

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

January 30, 2024 | 11:30 PM Hawaii Time
 Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Jonathan Ching, Jenn Diesman, Beth Giesting, John McComas, Lawrence Nitz, Gary Okamoto, Michael Robinson, Linda Rosen, Melvin Sakurai, Marilyn Seeley, Rae Seitz, Paul Roeder, Charlene Young

MEMBERS ABSENT: Mark Alexander, Rick Bruno, Sheri Daniels, Victoria Fan, Nadine Tenn Salle

GUESTS:

SHPDA: John Lewin, Wendy Nihoa

ATTENDANCE RECORD OF MEMBERS

Date	11/16/23	12/20/23	1/30/24	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Mark Alexander	X	X	O							
Rick Bruno	X	O	O							
Jonathan Ching	O	X	X							
Sheri Daniels	O	O	O							
Jenn Diesman	X	O	X							
Victoria Fan	X	X	O							
Beth Giesting	X	X	X							
John McComas	X	X	X							
Lawrence Nitz	X	X	X							
Gary Okamoto	X	X	X							
Michael Robinson	X	X	X							
Linda Rosen	X	O	X							
Melvin Sakurai	X	X	X							
Marilyn Seeley	X	X	X							
Rae Seitz	X	X	X							
Malia Tallett	O	O	X							
Nadine Tenn Salle	X	X	O							
Paul Roeder*	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 11:31 p.m. by P. Roeder Chairperson, Universal Access Advisory Council (UAAC) presiding.	
Roll Call	Member roll call.	
Welcome	P. Roeder welcomed members. Followed by member, guest, and staff introductions.	
Minutes	<p>Approval of the minutes from the January 19 & 22, 2024 meetings – deferred.</p> <p>Motion to accept the minutes from the December 20, 2023 meeting.</p> <p>Vote: Unanimous. Motion carried.</p> <p>Public Testimony - none.</p>	
Meeting Overview	P. Roeder provided the meeting overview.	
SHPDA Updates	<p>J. Lewin, SHPDA Administrator provided the following updates:</p> <p>2024 Legislative Session. SB2285 the SHPDA “upgrade bill”; SB3129 (and companion measure HB2728) establishes the Hui Ho’omana Task Force to provide a report to the Legislature on the status of healthcare in the state. Both SB2285 and SB3129 passed its first hearing. HB2728 to be heard tomorrow. No update on Hawaii Medical Services Association’s (HMSA) Concurrent Resolution relating to data. As a point of reference, a copy of this draft is hereby attached to these minutes as Attachment A.</p> <p>Zoom chat: SB2285 Amends the functions and duties of SHPDA; appropriates funds for administrative costs and positions. SB3129 and companion HB2728 Establishes the Hui Ho’omana Task Force within SHPDA to develop a plan to provide universal access to equitable and affordable high-quality healthcare for residents, including defining action plan items, setting timeline and deadline for each action item and identifying resources and funding options.</p> <p>AHEAD Grant. The Centers for Medicare and Medicaid Services continue to provide specifications on the grant; there is a webinar next Wednesday on Hospital Global Budgets. SHPDA and the Hawaii Department of Human Services-MedQUEST Program continue to work on the grant application. The Letter of Intent is due Monday, February 5, 2024; grant application due March 18, 2024. The grant abstract is complete; SHPDA will forward to members for comment.</p> <p>A discussion followed. Suggestion with respect to legislation – an amendment to include provider representation; work with legislators to increase Hawaii’s medicare reimbursement</p>	SHPDA forward grant abstract.

