

**REPORT TO THE THIRTY- FIRST LEGISLATURE**

**STATE OF HAWAI‘I**

**2022**

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



**PREPARED BY:**

**STATE OF HAWAI‘I  
DEPARTMENT OF HEALTH  
HEALTH RESOURCES ADMINISTRATION  
FAMILY HEALTH SERVICES DIVISION**

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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)
CAH	Critical Access Hospital
CHCSF	Community Health Centers Special Fund
CHW	Community Health Worker
CMS	Centers for Medicare and Medicaid Services
COFA	Compact of Free Association
DOH	Department of Health (state)
DHHS	Department of Health and Human Services (federal)
DHS	Department of Human Services (state)
ECHO	Extension for Community Healthcare Outcomes
EIS	Early Intervention Section (state, part of DOH)
FHSD	Family Health Services Division (state)
FLEX	Medicare Rural Hospital Flexibility Grant Program (state)
FORHP	Federal Office of Rural Health Policy (federal, part of HRSA)
FQHC	Federally Qualified Health Center
HAH	Healthcare Association of Hawai'i
HCAN	Hawai'i Children's Action Network
HIPA	Hawai'i Independent Physicians Association
HIPHI	Hawai'i Public Health Institute
HOHC	Hawai'i Oral Health Coalition
HOPE	Hawai'i Opioid Prevention and Education
HPCA	Hawai'i Primary Care Association
HPIC	Hawai'i 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	Hawai'i State Rural Health Association
HTAC	Hawai'i Trauma Advisory Council
IDEA	Individuals with Disabilities Education Act
ITU	Indian Tribal Unit
JABSOM	John A Burns School of Medicine (state)
LAL	FQHC Look Alike
MQD	Med Quest Division (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, part of DOH)
OPHS	University of Hawai'i Office of Public Health Studies (state)
OPPPD	Office of Program Planning and Policy Development (state)
OSHI	Office of Strategic Health Initiatives (state)
ODU	Opioid Use Disorder
PBTRC	Pacific Basin Telehealth Resource Center
PCO	Primary Care Office (state, part of DOH)
PHCP	Primary Health Care Partners

PHHSBG	Preventive Health and Human Service Block Grant
PIDF	Partners in Development Foundation
POL	Papa Ola Lokahi, Native Hawaiian Health Care System
RHC	Rural Health Clinic
SHIP	Small Hospitals Improvement Program (state)
SHPDA	State Health Planning and Development Agency (state)
SLRP	State Loan Repayment Program (state, part of AHEC)
SONDH	School of Nursing and Dental Hygiene (state, part of University)
SORH	State Offices of Rural Health (state, part of DOH)
Title V	Title V, the Maternal and Child Health block grant federal legislation
UH	University of Hawai'i (state college system)

## **IDENTIFY PRIMARY HEALTH CARE PARTNERS (PHCP)**

The Hawai'i State Department of Health (DOH) is part of a comprehensive network of organizations and associations across our state that impact primary care and rural health. As the second year of the COVID-19 global pandemic now draws to a close, our role in bolstering the healthcare safety net for the State of Hawai'i has become more crucial than ever before. Shown below are key partners in this mission, both long-standing and new, representing various sectors such as public health, education, workforce development, safety net, non-profit, philanthropy, telehealth, priority populations, and advocacy.

### **Big Island Docs (aka East Hawai'i Independent Physicians Association)**

Big Island Docs represents more than 50 private individual physicians on Hawai'i Island as a community working together to achieve better health. Its goal is to empower independent healthcare providers on Hawai'i Island to improve quality, increase access, and lower costs to achieve better health. With the blessing of its physician members, the organization started the Big Island Health Care Clinic, a private group whose mission is to deliver compassionate care of the highest quality with the best customer service. The purpose is to have the best of both systems of care: personalized aloha care with the financial, management, and operational infrastructure characteristic of most larger systems.

