

Maui Health Task Force Initiative
Nov. 3, 2007 – Kaunoa Senior Center
9:05 a.m. to 3:35 p.m.
Minutes

Task Force Members in attendance: Chair Rita Barreras, Vice Chair Tony Krieg, Dr. Noa Emmett Aluli, Norm Bezane, May Fujiwara, Hermine Harman, Mark Hyde, Dr. Guy Hirayama, Alan Lee, Phylis McOmber, Leonard Oka, John Smith, Dr. Richard Weiland

Task Force Members excused: Jeanne Skog, Jan Yagi Buen

Chair Barreras called the meeting to order at 9:05 a.m. and welcomed back facilitator Joe Lapilio and Shirley Kidani of SHPDA. Barreras noted that Anne Trygstad is again videotaping the meeting.

Mark Hyde made the motion to approve the agenda with a second by Hermine Harman; approval was unanimous.

Approval of minutes

Dr. Emmett Aluli moved to accept the minutes with a second by Dr. Richard Weiland; approval was unanimous.

Updates

Chair Barreras said the group will have an hour break for lunch; a menu was passed around for people to select lunch items that will be delivered – everyone must pay for own meals.

Chair Barreras read highlights from a memo prepared for Health Director Chiyome Fukino and Budget Director Georgina Kawamura to send to Gov. Lingle, asking for the release of \$100,000 that was approved by the Legislature to provide support services for the Task Force to achieve the goals of Act 219. The memo cited reasons needed for the release of the funds: travel, administrative services and contractual services to obtain necessary information, data and analysis.

Hyde moved to approve sending the memo with a second from Phylis McOmber and unanimous approval. Rita said it may take some advocacy on

the part of the Task Force to get the money released. The original denial memo from Kawamura to Fukino said she didn't believe the Task Force would spend that amount of money and that the Department of Health should be able to absorb the costs of any expenses needed to support the work of the Task Force.

Joe Lapilio

Lapilio said that it was obvious that everyone had been putting in a lot of hard work. He said the committees would share their reports this morning. The Task Force was assigned to come up with three outcomes:

1. to determine current and future needs of Maui County;
2. to develop an integrated plan for providing health care, including primary/acute/urgent/emergency/long-term care and disaster preparedness;
3. determine an appropriate role for county health facilities within the statewide system of emergency and trauma care.

Lapilio said he was hopeful the Task Force could find consensus on the current and future needs of Maui County, then move ahead and work on a comprehensive plan – and hone in on that plan next Saturday in another all-day meeting.

Acute, Primary and Emergency Care Committee Report

The nine-page report was presented by Hyde, committee chairman. (NOTE: All reports are available on the Website and will not be reprinted in the minutes.)

Hyde said the report was the second draft assembled, but he emphasized it was still a draft. He said, in general, the committee had reached consensus, but not on the issue of the Certificate of Need (CON) – which might be a subject for discussion today. He also noted that other topics had been discussed that could fall under possible needs, but didn't make the list of priorities – these additional needs might be included on a supplemental list later on.

Highlights of the report:

Health Care Needs (in order of priority):

1. Emergency Care and Transportation – Need is most evident in West Maui; funds were allocated by Legislature for needed Lanai ER (Emergency Room) upgrade, but not yet released by administration; Molokai General has good transportation system, but relies on off-island ER doctors and other technicians; Maui Memorial Medical Center (MMMC) has ER being upgraded – and although centrally located, remains far away from Hana and other places – a helicopter landing pad at the hospital is needed.
2. Mental Health Services – Mental health services needed for veterans, aging population in need of memory care; prevalent use of “ice” could produce a generation of people with mental health incapacities; few psychiatrists available because of low reimbursement rates; more beds needed for those who need in-patient services; Hana, Lanai and Molokai designated as Mental Health Professional Shortage Areas.
3. Dental Care Needs – Oral health is leading medical problem with dental problems leading to other diseases; Hawaii children have twice the rate of cavities as the Mainland; water is not fluoridated.
4. Obstetric Care/Neonatal Resuscitation Team Needs – Maui needs a larger birthing center and in-house round-the-clock neonatal resuscitation team and support skills.
5. Health Promotion and Disease Prevention Needs – More education needed to prevent or better manage diabetes, bacterial pneumonia, cellulitis, congestive heart failure; Native Hawaiian population substantially at higher risk for several serious diseases (18 percent of Hawaiians die before they reach age 45).
6. Pharmacy Service Needs – Pharmacies few and far between, especially after hours. Shortage of pharmacists expected in US and Hawaii; new pharmacy school at UH-Hilo might help.
7. Other Service Needs – Oncology services (infusion therapy); Stroke/Neurology (MMMC has state-of-the-art stroke program, but needs neurologists); Dialysis (Hana in need; dialysis diagnoses for inpatient acute and observation discharges at MMMC have doubled in last five years); Cardiac Care (\$100 million has been approved for MMMC heart center, but not yet available); Ophthalmology Services (not available in ER); Orthopedic Services (hard to access primary care services and harder to get in ER).

