



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
 Hawaii County Subarea Health Planning Council

Meeting Minutes

July 23, 2024

1:00 PM | Hawaii Time

Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

https://www.zoomgov.com/rec/share/LarJaWKg88LRraZENjL9BCSCFnHjh0Ex5bF2Rc3BA_nS-thwIDkpaObQHR4AG2km.-lqwBKOUysdx0J_E

Passcode: UJ=gYNX8

MEMBERS: Jamie Cameros, Scott Daniels, Tamia McKeague, Hannah Preston-Pita,
MEMBERS ABSENT: Stacy Haumea, Evelyn Kaneshiro, Malia Tallett
GUESTS: Tosa Lobendahn
SHPDA: Jack Lewin, Wendy Nihoa, Terry Visperas

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	7/18/2023	8/15/2023	9/19/2023	10/17/2023	12/19/2023	2/20/2024	4/16/2024	6/20/2024	7/23/2024
Jamie Cameros	X	X	X	X	X	X	X	X	X
Scott Daniels**	O	X	O	X	O	X	X	X	X
Stacy Haumea	O	X	X	X	X	O	X	X	0
Evelyn Kaneshiro	X	X	X	O	X	X	X	X	0
Tamia McKeague*	X	O	X	X	X	X	X	X	X
Hannah Preston-Pita	/	/	/	O	X	X	O	X	X
Malia Tallett	X	X	X	X	X	O	X	X	0

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

*-Chair, **-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 1:05 p.m. with T. McKeague, Chair, HCSAC presiding.	
Roll Call	Member and staff roll call. Tosa Lobendahn, committee clerk representing Senator Joy A. Buenaventura introduced herself and encouraged members to reach out to the Senator’s office via email at sensanbuenaventura@capitol.hawaii.gov for any questions or concerns.	
Meeting Minutes	Motion to accept the minutes from the meeting on June 20, 2024. Vote: Unanimous. Motion carried. Public testimony. None.	
Administrator’s Report	The Administrator’s Report was distributed and reviewed.	
HCSAC Priorities 2024 and Beyond	T. McKeague, presented a collective summary of the issues and challenges submitted by the committee. A summary document is hereby attached as “Attachment A.” Members of the committee were requested to review the attached summary, provide comments, and suggest additions or reprioritizations to compile a final list reflecting each member’s top 5 priorities. W. Nihoa, reiterated that SHPDA released a state plan in 2009, which included Chapter 3 listing the priorities at that time. The soft deadline for updated priorities is by the end of this 2024 year. S. Haumea will present her summary of priorities at the next meeting. Public Testimony: None received.	Members to review draft summary of issues and challenges; provide comments/suggestions. Will be discussed at the next meeting.

<p>State Health Planning and Development Agency (SHPDA) Updates</p>	<p>J. Lewin, Administrator, SHPDA provided the following updates: AHEAD grant awarded. Hawaii is one of 4 states awarded the grant: Maryland, Connecticut, Vermont, Hawaii. The grant’s goal is to increase access across the state and reduce inequities. The SHPDA 2025 priorities (draft) was screenshared with members. J. Lewin briefly discussed each priority. A copy of the SHPDA 2025 priorities is hereby attached as “Attachment B.” There is a need for updated statewide data to help support priorities. Public testimony. None.</p>	
<p>HCSAC Board Member Terms</p>	<p>W. Nihoa, provided summary for term limits for current board members. Will provide updates about terms limits directly to the members. Encouraged members whose terms may expire to please continue attending the meetings to provide valuable input. Public testimony. None.</p>	
<p>Election of Officers for the July 2024-June 2025 Term</p>	<p>T. McKeague, requested to defer HCSAC board member terms to the next meeting. W.Nihoa, noted that per the bylaws the chair must be consumer. Vice chair can be provider and or consumer. Public testimony. None. W. Nihoa, encouraged members to please consider chairing this committee.</p>	
<p>Announcements</p>	<p>SHPDA. In-Service on the Robert’s Rules of Order has been scheduled for Monday, August 2, 2024, from 12 p.m. -1p.m. Email W. Nihoa, if you want to attend.</p>	
<p>Next Meeting/Agenda Items</p>	<p>Tuesday, August 20, 2024, 1:30 p.m.</p>	
<p>Adjournment</p>	<p>The meeting was adjourned at 1:51 p.m.</p>	