### **Broadband Hui**

The Broadband Hui is an alliance of 200 individuals representing wireline and wireless carriers, federal, state, and county legislative and administrative leaders, local, national, and international nonprofits, public and private schools, universities, and private businesses who seek opportunities to expand broadband capacity and move Hawai'i toward a more equitable digital future.

### **Community First**

Community First is a community-based forum bringing stakeholders together for dialogue and the exchange of ideas to find solutions that will improve health and reduce medical costs on Hawai'i Island for the good of all. It ensures quality care by providing grant funding to physicians and other primary care providers willing to commit to four years of service on Hawai'i Island via the Barry Taniguchi Health Professions Subsidy Program. Other initiatives include the community action network, COVID-19 vaccination forum, and the Hawai'i Island well-being challenge.

### **Hawai'i Children's Action Network (HCAN)**

HCAN is a 501(c)(3) nonprofit and the only one in the state of Hawai'i solely committed to advocating for children. They address the root causes of poverty and inequity and develop public policies that help children and their families. HCAN's mission is to build a unified voice educating and advocating for Hawai'i children. HCAN's vision is that all Hawai'i children will be healthy, safe, and ready to learn.

## **Hawai'i Health and Harm Reduction Center**

This center serves Hawai'i communities by reducing the harm and fighting the stigma of HIV, hepatitis, homelessness, substance use, mental illness, and poverty. Populations served include those living with and/or affected by HIV, hepatitis, substance use, and the LGBTQ and Native Hawaiian communities. The center fosters health, wellness, and systemic change in Hawai'i and the Pacific through care services, advocacy, training, prevention, education, and capacity building.

## **Hawai'i Independent Physicians Association (HIPA)**

HIPA represents nearly 1,000 independent primary care physicians and specialty physicians in the State of Hawai'i. They support these small private practices with advocacy, legal counsel, education, financing, and coordination of common needs, such as licensing, permitting, or insurance coverage, and more. HIPA allows for a strong viable independent practice sector, which encourages competition and protects freedom of healthcare choice for patients.

## **Hawai'i Learning Groups ECHO**

Hawai'i Learning Groups is a Hawai'i-based collaborating partner with [Project ECHO®](#) (Extension for Community Healthcare Outcomes) of New Mexico. The goal of the program is to increase access to specialty care, especially for rural and underserved populations by providing a standardized format for clinical tele-education between interdisciplinary groups, allowing them to collaborate regardless of geographic separation.

## **Hawai'i Oral Health Coalition (HOHC)**

The mission of HOHC is to improve the overall health and well-being of all Hawai'i residents by increasing access and equity in oral health care through collaborative partnerships, advocacy, and education. HOHC was established in the summer of 2019 but follows in the footsteps of decades of collaboration within the oral health community. HOHC is community owned with membership representation from all islands and diverse sectors.

## **Hawai'i Primary Care Association (HPCA)**

HPCA is the Hawai'i 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.

## **Hawai'i State Center for Nursing**

Hawai'i State Center for Nursing is located on the UH Manoa campus and mandated by the Hawai'i 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 Hawai'i. The center also promotes advocacy and supports nurses with career and research publication goals.

### **Hawai'i 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 grassroots 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 a Chapter Format using each unique island as their own chapter of the larger association.

### **Hawai'i Trauma Advisory Council (HTAC)**

HTAC is comprised of a broad and representative array of multidisciplinary trauma stakeholders to disseminate information and advise DOH on all matters related to the comprehensive statewide trauma system. Their mission is to reduce the burden of trauma in Hawai'i through collaborative programs of injury prevention, optimal treatment, research, and education.

### **Healthcare Association of Hawai'i (HAH)**

HAH has more than 170 organizational members throughout the state, including acute care hospitals; Medicare-certified home health agencies; hospices; private and public skilled nursing facilities; assisted living facilities; and other healthcare organizations. HAH assists member organizations with quality improvement, health workforce support and development, industry advocacy, communication, and education.

### **Hawai'i Public Health Institute (HIPHI)**

HIPHI works with other organizations and individuals to build healthier communities by reaching across sectors to advance collaboration and innovation in public health. Focus areas include tobacco cessation, healthy eating and active living, health workforce, oral health, and COVID-19 response.

