

REPORT TO THE THIRTY-THIRD LEGISLATURE

STATE OF HAWAI‘I

2024

**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**

DECEMBER 2023

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
RHRPC	University of Hawai'i Rural Health Research & Policy Center
SHIP	Small Rural Hospital 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. These key partners represent various sectors such as public health, education, workforce development, safety net, nonprofit, philanthropy, telehealth, priority populations, and advocacy.

Big Island Docs (aka East Hawai‘i Independent Physicians Association)

Big Island Docs represents more than 60 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 larger systems.

Broadband Hui

The Broadband Hui is an alliance of 500 partners 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 that seek opportunities to expand broadband capacity and move Hawai‘i toward a more equitable digital future. The Broadband Hui has made notable progress by supporting the establishment of the Broadband and Digital Equity Office, making Hawaii one of the first states nationwide to prioritize digital equity.

Community First Hawai‘i

Community First Hawai‘i 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. Community First Hawai‘i convened the Hawai‘i Island Healthcare Conference on October 5, 2023, to promote the exchange of ideas and collaborative goals. Other initiatives include the Community Action Network (CAN) and the Access to Care – Health of our communities report.

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

Hawaii Learning Groups (HLG) ECHO

HLG is a Hawai'i-based collaborating partner with [Project ECHO®](#) (Extension for Community Healthcare Outcomes) of New Mexico. The program aims 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 Federally Qualified Health Centers (FQHCs), comprising the state's safety net of primary care providers for the underinsured and uninsured. HPCA helps FQHCs 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 was 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 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 developing 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 its own chapter of the larger association.

Hawai'i Trauma Advisory Council (HTAC)

HTAC comprises 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. The primary focus of HAH is working with healthcare executives and their 20,000 employees on vital industry issues such as advocacy (in DC and Hawaii), quality and reimbursement improvement, strategic education, emergency preparedness, healthcare workforce, public relations, shared savings, and reducing costs.

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 alcohol, tobacco, and other drugs; COVID-19; kupuna initiatives; food and agriculture; healthy eating and active living; health workforce; and oral health.

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 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 recruitment and retention rates 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 dedicated to elevating the community's health.

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)

POL 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, administered through HRSA to increase 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 Rural 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)

The U.S. DHHS HRSA Office funds PBTRC for the Advancement of Telehealth, which is part of the Federal Office of Rural Health Policy (FORHP). The PBTRC goal is to assist in developing 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 Native Hawaiian 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 offering 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. Due to existing eligibility standards, these same providers are also functionally ineligible to receive, or even apply for, many federal funding opportunities. Therefore, the network aims to change that through education, policy development, and advocacy.

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, an incentive program for primary care providers working at approved healthcare sites and funded by HRSA with matching contributions from public and private resources.

In 2023, the Hawai'i Healthcare Education Loan Repayment Program (HELP) was funded by the Hawai'i State Legislature. HELP provides qualified educational loan debt repayment to health professionals licensed or otherwise certified to practice in and provide care to patients in Hawai'i. The Internal Revenue Service defines Qualified Educational Loans under 26 USC 221(d)(1). The state expects HELP to help improve the number of providers in medically underserved areas of Hawai'i and improve the recruitment and retention of healthcare workers caring for the people of Hawai'i by lessening the burden of sizeable educational debt.

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

OPHS's mission is to advance and protect the health and well-being of the peoples of Hawai'i, the Pacific, Asia, and Indigenous peoples through teaching, discovery, innovation, community 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 health sciences. Key activities are to educate the Hawai‘i health workforce and address the health challenges facing Hawai‘i and the Pacific to improve health and healthcare for our people.

