

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

June 20, 2024

9:00 AM Hawaii Time

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

MEMBERS: Jamie Cameros, Scott Daniels, Stacy Haumea, Evelyn Kaneshiro, Tamia McKeague, Hannah Preston-Pita, Malia Tallett

MEMBERS ABSENT:

GUESTS: None

SHPDA: Jack Lewin, Wendy Nihoa

ATTENDANCE RECORD OF APPOINTED MEMBERS

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

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

*-Chair, **-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 9:32 a.m. with T. McKeague, Chair, HCSAC presiding.	
Roll Call	Member and staff introductions.	
Meeting Minutes	<p>Motion to accept the minutes from the meeting on April 16, 2024.</p> <p>Vote: Unanimous. Motion carried.</p> <p>Public testimony. None.</p>	
HCSAC Priorities 2024 and beyond	<p>Council members M. Tallett, E. Kaneshiro, H. Preston-Pita, and T. McKeague presented their lists of issues/challenges. A combined copy of member lists is hereby attached as Attachment A.</p> <p>A question-and-answer period followed each presentation.</p> <p>Public testimony. None.</p>	
Recess	A recess was called at 11:28 a.m.; plan to reconvene at 12:00 p.m.	
HCSAC Priorities 2024 and beyond continued	<p>Meeting called to order at 12:20 p.m. by T. McKeague.</p> <p>Council members S. Daniels and J. Cameros presented their lists of issues/challenges. A combined copy of their member lists is hereby attached as Attachment B.</p> <p>A question-and-answer period followed each presentation.</p> <p>S. Haumea will present her issues/challenges list at the next meeting.</p> <p>Tentative themes include healthcare workforce provider shortages at all levels; housing and food insecurity; inadequate reimbursement rates; and, access to healthcare, mental & behavioral services, and residential treatment.</p> <p>Public testimony. None.</p>	

<p>Announcements</p> <p>Next Meeting/Agenda Items</p> <p>Adjournment</p>	<p>State Health Planning and Development Agency (SHPDA). A new Comprehensive Health Planning Coordinator has been hired; to start tentatively in July 2024.</p> <p>2024 Legislative Session. Senate Bill 2285 did not pass. Plans to redraft a similar for the 2025 Legislative Session. Focus on improvement of population health.</p> <p>States Advancing All-Payer Health Equity Approaches and Development (AHEAD) grant. No updates; pending award notice.</p> <p>July 23, 2024, 1:00 p.m.</p> <p>The meeting was adjourned at 1:42 p.m.</p>	
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State Health Planning and Development Agency
 Priorities Selection Process
 Individual Issues/Challenges List

