



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

**DRAFT**

**Meeting Minutes**

October 15, 2024

1:30 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/K6LxmbcjmTzcJ2LkvB8Aug89\\_N6VfTte3uUITphalGrjcBLPwVfUW3leJlhV7HX1.GfBfpgDw9DrV6](https://www.zoomgov.com/rec/share/K6LxmbcjmTzcJ2LkvB8Aug89_N6VfTte3uUITphalGrjcBLPwVfUW3leJlhV7HX1.GfBfpgDw9DrV6)

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MEMBERS: Tamia McKeague, Stacy Haumea, Evelyn Kaneshiro, Jamie Cameros, Hannah Preston-Pita  
MEMBERS ABSENT: None  
GUESTS: Tosa Lobendahn  
SHPDA: Jack Lewin, Wendy Nihoa, Terry Visperas

**ATTENDANCE RECORD OF APPOINTED MEMBERS**

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

Legend: X=Present; O=Absent /=No Meeting \*-Chair, \*\*-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 1:30 p.m. with T. McKeague, Chair, HCSAC presiding.	
Roll Call	Member and staff roll call.	
	Tosa Lobendahn, committee clerk representing Senator Joy A. Buenaventura on the call.	
Meeting Minutes	Chair deferred approval of the minutes from the meeting on September 17, 2024, till our November 12, 2024, meeting. Council will have to approve September 17, 2024, and October 15, 2024, minutes.	
	Public testimony. None.	
Administrator's Report	The Administrator's Report was distributed and reviewed.	
HCSAC Priorities 2024 and Beyond	T. McKeague added S. Haumea's contributions to finalize HCSAC's prioritization list for presentation to the Planning and Development Committee (PDC). Chair would like the council to consider condensing the current eight priorities to a more manageable three priorities. T. McKeague suggested the following: equitable access to healthcare services; Strengthening health care capacity; addressing social determinants of health. H. Hannah Preston-Pita suggested adding specialized care and or services. Ex. Like aging populations. Another priority to consider is food security. An updated summary is attached as "Attachment A."	Chair asked members for feedback on the proposed three consolidated overarching priorities.
	Public Testimony: None received.	
Presentation by former HCSAC member Malia Tallett: PSA Project	Provided an update on the PSA video project her students: <a href="https://drive.google.com/drive/folders/1ZGYZT7pH8jMNZ-iCV_g6RrqpjzsnBFYU?usp=drive_link">https://drive.google.com/drive/folders/1ZGYZT7pH8jMNZ-iCV_g6RrqpjzsnBFYU?usp=drive_link</a>	

<p>State Health Planning and Development Agency (SHPDA) Updates</p>	<p>they are still in production and will share with HCSAC when completed possibly in May of 2025.</p> <p>J. Lewin, Administrator, SHPDA provided the following updates:        AHEAD grant awarded. Highlighted the complexities of onboarding for a federal grant, emphasizing the challenges involved in navigating necessary processes. The grant will support planning, data acquisition and staffing for the grant. Significant funding is expected to begin in 2027, to support primary care improvements, including behavioral health and social services. Participation from hospitals and providers will be crucial. J. Lewin also shared the upcoming legislative priorities. A copy of the SHPDA 2025 priorities is hereby attached as "Attachment B."</p> <p>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 along with nominating members from HCSAC to represent on the Planning and Development Committee (PDC) as well as the Statewide Health Coordinating Council (SHCC).</p> <p>Public testimony. None.</p>	
<p>Announcements</p>	<p>None</p>	
<p>Next Meeting/Agenda Items</p>	<p>Next HCSAC Meeting scheduled for November 12<sup>th</sup>, 2024, at 1:30 p.m.; Add approval of minutes from July 23, 2024, and October 15, 2024. Also add, Item 7: HCSAC board member nomination to serve as a representative to the PDC and SHCC; Add Item 8: Nomination and election of officers for the July 2024–June 2025 term to the agenda.</p>	
<p>Adjournment</p>	<p>The meeting was adjourned at 2:32 p.m.</p>	