### **Hawai'i Statewide Physician Shortage Crisis Task Force**

With physician shortages exceeding 30% in some parts of the state, the Physician Shortage Crisis Task Force is a voluntary solution-oriented group of concerned doctors and citizens who are actively seeking ways to reverse this trend. The task force works collaboratively with state and city administrators and legislators, university leadership, community-based organizations, nursing and physician organizations, hospital systems, and others to improve rate of recruitment and retention of healthcare providers in Hawai'i.

### **Hilo Medical Center Foundation**

Hilo Medical Center Foundation supports a wide variety of projects, capital improvements, and events that benefit Hawai'i Island and the greater community. One such example is the Hawai'i 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.

## **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; and gathering data about the health status of the target population.

## **Native Hawaiian Health Care System – Papa Ola Lokahi (POL)**

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. POL provides local technical assistance for the Native Hawaiian Health Scholarship Program, which is administered through HRSA with the goal of increasing representation of Native Hawaiian health professionals dedicated to serving the needs of Native Hawaiian communities.

## **Office of Primary Care and Rural Health (OPCRH)**

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 providing 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.

## **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.

### **Partners in Development Foundation (PIDF)**

With its expansive and multigenerational reach among Native Hawaiian and Pacific Islander families, PIDF is a centralized resource for Hawai‘i rural and underserved communities in the areas of education, social services, Hawaiian language and culture, and the environment. Their mission is to inspire and equip families and communities for success and service using timeless Polynesian values and traditions.

### **Preventive Health and Human Services Block Grant (PHHSBG)**

This federal program allows DOH to address emerging health issues and gaps; decrease premature death and disabilities; work to achieve health equity and eliminate health disparities by addressing social determinants of health; support local programs to achieve health communities; and establish data and surveillance systems to monitor the health status of targeted populations.

### **Rural Health Service Providers Network**

This organization is a national network of healthcare service providers that provides clinical, behavioral, recovery, and/or mental health services but are not designated as Critical Access Hospitals (CAHs); Federally Qualified Health Centers (FQHCs); FQHC Look-A-Likes (LALs); Indian Tribal Units (ITUs) of the Indian Health Service; Tribal Hospitals; Dual-Funded Community Health Centers/Tribal Clinics; or CMS-Certified Rural Health Clinics (RHCs). Rural Health Service Providers are a vital component of the American public health infrastructure that often serve as entry points into care for vulnerable populations who may not otherwise engage in health or social services. These same providers are also functionally ineligible to receive, or even apply for, many federal funding opportunities as a result of existing eligibility standards. Therefore, the network aims to change that through education, policy development, and advocacy.

### **State Systemic Improvement Plan Early Intervention Section Telepractice Workgroup**

The State Systemic Improvement Plan is a comprehensive multiyear plan for supporting the development of Hawai‘i infants and toddlers with disabilities and their families as outlined in the Individuals with Disabilities Education Act (IDEA). EIS (Early Intervention Section) is a federal and state-mandated program that provides services to support the development of infant and toddlers from birth to 3 years of age. The working group planned and developed a pilot project for delivering EIS services to families of children with special needs (developmentally delayed or having a diagnosis/condition with a high probability of resulting in a developmental delay) in their home via telepractice. The Telepractice Workgroup supports the implementation of telehealth components in EIS programs.

### **University of Hawai‘i – Hawai‘i/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; and improving distance learning and telehealth utilization. AHEC provides local technical assistance for the State Loan Repayment Program, which is an incentive program for primary care providers working at approved healthcare sites and funded by HRSA with matching contributions from public and private resources.

### **University of Hawai‘i Office of Public Health Studies (OPHS)**

OPHS goal is to advance the health of the peoples of Hawai‘i, 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.