Infrastructure Needs (in order of priority):

1. Modern facilities -- Growing population and current waitlist problems underline need for more beds and facilities with financing through private, joint ventures and partnerships. Needs include: Long-term Care beds (Growing number of elderly, waitlist, aging veterans need more beds; West Maui needs long-term care beds); Acute Care beds (Shortage exists and will only get worse – location of beds should consider regionalization of facilities); Regional ERs (The rural and remote nature of Maui County warrants emergency and stabilization services in various locales); West Maui Critical Access Hospital (CAH would serve the area well, provide relief for MMMC and provide access to care in case of road closures or a disaster).
2. Reimbursements -- State of Hawaii's Medicare designation and inadequate funding of Medicaid program are key reasons for low reimbursements and a main reason why physicians don't come here or leave; MMMC suffers from low reimbursement rates, too; health care premiums charged in Hawaii are lower nationally; the system is out of balance and needs to be adjusted so facility and provider reimbursements can be increased.
3. Workforce Shortages – Without a sufficient workforce, none of the needs can be addressed, but shortages are faced throughout the county because of high cost of living, high cost of housing, low reimbursements, facilities in need of upgrade; need to attract more nursing students to Maui Community College, bring in pharmacists from new UH-Hilo program and upgrade facilities to recruit more professionals in all areas.
4. Other Needs – Technology (more digitized equipment needed); Creative Health Care Financing, i.e., Public/Private Partnerships (without opening channels to private equity, county may not be able to meet its health care needs); Case Management (organized systems of care management can improve health and increase consumer satisfaction)

Comments on the report:

McOmer noted that Lanai not only lacks after-hours pharmacy service, it has no pharmacy service except for an agreement with Kauai telepharmacy because of its federally qualified health center, but that is no longer

available. Doctors can dispense medicines, but this is only available during weekdays. She said a second emergency helicopter is needed as some people on Lanai have to wait eight hours to be transported. (Harman said she didn't think the subcommittee intended to not include another helicopter as a need).

There were questions about the problems with pharmacy telehealth and helping people get medications after hours. Dr. Aluli said at least part of the problem is caused by a need for a rules change that is expected to be cleared up by the Legislature. Other problems: McOmber said because Medicare D plan doesn't consider the Lanai clinic to be a pharmacy, the plan is not honored. Dr. Richard Weiland said there are no after-hours pharmacies available Upcountry, either, and that Kula Hospital pays a pharmacist to on-call to fill prescriptions. Another problem, said Dr. Weiland, is that to get a prescription filled in the ER, the doctors writing the prescription must be on staff. Because of federal regulations, Medicare patients can't get pills from the ER, but they can get shots, said Weiland, even though pills might be the preferred treatment. He said Kula is trying to set up a pharmacy as a separate unit.

Tony Krieg said other states have faced – and dealt – with these impediments.

Aluli said Molokai is fortunate that the local drug store is operated by a family that has produced three generations of pharmacists who care for the community and who will not only fill the prescriptions after hours, but educate the patient about the medication and how it might relate to other medicines that person is taking.

Barreras said to specify around the island where the service isn't available.

Dr. Guy Hirayama noted that telepharmacy should never be considered a substitute for a pharmacy, but only a stop-gap matter. Weiland said some prescriptions can only be filled by a paper prescription.

Weiland wondered if the MMMC pharmacist, which is 24/7, could be the telepharmacist for other locations.

Long-term Care Beds: Krieg noted that when he did a recent study of waitlisted people discharged from MMMC that 15 people went somewhere other than nursing homes. They were discharged to a lower level of care,

but not necessarily to nursing home beds. (He also asked that “usually SNF or ICF” be deleted.) Hyde said information was taken from the Maui Bed Needs Study. Barreras noted that there are many other options of care at the lower level and that the Bed Study didn’t have the perspective of the Maui Long Term Care Partnership (i.e., home and community based beds). Alan Lee said other options should be included.

In the paragraph about acute care bed shortage, Barreras said she believed the MMMC waitlist of people no longer in need of acute-care beds was secondary to the growing population. She said she’d like to see more numbers of population projections included.