University of Hawai‘i Rural Health Research & Policy Center (RHRPC)

The RHRPC is focused on improving rural healthcare challenges in Hawai'i through policy-relevant research and actionable, evidence-based strategies and recommendations, specifically on health workforce and health equity. The Center will collaborate with key rural health partners, including the Hawai‘i State Rural Health Association, the State of Hawai‘i Office of Primary Care and Rural Health, the [Hawai‘i/Pacific Basin Area Health Education Center](#), and the [Pacific Basin Telehealth Resource Center](#). Focus groups and site visits to impacted regions across the state and with key stakeholders will provide the Center with critical information to support its research and policy efforts.

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

SONDH 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 populations in the State of Hawai‘i and the Asia-Pacific region.

DESCRIBE FY22 ACTIVITIES (07/01/22 – 06/30/23)

Our Primary Health Care Partners (PHCP) gather the most current best practices from nationwide sources and share them to implement programs and offer incentives for our state healthcare workforce as they provide the highest quality healthcare to Hawai'i. Sharing information with partners concerning policies and topics that impact our communities is vital to the strength and integrity of our healthcare infrastructure. PHCP worked all year to increase health workforce capacity, assess health professional shortages statewide, and bolster the healthcare delivery system. PHCP partnered on a wide range of activities in 2022 - 2023, 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.

ADOVCACY

- **SB001 SD2 (SSCR 1079) Relating to Healthcare - Amends provisions relating to intentional termination of pregnancy; penalties; refusal to perform and changes its title to intentional termination of pregnancy; penalties; refusal to perform. Allows a licensed physician, surgeon, or licensed to provide abortion care. Allows a licensed physician assistant to provide medication or aspiration abortion care in the 1st trimester of pregnancy. Prohibits the state to deny or interfere with a pregnant person's right to choose to obtain an abortion; or terminate a pregnancy if the termination is necessary to protect the life or health of the pregnant person.**

SB0162 SD2 HD2 CD1 (CCR 26) Relating to Dentistry Licenses - Amends provisions relating to community service license under dental hygienists law. Allows the board of dentistry to issue, without examination, a community service license to practice dental hygiene in the employment of a federally qualified health center, Native Hawaiian health center, community health center, rural health clinic, mobile dental outreach program, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation. -- Amends provisions relating to application for licensure.
- **SB0318 SD2 HD1 CD1 (CCR 199) Relating to Fetal Alcohol Spectrum Disorder - Requires the department of health to establish and administer a 3 year pilot program with a primary and secondary prevention component and tertiary prevention component that implements a co management system of care for persons with a fetal alcohol spectrum disorder in which the primary care provider; behavioral health provider; and fetal alcohol spectrum disorders specialist with a specialization in genetics, pediatric neurology, developmental-behavioral, or other applicable field; each plays a role; and operate as specified.**
- **SB0404 SD2 HD2 CD1 (CCR 176) Relating to the Hospital Sustainability Program - Amends provisions relating to findings and declaration of necessity under social services law. Requires the department of human services to use the revenue from the fee and associated federal medicaid matching funds exclusively to make payments to hospital and for other purposes as described in this law. Redefines**

private hospitals, except for hospitals that are charitable hospitals funded primarily through donations or other non insurance sources funding and whose net patient revenue is less than 50 per cent of operating expenses, per the medicaid cost report.

