

Maui Health Task Force Initiative
Oct. 13. 2007 – West Maui Senior Center
Minutes

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

Task Force Members excused: Vice Chair Tony Krieg

Meeting called to order by Chair Barreras at 12:02 p.m.; she explained the handout of materials and asked members if they would be able to stay beyond the 3 p.m. adjournment time. No one objected.

May Fujiwara made a motion to approve the agenda as submitted and Hermine Harman made the second. Dr. Hirayama asked that public testimony be moved to the end of the agenda to allow the seven presenters to be heard first. Fujiwara said the public came expecting to testify at the beginning of the meeting – and they might be only stay for a short time; Bezane agreed that public testimony should remain at the beginning. Original motion to accept agenda as is was passed unanimously.

Public testimony

Don Lehman: A West Maui resident for 10 years who is active with the West Maui Improvement Foundation, Lahman said West Maui often feels ignored by the state. He said the Task Force should look at the work already done by the West Maui Improvement Foundation – there is no need to reinvent the wheel. He said that many of the people who say a West Maui hospital wouldn't work have never developed a hospital. He said no taxpayer money will be used in the current proposal. West Maui also has a large senior population that has needs, but no alternatives.

Eve Clute: Called for a coronary artery screening service for seniors 60 and older and a diabetes wellness center that would include educational and support programs for people. She said West Maui has a large urgent care center and smaller facilities at two hotels that are open until 9 p.m. most days, but they need a pharmacy and evening laboratory services to stay open as late as the facilities.

Jan Shields: Urged for a West Maui hospital and was concerned about lack of neonatal intensive care services on the island. Shields asked to present a powerpoint on neonatal care needs on Maui. She said the Task Force shouldn't listen to reports coming from Oahu about Maui neonatal needs because Oahu wants to keep the business and reports will probably reflect that bias.

Peg Robertson: An emergent-care clinic is needed in West Maui. Robertson was also concerned about the obstetrics ward at Maui Memorial Medical Center and if there was adequate care for newborns. She recommended the Task Force to conduct a site inspection at MMMC and to ask tough questions:

*is prenatal care available and if not, why not?

*are epidurals and C-sections available?

*how many babies can the ward accommodate at a time?

*how many babies go to Queens each year?

*how long does it take to get to Queens – does weather impact if babies can be transported?

Joe Pluta: President of the West Maui Taxpayers Association, Pluta began by passing out photos of a section of Honoapiilani Highway that appeared to be collapsing into the ocean – this is an ongoing problem and underlines the need for a West Maui hospital. The community has identified three priorities: health and safety, affordable housing and transportation. Pluta said the West Maui hospital being proposed is not a replacement hospital, but an emergency clinic that will complement Maui Memorial Medical Center (MMMC).

Cecelia Romero: A biology teacher at Baldwin High School, Romero said the school has a new science building and would like to tie into health care professions for careers, but hasn't been successful in getting students into health care facilities for internships and experience because of liability issues. Apparently only one Maui doctor regularly takes in students to learn. Romero said Baldwin is close to both Kaiser Permanente and MMMC. She said Lahainaluna has been doing a good job with its health pathways program. Chair Barreras noted that the Maui Long Term Care Partnership (MLTCP) had recently expanded its high school program on long term care from Lahainaluna to other schools, including Baldwin. Leonard Oka asked Romero if the high schools could perhaps make a presentation to the Task

Force – he was pleased to see the next generation concerned about this problem.

JoAnne Johnson: Johnson has been active with the Maui Long Term Care Partnership and the Maui Health Alliance in addition to being a caregiver to her husband. She said West Maui needs a community hospital. Because of the large population of seniors in West Maui, she said a geriatric unit should be part of the new hospital along with assisted living facilities such as greenhouses.

