



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:

December 22, 2020

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirtieth State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirtieth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report on Recommended Primary Health Care Incentives, and Implementation pursuant to section 321-1.5 Hawaii Revised Statutes (HRS).

In accordance with Section 93-16, HRS, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/department-of-health-reports-to-2021-legislature/>

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth A. Char".

Elizabeth A. Char, M.D.
Director of Health

Enclosures

c: Legislative Reference Bureau
Hawaii State Library (7)
Hamilton Library

REPORT TO THE THIRTY-FIRST LEGISLATURE

**STATE OF HAWAI'I
2021**

**PURSUANT TO SECTION 321-1.5, HAWAI'I REVISED STATUTES, REQUIRING THE
DEPARTMENT OF HEALTH TO SUBMIT AN ANNUAL REPORT ON**

**RECOMMENDED PRIMARY HEALTH CARE INCENTIVES, STRATEGIES, AND
IMPLEMENTATION**



PREPARED BY:

**STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION**

DECEMBER 2020

INDEX OF ACRONYMS

AHEC	Area Health Education Center (part of UH JABSOM, state)
BHW	Bureau of Health Workforce (federal, part of HRSA)
CAH	Critical Access Hospital
CHCSF	Community Health Centers Special Fund
CHW	Community Health Worker
CMS	Centers for Medicare and Medicaid Services
COFA	Compact of Free Association
DOH	Department of Health (state)
DHHS	Department of Health and Human Services (federal)
DHS	Department of Human Services (state)
ECHO	Extension for Community Healthcare Outcomes
EIS	Early Intervention Section (state, part of DOH)
FHSD	Family Health Services Division (state)
FLEX	Medicare Rural Hospital Flexibility Grant Program (state)
FORHP	Federal Office of Rural Health Policy (federal, part of HRSA)
FQHC	Federally Qualified Health Center
HAH	Healthcare Association of Hawai'i
HCAN	Hawai'i Children's Action Network
HIPA	Hawai'i Independent Physicians Association
HIPHI	Hawai'i Public Health Institute
HOHC	Hawai'i Oral Health Coalition
HOPE	Hawai'i Opioid Prevention and Education
HPCA	Hawai'i Primary Care Association
HPIC	Hawai'i Performance Improvement Collaborative
HPSA	Health Professional Shortage Designation
HRA	Health Resources Administration (state, part of DOH)
HRSA	Health Resources and Services Administration (federal, part of DHHS)
HSRHA	Hawai'i State Rural Health Association
HTAC	Hawai'i Trauma Advisory Council
IDEA	Individuals with Disabilities Education Act
ITU	Indian Tribal Unit
JABSOM	John A. Burns School of Medicine (state)
LAL	FQHC Look Alike
MQD	Med-QUEST Division (state, division of DHS)
MUA	Medically Underserved Area
MUP	Medically Underserved Population
NHSC	National Health Service Corps
OPCRH	Office of Primary Care and Rural Health (state, part of DOH)
OPHS	University of Hawai'i Office of Public Health Studies (state)
OPPPD	Office of Program Planning and Policy Development (state)
OSHI	Office of Strategic Health Initiatives (state)
ODU	Opioid Use Disorder
PBTRC	Pacific Basin Telehealth Resource Center
PCO	Primary Care Office (state, part of DOH)

PHCP	Primary Health Care Partners
PHHSBG	Preventive Health and Human Service Block Grant
PIDF	Partners in Development Foundation
POL	Papa Ola Lokahi, Native Hawaiian Health Care System
RHC	Rural Health Clinic
SHIP	Small Hospitals Improvement Program (state)
SHPDA	State Health Planning and Development Agency (state)
SLRP	State Loan Repayment Program (state, part of AHEC)
SONDH	School of Nursing and Dental Hygiene (state, part of UH)
SORH	State Offices of Rural Health (state, part of DOH)
Title V	Title V, the Maternal and Child Health Block Grant federal legislation
UH	University of Hawai'i (state college system)



HAWAII STATE
DEPARTMENT
OF HEALTH

IDENTIFY PRIMARY HEALTH CARE PARTNERS (PHCP)

The Hawai'i State Department of Health (DOH) is part of a comprehensive network of organizations and associations across our state that impact primary care and rural health. As the State of Hawai'i continues to be affected by the global pandemic of COVID-19, a positive outcome of events of the past year is the formation of new partnerships and linkages in response to community needs and priorities. Shown below are key partners (in alphabetical order), both long-standing and new, representing various sectors such as public health, education, workforce development, safety net, non-profit, philanthropy, telehealth, priority populations, and advocacy.

