

REPORT TO THE THIRTIETH LEGISLATURE
STATE OF HAWAII
2020

PURSUANT TO SECTION 321-1.5, HAWAII REVISED STATUTES, REQUIRING THE
DEPARTMENT OF HEALTH TO SUBMIT AN ANNUAL REPORT ON RECOMMENDED
PRIMARY HEALTH CARE INCENTIVES, STRATEGIES, AND IMPLEMENTATION

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State of Hawaii
Department of Health
Health Resources Administration
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INDEX OF ACRONYMS

AHEC	Area Health Education Center (part of UH JABSOM, state)
BHW	Bureau of Health Workforce (federal, part of HRSA)
BPHC	Bureau of Primary Health Care (federal, part of HRSA)
CHW	Community Health Worker
COFA	Compact of Free Association
DOH	Department of Health (state)
DHHS	Department of Health and Human Services (federal)
DHS	Department of Human Services (state)
FHSD	Family Health Services Division (state)
FLEX	Medicare Rural Hospital Flexibility Grant Program(state)
FORHP	Federal Office of Rural Health Policy (federal)
FQHC	Federally Qualified Health Center
HOPE	Hawaii Opioid Prevention and Education
HPCA	Hawaii Primary Care Association
HPIC	Hawaii Performance Improvement collaborative
HPSA	Health Professional Shortage Designation
HRA	Health Resources Administration (state, part of DOH)
HRSA	Health Resources and Services Administration (federal, part of DHHS)
HSRHA	Hawaii State Rural Health Association
IPPS	Inpatient Prospective Payment System
JABSOM	John A Burns School of Medicine (state)
MQD	Med Quest (state, division of DHS)
MUA	Medically Underserved Area
MUP	Medically Underserved Population
NHSC	National Health Service Corps
OPCRH	Office of Primary Care and Rural Health (state)
OPHS	University of Hawaii Office of Public Health Studies (state)
OPPPD	Office of Program Planning and Policy Development (state)
PBTRC	Pacific Basin Telehealth Resource Center
PCO	Primary Care Office (state)
PHCP	Primary Health Care Partners
PPS	Prospective Payment System
SHIP	Small Hospitals Improvement Program (state)
SHPDA	State Health Planning and Development Agency (state)
SLRP	State Loan Repayment Program (state)
SORH	State Offices of Rural Health (state)
UH	University of Hawaii (state college system)

The Hawaii State Department of Health (DOH) fosters a comprehensive network of statewide organizations and associations that impact primary care and rural health. Key partners representing public health, education, workforce development, safety net, non-profit, philanthropy, telehealth, priority populations, and advocacy include:

Office of Primary Care and Rural Health (OPCRH)

The OPCRH is part of DOH's, Health Resources Administration (HRA), Family Health Services Division (FHSD). Funding is provided by the United States Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), specifically the Federal Office of Rural Health Policy (FORHP) and the Bureau of Health Workforce (BHW). These federal agencies provide funding for the State Offices of Primary Care (PCO), State Offices of Rural Health (SORH), Medicare Rural Hospital Flexibility Program (FLEX), and Small Hospital Improvement Program (SHIP). Also housed within FHSD, is the Community Health Center Special Fund, which is the repository of cigarette tax revenues which provides subsidies for uninsured and underinsured patients statewide.

Office of Program Planning and Policy Development (OPPPD)

The OPPPD is part of DOH Administration and is responsible for department-wide government relations and public policy, strategic planning, special projects, and technical assistance supporting compliance, administrative rulemaking, grants management, performance and practice management, and scientific services.

Maternal and Child Health Block Grant (TITLE V)

Title V is the only federal program devoted to improving the health of all women, children and families. These groups comprise a large percentage of the uninsured and underserved populations. Funding is used to build infrastructure by creating linkages to health care and other maternal and child health services in the community, collaborating with state and local partners to assure access to preventive health services and information, assessing community health and wellness needs, gathering data about the health status of the target population.