Anne Trygstad: A registered nurse at Kula Hospital who was previously a case manager at MMMC and is active with MLTCP, Tygstad warned about the upcoming “tsunami of aging” with the retirement and aging of the Baby Boomers. Already, people with long-term care needs are often waitlisted at the hospital, sometimes up to three years – every hospital in Hawaii is dealing with this. Adding to the problem are inadequate reimbursements and the shrinking workforce.

Task Force Business

Minutes

Bezane moved to accept the minutes of Sept. 4 and Sept. 18; Hirayama made the second. Everyone who had attended those meetings agreed to accept the minutes. Jeanne Skog, May Fujiwara, Phylis McComber and Jan Yagi-Buen abstained because they missed the Sept. 18 session. Minutes accepted.

Upcoming schedule

Chair Barreras said the three subcommittees appointed to look at specific issues have been working hard, but that more time is needed for them to prepare their recommendations. Reports are currently scheduled to be given at the October 23 meeting, which will also include more presentations by other health care providers and/or leaders of health care agencies. Different options for meeting times and how to use those times was discussed.

Barreras moved that all-day meetings, hopefully with Joe Lapilio facilitating, will be held on Nov. 3 and Nov. 10, both Saturdays, for Task Force deliberations only. The locations will be determined. Second was

Hermine Harman and the vote was unanimous although not everyone will be able to attend one or both of those meetings.

A draft report should be prepared for the Task Force to review by Nov. 20; the final report is due Dec. 21.

Budget/Videotaping of meetings

Chair Barreras said that the state Department of Health would like to resubmit the request for \$100,000 to support the Task Force. The Office of Budget and Finance earlier denied the request.

Barreras also said that she had received two proposals to videotape the Task Force meetings for airing on Akaku: Maui Community Television. Anne Trygstad has taped some previous meetings as a volunteer; Trygstad submitted a proposal of \$600 per meeting, estimating 15 hours of taping and editing. Akaku submitted a bid of \$13,000 to film eight meetings with its tri-camera (\$500 less per meeting if only one camera is used). Trygstad noted that she is not a professional, but wants to make sure the meetings are recorded and available for the public. Dr. Richard Weiland was concerned that no money had yet been allocated – he made a motion that efforts be made to find students or others to tape the meetings at a lower cost. The motion failed. Bezane moved to accept Akaku's less expensive proposal and Skog seconded. During discussion, Trygstad said Akaku would do a superior job, especially with the tri-camera setup. Bezane amended the motion for the \$13,000 proposal and Skog again added a second. The motion passed unanimously.

Presentations: Perspectives About Health Care in Maui County

Harman made a motion to adjust the agenda so that presentations could be heard before the committee reports. Dr. Emmett Aluli made the second and approval was unanimous. This was the third straight meeting where presentations were made by experts or leaders in the health care field who have been invited by the Task Force to share their perspectives about problems, needs and solutions.

Susan Forbes, Hawaii Health Information Corporation

Forbes said her organization had no relation to the Hawaii Health Systems Corp. She said Hawaii Health Information Corporation (HHIC) was a neutral, nonprofit organization that gathers data from all hospitals in Hawaii to help determine needs.

She presented statistics from the Maui Beds Study that focused only on Maui. In 2005, all acute-care hospitals in Hawaii had 8,247 waitlisted patients – the average daily census was 180, which is another hospital full of patients. Maui averaged 24 waitlisted patients a day. If these patients are on Medicaid or Medicare, it means reimbursements are low and costs to the hospitals are high.

For every 100 hospitalized patients in Hawaii who are 65 years or older, 21 end up being waitlisted – on Maui, that number jumps to 40 out of every 100. For every 100 patients who are admitted to long-term care facilities, there are 98 waitlisted patients in acute-care hospitals. On Maui, the figures are even more alarming: for every 100 patients admitted to long-term care facilities, there are 167 waitlisted patients.

More retirees are moving to Hawaii and more young people are moving away, which will make problems even worse: who will care for this growing wave of elders?