1. East Hawai'i Independent Physicians Association (East Hawai'i IPA)

East Hawai'i IPA represents more than 50 private individual physicians on Hawai'i Island as a community working together to achieve better health. Its goal is to empower independent healthcare providers on Hawai'i Island to improve quality, increase access, and lower costs. They assist Hawai'i Island residents to find primary care providers.

2. Hawai'i Children's Action Network (HCAN)

HCAN is a 501(c)(3) nonprofit and the only one in the state of Hawai'i solely committed to advocating for children. They address the root causes of poverty and inequity and develop public policies that help children and their families. HCAN's mission is to build a unified voice educating and advocating for the children of Hawai'i. HCAN's vision is that all the state's children will be healthy, safe, and ready to learn.

3. Hawai'i Independent Physicians Association (HIPA)

HIPA represents nearly 1,000 independent primary care physicians and specialty physicians in the State of Hawai'i. They support these small private practices with advocacy, legal counsel, education, financing, and coordination of common needs, such as licensing, permitting, or insurance coverage, and more. HIPA allows for a strong viable independent practice sector, which encourages competition and protects freedom of healthcare choice for patients.

4. Hawai'i Learning Groups ECHO

Hawai'i Learning Groups is a Hawai'i-based collaborating partner with [Project ECHO®](http://echo.unm.edu/about-echo) (Extension for Community Healthcare Outcomes) of New Mexico (<http://echo.unm.edu/about-echo>). The goal of the program is to increase access to specialty care, especially for rural and underserved populations by providing a

standardized format for clinical tele-education between interdisciplinary groups, allowing them to collaborate regardless of geographic separation.

5. Hawai'i Oral Health Coalition (HOHC)

The mission of HOHC is to improve the overall health and wellbeing of all Hawai'i residents by increasing access and equity in oral health care through collaborative partnerships, advocacy, and education. HOHC was established in the summer of 2019 but follows in the footsteps of decades of collaboration within the oral health community. HOHC is community-owned with membership representation from all islands and diverse sectors.

6. Hawai'i Primary Care Association (HPCA)

HPCA is the Hawai'i membership association of safety net providers to help them improve programmatic, clinical, and financial performance and operations. HPCA offers technical assistance and training in health center leadership and administration (including governance, fiscal, and program management), operational support, administrative assistance, and quality improvement.

7. Hawai'i Public Health Institute (HIPHI)

HIPHI works with other organizations and individuals to build healthier communities by reaching across sectors to advance collaboration and innovation in public health. Focus areas include tobacco cessation, healthy eating and active living, health workforce, oral health, and COVID-19 response.

8. Hawai'i State Center for Nursing

Hawai'i State Center for Nursing is located on the UH Manoa campus and mandated by the Hawai'i State Legislature in 2003 to address nursing workforce issues (Act 198, 304A-1406). The center compiles data on the nursing workforce supply and nursing education capacity in the state of Hawai'i. The center also promotes advocacy and supports nurses with career and research publication goals.

9. Hawai'i State Rural Health Association (HSRHA)

Membership includes rural health practitioners, rural community residents and advocates, and members of local rural health associations statewide. HSRHA participates in national and local health initiatives; promotes health networks; provides grassroots input into statewide health planning; and promotes development of new services for rural areas; HSRHA is organized for advocacy, communication, education, and research of issues related to rural health. HSRHA is moving toward to a Chapter Format using each unique island as their own chapter of the larger association.

10. Hawai'i Statewide Physician Shortage Crisis Task Force

With physician shortages exceeding 30% in some parts of the state, the Physician Shortage Crisis Task Force is a voluntary, solution-oriented group of concerned doctors and citizens who are actively seeking ways to reverse this

trend. The task force works collaboratively with State and City administrators and legislators, university leadership, community-based organizations, nursing and physician organizations, hospital systems, and others to improve the rate of recruitment and retention of healthcare providers in Hawai'i.

11. Hawai'i Trauma Advisory Council (HTAC)

HTAC is comprised of a broad and representative array of multi-disciplinary trauma stakeholders to disseminate information and advise DOH on all matters related to the comprehensive statewide trauma system. Their mission is to reduce the burden of trauma in Hawai'i through collaborative programs of injury prevention, optimal treatment, research and education.

12. Healthcare Association of Hawai'i (HAH)

HAH has more than 170 organizational members throughout the state, including acute care hospitals, Medicare-certified home health agencies, hospices, private and public skilled nursing facilities, assisted living facilities, and other healthcare organizations. HAH assists member organizations with quality improvement, health workforce support and development, industry advocacy, communication, and education.

