



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
 Data Advisory Council - Plan Development Committee

Meeting Minutes

October 19, 2023 | 1:00 PM Hawaii Time
 Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Francis Chan, Alfred Herrera, Robert Hirokawa, Ranjani Starr, Deborah Taira, Derek Vale, Cristina Vocalan, Kelley Withy

MEMBERS ABSENT: Haley Hsieh

GUESTS:

SHPDA: John Lewin, Wendy Nihoa

ATTENDANCE RECORD OF MEMBERS

| Date | 10/19/23 | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
|------------------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Francis Chan | X | | | | | | | | | |
| Alfred Herrera | X | | | | | | | | | |
| Robert Hirokawa* | X | | | | | | | | | |
| Haley Hsieh | O | | | | | | | | | |
| Ranjani Starr | X | | | | | | | | | |
| Deborah Taira | X | | | | | | | | | |
| Derek Vale | X | | | | | | | | | |
| Cristina Vocalan | X | | | | | | | | | |
| Kelley Withy | X | | | | | | | | | |

Legend: X=Present; O=Absent; /=No Meeting

*-Chair, **-Vice Chair

| TOPIC | DISCUSSION | ACTION |
|----------------------------------|--|--|
| Call to Order | A quorum was established. The meeting was called to order at 1:02 p.m. by R. Hirokawa, Chairperson, Data Advisory Council presiding. | |
| Roll Call | Member roll call. | |
| Welcome | R. Hirokawa welcomed members. Followed by member and staff introductions. | |
| Data Advisory Council | <p>W. Nihoa, Comprehensive Health Planning Coordinator, State Health Planning and Development Agency (SHPDA) provided a presentation on the SHPDA’s organizational structure and an overview of rules governing the Data Advisory Council meetings. An abbreviated version of the presentation is hereby attached to these minutes as Attachment A.</p> <p>A brief discussion followed.</p> | |
| Hawaii the Health State 2025 | <p>J. Lewin, Administrator, SHPDA provided SHPDA’s history; purpose moving forward; and the importance of the Data Advisory Council in SHPDA’s initiatives. The necessity of data to effectively and accurately measure how the state is doing in healthcare was stressed.</p> <p>J. Lewin noted SHPDA’s plan to apply for the Centers for Medicare & Medicaid Services (CMS)- States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model Grant. The Grant will bring resources and millions of dollars to the state and help to further its healthcare goals of achieving universal access, equity, improved outcomes and affordability. This link to the CMS AHEAD grant was shared in the chat https://www.cms.gov/priorities/innovation/innovation-models/ahead</p> <p>A discussion followed.</p> <p>Public testimony – none.</p> | |
| SHPDA Updates | <p>J. Lewin briefly presented 2024 legislative requests as summarized on the September 20, 2023 SHPDA Key Priorities 2023-2024 Summary Listing document attached hereby to these minutes as Attachment B.</p> <p>A brief discussion followed.</p> <p>Public testimony – none.</p> | |
| Data Advisory Council Membership | Members were requested to suggest additional members. The following potential members were suggested: James Lin, Hyeong Jun Ahn, Jack Barile, Nick Redding, a representative TriNetx, James Cooper. SHPDA to follow up with these individuals. | SHPDA to follow up with suggested members. |

| | |
|-------------------|--|
| Meeting Logistics | Public testimony – none. Early December. W. Nihoa to poll members for meeting date and time. Public testimony – none. |
| Announcements | None. |
| Next Meeting | To be determined. Agenda items: Updates from the Laulima Data Alliance, Hawaii Health Information Exchange, Hawaii All-Payer Claims Database; AHEAD Grant Highlights of the Notice of Funding Opportunity; Membership. |
| Adjournment | The meeting was adjourned at 2:31 p.m. |

State Health Planning and Development Agency

Organizational Structure and Governing Rules

November 2, 2023

1

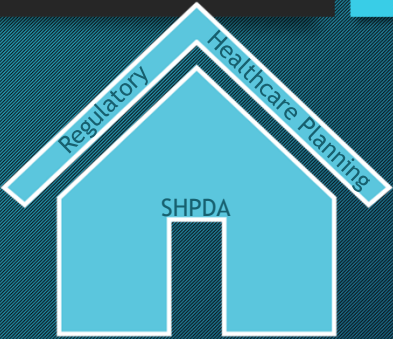
The Two Sides of the State Health Planning and Development Agency (SHPDA)

