



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

Meeting Minutes

October 27, 2023 | 12:00 PM Hawaii Time
 Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Melissa Ah Ho-Mauga, Tori Abe Carapelho, Lance Ching, Stacy Haumea (for Scott Daniels), Robert Hirokawa, Jeanette Koiijane, Paul Roeder, Wesley Sumida

MEMBERS ABSENT: Scott Daniels, Adrienne Dillard, Karen Holt, Jillian Kelekoma

GUESTS:

SHPDA: John Lewin, Wendy Nihoa

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	6/19/23	9/1/23	10/27/23	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Melissa Ah Ho-Mauga	/	X	X							
Tori Abe Carapelho	X	X	X							
Lance Ching	/	X	X							
Scott Daniels	X	O	O							
Adrienne Dillard	/	X	O							
Robert Hirokawa	/	X	X							
Karen Holt	X	X	O							
Jillian Kelekoma	X	O	O							
Jeanette Koiijane	/	O	X							
Paul Roeder	X	X	X							
Wesley Sumida*	X	X	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 12:01 p.m. by W. Sumida, Chairperson, Plan Development Committee (PDC) presiding.	
Roll Call	Member, Guest, and Staff introductions. S. Haumea, Hawaii County Subarea Health Planning Council member, attending meeting on behalf of S. Daniels to assure representation from Hawaii island.	
Welcome	W. Sumida welcomed members and staff.	
Minutes	<p>Motion to accept the minutes from the meeting on September 1, 2023. Vote: Unanimous. Motion carried.</p> <p>Public testimony – none.</p>	
Plan Development Committee	<p>W. Nihoa, Comprehensive Health Planning Coordinator, State Health Planning and Development Agency (SHPDA) provided an overview of rules governing PDC meetings. An abbreviated version of the presentation is hereby attached to these minutes as Attachment A.</p> <p>A brief discussion followed.</p>	
SHPDA Key Priorities 2023-2024	<p>J. Lewin, Administrator, SHPDA provided an update on SHPDA’s priorities including planned legislative requests and an Act to convene a task force. The elevated responsibilities of the four (4) PDC Advisory Councils (Data, Keiki, Kupuna, and Universal Access) were highlighted in light of the Health Services and Facilities Plan revision. Reference was made to the “SHPDA Key Priorities 2023-2024 Summary Listing” and hereby attached to these minutes as Attachment B.</p> <p>SHPDA intends to apply for the AHEAD (All-Payer Health Equity Approaches and Development Model) Grant. The Notice of Funding Opportunity is anticipated to be released in November. A link to the AHEAD grant was shared in the chat https://www.cms.gov/priorities/innovation/innovation-models/ahead.</p> <p>Public testimony – none.</p>	
Advisory Council Updates	<p>Data (DAC). R. Hirokawa, Chair reported a spirited discussion at the first DAC meeting. Plans are to round out the DAC by adding a few more members and have the major data resources in the state provide updates at the next DAC meeting. Representatives from Laulima Data Alliance, Hawaii Health Information Exchange and the All-Payer Claims Data Base will be contacted to present. Meeting will be in early December, W. Nihoa to poll members to identify</p>	

	<p>the meeting date and time.</p> <p>Keiki. Deferred.</p> <p>Kupuna (KAC). M. Ah Ho-Mauga, Chair reported finalizing the agenda for the first KAC meeting on November 2nd and commented the membership represents a lot of good resources.</p> <p>Universal Access (UAC). P. Roeder, Chair reported plans initiated for the first UAC meeting. First meeting will focus on rounding out the membership and defining the scope of work.</p> <p>A discussion followed. It was suggested all Councils agree on a set of core values such as social determinants of health, access or prevention for example.</p> <p>Public testimony – none.</p>	
Statewide and Regional Priorities	<p>T. Abe Carapelho reported efforts of the Honolulu Subarea Health Planning Council’s Plan Development Task Force to finalize the standardized process to be utilized by SHPDA Council’s to identify state and regional priorities. It was further noted that the priorities will become a part of the Health Services and Facilities Plan update.</p> <p>W. Nihoa, provided a presentation of the process identified as the :Priority Issues Selection Process”. An abbreviated version of the presentation is hereby attached to these minutes as Attachment C. The presentation was followed by a brief discussion. Members commented - the process is clear and thorough; provides good guidelines; and appreciates the data resources to do independent research.</p> <p>Motion to accept the standardized process and tools to administer to SHPDA councils to determine statewide and regional healthcare priorities.</p> <p>Vote: Unanimous. Motion carried.</p> <p>Public testimony – none.</p>	
Plan Development Committee	<p>W. Nihoa provided a presentation on the SHPDA’s organizational structure. A copy of the presentation is hereby attached to these minutes as Attachment D.</p> <p>W. Sumida stressed the important function of the PDC and its role in supporting the SHPDA’s initiatives highlighting the Health Services and Facilities Plan update.</p> <p>A discussion followed.</p> <p>Public testimony – none.</p>	
Next Steps.	<p>None.</p>	

Next Meeting & Agenda Items	Confirmed meetings are scheduled for December 1, 2023 (12:00 p.m. – 1:30 p.m.) and January 26, 2024 (12:00 p.m. – 1:30 p.m.).
Announcements	None.
Adjournment	The meeting was adjourned at 1:31 p.m.