13. Hilo Medical Center Foundation

Hilo Medical Center Foundation supports a wide variety of projects, capital improvements, and events that benefit Hawai'i Island and the greater community. One such example is the Hawai'i Island Family Medicine Residency Program. This program fulfills a need for patient-centered, culturally responsive physicians by training evidence-based, full-spectrum family medicine physicians and leaders who are dedicated to elevating the health of the community.

14. Maternal and Child Health Block Grant (TITLE V)

Title V is the only federal program devoted to improving the health of all women, children and families. These groups comprise a large percentage of the uninsured and underserved populations. Funding is used to build infrastructure by creating linkages to healthcare and other maternal and child health services in the community; collaborating with state and local partners to assure access to preventive health services and information; assessing community health and wellness needs; and gathering data about the health status of the target population.

15. Native Hawaiian Health Care System – Papa Ola Lokahi (POL)

Papa Ola Lokahi is charged with implementing the Native Hawaiian Health Care Improvement Act (42 USC 122), which is the national legislation for coordinating, implementing, and updating a Native Hawaiian comprehensive master plan; as well as conducting training for Native Hawaiian care practitioners, community outreach workers, counselors and cultural educators to educate the Native Hawaiian population regarding health promotion and disease prevention. POL provides local technical assistance for the Native Hawaiian Health Scholarship

Program, which is administered through HRSA with the goal of increasing representation of Native Hawaiian health professionals dedicated to serving the needs of Native Hawaiian communities.

16. Office of Primary Care and Rural Health (OPCRH)

The OPCRH is part of DOH's, Health Resources Administration (HRA), Family Health Services Division (FHSD). Funding is provided by the United States Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), specifically the Federal Office of Rural Health Policy (FORHP) and the Bureau of Health Workforce (BHW). These federal agencies provide funding for the State Offices of Primary Care (PCO), State Offices of Rural Health (SORH), Medicare Rural Hospital Flexibility Program (FLEX), and Small Hospital Improvement Program (SHIP). Also housed within FHSD is the Community Health Center Special Fund, which is the repository of cigarette tax revenues that provide primary care safety-net services for uninsured and underinsured patients statewide.

17. Office of Program Planning and Policy Development (OPPPD)

The OPPPD is part of DOH Administration and is responsible for department-wide government relations and public policy, strategic planning, special projects, and technical assistance supporting compliance, administrative rulemaking, grants management, performance and practice management, and scientific services.

18. Pacific Basin Telehealth Resource Center (PBTRC)

PBTRC is funded by the U.S. DHHS HRSA Office for the Advancement of Telehealth, which is part of the Federal Office of Rural Health Policy (FORHP). The PBTRC goal is to assist in the development of existing and new telehealth networks and offer education, training, strategic planning, and background information regarding telehealth technology, medical information technology, infrastructure, mobile health applications, and telehealth creation, growth, and maintenance.

19. Partners in Development Foundation (PIDF)

With its expansive and multi-generational reach among Native Hawaiian and Pacific Islander families, PIDF is a centralized resource for the rural and underserved communities of Hawai'i in the areas of education, social services, Hawaiian language and culture, and the environment. Their mission is to inspire and equip families and communities for success and service, using timeless Native Hawaiian values and traditions.

20. Preventive Health and Human Services Block Grant (PHHSBG)

This federal program allows DOH to address emerging health issues and gaps; decrease premature death and disabilities; work to achieve health equity and eliminate health disparities by addressing social determinants of health; support

local programs to achieve health communities; and establish data and surveillance systems to monitor the health status of targeted populations.

21. Rural Health Service Providers Network

This organization is a national network of healthcare service providers that provide clinical, behavioral, recovery, and/or mental health services but are not designated as Critical Access Hospitals (CAHs), Federally Qualified Health Centers (FQHCs), FQHC Look-A-Likes (LALs), Indian Tribal Units (ITUs) of the Indian Health Service, Tribal Hospitals, Dual-Funded Community Health Centers/Tribal Clinics, or CMS-Certified Rural Health Clinics (RHCs). Rural Health Service Providers are a vital component of the American public health infrastructure that often serve as entry points into care for vulnerable populations who may not otherwise engage in health or social services. These same Providers are also functionally ineligible to receive, or even apply for, many federal funding opportunities as a result of existing eligibility standards. Therefore, the Network aims to change that through education, policy development, and advocacy.