Bezane thought the report focused too much on the needs of MMMC and that the language should be broader. He said it’s not just a shortage at MMMC, but a shortage of acute care beds on the island. He felt the committee had looked at the needs of the entire county.

McOmer asked about the Maui Bed Needs Study. Barreras said the study was driven by the Malulani proposal. Both McOmer and Weiland felt that Lanai and Molokai were being left out too often. McOmer said there are four acute-care beds at Lanai, but most patients are stabilized and transferred. Kula has five acute beds that are usually not filled.

Bezane said he felt the Priority Four items under Infrastructure should have been listed as Priorities 5,6,7. He also noted that he thought the committee intended that the regulatory changes (CON) would have been ahead of certain other priorities. Hirayama said he thought it was agreed to choose the top five priorities under health services and the top three in infrastructure – Barreras said she would check the flip-chart notes.

Bezane also wanted the language regarding veterans to not only reflect veterans returning from Iraq, but those who have served in past military service.

Hirayama said the neonatal team would include an advanced practice RN or advanced practitioners, a respiratory therapist and labor delivery or post-partum nurse to start the lines. The team would attend all emergency services. They would be working in the hospital at the time and would be paged when emergencies occurred. (He asked that ‘Pediatric’ be deleted

from the heading of that section.) Lapilio said the definition of the neonatal team should be included in the committee report.

Bezane said that the definition of technology needed to be expanded and not just include digital technology.

Lee said the problems with ice had been identified and that a Subarea Council had also identified other forms of substance abuse (alcohol, marijuana) as problems that lead to mental health needs. Weiland praised the types of services provided by Aloha House and asked if agency leaders had been asked to conduct a presentation. Barreras said the home and community based services committee had not heard back from those agencies working to address mental health/substance abuse problems.

Aluli asked Krieg to explain the purpose of Kaunoa Senior Center, where the meeting was being held. Krieg said the center was open to anyone over 55 – there were activities, a nutrition program, wellness center, etc. Barreras said Kaunoa was a progressive senior center compared to the Mainland – groups even hike in Halekala crater. Casino Night is very popular.

Home- and Community-Based Services (HCBS) Committee Report

Committee Chair Hermine Harman delivered the five-page report. She began by complimenting the Maui Long Term Care Partnership (MLTCP) for already gathering a lot of information and doing research on so many issues. She also thanked Chair Barreras for attending all the committee meetings and Anne Trygstad for preparing the draft report.

Harman said the committee is trying to get away from emphasizing nursing homes and instead focusing on ways people can age in place with the concept of aging with aloha. She said the subcommittee was also determined to get away from using the term ‘long term care’ – instead, using the description of ‘home- and community-based’ services to reflect the philosophy of keeping people in their homes for as long as possible.

Highlights of the report (in order of priorities):

1. Lack of HCBS infrastructure capacity (buildings and facilities): Maui County has the greatest number of non-acute waitlisted patients in Hawaii.

Hawaii is one of the most under-bedded states for long term care in the nation.

- a. More beds are needed in nursing homes, adult residential care homes, foster families, assisted living facilities, mental health (geriatric-psychiatric unit or group homes), mental health (homeless shelters), Adult Day Care/Day Health, Hospice, Affordable Senior Housing

Recommended Initiatives: Adopt “Aging in Place” building code revisions and other building code ordinances that would lead to more alternative care facilities; fund low interest retrofit loans; support the direction of the Hawaii Quest Ex-Managed Care for Aged, Blind and Disabled Program; encourage Maui County Community Plans to include strategy for funding and support modernization of aging infrastructure; allocate Human Services Dept. Nurse Case Management fees to support assisted living facilities that have internal registered nurses; support the development of additional community facilities and senior housing that address needs listed in subsection ‘a’ above.

2. Lack of HCBS Services Capacity: Most seniors prefer to age in place in their homes or home-like settings, which also saves money and provides dignity and choices for kupuna, but these services are lacking.

Recommended Initiatives:

1. Increase funding and provider reimbursements to expand services that have proven to be cost-effective in keeping people at home (Home-delivered meals, assisted transportation, personal care/chore workers, homemaker/housekeeping services; dental services, Case Management Services, Home Health Services, Hospice/palliative care/respice; veterans services; independent living services such as senior companion/telephone assistance/caregiver support/prevention of elder abuse/neglect, legal aid/money management/retirement planning).
2. Fund a telehealth “pilot” project for reimbursable home care services.
3. Increase funding for Kupuna Care Program for persons who are not covered by Medicaid.

3. **Insufficient Provider Reimbursement:** Hawaii is ranked as one of the most expensive states for long-term care, yet Medicaid reimbursements are poor. Partnerships are needed.

