

Maui Health Care Initiative Task Force
Sept. 4, 2007 – Kalana Pukui Building
Maui Planning Department conference room
Minutes

Task Force Members present: Rita Barreras, chair; Tony Krieg, vice chair; Norman Bezane; Jan Yagi Buen; May Fujiwara; Hermine Harman; Dr. Guy Hirayama; Alan G. Lee; Phyllis McOmber; Leonard Oka; Jeanne Skog; Mark Hyde

Task Force Members absent (excused???): Dr. Noa Emmett Aluli, DR. Richard C. Weiland (???), John Smith (???)

Meeting was called to order by Chair Rita Barreras shortly after 11 a.m.

New member Mark Hyde of Wailea was introduced to the group. Hyde was appointed to the Task Force by State Senate President Colleen Hanabusa.

Minutes of Aug. 25, 2007, were reviewed and approved unanimously. Chair Barreras reminded the committee and the public that the Task Force (TF) was charged with studying the health care situation on Maui independently from the State Legislature and submitting a report of its findings early next year.

Public testimony

Joe Bertram of South Maui, testifying on his own behalf, asked that the TF look at the Malulani proposal and also talk to Dr. David Sakakmoto and the State Health Planning and Development Agency cccccc about Maui's needs.

Marv Paularena of Wailuku, but formerly of West Maui, supported a facility in West Maui. Paularena said he almost didn't survive an ambulance ride to Maui Memorial Medical Center during an emergency.

John Blumer-Buell of Hana, talked about the controversy with the Hana Community Health Center. Blumer-Buell said the facility has been taken over by private interests who are trying to turn the community's medical clinic into a spa-like Health and Wellness Village that will cost between \$26 and \$52 million. He provided the TF with a Viewpoint that he wrote for The Maui News a year ago. Blumer-Buell also said Hana continues with its efforts to establish a dialysis center in the community so residents don't have to make the difficult journey to Central Maui three times a week.

Anne Trygstad, a registered nurse at Kula Hospital, urged that all TF meetings be videotaped by Akaku: Maui Community Television so the public can view the proceedings. Trygstad took a day of vacation to videotape this meeting.

Panel of Invited Presenters

Over the next few weeks, the TF will invite various leaders in Maui's health care field to offer their perspectives about the state of health care in Maui County and, in particular, address:

1. current and future needs;
2. elements of an integrated plan for health care, including primary, acute, long-term care and emergency care;
3. role of facilities within the statewide system of emergency and trauma care.

Today's presenters are Phyllis McOmber, former co-chair of the Lanai Women's Health Center; Dr. James Jones, nephrologist, and Dr. Ron Kwon, who proposed to build Malulani Hospital as a second hospital on Maui.

Phyllis McOmber

McOmber provided an overview of the health care situation on Lanai where the high cost of living, a shortage of physicians, outdated medical equipment, an emergency room in need of an upgrade and no pharmacy make life difficult. McOmber said that Lanai has "a host of social problems and medical problems" and has been declared "a medically underserved population." She said Lanai has a high percentage of both parents working multiple jobs. Dental care is also lacking on the island.

Straub Hospitals currently provides core services on the island. McOmber said the community wants Straub to stay. There are two full-time and two part-time physicians, but McOmber said "it's like a revolving door" and hard to keep anyone to stay a long time. She said the female doctor will soon be leaving which will mean that some women who don't like to go to male doctors will have to go off-island for visits or not go at all. She said the two young doctors on Lanai really like living on the island, but something needs to be done to keep them there.

A psychiatrist visits once a month.

The State Legislature approved funds to upgrade the the inadequate Emergency Room, but Gov. Lingle has not released the funds. McOmber said Lanai has been waiting for an improved ER for 10 years. She said the current X-ray machine is not

digital and needs to be upgraded; other lab equipment is out of date and breaks down.

Although there is no pharmacy, Straub operates a dispensary where they have developed a “telepharmacy” agreement with a Kauai pharmacy. (Ask Phyllis more about this.) A federal program helps residents get discounts on drugs.