Meeting Logistics and Governing Rules

Hawaii's Ethics Code
Hawaii's Sunshine Law

1

Hawaii's Ethics Code

- The Ethics Code is a set of laws designed to ensure integrity and transparency in state government
- A few examples of the Ethics Code:
 - No "gifts" for doing your job (applies to volunteers)
 - No extra "perks" for serving
 - No conflict of interest; recuse self from discussion/official business
 - Required Financial Disclosures for some members
 - Restrictions on post employment

2

Hawaii's Ethics Code

- Required for State Employees and Board/Commission Members
 - Act 165 (Governor Green) Effective January 1, 2023
- Strongly Encouraged for SHPDA's Advisory Council Members
 - Familiarize yourself with DOs & DONTs
 - Quick 30-minute Self-Directed Training
- Questions? Contact the Hawaii State Ethics Commissions

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


RESOURCES AND TRAINING
(Recommended)

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

3

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 open government processes to public scrutiny and participation by requiring government business to be conducted as transparently as possible
4. A few examples:
 - a. Council business cannot be discussed outside of a council meeting
 - b. There must be public access to council discussions, deliberations, etc.
 - c. There must be advance notice of a council meeting (at least 6-days prior)
 - d. There must be opportunity for public testimony throughout the agenda
 - e. There must be minutes (posted within 40-days)
 - f. Roll Call of Members (Be able to visually identify member)
 - g. Voting (Be able to visually identify member)



4

Hawaii's Sunshine Law (continued)

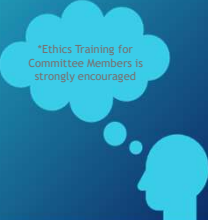
4. Highlights:
 - a. Council business cannot be discussed outside of a council meeting
 - b. There must be public access to council discussions, deliberations, etc.
 - c. There must be advance notice of a council meeting (at least 6-days prior)
 - d. There must be opportunity for public testimony throughout the agenda
 - e. There must be minutes (posted within 40-days)
 - f. Roll Call of Members (Be able to visually identify member)
 - g. Voting (Be able to visually identify member)
 - h. Only Agenda items can be discussed. Any discussions off-subject will be deferred to a future meeting and made part of that agenda.



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Hawaii's Sunshine Law - Updates

1. Act 220 (by 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
2. Act 264 (Governor Ige, July 8, 2022)
 - Prohibits boards from taking oral testimony only at the beginning of a board's agenda or meeting.
 - Public Inspection of board packets 48-hours prior to meeting.
3. Act 165 (Governor Ige, June 27, 2022)
 - Mandatory Ethics Training* Effective January 1, 2023
4. Act 125 (Governor Green, June 23, 2023)
 - Recording of Public Meeting, Effective October 1, 2023




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Hawaii's Sunshine Law resources



Consultation
You may contact the OIP @
Phone (808) 587-1400
Email @ oipl@hawaii.gov
Attorney of the Day



Resources and Training @
<https://oipl.hawaii.gov/training/>
Members are encouraged to review
the Sunshine Law Requirements

7

QUESTIONS?

THANK YOU!

8



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

PRIORITY ISSUES SELECTION PROCESS

PDC Overview | October 27, 2023

Promoting accessibility for all the people of the State to quality health care services at a reasonable cost.

PRIORITY SELECTION SUMMARIZED



TWO PHASE PROCESS

- 1) INDIVIDUAL SELECTION OF ISSUES/PROBLEMS
- 2) COUNCIL DEBATE AND PRIORITY SELECTION



**FACILITATED DURING
COUNCIL MEETINGS
DETERMINED BY CHAIR/VC**



TEMPLATES

- 1) INDIVIDUAL ISSUES/CHALLENGES LIST
- 2) SELECTION CRITERIA & CONSIDERATIONS

PHASE 1

INDIVIDUAL MEMBER SELECTION OF
ISSUES/CHALLENGES



COUNCIL MEMBER RESPONSIBILITIES (EXCERPT)

