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

Meeting Minutes

December 20, 2023 | 1:30 PM Hawaii Time
Virtually via Zoom and Physical Meeting Location at
The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Mark Alexander, Jonathan Ching, Victoria Fan, Beth Giesting, John McComas, Lawrence Nitz, Gary Okamoto, Michael Robinson, Melvin Sakurai, Marilyn Seeley, Rae Seitz, Nadine Tenn Salle, Paul Roeder
MEMBERS ABSENT: Rick Bruno Sheri Daniels, Jenn Diesman Linda Rosen Malia Tallett,
GUESTS: Dawn Kurisu, Kelii Nixon
SHPDA: John Lewin, Wendy Nihoa

ATTENDANCE RECORD OF MEMBERS

Date	11/16/23	12/20/23	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Mark Alexander	X	X								
Rick Bruno	X	O								
Jonathan Ching	O	X								
Sheri Daniels	O	O								
Jenn Diesman	X	O								
Victoria Fan	X	X								
Beth Giesting	X	X								
John McComas	X	X								
Lawrence Nitz	X	X								
Gary Okamoto	X	X								
Michael Robinson	X	X								
Linda Rosen	X	O								
Melvin Sakurai	X	X								
Marilyn Seeley	X	X								
Rae Seitz	X	X								
Malia Tallett	O	O								
Nadine Tenn Salle	X	X								
Paul Roeder*	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 11:31 p.m. by P. Roeder Chairperson, Universal Access Advisory Council (UAAC) presiding.	
Roll Call	Member roll call.	
Welcome	P. Roeder welcomed new members. Followed by member, guest, and staff introductions.	
Universal Access Advisory Council Member Survey	P. Roeder shared the results of the member survey. Survey results are hereby attached to these meeting minutes. A discussion followed. To better understand the Maryland All Payer Model (MAPM) a request will be made to the MAPM for an educational session (preferably before the next UAAC meeting). During the discussion the following hyperlinks were shared in the Zoom chat: 1. The State Health Planning and Development Agency's 2022 Health Care Utilization Report @Hawaii State Department of Health | 2022 Data 2. The Maryland All Payer Model @Maryland All-Payer Model | CMS. Call for public testimony – none.	J. Lewin to identify and schedule a speaker from MAPM.
SHPDA Updates	J. Lewin, Administrator, SHPDA noted SHPDA's 2024 Budget request was denied; alternative measures to obtain funding for SHPDA staff and operations are being sought. The AHEAD grant application is due on March 18, 2024. Grant details may be accessed here https://www.cms.gov/priorities/innovation/innovation-models/ahead A discussion followed. Suggestions were made to consider other healthcare systems – how it started, struggles, lessons learned, etc. The British and Germany healthcare systems were suggested. Call for public testimony – none.	
Meeting Logistics	P. Roeder suggested meeting once in January and twice in February of 2024 depending on action items for the group.	
Announcements	None.	
Next Meeting	January 30, 2024, 11:30 a.m. – 1:00 p.m. (via Zoom).	

	Agenda items: Maryland All-Payer Model, SHPDA Updates.	
Adjournment	The meeting was adjourned at 12:45 p.m.	

Member Survey
RESULTS

Universal Access Advisory Council
December 20, 2023

Overview

Survey Period

December 7-20, 2023

16

Responses

78:53 mins

Average Time to Complete

1. Regarding the future of health care in Hawai'i, proceeding with the status quo is a reasonable option (check correct option)

More Details

Agree	0
Disagree	15
Not Sure	0

2. If I had to choose a commonly considered policy option for the future of health care in Hawai'i, I might positively consider (choose all that apply):

More Details

Medicare for All model	7
Medicare Advantage for All mo...	7
Statewide Accountable Care mo...	6
Statewide Public Option model	9
Another Hawaii-Specific New St...	6

3. Brief description of my preferred "Hawai'i-specific universal access policy option

10 Responses

ID ↑	Name	Responses
1	anonymous	Build a seamlessly integrated and value based all-payer but multiplayer integration of the PHCA, Medicaid and Medicare with advanced primary care and high-tec, high-touch home health
2	anonymous	I do not have a description of what this would look like except in broad strokes: Everyone has access to basic health care which is not "rationed", rather appropriate and apportioned to an individual's medical, psychological, emotional, financial, and social situation. Premiums should be based upon an individual's ability to pay, not arbitrary fee schedules.
3	anonymous	Offer public or Medicare-like option with benefits mirroring PHCA coverage to anyone who isn't able to get employer-sponsored or public insurance (i.e., Medicare, Medicaid, ACA). Could include a subsidy to make ACA or Medicaid buy-in affordable plus free or low-cost coverage for anyone not eligible for other options.
4	anonymous	One that covers children universally and kupuna
5	anonymous	Universal publicly funded health care for all