Dr. Guy Hirayama and Hermine Harman asked about telehealth and telepharmacy services.

The Lanai Woman’s Center is working with Molokai midwives to help women get mammograms. Other federal grants have been received. The center will become a Community Health Center in January, thanks to the help of Sen. Daniel Inouye and the State Department of Health.

There are 50 cancer survivors on Lanai (population 3,000) – 37 are women.

McOmber said the state of Lanai’s health care system would improve dramatically with:

- 1. More use of telemedicine so residents don’t have to go off-island for treatment, saving time, money and stress;**
- 2. An improved emergency transportation system to get seriously ill or injured people to the appropriate hospital as soon as possible;**
- 3. An upgraded Emergency Room so more crises can be handled on Lanai.**

Dr. James Jones

Dr. Jones spoke passionately about the need for a second hospital on Maui, the problems facing Maui Memorial Medical Center and the need to revamp the reimbursement system.

Jones provided a list of 86 doctors who support a second hospital on Maui, saying that they represent doctors of 90 percent of the patients admitted to Maui Memorial Medical Center (MMMC). He said the doctors are tired of being under the constraint of the state for so long.

“It’s almost a unanimous voice that we need more health care facilities,” said Jones.

Jones said that several days a week, MMMC is full. “I think we’re beyond the statement ‘Do we need more beds?’ “ he said.

But should additional acute care facilities on Maui be two hospitals or one big replacement hospital?

Norm Bezane asked why people want two hospitals.

Jones said that “some of us” think competition is good.

“If money were not an issue – but it is – we would need a locally owned community hospital separate from the state, replacing MMMC – a 400-bed facility, a teaching hospital, a destination resort hospital that people would come to.” He said that a united community could raise the money needed instead of “holding out our hands every year at the Legislature.”

Jones said there’s good reason to have one health care system so services aren’t duplicated. He supports telemedicine in smaller, more remote areas.

Regarding a hospital in West Maui, Jones said the community doesn’t have enough people to create and support that kind of infrastructure.

Mark Hyde said that part of the problem is not knowing what kinds of beds are needed. Jones said 15 percent of the patients at MMMC can’t leave because other kinds of bed (long term care) are not available.

“I wouldn’t put a penny more into that hospital (MMMC),” said Jones. “I’d turn those beds into long-term care, make it a specialized facility for chronic care. Turn MMMC into a rehab hospital and build a new acute care hospital. It will be backbreaking to bring MMMC up to standards. Make it one system – the money making will be done by the acute care hospital with money going to (the) rehab (facility).”

Jeanne Skog wondered if a “destination resort” hospital would compound problems on Maui. Jones said no – “the more needs we have, the more docs will come.” He gave the example of an orthopedic specialty clinic located in Vail, Colo., that attracts many people.

The poor reimbursement system is in “a shambles,” according to Jones. Doctors don’t get paid enough to keep them here – plus they have to deal with the “archaic hospital.”

“There’s something about the quality of life that brought them here,” said Jones. “You can make double the money in California, but you want the quality of life (of Maui). Then they go to the hospital and “Oh my God” – there’s no teaching

environment and so they leave. ... We're not going to get them if we don't change the system. We need to be bold and totally flip it. We need to get young docs – they're here two, three years and they're gone. We're looking at the perfect storm – an aging population of doctors, an aging community. This hospital doesn't have the right politics to strive for excellence.”

“It's money and the environment that people work in” that will keep them here, he said.

Dr. Ron Kwon

Kwon recently proposed building Malulani Hospital, which would have been the second acute-care hospital on the island, in South Maui. The project was denied its certificate of need. Although the Maui County panel for SHPDA that was made up of Maui health care professionals and citizens supported Malulani, two panels mostly made up of Oahu professionals and citizens, voted it down. Kwon wondered why “our fate was decided by Oahu?” He said the proposal was turned down because it was determined that Malulani would “have an adverse affect on the existing hospital.”