Recommended Initiatives:

1. Increase reimbursements;
2. Fund the Center for Excellence on Aging at Maui Community College;
3. Continue to support Department of Human Services' programs such as "Going Home" and other programs that support more home- and community-based services;
4. Support Congressional "Class Act" Bill for national voluntary long-term care insurance;
5. Raise public awareness about increased difficulty in qualifying for Medicaid and fund the MLTCP's "Saving for Aging" awareness campaign.

4. **Lack of Health Care Workforce:** A growing shortage of health care workers threatens the future. No better example exists than the impending shortage of nurses: 7,500 additional nurses are needed in Hawaii over the next 10 years. High cost of living, low reimbursements, high malpractice insurance, lack of affordable housing will keep workers away.

Recommended Initiatives:

1. Increase wages for direct care providers;
2. Establish and fund the following: a Physician Retention Task Force that includes a study of malpractice and tort reform; Medical Residency Program; Center for Excellence on Aging.
3. Pursue legislation for tax credits for Maui Community Volunteer (Care Corps) and for families caring for loved ones at home, and fund the MLTCP to expand the Care Corps model;
4. Expand the Maui Community College (MCC) nursing and dental programs as well as the newly established education and training curriculum at MCC that was initiated by MLTCP;
5. Permit nurse delegation of in-nursing facilities as is currently done in home- and community-based settings.

5. **Lack of Prevention Programs:** Investment in prevention programs pays for itself many times over in cost savings for such problems as obesity, falls, dental disease, etc.

Recommended Initiatives:

1. Expand and fund dental services;
2. Expand and fund the “Hana Aging in Place Retrofit Project” as a falls prevention model;
3. Increase public awareness about Department of Health campaigns for prevention services, such as flu shots, pneumonia and falls prevention.

6. Modification to the Certificate of Need (CON) Law:

Recommended Initiative: Pursue legislation to require regionalized CON decision making by the subarea councils to meet the unique health care needs and wishes of county citizens.

7. Modification to the Hawaii Health Performance Plan (“H2P2”):

Recommended Initiative: Integrate the Task Force comprehensive health care plan into H2P2 (Hawaii Health Performance Plan), including an updated glossary of terms to reflect home- and community-based services.

Comments on the report:

Krieg addressed the issue of beds. He said that 20 percent of those at Hale Makua could be cared for in alternative settings, but these individuals are Medicaid recipients and Medicaid pays for nursing homes. Demand for nursing homes will probably start to modify, but there’s still a need. 85 percent of Hale Makua and Kula Hospital residents are Medicaid recipients. Medicaid is privatizing by 2008 – the state put out RFPs (Requests for Proposals) to health plan providers. The RFP is an incentive to move people out of nursing homes and there’s a penalty if they don’t – possibly take Medicaid dollars and raise reimbursements for foster care homes, etc. It’s still an unknown.

Krieg said the foster home business is booming on Oahu. Maui’s low unemployment rate – and the fact that everyone in the household who’s over 15 must be trained as a nurse aide – might make it less attractive here. Filipinos have a history of caring for others in addition to their families, so they have embraced turning their homes into foster homes. Barreras said Oahu offers low-interest loans to retrofit homes, but Krieg wasn’t sure if that

alone would cause entire families on Maui to want to change their way of life.

Bezane praised the report as impressive ambitious with so much good material that should be part of the overall report, but he thought there was a need to focus on three or four priorities. He said the final report should be balanced and representative of all health care needs.

Hirayama said Maui was fortunate that the MLTCP has been in place for so long to explore these issues and noted that the Task Force had only been together for a short time. Barreras said there has been no strategic planning in the acute care area. Trygstad said more data needs to be collected on the waitlist issue.

Barreras reminded the group that the Legislative Act that created the Task Force also assigned the group to create an integrated health care plan. She said such a thing has never been done before and that the Task Force was creating a model.

McOmer said home- and community-based services were relevant to Lanai, too, because long-term care at the hospital was expensive. She said the community is trying to establish a Hospice system.

Hyde said the HCBS report should include the upcoming change in Medicaid law that was cited by Krieg, including the statistic that 20 percent of those at Hale Makua and Kula could be somewhere else if round-the-clock alternative care existed. (Weiland said he believed that most long-term care patients at Kula Hospital were there because it was the appropriate setting). Hyde agreed that the report contained a huge amount of information and he couldn't yet decide upon a "walkaway list" of final priorities. He said he has heard talk of turning MMMC into a big long-term care facility, but he doesn't see that as fitting with the philosophy of greenhouses, residential care, etc. Krieg said turning MMMC into a long-term care facility would be like returning to the "horse and buggy days." Hyde said there was a need to let the public know that.