- **SB0674 SD1 HD2 CD1 (CCR 179) Relating to the Interstate Medical Licensure Compact** - Establishes the interstate medical licensure compact law. Authorizes the governor to enter into a compact on behalf of the State of Hawaii with any other state legally joining therein, to create a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process that allows physicians to become licensed in multiple states.
- **SB0759 SD2 HD2 CD1 (CCR 91) Relating to Health** - Requires the office of primary care and rural health to oversee and support community efforts to collaboratively address the health and wellness needs of the State's most underserved rural residents and facilitate discussions between key community health and social service organizations to develop plans that align with appropriate providers' goals and objectives; and include a 1 time summary of community plans addressing the (Access to Care) ATC needs assessment with the report that is to be submitted to the legislature Report to the legislature.
- **HB0353 HD1 SD1 CD1 (CCR 149) Relating to Health Care Education** - Appropriation to the university of Hawaii for instructional costs, including the cost of casual employees and overload pay, for the certified nurse aide to practical nurse bridge program at the Maui college; to provide student aid to participants in the certified nurse aide to practical nurse bridge program at the Maui college, including tuition, fees, supplies, and related costs. (\$\$) (expenditure ceiling).
- **HB0650 HD2 SD1 (SSCR 1414) – Relating to Health** - Amends the our care, our choice Act. Defines advanced practice registered nurse to mean a registered nurse licensed to practice in this State who has met the qualifications of the nurses law and who, because of advanced education and specialized clinical training, is authorized to assess, screen, diagnose, order, utilize, or perform medical, therapeutic, preventive, or corrective measure, including prescribing medication. Redefines attending provider to include an advanced practice registered nurse licensed. Redefines consulting provider to include an advanced practice registered nurse licensed who is qualified by specialty or experience to diagnose and prescribe medications. Redefines counseling to include advanced practice registered nurse or clinical nurse specialist licensed with psychiatric or mental health training, or marriage and family therapist licensed. Changes oral request for medication for an adult who is capable and has been determined by the attending provider and a consulting provider who has voluntarily expressed the adult' s wish to die to submit 2 oral request, a minimum of from 20 days apart to 5 days apart. Provides that if the qualified patient's attending provider attests that the qualified patient will, within a reasonable medical judgment, die within 5 days after making the initial oral request, the 5 day waiting period shall be

waived and allows the qualified patient to reiterate the oral request to the attending provider at any time after making the initial oral request.

- **HB0907 HD2 HD2 (SSCR 1819) – Relating to Telehealth** - Amends provisions relating to coverage for telehealth under department of human services law; the accident and health or sickness insurance contracts law; the mutual benefit societies law; and the health maintenance organization Act (hmos) by requiring reimbursement for services provided through telehealth via an interactive telecommunications system to be equivalent to reimbursement for the same services provided via in person contact between a health care provider and a patient; provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system using 2 way, real time audio only communication technology to meet the requirements of title 42 Code of Federal Regulations section 410.78 as defined.
- **HB0948 HD2 SD2 CD1 (CCR 131) Relating to Child and Adolescent Mental Health** - Establishes a child and adolescent crisis mobile outreach team pilot program within the child and adolescent mental health division of the department of health. Requires 1 crisis mobile outreach team to be located on Oahu, and 1 crisis mobile outreach team to be located at a site on a neighbor island. Requires the department of health to determine the most appropriate site on a neighbor island for the crisis mobile outreach team. Requires the child and adolescent crisis mobile outreach team pilot program to provide, to the extent practicable with available resources, to provide the following services to children and adolescents: crisis prevention with community collaboration and community program development; face-to-face intervention within 1 hour of a request for intervention; crisis de-escalation and assessment. Stabilization for not more than 8 weeks, including: connecting youths to community supports and services; in-home clinical support for youths and families; connection with higher level support if determined necessary by the crisis mobile outreach team; and collaboration with community partners and other state agencies. Requires the child and adolescent crisis mobile outreach team pilot program to end on December 31, 2025. Reports to the legislature.
- **HB1369 HD1 SD2 CD1 (CCR 139) Relating to Nursing Facilities** - Amends provisions relating to review for 2025 and every 10th year thereafter. Makes conforming amendments. -- Amends provisions relating to additional amounts not taxable; needs allowance; waiver program individuals; findings and declaration of necessity; nursing facility sustainability program special fund; nursing facility sustainability fee; nursing facility sustainability fee assessment; penalties for failure to pay nursing facility sustainability fee; enhanced rates to medicaid managed care health plans; termination. -- Repeals the nursing facility tax law. -- Amends Act 156, Session Laws of 2012, relating to long term care facilities, as amended by Act 142, Session Laws of 2013, as amended Act 124, Session Laws of 2014, as amended by Act 69, Session Laws of 2015, as amended by Act 59, Session Laws of 2016, as amended by Act 60, Session Laws of 2017, as amended by Act 163, Session Laws of 2019, as amended by Act 24, Session Laws of 2021. Repeals sunset date.