Name/Title: Malia Tallett, PT, DPT, TPS

Organization: Ke Ola Kino Physical Therapy, LLC

Date Completed: Wednesday, June 19th, 2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS																										
1	Need increased reimbursement rates for provider services.	<ul style="list-style-type: none"> ● Reimbursement rates are unrealistic, as they have not increased proportionately to inflation rates ● Smaller profit margin leaves no room for small, private clinics to hire providers to meet the demands of our rural community. ● Smaller profits do not encourage providers to remain and who will continue to leave rural health, further exacerbating the situation of a shortage of providers (primary care, ancillary services, etc.) ● Majority of private practice providers are unable to pay themselves a salary due to the high costs of payroll as a result of high administrative work required by insurance companies thus leading to the inability for a practitioner to sustain their business <ul style="list-style-type: none"> ○ In the past year, multiple PCPs have left private practice and returned to clinic practices owned and operated under Hilo Medical Center’s umbrella or the Queen’s Medical System. 	<ul style="list-style-type: none"> ● Increased cost to providers may include but not limited to: <ul style="list-style-type: none"> ○ Increased cost of rent / lease / mortgage expenses for business ○ Increased cost of utilities ○ Increased cost of EMR services ● Results of these increased costs to providers may include but are not limited to: <ul style="list-style-type: none"> ○ Increased cost of providing healthcare services ○ Increased cost of providers ● For Example (Calculations for a PT visit): <p><u>Medicaid Patient DOS Billed Charges:</u></p> <table style="margin-left: 20px;"> <tr><td>97140 (2)</td><td>- \$74.00</td></tr> <tr><td>97112 (1)</td><td>- \$48.00</td></tr> <tr><td><u>97110 (1)</u></td><td>- \$41.00</td></tr> <tr><td></td><td>\$163.00</td></tr> </table> <p><u>Participating Provider Eligible Charges:</u></p> <table style="margin-left: 20px;"> <tr><td>97140 (2)</td><td>- \$47.32</td></tr> <tr><td>97112 (1)</td><td>- \$30.10</td></tr> <tr><td><u>97110 (1)</u></td><td>- \$25.82</td></tr> <tr><td></td><td>\$103.24</td></tr> </table> <p>**Only getting reimbursed ~63% of my billable charges.</p> <p><u>Cost of the patient care:</u></p> <table style="margin-left: 20px;"> <tr><td>Skilled licensed Physical Therapist</td><td>- \$41.50 / hour</td></tr> <tr><td>Front office staff</td><td>- \$19.50 / hour</td></tr> <tr><td>Clinical Aide</td><td>- \$12.50 / hour</td></tr> <tr><td>Utilities / supply costs</td><td>- \$21.00 / patient</td></tr> <tr><td>EMR services for documentation</td><td>- \$2.00 / patient visit</td></tr> </table> 	97140 (2)	- \$74.00	97112 (1)	- \$48.00	<u>97110 (1)</u>	- \$41.00		\$163.00	97140 (2)	- \$47.32	97112 (1)	- \$30.10	<u>97110 (1)</u>	- \$25.82		\$103.24	Skilled licensed Physical Therapist	- \$41.50 / hour	Front office staff	- \$19.50 / hour	Clinical Aide	- \$12.50 / hour	Utilities / supply costs	- \$21.00 / patient	EMR services for documentation	- \$2.00 / patient visit
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			<p>Billing Costs (EDI / EFT) - \$2.50 / patient visit <u>CPA / Accounting Services</u> - \$1.00 / patient visit \$100.00 / patient visit</p> <p><u>Profit Margin: \$3.24</u> **This is not sufficient to run a business. Especially because the provider is not the owner; and rent / lease / mortgage still has not been paid. **These are the current figures based upon Reimbursement paid from HMSA Quest as of May 30, 2024. UHC Quest, Ohana Quest, and AlohaCare Quest pay significantly less despite an authorization confirmation letter for payment for services. I have experienced them changing their minds post services rendered and have decided not to pay. My outstanding A/R from these insurances combined are over \$65K and have resulted in me turning away patients from these insurance carriers. **Upcoming increases in mandatory minimum wage will cause the profit margin to be in the NEGATIVE. Resulting in a decrease in employment opportunities within the community. If I can't afford to pay the payroll, then I have to eliminate the position.</p>	
2	Removal of GE tax for all healthcare services	<ul style="list-style-type: none"> ● Reimbursement rates are unrealistic, as they have not increased proportionately to inflation rates ● Smaller profit margin leaves no room for small, private clinics to hire providers to meet the demands which will continue to leave rural health with a shortage of providers (primary care, ancillary services, etc.) ● Majority of private practice providers are unable to pay themselves due to the high costs of payroll as a result of high administrative work required by insurance companies 		<ul style="list-style-type: none"> ● Increased cost of rent / lease / mortgage expenses for business ● Increased cost of utilities ● Increased cost of EMR (Electronic Medical Records) services ● Increased cost of providing healthcare services ● Increased cost of providers ● Healthcare services continue to be GE taxed of which the tax is not allowed to be paid by the patient, decreasing profit margin for the provider

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			<p><i>Continued Calculations for PT visit in Issue (1) Above:</i> Profit Margin: \$3.24 <u>GE Tax (for DOS): \$7.68</u> Profit loss: -\$(4.44)</p>
3	<p>Financial Hardship extends to healthcare providers</p>	<ul style="list-style-type: none"> ● Directly impacts our provider shortages 	<ul style="list-style-type: none"> ● Increased cost of living in Hawaii means that there is an increased cost to doing business (i.e. providing healthcare services) in Hawaii. ● Pay rate for providers is 25% lower than mainland rates ● Lack of employment opportunities for provider spouses not in healthcare <ul style="list-style-type: none"> ○ Eventually forces the healthcare provider to relocate away from Hawai'i to meet family needs ● High demand and high burnout rates for providers with a lack of adequate financial compensation results in high turnover rates for providers with a mass exodus of providers from our State ● The lack of financial viability also is a barrier for new graduates, who want to return home to Hawaii, from returning due to the inability to pay for student loans, and contributing to the healthcare provider shortage.
4	<p>Aging providers in ancillary services and primary care</p>	<ul style="list-style-type: none"> ● Majority of current resident providers with long term history of care (10+ years in HI) should have retired years ago. They continue to practice due to the lack of providers to replacement them <ul style="list-style-type: none"> ○ In the last 2 - 4 months, in Hilo proper, 1 PCP + 1 OBGYN have expired while still maintaining an 	<ul style="list-style-type: none"> ● Advancement in healthcare treatment options are significantly limited as providers do not have the ample time, financial means, or time-off support to pursue further quality education within their area of expertise due to the shortage of providers. ● Demands of patient caseloads are unrealistic, impacting efficiency of treatment approaches