22. State Systemic Improvement Plan Early Intervention Section Telepractice Workgroup

The State Systemic Improvement Plan is a comprehensive multi-year plan for supporting the development of infants and toddlers in Hawai'i with disabilities and their families as outlined in the Individuals with Disabilities Education Act (IDEA). EIS (Early Intervention Section) is a federal and state-mandated program that provides services to support the development of infant and toddlers from birth to three (3) years of age. The working group planned and developed a pilot project for delivering EIS services to families of children with special needs (developmentally delayed or having a diagnosis/condition with a high probability of resulting in a developmental delay) in their home via telepractice. The Telepractice Workgroup supports the implementation of telehealth components in EIS programs.

23. University of Hawai'i – Hawai'i/Pacific Area Health Education Center (AHEC)

AHEC's areas of concentration include recruitment, placement, and retention activities to address community and state health workforce needs; performing health and health workforce needs assessments; and improving distance learning and telehealth utilization. AHEC provides local technical assistance for the State Loan Repayment Program, which is an incentive program for primary care providers working at approved healthcare sites and funded by HRSA with matching contributions from public and private resources.

24. University of Hawai'i Office of Public Health Studies (OPHS)

OPHS's goal is to advance the health of the peoples of Hawai'i, the nation, and the Asia-Pacific region through knowledge, discovery, innovation, engagement, inclusion, and leadership. OPHS is part of the Myron B. Thompson School of

Social Work and offers specializations in epidemiology, health policy, and management.

25. University of Hawai'i Office of Strategic Health Initiatives (OSHI)

OSHI identifies funding and establishes strategic opportunities, partnerships, policies, and initiatives to improve health and healthcare across the state and nation by leveraging UH's research enterprise, programs, and capabilities in the area of health sciences. Key activities are to educate the state's health workforce and address the health challenges facing Hawai'i and the Pacific with the goal of improving health and healthcare for our people.

26. University of Hawai'i School of Nursing and Dental Hygiene (SONDH)

SONDH is the only doctoral/research university-intensive institution in Hawai'i, and it is dedicated to improving health through education, research, and service, specifically in the areas of nursing and dental hygiene. It provides instructional, clinical, and research activities to enhance the health and care of diverse populations in the State of Hawai'i and Asia-Pacific region.

DESCRIBE FY20 ACTIVITIES (07/01/19 – 06/30/20)

Our Primary Health Care Partners (PHCP) gather the most current best practices from nationwide sources and share with each other to implement programs and offer incentives for our state healthcare workforce as they provide the highest quality healthcare to the people of Hawai'i. The sharing of information with partners concerning policies and topics that impact our communities is vital to the strength and integrity of our healthcare infrastructure. PHCP was hard at work all year long to increase health workforce capacity, assess health professional shortages statewide, and bolster the healthcare delivery system. The COVID-19 pandemic occurred at the beginning of the 4th Quarter of this reporting period and spurred a new sense of urgency among PHCP, causing an explosion of new partnerships. For example, telehealth is one area which experienced growth and it was necessary for some healthcare providers and patient population groups to receive training and resources to be able to transition effectively to telehealth visits. The onset of the pandemic caused a crisis of identity for PHCP, who recognized that old ways of doing things needed to be reevaluated and new activities adopted. PHCP partnered on a wide range of activities in FY20, including advocacy, funding, health systems planning and collaboration, shortage designation, telehealth/telemedicine/tele-education, training and technical assistance, and workforce, which are all described in this section.

ADVOCACY

OPCRH staff visited all four of the Hawai'i congressional delegation offices in Washington D.C. to thank them for their time and provide follow-up information on how matters of particular concern to primary care and rural health, such as the reauthorization of the SORH grant appropriation, expanded rural healthcare workforce funding, and expansion of the Project ECHO model in Hawai'i.

The Hawai'i Physician Shortage Crisis Task Force introduced SB 2542 in the 2020 session of the Legislature to help reduce the negative impact of the general excise tax on physicians and advanced practice registered nurses in the state by exempting from the general excise tax all gross proceeds arising from the sale of medical services. Such an exemption would apply to all physicians and also to advanced practice registered nurses acting in the capacity of a primary care provider.

Hawai'i Oral Health Coalition introduced SB 2459 and HB 2249 in the 2020 session of the Legislature to reinstate preventive and restorative dental benefits for all adults on Medicaid. This proposed legislation had a federal matching funds requirement.

COVID-19 RESPONSE

Centers for Medicare & Medicaid Services (CMS) announced an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. They allowed audio phones to be included for telehealth. There is additional information concerning remote patient monitoring, Medicare and Med-QUEST rules and coding, and a summary of CMS flexibilities to fight COVID-19. PCHP worked collaboratively to get this information out into the community.