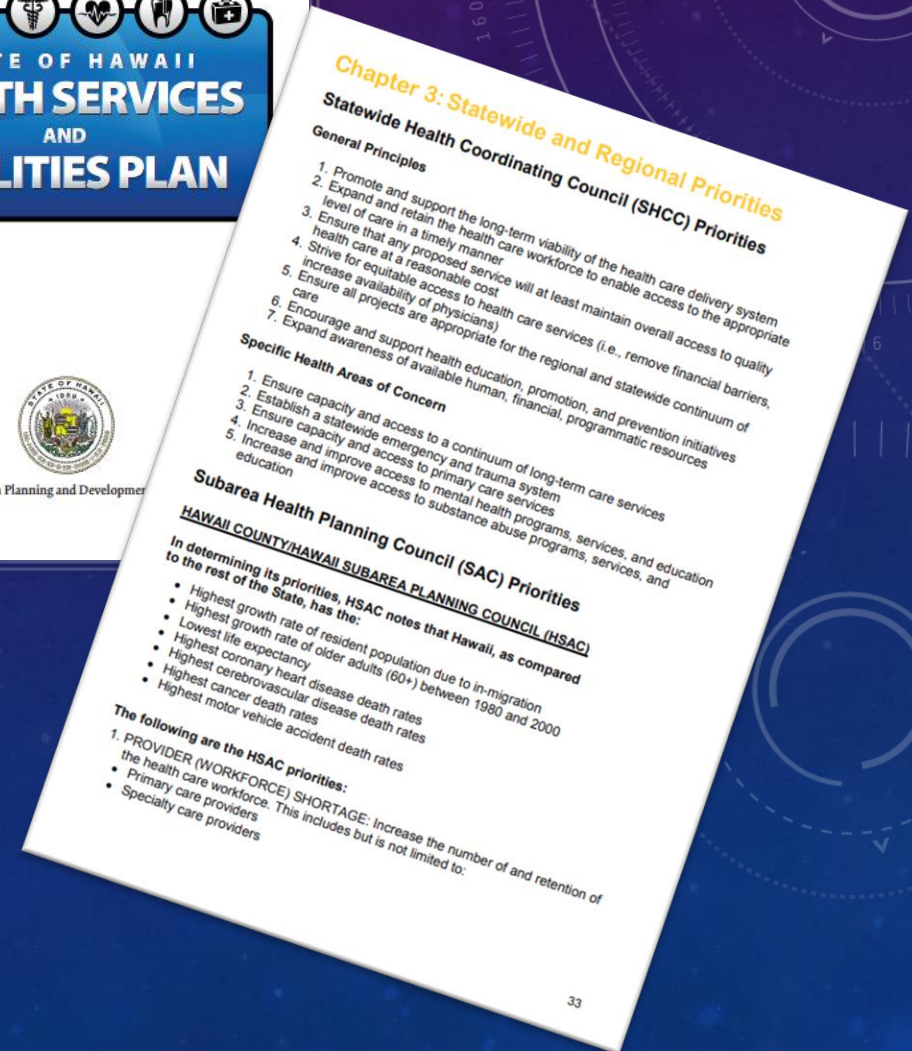
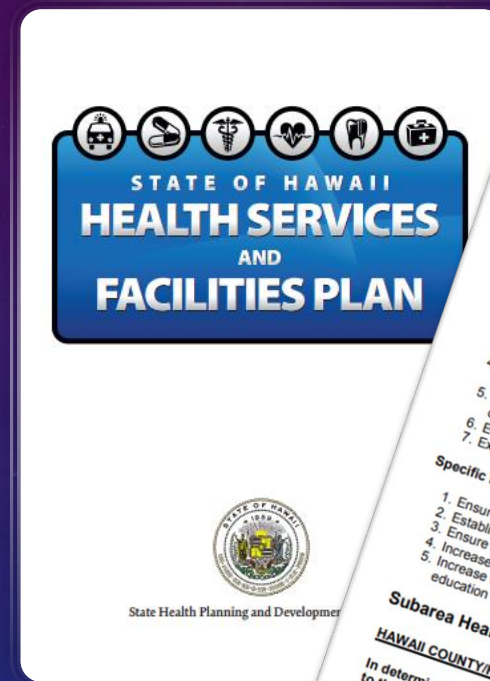
- **§323D-22 Subarea health planning councils, functions, quorum and number of members necessary to take valid action.** (a) Each subarea health planning council shall review, seek public input, and make recommendations relating to health planning for the geographical subarea it serves. In addition, the subarea health planning councils shall:
 - (1) Identify and recommend to the state agency and the council the data needs and special concerns of the respective subareas with respect to the preparation of the state plan.
 - (2) Provide specific recommendations to the state agency and the council regarding the highest priorities for health services and resources development.
 - (3) Review the state health services and facilities plan as it relates to the respective subareas and make recommendations to the state agency and the council.