University of Hawaii – Hawaii/Pacific Area Health Education Center (AHEC)

AHEC's areas of concentration include recruitment, placement, and retention activities to address community and state health workforce needs; performing health and health workforce needs assessments; improving distance learning and telehealth utilization.

University of Hawaii Office of Public Health Studies (OPHS)

OPHS goal is to advance the health of the peoples of Hawaii, the nation, and the Asia-Pacific region through knowledge, discovery, innovation, engagement, inclusion, and leadership. OPHS is part of the Myron B Thompson School of Social Work and offers specializations in epidemiology, health policy, and management.

Hawaii State Center for Nursing

Hawaii State Center for Nursing is located on the UH Manoa campus and mandated by the Hawaii State Legislature in 2003 to address nursing workforce issues (Act 198, 304A-1406). The Center compiles data on the nursing workforce supply and the nursing education capacity in the state of Hawaii. The center also promotes advocacy and supports nurses with career and research publication goals.

Hawaii Primary Care Association (HPCA)

HPCA is the Hawaii membership association of safety net providers to help them improve programmatic, clinical, and financial performance and operations. HPCA offers technical assistance and training in health center leadership and administration (including governance, fiscal, and program management), operational support, administrative assistance, and quality improvement.

Hawaii State Rural Health Association (HSRHA)

Membership includes rural health practitioners, rural community residents and advocates, and members of local rural health associations statewide. HSRHA participates in national and local health initiatives, promotes health networks, provides grass-roots input into statewide health planning, and promotes development of new services for rural areas. HSRHA is organized for advocacy, communication, education, and research of issues related to rural health. HSRHA is moving toward to a Chapter Format using each unique island as their own chapter of the larger association.

Hilo Medical Center Foundation

Hilo Medical Center Foundation supports a wide variety of projects, capital improvements and events that benefit Hawaii island and the greater community. One such example is the Hawaii Island Family Medicine Residency Program. This program fulfills a need for patient-centered, culturally responsive physicians by training evidence-based, full-spectrum family medicine physicians and leaders who are dedicated to elevating the health of the community.

Pacific Basin Telehealth Resource Center (PBTRC)

PBTRC is funded by the U.S. DHHS HRSA Office for the Advancement of Telehealth, which is part of the Federal Office of Rural Health Policy (FORHP). The PBTRC goal is to assist in the development of existing and new telehealth networks and offer education, training, strategic planning, and background information regarding telehealth technology, medical information technology, infrastructure, mobile health applications, and telehealth creation, growth, and maintenance.

Native Hawaiian Health Care System – Papa Ola Lokahi

Papa Ola Lokahi is charged with implementing the Native Hawaiian Health Care Improvement Act (42 USC 122), which is the national legislation for coordinating, implementing, and updating a Native Hawaiian comprehensive master plan; as well as conducting training for Native Hawaiian care practitioners, community outreach workers, counselors and cultural educators to educate the Native Hawaiian population regarding health promotion and disease prevention.

Program Activities

Our Primary Health Care Partners (PHCP) worked to increase healthcare workforce capacity, assess health professional shortages statewide, and strengthening the statewide healthcare delivery system. PHCP partnered on a wide range of activities in FY19.

Advocacy

OPCRH staff visited all four of Hawaii's congressional delegation offices in Washington D.C. to thank them for their time and provide follow-up information on how they could potentially support the reauthorization of the SORH grant appropriation as well as support the enhancement and expansion of the Project ECHO model in Hawaii. ECHO stands for Extension for Community Healthcare Outcomes, and Project ECHO is a national medical education and mentoring program that uses existing technologies to link specialist teams with care providers in local communities. This increases the dialog between care practitioners and allows them to share knowledge and experience which benefits patients and communities.

HSRHA and PHCP hosted a rural health caucus for state legislators to have an opportunity to learn more about health issues of concern and interest to rural populations and share about funding resources. Participants learned about Project ECHO tele-education, scholarships and loan repayment opportunities for health professionals, rural health loans available from private and public funders, and more.