OPCRH worked closely with its community partners (such as CAHs, FQHCs, RHCs, and health associations) to answer questions and get breaking news out regarding PPE, financial support, changes in billing and coding, and telehealth. We also facilitated coordination of access to resources as they became available to healthcare providers for the rural and underserved population.

RHC COVID-19 Connection was formed in March 2020--immediately after the first lockdown was announced—to bring the RHC leadership together to share news and information specifically about the public health emergency. Hawai'i RHCs got the latest information and updates about the Families First Coronavirus Response Act from CMS's Pacific Area Representative for Hawai'i and the US Territories and the CMS Co-Chief Medical Officer for Regions 8, 9, and 10.

Department of Human Services Med-QUEST Division (MQD) sought help from OPCRH to provide them with a list from Hawai'i RHCs showing how many tablets and/or laptops they needed so it could be included in an Emergency Advanced Planning document that

State Medicaid Agencies prepare and send to CMS when making emergency technology requests for enhanced federal funding. Physician organizations collected this data from all other healthcare facility types, including FQHCs and CAHs.

Hawai'i CAHs received over \$800,000 in federal funds via special legislative appropriation announced by Senator Brian Schatz's office and administered through the HRSA Federal Office of Rural Health Policy. This funding helped Neighbor Islands and rural O'ahu neighborhoods to have medical resources available to them when they needed it to safeguard our rural communities during this public health emergency.

Project ECHO offered training sessions to support managed care organizations and health services providers as they adapted to working in COVID-19 conditions. Topics included proper COVID-19 testing procedure, COVID-19 units for isolation and quarantine, symptom management tips, and staffing strategies. All sessions were recorded and available on demand for those who missed the live presentations.

OPCRH serves on Hawai'i Emergency Management Agency's State Essential Services Function Teams 6 and 8 to support a coordinated response to the public health emergency and its associated impacts to healthcare, employment, tourism, finance, retail, transportation, education, small business, real estate, and more.

FUNDING

FY20 is the first year of a new contract cycle for the Comprehensive Primary Care contracts which are funded by the Community Health Centers Special Fund (CHCSF). These contracts provide comprehensive primary care services, as the payer of last resort, to the state's uninsured and underinsured individuals whose income is at or below 250% of the Federal Poverty Level. Services include medical care, behavioral health care, dental treatment, support services, and pharmaceutical services.

OPCRH, in partnership with HSRHA, convened the HOPE (Hawai'i Opioid Prevention and Education) Consortium, whose purpose is to develop a rural-specific strategic plan for addressing gaps in Opioid Use Disorder (OUD) prevention; treatment and recovery services' a workforce plan to increase the number of healthcare workers in substance abuse treatment; and complete a sustainability plan focusing on the prevention, treatment, and recovery for opioid misuse and other substance use disorders.

Hawai'i relies on its 15 FQHCs to provide the primary care healthcare safety net for residents in the state's rural and underserved communities. For many years, there were only 2 Rural Health Clinics (RHCs) in this state. In recent years, 9 more RHC's successfully obtained the designation and several more are working toward that goal. To build healthcare infrastructure in our state, DOH Community-Based Child Abuse Prevention and Perinatal Health programs provided funding to train Hawaii's RHCs on topics such as Medicare and Medicaid rates, billing, cost reporting, one key question, and adverse childhood experiences.

Programs of OPCRH include the FLEX and SHIP programs, which bolster Hawaii's healthcare infrastructure by providing significant funding to the state's CAHs as mandated by HRSA. Under the Flex Program, the Medicare Beneficiary Quality Improvement Project seeks to improve the quality of care provided in CAHs by voluntarily reporting measures not required by CMS. States coordinate technical assistance based on the needs of hospitals in their state. SHIP funds state governments to support rural hospitals with 49 beds or fewer. SHIP enables small rural hospitals to become or join accountable care organizations (ACOs); participate in shared savings programs; and purchase health information technology (hardware and software), equipment, and/or training to comply with quality improvement activities—such as advancing patient care information, promoting interoperability, and payment bundling.

SORH funding supports the Hawai'i chapter of the Parent Leadership Training Institute (PLTI), which is a civic engagement training program that increases the number and skill level of parents and community leaders focused on improving childhood outcomes. This program develops culturally appropriate pathways to bridge the gap between the identified needs in a community and the necessary public health policy and systems changes that have the potential to improve outcomes for children.

