

HAWAI'I'S HEALTH WORKFORCE DEVELOPMENT FOR THE 21st CENTURY

Legislative Briefing

August 21, 2019

Hawai'i State Capitol, Room 329

Facilitator: Dr. Peter Adler, ACCORD 3.0

Ground Rules

- Today's purpose: Engage community in developing priorities for potential solutions to Hawai'i's health workforce challenges.
- This is a briefing.
- Reserve debates for another day as no decisions will be made today.
- More than 22 people doing short briefings. Strict and absolute time limits for all speakers. No exceptions.
- Will not have time for audience questions, answers and discussion.
 - Index cards are for audience comments/questions.
 - Please sign up for the listserv (on sign-in sheet) to join in future discussions.
- Use lunch time to engage with others.

Welcome & Brief Remarks

Senator Rosalyn Baker & Representative John Mizuno

Lt. Governor Josh Green

Senate Majority Leader J. Kalani English

House Majority Leader Della Au Belatti

Director of the Department of Health Bruce Anderson

Director of the Department of Labor & Industrial Relations Scott Murakami

UH President David Lassner

A NATIONAL OVERVIEW OF HEALTH CARE WORKFORCE DEVELOPMENT

KATE BLACKMAN AND SYDNE ENLUND

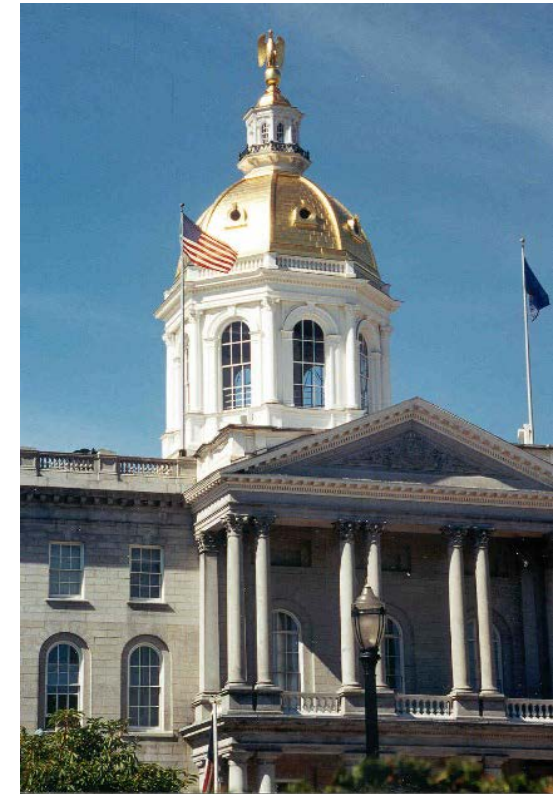
NATIONAL CONFERENCE OF STATE LEGISLATURES

AUGUST 21, 2019



NATIONAL CONFERENCE OF STATE LEGISLATURES

- **Bipartisan membership organization**
 - All 50 states and the territories
 - 7,383 state legislators
 - All state legislative staff (30,000+)
- **Goals:**
 - To improve the quality and effectiveness of state legislatures
 - To promote policy innovation and communication among state legislatures
 - To ensure states a strong, cohesive voice in the federal system



NATIONAL CONFERENCE OF STATE LEGISLATURES



WHAT WE DO

SUPPORT

- In-depth policy analysis and research requests
- In-state technical assistance and testimony
- Dedicated state contact
- 50 state comparisons
- A-Z issues and contacts

IDEAS

- Searchable bill databases and tracking
- Policy reports and newsletters
- State Legislatures magazine
- Our American States podcast

CONNECTIONS

- Legislative Summit
- Invitational and collaborative meetings
- Webinars and online training
- Professional staff associations
- Professional development training

STRONG VOICE IN WASHINGTON, D.C.

- Standing Committees and Task Forces
- Letters to Congress and the administration
- Capitol to Capitol newsletter
- NCSL Capitol Forum



HEALTH OCCUPATIONS ON THE RISE

Chart 1. Ten fastest growing occupations, projected 2016-26

Occupation	Percent change, projected 2016-26	Employment change, projected 2016-26 (in thousands)	Median annual wages, May 2016
Solar photovoltaic installers	104.9%	11.8	\$39,240
Wind turbine service technicians	96.3%	5.6	\$52,260
Home health aides	47.3%	431.2	\$22,600
Personal care aides	38.6%	777.6	\$21,920
Physician assistants	37.3%	39.6	\$101,480
Nurse practitioners	36.1%	56.1	\$100,910
Statisticians	33.8%	12.6	\$80,500
Physical therapist assistants	31.0%	27.4	\$56,610
Software developers, applications	30.7%	255.4	\$100,080
Mathematicians	29.7%	0.9	\$105,810

1. Home Health Aides
2. Personal Care Aides
3. Physician Assistants
4. Nurse Practitioners
5. Physical Therapist Assistants

WHAT IS CAUSING HEALTH WORKFORCE SHORTAGES?