Forbes said there's no question that more beds are needed on Maui, but beds are not the only issue. Issues related to the continuum of care must also be addressed: prevention, treatment and after-care. She also said that some hospitalizations can be prevented by managing care for people who have conditions such as asthma or diabetes – if these individuals don't manage their disease, they end up in the hospital. Drug resistant infections (Mersa) are another rapidly growing problem.

The number of emergency room visits shows another inefficiency in the acute-care and primary care system: people without primary care physicians end up in the ER.

Some basic questions: Will tertiary care services remain centralized on Oahu or will there be planned dissemination of services and resources to Neighbor

Islands? Will Big Island patients travel to Maui for tertiary care rather than Oahu

Hospitals in Hawaii are operating in a tough financial environment – hospitals lose 6 percent on patient care. In the past six quarters, every hospital in Hawaii has lost money.

Conclusions of Maui Beds Need Study:

1. More acute and long-term care beds needed
2. Insufficient primary care resources create greater demands on the acute hospital
3. Lack of long-term care beds creates greater demands on the acute hospital
4. Antibiotic resistant infections place greater demand on the acute hospital

Dr. Howard Barbarosh, Maui County Medical Society

Barbarosh described himself as an active senior, cardiologist and president of the Maui County Medical Society and liaison for HMSA who supported both the proposed Malulani Hospital as well as the open heart surgery program at MMMC. He thinks competition is good and actually improves services and quality of care. He believes that Maui deserves more access to care and that the island has been shortchanged for years.

Barbarosh offered his views on the state of health care on Maui, including why young doctors are not practicing here. Malpractice insurance and other costs of doing business are incredibly high in Hawaii (Barbarosh pays \$60,000 a year in malpractice and \$100,000 in office rent) while Medicaid/Medicare reimbursements are 30 percent lower than on the Mainland – Blue Cross also pays lower reimbursements than on the Mainland. Both of these problems could be addressed by lawmakers – malpractice rates at the state level and reimbursement rates at the national level. Barbarosh urged the Task Force to contact lawmakers at both levels and push for change.

Malpractice reform in Texas and California have resulted in more doctors wanting to practice there. Regarding Medicaid/Medicare reimbursements, Alaska gets 20 percent higher reimbursements.

Part of the problem, said Barbarosh, is that Oahu has not felt the shortage of physicians, particularly younger ones, that Maui has, but that's starting to change. He said 10 or 12 doctors on Maui were nearing retirement age.

More facilities are needed on Maui to attract doctors, but they must also be able to earn a fair wage. If you build facilities, but don't change basic problems such as high costs of medical malpractice insurance and low reimbursement rates, doctors still won't come. At a national conference recently, doctors simply said that why should they come to Maui if they would earn 30 percent less pay.

MMMC should have a full-serve cardio-vascular program, said Barbarosh. The national goal for someone who has had a heart attack is to get a stent in place within 90 minutes of entering the hospital. Approximately 100 to 150 patients in need of open-heart surgery enter MMMC every year (not including Kaiser patients). He said a cardio-vascular program on Maui must be equal to those at Queens and Straub, etc. If Maui can't provide the quality or availability, then the program shouldn't be done.

Barbarosh said he believes that MMMC has been profitable for the last 20 years, but those profits are being used to support HHSC and other hospitals in the system. He said, as have others during earlier presentations, that Maui is the only community of its size in the nation without full service health care.

Where does this leave us? Barbarosh said anyone who wants to build a hospital should be allowed to do so – if it fails, then it would become a long-term care facility. If there was another hospital on Maui, the state would put more money into MMMC – so another hospital would make MMMC a better hospital, too, he believes.

MMMC is obtaining \$100 million in revenue bonds for a new Heart Center. But other support services/facilities must also be upgraded: the blood bank, radiologists on call 24/7, bringing in experienced health care workers, etc. – Barbarosh said it will be a whole culture change from the ER to the nurses on the floor. Regarding the bonds, MMMC executive Pat Saka, sitting in the audience, said that Act 290, which established HHSC about 10 years ago, said the corporation could issue revenue bonds up to \$100,000.