SORH funding provides a platform for Community Health Workers to gain recognition in the healthcare industry as a bonafide career pathway and to unify the voices of community health workers by strengthening the profession's capacity to promote healthy communities.

HEALTH SYSTEMS PLANNING AND COLLABORATION

OPCRH partnered with HSRHA on a Qualitative Data Scan. This statewide primary care assessment identifies communities with the greatest unmet healthcare needs, disparities, and health workforce shortages; it also identifies key barriers to access to healthcare. Gaps in service delivery and wrap-around services will be revealed and then plans can be developed for more effective health systems planning and collaboration.

OPCRH is part of the UHealthy Initiative, which leverages UH programs to improve health and healthcare in Hawai'i and the Pacific. This program will ensure a robust health workforce statewide, advance health in all policies, and promote healthier families and communities.

OPCRH meets regularly with HPCA and POL to share background and updates in each of our areas and map out what we know is happening across our organizations. This gives participants a fuller understanding of primary care and rural health related activities for our priority populations and allows for improved collaboration and coordination.

SHORTAGE DESIGNATION

Collaborative efforts of UH AHEC, HSRHA, and MQD to gather provider data were key factors contributing to the designation of seven new shortage areas in the State of Hawai'i (Primary Care for rural O'ahu and the counties of Kaua'i, Maui, and the Hawai'i Island; Mental Health for the counties of Maui and Honolulu, Dental Health for Maui County).

NOTE: The authorizing statute for the National Health Service Corps (NHSC) created shortage areas to fulfill the statutory requirement that HRSA direct NHSC personnel to areas of greatest need. Due to limited federal resources, shortage designations help HRSA prioritize and focus resources on the areas of highest need. The National Health Service Corps (NHSC), and other scholarship and loan repayment programs, increase access to primary care, dental, mental, and behavioral health services. These programs build healthy communities by providing scholarships and student loan repayment for primary care providers in the medical, dental, and behavioral health fields who agree to practice in areas of the country that have health professional shortages. NHSC members fulfill their service requirement by working at NHSC-approved sites located in Health Professional Shortage Areas (HPSAs).

The National Auto-HPSA Update occurred in August 2019 when HRSA conducted a national update of scores for all federally qualified health centers (FQHCs) and rural health clinics (RHCs) across the country, including Hawai'i. As part of this effort, OPCRH worked with numerous health centers and hospitals to get provider information updated which helped these facilities continue to qualify thus making some sites newly eligible to apply for NHSC certification for the first time.

TELEHEALTH / TELEMEDICINE / TELE-EDUCATION

In all medical sectors, the COVID-19 public health emergency spurred unprecedented use and expansion of virtual technologies, such as telehealth, telemedicine and tele-education. During the emergency, a wider range of practitioners can provide telehealth services and be reimbursed, including physical therapists, occupational therapists, and speech language pathologists. This expansion, together with changes in policy to accept and reimburse healthcare providers, created a revolution in broadening patient access to care.

Project ECHO Hawai'i expanded significantly as a result of COVID-19. It is a tele-education and mentoring program that builds the knowledge and skills of health professionals who can earn CMEs while they learn. Rural primary care providers acquire the expertise needed to offer high-quality, specialized care to patients in their

communities. Besides the original cohorts for geriatric, behavioral health, and diabetes, there are new cohorts for pediatric care and opioids.

The Maternal Telehealth Summit in October 2019 brought together the Hawai'i Primary Care Association, most of the FQHCs, The Queen's Medical Center, Hawai'i Pacific Health, telecommunications companies, HMSA, AlohaCare, University of Hawai'i, University Health Partners, State Legislators, and DOH. A broad spectrum of challenges and barriers to telehealth implementation were raised, such as start-up costs, subscription costs, lack of communication between platforms, HIPAA compliance, client and family engagement, lack of bandwidth, etc. Participants were then asked to think about what types of supports would be needed to help them use telehealth more or support others in their efforts to use telehealth. Suggestions included buy-in from all stakeholders, logistics development, alignment of policies, expand broadband, and sustainable funding models, among others.

OPCRH and PBTRC serve on the State of Hawai'i Department of Health Early Intervention Section (EIS) telepractice working group. EIS is implementing their telepractice program as part of their State Systemic Improvement Plan (SSIP) required by the federal Office of Special Education. Prior to COVID-19, EIS health professional providers would usually provide services via in-home visits with occasional telehealth visits during times when a specialist was unavailable. During COVID-19, in-home visits stopped completely and telehealth usage reached 100%. EIS staff and providers gave training and technical assistance to all families. It was necessary for families to get more involved in sessions by implementing strategies to keep their toddlers engaged.