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		<ul style="list-style-type: none"> overflowing practice load with no prospect of replacement. <ul style="list-style-type: none"> ○ Practice has immediately terminated and patients were redistributed to other private practices who were already stretched and not accepting new patients for 2+ years past. ● Aging of providers also directly impact potential for the latest evidence based practice approaches to medicine 	<ul style="list-style-type: none"> ● This lack of growth within rural health has stifled the potential for healthcare options and deters progressive providers from choosing to work in rural Hawai'i ● Burnout is exponential and many practitioners are prioritizing a more realistic work-life balance <ul style="list-style-type: none"> ○ Potential for increased salary benefits with decreased workload demands are more easily obtainable outside of Hawai'i 		
5	Advancement of written practice acts for ancillary services in Hawai'i	<ul style="list-style-type: none"> ● The lack of renewing practice acts directly affect the advancement for evolving evidence based practice ● The lack of advancement, directly impacts the efficiency and effectiveness of patient care in all healthcare areas 	<ul style="list-style-type: none"> ● There are a number of cutting edge techniques that are highly supported through evidence based practice which are not covered in the current practice acts of different healthcare practitioners ● For example: Hawai'i continues to remain one of the last states to approve the addition of a number of treatment techniques within Physical Therapy: <ul style="list-style-type: none"> ○ Physical Therapy - Dry Needling ○ Physical Therapy - Virtual Reality 		
6	Incentivized increased reimbursement rates for providers based upon patient outcomes	<ul style="list-style-type: none"> ● Continuing education is required to renew provider licenses every 2 years however quality continuing education is not available in Hawai'i ● Most providers will only meet the minimal requirements to renew their license due to lack of priority, opportunity, time and/or financial resources ● This contributes to the stifled advancement of evidence based practice leaving healthcare in Hawai'i to be left behind other States. ● Providers tend to return to a state where they can practice at their potential, contributing to the mass exodus 	<ul style="list-style-type: none"> ● Quality continuing education is not available in Hawai'i <ul style="list-style-type: none"> ○ Increased provider cost for enrollment of Continuing Education outside of Hawaii - \$500.00+ for a two day course ○ Exorbitant cost for travel expenses - hotel, airfare, ground transportation, meals ○ Time away from patient care is a minimum 5 days due to length of travel to and from the 2-day course. <p>For Example (PT attending a 2-day course Sat / Sun October 2024):</p>		

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			<ul style="list-style-type: none"> ○ Due to flight availability in / out of Hawai'i - departure on Thursday to fly into the nearest International airport <i>(Cost: \$800+)</i> ○ Due to time of arrival - 1 night stay at hotel near arrival airport <i>(Cost: \$280.00+ / night)</i> ○ Rental Car Check out for 5-day Rental <i>(Cost: \$815.00+)</i> ○ Early departure to start 5-hour drive to Continuing Education Site <i>(Loss of 5-hours for patient care)</i> ○ Hotel stay Fri / Sat / Sun <i>(Cost: \$366.39+)</i> ○ Early Departure Monday for 5-hour Drive back to nearest International Airport <i>(Loss of 5-hours for patient care)</i> ○ Due to time of arrival - 1 night stay at hotel near arrival airport <i>(Cost: \$280.00+ / night)</i> ○ Cost of meals for duration of time <i>(\$300.00+)</i> <hr/> <p style="text-align: center;">TOTAL COST FOR CON ED: \$2,841.39 **Does not factor in loss of profit from patient care due to travel time.</p> <ul style="list-style-type: none"> ● Continuing Education costs fall to the providers out-of-pocket deterring quality advancement
7	Absent ancillary services in rural Hawai'i. Consideration of exemption rules for operation to meet the high demands.	<ul style="list-style-type: none"> ● The following are areas of need: <ul style="list-style-type: none"> ○ Outpatient Occupational Therapy ○ Outpatient Speech Therapy ○ Cardiac Rehabilitation ○ Traumatic Brain Injury / Spinal Cord Injury Rehab ○ Subacute Care Rehab Service ● The lack of services directly impact the recovery and quality of life for individuals living in these communities; 	<ul style="list-style-type: none"> ● Outpatient Occupational Therapy <ul style="list-style-type: none"> ○ OT services are limited to Acute and SNF as the culture of healthcare in rural HI fails to value / understand the potential. It has never been a part of rehab options in rural health due to provider shortages. ○ The lack of understanding of the value of OT services and the lack of services along with the

