HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
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Honolulu Subarea Health Planning Council

DRAFT

Meeting Minutes
Windward Subarea Health Planning Council (WISAC)

July 16, 2026, | 1:00 PM Hawaii Time
Virtually via Zoom and Physical Meeting Location at
The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Cherie Chu, Carol Marx, Hayley Cheyney Kane, Ella Siroskey, Dr. Miriam Chang

MEMBERS ABSENT: None

GUESTS: None

SHPDA: John Lewin, Terry Visperas, Wanda Ane-Onishi, Jason Espero

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	2/23/2026	5/20/2026	7/16/2026				
Cherie Chu,	X	X	X				
Carol Marx	X	X	X				
Hayley Cheyney Kane	X	X	X				
Ella Siroskey	X	X	X				
Dr. Miriam Chang	X	X	X				

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

Meeting Recording:
https://www.zoomgov.com/rec/share/glAiIHCBA7PDGHtxLWyaW3lGEzqhrlX_ykDWRTTj91pYpjQbSyDRm7MXVyiF8L2r.RhGjiFtqWa0vq_St
Passcode: eC$9ix^9

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 1:06 p.m. by Terry Visperas, SHPDA	
Member Introductions Cherie Chu facilitated today's meeting:	Cherie called the meeting to order. Terry supported with tech issues and participant unmuting. Rolls were taken and guests were invited to introduce themselves. Approval of May 20, 2026, Minutes Minutes were previously distributed by Terry. Motion to approve: Carol Second: Wanda No objections; minutes approved. Public Testimony No members of the public were present. Proceeded to agenda items.	
Administrator's Report	**Overview & Context Setting** • Dr. Lewin began by acknowledging the breadth of material to cover and emphasized the importance of focusing on Windward O'ahu's needs. He framed the discussion around legislative progress, data modernization, federal grants, and system transformation. **Legislative Session Summary** • SHPDA tracked and testified on 135 health-related bills, covering diverse areas such as: • General health care access • Reproductive rights • Immigrant rights • Artificial intelligence	

- Insurance coverage reform
- Around 30 bills passed, a strong outcome.

Important legislative successes:

- Funding secured for Kupuna Home Health Innovation.
- Continuous glucose monitors and colorectal cancer screening are now covered by insurance.
- Increased funding for Alzheimer's outreach and programs.
- SHPDA statute modernized—important because the agency is celebrating 50 years and now holds much broader authority than originally designed.

Transforming Hawai'i's Health Data Landscape

Dr. Lewin underscored a shift toward data-driven health policy, centered on two major statewide datasets:

- All-Payer Claims Database (APCD)
  - Collects every insurance claim statewide: hospital, ER, labs, prescriptions, imaging, outpatient, etc.
  - Partnership between SHPDA, Med-QUEST.
  - First major statewide health status reports will be released this year.
  - Will help track population-level trends in chronic disease, costs, access, and quality.
- Hawaii Health Information Exchange (HIE) Currently collects:
  - All inpatient EHR data
  - All emergency department data
  - All lab records
  - Partial outpatient data (~25–30%)
  - Grants will strengthen connectivity, allowing clinical data statewide to integrate and support quality improvement.

- Why this matters:
    - The combined use of claims data + clinical data + social needs data allows Hawai‘i to track population health with unprecedented accuracy. AI-assisted analytics will further inform statewide policy and funding decisions.
- Psychology Prescribing Pilot Program
    - A new bill created a pilot program allowing psychologists to prescribe under strict medical supervision.
- Key elements:
    - 2-year pilot in Kaua‘i and Hilo
    - Supervised by a psychiatrist, potentially also by local physicians
    - Team includes psychologist prescriber + psychiatrist + social worker
    - Designed to improve behavioral health access in underserved regions
    - Legislature allowed the bill to become law without governor’s signature due to controversy
- Concerns acknowledged:
    - Physicians fear psychologists may eventually seek independent prescribing authority.
    - SHPDA strongly promotes team-based care rather than autonomy expansions.

Major Federal Grants Transforming Health Care

- Dr. Lewin provided detailed updates on two large federal funding sources that will reshape Hawai‘i’s healthcare system.

AHEAD Grant (All-Payer Health Equity, Accountability, and Design)

- Launch: January 2028
- Potential annual funding: $200+ million statewide
- Purpose: Move Hawai‘i from fee-for-service to value-based care.

- Key components:
  - Align all providers—hospitals, physicians, clinics—under value-based reimbursement models.
  - Major increase in primary care funding statewide.
  - Required statewide data tracking for population health improvement.
  - Goal: raise Hawai‘i’s Medicare reimbursement to a more sustainable level.
- Current challenge:
  - Hawai‘i’s per capita Medicare reimbursement is $9,000, compared to $15,000 in states like California.
  - Hospitals and clinics lose money providing Medicare care.
  - Medicaid reimbursements will drop from 130% → 100% of Medicare over 4 years due to federal legislation, worsening financial strain.
- SHPDA response:
  - Partnering with UC Berkeley economists to build a technical case showing Hawai‘i’s reimbursement inequities.
  - Coordinating with governor and congressional delegation.