PBTRC held numerous webinars to familiarize the healthcare workforce and health consumers about their website and services, plus updates resulting from the COVID-19 outbreak—such as additional eligible services, recent changes in coding, and privacy and security for telehealth usage. PBTRC's website has resources for providers about how to offer telehealth and they will soon be posting resources for patients about how to use telehealth.

PBTRC Telehealth Hui brought together healthcare providers to share best practices and lessons learned during the COVID-19 pandemic. Participants included hospitals, CAHs, FQHCs, RHCs, Native Hawaiian health systems, insurers, and private doctors.

OPPPD and OPCRH collaborate regularly on telehealth matters to promote more balanced and equitable service implementation to increase access to healthcare for rural and underserved populations.

TRAINING AND TECHNICAL ASSISTANCE

OPCRH provided training and technical assistance to over 240 organizations and individuals on diverse topics, such as scholarship and loan repayment applications,

health facility applications, health system expansion, shortage designation, needs assessment, data sharing, and much more.

Hawai'i Performance Improvement Collaborative (HPIC) provided training to the state's CAHs on matters of billing, operating margins, accounts receivable, accrued liabilities, performance metrics, and revenue cycles.

Site visits were conducted to assist CAHs in efforts to optimize operations and discuss areas for improvement in financial measures. Opportunities for improvement include enrolling in the 340b pharmacy program, obtaining RHC designations for its outpatient clinics, and cleaning errors on the cost report. The Flex Program held a webinar on Wednesday, April 8, 2020, for CAHs on cash planning in the COVID-19 pandemic and resources available to them. This was attended by representatives from each of the CAHs and from HHSC corporate. The webinar provided the latest information available concerning the CARES Act, and the Flex Program will continue to monitor changes and update the CAHs as necessary.

Meetings and consultations were conducted during the open application cycle for National Health Service Corps, which offers three loan repayment programs and two scholar programs that provide funding to medical students and healthcare providers to support their educational goals and achievements in exchange for service obligations in rural and underserved areas.

WORKFORCE

PCHP held the annual Hawai'i Health Workforce Summit in September 2019 to convene the state's healthcare professionals and students for CME credit and a chance to meet with representatives from insurance companies, federal and state government agencies, healthcare industry services, hospitals, health centers, and health workforce educational institutions. The event included informational tracks regarding rural health, opioid disorders, and geriatrics. This joint endeavor brought together over 600 participants from across the state from the various areas of primary care, rural health, oral health, telehealth, geriatrics, and public health.

The Healthcare Association of Hawai'i shared its first report from the Healthcare Workforce Initiative. The report covers a broad range of 76 non-physician, patient-facing health professions in the following areas: acute care hospitals, skilled nursing facilities, health system clinics, home health agencies, assisted living facilities, and hospices. The healthcare industry in Hawai'i faces a big challenge because of the period of sustained low unemployment we are currently experiencing. Employers across all industry segments are competing for workers. The long-term goal is to have sufficient workers with the right skills across multiple healthcare professions.

J-1 Waiver applications are an important component of PCP's health workforce development and this year the number of participating physicians increased by 42%. Similar to states across the country, Hawai'i DOH recommends international medical graduate physicians to waive the two-year home residency requirement in exchange for working in rural and underserved areas. OPCRH processed 12 applications for Conrad 30 J-1 waivers to place international health professionals at medical facilities throughout our state to provide patient care in general medicine, primary care, emergency care, cardiology, anesthesiology, nephrology, and endocrinology.

A total of 70 National Health Service Corps (NHSC) health professionals are serving at 38 sites statewide, including Hawai'i FQHCs, RHCs, substance use disorder facilities, and school-based clinics. The practitioners include eight physicians (family practice, OB/GYNs, and pediatricians), 21 dentists, five nurse practitioners, 20 clinical psychologists, five licensed clinical social workers, five registered dental hygienist, four physician assistants, one licensed professional counselor, and one certified nurse midwife.

OPCRH endorses the use of 3Rnet, which is the National Rural Recruitment and Retention Network. 3Rnet works to improve rural and underserved communities' access to quality healthcare through the recruitment and retention of physicians and other healthcare professionals by use of a national database where health professionals seeking employment can register and be recruited by facilities and medical offices across the country. The website has over 53,000 actively registered candidates with 300 new candidate registrations every month. There were 1,073 candidates considering employment in Hawai'i during the past year.