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		<p>where, many people have to fly elsewhere or wait for services.</p>	<p>decreased availability of outpatient OT services further exacerbate the problem.</p> <ul style="list-style-type: none"> ● Outpatient Speech Therapy <ul style="list-style-type: none"> ○ Reimbursement rates are low ○ If an outpatient clinic offers all ancillary rehab services, then the clinic immediately must recertify as a rehabilitation center changing the business filing and provider group contracts which are time consuming and costly ○ The reduced reimbursement rates are a large deterrent for privately owned outpatient clinics ● Cardiac Rehabilitation <ul style="list-style-type: none"> ○ Currently requires an in-house Cardiologist ○ There is no outpatient cardiac rehab on Hawai'i Island ○ All patients are medi-vac'd to HNL or OOG - if patient's require Open Heart Cardiac Services ○ Sub-Acute Rehab length of stay is shortened due to exorbitant cost to patient family <ul style="list-style-type: none"> ■ Hotel / Ground Transportation / Airfare / Meals ■ Medical Costs ● Traumatic Brain Injury / Spinal Cord Injury Rehab <ul style="list-style-type: none"> ○ Patients return to Hawai'i Island with rushed / early discharge ○ Patient's projected return to workforce is extremely low due to the lack of rehabilitation and community reintegration options ○ Increased demand on Medicaid services / Social Services in the long term due to the decreased potential of returning to the community workforce which is directly connected to the lack of rehabilitation services and providers

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			<ul style="list-style-type: none"> ○ Increased costs to Government programs in the long-term for the same reasons as stated above ○ Decrease potential laborers for the local economy due to the reasons stated above. ● Inpatient Acute Rehab Services is not the same as SNF, Long Term Care, or Acute Care in a hospital setting <ul style="list-style-type: none"> ○ Lack of rehab services for the youth and middle ages post traumatic injuries limit their potential to recover and reintegrate into the community leaving a huge, long-term burden of care on their family, their community and the government 	
8	<p>Redefining the culture of Healthcare in Hawai'i to be a more "Holistic" team approach to improve the outcomes of patient care.</p>	<ul style="list-style-type: none"> ● Providers need to be educated on how interdependent each division of healthcare is reliant upon each other for the best outcome for each individual patient. ● Improve communication between PCP, ancillary, and other disciplines will decrease patient frustration and decrease the cost of healthcare ● Educating the community to what is realistic to expect from which type of providers is key. Patients and medical providers are not familiar with the inter-networking of the healthcare system to truly help provide a patient with guidance to best navigate their own care 	<ul style="list-style-type: none"> ● Patients experience a significant delay in receiving services due to lack of communication between providers who may not even understand what is available ● Costly medical waste due to lack of intervention within the specified timeframe: <ul style="list-style-type: none"> ○ There is no reason for why a patient should receive an Xray before obtaining an MRI if an MRI is clearly the only diagnostic option to differentially diagnose an issue. It wastes precious time and money ○ Current process - lack of direct access to ancillary services - results in the following timeline in succession: <ul style="list-style-type: none"> ■ Injury - 3 - 6 week wait for a PCP visit to obtain a referral to Physical Therapy ■ 3 - 6 week wait to obtain a Physical Therapy Initial Evaluation 	

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				<ul style="list-style-type: none"> ■ 4 - 6 weeks to complete initial plan of care to see if conservative treatment will improve the patient's pain ■ 2 - 4 weeks to obtain approval for a MRI ■ 2 - 4 weeks to obtain an appointment for the MRI ■ 4 - 6 weeks to obtain a referral to an <u>orthopedic / appropriate specialist</u> <p style="text-align: center;"><u>Length of Time to obtain a MRI:</u> <u>32 weeks post injury</u></p> <ul style="list-style-type: none"> ○ All these delays, during the acute phase of healing, decreases the chance of a favorable outcome for the patient, while potentially increasing pain, frustration and the possibility of a chronic condition to occur ○ Contributes to the opioid epidemic ○ Significant increases in Healthcare costs while poorly managing pain for the patient due to delayed access to appropriate diagnostic processes

INSTRUCTIONS:

- 1) Top of Form. Enter your name and title, the organization* you represent and date you completed the table. If you do not represent an organization, indicate "Individual" here.
- 2) Issue/Challenge Column. List your issue/challenge. Be clear and concise.
- 3) Why Should this be considered a priority issue Column. Include a brief explanation as to why this is an issue for Kupuna. When available, include quantitative data here.
- 4) Comments Column. Include any supporting notes, references, and qualitative data here.
- 5) Take time to review your list.
- 6) Combine any similar issue/challenge when possible.

