

Maui Health Task Force Initiative
Nov. 10, 2007 – Maui Memorial Medical Center Auditorium
9:08 a.m. to 3:49 p.m.
Minutes

Task Force Members in attendance: Chair Rita Barreras, Vice Chair Tony Krieg, Dr. Noa Emmett Aluli, Norm Bezane, Hermine Harman, Mark Hyde, Dr. Guy Hirayama, Alan Lee, Phyllis McOmer, Leonard Oka, Jeanne Skog, John Smith, Dr. Richard Weiland, Jan Yagi Buen

Task Force Members excused: May Fujiwara

Chair Barreras called the meeting to order at 9:08 a.m. Hermine Harman made a motion to approve the agenda with a second by Dr. Richard Weiland. Approval was unanimous.

There was a question about the videoconferencing system in the front of the room that had not been activated. The system was made available so Dr. Noa Emmett Aluli could be part of the Task Force (TF) meeting, but Aluli was able to attend in person. A request was made to Maui Memorial Medical Center (MMMC) to activate the system by 1 p.m. so anyone from Molokai could be part of the meeting from Molokai General Hospital.

Public Testimony

Joan Bellard – Bellard was speaking as a parent about the problems of dental care for Medicaid recipients – her adult daughter has a disability that qualifies her for Medicaid, but few dentists on Maui accept Medicaid and it's hard to get appointments at the Oral Health Center and mobile dental clinics. She said the mobile vans are usually for emergency extractions, not general cleaning. The shortage of dentists across the United States will increase, there are fewer dental schools, and dentists are aging. Bellard reminded everyone that a lack of dental care lead to other diseases.

Karen Peterson – Peterson is the executive director of “Giving Back,” a nonprofit organization that provides senior mentors for children and frail elders by using brain gym – which involves different physical and mental exercises to keep the brain active. The program emphasizes prevention techniques to help seniors avoid falls – people recovering from injuries

related to falls take up needed acute-care bed space which contributes to the waitlist. Peterson would like the Task Force to include recommendations that would support prevention programs like “Giving Back” to reduce the need for long-term care services. One of the programs in “Giving Back” is “Kupuna Kokua – Seniors Helping Seniors” where healthy seniors are paired with frail seniors to teach brain gym techniques that help prevent falls and improve cognitive functions. Both healthy and frail seniors benefit. Peterson said she’ll take her program “any place where there’s a group of seniors.”

Dr. Rod Bjordahl: The Chief Medical Officer at Maui Memorial Medical Center and longtime Maui physician, Bjordahl provided a handout of his philosophy and list of priorities that he believed would improve the health care system in Maui County, but he also said that he thought that instead of asking what can be given to us, we should be asking what each individual could give up for the common good – with that attitude, things would improve much faster. He said this would require a change in mindset from not only individuals, but companies, government agencies, health care facilities. Bjordahl said much has been made about the rights of individuals – of citizens and physicians, which has inadvertently led to many problems in the system today. “We need a philosophical awakening,” he said. One of Bjordahl’s recommendations was to discontinue the Quest program and enhance Medicaid. Barreras asked him why. Bjordahl said there are too many places where Quest payments are denied; Medicaid at least pays, even if not very well. He said patients should get services they need and physicians should get paid. Bjordahl also said he believes that being healthy doesn’t begin or end with the health care system, but it must involve personal and family responsibility.

Bjordahl also recommended a Critical Access Hospital in West Maui and South Maui – when Harman reminded him that a CAH must be 15 miles from a major hospital, which rules out Kihei, Bjordahl said that maybe the rule needs to be changed.

Mark Hyde said he appreciated the comments about personal responsibility – perhaps the Task Force has overlooked that aspect. Bjordahl said he’s like to see “high level, hard core” medicine taught in high school, not just hygiene, which would encourage students to live a healthier lifestyle – they would also influence those younger than them who look up to them as well as their parents. Barreras introduced a group of high school students in the

audience who were attending because they are enrolled in classes preparing them for health careers that's part of a program sponsored by Maui Long Term Care Partnership.

When asked about the list of priorities he had submitted, Bjordahl said they were not necessarily in order from his top priority down. Dr. Guy Hirayama agreed with that concept – he said it's hard to prioritize individual items because they interact.

Peg Robertson – Robertson was upset that she had only learned about the Task Force meeting earlier that morning (Barreras later explained that she had sent the press release to The Maui News and other media earlier in the week – Maui News had changed its email address that she didn't know about). Robertson said Lahaina needs round-the-clock urgent care. She also spoke to improve the pre-natal and post-natal services offered at Maui Memorial Medical Center and recommended that Task Force members make a site visit to the baby ward. She said she hoped that something could be done about the Certificate of Need (CON) process.

Dr. Jane Kocivar: Kocivar has been an internist on Maui since 1983 and is on call every other night. She began by saying she was insulted by Bjordahl's speech and was critical of the MMMC administration. She said the hospital was the victim of poor planning: the new wing is a waste of space; waiting rooms are too big and not used. Rooms on the 3rd floor are shared by two people and divided only by a curtain, meaning no privacy and an easy way to spread MRSA infections which can be transmitted on clothing and curtains. She said she doesn't believe the administration supports the physicians. Some of her patients are afraid to come to MMMC, she said, and that hospitalists have to take care of as many as 36 patients at once. She said the CON is illegal. There already is a shortage of beds at MMMC and it isn't even high season – get rid of the CON and bring in private money.

