeline that we're looking at is really what can be done if we stick to a very strict framework, and there are no deviations. Everything goes to plan, which is optimistic.

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I would say that with things like the financials and coming up with the budget.

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That is, that can create a lot of a lot of complexities, so please take this with a grain of salt, if you will.

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So far, I'll get into the areas of this timeline. With the budget and finance, we will need according in accordance with the language of Act 212 a budget

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Five-year operating and 10-year capital by next month. And that is for the governor's approval eventually. In order to come up with a comprehensive budget, we’ll need to do a full assessment of everything that's going on. So far, we're getting an idea

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of how things are operating. But over the next year, we would project

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if everything’s in place.

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Our budget to be created by next September, ready for the biennium budgeting approval process in October, November.

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Going to accounting now. As I mentioned earlier, there's a change in accounting standards which requires us to go through all of the leases that are currently being held by

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HHSC Oahu region to determine changes in accounting that might affect valuations and whatnot. Fixed asset inventory evaluation. That will require us to physically go around and identify everything that is on both on HHSC’s books and not on HHSC’s books and bring everything into protocol with the State of Hawaii.

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So, reconciling all of the things that they would consider inventory things to be kept on record and on the balance sheet, if you will, versus things that are either there or not.

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Point click care interestingly, this is the first EMR system that I've seen with a GL system and accounts payable system on it.

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Migrating that to whatever the Department of Health standard is, is another

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cumbersome undertaking as I’ve experienced with

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making sure that all your vendors are lined up, all the vendors can be paid timely and that all the information is accurate to both the satisfaction of the Department of Health, and the operations at HHSC Oahu region

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so that payments to vendors are not disrupted.

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On the revenue income side, the cash in. This is also something that is pretty tricky with a lot of the caveats with the whole payment systems in healthcare, I would say collectively. RCM on revenue cycle that means revenue cycle management.

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So the transition of all of that, those processes from point click care and corporate HHSC, those needs to be probably transitioned over to the State, so that the cash incoming is not disrupted.

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Those and other revenue cycle processes, we would expect in a undisrupted scenario to be possibly completed by December. That is extremely important for purposes of keeping operations going and cash flowing. The cash coming in to remain sustainable

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and in acceptable shape for our vendors and make sure that payroll is taken care of.

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As far as the facilities management,

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A&E is a firm that has been contracted to help with the current estimates for bringing the facility up to code and to look at potential projects that again would depend, would be heavily driven by whatever is accepted as the budget.

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There are a few other areas like the Maluhia facilities maintenance, repair and other negotiations that needs to take place.

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Legal transfers of the facilities in order for us to move forward. With that, I will pass it back to

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Brandy.

>>BRANDY CANNON:

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Thank you, Todd.

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All right.

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Our next presenter for compliance and legal is Michelle Kato.

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So Michelle if you could unmute yourself, and then take two to three minutes to kind of walk through the update on compliance and then major transition steps.

>>MICHELLE KATO:

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Morning everybody my name is Michelle Kato. I'm the Compliance and Risk Officer at Oahu region.

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So this morning we're going to go over the compliance

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timeline with you. So far I met with RGP. We had three meetings to discuss the compliance transition.

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So the work that was accomplished we identified that transition timeline and supports. We obtained the program descriptions and policies.

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We met with the HHSC corporate compliance officer Carol, and the Department of Health EEO officer Will. We requested for Department of Health

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compliance contacts.

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So the tasks that need to be completed, is we need to meet with the Department of Health compliance officer, DAGS Risk management,

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determine the transition timeline and support requirements.

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We need to obtain the Department of Health compliance program requirements and map to HHSC compliance program.

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We need to obtain Department of Health contacts and other departments that perform activities currently performed by HHSC compliance program.

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And last we need to refine the high level timeline and estimates for the transition costs and post transition support.

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So on the bottom you can see our transition timeline. There's seven items.

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So the first is just, we need the legislature approval of the transition, then we need to map the HHSC compliance program to the Department of Health compliance requirements. So estimate about three months for that.

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And any open compliance issues, we need to remediate that and that's just ongoing.

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Transition for compliance issues from HHSC. The system to Department of Health, we estimate about three months for that. The compliance work plan on the remaining two months of the year.

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And then transitioning the risk management insurance and responsibilities.

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first quarter of 2023, and then educate and train employees on the new compliance program will be the last month of the year and then throughout the year in 2023. Are there any questions?