Issue/Challenge	Evelyn Kaneshiro	Malia Tallett	Scott Daniels	Jamie Cameros	Hannah Preston-Pita	Tamia McKeague	Stacy Haumea	Importance by Issue
<p>Access to Health Care Services Accessing healthcare services is challenging due to physician shortages, geographic isolation, uneven distribution of healthcare facilities, and limited availability of specialty and ancillary services. These issues lead to delays in receiving appropriate care and contribute to higher healthcare costs and poor outcomes.</p>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<p>Payment & Reimbursement There is a need for reforming the payment system to prioritize preventive care over treating illness. Current reimbursement rates are unrealistic and have not kept pace with inflation, impacting the financial viability of small, private clinics and discouraging providers from remaining in rural areas (M. Tallett, S. Daniels)</p>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<p>Provider Shortages The shortage of healthcare providers at all levels is a critical issue. This shortage is exacerbated by the inability to train an adequate number of providers and the age of the current workforce. Financial hardship is also another issue felt by our providers. Allowing physician extenders to work at the top of their licensure could help address this shortage (M. Tallett, S. Daniels)</p>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<p>Coordination and Communication There is a need for a more holistic, team-based approach to healthcare, improving communication and coordination among primary care providers, ancillary services, and specialists. Better education for both providers and patients on navigating the healthcare system is also necessary to reduce delays and frustration.</p>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<p>Social Determinates of Health Social determinants, such as housing, transportation, food security, employment, and taxation, significantly impact health outcomes.</p>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
<p>Mental Health & Substance Abuse Treatment Substance abuse, particularly involving fentanyl, is a growing concern. There is a lack of substance use disorder (SUD) treatment facilities and residential treatment beds on Hawaii Island. There is also a need to increase access to mental health care and services.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<p>Health Care Planning for Aging There is a lack of adequate planning and resources for the aging population, including healthcare planning for aging patients, families, and caregivers</p>	<input checked="" type="checkbox"/>							
<p>Chronic Disease Management Chronic diseases, such as diabetes, obesity, and stroke, are prevalent and often poorly managed. This is compounded by economic disparities and lack of access to quality healthcare.</p>						<input checked="" type="checkbox"/>		

SHPDA Draft 2025 Top 8 Priorities

Note: The following draft priorities will be reviewed with Hawai'i's major insurers, hospitals, physicians, nurses, dentists, long-term care and other providers, consumer groups and government agencies for their feedback and suggestions before finalizing.

1. **The uninsured:** While the uninsured problem in Hawai'i seems to some to be less serious than for other states, we still have 5-6% of citizens who lack coverage. There are disputes about the accurate numbers. Nonetheless, this needs to be addressed to guarantee access for all citizens.
2. **Medical debt:** The problem of medical debt relates to both financial vulnerability of both uninsured and underinsured persons. While this has historically not been much of an identified problem in Hawai'i, it has become one, and needs to be addressed. It basically relates to insurance coverage gaps and needs for better consumer education about health coverage.
3. **The Healthcare Workforce:** Hawai'i has an excellent health care system for a rural and small state overall. But primary care and specialty care access, across a wide array of professional categories including behavioral health and social services, is a growing and serious shortfall. The workforce gaps in long-term care and home and community-based services must also be addressed as a top priority. The growing primary care gap, which is exacerbated in rural health care shortage areas, also in part relates to financial disparities between primary care and specialty incomes. FQHCs are helping to address this gap, but it needs to be a state focus for SHPDA, the Governor, the Legislature, UH, HAH, EOA, and us all until it is resolved. We do not want, nor can we afford, to have emergency departments fill this gap. The Governor's HELP loan forgiveness program will help with recruitment, but retention is another matter to be addressed; and funding for training of new healthcare professionals needs to be ramped up. In the interim, new models of care using AI and technology, remote monitoring systems, advanced home and community-based care innovation, and other approaches also need to be explored.
4. **Rising health care costs and affordability of health coverage.** The US expects to be spending \$7 trillion annually on health care by 2030 (the country spent \$4.6 trillion in 2023). Hawai'i is part of the US health care "non-system." We need to chart our own unique path to maintaining affordability of and access to care for all here. Working with other agencies, SHPDA is charged with estimating and monitoring total annual health care spending, with comparison to other states and the nation. We need to work with key health sector participants to slow avoidable rises in cost and assure ongoing affordability. Re-balancing spending for institutional long-term care toward increased home and community-based services is also a key priority and opportunity for SHPDA, Med-QUEST, EOA, and palliative care providers.
5. **In response to the above concern about rising health care costs:** DHHS and CMS federal agencies are taking definite steps to slow the rising costs of health care. They plan to be as close to 100% as possible in value-based reimbursement systems for Medicare, Medicaid, and other federal programs by 2030 – 5 years away. Hawai'i cannot afford to ignore this; but we need our own strategy. We also need to consider reinsurance and other strategies to cover the proliferating cost of "million-dollar-per-year" biologic drugs and gene therapies for cancer, rare diseases, and other high-cost conditions. We also need to increase primary care access and improved home and community-based services to reduce avoidable inpatient and ED use and institutional long-term care.