Vice Chair Krieg told Kocivar that she should take her complaints about infections to the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Kocivar said she's never spoken with anyone with that agency, but Alan Lee said every time the Commission comes to MMMC, notices are posted in advance so anyone with complaints can speak to their representatives. John Smith said Kocivar complained of being overworked, but he wondered if a new hospital would bring enough new

doctors to staff it. Kocivar said a new facility would attract more doctors – more would also come if given more money, assistance with housing, relocation money and repayment of student loans. She agreed with Harman that a medical residency program would also attract new docs, but said that attending docs would also be needed. Hirayama said he needed to correct a few of Kocivar’s comments: he said Maui Medical Group has a contract with the hospital to provide hospitalists – about eight of them split 30 to 40 patients among them with a maximum of 15 patients a day. Kocivar insisted that one doc was seeing 36 a day. Hirayama said it has become difficult to maintain both a private and hospital practice so that many docs have chosen to turn their patients over to a hospitalist. Harman didn’t like the idea of a stranger who has no knowledge of her history treating her in the hospital. Norm Bezane asked Kocivar for her priorities on improving the county’s health care system. She said a free market is needed that would supply funds and quality and that the administrator has no medical background.

Approval of the minutes of Nov. 3, 2007

Dr. Noa Emmett Aluli made a motion to approve the minutes with a second by Harman. Jan Yagi Buen and Jeanne Skog abstained because they missed the last meeting – otherwise approval was unanimous.

Updates

Barreras said it was hoped that SHPDA executives Ron Terry and Darryl Shutter could attend today’s meeting, but they weren’t available – they could attend on Dec. 4 and explain the CON process without debating it. Aluli asked if the Task Force would be getting a list of previous CONs requested by Maui County facilities. SHPDA staffer Shirley Kidani, who was in audience, said she would talk to staff.

Barreras had no new information about the Task Force’s budget request appropriated by the Legislature, but still not released by the administration. Yagi Buen said she had seen Finance Director Georgina Kawamura on Oct. 15 who said another letter was needed. Barreras said she would push for the money again next week. Yagi Buen also said she had asked about \$1 million that had been approved for long-term care in West Maui. Apparently, MMMC used \$285,000 for planning, but there are questions about what

happened to the rest of the money -- \$650,000 was not encumbered for the design of the facility.

Kidani said the legal requirements of the Task Force are that the final report needs to be submitted 20 days before the start of the Legislature. Barreras said that both Terry and Shutter were surprised and pleased to hear the Task Force was on course to submit a report by Dec. 21.

Committee Reports

Barreras again introduced Joe Lapilio, who would be facilitating the day's discussions which would lead to the Draft Report that will be reviewed on Nov. 20.

Acute/Primary/Emergency Care Committee Report

Chair Mark Hyde said the committee worked together very effectively and had produced, he felt, "a dynamite report." He said the original had been refined from last week with more specific information about bed needs. Hirayama said he had failed to emphasize the importance of funding and implementing an electronic medical records system. Harman said the report also needed to include information about the shortage of primary care doctors on Maui – the largest shortage in the state.

Hirayama spoke more about the need for an electronic medical records system, which he described as a "huge missing piece" from the list of priorities. He said currently it's hard to get records transferred and it can be slow when a team of doctors has to review the same records to prepare for the same procedure; there's also lots of duplication. Currently, Kaiser has one system – the non-Kaiser docs have another. Maui County and, eventually, the state need to have a Regional Health Care Informational Organization (RHIO) system – this should be placed as a priority under infrastructure, modernization in the report.

Krieg felt such a system would help reduce the waitlist. Lee said it was an important component. Jeanne Skog said there was already a high-tech information/communications company on Maui: Akimeka, operated by Native Hawaiians, that she believed had done a similar system for the military. Dr. Weiland said controls need to be in place to protect privacy –

Hirayama said patients would sign release forms before their personal medical information would be transferred.

Hyde read the committee's list of recommendations:

Recommended Initiatives

A. Health Care Service Needs (listed in order of priority):

Priority 1. Emergency Care and Transportation

- a. Construction of a West Maui Critical Access Hospital facility with an Emergency Room
- b. Move toward construction of regional Emergency Facilities in appropriate underserved areas of Maui County
- c. Develop adequate emergency helicopter transport network to include:
 1. Station helicopters at West Maui, MMMC, Big Island
 2. Place helicopter landing pads at/in MMMC, West Maui, South Maui, Upcountry, North Shore, Hana, Lanai, Molokai, and Big Island hospitals
 3. Co-locate helicopters and medical crew.
- d. Digitalization of all diagnostic equipment networking all regional ERs and hospitals
 1. PACS system transmission capabilities at all ERs
 2. Telemedicine capabilities at all ERs

Priority 2. Mental Health Care and Dental Care

- a. Mental Health Care
 1. Improve availability of psychiatrists/psychologists through reimbursement changes.
 2. Develop telemedicine network to enable centralized, more efficient access to psychiatry/psychology providers.
 3. Develop Alzheimers/Geriatric psychiatry support and respite

care services.

4. Develop countywide management/support protocols.
5. Develop countywide education protocols.
6. Develop countywide Substance Abuse management/support protocols.
7. Develop Countywide Substance Abuse education protocols.
8. Develop/Support inpatient Substance Abuse beds/facilities.
9. Empower psychologists to manage and prescribe specified medications, subject to appropriate training, regulation, and oversight.

b. Dental Services

1. Improve availability of dentists through reimbursement changes.
2. Improve timely access to dental services for uninsured/underinsured population.
3. Develop Dental service outreach services to rural areas: Hana, Lanai, Molokai.
4. Develop Dental education outreach to Native Hawaiian, homeless, and indigent populations.
5. Develop Total education outreach to general population.
6. Fluoridate Maui County water.
7. Expand use of existing mobile dental service through MCC, particularly for the elderly, uninsured and at-risk populations.