UAAC Priorities	<p>rate.</p> <p>Call for public testimony – none.</p> <p>P. Roeder presented an overview of the UAAC priorities. A copy of the slide deck is hereby attached to these minutes as Attachment B.</p> <p>A discussion followed. Suggestion to review all-payer reimbursement and rural health models from other states such as Vermont and Pennsylvania. It was noted if Hawaii receives the AHEAD grant there will be time to look at what other states are doing, what’s working/not working.</p> <p>Suggestion to structure meetings as “working meetings” and “more productive”. Keep agenda short with one or two agenda items and have members leave with “action items”.</p> <p>Public testimony - none.</p>	
Meeting Logistics	<p>P. Roeder announced the next two meetings were previously scheduled – see dates/times below.</p>	
Announcements	<p>None.</p>	
Next Meeting	<p>February 7th at 10:00 a.m. and February 23rd at 10:00 a.m. (via Zoom).</p> <p>Agenda items: To be determined.</p>	
Adjournment	<p>The meeting was adjourned at 12:53 p.m.</p>	

SENATE CONCURRENT RESOLUTION

REQUESTING THE ESTABLISHMENT OF A HEALTH DATA SHARING WORKING GROUP TO ACCELERATE AND EXPAND THE SHARING OF REAL TIME HEALTH INFORMATION AMONG HEALTH CARE ENTITIES AND GOVERNMENT AGENCIES IN HAWAII.

1 WHEREAS, the legislature finds that the ability to securely
2 and efficiently share patient health information electronically
3 has become vitally important to improve health outcomes, reduce
4 health care costs, and connect health care providers together to
5 enhance care coordination; and

6 WHEREAS, the legislature finds that there has been limited
7 progress in linking the state's health care entities, there is a
8 great opportunity to address health equity and positively impact
9 Social Determinants of Health (SDOH) through the sharing of real
10 time health data; and

11 WHEREAS, the legislature recognizes federal funding
12 available opportunities such as the States Advancing All-Payer
13 Health Equity Approaches and Development (AHEAD) grant and sees
14 the need to convene health care industry stakeholders to

1 identify and evaluate federal funding programs to strengthen
2 Hawaii's healthcare system; and

3 WHEREAS, Hawaii has the opportunity to shape our policies
4 to ensure a prioritization of privacy and individual ownership
5 of data while aligning with national standards and a common set
6 of policies to improve the health outcomes of our residents; and

7 WHEREAS, the coronavirus pandemic of 2020 and wildfires in
8 Maui of 2023, underscored the need for a flexible delivery of
9 health care which meets the needs of our most vulnerable and
10 often isolated residents through leveraging the power of
11 interconnected technology for timely and accurate data sharing
12 to support emergency response efforts and public health
13 interventions; and

14 WHEREAS, the legislature finds value in accelerating and
15 expanding the types of health information shared among health
16 care entities and government agencies in Hawaii to improve
17 health outcomes in our communities; and

18 now, therefore,

19 BE IT RESOLVED by the Senate of the Thirty-Second
20 Legislature of the State of Hawaii, Regular Session of 2024, the
21 House of Representatives concurring, the State Health Planning
22 and Development Agency is requested to convene a working group
23 to bring together stakeholders from across the health sector to

1 collaborate and establish the framework and standards that
2 future health information data sharing legislation will be built
3 upon; and

4 BE IT FURTHER RESOLVED that the working group shall consist
5 of the following members:

6 (1) A representative from the senate, to be appointed by
7 the senate president;

8 (2) A representative from the house, to be appointed by the
9 speaker of the house of representatives;

10 (3) The director of the department of health, or the
11 director's designee;

12 (4) The chief information officer of the State's office of
13 enterprise technology services, or the chief information
14 officer's designee

15 (5) The administrator of the med-QUEST division of the
16 department of human services, or the administrator's designee;

17 (6) The insurance commissioner of the department of
18 commerce and consumer affairs' insurance division, or the
19 commissioner's designee;

20 (7) The administrator of the Hawaii employer-union health
21 benefits trust fund, or the administrator's designee;

22 (8) A representative from the Hawaii Health Information
23 Exchange;

1 (9) A representative from the Hawaii Association of Health
2 Plans;

3 (10) A representative from the Hawaii Medical Association;

4 (11) A representative from the Healthcare Association of
5 Hawaii; and

6 (12) Any other members, including representatives from
7 state agencies, stakeholders, or experts as invited by the
8 majority of working group members; and

9 BE IT FURTHER RESOLVED that the working group shall explore
10 the development of a Health Data sharing standardization package
11 that shall include a universal data sharing agreement and common
12 set of policies and procedures that will leverage and advance
13 national standards for information sharing and data content, and
14 that will govern and require the sharing of health information
15 among health care entities and government agencies in Hawaii.