6	anonymous	includes social determinants of health. A fully integrated, statewide data and information system that has complete and comprehensive information on all and is accessed and used by all providers. Payments throughout the entire system are standardized.
7	anonymous	Hawaii designed and led
8	anonymous	Preferred model sets fixed payment for specific services not separate provider contracts with differing reimbursement depending on type of insurance
9	anonymous	A public option with standard prepaid constraints.
10	anonymous	Medicare for all model including prescriptions, non-acute care, and dental

4. Massachusetts, Rhode Island, Connecticut, Pennsylvania, Vermont, California, Oregon, and Washington state are developing a Global Budget (GB) strategy to track total costs of health care (TCOC) and prevent state health care costs from rising faster than inflation. Hawai'i should also (voluntarily or regulatorily) develop a way to accomplish this as a necessary goal.

More Details

Agree	11
Disagree	0
Not sure	4

5. Maryland has had an allegedly positive two-decade experience with an All-Payer hospital financing system (for facility but not professional services). Hawai'i should explore this.

More Details

Agree	13
Disagree	0
Not sure	2

6. CMS and the federal government have set a 2030 goal to move all their Medicaid and Medicare programs to value-based models, eliminating or disincentivizing-by-freezing fee-for-service (FFS) payments for most services. Hawai'i should be preparing for this and moving away from FFS models here well before 2030.