Priority 3. Obstetric Care/Neonatal Resuscitation Team and Health Promotion/Disease Prevention

a. Obstetric Care and Neonatal Resuscitation Team

1. Develop larger maternal-child birthing wing at MMMC.
2. Develop Prenatal/Natal care outreach protocols for pregnant women in rural areas: Hana, Lanai, Molokai.
3. Develop MMMC 24/7/365 OB hospitalist program.
4. Develop MMMC 24/7/365 in-house anesthesia program.
5. Develop MMMC 24/7/365 in-house neonatal resuscitation team (3 members per shift) composed of:
 - Advanced Life Support nurse/neonatal nurse practitioner

- Respiratory therapist
 - RN from nursery, labor and delivery, or postpartum ward.
6. Develop regular continuing education program/protocols for all MMMC in-house teams
 7. Improve availability of obstetricians through reimbursement improvements.
 8. Create a position for Nursery Director at MMMC and raise MMMC Nursery to level 2.

b. Health Promotion and Disease Prevention

1. Develop culturally sensitive education programs countywide to address:

- a. Obesity
- b. Nutrition
- c. Lifestyle (exercise, stress management, recreation, family centered responsibilities)
- d. Smoking cessation
- e. Mental health
- f. Dental health
- g. Substance abuse
- h. Teen pregnancy
- i. Diabetes
- j. Heart disease
- k. Chronic kidney disease
- i. Education programs to include multimedia effort through:
 - Schools
 - TV/Cable (Akaku)
 - Radio
 - Newspapers
 - Direct Mail
 - Public Events
 - Internet/Email
 - Workplace programs: Hotels. Unions, etc.
 - Community groups: Scouts, etc.

2. Develop and target outreach programs to affect populations who for various reasons (geographic isolation, cultural access) may not be able to receive

educational efforts.

3. Use proven disease management techniques and technologies to improve the health of those with chronic diseases.

Priority 4. Pharmacy Service

- a. Develop after hour telepharmacy capability adjacent to all emergency rooms.
- b. Explore education and service partnerships with UH Hilo Pharmacy School.

Eliminate legal and regulatory barriers to telepharmacy services.

Priority 5. Other identified health care services of need:

- a. Develop infusion oncology therapy subsidies to support the significant financial risks involved with the provision of infusion therapy.
- b. Expand MEO transportation services for dialysis patients.
- c. Expand chronic kidney disease education/risk stratification protocols.
- d. Develop Hana hemodialysis unit with appropriate medical emergency support/transport to MMMC.
- e. MMMC cardiac care services to include open heart surgery and service provision networking with Lanai, Molokai, and the Big Island. – Develop outreach education/networking efforts to Maui County and Hawaii County facilities to include transport protocols
- f. Contract Maui specialists, including ophthalmologists, orthopedic surgeons, general surgeons to cover emergency room needs.
- g. Improve availability of specialists providing emergency room care through reimbursement changes.

B. Infrastructure Needs (listed in order of priority):

Priority 1. Modern Facilities

- a. Support development of a critical access hospital in West Maui which would include long term care beds.
- b. Increase Maui County long term care bed capacity to cover current and future needs.
- c. Increase Maui County acute care bed capacity to cover current and future needs consistent with the Maui Bed Needs Study.
- d. Develop regional emergency facilities with helicopter landing pads.
- e. Upgrade current and future facilities to enable more appropriate:
 - 1. Technology
 - 2. Staffing
 - 3. Recognition and culturally sensitive servicing of diverse needs of community
- f. Financing of facilities to include but not limited to:
 - 1. Public financing
 - 2. Private financing
 - 3. Joint ventures
 - 4. Public-Private partnerships
- g. Study projected bed needs for all islands and develop a comprehensive plan to meet anticipated bed needs.
- h. Geographic location and existing and anticipated capacity should be a consideration in the development of acute care beds in current and new facilities, that may include critical access hospitals, satellite facilities, a new hospital. Additionally, discussion of acute care bed needs should take into account appropriate facilities, equipment and staffing, needs so that quality of care is elevated as capacity is increased.

Priority 2. Reimbursement from Medicare, Medicaid and third party insurers

- a. Request Congressional leaders to attain improved Medicare designation to enable more appropriate reimbursement for service units.

- b. Legislate for improved State funding of Medicaid program
- c. Legislate for deregulation of healthcare premiums by State Insurance Commissioner's Office along with oversight of allocation of healthcare premium dollars to reimbursements.
- d. Reconcile current managed care/health insurance premium rates with (i) current health plan and facility financial losses and infrastructure deficits and (ii) the increasing shortage of health care providers, particularly in the neighbor islands, and develop a premium rate and regulatory structure that will insure the fiscal health and viability of Hawaii's health care providers and the state's health care system.