COVID-19 RESPONSE

OPCRH secured a \$3.5 million rural carve-out from a CDC COVID-19 Health Equity Grant. This collaborative project involves four Department of Health Divisions (Disease Outbreak, State Labs, Chronic Disease, Family Health). Funding supports COVID-19-related projects our office will oversee. Projects include workforce training, CHW telehealth navigators, community health needs assessments, CAH/RHC board training, vaccine outreach, data support, equipment, and FQHC facility expansion/repairs. In September 2023, the CDC approved an emergency redirect request for the health equity grant from one public health emergency (COVID-19) to another (Maui wildfires). DOH reallocated \$2,450,000 to fund nine projects via four subcontracts with community partners. Funding will support the healthcare workforce by awarding provider training, subsidies, primary care and pharmacy provision, and community health worker outreach. There will be an emphasis on training, social service navigation, communication, and messaging.

OPCRH secured a \$1 million HRSA grant on behalf of the Hawai'i State Rural Health Association (HSRHA). The "Local Community-Based Workforce to Increase COVID-19 Vaccine Access" grant aims to address COVID-19-related health disparities and advance health equity by mobilizing community outreach workers to educate and assist individuals in getting vaccinated. The OPCRH provides in-kind support and serves as the Principal Investigator.

OPCRH received \$2.58 million from FORHP for SHIP hospitals to provide COVID-19 testing and mitigation in their communities. Funding was used to support testing in rural communities and mitigate the spread of COVID-19 in rural communities and facilities.

FUNDING

Fiscal Year 23 is the fourth year of the contract cycle for the Comprehensive Primary Care contracts, which are funded by the Community Health Centers Special Fund (CHCSF). As the payer of last resort, these contracts provide safety-net comprehensive primary care services 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.

The Office of Primary Care and Rural Health (OPCRH) is organizationally placed within the Family Health Services Division (FHSD). The four federal grant programs (PCO, Flex, SHIP, SORH) have complementary goals in interacting with and supporting healthcare providers and partner organizations. This integration strengthens the capacity and outreach of all grant programs, supports leveraging scarce resources, and provides a more comprehensive and broader array of services over time.

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. The Flex Program also works with CAHs on financial improvement and provides education on improving the revenue cycle, cost reports, and charge masters. States coordinate technical assistance based on the needs of hospitals in their state.

State governments use SHIP funds 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. SHIP funds are also used to help small hospitals prepare for ICD-11 implementation.

The SORH Program aims to strengthen the rural healthcare delivery system in Hawai‘i and sustain a focal point for rural health across the state. SORH funding supported the Hawai‘i Parent Leadership Training Institute (PLTI), a civic engagement training program that increases the number and skill level of parents and community leaders focused on improving childhood outcomes. SORH also leveraged funding to implement a Community Health Worker (CHW) certification and licensing assessment. This project aims to assess the effects of regulation on Hawai‘i CHWs if current legislation were to pass. The assessment will determine if CHW certification or licensing is consistent with the Hawai‘i Regulatory Licensing Reform Act (Section 26H-2, HRS).

OPCRH, in partnership with HSRHA, continues implementing the Hawai‘i Opioid Prevention and Education (HOPE) Program. The purpose of HOPE is to empower Hawai‘i rural communities to collaboratively implement culturally appropriate evidence-based programs for the prevention of, treatment for, and recovery from Substance Use Disorder (SUD) and Opioid Use Disorder (OUD). The goal of HOPE is to reduce the morbidity and mortality associated with SUD/OUD in high-risk rural communities of Hawai‘i by convening local CARING teams to develop community programs and activities; building a rural telepsych network; expanding training, recruitment, and knowledge dissemination; and leveraging resources for implementing community programs such as sober housing.