Rural Health Transformation Program (RHTP)

- Funding:
  - Hawai‘i awarded $190 million/year for 5 years, highly competitive selection.
  - Why the funding exists:
    - Red states feared Medicaid coverage losses under large federal legislation and pushed for national rural health support.
    - Distribution (simplified):
      - **Workforce Development – $50M**
      - Training in Professions

- Incentives up to $200,000 for providers committing 5 years to rural communities
- Loan repayment enhancements
- University Telehealth Backbone
- IT infrastructure allowing any telemedicine provider to reach any Hawaiian community
- Respite Centers (DHS)
- Safe discharge spaces for medically fragile patients with no home support
- DOH Care Innovation + EMS Modernization
- Major upgrades to ambulance, paramedic, and air transport systems
- **SHPDA Rural Health IT Systems – $45M**
- EHR purchases/upgrades for rural providers
- Internet/broadband and "last-mile" connectivity
- Strengthening HIE for statewide clinical data integration
- IT support for high-risk, high-cost 5% of patients
- Social needs referral tracking network
- **SHPDA Value-Based Practice Transformation – $25M**
- Direct grants to clinics, hospitals, practices
- Support to hire care coordinators
- Build population health workflows
- Create a statewide clinically integrated network
- Prepare providers for AHEAD participation
- Operational Challenges & Insights

- Dr. Lewin candidly described how Hawai'i's procurement system slows progress:
  - Contract approvals involve 70–80 administrative steps
  - RHTP Year 1 money must be fully contracted out by September

- Another $70M arrives October 1
- SHPDA is working to speed future contract cycles

Windward Community-Specific Issues Raised

- Dr. Lewin responded to concerns from members, including:
- Wi-Fi & Connectivity Gaps
- Ella raised issues with poor reception along the Windward Coast.
- Dr. Lewin confirmed the grant includes funding for rural broadband and "last mile" connectivity.

Disaster Preparedness

- Communities must be prepared to respond independently when state systems are overwhelmed.
- SHPDA developing strategies to identify vulnerable kupuna, isolated residents, equipment resources, and community-based responders.

Transportation Failures (Insurance Vendors)

- Problems with mainland transportation vendor "Motive."
- Complaints of unreliable service, rebranding after bankruptcy, and poor patient access.
- Dr. Lewin acknowledged alternative vendors exist and SHPDA will look into the issue.

Home Health Gaps

- Home health nurses only visit twice weekly; residents rely on volunteer nurses for wound care and infection control.

- SHPDA will provide contractor information when available and encourage feedback on gaps.

Role of SHCC (Your Group)

- Dr. Lewin emphasized:
  - SHCC members are now official federal-required advisors for both major grants.
  - SHPDA expects direct feedback on:
  - What's working
  - What is NOT improving
  - What Windward needs most
    - SHCC may be called upon by CMS (federal government) at any time.

Upcoming Opportunities for Input

- SHPDA drafting Year 2 RHTP proposals—community needs will shape changes.
- Members encouraged to submit priorities (transportation, Wi-Fi, specialty access, home health, etc.).
- Legislator presentations can be scheduled at future meetings upon request.
  - Infrastructure Needs & Community Feedback:
    - Ella raised the need for better Wi-Fi along the Windward Coast.
    - Group discussed disaster preparedness and community-based response.
    - Transportation issues: insurance providers using unreliable mainland vendor (Motive).
    - Home health shortages: limited nursing visits; community volunteers filling gaps.

Q&A Session with Dr. Lewin	▪ SHPDA will update and involve the group when contractors are selected. **Engagement Expectations:** • Federal grants require independent community advisors — this SHCC group fills that role. • SHPDA invites ongoing feedback on needs and priorities for rural health. Participants discussed: • How clinics and doctors access grant funds. • Upcoming contract cycles and distribution timelines. • Need for transparency on contractors via SHPDA website. • The importance of early notification for FQHC leadership. • Desire for increased SHCC involvement in shaping rural health priorities. **Selection of Officers – Next Term** **Nominations & Results:** **Chair:** Cherie Chu **Vice Chair:** Hayley Cheyney Kane **Plan Development Committee (PDC) Representative:** Carol Marx **State Health Coordinating Council Representative:** Miriam Chang	

	• Will need to submit SHCC application to Governor Boards and Commissions **All positions were voted on and approved unanimously.**	
Announcements & Open Floor:	**Members invited to share upcoming events, volunteer activities, or future meeting topics.** • No announcements shared beyond ongoing clinic commitments.	
Future Meeting Dates:	Meetings will continue every two months. September 16th then November 18th • Time: 1:00 PM (tentatively confirmed) Terry will send calendar invites.	
Next Meeting	September 16 Adjournment - No objections; meeting adjourned at 2:00 PM.	