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

Meeting Minutes

July 9, 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/llxhovsFiOMH1RZoi7jafUfqScjDMm1Qzk6oNmAEdTGz6AET3t842ONe-ErrOgZu.JlKHVzPvykdPkTcZ
Passcode: N^$1K0WB

MEMBERS: Rebecca Cai, Francis Chan, Lance Ching, David Dobbs, Alfred Herrera, Robert Hirokawa, Haley Hsieh, James Lin, Harold Moscho, Deborah Taira, Derek Vale, Cristina Vocalan, Kelley Withy
MEMBERS ABSENT: Greg Carlson, Greg Shimomura, Ranjani Starr
GUESTS: Tosa Lobendahn
SHPDA: John Lewin, Wendy Nihoa, Terry Visperas

ATTENDANCE RECORD OF MEMBERS

Date	10/19/23	12/5/23	1/22/24	2/7/24	2/20/24	3/5/24	5/14/24	7/9/24	TBD	TBD
Rebecca Cai	/	X	X	X	X	X	X	X		
Greg Carlson	/	/	/	X	X	X	X	O		
Francis Chan	X	X	X	X	X	X	X	X		
Lance Ching	X	O	O	O	X	O	X	X		
David Dobbs	/	/	/	X	X	O	X	X		
Alfred Herrera	X	X	X	X	X	O	O	X		
Robert Hirokawa*	X	X	X	X	O	X	X	X		
Haley Hsieh	O	X	X	X	O	X	X	X		
James Lin	/	X	X	X	X	X	X	X		
Harold Moscho	/	/	/	/	/	/	/	X		
Greg Shimomura	/	/	/	/	/	/	/	O		
Ranjani Starr	X	X	X	O	X	O	X	O		
Deborah Taira	X	X	O	O	X	X	X	X		
Derek Vale	X	X	X	X	X	X	X	X		
Cristina Vocalan	X	X	X	X	X	X	O	X		
Kelley Withy	X	X	O	X	O	X	X	X		

Legend: X=Present; O=Absent; /=Not a member
*-Chair, **-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	A quorum was established. The meeting was called to order at 1:01 p.m. by Robert Hirokawa, Chairperson, Data Advisory Council (DAC) presiding.	
Roll Call	Member roll call. Guest: T. Lobendahn, Senator San Buenaventura's Office.	
Minutes	Motion to accept the minutes from May 14, 2024 meeting. Vote: Unanimous. Motion carried. Public testimony. None.	
Data Priorities	J. Lewin, Administrator, State Health Planning and Development Agency (SHPDA) summarized the "Data Priorities Based on a Re-structured List of the 15 Priorities". The revised document dated June 6, 2024, is hereby attached to these minutes. It was noted, the items are tentative and will likely change given the AHEAD Grant (refer to SHPDA Updates below for details). Members were encouraged to provide input to the priorities as presented. These issues will be considered by SHPDA as we prepare for the 2025 Legislative Session. A discussion followed and included the following: the location of emergency room data such as on the Laulima Data Alliance, Healthcare Association of Hawaii and creating an integrated data platform as suggested to states by the OMB (Federal Office of Management and Budget. The formation of subcommittees or permitted interaction groups (PIGs) to structure, prioritize, and concentrate efforts on critical areas – such as the actual number of uninsured, underinsured, and medical debt. Additionally, it was recommended that the DAC determine fundamental aspects such as the target audience for reports, specific data requirements, and parameters for data segmentation (e.g., age, ethnicity, zip code, uninsured/underinsured status), as well as defining data terminology. These foundational steps are crucial for generating actionable items. W. Nihoa, Comprehensive Health Planning Coordinator (CHPC), SHPDA, will poll members to create a subcommittee or PIG with the criteria for membership being access to data related to the uninsured and underinsured.	W. Nihoa to poll members to create subcommittee/ work group and research to convene as a PIG.

	K. Withy, member, offered next Summer's pre-med students to conduct lit review and analysis on data. Public testimony. None.	
SHPDA Updates	J. Lewin, Administrator, SHPDA provided the following updates: The Centers for Medicare and Medicaid (CMS) announced awards for the All-Payer Health Equity Approaches and Development Model (AHEAD) Grant. Hawaii is one of four states awarded pending satisfaction of certain requirements by July 31, 2024. The other states are Maryland, Vermont, and Connecticut. Convening the data subcommittee/working group was encouraged. Public testimony. None.	
Announcements	None.	
Next Meeting	To be determined. Members will be polled.	W. Nihoa, CHPC, SHPDA will poll members for the next meeting date/time.
Adjournment	The meeting was adjourned at 2:03 p.m.	