Priority 3. Workforce development

- a. Improve workforce availability through improved wages supported by reimbursement changes.
- b. Expand career track programs in Maui County schools;
- c. Expand and fund Maui Community College. Build career pathway continuum at k-12 level beginning in elementary stage.
- d. Expand and fund nursing program to attract and retain nurses.
- e. Develop Radiology technologist, Dental Technician programs at MCC.
- f. Develop Pharmacy Service program at MCC similar to UH Hilo program.
- g. Expand bachelor and graduate level opportunities through UH and other academic institutions.
- h. Expand and fund internships, mentoring, job shadowing, health academies, etc. to foster interest in health careers.
- i. Develop a Maui County database of health care workers; map shortages; project future needs; and develop a plan to address present and future needs.
- j. Expand the range of existing health care providers to improve access to quality care in under-served parts of Maui County and other neighbor islands through the use of telemedicine.
- k. Establish a residency program in Maui County.

Priority 4. Other identified health care infrastructure areas of need: technology (i.e., digital imaging and telemedicine capabilities), creative health care financing (i.e., public/private partnerships), regulatory changes (i.e., CON law) and case management systems

- a. Establish digitalization of all diagnostic equipment at all facilities in Maui County to enable sharing of data and more efficient use of limited provider workforce.
- b. Establish telemedicine/digital network within Maui County, Hawaii County, and Honolulu County to enable tertiary and subspecialist consultation services.

Other Recommendations:

- Offer State/County tax credits for all types of needed services.
- Create innovative solutions for making the Hawaii health care system responsive to community needs by recognizing efficient and inefficient facilities and services and exploring capital partnerships, joint ventures, consolidations, and other financial arrangements.

Respectfully submitted,

Primary, Acute and Emergency Committee: Noa Emmett Aluli, M.D., Rita Barreras, Norman Bezane, Hermine Harman, Guy Hirayama, M.D., Mark Hyde (chair), and Jeanne Skog.

Comments and amendments to the report:

Hirayama wanted to add the need to develop an electronic medical records system to the report. He recommended that the item be placed under modernization/technology: that the county and eventually the state develop an RHIO to enable the exchange of confidential patient data.

Skog wanted to clarify the item about developing a pharmacy program at MCC: she recommended that the word ‘similar’ to the UH Hilo program be changed to “to complement” that program.

Smith said that all of these recommendations will impact health insurance rates – “at the end of the day, someone is going to pay.” He said there could be a backlash from the community if they find out all of these improvements will cause their premiums to go up. He noted that there will be controversies about other things: fluoridation, helicopter landing pads in communities that might fear this will lead to larger things. He said that things can be interpreted differently by other cultural groups.

Hyde said that, regarding the issue of costs, he talked to each committee member about those implications. Hyde said that the committee went about its work without regard to costs.

Hirayama said that the Task Force and the Legislature needs to understand that some of the recommendations will involve costs, but that many other recommendations will result in a savings through efficiency. He said that the committee was hoping that better health and better access would result in lower costs.

Barreras said innovation needs to be encouraged – we can’t keep the status quo. How do you innovate? Let the private sector in. These solutions shouldn’t just be government – they must be solutions that involve the public and private sectors along with personal responsibility.

Phyllis McOmer said that Lanai has already decided it does not want fluoridation and that the committee does not understand the water system of Lanai – Harman said Maui had decided the same, but the committee still wanted to make the point. Hyde said that “the good people of Lanai will decide this, but this is our recommendation.” Yagi Buen asked if there were any alternatives to fluoridation.

Lapilio reminded the group to be careful of recommendations that could become red herrings – hot-button recommendations that could actually detract from the overall report. Some things that the Task Force might put forward could detract from everything else and the entire plan could get shot down.

Home and Community Based Services Committee Report

Hermine Harman, who chaired the committee, read the report. She said several new items were added, including the summary, mission statement

and guiding values of the Maui Long Term Care Partnership that helped develop their strategic planning.

Recommended Initiatives

Priority 1: Infrastructure – Support the development of additional community facilities and senior housing (county, state, federal, private), including:

- a. A 60-bed geriatric/psych unit that has “greenhouse” features. People affected by dementia or behavioral problems who live in more home-like settings will assist caregivers and caregiving staff to manage them in a better way instead of institutional environments.
- b. A 60-bed “greenhouse” pilot project in Central Maui to determine the features of an innovative model that promotes “aging with aloha” in a home-like environment.
- c. A Critical Access Hospital with skilled, non-skilled and assisted living facility beds in West Maui. A feasibility study should be financed to determine the appropriateness of Critical Access Hospitals in other areas of the county.
- d. Maui County should centralize its publicly funded information, referral and assistance services which require accessibility for persons with disabilities at Kaunoa Senior Center on a one-acre site adjacent to the center. The services at the site could include, but would not be limited to: the Maui County Office on Aging, an Aging and Disability Resource Center, Mental Health Services, Public Assistance and Protective Services. A Community Development Block Grant (CDBG) planning/design grant could be a possibility of funding.
- e. Sunrise Farm for Persons with Disabilities located on 12 acres of land near Paia that was provided by the county; the State Legislature has planning and design funds to begin work on the Sunrise Farm.
- f. A 60-bed skilled care facility for Veterans with in-patient psychiatric unit and assessment services;
- g. Adult Day Care Centers;
- h. Future Senior Housing Complexes. Hale Mahaolu, which provides affordable rentals for low-income seniors and people with disabilities, reports that there are 200 people on the waitlist for

each site. Hale Mahaolu has 13 sites, bringing the total waitlist to 2,600 people.