Jeff Hunt, Maui County Planning Director

Hunt said the county's General Plan was in the process of being updated which would establish a community vision for the next 20 years. In preparation for the update, a socio-economic forecast of statistics was gathered to provide insight.

Maui's population that was 70,000 in 1970 will be about 180,000 in 2030. People who are 65 and older totaled 13,267 in 2000; that number will climb to 37,068 in 2030. Hunt said it's very likely that in the future, Maui will need more long-term care beds than elementary schools. The number of Maui-born residents has also continued to decline as more people move here from other places. The number of tourists coming to Maui will continue to grow – in 2030, the total daily population of residents and visitors is expected to hit 250,000. Housing needs are up and will continue to rise – most population growth is expected to be in Wailuku/Kahului, Lahaina and Kihei.

Hunt said Maui needs to change its way of planning from reactive to proactive. He said, in the past, developers have come to the county and said what they want to do – now the county is establishing where the community wants growth to be. Hunt supports the “smart growth” concepts that include mixed uses in residential neighborhoods, compact development patterns, a sense of community and transportation options that don't mean people will have to give up their cars, but give them choices.

One of the biggest problems facing residents – and the health care industry -- is the cost of housing. Single-family houses have gone from an average of \$290,000 in 2000 to nearly \$700,000 in 2005, but the amounts that the average family can afford have hardly changed: in 2000, the average family could afford a home that cost \$200,000 – in 2005, the average family could afford to spend just \$220,000. If workers can't afford the cost of housing, there's no need to build more facilities, because there will be no one to work in them, said Hunt.

An opportunity exists where the Task Force can contribute to the General Plan process and the General Plan information can help the Task Force in its planning process. Chair Barreras noted that she had presented an update to the General Plan Advisory Committee and that the Task Force wanted to work in concert with the General Plan update.

Mark Hyde asked how the state and county were integrating on the General Plan update – Hyde noted that the plans can be pretty, but if there's no support from the state for something like the improvement of Honoapiilani Highway, then problems still remain.

Hirayama asked about the fastest growing areas on Maui. Hunt said studies have found Lahaina, Kihei and Wailuku/Kahului with most growth in Central Maui, the same data found by Focus Maui Nui.

Brian Hoyle, Southwest Health Group, LLC

Joe Pluta introduced Hoyle and said that West Maui “was not waiting” any longer on a West Maui hospital. The West Maui Improvement Foundation and the West Maui Taxpayers Association are working with Hoyle, principal of Southwest Health Group, a banker and builder of hospitals on the Mainland, to build a West Maui hospital.

Pluta and Hoyle presented statistics: there are 50,000 people in West Maui every day; 1,400 housing units have been added since 2005 and another 17,000 new housing units are planned. The community is 25 miles from MMMC with an average travel time of 66 minutes.

A space of 14.5 acres for the hospital has been made available and a change in zoning is near. An environmental assessment has been completed.

The proposal: a 25-bed critical access hospital with acute emergency care, two surgical operating rooms, medical offices and clinic; a 40-bed sub-acute (step below hospital) nursing facility with 39 units for assisted living and 40 units of medical staff housing. The developers of Kaanapali 2020 will build the affordable housing in conjunction with the hospital.

Funding sources: private investors, Medicare/Medicaid cost-based critical access reimbursement; MMMC revenue sharing from acute to sub-acute changes; visitor industry support. Hoyle said efforts would be made to work with existing agencies to develop a health-care workforce here so there was no need to import workers. He estimated that the new West Maui Hospital would save MMMC \$14 million a year by easing the load on the emergency room and the number of waitlisted patients. The additional long-term care beds and assisted living facility would help address those needs. Lanai and

Molokai could receive services at West Maui. The hospital would also be essential in case of disasters.