- Aging and retiring practitioners
- Low number of graduating students who want to practice in rural or underserved areas
- Comparatively low reimbursement rates for certain services
- Lack of adequate training for certain issues and populations

OPTIONS TO ADDRESS WORKFORCE SHORTAGES

- Utilizing pharmacists
- Telehealth considerations
- Tuition relief opportunities
- Emerging providers
- Examining scope of practice

UTILIZING PHARMACISTS



- Integrating pharmacists into primary care
 - Embedded model
 - Virtual model
- Increasing reimbursement
- Scope of practice
- Recent state legislation

TELEHEALTH CONSIDERATIONS

- Broadband access
- Reimbursement
- Training for providers



TUITION RELIEF OPPORTUNITIES

- Loan repayment/forgiveness programs
- Scholarships
- Pathway programs
- State examples



ENGAGING PEER SUPPORT SPECIALISTS

- Mental health and/or substance misuse
 - Can facilitate support groups, teach peer recovery education and provide peer-run services
- Certification programs
 - State agency or board
 - Mental Health America, National Association for Addiction Professionals
- Increasingly, Medicaid will pay for peer support services



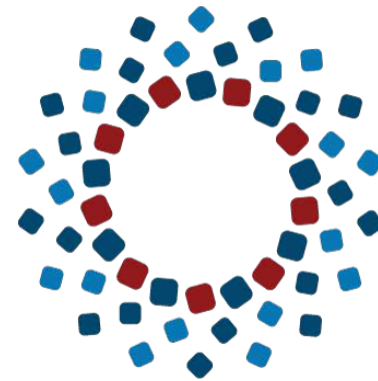
COMMUNITY PARAMEDICINE



- Trained to provide non-emergency services to patients in their homes or other community-based settings
- Scope of services
- Reimbursement challenges
- Certification programs

EXAMINING SCOPE OF PRACTICE

- Defined by statute and/or state boards of medicine, boards of nursing, etc.
- Policymakers balance increasing access through expanding providers' scope of practice, with ensuring patient safety and quality of care
- Recent state examples



SCOPE OF
PRACTICE POLICY

ScopeofPracticePolicy.org



NATIONAL CONFERENCE OF STATE LEGISLATURES

HEALTH AND HUMAN SERVICES WORKFORCE

“Employment in the health care and social assistance sector is projected to add nearly 4 million jobs by 2026, about one third of all new jobs.”

-BLR Employment Projections 2018



Thank you!

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Hawai'i's Health Workforce Needs & Opportunities

Hilton R. Raethel, M.P.H., M.H.A.
President and CEO
Healthcare Association of Hawai'i



Market Overview

- ▶ Current unemployment rate June 2019 of 2.8%
- ▶ Net out migration of residents in 2017 and 2018
 - ▶ Net loss of residents to other states
- ▶ Expensive market to live
 - ▶ \$93,000 or less is low income for family of four on Oahu
 - ▶ (\$75,500 on Maui, \$62,800 on Big Island, \$70,500 on Kauai)
 - ▶ \$65,350 low income for a single on Oahu
 - ▶ \$40,850 is very low income for a single on Oahu



Market Overview

- ▶ Least affordable housing market in country
 - ▶ Median home value in Hawai'i \$614,000 (July 2019)
 - ▶ Higher on Oahu (Median of \$835,000 in July 2019)
 - ▶ Lower on neighbor islands
 - ▶ \$461,000 median condo sale price on Oahu (July 2019)
- ▶ Average price of electricity for residential customers
 - ▶ 33.43 cents per kilowatt hour in Hawai'i
 - ▶ 13.32 cents in US
- ▶ No meaningful change in sight in foreseeable future in terms of housing or utility costs



Market Overview continued

- Teacher shortages (08/05/19)
 - 600 classrooms staffed by long term substitutes
 - Average national salary for teachers is \$61,000
 - Average Hawai'i salary for teachers is \$65,000
 - One of lowest salaries in nation if Hawai'i's cost of living is factored in
- Police shortages (07/28/19)
 - Without overtime, 35% of positions vacant
 - With (expensive) overtime, 20% vacancy rate
 - Base salary for police recruit \$64,000
- Healthcare shortages (08/05/19)
 - Queens Health System has 500 vacancies
 - 6 key positions - ER tech, instrument specialist, medical assistant, nursing assistant, physician practice assistant, and surgical technician




Healthcare Association of Hawai'i (HAH)

- Healthcare Association of Hawai'i a 501 (c)6 corporation
- Formed in 1939
- Represents over 170 organizations in Hawai'i
 - Hospitals, Long Term Care facilities, Home Health agencies, Hospices, Assisted Living Facilities, Adult Residential Care Homes, and others
- Advocacy
 - Legislative advocacy at state and national levels
 - Regulatory advocacy
 - Judicial Advocacy
 - Community Advocacy
- Healthcare workforce needs identified as member priority