Other recommendations:

- Adopt “Aging in Place” building code revisions for alternative care settings (county solution and state solution)
- Fund low-interest state revolving fund retrofit loans for alternative care providers (RACC, ARCH, ALF) and nursing facility modernization (state solution)
- Adopt Universal Design Building Code (county solution)
- Fund Home Modification Counseling: low-interest retrofit loans and grants for aging homeowners, i.e. Hana “Aging in Place” Retrofit Project (county, state, federal solutions)
- Adopt uniform regulations and licensing procedures for alternative longterm care with authority placed under a single state department: Department of Human Services (state solution)
- Support the direction of the Hawaii Quest-Ex Managed Care for Aged, Blind and Disabled Program (state solution)
- Maui County’s Community Plans should include strategies for and funding to support modernization or replacement of depreciating infrastructure (county solution)
- Allocate Department of Human Services Nurse Care management fees to assisted living facilities that have internal registered nurses. (state administrative rule under DHS).

Note: Counties need to get involved in changes of zoning land (agricultural to quasi-public)

Priority 2: Recommended Initiatives

Recommendation 1: Increase funding to expand the following highly cost-effective, community care programs in the continuum of home and community-based services:

- Dental services (current capacity 40 hours per week staffing; wait list is three to four months for new patients). Wants to increase time (weekends). Dentist sees six to eight patients,

depending on complexity. Maui Oral Initiative would expand services for clinical staff. They need an extra \$308,000.

- Assisted Transportation. MEO.
- Nutrition: home-delivered meals. Hana needs a commercial kitchen.
- Personal Care/Chore workers
- Homemaker/Housekeeping services
- Case Management Services
 - a. PACE (Program for All-Inclusive Care for the Elderly)
 - b. Public Health Nursing
 - c. Nursing Home without Walls
 - d. Mental Health/Homeless

- Home Health Services
 - a. Skilled Services
 - b. Non-skilled services

- Veterans Services
- Hospice/Palliative Care/Respite. Hana needs to receive designation as a hospice service area.
- Independent Living Services
 - a. Senior Companion/Friendly Visiting/Telephone assistance
 - b. Caregiver Support/Alzheimers
 - c. Elder Abuse Neglect and Prevention
 - d. Legal Aid/Money Management/Retirement Planning

Recommendation 2: Fund a Telehealth “Pilot” for reimbursable home care services. The Veterans Administration is already applying technology in psychiatric, nutrition, and other telehealth areas.

Recommendation 3: Increase funding for the Kupuna Care Program for persons who are not covered by Medicaid.

Recommended Initiatives: Priority 3:

- Provide incentives (salary, housing, education scholarships and subsidies, tax breaks for critical workers and mentorships) to encourage provider attraction and retention. (state and county)
- Provide incentives for special skill sets by providing higher reimbursements on a differential basis (e.g. special needs clients such as people with severe behavioral problems, morbid obesity, advanced wound care).
- Recommend licensing CEUs (continuing education units) for all levels of care (state)
- Establish and fund a Physician Attraction and Retention Task Force (state)
- Establish and fund a Medical Residency Program (state).
- Expand the high school curriculum to encourage students to learn about and pursue studies and careers in health care, including home and community based care. (state and county)
- Establish and fund a Center of Excellence on Aging for research based solutions to strengthen Maui County’s care continuum and practice “aging with aloha” TM (state and county)
- Enact legislation for Maui Community Volunteer “Care Corps” tax credit proposal (state)
- Fund the Maui Long Term Care Partnership to expand, providing training and technical assistance and replicate the “Care Corps” model throughout the state. (county and state)
- Enact legislation for a tax credit for families caring for loved ones at home (state)
- Enact legislation to fund caregiving services (family and volunteers) (state)
- Expand and fund the newly established education and training Home and Community Based Services curriculum at Maui Community College (an initiative of the Maui Long Term Care Partnership).

Recommended Initiatives: Priority 4:

- Increase reimbursement for nursing facilities and alternative care providers (state and federal).
- Support the state’s direction to emphasize home and community based services through Hawaii’s Quest-Ex Managed Care Program for the Aged, Blind and Disabled (state/federal)

- Continue to support the State Department of Human Services’ “Going Home” and “Going Home – Plus” and “Money Follows the Person” residential care program that will expand home and community based services throughout the state. (state)
- Support Congressional “Class Act” Bill (introduced by Sen. Ted Kennedy) for national voluntary long-term care insurance. (federal)
- Raise public awareness about the increased difficulty in qualifying for Medicaid and fund the expansion of the Maui Long Term Care Partnership’s “Saving for Aging” awareness campaign. (county, state)

Recommended Initiatives: Priority 5:

- Expand and fund oral health consumer education at all ages
- Expand and fund the Hana Aging in Place Retrofit Project as a falls prevention model across the country (initiative of Maui Long Term Care Partnership)
- Expand and fund a Department of Health public awareness initiative for prevention services, such as flu shots, pneumonia, falls prevention (state)

Recommended Initiatives: Priority 6:

Enact legislation to require regionalized certificate of need decision making by the subarea councils to meet the unique health care needs and wishes of county citizens

Recommended Initiatives: Priority 7:

1. Integrate Task Force comprehensive health care plan into the Hawaii Health Performance Plan, including an updated Glossary of Terms to reflect home and community based services.

Comments and amendments to the report

McOmber asked about Hospice in Hana – she said Hospice is needed on Lanai and a voluntary effort is underway. Aluli said Molokai entered into a contract with Hospice Hawaii – it’s hoped the service will be expanded to Kalaupapa.

Aluli recommended putting “Maui Community College” with the Center of Excellence on Aging – he liked this proposal.