16 BE IT FURTHER RESOLVED that the working group shall:
17 Identify health information data that should be shared for
18 specific purposes between health care entities and government
19 agencies;

20 (1) Identify gaps, and propose solutions to gaps, in the
21 life cycle of health information, including gaps in
22 any of the following:

1 a. Health information creation, including the use
2 of national standards in clinical documentation,
3 health plan records, and social services data

4 b. Translation, mapping, controlled vocabularies,
5 coding, and data classification

6 c. Storage, maintenance, and management of health
7 information; and

8 (2) Identify ways to incorporate data related to social
9 determinants of health into shared health information;

10 (3) Identify ways to incorporate data related to
11 underserved or underrepresented populations;

12 (4) Identify ways to incorporate relevant data on
13 behavioral health and substance use disorder
14 conditions;

15 (5) Address the privacy, security, and equity risks of
16 expanding care coordination, health information
17 exchange, access, and telehealth in a dynamic
18 technological, and entrepreneurial environment, where
19 data and network security are under constant threat of
20 attack;

21 (6) Develop policies and procedures consistent with
22 national standards and federally adopted standards in
23 the exchange of health information and ensure that

1 health information sharing broadly implements national
2 frameworks and agreements consistent with federal
3 rules and programs;

4 (7) Develop definitions of complete clinical,
5 administrative, and claims data consistent with
6 federal policies and national standards;

7 (8) Assess governance structures to help guide policy
8 decisions and general oversight; and

9 (9) Identify federal, state, private, or philanthropic
10 sources of funding that could support data access and
11 exchange; and

12 BE IT FURTHER RESOLVED that the working group shall submit
13 a report of its findings and recommendations, including any
14 proposed legislation, to the legislature no later than twenty
15 days prior to the convening of the Regular Session of 2025; and

16 BE IT FURTHER RESOLVED that the working group shall be
17 dissolved on June 30, 2025.

Report Title:

XXX

Description:

XXX

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

DRAFT

Universal Access Advisory Council

January Meeting #2
January 30, 2024

Global Budget SWOT

Strengths

- Enables shift in care incentives, i.e., improve population health
 - Lower cost facilities
 - Reduce unneeded care
- Relative stability in funding (esp. rural/small hosp, COVID)
- Potential lower cost trend
- Lower administrative cost

Opportunities

- Improve financial stability and talent acquisition/retention for smaller and rural areas
- Improve access and quality of care in underserved communities and populations
- Provide framework for sharing of population health data across all healthcare
- Provide an avenue to achieve sustainable costs

Weaknesses

- (Potentially) Inflexible care of model (acuity, COVID)
- Waitlists for care (Europe)
- Accountability difficult if not all-encompassing
 - Need specialty care & PCP
 - Need coordination across sectors
- Medicare federal reimbursement level

Threats

- Quality of care improvements are not unambiguously positive
- Hawaii's relatively low TCOC reduces savings opportunities
- Holistic approach requires buy-in from majority of stakeholders (all-payer, CMS waiver, etc.)
- Disincentivizes/reduces innovation
- CMS AHEAD does not have specialty integration

UAAC Priorities

Top 5 Solvable Workforce Problems

- Lack of sufficient PCP
- Gaps in Rural Care
- Lack of sufficient specialty care
- Behavioral Health service gaps
- Kupuna Home Care

Top 5 Solvable Non-Workforce Problems

- Inequities based on social determinants
- Variation in outcomes
- Lack of health data tracking
- Rising cost of care
- Administrative and/or regulatory constraints