Oka liked the idea of tax credits and government incentives that would increase the number of residential care facilities.

Krieg said if government could make land available to for-profit developers to create home- and community-based facilities, it would decentralize the current long-term care facilities.

MMMC executive Pat Saka, who was sitting in the audience, was asked to comment on the waitlist. Saka said MMMC was looking at statistics for West Maui and looking at land in Kula with the possibility of creating ARCHs (Adult Residential Care Homes). Saka said the waitlist and long-term care is “a community problem. We can’t solve it ourselves.”

Barreras noted that the culture of Hawaii is different from the Mainland in that people here really want to take care of loved ones in their homes. She said because of a lack of foresight, there has been no strategic planning until recently about this huge, looming problem that’s been talked about for years. She cited the Maui Bed Needs Study which provides evidence of a 10 year lag in approaching strategies such as mergers, public/private partnerships, venture capital investments, etc.

Krieg said the new changes in Medicaid laws will mean that there will be a discharge point for the 20 percent who don’t need to be at Hale Makua. He also believed that Hale Makua will benefit from the West Maui Hospital proposal that will include long-term care and assisted living components. But he also emphasized that the simple building of beds will not solve the problem if there’s no workforce.

Barreras suggested the need for a geriatric psychiatric unit that would care for elders with dementia or other serious mental health problems.

Aluli asked how Molokai and Lanai could get a study similar to the Maui Bed Needs Study (which was done when Malulani was proposed). Krieg said Molokai and Lanai would have to get a group together because Maui people are seen by many on Molokai as outsiders. Barreras said liaisons should be hired, but the effort must be community driven.

Hirayama said the report could include a recommendation that such additional studies be funded by the state or county.

Barreras wrapped up the discussion by reminding everyone that Hawaii needs a “paradigm shift of thinking” on the issue – a systemic change is needed to emphasize the importance of home- and community-based

services instead of long-term care beds. Once that shift of thinking occurs, recommendations can slowly be put in place.

Disaster Preparedness Committee Report

Committee Chair Weiland delivered the seven-page report.

Highlights of the report:

Weiland explained that the magnitude of the disaster determines the response, making it difficult to gauge how responses are dealt with. Three are four components experts use to plan for a variety of disasters:

1. Mitigation: processes that are planned for and deployed to mitigate damage.
2. Preparedness: processes that are put in place to prepare the community to respond (there is inadequate public awareness to make this issue top of mind and get people prepared).
3. Response: processes planned to respond when the disaster hits – each response needs to be tailored to the emergency.
4. Recovery: processes planned to recover from damage as caused by the disaster as quickly as possible.

The subcommittee met with staffers of key agencies that have disaster plans: Fire Department, Police Department, Maui Health District Officer, Civil Defense.

Recommendation: A Maui County Coordinator for Disaster Preparedness be appointed.

Areas that need to be examined at a more detailed level:

1. Communication System – No communications system in the county is universally compatible. Citizens don't know who's in charge. Public education and equipment for a workable communications system is needed; people need to know where they can turn for information and what to do. For example, on Lanai, the public doesn't know if a shelter exists. More public awareness is vital.

2. Workforce – The mayor is in charge of making decisions. Police and fire have limited supplies of kerosene to operate generators for no more than two weeks; some talk of developing “pods” (points of distribution) for dispensing vaccines, medications, etc. There’s a need to identify where firefighters and police live so they can be called upon to respond in their own areas. There are already workforce shortages: the Maui District Health Office has only two full-time employees.
3. Accessibility: West Maui needs a backup road to Central Maui. Lanai and Molokai will rely on air transportation to get off-island. Alternative energy backups need to be considered – i.e. backup solar system for fire stations and other essential outlets.
4. Backup System: There is no specific backup system to current health care system.

Recommendations:

1. Fund an enhanced public education program at the state and county levels and fund personnel and programs to implement public awareness campaign;
2. Clarify the chain of command
3. Delineate roles and responsibilities to ensure maximum coordination and communication; federal, state and county governments should review plans to determine if roles, responsibilities are delineated;
4. In the event of an impending disaster, people should know what information is available in the phone book. Public awareness and personal responsibility to be prepared must be emphasized;
5. Backup energy system, compatible communications system – county should decide on a primary and backup system;
6. Establish hardware communication standards.

Many painful lessons were learned from the Hurricane Katrina Disaster that can help us be better prepared in the future.