Krieg said the committee should have another meeting. He asked what happens when a committee member has a minority opinion – can the dissenting member write a minority section that’s included in the final report? Hyde said it could be noted where consensus did not occur. Barreras said votes will be taken at both the committee and Task Force levels.

Harman said that the full committee reports will be attached as an appendix to the final report.

Skog had concerns about the glossary. Not all glossary terms apply. She also wondered why documents of the Maui Long Term Care Partnership (MLTCP) were being singled out and not the documents of other groups – she said this was no criticism of MLTCP. Barreras said there were no definitions of home and community based services in the Hawaii Health Performance Plan (H2P2), which was a glaring omission – MLTCP has been the lead organization in dealing with all the long-term care issues on Maui – there could be expansive efforts to Molokai and Lanai. Skog suggested that information could be included, but not MLTCP logo or letterhead.

Disaster Preparedness Committee Report

Dr. Richard Weiland, committee chair, read from the report. He complimented the TF for its hard and exemplary work.

Weiland said he recently met with officials at the Pacific Disaster Center and was most impressed with the facility and all the work that was taking place there about gathering information that they can offer which would be valuable in planning and responding to disasters.

Weiland read from the report, including the following recommendations to the Legislature:

- Immediately increase funding and staffing for those agencies such as Civil Defense and Board of Health to cope with disaster preparedness and education of the public.
- Allow those agencies, such as Fire and Police, to adequately staff their departments, train personnel in disaster responses, and begin to

stockpile provisions so as to allow their civil service personnel and immediate families shelter and sustenance in times of crisis to alleviate the need to require those personnel to leave their homes and families in order to secure the safety of the public at large.

- Establish global County communication with singular frequency, addition of adequate satellite phones, and use of a command center vehicle able to establish an isolated command post to coordinate public safety.
- Increase funding for public education and disaster awareness through TV, radio, and newspaper, and begin immediately a program of informative public meetings, from grade school to churches, to give the public a better understanding of their roles in disaster planning and preparedness (this was later established as the committee's top priority).
- Establish the Office of Disaster Coordinator for Maui County located on Maui island but with assistant coordinators on Molokai and Lanai, able to prepare for, mitigate, orchestrate, organize, administer to, and/or procure information for all disaster response agencies during those crises, reporting solely to the Mayor, and becoming a liaison between County, State, and Federal relief agencies. (This was later established as the committee's second priority).
- Improve access to Maui County by creating secondary ocean ports of entry on all islands, improving the road/highway systems to outlying areas allowing for increased ingress/egress in the affected areas, and enlarging the present capabilities and services at regional airports throughout the county.
- Begin the stockpiling of goods, medicine, and foodstuffs at interval locations throughout the County in consideration of a protracted or catastrophic local disaster/pandemic.
- Establish, fund, supply, and enable local island Disaster Medical Assistance Teams able to quickly form and report to the scene of a disaster on each island.
- Immediate repair of all dysfunctional or inoperable tsunami sirens in Maui county, preferably, the State of Hawaii

Formally submitted by the Disaster Preparedness Committee: Rita Barreras, May Fujiwara, Alan Lee, Phyllis McOmber, Leonard Oka, John Smith and Dr. Richard Weiland (chair).

Comments on the report:

Krieg said the committee needed to make sure that it was aware of other efforts to gather information on Disaster Preparedness. He said the CEOs of Hawaii's hospitals and nursing homes had just attended a presentation by the Health Care Association of Hawaii and some of the things mentioned in the report have already been addressed. "Others are thinking like we are – we just need to get connected to those people," said Krieg.

Hirayama said the report contains a lot of information, but needs to be bulleted and formatted like the other committee reports.

Weiland said the county is in dire need of disaster preparedness coordination – in two years, the pandemic (bird flu) could be here – Hawaii will be in the crosshairs – and what do we do if two-thirds of the population can't get to work.

Aluli said the Army Corps of Engineers is looking at disaster preparedness from a community basis. He also noted The Department of Health's documentation (Susan Orr.)

Skog said she thought head of Civil Defense was the coordinator. Weiland said Civil Defense deals with physical disasters such as plane crashes or hurricanes – DOH deals with health disasters. Skog said the committee should obtain a copy of Project Impact, a big effort about disaster preparedness, was prepared a few years ago during the Apana administration. Weiland said he would like to read that.

Barreras said that MLTCP sponsored a kupuna forum on disaster preparedness in Lahaina – more than 100 people attended – there were presentations by Gen Iinuma of county Civil Defense, the Red Cross, Coast Guard. She said it was apparent that there was no coordinator – each agency was giving its report. Iinuma noted that he would be in Wailuku if a disaster struck and that Lahaina needs to develop a plan. Community plans and the General Plan should be modified to include these needs.

Weiland said he was upset that Molokai and Lanai appear to essentially be on their own in case of disaster.

Skog said it might be worthwhile to encourage each community to organize their own disaster response plans – add regional coordinators that would report to the county coordinator.

McOmber said Inuma said a liaison is needed between the state and county.

Hirayama said a central organization is needed to make the decisions – perhaps it should be the Pacific Disaster Center – make it part of the center’s responsibility and include funding for that. Skog said the center had the support of Sen. Daniel Inouye. Weiland said it was created after Hurricane Iniki. Krieg said the center could be the Command Central.

The group broke for lunch from 12:45 to 1:45 p.m.

What’s next?

Lapilio presented some questions: How will the report be formatted? Do we prioritize or not?