CURRENT PRIORITIES

- Health Services and Facilities Plan 2009, Chapter 3: Statewide and Regional Priorities
- Identifies health care priorities by geographical areas (SACs) and statewide (SHCC)
- Utilized for health care planning (Certificate of Need)
- No previous standardized methodology for identifying priorities

FUTURE PRIORITIES

- Methodology will provide a standardized approach to identifying priorities
- Will encourage collaboration



PROCESS

1. Review current Council Priorities (2009)
2. Data Resources (Overview. Hyperlinks will be provided)
 - Guest Speaker(s) depending on timing of meeting and availability of speakers
 - Examples of Data Resources:
 - SHPDA Health Care Utilization Reports
 - Hawaii Data Warehouse
 - BRFSS
 - Hawaii Health Survey
 - HAH Reports/Laulima
 - Hawaii Primary Care Association – Hawaii Health Centers
 - Hyperlinks to Data Resources, Reports, etc., will be provided.

THEN...

PROCESS CONTINUED

3. Members will then be assigned “homework” to develop their **Individual Issues/Challenges List** with the following instructions:
 - a) Complete the Individual Issues/Challenges List.
 - b) To be completed individually; consulting or discussions with fellow board members are prohibited.
 - c) The issues/challenges listed should be those 1) you are aware of and/or 2) encountered in the region you represent.
 - d) Issues/Challenges can be wide-ranging and broad but should have a direct connection to the health care of the community in your region.
 - e) Review Data (Quantitative & Qualitative) if/when possible.
 - f) Use the **Selection Criteria and Considerations.**
 - g) A due date will be determined with submission to SHPDA.



INDIVIDUAL ISSUES/CHALLENGES LIST

1	2	3	4
#	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED AS A PRIORITY ISSUE	COMMENTS
1			
2			
3			
4			
5			

Column 1 For reference only. No significance.

Column 2 List the issue/challenge.

Column 3 Include a brief explanation as to why this is an issue in the subarea you represent. Data may be included but not required.

Column 4 Include any supporting notes, reference, etc.



SELECTION CRITERIA AND CONSIDERATIONS

#	CRITERIA	CONSIDERATIONS
1	Problem Significance	<ul style="list-style-type: none">• Magnitude: The prevalence, incidence, and extent of the problem to under its reach and impact.• Severity: The seriousness of harm caused by the problem and the number of individuals affected.
2	Feasibility and Capacity	<ul style="list-style-type: none">• Infrastructure and Existing Resources: The current resources, systems, and limitations in addressing the problem.• Community Engagement. The community's willingness to participate, engage and support.
3	Impact and Consequences	<ul style="list-style-type: none">• Unintended Consequences. Potential negative outcomes caused by the problem.• Root Problem. Is the problem a fundamental cause of other related issues.
4	Existing Efforts and Potential Solutions	<ul style="list-style-type: none">• Current Efforts and Adequacy. The effectiveness of current initiatives/resources in addressing the problem.• Potential for Improvement. Opportunities to enhance or expand solutions for greater impact.
5	Resource Mobilization and Collaboration	<ul style="list-style-type: none">• Resource Availability: The presence of available resources and potential local/national support.• Partnerships and Collaborations: Potential collaborations to address the problem more effectively.• Stakeholder Support: Will stakeholders, including legislators, likely support the solution.

INDIVIDUAL ISSUES/CHALLENGES LIST (5 MAX)

#	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED FOR A PRIORITY ISSUE	COMMENTS
1	Youth Suicide	<ul style="list-style-type: none"> • 5 Suicides at High School during SY 2022-2023. • The suicide death rate for youth aged 15-24 in HI is 19.3 compared to the country's 14.4 average for the same age range (TeenLink Hawaii) • Lack of Education on this subject • People don't think it's a problem until it's too late - need prevention programs and resources. • Lack of accessible help - long waiting time for appointment; only option is Hospital Emergency Dept. 	Will likely increase due to Maui Wildfires.
2	Food Equity	<ul style="list-style-type: none"> • Cost of food in HI is significantly higher than on the mainland - 61% higher than rest of US (Good Food for All Report, DOH) • 15.1% of Kupuna do not have access to adequate food (HI Health Matters) • Limited resources 	Forced to eat "junk food" and canned goods - inexpensive (as compared to healthier food options)
3	Lack of Access to Mental Health/Wellness Support	<ul style="list-style-type: none"> • Wait time for a visit with a Mental Health Provider is 1-2 months or longer • Wellness Support is expensive and not always covered by Insurance 	Lack of data to support.
4	Transportation for Kupuna		
5			