>>BRANDY CANNON:

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Thank you, Michelle.

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We appreciate that update. Just a reminder, if anyone has questions, we'll take questions at the end and you can put your questions in the chat.

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Alright, our next work stream is human resources and unions, and we'll have Heather Ching-Manzano as the presenter.

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So Heather if you can unmute yourself.

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This slide is ready for you.

>>HEATHER CHING-MANZANO:

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Hi everyone, my name is Heather Ching-Manzano and I'm the Department of Health’s Human Resources Office representative.

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So far for Human Resources, the work that's been accomplished, we've held a planning meeting between the Department of Health and HHSC leadership on HR integration.

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We developed a high-level timeline. The HHSC has provided the DOH with a list of job titles, org charts, job descriptions, and cost specifications. We've also had a meeting with Andrew Garrett, the Deputy Director of the Department of Human Resources Development.

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We've submitted a request to the HHSC for all personnel data to be sent to the DOH and Department of Human Resources Development for impacted employees. With that, the task that still needs to be completed,

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we need to be informed of the decision about what the future organizational structure will look like. The DOH needs to analyze all the personnel data received from HHSC to start the implementation of the major transition steps outlined

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in the timeline below.

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And HHSC needs to send information regarding volume of workers, compensation claims to the Department of Human Resources Development, to enable development of high-level estimates on the transition costs and post-transition support.

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We've identified these major transition steps below.

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For the timeline, it'll take to transition all the employees over to the Department of Health. First off is the legislature approval on the transition approach and funding.

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Then the transitioning of employees, classification analysis and mapping. We've estimated about three months for that. We need to create new classifications as well as approval within the Department of Health. Personnel issues resolution and transitions,

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both estimated about eight month timeline.

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We have to resolve open issues with pay and benefits,

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enter transitioning employees into our systems, as well as educate and train the new employees. All of which we've estimated to go into 2023.

>>BRANDY CANNON:

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Thank you, Heather, for that update.

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And next I'll invite the UPW and HGEA representatives if you guys are here.

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If you have any comments related to the progress with the unions, we basically held initial meetings.

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We welcome you to make any comments at this point.

>>WES TUFAGA:

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Thank you, Brandy. Wes Tufaga with HGEA. I just want to thank you guys for the clarification and the timeline of things, the consultation with the union, and things like that so

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we'll be looking forward to that.

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Thank you.

>>BRANDY CANNON:

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Thank you.

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Alright, any comments from HGEA?.

>>WES TUFAGA:

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Well that was that was me.

>>BRANDY CANNON:

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Okay, okay. Sorry. Any comments from UPW?

>>MARIAN TSUJI:

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No.

>>BRANDY CANNON:

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Okay, thank you.

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Next up is Sean Sanada.

>>SEAN SANADA:

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Thanks Brandy. To echo what Wes mentioned both in this meeting as well as prior to this was that we do understand that any changes that will impact the employees working conditions, you know will be subject to consultation negotiation, whatever is appropriate under the circumstances.

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We do intend to honor that.

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And we do know that based on prior conversations, if you look through the major transition steps, that we do understand that the timeline is really ambitious. Because we do understand that, and we don't know right now exactly what will or may impact the

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employee working conditions, so as they arise, we will have to do the consultation process. So going through that process may take more time. It may add to this. And I think everyone already understand that when we look at all of these timeframe

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and the dates, it's all on the understanding that this is a best-case scenario. Assuming that there were no issues with any parties, and that the staff that were working on this could really be working on this full time. We understand that that's not really

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the case, but the only way that we could kind of create a timeline that sort of fits within the current existing language of Act 212. You know, making the transition actually happen end of 2022 was to kind of cram everything in here with ideal dates of

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completion. But the real expectation for us if we're going to do this right and do this correctly, you know, would be to take a more measured approach.

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Make sure that everyone's rights are protected and get this done, solid, even if it ultimately has to take more time better than doing a sour job in such a short crunch.

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So, just as long as everyone's aware of that. Just want to make that known. Thanks.

>>BRANDY CANNON:

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Thank you, Sean.

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Our next work stream is IT infrastructure and systems and I welcome Steve Sakamoto to unmute and he will be covering this slide.

>>STEVE SAKAMOTO:

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Morning everyone.