Hirayama said there is a value to prioritizing, but if the TF does that, then all needs must be recognized in the report – it’s important not to just give SHPDA guidance, but to give the Legislature guidance. He didn’t want to see an important need lost because it wasn’t in the Top 10 priorities. He also said he hoped legislators would read the report.

Lapilio said reports could be written in different ways – one that focuses on the state responsibilities, another that emphasizes the county’s role.

Bezane said he wasn’t sure legislators would read the entire report so he thought it was extremely important to pick eight or 10 priorities. He said to think of newspaper coverage – they’ll probably run a box with the Top 10 items that the TF thought was priorities. Part of the reason the TF was created was because the Legislature was confused about the situation on Maui – people were saying different things, all these disparate voices. This is a chance to come in with one voice – here are the eight things that are the most important – the ninth is in the details.

Skog agreed with Hirayama that there many important components that could be lost with prioritizing, but she also worried that if the TF doesn’t

prioritize needs, then someone else will. But all concerns need to be included somewhere in the final report.

Weiland feared that if each committee only listed three priorities, many in the community would say their opinions weren't considered.

Barreras said a list could be made of current and future needs – where would the response begin – Level One, Urgent; Level Two, next urgent. Look at the matrix and how would everyone look at this in a ranking. Current and future needs still need to be mapped out.

Bezane said the Acute/Primary/Emergency committee did develop five or six key priorities. He said the Top 10 priorities would be at the very core of the health care system – take eight statements from Acute committee; one from HCBS and one from disaster preparedness.

Aluli said the law charged the TF with three requirements and that he felt they should stick to the committee prioritizations.

(Note: The three requirements of Act 219 are:

- Determine the current and future health care needs of Maui County;
- Develop an integrated plan for providing health care, including primary, acute and long-term care, urgent and emergency care, and disaster preparedness; and
- Determine an appropriate role for Maui County health care facilities within the statewide system of emergency and trauma care.)

Hirayama said the many priorities can begin now without SHPDA or the Legislature's involvement – the community needs to start moving together with those things in mind.

Lee said the process of prioritization allows the public to focus on some key areas. Harman said she agreed with Aluli – follow the top priorities of each committee. Lapilio noted there are some common threads of priorities that appeared in each committee report – i.e., workforce.

Yagi Buen explained that legislators will be dealing with 4,000 bills and they simply don't have time to completely read everything. She felt a strong

one- or two-page summary followed by the rest of the information was important. She also thought it was worthwhile to separate state and county issues.

Hirayama said the Legislature will focus on the TF's recommended legislations – the priorities are for SHPDA.

Bezane said the report is not just for lawmakers – the Legislature would be the No. 1 audience with the public as the No. 2 audience and Maui Memorial Medical Center as the No. 3 audience.

Barrereas said the community is the main audience – and that the TF still has to map out the map and figure out how to get it financed.

Hyde said the TF owed its work to the people – and it was important to help the community focus on a top few priorities to get something done.

Skog said she felt the TF was leaning toward an executive summary followed by the rest of the reports and additional information.

McOmber said it's very difficult to sit in the meetings and hear so many concerns from Maui when there's so much more available here than there is on Lanai. She said she hoped a priority would be an emergency transportation system that was more reliable. She said she's concerned about the needs of Lanai, Molokai, Hana, Lanai and all other Maui residents more than she is about visitors.

Barreras said the TF really needs to get out of the mindset of Maui only. Aluli said the county is even more than the three islands of Maui, Molokai and Lanai – Kahoolawe is part of Maui County, too.

Some of the priorities from the afternoon discussion on what to include in the final report:

- Executive summary;
- List of priorities, but include all needs so nothing gets lost;
- What's urgent, what's in the five-year window, the 10-year window;
- What's county, what's state?
- Categories of committees, which priorities cut across the committees

Aluli asked how do we rebuild the system?

Bezane said he felt priorities had been established by the committees – Skog said to grab the overarching threads of the committees. Barreras said categories can be established of services and infrastructure needs.

Themes:

For the executive summary:

Infrastructure (Technology, modernization, EMR)

Workforce

Services

Reimbursement

Coordination, integration, Case Management

Prevention, education

Primary/Acute/Emergency

Modern facilities

Emergency Care

In all categories: Maui Bed Needs Studies

Barreras said the health care system is so complex, but there needs to be a simple way to say that in the next 20 years certain things need to be done – provide a framework for the decision-makers and public to say what the priorities are.

Skog suggested an opening statement with a brief narrative that would touch upon the common threads that have emerged, such as coordination lacking, a sense of awareness, workforce (although she didn't like the phrase workforce development when she felt they were talking about a different kind of staffing).

Bezane read the two statements he had previously submitted about health care services and infrastructure that emphasize high quality health care. He said the Legislature and MMMC have not aspired to excellence.

Hyde said that excellence means access to care that's equal to all people.

Barreras said that if the TF is community driven, then the group should have a mission statement – where do we want to be in 20 years?

Skog felt there should be an opening statement with an expression of the TF's values and then go into the priorities from each group and point out the themes in the conclusion. She said the driving point should be the group's values. One concept that hasn't been emphasized is about taking care of our residents first and whether the TF wants to take on that notion.

Harman said that sounded exclusive to her.

Bezane said if values are the most important thing, then that should be stated first. Hyde said a values system would challenge Hawaii and Maui to put our money where it really needs to be.

Bezane read his statements aloud:

On Services:

High Quality Health Care requires that the Health system, hospitals, and Health Care practitioners make available to citizens a full complement of medical, dental and elder Care services to preserve and enhance quality of life and prevent to the extent possible the onset of disease and other harmful conditions.