Funding

OPCRH met with Department of Human Services MedQuest Division to exchange information about dental codes, encounters, prospective payment systems (PPS) providers, and medical usage rates. There was discussion about eventually offering higher reimbursement to health centers for enhanced services to homeless patients.

The OPCRH is actively involved in the planning, administration and monitoring of the Community Health Centers Special Fund (CHCSF), and provided technical assistance and support for the purpose of evaluating the potential for payment transformation and expanding knowledge about administrative and policy matters. These funds are used to provide comprehensive primary care services to Hawaii's uninsured and underinsured individuals whose income is at or below 250% of the Federal Poverty Level. As payer of last resort, these safety-net services include primary medical care, behavioral health care, dental treatment, support services, and pharmaceutical services.

OPCRH met with Hawaii Coding Consultants and Maternal Child Health Branch staff to discuss the Comprehensive Primary Care contracts and monitoring process that all are using and where there might be areas where we could standardize forms and monitoring practices.

OPCRH held a meeting with HPCA and the 14 FQHC's to review the new contract billing, coding, and monitoring processes that started July 1, 2019.

Health Systems Planning and Collaboration

SORH and HSRHA met to discuss key issues such as communication, policy, advocacy, and membership.

OPCRH met with Papa Ola Lokahi regarding shortage designation, areas of program overlap, and ways to collaborate. Through this exchange of information, it was discovered that HRSA Bureau of Health Workforce considers them an FQHC Look Alike but HRSA Bureau of Primary Health Care (BPHC) does not, which means they cannot become an approved site to hire scholars or loan repayors of the National Health Service Corps or NURSE Corps programs. For now, BPHC's determination stands, so OPCRH is exploring ways to rectify this. While Papa Ola Lokahi is an approved site to hire scholars of the Native Hawaiian Health Scholarship program, the workforce options could be expanded considerably if Papa Ola Lokahi were to become approved NHSC and NURSE Corps sites.

OPCRH met with a broad cross-section of health providers (large hospitals, small hospitals, Hawaii PCA, UH JABSOM, and UH OPHS) to discuss rural health clinics, rational service areas, and the future of health care access in this state. This forum for

group conversation is essential with the growing number of rural health clinics here, which have unique characteristics separate from federally qualified health centers and critical access hospitals. Main goals include keeping the lines of communication open, increasing access to care, and driving down the costs of health care with the knowledge gained from this interaction.

OPCRH met with OPPPD to discuss how to measure social determinants, whether CHW's can be subsidized to make home visits, IPPS (inpatient prospective payment system) rule, cost transparency, and state budget impacts. The healthcare landscape is changing rapidly, and these issues will require further research and review.

PHCP began organizing and coordination for the Primary Care Needs Assessment and the Community Health Needs Assessment to review the current health care system and determine where best to focus future efforts. Special attention will be given to the COFA (Compact of Free Association) and homeless populations and we will be working with Hawaii Health Data Warehouse, Laulima Data Alliance, and Hawaii Department of Human Services MedQuest Division.

HSRHA was awarded the Hawaii Opioid Prevention and Education (HOPE) grant from HRSA to develop a consortium dedicated to improving prevention, treatment and recovery resources; create strategic plans opioid use disorder prevention, treatment, and recovery services; address gaps in the rural health workforce; and empower communities to collaborate, leverage resources, and advocate for their needs. The grant also builds on the State's Opioid Plan with a focus on rural communities.

Shortage Designation

The State of Hawaii has a total of 88 health professional shortage areas (HPSA), medically underserved areas (MUA), and medically underserved population (MUP) designations across all the islands. These include Hawaii's FQHC's and their satellite sites, private and public practice facilities and geographic and population service areas. Federal Health Shortage Designations Areas are significant because medical facilities located within the area are eligible to apply for a variety of federal programs which may allow them to become host sites to health professionals interested in fulfilling their student-to-service obligations. These federal programs include National Health Service Corps (NHSC) and Nurse Corps loan and scholarship programs, the Health Center program, the Centers for Medicare and Medicaid (CMS) Incentive Payment and Rural Health Clinic programs, Medicare Reimbursement for Telehealth Services, and Conrad-30/J-1 Visa Waiver program. This is valuable for facilities in areas that have difficulty retaining health professionals on a long-term basis.