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So this is on the IT infrastructure and systems. Department of Health has held a couple of meetings with HHSC to discuss some of the needs and requirements. And in our discussions, there was over 60 application areas that we need to review.

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So we need to look at what the current state of the systems are and where we want to go, and, you know, the ownership of the systems.

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And as far as estimates on the transition needs and efforts, everything is you know very very preliminary since we've only had, you know, a couple meetings so we still need a lot more detail to be worked out.

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But we've identified that there needs to be you know whether systems will continue to be contracted, what the data and system migration flow will be like. Also how to go about the implementation of the systems.

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You know how much streaming would be required.

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The vehicles to be used for procurement, the costs that would be involved, and also staff time and resources to make all this happen.

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And so some sort of things, as I mentioned, we've done thus far is, you know, identifying what the structure, organizational structure would look like,

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prioritizing the applications that will need to transition.

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And then develop, you know some of the high-level estimates regarding costs and post transition support.

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Also, having HHSC do assessment on time and efforts on some of the application migrations. And then also having a detailed plan for implementation for phase two.

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Once everything is approved.

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And as far as the, the transition steps, know the first step is having the legislature approve the approach and also the funding. And funding is critical in the IT component because as many of you know, there’s been a supply chain delay in ordering

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equipment from, you know, regular computers to printers. But some of the more sophisticated networking equipment that we may need to establish connectivity such as routers and switches, has a significant backlog in ordering. So having the funding in

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place would be able to get a timely order and receiving the shipment of the equipment that we need to get everything functional.

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Of course, we need the approval of the transition plan and priorities and kind of coinciding with that, developing the application transition plan, and also implementation.

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We're looking at having simultaneous work being done to move the process along.

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Contracting, we need to look at what each application contract is how its structured and what we would need to do to move over the contract or establish a new contract.

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As far as migration, we need to look at, you know, data that needs to be migrated, what exactly needs to, you know, move over, then we need to, you know, set up a new system, and also do the training that would be required to have everyone be operational

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in the new environment.

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Since most of these systems are systems that they're currently using,

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there will be some changes in a few applications, I think. But overall, most of the systems that they will be using will be existing system so hopefully training

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Would not be too much of a burden.

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That's the kind of report for the IT infrastructure and systems. Thank you.

>>BRANDY CANNON:

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Thank you, Steve.

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Our next work stream is clinical operations. And this will be presented by Trisha Won and Vi Gonzales.

>>TRICIA WON:

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Hello everyone, I'm Tricia Won. I'm the Maluhia administrator.

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Okay so under the work accomplished, the administrators and the directors of nursing at each facility met with RGP regarding our clinical operations.

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So during our meetings, it was determined that there would be little to no changes for staffing unless we plan to add service lines. We currently use a core staffing model that was developed to cover our 24 hours staffing needs.

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We also don't anticipate many changes to our current clinical operations, our policies, procedures, certifications or licensing, as many of these are based on our regulatory requirements as a skilled nursing facility to participate in the CMS Medicare

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and Medicaid programs.

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If we move to our identified required licenses.

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These are all of our licenses that we currently hold. So the CMS CLIA, that's our laboratory license. DEA is our license for medication, controlled substances. OHCA is the Office of Healthcare Assurance. So that's our annual recertification that allows us

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to continue to participate in CMS Medicare and Medicaid. Radiation is for our dental X-ray equipment at Maluhia. We have our wastewater permits. Our medical directors are licensed physicians in the State of Hawaii. Pharmacist, we have a pharmacy vendor called

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Pharmerica. And our licensed pharmacists is through that vendor. And our nursing home administrators also need to carry licenses in the State of Hawaii. So, with the exception of the radiation license, which is every other year,

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all of the remaining licenses are renewed annually for our facilities.

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If we move over to the tasks to be completed.

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If we identify new service lines at our facilities, we’ll need to define our scope, identify our resource requirements. For example, if we take on behavioral health population, it may require additional security systems. Bariatric or ventilator type patients

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would require equipment, training, infrastructure changes. We would also need to identify additional licensing requirements and develop our financial projections.

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We're already going to begin to transition our existing policies and procedures, but if we establish new lines of service, then new policies and procedures would need to be developed for each new line of service.

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And the last bullet there on food service certification that actually belongs in the left side under the identified required licenses. So, both of our kitchens are considered high-risk institutional kitchens and the Department of Health visits annually

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to recertify them. For the major transition steps, the timeline there is straightforward, self-explanatory so I won't go into detail unless there are any questions.