### **University of Hawai‘i Office of Strategic Health Initiatives (OSHI)**

OSHI identifies funding and establishes strategic opportunities, partnerships, policies, and initiatives to improve health and healthcare across the state and nation by leveraging UH’s research enterprise, programs, and capabilities in the area of health sciences. Key activities are to educate the Hawai‘i health workforce and address the health challenges facing Hawai‘i and the Pacific with the goal of improving health and healthcare for our people.

### **University of Hawai‘i School of Nursing and Dental Hygiene (SONDH)**

SONDH is the only doctoral/research university-intensive institution in Hawai‘i, and it is dedicated to improving health through education, research, and service, specifically in the areas of nursing and dental hygiene. It provides instructional, clinical, and research activities to enhance the health and care of diverse population in the State of Hawai‘i and the Asia-Pacific region.

## DESCRIBE FY21 ACTIVITIES (07/01/20 – 06/30/21)

Our Primary Health Care Partners (PHCP) gather the most current best practices from nationwide sources and share it with each other to implement programs and offer incentives for our state healthcare workforce as they provide the highest quality healthcare to the people of Hawai‘i. The sharing of information with partners concerning policies and topics that impact our communities is vital to the strength and integrity of our healthcare infrastructure. PHCP has been hard at work all year long to increase health workforce capacity, assess health professional shortages statewide, and bolster the healthcare delivery system. The COVID-19 pandemic has been ongoing throughout all quarters of this reporting period and the uncertainty of funding during the first two quarters was replaced with an abundance of funding opportunities in the last two quarters. PHCP partnered on a wide range of activities in FY21, including Advocacy, Funding, Health Systems Planning and Collaboration, Shortage Designation, Telehealth/ Telemedicine/Tele-Education, Training and Technical Assistance, and Workforce, which are all described in this section.

### **ADVOCACY**

The Hawai‘i Public Health Institute supported SB 970 in the 2021 session of the Legislature to authorize the establishment of a physician-patient relationship via telehealth interaction, eliminating the required face-to-face contact before telehealth could be utilized. This bill became law via Act 034, 06/07/2021 (Gov. Msg. No. 1134).

Section 208 of the December 2020 federal stimulus package restored Medicaid eligibility for citizens of the Freely Associated States (the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau) lawfully residing in the United States under the Compacts of Free Association. DHS MedQUEST Division began accepting applications for Hawai‘i residents and saw significant increases in the number of persons registered.

### **COVID-19 RESPONSE**

Centers for Medicare & Medicaid Services (CMS) offered interested clinicians the opportunity to apply for reweighting of one or more Merit-based Incentive Payment System (MIPS) performance categories due to the COVID-19 public health emergency. The two exception applications in this program are the Extreme and Uncontrollable Circumstances Exception and the MIPS Promoting Interoperability Performance Category Hardship Exception.

OPCRH worked closely with its community partners (such as critical access hospitals, federally qualified health centers, rural health clinics, and health associations) to answer questions and get breaking news out regarding the latest developments in health workforce, financial support, changes in billing and coding, and telehealth. We also facilitated coordination of access to resources as they became available to healthcare providers for the rural and underserved population.

Hawai‘i CAH’s received over \$2.5 million in federal funds via special legislative appropriation announced by Senator Brian Schatz’s office and administered through the HRSA Federal Office of Rural Health Policy. This funding—split equally among all ten CAHs--helped neighbor islands and rural O‘ahu neighborhoods to have medical resources available to them when they need it to safeguard our rural communities during this public health emergency.

Each of the 13 Hawai‘i RHC’s received \$294,174 in funding for one year as part of an initiative to support rural health clinics nationwide to be used for vaccine promotion; information dissemination to rural residents about how and where to get vaccinated; coordinating with existing vaccination sites and public health partners to identify isolated and/or vaccine hesitate populations; and increased rural community and individual patient literacy on benefits of broad vaccination and the safety of vaccines.

Hawai‘i Project ECHO offered training sessions to support managed care organizations and health services providers as they adapted to working in COVID-19 conditions. This included Pediatric ECHO Hawai‘i, which offered a COVID-19 training series. DOH provided CARES Act funds to cover the cost of this training. Topics included proper COVID testing procedure, COVID units for isolation and quarantine, symptom management tips, and staffing strategies. All sessions were recorded and available on demand for those who missed the live presentations.