Kwon continued Jones' concerns about how does Maui attract young doctors and keep them. He told his own story of being on the fast track in Boston, moving back home to Maui and finding the health care system and hospital that was fraught with problems. He said young doctors become angry with MMMC – he relayed one story of how a patient who needed surgery had to wait three days because the operating room was booked.

The Hawaii Health Systems Corp., the entity that was created by the State Legislature to take control of MMMC and other small hospitals that had been under the State Department of Health, was a “big mistake,” said Kwon. He said the Legislature told HHSC to run it like a private corporation. Money made by MMMC went into the central system rather than staying on Maui.

Kwon estimated a new hospital would cost between \$200 and \$300 million. He said the Legislature doesn't have that kind of money and it was unlikely that a philanthropist would donate that much, so that left private investment as the most likely solution. But he said “you can't get investors without the CON (certificate of need) and you can't get the CON without _____ (ask Kwon).” He said Maui residents need to demand that they receive the same kind of health care that's available on Oahu. He emphasized that Maui is facing a health care crisis with people “stuck” in West Maui, Hana, Molokai and Lanai.

“The only way to solve that problem is with an economic engine that pays and subsidizes the programs that don’t make money,” he said.

Kwon also worried that a recent law which gave MMMC autonomy would create another bureaucratic swamp, a description that came from an Oahu newspaper.

“We are the only community of this size in the nation with only one hospital,” he said.

He said there are between 160-180 doctors in the county.

He said a similar situation existed in Las Cruces, New Mexico where the public hospital was struggling, the community was growing and Triad (which originally was going to fund Malulani) came in. People were afraid of the competition, but instead, the public hospital got better and worked in cooperation with the new hospital.

Kwon claimed that MMMC would walk out of meetings. “They’ll tell you that Kwon walked out of meetings,” he said.

Kwon also said that Triad had “no problem” with one \$350 million replacement hospital, but he said it was decided to keep MMMC and pursue a second hospital. Kwon said that MMMC has historically been profitable most of the time.

Regarding a West Maui hospital, Kwon said the numbers don’t add up. He said the “basic rule in full-service hospital construction” is that there’s at least 100,000 population and 100 beds.

Although Malulani was denied its CON because it would supposedly have an adverse effect on an existing hospital, Kwon said “Maui is a gold mine” because of the high proportion of working people with insurance and tourists with insurance. He said less than 8 percent of those treated at MMMC lack insurance.

The CON process is outdated, according to Kwon, who said there has been no new hospital construction in Hawaii in 15 years. In 1985, he said, Queens Hospital on Oahu was as good as any hospital on the Mainland. A recent study showed that Hawaii was in the bottom 20 percent of health care quality – Kwon believes the outdated CON process is the “fundamental flaw.”

Kwon also said it should be the providers – the doctors, nurses and hospital administrators – who should be allowed to create the system, not the legislators, CEOs and government officials.

Hermine Harman provided some statistics: she said there are 2.7 hospital beds per 1,000 people in the nation; 2.5 beds per 1,000 in Hawaii and just 1.1 bed per 1,000 on Maui.

Guy Hirayama said competition can sometimes improve health care, but “that depends on the amount of resources.”

Tony Krieg said that 35 percent of the MMMC revenue is generated by Kaiser Permanente clients – Krieg wondered why Kaiser was so silent on Malulani.

Jeanne Skog said if 86 doctors had signed a petition supporting Malulani, what about the other 80 to 100 doctors that are in the county. Guy Hirayama said that “many” Maui Medical Group doctors didn’t support Malulani.

Chair Barreras asked the panel what they thought of the presentations and the way the meeting had worked.

Mark Hyde said what he heard was “old news.”
“We want new ideas,” he said. “We (the TF) have such a short amount of time.”

Hirayama said he wanted to hear about specific needs and an “overall general direction (for health care) in Maui County.”

Recorder: Valerie Monson