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That's all I have. Thank you.

>>BRANDY CANNON:

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Thank you, Tricia.

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Alright.

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And next we have vendor transition and contracting workstreams update. And we have Scott Kawai

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as the presenter.

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Welcome you to unmute yourself.

>>SCOTT KAWAI:

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Hi my name is Scott Kawai and I manage Oahu region’s contracts.

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So, Oahu region has discussed with corporate, DOH, and RGP regarding our contracts transfer.

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There are approximately 200 regional and corporate vendor contracts that Oahu region is currently participating in.

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For the Oahu region issued contracts, as far as work accomplished, we've currently identified and compiled the key information points such as vendor name, description of services, contract end dates, termination provisions, method of solicitation.

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And these will all kind of assist us in the transition for the services under DOH. So, we've also, DOH has provided an overview for the transfer process, subject to 103D and 103F procurement rules for vendor services.

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This is applicable because Oahu region is currently exempt from 103D and 103F. So, there's going to have to have a transition of procurement, as well as services and contracts. HHSC has provided vendor spend information. HHSC legal team is currently reviewing

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and working with Vizient in regard to our GPO membership or Oahu region’s GPO membership and contracts that Oahu region is currently participating in.

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So Vizient is our main primary GPO for medical supplies and equipment including many housekeeping and maintenance products and equipment. So that's one of our main GPOs that we use, both as a region and as all the regions.

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So, we're trying to ideally, maintain usership of it. To move on to task to be completed;

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we need to further gather and compile information on HHSC corporate contracts. So we need to compile vendors, services, termination provisions, method of solicitation, as well as Oahu region's usage of the contracts and effects and our penalties to other

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regions with Oahu region’s withdrawal.

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We need to develop high-level cost estimates for the transition of contracts and agreements and post-transition support.

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This may include staffing costs for solicitation and procurement of these approximately 200 contracts.

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There may be reduced GPO savings for Oahu region and the other regions, based upon our termination or withdrawal from GPOs.

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There may be termination fees for various contracts, etc.

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We also have to develop options for Oahu region to ideally have access to the Vizient GPO. This may be having Oahu region’s purchasing power included in the GPO agreement and HHSC invoicing DOH for usage, or

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some type of innovation or innovative creation or revision of the current contract.

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But this needs to be further investigated.

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We need to develop a separation or transfer terms for a majority of the HHSC corporate contracts or possible continuation of access, where applicable, such as Vizient.

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Also have to coordinate with DOH on any redundant services that DOH currently already has. This may include like legal services or compliance services.

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IT services. These are all as far as the other slides go, there needs to be coordination because Oahu region currently has contracts for all of these.

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And we need to kind of determine what is redundant and what we what needs to be transferred over.

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We need to identify any changes resulting from Oahu region’s removal from the various corporate contracts and as I discussed previously.

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So, as far as the major transition steps

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for the beginning of 2022, we're going to continue reviewing the approximately 200 contracts to determine which contracts need to be transitioned or replaced or terminated.

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And once we've completely identified those or concurrently, we will be needing to actually transition these contracts. So, as far as the second line item for the Oahu region and corporate contracts that need

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to be transition complete contracting process.

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This ideally would run into the,

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I'm sorry I thought we revised this slide, but we approximated, that the transition of our complete contracting process would be ideally completed in the first quarter of 2023.

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And for the third line item for the Oahu region and corporate contracts that can’t be transition complete solicitation and contracting process and pending allowability of transferring contracts to DOH, this most likely would run into the third quarter of 2023.

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So this slide should have been revised, but there needs to be extra time for solicitating

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any contracts that need to be re-solicited for DOH. Because DOH and Oahu region have different procurement rules and regulations. So this has to be kind of worked out as far as how we're going to transition services without any loss of service.

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But the procurement methods are actually different.

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But in any case, that's our projected timeline.

>>BRANDY CANNON:

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Thank you, Scott.

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Thanks for the update.

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And next we'll have a review of the best-case scenario timeline for the transition to DOH by Mikhail Gorbatenko.

>>MIKHAIL GORBATENKO:

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Good morning everybody and thank you, Brandy.

What we've done on this slide, we've put together a summary of our work streams projected timelines, and so it will be a one pictorial representation of what we're looking for.

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Allow me to explain what you see in the picture.