OPCRH partnered with several DOH offices to submit a proposal for the U.S. Centers for Disease Control’s new COVID-19 Health Disparities grant. This is part of a national initiative to address COVID-19 health disparities among populations at high risk and underserved, including racial and ethnic minority populations and rural communities. The award includes \$2.4 million in funding support for Project ECHO; a Community Health Worker Telehealth Pilot; Rural Board Member Trainings; Community Health Needs Assessments; Vaccine Hesitancy Education & Outreach Project; and Community Health Center Data and Infrastructure Support.

## **FUNDING**

FY21 is the second year of the contract cycle for the Comprehensive Primary Care contracts, which are funded by the Community Health Centers Special Fund (CHCSF). These contracts provide comprehensive primary care services, as the payer of last resort, to uninsured and underinsured individuals whose income is at or below 250% of the Federal Poverty Level. Services include medical care, behavioral health care, dental treatment, support services, and pharmaceutical services.

OPCRH, in partnership with HSRHA, convened the HOPE (Hawai‘i Opioid Prevention and Education) Consortium and hosted community meetings on each island. The purpose is to prioritize activities and to issue community mini-grants for developing a rural-specific strategic plan by addressing gaps in Opioid Use Disorder (OUD) prevention; treatment and recovery services; a workforce plan to increase the number of healthcare workers in substance abuse treatment; and a sustainability plan focusing on the prevention, treatment, and recovery for opioid misuse and other substance use disorders.

Programs of OPCRH include the FLEX and SHIP programs, which bolster the state’s healthcare infrastructure by providing significant funding to the critical access hospitals as mandated by HRSA. Under the Flex Program, the Medicare Beneficiary Quality Improvement Project seeks to improve the quality of care provided in CAHs by voluntarily reporting measures not required by CMS. States coordinate technical assistance based on the needs of hospitals in their state. SHIP funds state governments to support rural hospitals with 49 beds or fewer. SHIP enables small rural hospitals to become or join accountable care organizations (ACOs); participate in shared savings programs; and purchase health information technology (hardware and software),

equipment, and/or training to comply with quality improvement activities such as advancing patient care information, promoting interoperability, and payment bundling.

SORH funding supports the Hawai‘i chapter of the Parent Leadership Training Institute (PLTI), which is a civic engagement training program that increases the number and skill level of parents and community leaders focused on improving childhood outcomes. This program develops culturally appropriate pathways to bridge the gap between the identified needs in a community, and the necessary public health policy and systems changes that have the potential to improve outcomes for children.

SORH funding provides a platform for Community Health Workers to gain recognition in the healthcare industry as a bona fide career pathway and to unify the voices of community health workers by strengthening the profession’s capacity to promote healthy communities.

### **HEALTH SYSTEMS PLANNING AND COLLABORATION**

OPCRH partnered with Community First on a Community Health Needs Assessment for Hawai‘i County that identified communities with the greatest unmet health care needs, disparities, and health workforce shortages, and also identified key barriers to access to health care. Gaps in service delivery and wrap around services were revealed and plans are being developed for more effective health systems planning and collaboration.

OPCRH is represented on the University of Hawai‘i UHealthy Initiative, which leverages UH programs to improve health and healthcare in Hawai‘i and the Pacific. This program will ensure a robust health workforce statewide, advance health in all policies, and promote healthier families and communities.

OPCRH meets regularly with HPCA and POL to share background and updates in each of our areas and map out what we know is happening across our organizations. This gives participants a fuller understanding of primary care and rural health related activities for our priority populations and allows for improved collaboration and coordination.

Our state has long relied on its Federally Qualified Health Centers and Rural Health Clinics to provide the healthcare safety net for residents in rural and underserved communities. This year, Hawai‘i welcomed two new RHC’s: the East Hawai‘i Clinic at 1190 Waianuenue Avenue and the East Hawai‘i Clinic at 1285 Waianuenue Avenue.