Hyde was concerned about the funding sources – what if one component wouldn't work out? Hoyle said he was confident the sources would be enough to support the hospital.

In response to a question from Hirayama, Hoyle said the FAA has designated a site for a helipad. When Hirayama asked how hospital leaders expected to get doctors to practice in West Maui with only two operating rooms, Hoyle said the physician community had been consulted about the number of operating rooms, which are often needed with emergency care: he said doctors thought two ORs was sufficient. Reimbursement remains a major issue.

Hoyle said the West Maui hospital is not replacing MMMC, but complementing it. He said he felt a good relationship had been established between MMMC and West Maui leaders.

Skog asked about the costs. Hoyle said, including the long-term care, assisted living and medical offices, the estimated price tag was \$60-\$70 million. Barreras asked about the timeline. Hoyle said he hoped that the zoning change and certificate of need could be completed next year with the hospital finished in 2010 or 2011.

Barreras asked Hoyle if he had spoken with Tony Krieg, executive director of Hale Makua, about the long-term care component. Barreras said Krieg has stated that only 30 residents at Hale Makua are from Lahaina. Hoyle said the long-term care facility would be available not only to Lahaina residents, but to anyone in need of a long-term care bed.

Hoyle said he agreed that MMMC should be afraid of a hospital that would take all the profitable services and leave it with only Medicaid and Medicare reimbursements, but he said the West Maui facility was not like that. He said the hospital would be a viable, feasible hospital that survives on its own.

Nancy Johnson, Allied Health Department Chair, Maui Community College

Johnson brought more statistics which showed some of Hawaii's urgent needs that must be addressed as soon as possible: a shortage of nurses, a shortage of long-term care beds and more dental care for those without insurance that contribute to the crowded Emergency Room and hospital.

Hawaii was 46th in the nation for the number of registered nurses and 51st in the number of long-term care beds per capita. She said all of Maui is considered to be an underserved area in medical and dental services. Hawaii's population is aging faster than the rest of the nation – between 2000 and 2020, the number of people 60 years and older will increase by 75 percent. The number of registered nurses on Maui is seven per 1,000 residents (on Oahu, it's 9 per 1,000). This doesn't include visitors. Johnson said she's been at MMMC during high visitor season when nurse administrators are tending to patients who are in the hallways waiting for a bed.

As Maui ages, so do the nurses. The average age of a nurse today is 51. In the next 15 years, demand for nurses here is expected to increase by 28 percent while supply is expected to grow by 9 percent or less. Projected graduation rates of nurses – even though Maui Community College recently doubled the size of its nursing program – will fall far short. Thanks to the state and county, four new teaching positions were added to the nursing faculty, but MCC is still short of both instructors and needed students. Johnson said she hopes the state will be convinced to make the four new teaching positions permanent.

The projected shortfall of nurses:

*2006 (needed 960 nurses – short 96)

*2016 (need 2,220 with 244 short)

*2020 (need 2,670 with 293 short)

Ninety percent of nursing graduates in the University of Hawaii system remain in Hawaii. Johnson said MCC has not taken a nonresident nursing student in the 25 years she has been here because Hawaii students get priority.

Johnson said traveler nurses would always be important because they bring skills that nurses here might not have and so they can learn.

A new pilot program has just been implemented to increase the number of certified nursing assistants – a related field that's also suffering from shortages and contributing to the work load of registered nurses.

Nursing and health sector represent 9 percent of the state gross product – if nurse shortage makes national news (and it will), people will quit coming here.

Dental health: Maui children 5 years old have twice the number of cavities than the national average and Lanai is even worse; periodontal disease can be prevented by teeth cleaning. Medicaid now pays for such cleaning, but there's a four-month waiting period;

The ER at MMMC sees 40 to 50 dental patients a month at an average of \$400 each. Two ICU patients who were admitted for dental abscesses cost a total of \$254,000 – that could have covered costs of the oral health center for evenings and weekends for a year. A national study showed that pediatric dental care in the ER cost 10 times that of routine dental care.