State Health Planning and Development Agency
 Priorities Selection Process
 Individual Issues/Challenges List

Name/Title: Evelyn Kaneshiro

Organization: [Click or tap here to enter text.](#)

Date Completed: [Click or tap to enter a date.](#)

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	The need for mental & behavioral health assistance.	Several years ago it was a concern when the state did a community needs assessment out in Kohala. The Rural areas as well as island wide lack these needs and services.	In general I think this a need island wide.
2	Medical services such as IV therapy/infusions.	For patients living in rural area's travel and distance are barriers for better health care need.	Possibly increase space for these services.
3	Medical and Nursing staffing – affordable housing or just housing.	Staff shortages – in rural area's housing is limited. Travel staffing have a difficult time finding nearby housing within the rural community – some travel over 25 miles when placed to work in a rural area.	Distance on the island is an issue.
4	Lack of health care planning for aging patients, families and caregivers.	The not knowing on the whats, where and whys of how to plan ahead for your seniors (Kupuna's). Insurance, financial, banking, assets information, assistance & education.	Usually patients or their families are not prepared for when their loved one needs to be institutionalized for Long Term Care.

State Health Planning and Development Agency
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5	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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State Health Planning and Development Agency
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 Individual Issues/Challenges List

Name/Title: [OBJ] Big Island Substance Abuse Council (H. Preston-Pita)[OBJ]

[OBJ]Click or tap to enter a date.

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Lack of SUD residential treatment beds on Hawaii Island.	SUD treatment is critical on the island to address growing issues with fentanyl overdoses.	County's new building and permitting system creates barriers and prolongs process in attaining moving forward with residential and therapeutic living program licensure.
2	BISAC has the only social detox program on the island with limited capacity.	Detox is critical in providing a full continuum of care. Prior to BISAC, clients were either flown to Oahu or Maui for care. It will help provide care needed on the island.	County occupancy and zoning rules and regulations make it difficult to meet the requirements.
3	Lack of licensed/credentialed personnel on island.	Demand for SUD and MH providers has outweighed the current number of individuals who can provide this service.	Incentives and programs to encourage training with the commitment to remain on the island for a period of time.
4	Increase in fentanyl overdoses	Growing issues with fentanyl overdoses	Create a program similar to Oahu's CORE program which helps navigate insurance system, access medical care, obtain assistance with various challenges, etc.

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5	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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State Health Planning and Development Agency
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Name/Title: Tamia McKeague

Organization: Community Contributor

Date Completed: 6/12/2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Access to Healthcare Services	<p>Hawai'i County faces several critical healthcare challenges that significantly impact residents' access to services. These challenges include physician shortages, geographic isolation, uneven distribution of healthcare facilities, limited availability of specialty services, delayed response times for emergency services, and various cultural and socio-economic issues. As a result, a substantial portion of the population continues to struggle with a severe lack of access to healthcare services.</p> <p>In a recent survey by the non-profit Community First, 75% of respondents identified the lack of physicians as the biggest barrier to healthcare access. This shortage affects the timeliness and availability of medical services. Additionally, Hawai'i is reportedly short about 1,000 primary care doctors statewide, which further compounds the difficulty of accessing healthcare services.</p> <p>The uneven distribution of healthcare facilities and the rural geography of the county exacerbates this issue. For example, residents in areas such as Ka'u and lower Puna face difficulties accessing care due to long travel distances and limited transportation options. Patients needing specialty care often travel to Hilo or Kona, resulting in significant time and transportation costs.</p> <p>Lastly, cultural and socio-economic factors lead to disparities in healthcare access for Native Hawaiians and Pacific Islanders. These groups encounter additional barriers due to lower education levels, socio-economic status, lack of insurance, and</p>	<p>To mitigate some of the geographical barriers and access to healthcare on Hawai'i Island, continued expansion of these initiatives may help serve our communities.</p> <ul style="list-style-type: none"> • Telehealth services: Expanding services to bridge gaps in access. • Mobile clinics • Transportation assistance • Community healthcare workers • Workforce development and training to increase the number of trained healthcare providers. • Increasing Health Insurance Reimbursement Rates • Recruitment and Retention of Medical Professionals • Native Hawaiian healthcare programs • Partnerships and collaborations between local organizations, educational institutions, and state agencies. <p>Current Initiatives:</p>