EXAMPLE

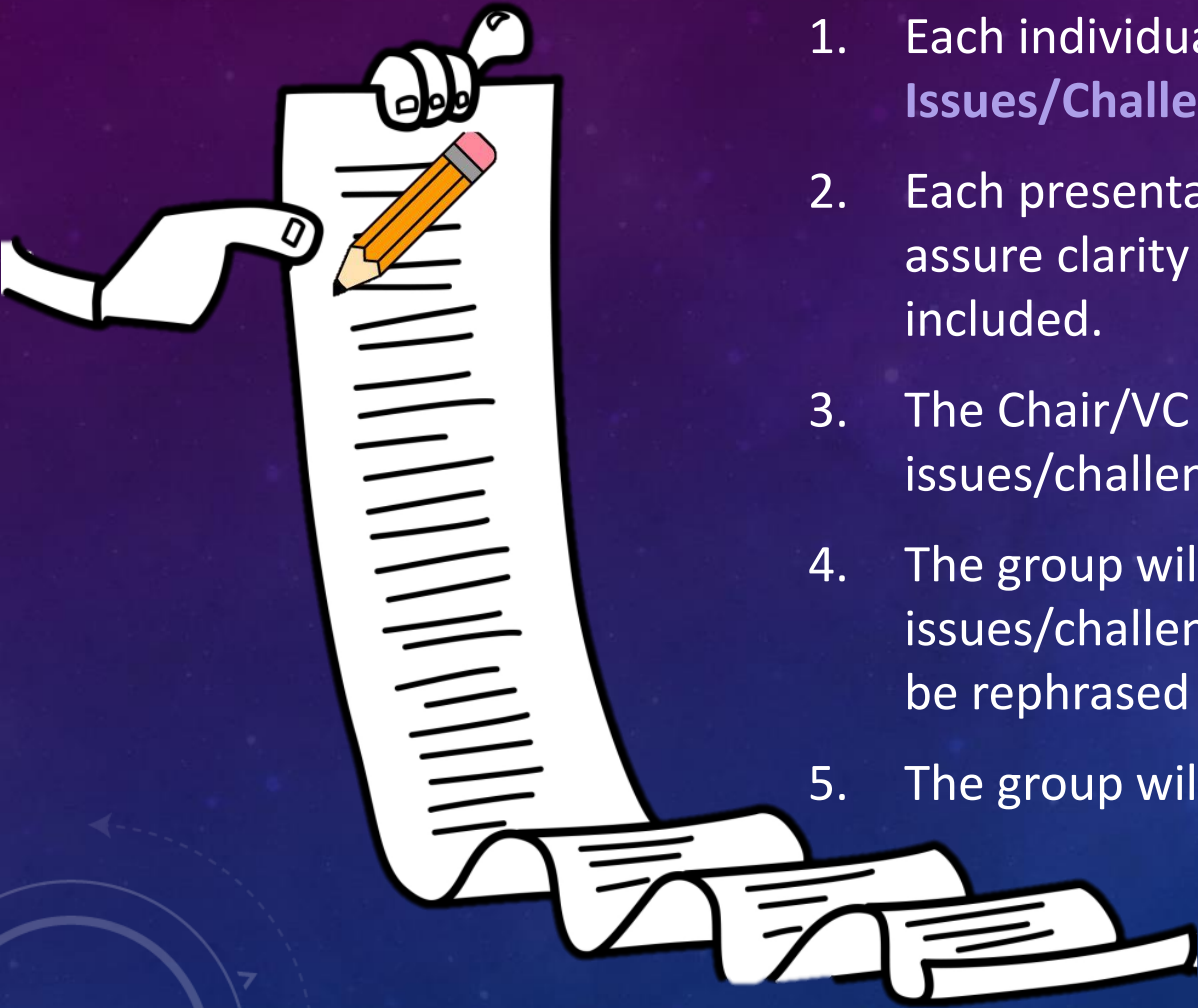
PHASE 2

COUNCIL SELECTION OF PRIORITIES



SELECTION OF PRIORITIES PROCESS

1. Each individual member will present their **Individual Issues/Challenges** List at the designated Council meeting.
2. Each presentation will be followed by a Q&A and discussion period to assure clarity and to allow members to provide data not already included.
3. The Chair/VC or designee member will create an exhaustive list of all issues/challenges.
4. The group will then collectively create “like categories” or “buckets” of issues/challenges. During this step, the issue/challenge may need to be rephrased to create the priority.
5. The group will then vote to rank the Priorities (1-5)