### **SHORTAGE DESIGNATION**

Throughout the U.S., there are geographic areas, populations, and facilities with too few primary care, dental and mental health providers, and services. In conjunction with State Primary Care Offices, HRSA determines which of these should be “shortage designations,” and are therefore eligible to receive certain federal resources.

Collaborative UPDATE efforts of the UH AHEC, HSRHA, and MQD to gather provider data were key factors contributing to the designation of two new shortage areas in the State of Hawai‘i (Dental Health for the counties of Hawai‘i and Kaua‘i).

Since all counties of our state are designated as mental health professional shortage areas, OPCRH notified Hawai‘i health centers and hospitals offering substance use disorder treatment that they are eligible to become STAR LRP-approved facilities. This new program, funded by

HRSA, is called Substance Use Disorder Treatment and Recovery Loan Repayment Program, or STAR LRP for short. Site clinicians would then be eligible to apply for awards of up to \$250,000 per participant in exchange for working full-time for six years in an approved facility. There are 34 eligible behavioral health disciplines and specialties. In efforts to launch the program to be of benefit during the COVID public health emergency, this is the first time HRSA allowed sites and healthcare professionals to apply concurrently.

OPCRH partnered with Hawai'i Health Data Warehouse to develop the Hawai'i Primary Care Needs Assessment Data Tracker on their Hawai'i Health Matters website. This convenient online tool allows users to compare common health statistics across all 35 primary care service areas in Hawai'i. It includes over 45 indicators of population characteristics and health status to monitor an area's social determinants of health. All data values come from the American Community Survey, 2014-2018, unless otherwise noted. It uses the latest public health information from a variety of sources to present health data at the community level. The digital format allows users to track trends as well as view interactive maps and charts, which can be downloaded for use in other documents. Source data is continuously being updated to the tracker, allowing users to get an overview of data on demographics, access to health services, and identify barriers and populations of highest need to bring awareness to health disparities.

### **TELEHEALTH / TELEMEDICINE / TELE-EDUCATION**

The COVID public health emergency spurred unprecedented use and expansion of virtual technologies such as telehealth, telemedicine and tele-education in all medical sectors. During the emergency, a wider range of practitioners can provide telehealth services and be reimbursed, including physical therapists, occupational therapists, and speech language pathologists. This expansion, together with changes in policy to accept and reimburse healthcare providers, created a revolution in broadening patient access to care.

Senator Schatz's CONNECT for Health Act permanently expanded access to mental health services delivered through telehealth in Medicare, including allowing beneficiaries to receive these services in their homes.

Project ECHO Hawai'i expanded significantly as a result of COVID-19 with over 17,000 project participants this year in Hawai'i and across the Pacific. This 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. Besides the original cohorts for geriatric, behavioral health, and diabetes, there are new cohorts for pediatric care and opioids.

In partnership with the State Broadband Hui, OPCRH notified PHCP about the national Emergency Broadband Benefit program, funded by the Federal Communications Commission, which helps households struggling to pay for internet services during the COVID-19 pandemic. Millions of dollars became available for Hawai'i households, which could receive up to \$50 towards internet services on monthly bills (or up to \$75 if on Hawaiian Homelands not serviced by Sandwich Isles) and up to a one-time \$100 device credit towards the purchase of a connected device such as a computer, tablet, or cell.

OPCRH worked with global communications company AT&T in efforts to improve and expand broadband connectivity on the neighbor islands. New applications for cellular signal towers are

being developed for Waiehu, Maui, and Leilani Estates on the Hawai‘i Island. This infrastructure will benefit rural communities for telehealth, education, commercial, and residential internet service needs.

OPCRH and PBTRC serve on the State of Hawai‘i Department of Health Early Intervention Section (EIS) telepractice working group. EIS is implementing their telepractice program as part of their State Systemic Improvement Plan (SSIP) required by the federal Office of Special Education. Prior to COVID-19, EIS health professional providers would usually provide services via in-home visits with occasional telehealth visits during times when a specialist was unavailable. During COVID-19, in-home visits stopped completely and telehealth usage reached 100%. EIS staff and providers gave training and technical assistance to all families. It was necessary for families to get more involved in sessions by implementing strategies to keep their toddlers engaged.