Issue/Challenge	Evelyn Kaneshiro	Malia Tallett	Scott Daniels	Jamie Cameros	Hannah Preston-Pita	Tamia McKeague	Stacy Haumea	Importance by Issue
<p><b>Access to Health Care Services</b>            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"/>	<input checked="" type="checkbox"/>	★
<p><b>Payment &amp; Reimbursement</b>            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. This is further exasperated with specialties like nutrition, where salaries have not kept pace with the rest of the medical field.</p>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
<p><b>Provider Shortages</b>            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. Additionally, there is a shortage of specialized healthcare professionals, such as RDNs, affecting care availability. 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.</p>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	★
<p><b>Coordination and Communication</b>            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"/>				<input checked="" type="checkbox"/>	
<p><b>Social Determinates of Health</b>            Social determinants, such as housing, transportation, food security, employment, and taxation, significantly impact health outcomes. High poverty rates in rural areas, particularly in Hawaii County (14.7%), compound health risks and reduce access to necessary services.</p>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	★
<p><b>Mental Health &amp; Substance Abuse Treatment</b>            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><b>Health Care Planning for Aging</b>            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><b>Chronic Disease Management</b>            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. Enhanced preventive care and better chronic disease management strategies are needed to address these issues.</p>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Issue/Challenge	Strategies to Address Issues	Additional Comments
<p><b>Access to Health Care Services</b> There are significant challenges in accessing healthcare services 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>	<ol style="list-style-type: none"> <li>1. Expand on current telehealth services such as remote monitoring, digital health platforms</li> <li>2. mobile clinics and community outreach</li> <li>3. Expand healthcare workforce</li> <li>4. Improve transportation and infrastructure</li> <li>5. Policy and Legislative changes</li> <li>6. Insurance coverage and financial support</li> <li>7. collaboration and partnerships</li> </ol>	
<p><b>Payment &amp; Reimbursement Issues</b> 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.</p>	<ol style="list-style-type: none"> <li>1. Enhancing price transparency</li> <li>2. Increasing the reimbursement rates for providers</li> <li>3. Streamlining administrative processes</li> <li>4. Implementing capitated payment models</li> <li>5. Improving insurance coverage and policy reforms</li> <li>6. Patient-Centric payment solutions</li> </ol>	
<p><b>Provider Shortages</b> 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.</p>	<ol style="list-style-type: none"> <li>1. Allow physician extenders to work at the top of their licensure</li> <li>2. Invest in workforce development and training</li> <li>3. Provide scholarships and payback incentives for healthcare workers</li> <li>4. Provide subsidies or affordable housing opportunities for healthcare workers</li> <li>5. Offer incentives for healthcare providers to work in rural areas</li> </ol>	
<p><b>Coordination and Communication</b> 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. To reduce delays and frustration, better education for providers and patients on navigating the healthcare system is also necessary.</p>	<ol style="list-style-type: none"> <li>1. Enhancing team-based care models</li> <li>2. Adopting health information exchange systems</li> <li>3. Utilizing telehealth services</li> <li>4. Collaborative care platforms</li> </ol>	
<p><b>Social Determinates of Health</b> Social determinants, such as housing, transportation, food security, employment, and taxation, significantly impact health outcomes</p>	<ol style="list-style-type: none"> <li>1. Develop coordinated policies to address multifaceted social issues</li> <li>2. Promote community and culturally based interventions to address social drivers of health</li> </ol>	
<p><b>Mental Health &amp; Substance Abuse Treatment</b> 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 Need to increase access to mental health care and services.</p>	<ol style="list-style-type: none"> <li>1. Expand mental and substance use clinics, telehealth options, and mobile crisis teams</li> <li>2. Integrate mental health services with primary care</li> <li>3. Need more detox and recovery beds</li> <li>4. community outreach, education to increase awareness and reduce stigma</li> </ol>	
<p><b>Health Care Planning for Aging</b> There is a lack of adequate planning and resources for the aging population, including healthcare planning for aging patients, families, and caregivers</p>	<ol style="list-style-type: none"> <li>1. Develop comprehensive elder care programs that address the unique needs of seniors</li> <li>2. Provide education and resources for families to plan for elder care</li> </ol>	
<p><b>Chronic Disease Management</b> 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>	<ol style="list-style-type: none"> <li>1. Integrate chronic disease management programs with primary care: holistic approach to healthcare services</li> <li>2. Focus on prevention and early intervention to manage chronic conditions effectively</li> </ol>	