More Details

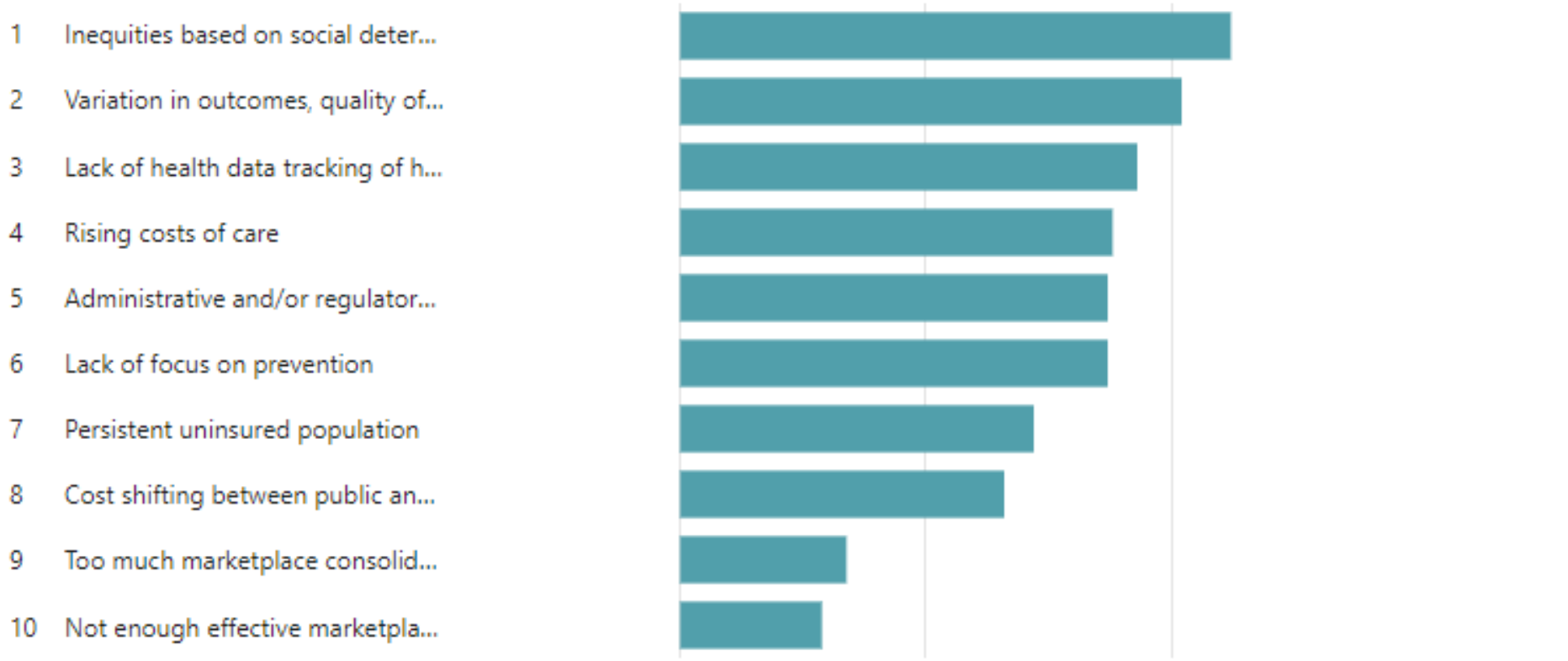
Agree	14
Disagree	0
Not sure	1

7. The biggest *solvable* workforce and/or facilities problems we face in Hawai'i are: (using the arrows to the right please rank from 1 to 10 in terms of priority, with 1 as highest and 10 as lowest priority)

More Details

8. The biggest solvable non-workforce/facilities policy problems we have are:
(using the arrows to the right please rank from 1 to 10 in terms of priority, with 1 as highest and 10 as lowest priority)

More Details



9. Hawai'i lacks a state health oversight and regulatory authority or agency to keep the marketplace fair, high quality, and cost effective. We should consider developing such an agency.

More Details

Agree	10
Disagree	0
Not sure	5

10. Hawai'i's Medicare annual per capita benchmark payment is 25% lower than the national average, and our geographic practice cost index (GPCI) payment for physician practices is far lower than for other similar and significantly rural states. We have a good chance of working with our Congressional delegation to dramatically increase federal reimbursement here.

More Details

Agree	11
Disagree	2
Not sure	2

11. Despite our shortcomings, Hawai'i's Prepaid Healthcare Act, MedQUEST's progress, a relatively healthy and mostly insured population, and our multi-cultural assets of Aloha and Ohana, Hawai'i is well positioned to be a national and state leader in health system reform.

More Details

Agree	12
Disagree	1
Not sure	1

12. What for me was missing in this survey that I feel important to share in addition to the preceding:

10 Responses

ID ↑	Name	Responses
1	anonymous	Do we have the will and leadership to effectively create universal access to high-quality affordable health care for All? YES!
2	anonymous	We must have a strong and consistent view of where the largest disparities, poorest outcomes, and resource deserts exist and focus our energies there. If we can solve the most difficult problems with access, quality, and cost the easier stuff will follow. We should develop consensus around the most important competencies, knowledge, and skills we want our providers to possess. and set foundational aspirations such as strong and consistent shared decision-making among out citizens. Probe needs of caregivers and LTC entities.
3	anonymous	While social determinants were mentioned, I feel addressing them is of utmost importance in improving health status for the minority of state residents. While universal coverage is a goal we should achieve, we must also talk about measuring the health effects of investing in housing, improving nutrition, reducing economic inequity, etc. I also believe that Hawaii's medical system isn't bad in itself but it is fragmented because behavioral and oral health are not integrated into it.
4	anonymous	Need to strive for a revolution and not an evolution. Take big swings and see if we can hit some homeruns. Move away from the "free market" health care system.
5	anonymous	Effective health requires stronger public health. Greater investment in public health is needed.

6	anonymous	A statewide policy effort to control rising healthcare costs would help to advance current efforts in the market and could improve the future of healthcare in Hawaii. However, the type of regulation and requirements would need to avoid unintended consequences (e.g., making the market and network less attractive to providers that we need to ensure access to care on all islands). Additionally, developing a statewide oversight or regulatory agency would require expertise and potentially new skillsets we would need to build. And lastly, a statewide data sharing requirement across the entire spectrum of health care is a pivotal foundational element of any significant approach to health policy redesign. Aloha.
7	anonymous	There has been a lot of emphasis on data, but I think we need to identify the important unanswered questions we think more or better data will answer. Also, although fee for service has its downsides, and many including CMS think "value-based" reimbursement, or "global budgets" can control the rising cost of healthcare, I''m not sure this approach has actually proved to produce better care at a lower cost.
8	anonymous	We need a timeline and clear incentives for different groups to join the state's ambitious goal of universal, equitable, and high-quality care.
9	anonymous	Affordable housing and general cost environment that creates ability to develop a workforce to move healthcare priorities forward. This is a challenge that pre-existed the pandemic, which is now exacerbated.
10	anonymous	We need to explore other revenue options including taxing medicare plans and accessing the federal match, targeting funds generated to support medicaid. Also, GET for healthcare should be eliminated. Some kind of tax should be imposed on nonprofit healthcare entities whose compensation packages are deemed high, e.g., those that pay their nonprofit boards.

Thank you For Participating