Regulatory

- Administer the Certificate of Need Program

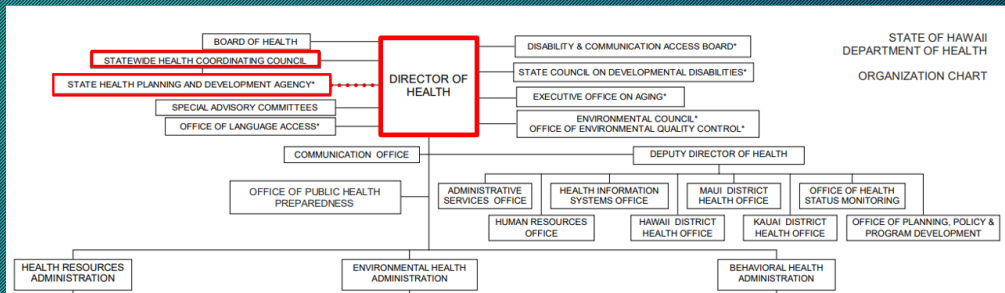
Healthcare Planning

- Prepare, revise, and implement the State's Health Services and Facilities Plan
- Conduct Studies and Investigations on Healthcare Costs
- Implement Special Projects
- Assure Community input in planning (Convening of SACs, SHCC, Subcommittees, Advisory Councils, etc.)



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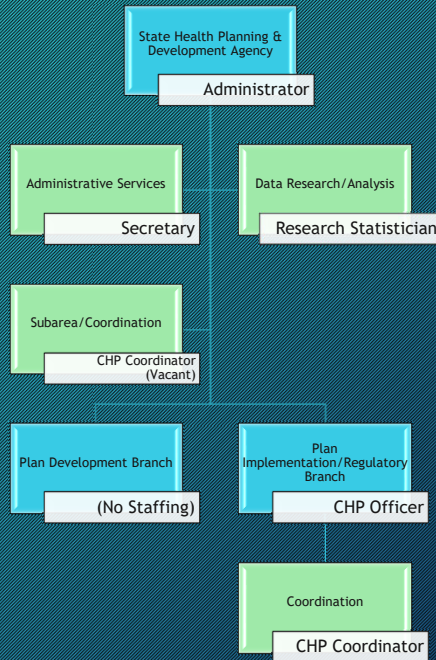
Official Organization Chart SHPDA attached to the DOH



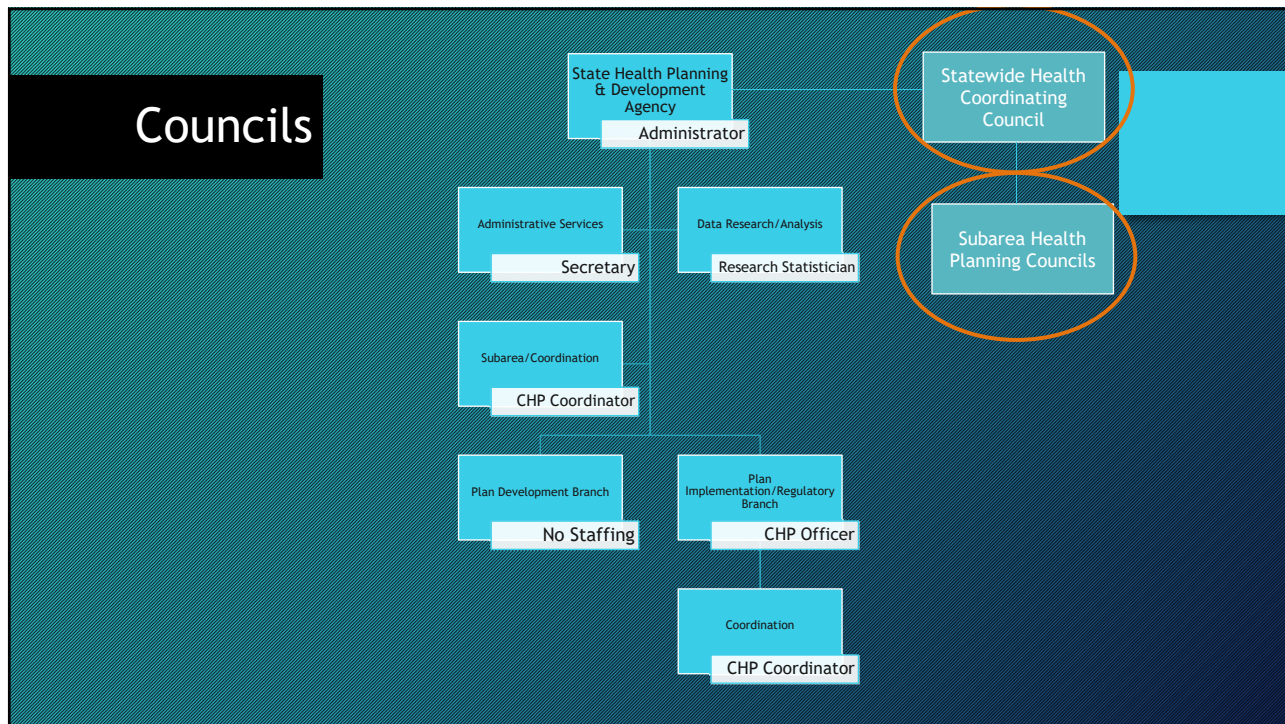
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SHPDA's Organization