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So, in the end of 2021, which is where we are right now, November, December, our focus as a team, is to those for the remaining month and a half, working on updating our timelines, making it more realistic as we discover more information for our

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work efforts. On top of that, one of the big key accomplishments will be we start working on developing a cost estimates, how much it may take to accomplish the transition.

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And if you think about cost estimates, it typically fall into two categories. One would be the cost of the transition. So, if our works team required other additional resources, be the people, consultants, subject matter experts in a particular area or

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is the cost associated with in vendors like IT vendors or revenue cycle vendors to update their system to accommodate for new legal entity and all new potential MPIs and other numbers for billing purposes and collection purposes.

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So, that is, we will do our best to estimate the transition costs, which is people and the potential vendor cost. After our transition is completed, we will work on estimating any additional costs. It may be associated with continuing operations.

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And if areas in the Department of Health like human resources, compliance, or legal or other will require adding resources, people, or contractors to continue to support operations with Oahu region as HHSC corporate build disengage.

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Once we put those estimates together on a scope timeline and the cost, we will provide it to the steering committee, and then working group.

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And our findings and the final report will go to the governor and the legislature. The legislature

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meets early next year in January all the way through May. We expect some time

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during those meetings, probably closer to May, and there will be decision made on the top of the transition and potential funding associated to support this transition.

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Once a decision is made,

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it will be a kind of a green light to start each workstream or teams to continue to provide better planning and start executing transition activities.

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And what you see in the blue bar graphs basically, as everybody mentioned, our best-case scenario of understanding what would it take to complete all the tasks or major milestones our works two meters were working through just a few minutes ago.

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We also understand that most of all of us individuals have a day-to-day responsibilities or day jobs, and to add transition activities, it will be an additional, ask of those teams of those departments, and will require either reprioritization, or some kind

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of additional changes, item resources to complete or execute those tasks. We also believe you can see in the end, those yellow extensions, named likely extension resource constraint, what we as an RDP team estimate based on our experience in a

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transitional likelihood of those best case and near to be extended beyond projected timelines into the future, based on the complexity and amount of work that needs to be completed.

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In the meantime, as you can see, we are looking into 2024 potentially 2025 to complete transition, based on all the tasks it had been outlined in the prior slides.

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So what we are looking at key considerations for immediate future we have one is, we still need to have a decision on the legal entity for Oahu region and our teams that can consider multiple options at this point. We need to understand

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the cost and the timeline better and our focus for the next few months to fine tune those estimates and submit them for approval. And also, we believe that the transitioning by 2022-22 as required by our original legislature is very much unrealistic

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and creates a lot of risk for service interactions or impacting other employees for patient. If we rushing into this transition. So, we would most likely will have to work with the legislature and ask for an extension to execute our transition thoughtfully

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and incorporate and minimize the risk of the disruption to the patients and employees.

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Brandy.

>>BRANDY CANNON:

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Thank you, Mikhail.

>>BRANDY CANNON:

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Our next topic is next steps. And so there's three main next steps that we’ll be focusing on. The first is updating allof the timelines for every work stream and really narrowing down the scope of what activities and responsibilities will be transitioned

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As Mikhail mentioned, completing the second thing is completing the cost estimate for what it will take to do the transition.

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And then the third activity would be completing the five-year operating budget and 10 year capital operating budget.

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And this is just a reminder that the transcript for this meeting will be posted on the State of Hawaii, Department of Health website.

>>SEAN SANADA:

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Can you go back to Mikhail’s slide?

>>BRANDY CANNON:

Sure.

>>SEAN SANADA:

Okay, I just want to clarify one thing so there's no confusion. If you look at the first yellow box in the beginning of 2022, I just want everyone to keep in mind that this isn't the only thing that's going

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on. The planning and transition overlaps. Planning transitions begins now and we're going to be working on everything. I'm sure all of you are aware of this. We have been working very diligently on getting this put together and developing

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the plan and execution. So, the part about legislative decision making is only occupying this amount of space just to show that that’s the session where no final decisions are made until May. But during that interim period, that's not the only thing

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that's going on. We're all going to be collectively working on this and making this happen. So just to clarify that there's no confusion. Thanks, Brandy.

>>BRANDY CANNON:

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Mikhail, did you have any comments?

>>MIKHAIL GORBATENKO:

So I want to just thank you, Sean, for making that clarification, and make sure it's clear that we're not waiting on anything and the work will continue.