6. **The AHEAD grant:** In response to above, SHPDA and Med-QUEST have applied to CMS for the AHEAD grant, which could bring \$12 million over 5 years for planning and data systems and improvement, and also up to \$50 million a year for a possible 8-10 years for Hawai'i to improve primary care access, including addressing -- as part of "advanced" primary care -- more of the behavioral health and social determinants of health factors adversely impacting health outcomes and population health. For the state to receive these benefits, which has broad support, CMS requires that a majority hospitals must begin the difficult task of shifting their reimbursement to value based approaches, including in addition to providing high quality acute and emergency care, to increasing their responsibility *with new incentives* to improve the health of their communities served, and to do so in ways that reduce avoidable ED use and inpatient care. Announcements about AHEAD applications will occur by about June 15. Even if we are not successful with our application, preparation for this future needs to be undertaken. If we are funded, we need to use the additional resources to collaborate with insurers, hospitals, and other providers on a Hawai'i-specific approach to helping the nation find a viable path to ongoing affordability and improvement of health care.
7. **The Federal funding equity gap:** Hawai'i deserves and sorely needs to be funded equitably with other states by the federal government in per capita Medicare and Medicaid payment, and in geographic (GPCI) professional reimbursement. SHPDA plans to organize a massive coordinated statewide campaign to assist our Congressional delegation in bringing Hawai'i to parity in these regards, given our highest average cost-of-living and cost-of housing circumstance among states. In Medicare alone, the difference between Hawaii's per capita reimbursement and the national average could increase state funding by over one billion dollars if parity is achieved.
8. **Using health care data to improve population health and health outcomes:** SHPDA, in collaboration with Med-Quest, the Insurance Commissioner, HI HIE, UH, and the entire health sector, has an opportunity and responsibility to facilitate the state's ability to become an increasingly sophisticated source of curated, de-identified, and privacy-assured claims and clinical data to support insurers, health systems, hospitals, LTC facilities, and providers in systematically improving healthcare and long-term care outcomes and population health together. The approach could be parallel how the American College of Cardiology's National Cardiovascular Data Registries (NCDR) has used its 200 million annual inpatient and outpatient records to improve CV care nationally. This can be accomplished by privately and confidentially sharing outcomes data with health care providers (health systems, hospitals, and physicians) to allow them to compare and improve their performance against national standards and benchmarks. Queen's and HPH-Straub already participate in NCDR, but none sees the other's data. What could be shared publicly is how the state at large fares against other states, and where the gaps exist that need to be addressed by us all collectively. For SHPDA, Med-QUEST, and UH, this challenge requires that the state's All-Payer Claims Database (APCD), legislatively mandated under SHPDA's authority for all insurers, becomes fully operational by 2026. Funding assistance will also be needed to assist the Hawai'i HIE to achieve full functionality, to promote collaboration with the Laulima database of the Healthcare Association of Hawai'i, and to improve health IT connectivity for FQHCs, critical access hospitals, and independent community providers as part of this vision.