Follow-up discussions are planned regarding transportation (has county planned for use of existing transit systems, including MEO buses?) and community drills.

Comments on the report:

Aluli pointed out that Kahoolawe and Kalaupapa should be included in the county's disaster plans. He said workers are on Kahoolawe 24 hours a day and that there were two groups on the island when last year's earthquake occurred. He said that Kalaupapa will be going through a transition when there are no longer patients living there. Barreras agreed to include Kahoolawe and Kalaupapa in future discussions.

Weiland said there is no single coordinated plan for the county – every agency has their own plan. There is no one person who would oversee a disaster – technically the Mayor is in charge. He said different agencies would take the lead for different disasters – DOH handles epidemics; Civil Defense would handle plane crashes; Fire Department handles fires and then calls in other agencies for support. Civil Defense office is in the basement of the county building – what happens if that building collapses? Krieg said the Maui County District Health Officer is the state representative.

Aluli said there should be a map that shows the roles and responsibilities at each level.

Barreras asked McOmber and Aluli about disaster preparedness on Lanai and Molokai. Aluli said they've essentially been told that "we're on our own."

Krieg said Hale Makua has its own disaster plans for its 352 residents. He said he quit going to drills run by the county because they were always for plane crashes.

Weiland said there's really no way disasters can be planned for, especially for disasters of a huge magnitude.

McOmber said the state was short 153,000 shelter spaces. She said Lanai, Molokai and Hana are isolated – the state will improve shelters there beginning this month. She said individuals need to prepare emergency bags for themselves and their pets. The state and county should fund an extensive education campaign.

Weiland said schools are very often considered as likely places to serve as "pods," but that he wasn't sure if the buildings would later be safe for

students and staff, especially in the event of a medical disaster. He said there is no good solution – there are too many possibilities and not enough good answers.

Hyde said he believed the situation was a top-down problem. He said the state needs to play a larger role. There were also questions about how dead bodies would be handled, especially if there were massive deaths.

Hirayama agreed that the Governor needs to assure the community that a coordinated plan is being developed.

Barreras said it was obvious that there are groups working on plans, but everyone is doing their own separate plan and there's a lack of coordination.

Aluli asked about the role of armed forces. Weiland said the Governor can call out the National Guard; other branches can be called out if the President gives the OK to the Governor. Krieg said the military was involved after Iniki.

Barreras said there was a lot of good information about emergency preparedness in the phone book. Perhaps the map of roles and responsibilities that Dr. Aluli mentioned could be included.

Hyde said there was a need for a communications plan so people would know how to access information – everyone has a car with a battery where radios work even if electricity goes out. There needs to be an integrated plan from the top down.

Weiland said cell phones are unreliable during an emergency.

Barreras said backup emergency systems should be solar.

Oka said people don't want to panic in a disaster, but they don't know what to do. He said that essential workers should to be assured that their families will be taken care of.

Fujiwara said she worried that the elderly and people with disabilities will feel like they're on their own – and that's frightening.

Aluli suggested that Big Island Mayor Harry Kim address the group because of his experience in disasters and planning for them both as mayor and previously as Civil Defense Director.

It was unclear how well-planned the Visitor Industry was. Weiland suggested that basic information be inserted in the overhead visors of rental cars. Aluli said the Visitor Industry needs to step up.

Before the Task Force broke for lunch, Lapilio told members that they should start to think about prioritizing what they heard in the reports.

Break for Lunch (12:30 to 1:30 p.m.)

Discussion on the Certificate of Need (CON) regulations

Krieg started off the discussion by saying he did not agree with a recommendation that would eliminate the state from having a say in CON applications. Krieg said he was a supporter of the CON process. He said the CON helps to ensure that Medicaid and Medicare services are not duplicated, especially in areas where there is a competition for labor. He said MMMC or any hospital on Maui would require coordinations with the state and federal governments. From a Medicaid and Medicare perspective, said Krieg, the CON needs to be looked at from a state level, not just the county level.

Hale Makua is the only Medicaid-certified home health agency other than Kaiser, continued Krieg. If another agency would get approved, there would be competition – at the present, the CON would review any new application. Hale Makua can't raise prices. "I think the CON needs to be there," said Krieg.

Harman disagreed with Krieg and said she supported localizing the CON for several reasons: MMMC was approved to be regionalized by the last Legislature and that the Subarea Maui council should make the final decision. Twelve percent of Maui patients go to Oahu. She said that 35 states have dropped the CON. She added that she's not saying the law should be abolished, but that Maui people were in the best position to decide what was best for Maui.

McOمبر asked if a new CAH would still have to obtain a CON. The answer was yes.