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 healthcare needs, disparities, and health workforce shortages and also identified key barriers to access to health care. Gaps in service delivery and wraparound services were revealed and led to the Hawai‘i Island Healthcare Conference, which brought together leaders from across the island and state to develop plans for more effective healthcare delivery and increased community collaboration.

OPCRH, in partnership with the Hawaii State Rural Health Association, implemented Access to Care Demonstration Projects as a follow-up to these needs assessments. Five community-based organizations were awarded \$35,000 each to convene stakeholders, prioritize their island’s greatest healthcare needs, and implement demonstration projects based on the assessment findings. Two community organizations on Hawaii Island and one each on Kauai, Lanai, and Molokai were selected as recipients of these grants. Together, they implemented activities that addressed barriers to healthcare voiced by our communities and the staggering factors contributing to our state's substantial and critical physician shortage.

OPCRH is represented by 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 improves collaboration and coordination.

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.

Since all counties of our state are designated as mental health professional shortage areas, all Hawai'i health centers and hospitals offering substance use disorder treatment are eligible to become Substance Use Disorder Treatment and Recovery Loan Repayment Program-approved facilities. This new program is funded by HRSA and is called STAR LRP for short. Site clinicians are 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.

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. Unless otherwise noted, all data values come from the American Community Survey, 2014-2018. 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 and 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 and changes in policy to accept and reimburse healthcare providers created a revolution in broadening patient access to care.

Project ECHO Hawai'i is a multi-organizational partnership between the Hawai'i State Rural Health Association, University of Hawai'i, and Hawai'i State Department of Health. This telehealth program serves Hawai'i residents' needs across the state by expanding access to care while reducing specialist referrals and lowering overall medical costs. Project ECHO Hawai'i currently manages four clinical series, including behavioral health, geriatric care, pediatric care, and opioid use disorders. This past year, continuing medical education and training were offered through 106 teleclinics. The average attendance was 45 participants per teleclinic session, with 655 individual (unduplicated) attendees and a total attendance of 6,179 (duplicated) participants.

OPCRH and PBTRC serve on the State of Hawai‘i Department of Health Early Intervention Section (EIS) telepractice working group. EIS is implementing its telepractice program as part of its State Systemic Improvement Plan (SSIP), which is required by the federal Office of Special Education. Before COVID-19, EIS healthcare professionals usually provided services via in-home visits with occasional telehealth visits 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. Families needed 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 its 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 and 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 more.

The Hawai‘i Performance Improvement Collaborative (HPIC) provides training to the state's critical access hospitals on clinical quality improvement, financial improvement, operational improvement, and transitioning to population health.

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

WORKFORCE

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 waive the two-year home residency requirement in exchange for working in rural and underserved areas. OPCRH processes 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 specialties, infectious diseases, behavioral health, and trauma surgery.

In FY2023, 91 National Health Service Corps (NHSC) health professionals served at multiple sites statewide, including Hawai‘i FQHCs, RHCs, substance use disorder facilities, correctional facilities, and school-based clinics. The dental practitioners include 14 dentists and one registered dental hygienist. The mental health professionals include 18 health service psychologists, one licensed clinical social worker, one licensed professional counselor, one nurse practitioner, three pharmacists, two physicians, two physician assistants, one psychiatric nurse

specialist, and two registered nurses. The primary care professionals include 22 nurse practitioners, 18 physicians, and five physician assistants.

OPCRH continues to be an active 3RNet member site. OPCRH shares this online network with organizations providing healthcare to rural and medically underserved communities and routinely promotes utilization at events such as the Hawai'i Health Workforce Summit. This past year, OPCRH contracted with 3RNet to implement PRISM. PRISM provides a standardized and state-of-the-art way for states to gather real-time data from clinicians as they serve in state and federal loan repayment, scholarship, and other incentive programs.