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		<p>financial limitations. These disparities contribute to higher rates of infant mortality, diabetes, obesity, and stroke.</p> <p>Communityfirst.org Uhero.hawaii.edu Online.hpu.edu https://goodparty.org/blog/article/hawaii-top-issues-2024 https://www.grassrootinstitute.org/2021/12/healthcare-bottom-line-we-have-a-shortage-of-all-those-things/ https://sites.brown.edu/publichealthjournal/2023/05/01/factors-exacerbating-the-physician-shortage-in-hawaii-what-is-hawaii-doing-to-stem-the-tide/</p>	<ul style="list-style-type: none"> • Federally Qualified Health Centers • Hawai'i State Telehealth Plan • Community Health Worker Programs • Workforce Development programs <ul style="list-style-type: none"> ○ Hawai'i Health Care Career Pathways Program ○ Hawai'i State Loan Repayment Program ○ Hawai'i Pacific Basin Area Health Education Center program ○ Community Health Worker Training Programs
2	<p>A high prevalence of behavioral health issues.</p>	<p>The prevalence of behavioral health issues poses a challenge to Hawai'i County due to high rates of mental health disorders, such as depression, anxiety, and substance use. According to the Mental Health Index, Hawai'i County has some of the highest needs in the state. These conditions impact individuals of all ages.</p> <p>Despite having a high concentration of mental health professionals per 100,000 residents, gaps persist. Youth and young children often struggle to access necessary services.</p> <p>Several other factors contribute to the issue.</p>	<p>To address the increase in behavioral health issues, expanding on the following strategies is recommended.</p> <p>Increase Access to Treatment Services:</p> <ul style="list-style-type: none"> • Expand mental health clinics, telehealth options, and mobile crisis teams to reach underserved areas. • Provide culturally competent services to

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- Geographic Isolation: Residents in remote areas face difficulties accessing care due to long travel times and lack of transportation options.
- Socioeconomic Status: Economic disparities affect access to mental health resources.
- Cultural Disparities: Culturally sensitive approaches are crucial for Native Hawaiians and Pacific Islanders.
- Substance Abuse and Trauma: Substance abuse and adverse childhood experiences (ACEs), compound mental health challenges.
- Lack of Preventative Services: Focusing on prevention can help mitigate long-term consequences.
- Suicide Rates: Disturbingly, suicide rates are rising, with Native Hawaiians experiencing a 44% higher rate than the overall average.
- Additionally, mental health issues can compound chronic disease management and have lasting economic consequences.

<https://www.hawaiicounty.gov/our-county/hawai-i-county-reimagined-crisis-response>

<https://www.countyhealthrankings.org/health-data/hawaii/data-and-resources>

<https://www.hawaiihealthmatters.org/>

meet diverse community needs.

Workforce Development Programs:

- Invest in training and retaining mental health professionals.
- Offer incentives for psychiatrists, psychologists, and counselors to practice in rural areas.

Community and Culturally Based Interventions:

- Involve community organizations, schools, and families in prevention and support.
- Promote mental health awareness

Integrated Care Models:

- Integrate mental health services with primary care to address both physical and emotional well-being.
- Collaborate with schools, law enforcement, and social services for comprehensive care.

Community Outreach and Education:

- Conduct workshops, webinars, and community events to reduce stigma and increase awareness.

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 Priorities Selection Process
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			<ul style="list-style-type: none"> • Educate residents about available resources and coping strategies. <p>Early Intervention and Prevention Programs:</p> <ul style="list-style-type: none"> • Support school-based mental health programs. • Screen for mental health issues during routine medical visits. <p>Current Initiatives/Programs:</p> <ul style="list-style-type: none"> • Hawai'i CARES Program: Immediate assistance during crises. • 988-Crisis Hotline: Accessible three-digit number for mental health emergencies. • Hawai'i County Reimagine Mental Health Crisis Response: Transforming crisis care. • Community Mental Health Centers: Local resources for counseling and support. • Native Hawaiian Health Programs: Culturally sensitive services for Native Hawaiians.
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State Health Planning and Development Agency
 Priorities Selection Process
 Individual Issues/Challenges List

3			
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State Health Planning and Development Agency
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Name/Title: Scott Daniels