HRSA initiated the Shortage Designation Modernization project nationally to streamline the process for facility types which are eligible for automatic health professional shortage

area (HPSA) designation. This includes federally qualified health centers (FQHC) funded under section 330, FQHC lookalikes, and CMS-certified rural health clinics that meet the National Health Service Corps site requirements. OPCRH's PCO program worked with administrators of FQHC's and RHC's statewide to provide technical assistance and training to prepare for the new requirements.

Telehealth / Telemedicine / Tele-Education

Project ECHO is dedicated to serving the needs of Hawaii residents across the state by expanding access to care while reducing specialist referrals and lowering overall medical costs. It is a tele-education and mentoring program that builds the knowledge and skills of health professionals who can earn CME's while they learn. Rural primary care providers acquire the expertise needed to offer high quality, specialized care to patients in their communities. Instead of moving people, Project ECHO uses a hub-and-spoke tele-mentoring model to move knowledge, so that local primary care providers acquire the expertise they need to provide best practice health care to patients. The program is used both nationally and internationally to expand access to care in rural communities.

In Hawaii, Project ECHO oversees several programs developed in response to rural providers' priority needs, including behavioral health, geriatric medicine, pediatric care as well as focused topical areas such as asthma control, and opioid misuse/substance use disorders.

Project ECHO Hawaii has been recognized by the Hawaii Department of Human Services (DHS) Med-Quest Division (MQD), as a priority innovation initiative to build health workforce capacity. The American Medical Association adopted a new policy calling for increased implementation of telemedicine programs which mentioned Project ECHO by name.

OPPPD is developing a state telehealth strategic plan completing focus groups and key informant interviews, identifying and ranking priorities, evaluating options for telehealth modalities and reimbursements. A broad cross-section of the community participated, including all PHCP, plus insurers, health care facilities, government representatives, non-profit organizations, community groups, and telecommunications companies.

PBTRC continues to expand use of telehealth to improve access to healthcare throughout the Pacific. PBTRC continues to work on improving telecom links to the remote Pacific islands. DHHS grant funding was used to bring providers from the western Pacific islands to Hawaii for a training on telehealth. This training inspired several providers to support the opening of telehealth rooms within their hospitals. They have also started a Project ECHO program within the western Pacific focusing on gastrointestinal issues and cancer.

Ka‘u Rural Health and Community Association, Inc., maintains a telehealth hub with over 100 telehealth interactions using tablets throughout the community. They are looking for opportunities to expand connectivity and market these services. They have a subcontract with The University of Hawaii to establish a telehealth connection for a cancer control program with the Marshallese population. The organization conducts the Ka‘u Rural Health Academy that has a variety of training programs including a Community Health Worker and Licensed Practice Nurse distance learning courses. The Arizona Promotora program is being used as an example for curriculum and reimbursement opportunities.

Training and Technical Assistance

OPCRH'S FLEX program held the annual Critical Access Hospitals Conference which brought together administrators and financial officers from Hawaii's rural hospitals to learn about strategies for efficient operations, national trends, and changes in rural health policy and funding. Topics covered included Medicare policy, assessing swing bed quality, and serving vulnerable patients through population health. Information was shared concerning changes in policy and how a facility can better align with policy changes to provide for a community's health while maintaining the financing they need in order to continue to operate.

The Hawaii Performance Improvement Collaborative (HPIC) met to learn about best practices for improving financial and operation performance and clinical quality of Hawaii's critical access hospitals. They share their struggles and successes and it is a valuable learning opportunity which assures health equity since all hospitals participate and not just a few. There is no other forum of this kind.