On Infrastructure:

High Quality Health Care requires that the Health Care system of public and private institutions, legislative and regulatory bodies make decisions within a framework that provides for the adoption of best Health Care practices, provide modern facilities and establishes a climate of excellence that sets policies, establishes regulations and promotes creative solutions that serve the best interests of all of the people of Maui County.

Discussions took place on Bezane's statements.

Hyde said the word availability does not address the huge disparities among ethnic groups – health care should be made equitable and fair to all people.

Some key words that came up during the discussion were: make accessible (instead of available); be enabled (following ‘practitioners’ in services statement); aspires; responsibility; government and societal responsibility; believe in the well being of our community; within Maui County; full complement of health services (rather than medical, dental, etc)..

Skog felt the statements were too long, especially the second one. There was discussion about being specific (medical, dental, elder needs) or more broad based that didn’t refer to specific areas of health care because it could also leave others out – i.e., those who need mental health services, youth.

Skog read aloud the Focus Maui Nui vision statement:

“Maui Nui will be an innovative model of sustainable island living and a place where every child can grow to reach his or her potential.

“The needs of each individual, the needs of our natural and cultural assets, and the needs of the whole community will be brought into balance to reflect the extremely high value we place on both the land and its people.

“The education and well-being of young people will be fostered to ensure that those born on these islands can, if they choose, spend their whole lives here – raising children, owning homes, enjoying rewarding jobs, and taking advantage of opportunities to contribute to this community and to be good stewards of our local treasures.

“Maui Nui will be a leader in the creation of responsible, self-sufficient communities and environmentally sound economic development.

“That which makes Maui Nui unique in the world will be preserved, celebrated, and protected for generations to come.”

Focus Maui Nui Five Key Strategies:

- Improve Education
- Protect the natural environment, including our water resources
- Address infrastructure challenges especially housing and transportation

- Adopt targeted economic development strategies

Preserve local culture and address community health concerns such as substance abuse.

Outcomes

Hyde wants equality emphasized --- services should be equal to everyone, including those who typically don't have a voice at the table. Aluli had earlier provided data to the committee that would enable outcomes to be measured.

Barreras talked about universal health care. Hyde said Hawaii was unique in the nation early on when it required employees to provide health care to everyone working more than 20 hours a week - maybe it was time for Hawaii to step up again and be the leader in universal health care coverage. Barreras noted that Hawaii was slipping in health care coverage. Hyde said it was 5 percent uninsured when the bill was passed years ago, but now it's at 10 to 11 percent uninsured.

Hirayama said he had concerns about universal coverage because of its impact to access. He said there are a lot of Medicaid patients, but if you don't have access or people who can treat them, the universal coverage doesn't work – he said he doesn't think the TF is up to a discussion on universal health care at this time. He said that universal health care access is more important than universal health care coverage.

Bezane said that one of the most important values of a community is to promote the general welfare of all the people. Access to quality health care is a basic right.

Lapilio said the key words he was hearing were: equality, universal access , community co-accountability, responsibility; resident focused.

Krieg said Bjordahl had talked about the need for the community to care for each other. He said that at Hale Mahaolu, residents sign papers that say they agree to be semi-responsible for the residents on either side of them. The senior project next to Ooka's can't fill up its units – they're now being offered to younger people, but Hale Mahaolu has a waitlist of more than 2,000 people – there's a sense of community.

Skog said Maui county has a tradition of taking care of each other, whether you're related or not. Hyde said Mainlanders don't have that same sense of caring and that it's "all about me." Hirayama said that because of the stresses of today even young local people think more in selfish terms.

Harman talked about the Angel 'Ohana, older women from the Mainland who don't have family here, but who are taking care of each other like family.

Lapilio said the TF was just scratching the surface – what happens later to sustain the conversation?

Kidani said SHPDA has ways of measuring outcomes, such as with Healthy 2010.

Lapilio challenged the TF to be bold: "You're Maui, I would expect you to make much stronger recommendations to SHPDA."

Krieg wondered where was the leadership from DOH.

Barreras said Act 219 was put in place to empower the community --- the county could even play a role even though health is not typically viewed as the county's role.

Skog suggested making a recommendation that a group be pulled together in a year to review what progress has been made with the Task Force findings.

Committee chairs will work on language about themes.

Krieg said there would be legislation introduced to kill the CON – he said that happens every year – and that the TF should take a position on it.

Hirayama said legislation was a good idea to send a message to lawmakers that these things need to occur – he submitted a handout of that provided draft legislation for the group to consider. Aluli said legislative proposals will back up the work of the TF. Krieg said that reimbursement means more than just government.

Proposed legislation will be discussed at the Nov. 20 meeting.

Skog said bills will need to be tracked – Yagi Buen agreed that when a hearing is coming up, support from the community is needed.

Upcoming schedule

Barreras announced the schedule for upcoming meetings: Nov. 20, 11 a.m. to 2 p.m.; Dec. 4, 5 to 8 p.m.; and Dec. 15, noon to 3 p.m. (final meeting before report submitted). All locations to be announced later.

Directions for the report

Barreras encouraged Task Force members to email Valerie Monson about their suggestions on how the report should be shaped; they should also comment on the draft outline prepared by Monson as a starting point to organize the report. Barreras and Monson will get together in the next few days to brainstorm. A draft report will be provided to the TF at the next meeting.

Bezane made a motion to adjourn with a second from Harman; the decision was unanimous. The meeting adjourned at 3:49 p.m.