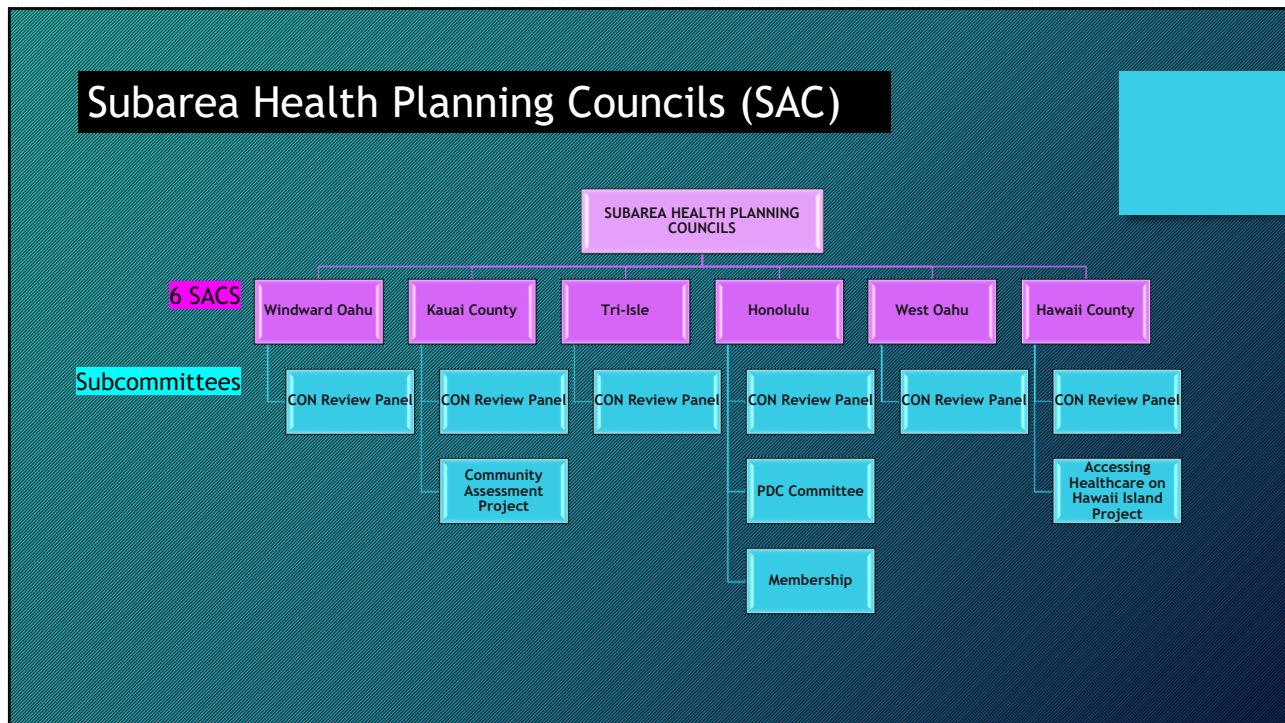
- 6 Total FTEs
- 1 Vacancy



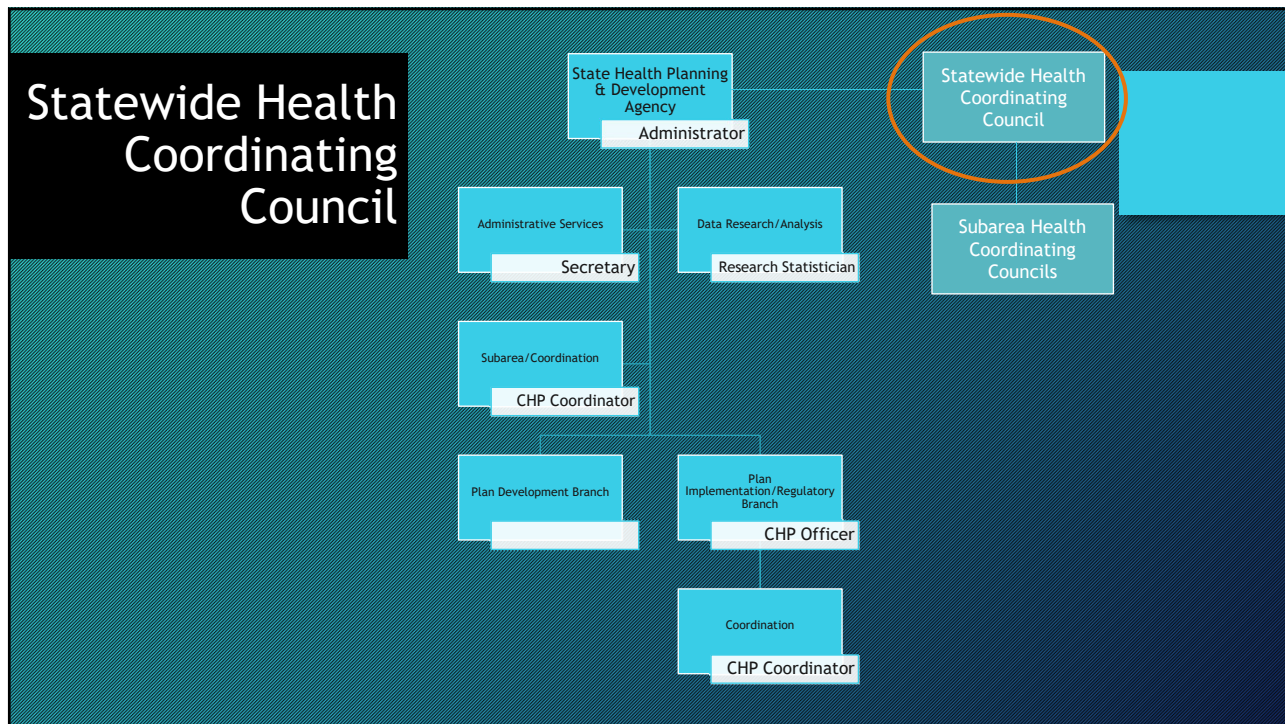