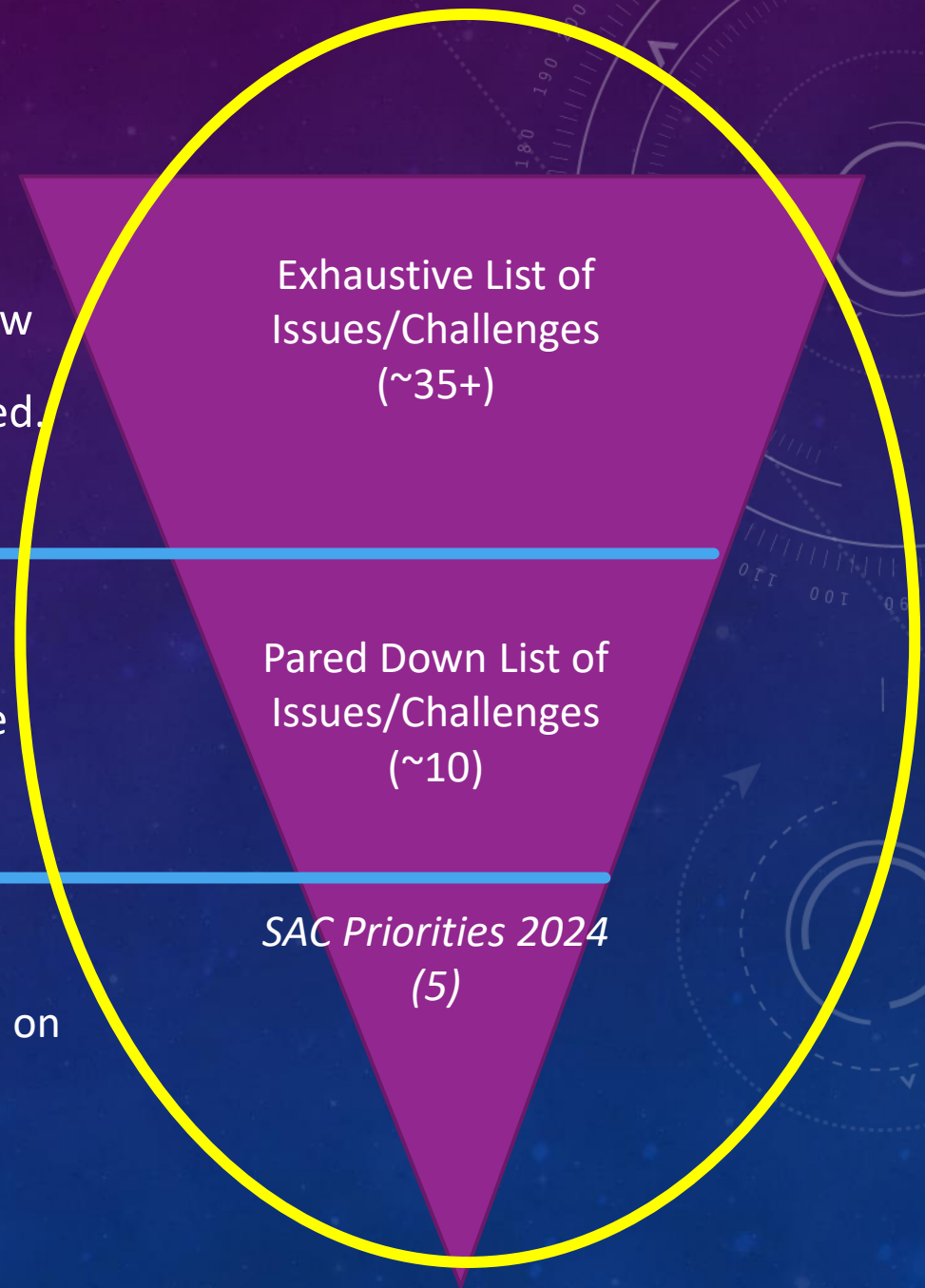


BRINGING IT ALL TOGETHER

- 1. Presentations of Individual Issues/Challenges Lists.** Allow for Q&A and discussion to ensure each member understands the context of each Issue/Challenge Proposed.
- 2. Exhaustive List of Issues/Challenges Created.**


- 3. Pare Down Exhaustive List of Issues/Challenges.** The purpose of this process is to narrow down (Create “Like” Buckets of Issues/Challenges). This list will be used in the next step to determine the priorities.

- 4. Developing Priorities.** SAC members will determine the Issues/Challenges to determine the SAC Priorities 2024 based on the (buckets) of Issues/Challenges.



MOVING FORWARD

Process Length 2-6 Months
– Depending on meeting
frequency of the Council



Administer Process to all
SACs and SHCC



Timeframe:
November/December 2023
through April/May 2024



Health Services and Facilities Plan 2024/2025



Chapter 3: Statewide and Regional Priorities

SHCC

KCSAC

TISAC

WISAC

WOSAC

HONSAC

HCSAC



QUESTIONS?





**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

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

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.

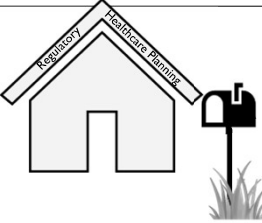
ⁱⁱⁱ PHCA: Hawaii’s unique-in-the-nation Prepaid Health Care Act, which guarantees quality health insurance to nearly all workers and their families.