Equitable Access to Health Care Services	Strengthening Healthcare Capacity and Workforce	Addressing Social Determinants of Health
<p><b>Related Priorities:</b> <i>Access to Health Care Services, Provider Shortages, Substance Abuse &amp; Mental Health Treatment, Health Care for Aging Population</i></p>	<p><b>Related Priorities:</b> <i>Provider Shortages, Coordination and Communication</i></p>	<p><b>Related Priority:</b> <i>Social Determinants of Health</i></p>
<p><b>Rationale:</b> This theme focuses on addressing barriers to accessing healthcare, whether due to geographical, financial, workforce, or service limitations. It includes specialized care services, such as substance abuse treatment, mental health care, elder care, and specialty care (cardiology, oncology, orthopedics, etc.). Strategies such as expanding telehealth services, improving infrastructure in rural areas, increasing pay for ancillary providers, and allowing physician extenders to work at full capacity fall under this theme.</p>	<p><b>Rationale:</b> Addressing the shortage of healthcare providers and improving communication between teams and systems is essential for a sustainable healthcare system. This theme covers strategies such as enhancing team-based care, adopting more efficient communication methods, and leveraging all available healthcare workers to their full potential. Additionally, it addresses the school-to-work pipeline and recruitment strategies for the healthcare system.</p>	<p><b>Rationale:</b> This theme focuses on the root causes of health disparities, including housing, education, income inequality, food insecurity, and environmental factors. Coordinated policy development targeting these areas can help create a healthier and more resilient community.</p>

## SHPDA *Draft* 2025 Top 9 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, community health workers (CHWs) and other approaches also need to be explored. Also, see Priority #9 regarding expedited credentialing.
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. We also need to focus on increasing primary care access to reduce avoidable inpatient and ED use. Finally, 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. **The AHEAD grant:** CMS announced in early July that Vermont, Maryland, Connecticut and Hawai'i are the first four states to be awarded the ambitious AHEAD Collaborative Agreement (grant). Funding and pre-implementation planning will commence immediately. SHPDA and Med-QUEST, as the co-applicants for the state, will receive about \$12 million over the initial 5 years of AHEAD for administration; planning; actuarial services; data acquisition, analytics, and innovation; and other contractual services. AHEAD will also provide up to \$50 million a year beginning in January 2027 for grant implementation. This funding will be paid directly to

participating hospitals and providers from 2027 through 2035 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 local support, CMS requires that a majority hospitals must begin the 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. CMS intends to establish this kind of value-based future nationally by their goal of 2030 for all of Medicare and Medicaid. AHEAD gives us a head start. We need to use the state-directed 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 in terms of modernizing hospital and provider reimbursement and advanced data tracking methodologies. The overall goal is to foster a systematic approach to population health improvement and sustainable affordability.

6. **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. This is critical to the viability of our hospitals, providers, and insurers. 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.
7. **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, long-term care, and population health outcomes 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 do not see the other's data. What could be shared publicly is how the state at large fares against other states in terms of outcomes and per capita costs, and where the gaps exist that need to be addressed by us 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.



That said, modern and most secure healthcare data systems are evolving to cloud based interoperable systems that enable complex tracking, calculations, and analytics to occur with data being securely retrieved from but remain in its myriad sources for such uses without the need for data vaults or storage. This approach is not only more secure, but it is much more acceptable to insurers, hospitals, and providers, including government, and should be considered here.

8. **Prior Authorization:** The process of prior authorization (PA) has become very contentious nationally and is an increasing public and provider concern regarding alleged and real denials and delays of appropriate care here. Its intended purpose for insurers is to reduce costs related to unnecessary or inappropriate care. However, the relatively new common practice of insurers choosing to contract with other firms to manage their PA has exacerbated the growing tension, given the perverse incentives of the contracted firms to make more money by denying more claims. While this issue is not a top priority in SHPDA's wheelhouse, we are the agency of government where concerns expressed to the Governor and other state agencies related to healthcare are typically referred for response, along with the office of the Insurance Commissioner in DCCA. SHPDA and the Insurance Commissioner will be conferring about the issue, given the certainty of legislative measures being proposed to attempt to resolve it. The Centers for Medicare and Medicaid Services recently published a new PA -related regulation, *CMS-0057-F* which sets timeline and policy parameters around PA to be fully implemented by 2027. Other states are also submitting bills on proposed improvements and policy parameters for PA. there will be proposals this year in our legislature.

SHPDA wants to see available high-tech innovations employed in our state approach around this matter. The standards and approved and valid guidelines for most major disease states are available and frequently updated by professional societies and academic institutions – some also from the FDA and the NCCN for cancer. Using AI and electronic means to help doctors assure that their patient workups contain all essential information for a PA approval, and offering insurers transparent use of such standards and guidelines (hopefully by statewide agreement among companies) to electronically adjudicate and streamline approvals would greatly improve the process. All participants, including the payers, are frustrated by the hassles and expense of PA as it is currently conducted. Let's fix it in Hawai'i!

9. **Credentialing of Clinicians:** Strategizing on expediting credentialing of physicians, nurses, behavioral health clinicians, social workers and other short-supply clinicians with DCCA; and also consideration of reciprocity agreements between Hawai'i and western states for expanded telemedicine coverage for primary care, specialist care, behavioral health, and social service needs.