Bezane agreed with Harman – he said he didn't think the CON should be abolished, but that it has become a political can of worms. He said he believes the CON process is basically economic driven and that the most important thing should be the health and welfare of the people of the county – that should take precedence over the CON. He said the feedback he has received from the community supports doing something about the CON.

Bezane presented a two-point recommendation: 1. That during any CON application, deliberations are held on the island where the new facility would be located; 2. That those who are evaluating the CON be flexible in how they do that – there's too much emphasis on the financial basis. He said that one of the main reasons Malulani was denied was because it could financially harm MMMC.

Barreras said the CON seems to serve as a barrier to private enterprise doing business in Hawaii and that needs to be resolved. There was no CON when Go! Airlines wanted to start up and there's no CON when a new restaurant wants to come here.

Aluli said there is a certain monetary threshold that triggers the CON (\$600,000 or so, he thought). A community health center on Molokai didn't have to go through a CON to bring in its own Xray machine, but that has impacted services at Molokai General Hospital. The clinic is open from 9 a.m. to 5 p.m., but the burden has been placed on the hospital to provide 24/7 Xrays. He said the CON has its value when it's almost needed for someone to say 'work together.' Aluli added that Molokai had to go through the CON to downsize beds.

Hyde said there are positives and negatives to the CON. He said it's clearly a barrier to outside entities coming in, but that on Molokai, if you have competition for scarce resources it will make it difficult to survive by further eroding existing services there. He said there's a need to avoid cherry picking – this was prevalent in the 1970s – which collapses a system because someone wants to make a profit. He noted that he doesn't think he's heard anyone say they wanted to get rid of the CON process completely.

Hirayama said he was originally against the CON process, but that the more he looked into it, he liked the protection it provides for services that are extremely limited. He supports the regionalization of the CON process, but also sees some benefit from the input of the state because everyone has to work with other providers around the state, not just Maui County. He wondered if the CON could be modified – to set it up to protect existing providers: identify the needs and give the existing providers the chance to meet those needs within a specified time frame. He liked Bezane's idea of reviewing the with CON with flexibility in mind.

Weiland wondered how many people even knew what a CON is. Barreras said it would be good for the Task Force if Ronald Terry, the new SHPDA administrator, and Darryl Shutter, could make a presentation about the CON.

In response to the concerns about creating competition where services are limited, McOmber said Lanai providers signed a memorandum of agreement that they wouldn't duplicate one another's services so they could co-exist. Krieg pointed out that Hirayama was asking for was in the CON. Krieg also noted that the Malulani proposal had problems with financial questions because the financing was in the form of a pledge, not a signed agreement.

Barreras said some of the components looked at in the CON were: impacts on the existing system; need and accessibility; the relationship to the existing health care system and the availability of resources.

Bezane said a CON costs a lot to prepare so that sometimes people are reluctant to do so. He said the CON has even hurt MMMC at times – because the process is so cumbersome, it has kept the hospital from getting some improvements on a timely basis.

Barreras asked what today's purpose of the CON? Congress did away with the CON legislation years ago when it was determined that it did not meet its intended purpose. With a home and community based direction, would foster family beds and other community based bed be examined in the CON process? What is the criteria for applying the CON?

In response to a comment by Barreras, Krieg said that long-term care beds fall under the CON process because they're regulated by Medicaid and Medicare, but that foster family homes and other alternative care homes do not have to go in for CON approval.

Barreras also noted that if Maui's health care system wasn't so connected to the state, wouldn't we be depending on the private industry?

Weiland said he saw pros and cons with the CON.

Lapilio said he didn't get the impression that anyone wanted the process abandoned, but Harman said that a lot of people would like to see the CON abolished – she said that was one of the things that emerged from the Malulani debate. In response to a question, Harman said she thought there was support to abolish the CON from a lot of people in South and West Maui – she said it appears as a Republican movement, but that she's a lifelong Democrat.

Barreras said a decision should not be made until more strategic planning can be done. Krieg said if a vote was taken, the providers would probably vote to keep the CON and consumers would probably vote to get rid of it or change the process.

Aluli and Harman asked if a list of recent CON approvals and denials could be obtained from SHPDA to provide the Task Force with more of a background and more information.

Barreras said again that it would be good to hear from Ron Terry and Darryl Shutter of SHPDA about the CON process and to share any information nationally. Hyde said he was under the impression that some states that had eliminated the CON were now revisiting the issue.

Developing the Strategic Plan

Lapilio asked the group to decide what core values they wanted to see in the integrated plan and the health delivery plan.