Workforce Development

PCHP held the annual 2018 Hawaii Health Workforce Summit to convene Hawaii's health care professionals and students for CME credit, and a chance to meet with representatives from insurance companies, federal and state government agencies, health care industry services, hospitals, health centers, and health workforce educational institutions. The event included informational tracks regarding rural health, opioid disorders, oral health and geriatrics. This joint endeavor brought together a combined total of 569 participants from across the state from the various areas of primary care, rural health, oral health, telehealth, geriatrics, and public health.

PHCP worked in collaboration with the University of California and San Diego to bring a physician retraining and reentry program to the state of Hawaii. This program will be an excellent resource for retired physicians wishing to transition to part-time work, working specialists interested in offering primary care, physicians who took a leave of absence to start a family or care for family members and are ready to return to work, slightly disabled surgeons who are far from voluntary retirement and are fully capable of

diagnosing and treating patients in a primary care setting. The program has successfully placed a physician at Waianae Coast Comprehensive Health Center.

PHCP successfully trained three cohorts of parent advocates via the Parent Leadership Training Institute (PLTI). One graduate was instrumental in the award of a Chamber of Commerce donation of \$50,000 to the Institute for Human Services to hire two health professionals for their children's program.

PHCP continues to make strides in strengthening Community Health Workers statewide. A Leadership Conference brought them together to learn more about their vital role in assuring health equity and access for all of Hawaii residents. Topics covered included a review of community resources to help their clients, CHS's as part of the healthcare team, organizing and infrastructure building, demonstrations of successful client engagement methods, and policy and advocacy.

OPCRH processed five (5) applications for Conrad 30 J-1 waivers to place international health professionals at medical facilities throughout our state to provide patient care in general medicine, cardiology, geriatric, palliative care, and neurology. Technical assistance was also provided in response to seventeen (17) other inquiries about the Conrad 30 J-1 waiver program in Hawaii.

A total of 57 National Health Service Corps (NHSC) health professionals are serving at 32 sites statewide, including Hawaii's FQHC's, RHC's, substance use disorder facilities, and school-based clinics. The practitioners include eight physicians (internal medicine and pediatricians), fifteen general dentists, eight nurse practitioners, thirteen clinical psychologists, three licensed clinical social worker, six registered dental hygienist, three physician assistants, and one licensed professional counselor.

OPCRH continues to advocate for the use of 3Rnet, which is the National Rural Recruitment and Retention Network. 3Rnet works to improve rural and underserved communities' access to quality healthcare through the recruitment and retention of physicians and other healthcare professionals by use of a national database where health professionals seeking employment can register and be recruited by facilities and medical offices across the country. The website has over 53,000 actively registered candidates with 300 new candidate registrations every month. There were 1,168 candidates considering employment in Hawaii during the past year.

Challenges and Recommendations

Challenge: Provider Shortages, Recruitment, and Retention

Hawaii is facing a statewide health professional workforce shortage of 797 physicians (which includes 263 primary care physicians and 534 specialty physicians), 252 psychologists, 396 APRN's, and 200 physician assistants. Most providers continue to be located on the island of Oahu, resulting in an inequitable distribution of the healthcare workforce throughout our state. Rural Neighbor Island providers also face higher rates of burnout, professional isolation, and lower rates of pay, which compounds the challenges to recruit and retain these healthcare professionals.

The shortage of health care specialists is significant statewide and Queens Medical Center located in Honolulu is the sole Level 1 Trauma Center for the entire state. To combat the access issue, telehealth has been a major focus of the Department of Health (DOH). DOH now has a designated Telehealth Coordinator to increase opportunities for providers and patients to use telehealth and oversee programs such as Project ECHO. Challenges include issues of reimbursement, licensure and liability issues. Since the passage of the Hawaii telehealth act in 2016 which provided parity for reimbursement, technical assistance needs have changed to technology, workflow, and how to get reimbursed. Current needs are for a mindset change around telehealth usage and a need for small clinics and hospitals to see results which would justify an investment.