Pacific Basin Telehealth Resource Center has numerous on-demand webinars on their website to familiarize the healthcare workforce and health consumers with their services, plus updates resulting from the COVID outbreak such as additional eligible services, changes in coding, and privacy and security for telehealth usage. PBTRC’s website has resources for providers about how to offer telehealth, as well as resources for patients about how to use telehealth.

OPPPD and OPCRH collaborate regularly on telehealth matters to promote more balanced and equitable service implementation to increase access to healthcare for rural and underserved populations.

## **TRAINING AND TECHNICAL ASSISTANCE**

OPCRH provided training and technical assistance to organizations and individuals on diverse topics such as scholarship and loan repayment applications, health facility applications, health system expansion, shortage designation, needs assessment, data sharing, and much more.

Hawai‘i Performance Improvement Collaborative (HPIC) provides training to the state’s critical access hospitals on matters of billing, operating margins, accounts receivable, accrued liabilities, performance metrics, and revenue cycles.

Virtual site visits were conducted to assist critical access hospitals in efforts to optimize operations and discuss areas for improvement in financial measures. Opportunities for improvement include enrolling in the 340b pharmacy program, obtaining Rural Health Clinic designations for its outpatient clinics and cleaning errors on the cost report. OPCRH advised the critical access hospitals on cash planning in the COVID-19 pandemic and the resources available to them and will continue to monitor changes in CARES act legislation and update the CAHs as necessary.

Meetings and consultations were conducted during the open application cycle for National Health Service Corps, which offers three loan repayment programs and two scholar programs that provide funding to medical students and healthcare providers to support their educational goals and achievements in exchange for service obligations in rural and underserved areas.

## **WORKFORCE**

PCHP held the annual Hawai‘i Health Workforce Summit in September 2020 to convene Hawai‘i healthcare professionals and students for CME credit and a chance to meet with representatives from insurance companies, federal and state government agencies, healthcare industry services, hospitals, health centers, and health workforce educational institutions. The event included informational tracks regarding rural health, opioid disorders, and geriatrics. This joint endeavor brought together over 600 participants from across the state from the various areas of primary care, rural health, oral health, telehealth, geriatrics, and public health.

HIPHI and OPCRH partnered on the Hawai‘i Community Health Worker Certification/Licensing Assessment to determine if this type of program is consistent with the Hawai‘i Regulatory Licensing Reform Act (Section 26H-2, Hawai‘i Revised Statutes); identify alternative forms of licensing, certification, and training options; and engage stakeholders statewide to participate in the assessment process.

OPCRH helped connect Molokai General Hospital’s physician and certified nurse midwife with the County of Maui to provide matching funds for the State Loan Repayment program and the Barry Taniguchi Health Professional Subsidy program.

J-1 Waiver applications are an important component of PCP’s health workforce development. Similar to states across the country, Hawai‘i DOH recommends international medical graduate physicians to waive the two-year home residency requirement in exchange for working in rural and underserved areas. OPCRH processed four applications for Conrad 30 J-1 waivers to place international health professionals at medical facilities throughout our state to provide patient care in primary care, internal medicine, anesthesiology, and advanced heart failure services.

A total of 77 National Health Service Corps (NHSC) health professionals are serving at 35 sites statewide, including Hawai‘i FQHCs, RHCs, substance use disorder facilities, correctional facilities, and school-based clinics. The practitioners include 13 physicians (family practice, OB/GYN’s, and pediatricians), 16 dentists, 17 nurse practitioners, 15 clinical psychologists, four licensed clinical social workers, four registered dental hygienists, five physician assistants, two mental health counselors, and one certified nurse midwife.

OPCRH endorses 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 1,029 candidates considering employment in Hawai‘i during the past year.