Organization: Hawaii County SAC

Date Completed: 6/19/2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Reforming payment so that it prioritizes health over illness.	Currently payments in our healthcare system are backwards. There is no incentive for providers to provide relatively inexpensive preventive care and ensure that individuals and populations remain healthy, but instead payments are focused on treating illness and injury. This has resulted in higher costs for everyone, a sicker population, and generally poorer outcomes in health for everyone. It also contributes to provider shortages as it promotes a sicker population that needs more providers.	Click or tap here to enter text.
2	Shortage of healthcare providers at all levels. Allowing physician extenders to work at the top of their licensure can help to ensure that care is provided to all.	While payment reform would help to alleviate this, it would not be immediate and there is a shortage of healthcare personnel throughout the system. A big part of the problem is a pipeline issue, we cannot train an adequate number of providers in the system that we currently have, especially when we look at the age of the current labor force.	There is usually a lot of guild resistance to allowing physician extenders to take on more of the care of a patient, even when the care is within the scope of practice.
3	Addressing social drivers of health.	There are many things that go into ensuring a healthy community, most of them involve public policies concerning things traditionally outside the area of "health." Public policy needs to better address the living conditions of its populace to ensure that everyone is living in health.	This will require a coordination of policy since it is a multi-variate problem. It involves housing, transportation, food security, employment, and taxation, to name some of the areas involved.
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Priorities Selection Process
Individual Issues/Challenges List

5	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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State Health Planning and Development Agency
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Name/Title: Jamie Cameros, Sr. Consultant

Organization: Hawaii Permanente Medical Group

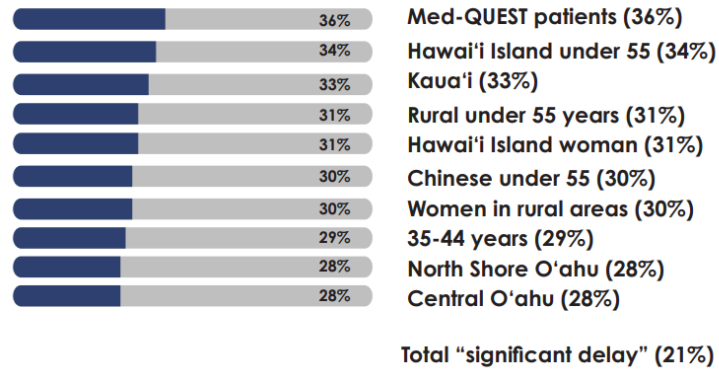
Date Completed: 6/13/2024

ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS																												
<p>Click or tap here to enter text.</p> <p>1 PROVIDER (WORKFORCE) SHORTAGE. For years, Hawaii County has experienced healthcare provider shortages. This shortage can be attributed to various factors, including geographic isolation, limited resources, high cost of living, and difficulty recruiting and retaining healthcare professionals.</p>	<p>Hawaii County has the highest Primary Care Physician Ratio amongst the counties.</p> <p>2024</p> <p>Primary Care Physicians in Hawaii</p> <p>Map Table</p> <table border="1"> <caption>Primary Care Physicians Ratio</caption> <thead> <tr> <th>County</th> <th># Primary Care Physicians</th> <th>County Value**</th> <th>National Z-Score</th> </tr> </thead> <tbody> <tr> <td>Hawaii</td> <td>1,290</td> <td>1,120:1</td> <td></td> </tr> <tr> <td>Hawaii</td> <td>156</td> <td>1,300:1</td> <td>-0.63</td> </tr> <tr> <td>Kauai</td> <td>60</td> <td>1,220:1</td> <td>-0.76</td> </tr> <tr> <td>Maui</td> <td>137</td> <td>1,200:1</td> <td>-0.81</td> </tr> <tr> <td>Honolulu</td> <td>932</td> <td>1,070:1</td> <td>-1.08</td> </tr> <tr> <td>Kalawao</td> <td>0</td> <td>80:0</td> <td>NA</td> </tr> </tbody> </table> <p>https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/primary-care-physicians?state=15&year=2024&tab=1</p> <p>Hawai'i appears to be on the verge of losing more providers. Approximately half of Medical Providers have considered retiring or leaving medicine (53%), reducing their patient hours (52%), or moving to the mainland (49%). In addition, roughly one-quarter (23%) say they are less than five years away from retirement. In sum, Hawai'i has a recruitment and retention problem.</p>	County	# Primary Care Physicians	County Value**	National Z-Score	Hawaii	1,290	1,120:1		Hawaii	156	1,300:1	-0.63	Kauai	60	1,220:1	-0.76	Maui	137	1,200:1	-0.81	Honolulu	932	1,070:1	-1.08	Kalawao	0	80:0	NA	<p>Click or tap here to enter text.</p> <p>Increase the number of and retention of health care workforce</p> <p>Primary Care Specialty Care Behavioral Health RN Care Coordinators Health Care Navigators</p> <p>Training, Education and Retention. Grow and maintain local workforce to build cultural competency and strong sense of community. Continue generating interest in middle/high schools for health care professions and related coursework. Development of residency programs with providers to help mentor.</p> <p>Health Care Navigators (HCNs) engage some of our most frail and at-risk members and build trusting relationships to help improve health outcomes. HCNs provide a crucial link between program staff, the health care team, community resources and the member to promote the adoption of healthy behaviors and achieve shared goals. Ability to engage with patients in home.</p>
County	# Primary Care Physicians	County Value**	National Z-Score																											
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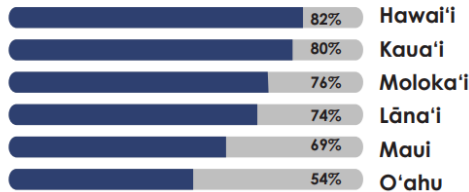
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It's not access denied, as much as it is access delayed.