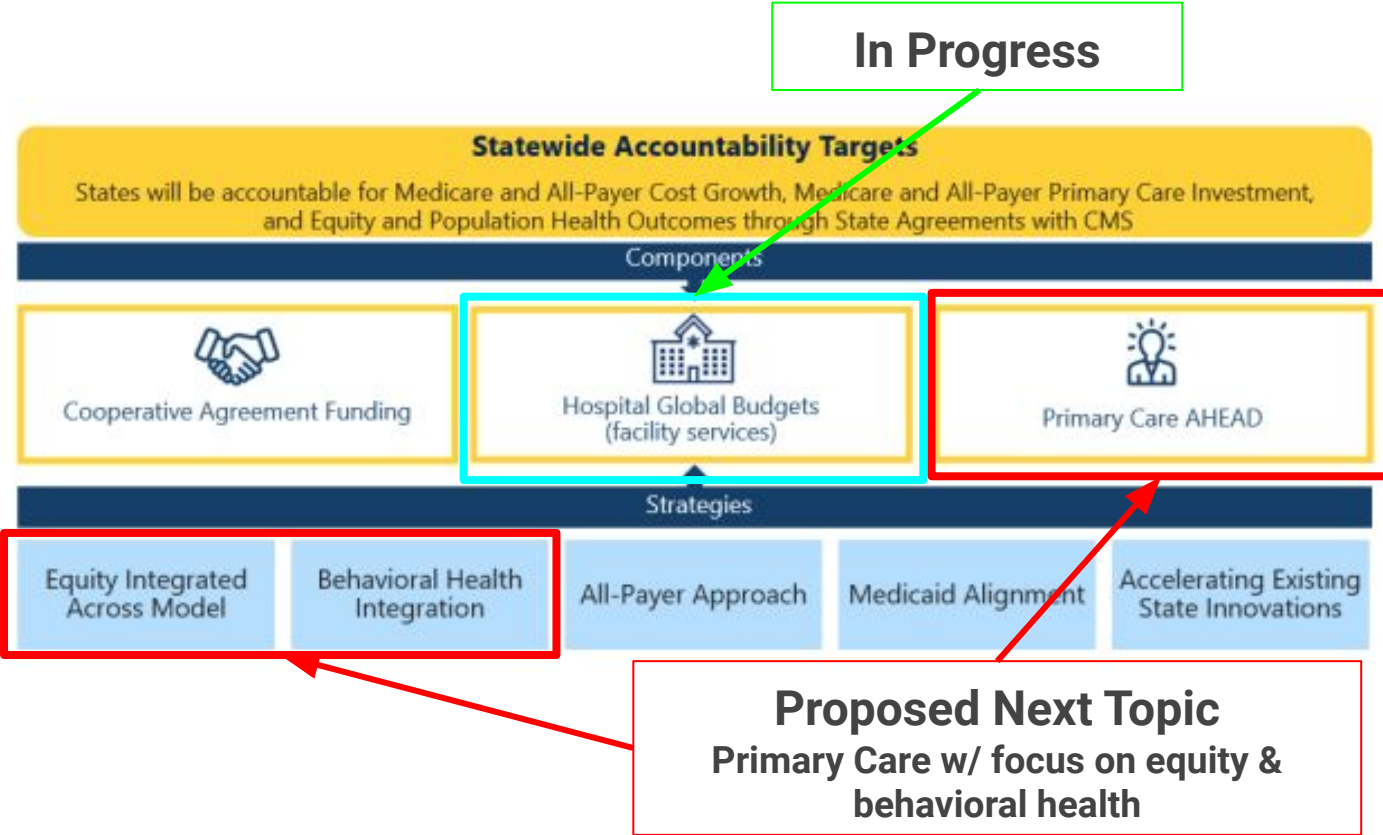
Topics for UAAC to Explore

- Hawaii health oversight and regulatory authority or agency
- Global Budget model (like Maryland)
- Medicare federal reimbursement level
- Social Determinants of Health
- Public Option or Medicare for All
- Statewide ACO arrangements

Constraints & Considerations

- Prepaid needs to remain
- Geography
- Cost of Living
- Aging population
- Low TCOC and uninsured rate in state

CMS AHEAD Model



Next Steps

Considerations for next topics
for the UAAC or a subset to
explore

Input: Hawaii's CMS AHEAD grant application

Global Budget

- Hawaii TCOC data collection
- Major implementation hurdles (regulatory and in practice; not participation requirements)
- Feasible Hawaii adaptations or alternatives

Primary Care shortages

- What existing solutions have been attempted?
- Which solutions show promise?
- Estimate funding needs?

Social Determinants of Health