Telemedicine and telehealth: The use of telemedicine has shown to decrease hospital mortality, the length of stay in the ICU and the length of stay in the hospital. Telemedicine can especially help with disease management – patients can hook up with nurses, doctor and interact without going to the hospital. Blood pressures and other measurements can be done at home so that before problems become acute, medications or regimens can be changed so people don't end up in the hospital.

POTS – Plain Old Telephone Lines can be used to connect patients to doctors, nurses or student nurses. “We believe this is the future of health care,” said Johnson. People will be able stay home longer and connect to their providers through telehealth. Many of these patients are on Medicaid, which means low reimbursements if they are hospitalized. A pilot telehealth program was conducted for Native Hawaiians who were at high risk for diabetes: computers were placed in the homes for telehealth hook-up. The program was especially helpful for children.

Hyde pointed out that the dental care statistics were startling – that there was such an enormous difference between the costs of prevention and hospital care.

Hirayama asked about the number of dentists – Johnson said few dentists participate in Medicaid, which has an extremely low reimbursement rate.

Dr. Al Arensdorf, psychiatrist, executive assistant for health to Mayor Charmaine Tavares

Arensdorf talked about another community that's greatly underserved and generally has no voice: people who are chronically mentally ill. There are few psychiatrists in Maui County, even fewer in remote areas. Those with serious mental illnesses are often homeless and the homeless have a hard time accessing services. The children's psychiatric unit at MMMC was closed for two years and just reopened – an APRN (Advanced Practice Registered Nurse) can write prescriptions – the ER doctors have agreed to serve as attending physicians – without the APRN, the unit would not have reopened. Psychiatric units tend to lose money – the shortfall is about 40 percent. Arensdorf recommended other Maui professionals to make presentations to the Task Force.

In response to a question from Harman regarding in-patient treatment of people with substance abuse problems, Arensdorf said that those who need that level of care for substance abuse often have mental health problems, too.

Skog asked if it would be helpful if psychologists could be allowed to write prescriptions, but Arensdorf said he felt nurses had more experience and would be better qualified.

Arensdorf also talked about the Mental Health Transformation State Incentive Grant in Hawaii, a five-year process that's just beginning to develop a revised mental health plan for Hawaii.

Hyde said that he was aware that the Community Clinic of Maui was using telemedicine for psychiatric needs. Arensdorf said that was correct and that it was a great idea – Molokai has especially benefited. Aluli said that patients meet the doctor personally, but then have future conversations are via teleconferencing – everyone has been satisfied.

Arensdorf said reimbursements need to be improved – he said clinics need to pursue ways to qualify for full reimbursements for a complete team of psychiatric services much like how a Critical Access Hospital gets full reimbursements.

Dr. Lorrin Pang, Maui County District Public Health Officer

Some of the problems that Maui and Hawaii are facing are the same problems that the nation is now facing – such as crystal methamphetamine addition -- which can be a double-edged sword. Although Hawaii had the problem first, the Mainland is now experiencing it in many communities, which means there will be more money and more programs to address the problem, but more competition.

The costs of medical care are increasing at twice the rate of inflation and it's three to five times costlier to.

More scary statistics:

In 1960, the elderly population of the United States was 9 percent of the overall population; in Hawaii, elders were 5 percent of total population. In 2005, elders made up 12 percent of US population and 15 percent of Hawaii population. In 2030, elders are projected to account for 20 percent of the US population – and possibly 25 to 30 percent of the Hawaii population, according to Pang.

Regarding oral health, Pang said a recent Surgeon General said that disparity in oral health is the leading medical problem in the US. Although Hawaii seniors lead the nation in keeping their teeth, that also means that they need to have preventative care for periodontal disease that can lead to other complications.