Nearly six in 10 (58%) report delays when attempting to access health care. While more kama'aina are inclined to characterize the lag as "slight" (37%) another 21% say their delays have been "significant." Those most inclined to endure significant wait times include:



When asked directly if the public believes there "is an adequate supply of physicians on your island," 61% replied no. Not surprisingly, more neighbor island residents decry a lack of doctors, though even majorities of O'ahu residents believe there is a provider shortage.



(Access to Care, Health for Our Communities, July 2022 Report)
[ATC_July+2022+Report_06232022_FINAL.pdf](#)

If not addressed, Hawaii County's provider shortage will continue to increase as it has the highest growth rate of resident population due to in-migration.

Collaborative/Coordinated Care Models:

Implement collaborative/coordinated Care models that involve multi-disciplinary teams working together to provide comprehensive and coordinated care, optimizing the use of available resources and improving access. Create more patient advocates and navigators in health centers to create capacity and build more bridges to vulnerable populations.

Improve reimbursement rates from public and private insurers.

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Component of Change for the Period of "2022-2023" (as of July 1st) 2022-2023 ▼

	State of Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Total population change	-4,261	1,267	-5,420	68	-176
	-0.3%	0.6%	-0.5%	0.1%	-0.1%
Natural change	2,355	-106	2,029	139	293
- Births	15,167	1,945	10,799	779	1,644
- Deaths	12,812	2,051	8,770	640	1,351
Net migration	-6,566	1,367	-7,395	-72	-466
- Domestic	-11,193	784	-10,794	-247	-936
- International	4,627	583	3,399	175	470

<https://dbedt.hawaii.gov/economic/population-dashboard/>

Click or tap here to enter text.

2

LIMITED ACCESS TO HEALTH SERVICES: Like many rural areas, Hawaii County faces challenges in providing adequate access to healthcare services, particularly in remote or underserved areas. Limited availability of medical facilities and healthcare providers can result in longer wait times for appointments and difficulties in accessing specialized care.

Hawaii is ranked among the least healthy counties in Hawaii (Lowest 0-25%).

<https://www.countyhealthrankings.org/health-data/hawaii/hawaii?year=2022>

Hawaii County has the highest population percentage of uninsured (HHS 2012)

2.1. Number and Percent Uninsured By County, Gender, Age, Ethnicity, and Poverty - Population^{1,2} of Hawai'i, Hawai'i Health Survey (HHS) 2012

Demographic Characteristic	City & County of Honolulu		Hawai'i		Kaua'i		Maui		Total ³	
	N	% Uninsur.	N	% Uninsur.	N	% Uninsur.	N	% Uninsur.	N	% Uninsur.
Gender										
Male	22,467	4.6	8,580	8.9	2,190	6.4	4,972	6.2	38,209	5.4
Female	14,631	3.0	5,342	5.7	2,249	6.6	4,182	5.4	26,404	3.8
Total Uninsured	37,098	3.8	13,923	7.4	4,438	6.5	9,153	5.8	64,613	4.6

<https://health.hawaii.gov/hhs/files/2015/07/2.1.-Number-and-Percent-Uninsured-By-County-Gender-Age-Ethnicity-and-Poverty-%E2%80%93Population-of-Hawaii-Table-and-Figure.pdf>

Population living longer with complex medical issues but with increasing disability.

Develop and support health programs that address gaps in access or utilization of services.

Options to overcome geographic / Transportation barriers.

- Enhance virtual/telehealth svcs
- Remote Patient Monitoring (i.e., glucometer, BP monitor, weight scale, pulse oximeter, fetal doppler)
- Mobile Health Vehicle
- Transportation Assistance

Educate community on available care options.

Expand Healthcare Infrastructure.

Partnership with other community Services.

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