>>BRANDY CANNON:

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Thank you, guys.

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All right.

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And now we are going to, I'm going to stop sharing and we're going to open up a question and answer session.

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And so what we'll ask is for everyone to please type your questions in the chat box. If you have them.

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And as we see questions come up.

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We will direct them to the right party.

>>SEAN SANADA:

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In the meantime, I just want to echo what Dr. Char started with the beginning of this meeting. All of you are putting in a lot of effort, a lot of time into making this happen.

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And please know that we truly appreciate all of your assistance. There's no way we're going to get through this and accomplish this without your help.

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So, you know, from all the department heads to department staff to HGEA, UPW, and all of you guys being a part of this is super important. And we also want to thank our consultant, because without you guys the coordination of this massive endeavor, it

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would be nearly impossible. So, thank you as well.

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I see a question.

>>BRANDY CANNON:

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Yes, and we have a comment from Dr. Libby Char.

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And she's asking for clarification that some things will have to be done in a series or sequentially.

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And it will be dependent on other work group accomplishments and activities. So Mikhail.

>>MIKHAIL GORBATENKO:

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Yes, absolutely.

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And Dr. Char, you are absolutely correct.

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Most of the task can be happening

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together, and you don't have to wait for one task to complete before you start another but as we work through our timelines and estimates on what needs to be done, we identify the risk and dependencies.

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For example, if a contract is required. And it's a first step and then IT transition process, then the task has to wait until contract is completed before we can start executing a migration, or if purchasing is required of a new equipment before we can

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execute migration, it will be completed. Also, the facilities. For example, we have to complete an assessment and count inventory before certain tasks can begin. So it's kind of a combination of both.

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But there's a huge dependencies between different work streams on each other. And we have working in identifying and capturing all those dependencies so as we're working on in more detail project plan for the execution, it will be all in there.

>>DR. CHAR:

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Thank you again. I appreciate all the work that has gone into this and kind of reiterating what everybody said thus far.

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We needed to draw a timeline, so that we have some place to begin and we can kind of get some realistic estimates but there's a complexity here that I just want to make sure we all are recognizing that some pieces are dependent on other pieces and so

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you know we're not going to be able to really embark or accomplish a task until the prior task has been done so that may kind of mess up our timeline a little bit but you know we had to come up with a timeline and start somewhere. Just thank you

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for the work and effort that went into creating a timeline and just acknowledgement that it will be, that's our best guess estimate and that it will be fluid and we'll just have to take things as they come. To Sean's point, we want to make sure

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that the final product is something that's very workable and it's reasonable and it's a high quality product, rather than just trying to rush to get through this timeline.

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Thanks.

>>DR. CHAR:

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Next thing on our agenda is to provide the date for the next public meeting. So that is scheduled for December 15, 2021, and that's a Wednesday.

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And our final agenda topic is the adjournment of the meeting and so I'll hand it back to Sean Sanada.

>>SEAN SANADA:

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Okay. Well, thank you everyone for participating. I think we all know that we have our plate full for the next.

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I can't even put a exact timeline on it. We’ve been so focused on how long this will actually take to get it done correctly that you know it's kind of ambiguous right now.

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We could just put our best foot forward and, you know, be open and transparent with each other, as well as with the legislature, as to what it's going to take. We all want to get this done right. So thank you for participating yet again, I'm

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going to let Dr. Char give the final final comment seems like she has something to say. So on that, I'll sign off. Thanks everyone.

>>DR. CHAR:

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Thanks. No, I just what we've been saying really thank you for the time and effort that everybody's put into this and all the meetings and trying to find documents and outline everything. We really really appreciate it.

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There's no way we're going to pull this off without everybody pitching in so thank you for doing that.

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Especially thank you to RGP for really doing some pretty comprehensive work and being meticulous in the process. We really appreciate what you've done so thanks for the help. As noted, we're already working on this. We’ll continue

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to work on this. Even though we can’t finalize certain things, we are already in progress. So, thanks everybody for your efforts.

>>MIKHAIL GORBATENKO:

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Thank you, from RGB perspective. We want to thank all the collaborations and the responsiveness for all the work stream leaders and in the members and look forward to continuing our productive work.

>>DR. CHAR:

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See you all on December 15.

>>SEAN SANADA:

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The meeting is adjourned.

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Thank you.