Pang said if periodontal disease can be avoided so can many other health problems.

The methamphetamine problem affects many young people on Maui and in Hawaii; the problem of obesity is growing and costing millions of dollars a year. Barreras pointed out that the costs of the meth epidemic will continue to be felt years from now when young people who were potential health care providers become clients.

Pang urged the Task Force to talk to legislators, but to remember that legislators want to hear about economics – the economics of prevention over the cost of care must be emphasized.

Other business

Presenters for future meetings were discussed. Aluli suggested that the Task Force invite Eric Shell to the Oct. 23 meeting. Shell, who is from the East Coast, helped set up the Critical Access Hospital system in Maui County – he will be on island Oct. 23. The state has contracted with Shell to continue CAH work.

Barreras said there was a potential of 17 presenters to go with meeting time getting short. Priorities need to be made. Skog wondered how else the Task Force could get information that would be significant to the deliberations.

Presenters who will be invited to speak on Oct. 23 will be: Eric Shell, Cheryl Vasconcellos of the Hana Community Health Center, Hana health advocate John Blumer-Buell, Kathy Hoss on Veterans issues, Jan Shields on Neonatal Care and ICU issues, and Lillian Koller, the state director for Human Resources, who will be asked to talk about Medicaid/Medicare reimbursements. Barreras said the other suggested presenters can be invited to speak at the Task Force committees or submit written reports.

Barreras suggested that the Oct. 23 meeting, which will run from 11 a.m. to 2 p.m., be held in South Maui – Harman will try to find a location. Aluli said he can't attend, but hopes to participate via teleconferencing.

The all-day meetings of November 3 and 10 will be reserved for Task Force deliberations – no presenters.

Committee Progress Reports

Primary/acute care committee (Chair Mark Hyde; Emmett Aluli, Rita Barreras, Norm Bezane, Hermine Harman, Dr. Guy Hirayama, Jeanne Skog). Chair Hyde reported that the committee had met twice and exchanged “13,000 e-mails.” At the last meeting, an Excel matrix was created to itemize needs – a database will be prepared for discussion, but the committee wants to hear all presentations before all needs are factored in. The next task for the committee is to prioritize those needs. Hyde said

everyone was working collaboratively. Want to wait to hear all presentations before factor in all needs. Next task: prioritize needs. Will put all needs on board, give everyone stickers -- people working collaboratively.

Disaster Preparedness (Chair Dr. Richard Weiland, May Fujiwara, Alan Lee, Phyllis McOmber, Leonard Oka, John Smith). Chair Weiland said the committee has met with various officials to talk about preparations that need to be made for different types of disasters – geographic or weather related disasters such as earthquakes and hurricanes or medical disasters such as epidemics. The committee has not yet put their ideas or recommendations on paper – Barreras said she would attend the next meeting and help the group prepare a matrix.

Long-Term Care (Chair Hermine Harman, Rita Barreras, Tony Krieg). Chair Harman said the committee wanted the Task Force to approve a change of name for the committee to the Home- and Community Based Services Committee. Harman made the motion with a second by Hyde and unanimous approval. Harman said Barreras has helped them to create a matrix of needs; they are establishing a glossary of home- and community-based needs to be included in SHPDA's "Hawaii Health Performance Plan," also known as H2P2.

Chair Barreras told the group to give itself a hand, that the group has really moved forward. She said there had been concerns expressed by Senator Rosalyn Baker that the Task Force was going beyond what the law required based on inquiries made to legislators. Barreras felt the Hawaii Health Performance Plan (H2P2) does not reflect goals, objectives, and performance measures which are needed as criteria for SHPDA panels. The committees are coming up with a laundry list of needs, priorities, etc.

Hyde voted to adjourn the meeting with a second from Harman and unanimous approval. The meeting was adjourned at 4:22 p.m.