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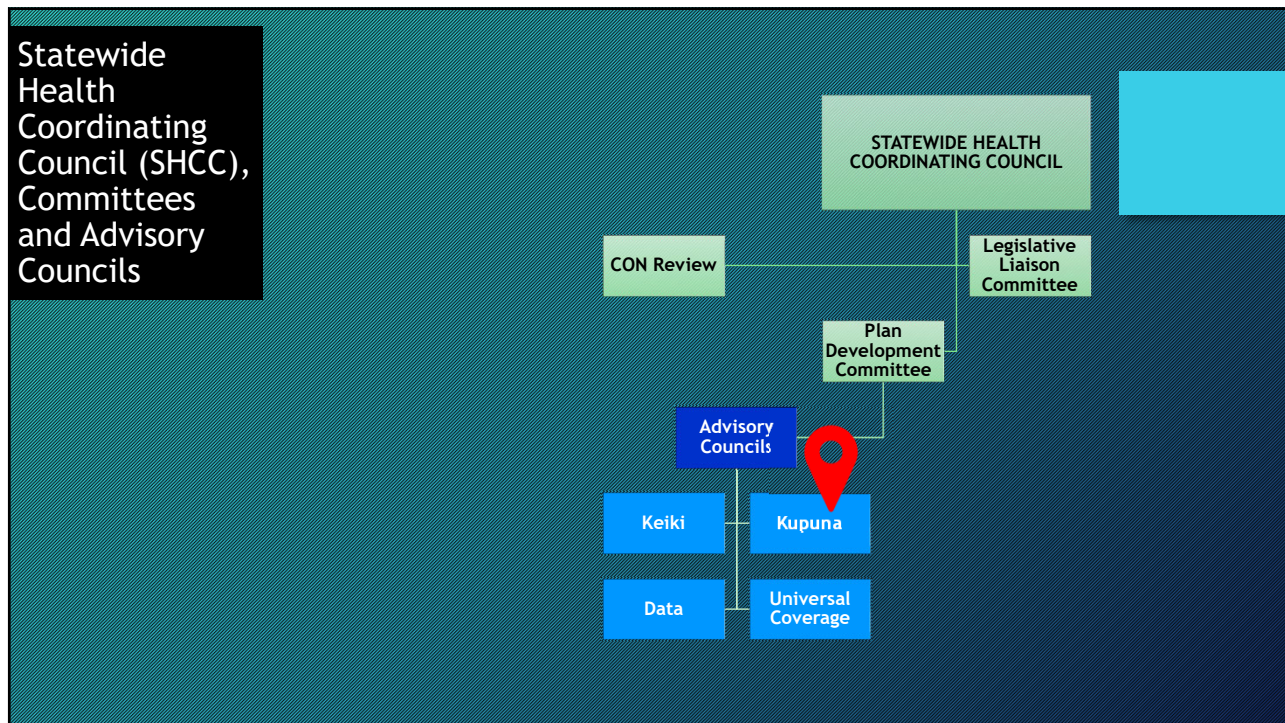
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