Honesty;

Quality of care – expertise, continuous improvement;

Accessibility to care – location and affordability;

Sustainability of the system that takes into account the ability to finance the system.

Focus Maui Nui values;

Hawaiian values that the MLTCP included in its strategic plan;

Bezane submitted two statements about the overall core values with high quality health care as the ultimate goal. His statements:

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.

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.

Krieg said a proliferation of services can lead to less quality. Quality is dependent on more than just accessibility, but also the level of expertise and the ability to fund that expertise. In the case of cardiac care, if you only do a few procedures, the quality goes down.

Hirayama said to maintain high quality care, you need high volume and financial sustainability. He said he was fine with Bezane's statements.

Aluli said health isn't just physical – it's about wellness, community, environment, religious and spiritual values. You can't be healthy if things surrounding you aren't well.

Bezane said that instead of talking about high quality health care, say the best possible health care.

Lapilio asked the group if "paradigm shift" applied here, too: the answer was yes.

Krieg said that some people live in remote places because they like that lifestyle, but there are fewer services in those areas – and then some people say they want to be close to services, as well. He said he likes what Lanai has done and that Bezane is advocating for communities that are quickly growing.

Hirayama said that wellness was a personal responsibility and that long-term care was a family responsibility. Barreras said that long-term care is systemic – a need to move away from nursing homes and that financial responsibility takes public, private and personal financing. Prevention is a value, too.

A need was expressed for more localized emergency room services or ER observation rooms.

Lapilio asked Bezane and Barreras to submit their lists of values that they described in today's discussion.

Lapilio asked how the plan would be organized – what are the components. Barreras said the law requires the Task Force to come up with an integrated comprehensive health care plan.

Oka said he wanted to know if the findings presented to the Task Force were correct – should more public feedback be sought?

Several task force members expressed opinions about getting public feedback about the task force's recommendations.

Bezane asked if a preliminary report should be made public so there could be additional comments – Barreras asked if the Task Force wanted to conduct public hearings. Harman thought there should be a meeting with Mayor Tavares.

Hyde said he felt the group had heard from presenters and that public testimony was accepted at every meeting. Hirayama said he was getting “meetinged out.”

Bezane asked how the report was going to be released. Barreras said she wasn't sure of the legal requirements and asked Shirley Kidani to inquire about this. Bezane said he thinks a press conference should be done.

Barreras concurred. The timing of the press conference will need to be discussed at the next meeting.

Drafting the report

The Acute/Primary/Emergency Committee plan was complimented for its writing style – the HCBS plan was complimented for its level of detail. Hyde noted that the plans will have to be woven together in a creative manner by the writer: he said he noticed some common themes from different committees, such as workforce development. Hirayama wondered if the plan should be presented as three sections.

Bezane said the original concept was to pick 8 or 10 of the most important decisions made by the group – these 10 Core Concepts would be described in a one- or two-page cover report that would be accompanied by a more detailed appendix of additional materials.

Barreras said the Task Force was to produce two products – a final report to the State Legislature and Mayor Tavares, the other to SHPDA where it will become the Maui County Comprehensive Health Care Plan along with an executive summary.

Krieg thought the report should include how the Task Force was organized, the time frame and what wasn't discussed, such as Mental Health issues. He said that was a big piece of the health care picture to him, but that the group hasn't had time to focus on that.

Barreras said that next week the Task Force will discuss a glossary of terms that will be used and included in the H2P2. She said each Committee should look to see if any terms or acronyms are missing.

Aluli wondered what was the rush?

Harman said it was so the Task Force could have impact on the upcoming legislative session.

Barreras said that SHPDA has 60 days after submitting the report to integrate the Task Force report into the H2P2. The Task Force can also recommend legislation and craft bills for introduction.

McOmbler pointed out that the Task Force should contact members of a statewide mental health community task force that had been recently appointed.

Barreras said the next meeting will be from 9 a.m. to 4 p.m. Saturday, Nov. 10, in the MMMC auditorium where video conferencing will allow Aluli to participate from Molokai. On Nov. 20, the Task Force will review the draft report from 11 a.m. to 2 p.m. at a location to be announced.

There was discussion about the best way to keep the public involved. Barreras said public testimony will be accepted at every meeting. The draft committee reports would be posted online for anyone to review.

Lapilio suggested that each subcommittee choose its top three priorities and also think about intended outcomes over the next 25 years.

Barreras told everyone that in a very short period of time, a masterpiece of work was in the making. She thanked everyone for their commitments and reminded them all to continue to be bold in their thinking.

Harman moved to adjourn the meeting with a second from Weiland. Approval was unanimous. The meeting was adjourned at 3:35 p.m.