RECOMMENDATIONS

Challenge: Reduced Healthcare Access for Patients Due to COVID-19

The unprecedented public health crisis has impacted patients' ability to obtain timely healthcare whether due to changes in work schedules; lack of health insurance due to reduced work hours; no primary care physician; inability to make time due to overlapping needs of the workplace/child care or elderly parent care; government restrictions on movement; cutbacks in transportation options; reduced access to translation services; cancelled appointments; and for other reasons.

Possible Solution: Reduced Healthcare Access for Patients Due to COVID-19

To assist patients in obtaining timely healthcare, a possible solution is to offer a Wellness Care Card that would be preloaded with funds, much like a debit card, and issued to those who applied for unemployment benefits so they can use it to

pay for medical copayments (including all COVID-19-related costs, if applicable); medication; personal protective equipment; testing; wellness services; child care costs; elderly parent care costs; and transportation to and from the healthcare provider. Another possible solution would be to mandate employers to offer paid leave to employees for their medical appointments and subsidize employers for those costs. Neighbor Island patients need financial and logistical support when they require a higher level of care and need to be moved off island to Honolulu. For healthcare workers, community fund could be developed to cover medical bills healthcare for those who get sick and become patients themselves while in service to the community.

Challenge: Loss of Revenue for Providers, Healthcare Organizations, and Community Agencies During COVID-19

Revenues declined sharply due to patients' forgoing important preventative care (such as chronic disease management or annual wellness visits); increases in operational costs associated with purchasing needed personal protective equipment and providing additional support to their workers; changes in supply chains; public perception of the need to support frontline healthcare workers by postponing medical care; and other reasons.

Possible Solution: Loss of Revenue for Providers, Healthcare Organizations, and Community Agencies During COVID-19

To assist healthcare providers and help them survive the COVID-19 crisis, possible solutions include:

- Subsidizing their practices for an amount equivalent to revenue levels from the preceding fiscal year and providing additional funds to cover increased costs incurred to meet surge capacity;
- Offering a tax incentive for physicians and dentists willing to accept Medicare patients;
- Increasing Medicaid reimbursement to 100% of the Medicaid rate;
- Expanding the scope of practice for pharmacists to help with management of medications, which will increase CMS reimbursements to the facility;
- Making the telehealth changes for COVID-19 permanent, even beyond the public health emergency;
- Increasing alignment of goals between physicians and insurance companies; and
- Providing financial support and/or tax credits to providers, healthcare organizations, and community agencies for measures taken to adapt the

workplace with new social distancing protocols to ensure patient and staff safety.

Challenge: Recruitment and Retention

While recruitment and retention have always been an issue for this state due to our remote location, the issue has become dire as a result of COVID-19. Hawai'i had only 3,000 physicians before the pandemic and about 830 vacancies. Independent physicians in private practice with five staff or less are declining. The most acute shortages are on the Neighbor Islands. Nurses in particular are underrepresented with many vacant positions unfilled across the state and brought in from the mainland to cope with the surge.

Some providers are choosing to close their practices rather than adapt to the rapidly changing healthcare environment. Others need to leave the state to care for relatives living abroad. Neighbor Islands have many doctors who are over age 65 and ready to retire but unable to find doctors to take over their practices. There are few medical programs in this state from which to recruit new providers. Some providers have spouses who have lost work and their family's childcare options have also been reduced, so they closed their practice to move to the mainland. Medical assistants and technicians leave the industry altogether when they find other work that pays more.

Possible Solution: Recruitment and Retention

There are numerous ways to address these recruitment and retention challenges, such as:

- Increasing Medicaid reimbursements for healthcare providers;
- Offering loan repayment programs for healthcare professionals;
- Subsidizing housing costs of health professionals;
- Exempting healthcare organizations exempt from paying state taxes and county surcharges (such as the general excise tax);
- Assisting our healthcare insurers to complete credentialing within 30 days or have them automatically accept healthcare providers that come here from any other U.S. state or territory;
- Covering moving costs for healthcare professionals who relocate here;
- Providing a living wage to medical assistants and technicians to sustain them until they gain enough work experience to qualify for higher-level positions.

Solutions to recruit and retain Community Health Workers and Community Paramedics include:

- Providing certification options and make sure credits are transferable to allow for higher education and career advancement;

- Aligning high school curricula with community college requirements and expand higher education options for working adults; and
- Endowing full educational scholarships to students in programs with the highest need, such as nursing.

For Neighbor Islands, create an educational hub to increase training opportunities and improve access for certified test taking. Since specialists are compensated at higher rates than primary care physicians, offer a primary care reimbursement differential to make up the difference.