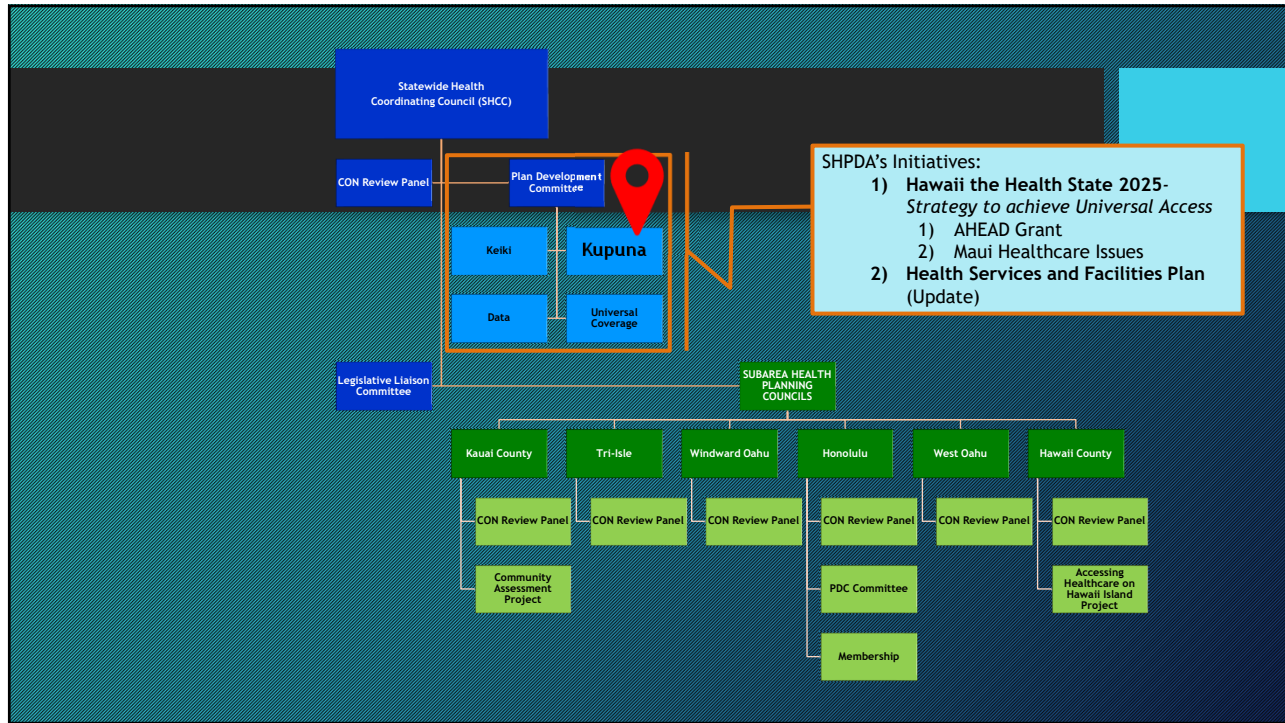
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Rules Governing Meetings