	<h1>SHPDA: ORGANIZATIONAL STRUCTURE</h1>	<p>HOW DOES IT ALL FIT TOGETHER?</p> <p>OCTOBER 27, 2023</p>
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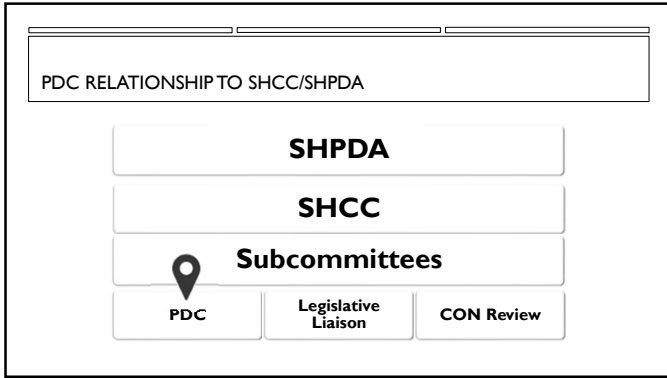
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<p>For every minute spent in organizing, <i>an hour is earned.</i></p> <p>— BENJAMIN FRANKLIN</p>	
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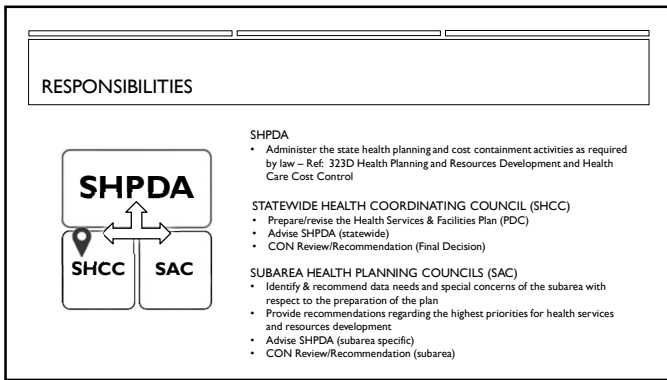
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<h3>THE TWO SIDES OF THE STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)</h3>	
<p>Regulatory</p> <ul style="list-style-type: none">Administer the Certificate of Need Program <p>Healthcare Planning</p> <ul style="list-style-type: none">Prepare, revise, and implement the State's Health Services and Facilities PlanConduct Studies and Investigations on Healthcare CostsImplement Special ProjectsAssure Community input in planning (Convening of SACs, SHCC, Subcommittees, Advisory Councils, etc.)	