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
DEPARTMENT OF HEALTH - *KA ʻOIHANA OLAKINO*

JOSH GREEN, M.D.
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

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June 6, 2024

To: Health Data Advisory Council
Re: Data Priorities Based on a Re-structured List of the 15 Priorities

1. Accurate Measurement and Tracking of Uninsured persons
   a. Purpose for collecting/tracking:
      1) Varying reports and estimates create uncertainty.
      2) Need to design legislative means of eliminating uninsured persons among Hawaiʻi citizens and legal immigrants – need accurate data and understanding of cause of lack of coverage.

   b. Possible means of data collection include:
      1) Assess all ED visits statewide periodically (q. 3-6 months?) and include as possible age, ethnicity, gender, zip code.
      2) Assess all inpatient admissions similarly as above (would Laulima have this now?)
      3) Assess FQHCs similarly as above.
      4) Identify sources of data to accomplish this.
      5) Develop means to estimate number of ʻuniqueʼuninsured patients vs. volume of uninsured visits/admissions (note that immigrants and COFA patients will be worried about being identified).
      6) Explore feasibility of adding uninsured status to APCD claims going forward.

   c. Assess and prioritize by frequency the causes of lack of coverage through interview process or other means (will likely require source of funding)

2. Assessment of statewide occurrence, causes, and volume of medical debt (SHPDA will take this issue on with collection agencies, AG's office, Insurance Commissioner, others).

3. Accurate assessment of percent of care delivered as primary care (numbers of patient visits/population statewide and by county), and as primary care as a percent of total cost of care (statewide and by county).
   a. Development of best means of identifying what codes and providers constitute primary care among individual providers, group practices, employed providers, and FQHCs. Also assess numbers of ED visits in Medicaid (Med-QUEST definition), Medicare (CMS definition), and commercial coverage which could have been covered by community-based primary care and community-based specialty care (avoidable ED visits).
   b. Development of consistent approach to primary care visit measurement using encounter

data for Kaiser Permanente, and Medicare Advantage capitated plans for both volume of visits and percent of total cost for primary care.
   c. Assessment of percent of care at FQHCs that is primary care vs. specialty or other services.
   d. Assessment of the impact of percent of spending on primary care in improving outcomes, and in reducing avoidable ED visits and inpatient admissions.
   e. Assessment of the impact of inclusion of behavioral health assessments and services in primary care on improving outcomes, ED visits, and inpatient admissions.
   f. Assessment of the impact of inclusion of social determinants of health screening and availability of services for addressing food, housing, and income insecurity on improving outcomes, and on reducing avoidable ED visits and inpatient admissions.
   g. Note: while this is a requirement of the AHEAD grant if awarded, it is an important "Hawai'i the Health State" priority as well.

4. Comparison of Medicare/Medicare Advantage per capita spend across HPSA zip codes vs. non-HPSA zip codes (using CMS data) with comparison to national per capita spending averages for HPSA, non-HPSA zip codes as a means of building the care for increased Medicare Benchmark levels in Hawai‘i to closer to the national average.

5. Comparison of availability of primary care and specialty physician/clinician services in Hawai‘i to national averages:
   a. Assess number per capita of primary care clinicians and specialists statewide and by county and zip code, and by participation in Medicaid and Medicare.
   b. Assess relationship of per capita primary care/specialist availability to per capita ED visits/inpatient admissions as compared to parallel national data or selected state data.
   c. Compare statewide and county cost-of-living and cost-of-housing to per capita primary care vs specialty physicians/clinicians.
   d. Attempt to compare COL/housing costs to attrition (early retirement or departure) of physician/clinicians statewide and by county.
   e. Purpose of this section is to justify increase in geographic GPCI payment adjustments in Hawai‘i compared to selected states. Data will also be useful in raising federal Medicare benchmark level.

6. NOTE: for all the above priorities, carving out Native Hawaiian and Pacific Islander (US territories, COFA, and other) patient numbers and locations will be very helpful for AHEAD, and for federal and Papa Ola Lokahi purposes.

OTHER ISSUES: to be addressed when resources become available…

7. Unnecessary health care transportation costs estimation (this is a lower priority):
   a. Estimation of avoidable mainland care provided to Hawai'i residents in Medicaid, Medicare and MA, and commercial coverage.
   b. Estimation of avoidable O‘ahu travel for care from neighbor islands (by county).
   c. Consider educational efforts to the public and providers to correct misconceptions about the need for this when unnecessary.

8. Means to identify and measure rates and causes of high-priority gaps in access to care, particularly for Native Hawaiians, Pacific Islanders, prenatal care, and prevention services.

Mahalo, Jack Lewin MD
Administrator, SHPDA