Hawaii's Ethics Code
Hawaii's Sunshine Law

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Hawaii's Ethics Code

1. Required For State Employee and Board/Commission Members
2. Strongly Encouraged for SHPDA's Advisory Council Members
 - Familiarize yourself with DOs and DONTs relevant to ethics
 - 30-Minute Self-Directed Training
3. Questions? Contact the Hawaii State Ethics Commission



Hawaii State Ethics Commission
 Phone (808) 587-0460
 Email @ ethics@hawaiiethics.org
 Attorney of the Day

30-Minute Self-Directed Training
<https://ethics.hawaii.gov/ethiconlinetraining/>

90-Minute Live Zoom Training
<https://ethics.hawaii.gov/training/>

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Hawaii's Ethics Code

The Ethics Code is a set of laws designed to ensure integrity in state government

1. No "gifts" for doing your job (even if it's a volunteer position)
2. No extra "perks" for doing your state job (i.e.: expedite CON application)
3. No conflicts of interest
4. Financial disclosures - Governor Appointed members
5. Restrictions on post employment (Waiting period):
 - 1-yr on certain kind of private work;
 - 2-yrs on contracts with the State;
 - Permanent restriction on revealing confidential information; and,
 - 1-yr restriction on lobbying for legislators, legislative employees, and other high-level state employees)



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Hawaii's Sunshine Law

(Part I, Chapter 92, HRS)

1. Hawaii's Open Meeting Law
2. Governs the way all state and county boards must conduct their official business
3. Intent is to assure government transparency
4. Opens government processes to public scrutiny and participation by any interested individual
5. Implications for members:
 - Business cannot be discussed outside of a council meeting (unless meets the criteria for a "Permitted Interaction")
 - There must be advance notice of a meeting (at least 6-days prior)
 - There must be public access to council discussions, deliberations, etc. (Agenda Items)
 - There must be opportunity for public testimony (several times) during a meeting
 - There must be minutes (post within 40-days)

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Hawaii's Sunshine Law - Updates

Sunshine Law Updates

1. **Act 220** (Governor Ige, July 6, 2021)
 - Landmark legislation to allow public meetings to be conducted remotely
 - Requires one in person meeting location for those who are unable or unwilling to participate remotely (Appears as "SHPDA Public" on SHPDA Public Meetings conducted virtually)
2. **Act 165** (Governor Ige, June 27, 2022)
 - Mandatory Ethics Training Effective January 1, 2023
3. **Act 125** (Governor Green, June 23, 2023)
 - Recording of Public Meetings, Effective October 1, 2023

* Ethics Training is not mandatory for Advisory Council members; but is strongly encouraged

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**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

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September 20, 2023

SHPDA Key Priorities 2023-2024 Summary Listing

SHPDA was created by the Legislature in 1975 to fulfill a large and critically missing state capacity and responsibility for health care and services planning and development in Hawaii. SHPDA was enacted through HRS Chapter 323. The agency originally had 65 staff to serve as the de facto “health authority” for the Governor, the Legislature, and the Hawaii health sector. The staff was whittled down over the Agency’s 48-year history during deficit budget years from 65 to 6 positions, and the mission narrowed as a result to only being capable of managing the state’s Certificate of Need (CON) process. The CON process has been a beneficial means of cost containment, but it represents only small fraction of what the state requires to be able to monitor, track, and improve the health status of the Hawaii population, as well as too monitor and report on the state’s return on investment in terms of population health status and comparative outcomes, quality, and cost effectiveness of health care services. Hawaii Act 139 of 2016 further authorized SHPDA in 2016 to obtain health data from all Hawaii insurers to fulfill its mission through an All-Payers Claims Database (APCD), which has been created and will soon be generating statewide comprehensive health status monitoring and population health reports. Once operational, Hawaii will be the first state to accomplish this national critically important goal. Priorities 1-3 will move the agency toward a proactive ability to achieve our original mission, but the very modest staff and infrastructure investments in Priorities 1 & 2 are necessary for those steps in Priorities 3-7 to be realizable. The full explanations and justification for the SHPDA Key Priorities for 2023-2024 follows this summary page.

SHPDA Key Priorities 2023-2024 Summary List

- | | |
|---|--|
| 1. SHPDA Essential Modernization* | <u>\$244,266 Legislative ask*</u> |
| 2. State of Hawaii Health Services and Facilities Plan* | <u>\$102,355 Legislative ask*</u> |
| 3. Hawaii the Health State Universal Access/Affordable Care* | <u>\$745,000 Legislative ask*</u> |
| 4. Health Status Monitoring and Population Health Reporting Grant | \$250,000 part of AHEAD |
| 5. Keiki and Kupuna Initiatives Phase One | Part of MedQuest Waiver |
| 6. Secure “Specialist Telemedicine Access” grant for Maui | \$200,000 one-year Foundation Grant |
| 7. Secure CMS/CMMI “AHEAD” Grant for Hawaii | \$325,000 Foundation Grant |
| *Total Legislative ask through Administration/Legislative Package | \$1,091,621 |
| Total Foundation, other philanthropy, or federal grant requests | \$525,000 |

(AHEAD Grant funding if successful: \$12,000,000 over 6 years)