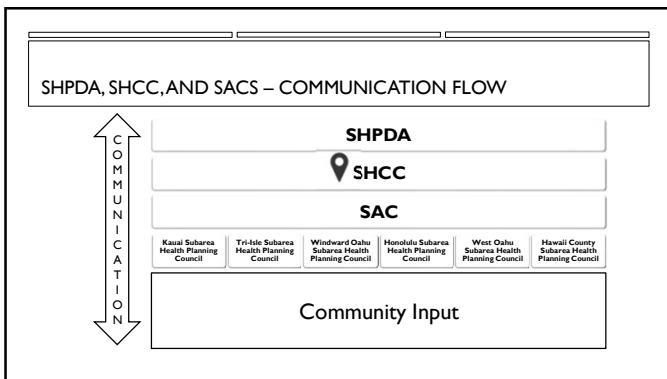
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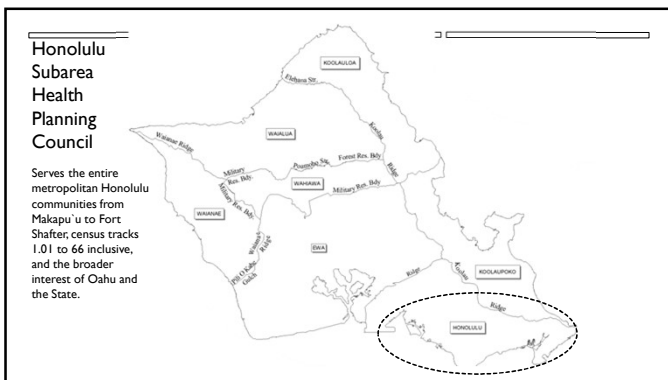
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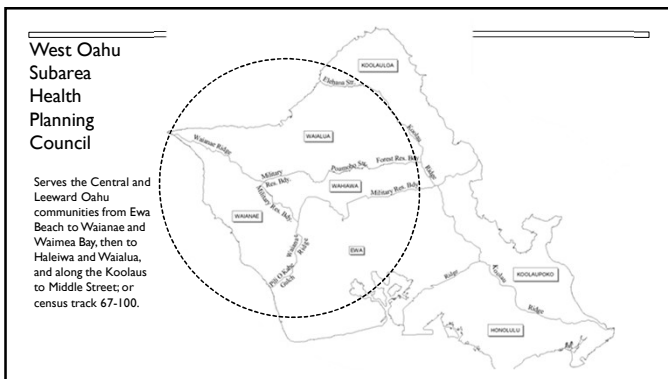
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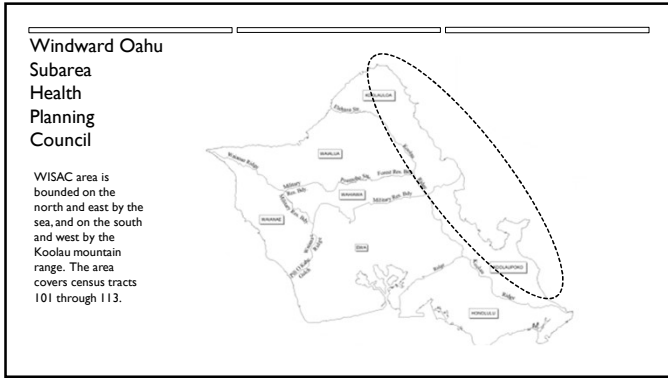
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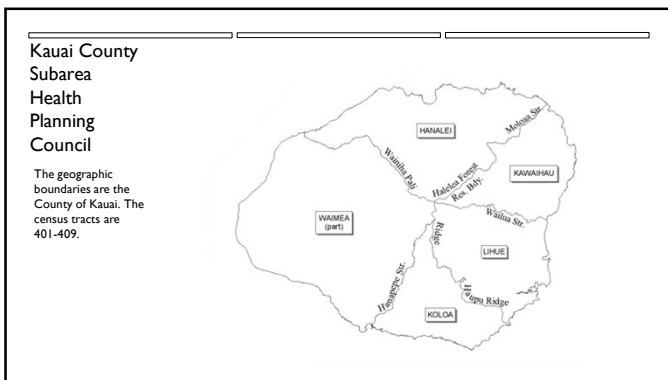
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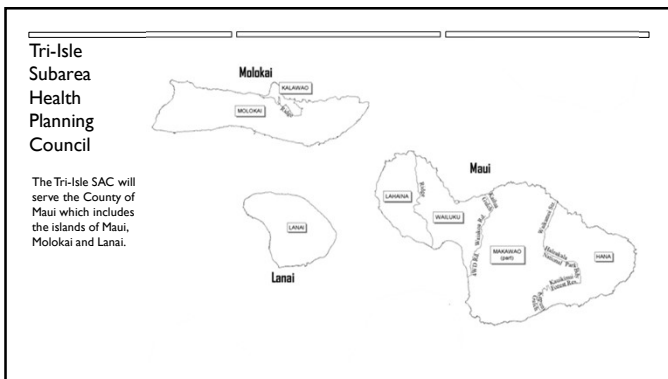
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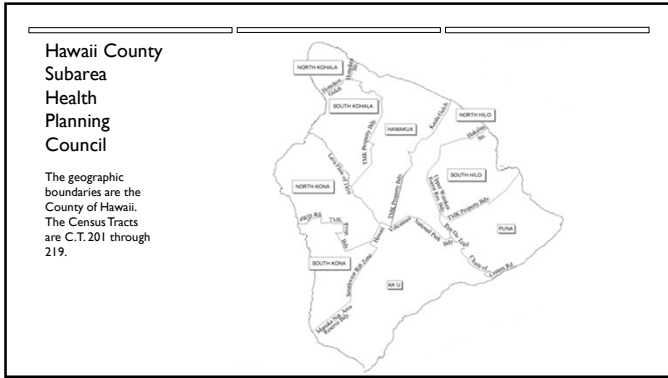
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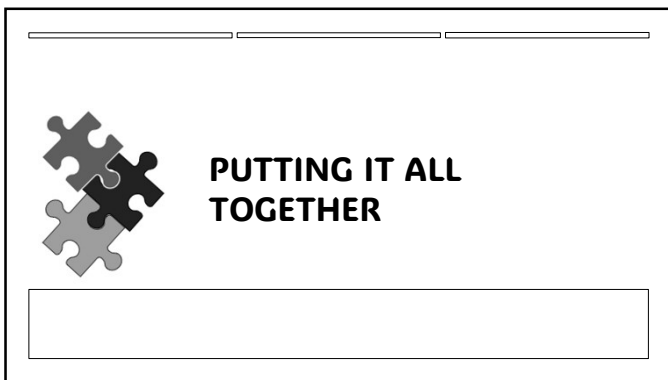
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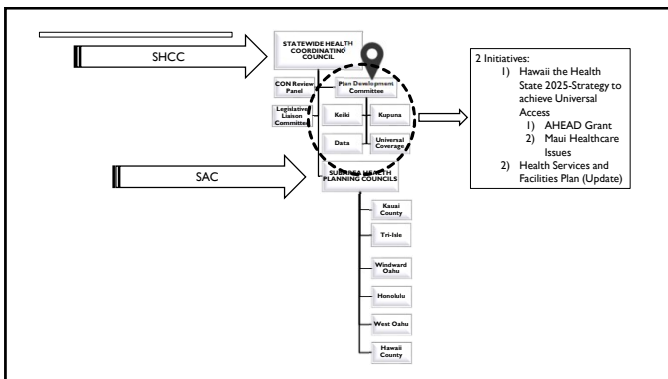
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