Recommendation: Continuing Strong Partnerships

Recruitment and retention remain major issues for all providers, however Hawaii has some unique programs to retain these needed clinicians. HSRHA will continue working on Project ECHO, together with DOH and AHEC. They provide technical support for the geriatric ECHO series and the pediatric ECHO series. This partnership conducted a Rural Health and Community Caucus to educate legislators. On workforce initiatives, they are working on outreach to different banks to encourage 0% down for doctors wishing to purchase a home or to take away student debt when qualifying for a loan. They are also looking at spousal job fairs, preceptor tax credit, and state student loan repayment programs. They are supporting the development of family residency rotation on the rural islands. The partner organization Hawaii State Center for Nursing is working to advance the scope of practice for Advanced Practice Nurses. The AHEC is also a partner working with K-12 students on pipeline programs to health careers. They currently have 34 students in rural residency programs with Aloha Host Stay programs and Welcome Wagon Programs to help medical residents get familiar with their rural community.

Challenge: Patient Access to Care

Partners agree that travel continues to be a challenge for Hawaii's healthcare delivery system; the issue of inter-island travel to get needed medical care, the difficulty of travel with very mountainous terrain, and the issue of access for the COFA states.

Approximately 31% (443,000) of Hawaii's population resides in rural areas. Most tertiary health care facilities, specialty and subspecialty services are located on the island of Oahu. Consequently, Neighbor Island residents must endure lengthy wait times or travel to Honolulu for care. Interisland air travel creates an additional financial hardship for patients. On Lanai and Molokai, access to emergency care often requires the use of costly air medical transport services. Finally, the ethnic diversity of the state often necessitates cultural, community and/or language specific approaches that are tailored to the specific populations. Despite ongoing and targeted public health efforts, health disparities continue to persist especially in rural populations where these specific resources are scarce.

Recommendation: Bringing Health Care Out into the Community

DOH is also looking into Community Paramedicine programs; and now has the legislative authority to develop rules for reimbursement, one unit in each county, keeping in mind lessons learned from other states with successful programs. Another focus is building a new mental health facility with short-term stabilization beds. DOH is connecting with SAMHSA funding for public outreach on the opioid epidemic. One major initiative of the department is a new Case Management System that will connect all health and human services electronic records to coordinate care down to the individual level. Addressing the opioid crisis is a priority by expanding access through health centers and other primary care settings, using telehealth to treat opioid use disorder, connecting health professionals and patients to opioid-related resources, sharing best practices and culturally competent approaches, increasing opioid use disorder training in primary care, informing policy and future investments, and addressing opioid-related poisonings and overdoses.

Challenge: Rising Cost of Healthcare

The Centers for Medicare and Medicaid Services (CMS) is promoting several efforts to reduce costs by focusing on healthcare outcomes over the volume of services provided. This has also caused several private insurers to make similar efforts, disrupting current conceptions of health delivery and having a disproportionate negative impact on rural communities and rural health systems. OPCRH works with rural providers and communities on transitioning to value-based systems of care* by providing education and training to rural providers on the changing landscape and by working with communities on redefining healthcare as a part of their daily lived experience.

** A “value-based system of care” describes a medical delivery system in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are compensated for helping patients improve their health, reduce the incidence of chronic disease and live healthier lives in an evidence-based way.*

Recommendation: A Public Health Approach

The Department has long been identified as an ideal convener of community partners and is uniquely positioned to marshal the substantial resources of nonprofits, academia, private businesses, community hospitals and other governmental agencies, to work together to solve complex health issues. For example, preventing hospital readmissions necessitates meaningful community dialogue to link medical providers with local prevention programs. The DOH actively promotes the adoption and utilization of telehealth, and the development of alternative models of care such as community paramedicine. We also advocate for the UH-JABSOM state loan repayment program, along with supportive legislative policies, to encourage a continuous pipeline of new providers and healthcare services.