September 20, 2023

SHPDA Key Priorities 2023-2024

1. **SHPDA Essential Modernization**. This priority for us at the agency, along with priorities 2 and 3 are SHPDA's most important priorities. Without these necessary steps and funding to improve SHPDA's staff and infrastructure, we cannot fulfill the important mission we are charged to achieve. SHPDA was created by the Legislature to fulfill a large and critically missing state capacity and responsibility for health care and services planning and development in Hawaii with its enactment through HRS Chapter 323 in 1975. The agency originally had 65 staff to serve as the de facto "health authority" for the Governor, the Legislature, and the Hawaii health sector. The staff was whittled down over the years during deficit budget years to 6 positions, and the mission narrowed as a result to basically only being capable of managing the state's Certificate of Need (CON) process. The CON process has been a beneficial means of cost containment and prevention of frivolous or unnecessary investment in health care, but it represents only small fraction of what the state needs to be able to monitor, track, and improve the health status of the Hawaii population, as well as to monitor and report on the state's return on investment in health care in terms of population health status and comparative outcomes, quality, and cost effectiveness of health care services. Priorities 4-6 will all move the agency toward a proactive ability to achieve our mission, but the following very modest staff and infrastructure investments in Priorities 1, 2, and 3 are necessary for those steps to be realizable. These specific funding requests are:

- **The addition of one PHAO staff position** (Public Health Administrative Officer IV SR22) to assist with fiscal, contracts, and personnel management services.

Cost is \$71,016

- **Office redesign, construction, and disposal**: Redesign and construction to accommodate one (1) new staff person, three (3) consultant spaces, two (2) UH student intern workspaces, and a conference room. Also includes disposal of 50 years of unusable equipment and unnecessary old files to make room for new staff space without expansion of office itself.

Cost is \$135,000

- **Electronic filing of all CON records** and other data from 1975 to the present, to free up physical space and make public access to CON and SHPDA documents more convenient and accessible. (First year \$38,250; and \$8000/yr. thereafter)

Cost is \$38,250

- a. The ASK: **\$244, 266** (for 2024 only; recurring costs/yr. will be \$79,016).
- b. Status: These requests are all in the Admin. package for the 2024 Legislature

2. **State of Hawaii Health Services and Facilities Plan**. SHPDA was mandated to develop and periodically revise a State Health Service and Facilities Plan for the Legislature, Governor, and the health sector in Hawaii. When SHPDA had 65 staff this was more realistically achievable, but the staff has been over time reduced to 6 positions which are now devoted exclusively to the Certificate of Need (CON) process, which itself depends on the plan. The last comprehensive revision of the plan was produced in 2009. It is very much needed still, and so we will produce one for 2024 using a short-term consultant research-writer, with help from our staff to produce and circulate. From here on, the plan should be updated at least every other year. For now, we need a consultant, until we can staff up later.

- a. The ASK: **\$102,355 for a consultant writer/researcher**.
- b. Status: this is in the 2024 Administrative budget request.

3. **Hawaii the Health State 2025 – Strategy for Universal Access to High-quality, Equitable, and Affordable health Care for All.**

Hawaii has perhaps more than any other state the potential to design and implement a “public option” insurance *choice* for health care consumers across the entire population. It has to focus on prevention to improve outcomes and equity, and systematically reduce costs. This will require streamlining the regulatory, administration, and access mechanisms, increasing the interfaces between competing insurance participants, and using “value-based” payment models. Despite being provided by multiple payers (HMSA, Kaiser Permanente, Aloha Care (with Federally Qualified Health Centers) and multiple funding sources (Medicaid, employers and employee-union private contributions, and Medicare), the model could require use of advanced primary care models (including physicians, nurses, social workers, psychologists, pharmacists, and care coordinators working in teams, and with telemedicine). It could also employ, high-tech, high-touch home and community care models, and real-time advanced clinical data support and health status monitoring, new technology, and consideration of social determinants. The goal is to include all the latest ‘bells and whistles’ to improve outcomes and equity, and to lower costs of care. The model will only succeed in attracting consumers if it achieves its better outcomes, lower costs, and higher patient *and* provider satisfaction. It will need to be piloted and have full cooperation of all key players above.

- a. The ASK: **\$745,000 for 2024 actuarial, data analytics, and health planning consulting.**
- b. Status: In SHPDA Legislative proposal for funding (also in Administration package).

4. **Health Status Monitoring and Population Health Reporting.** Hawaii, like all states in the US, an effective means of tracking progress and health outcomes, and in identifying gaps and problems in health care and in clinical aspects of public health (primary and secondary prevention and chronic disease outcomes). Under the authority of SHPDA, the legislature amended our authorizing HRS Chapter 323 of 1975 with Act 139 of 2016 to require collection and use for these purposes all insurance data for EUTF (mostly HMSA and Kaiser Permanente), MedQuest, and Medicare beneficiaries, covering well almost 1.2 million Hawaii citizens. That data, collected in the All-Payer Claims Database (APCD) already has more than 1 million residents included, but is still an early phase in mining the data and reporting on it for the aforementioned purposes. The APCD is being managed MedQuest and UH. This priority adds new resources to hire a physician informaticist (probably at UH estimated at \$160,000 per year) and funds (\$90,000) for accelerating the mining of the APCD data.

- a. The ASK: **\$250,000 (not in the 2024 legislative package as of now).**
- b. Status: This will be funded via our federal grant proposal “AHEAD”.

5. **Keiki and Kupuna Initiatives Phase One.** Working with MedQuest on their 1115 Waiver renewal for 2024, Hawaii will request that all uninsured Keiki (birth to 18) be presumptively and automatically insured by MedQuest. SHPDA’s Keiki Advisory Group will develop additional priorities for legislative consideration in 2024 and 2025. Similarly, we will seek a new provision in the 1115 MedQuest Waiver 2024 renewal for a pilot project that allows Hawaii to recoup 50% of savings achieved by diverting Kupuna who are fully eligible for nursing home (LTC) placement and who desire to age at home, to receive home advanced services equal to at least half of current nursing home annual costs (currently averaging \$169,000/year). If successful, the pilot could be expanded broadly, generating millions of savings for additional unfunded health care priorities. Meanwhile, the SHPDA Kupuna Advisory Group will develop additional priorities for advanced Kupuna home care for legislative consideration in 2024-2025.

- a. The ASK: **in negotiations with CMS and MedQuest.**
- b. Status: Kupuna pilots might be funded via privately with HMSA, Queens, or HPH.

-
6. **Secure “MD Specialist Telemedicine Access” grant for Maui.** Hawaii missed the deadline for the Making Care Primary grant program from CMS to improve primary care by increasing access to specialty care and improving access to behavioral health and social determinants of health. We have been invited to piggyback on Colorado’s program through their Netchemistry vendor to allow virtual and immediate telemedicine specialist visits for primary care doctors and their patients to receive immediate consults when specialist access is weeks or months away due to shortages of specialists. This could be critically important for Maui right now, but also for all rural parts of Hawaii. FQHC clinic clinicians and primary doctor practices could access the service. If successful on Maui, we can expand in mid-2024. While valuable statewide, we need start-up \$\$\$ for Maui now, rather than waiting until after the 2024 legislature.
- a. The ASK: \$200,000 in grant/foundation funds to participate ASAP.
 - b. Status: we are seeking emergency state matching or philanthropy funds.
7. **Secure CMS/CMMIⁱ AHEADⁱⁱ Grant for Hawaii.** CMS will select up to 8 states to receive up to \$12 Million each over about 6 years with AHEAD grants. The grants are to improve primary care, chronic disease management, behavioral health, community-based and home care, including social determinants of health like housing, food security, and substance abuse treatment. Because of Hawaii’s PHCAⁱⁱⁱ employer insurance mandate, our MedQuest program, and our statewide FQHC system, we believe we have a head start on winning a grant. The first round of proposals is due by December 2023 – very soon! This could help in Maui fire health recovery efforts; but this is also critical for planning and achieving Hawaii’s ideal health care future and our goal for being first state to achieve universal access to high quality, equitable, affordable health care for all.
- a. The ASK: \$315,000 in planning money ASAP (900 consultant hours @ \$350/hr.)
 - b. Status: We are seeking emergency state or philanthropy funding to apply soon.

ⁱ CMS: Centers for Medicare and Medicaid Services; CMMI: Center for Medicare and Medicaid Innovation Division of CMS. CMMI gives out \$30-100 million in health care grants each year.

ⁱⁱ AHEAD: All-Payer Health Equity Approaches and Development Model (AHEAD Model). The AHEAD Model aims to shift health care to more community-based approaches to better address chronic disease, behavioral health and other medical conditions, according to CMS. The agency hopes that participating states will be better “equipped” to promote health equity, greater primary care utilization and more sustainable health care spending, with seamless interfaces between insurance coverages.

ⁱⁱⁱ PHCA: Hawaii’s unique-in-the-nation Prepaid Health Care Act, which guarantees quality health insurance to nearly all workers and their families.