Healthcare Workforce Initiative

- ▶ Collaborative effort
 - ▶ HAH member organizations across continuum of care
 - ▶ University of Hawai'i
 - ▶ Hawai'i State Center for Nursing
 - ▶ JABSOM/AHEC
 - ▶ Primary care representation
 - ▶ Partnership with sector partnership efforts led by Hawai'i Chamber of Commerce and University of Hawai'i
 - ▶ Project management by Jodi Hashimoto from SH Consulting LLC
- 



Healthcare Workforce Initiative

- Phase 1 – Supply
 - Identification of 76 non-physician patient care professions
 - Inventory of existing healthcare education and training programs in Hawai'i
 - Secondary and post secondary institutions and organizations
 - Certificate, under-graduate and graduate
 - Over 200 healthcare training programs offered by HAH members
- Phase 2 – Demand
 - Statewide survey of need/demand for the 76 professions
 - Number of filled and open full and part time positions
 - Turnover rate
 - Rating of difficulty to fill
 - Five year projection
- Report covering Phase 1 and 2 scheduled for released Aug 29
- Phase 3 – Next steps
 - Under development



Hawai'i Physician Workforce Status

Material from Kelly Withy, MD, PhD, MS

Director, Hawai'i/Pacific Basin Area Health Education Center

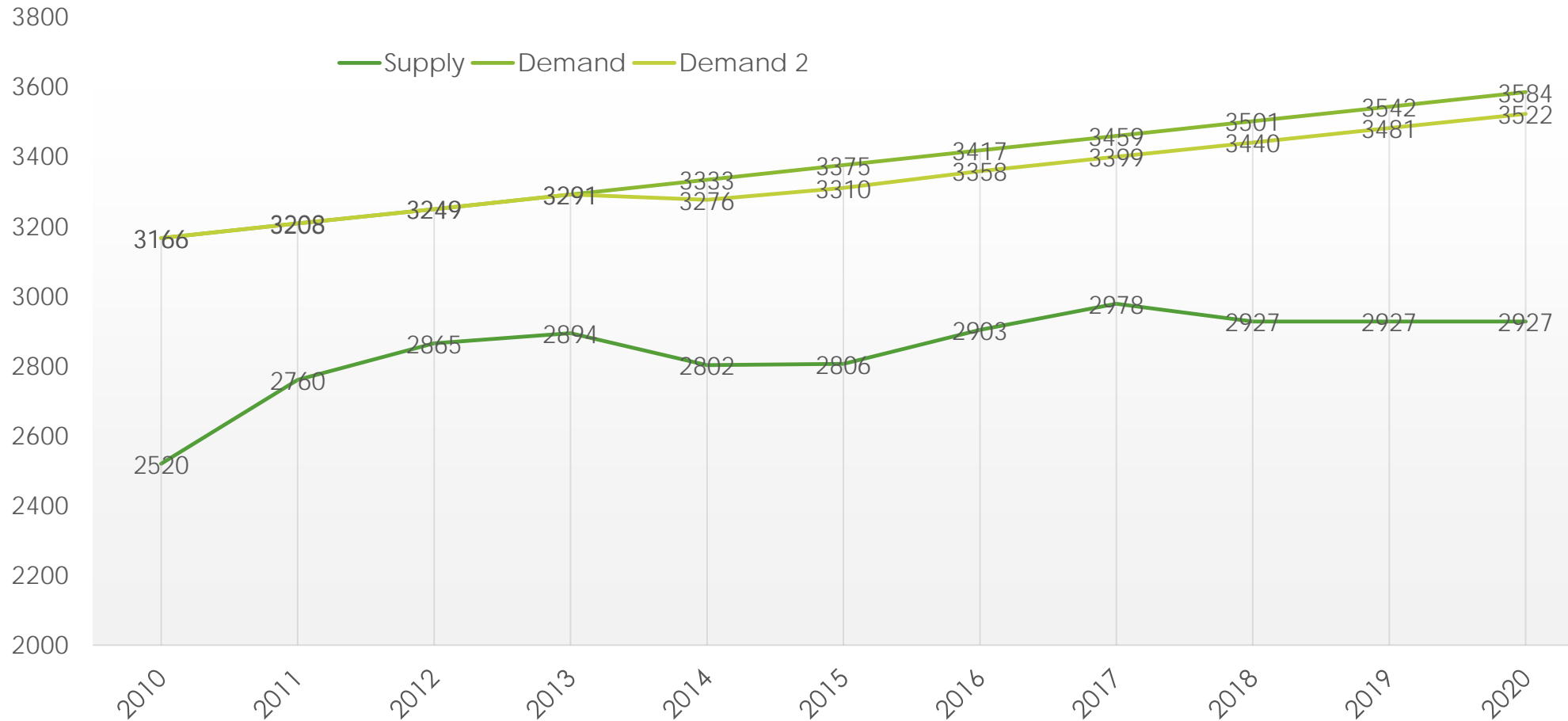
University of Hawai'i at Mānoa John A. Burns School of Medicine



Hawai'i Physician Workforce Status - 2018

- ▶ Current physician supply - 2,927 FTEs
 - ▶ 3,500 practicing
 - ▶ 10,000 licensed
- ▶ Decrease of 51 FTEs from 2017
- ▶ Shortage of 513 with basic calculations
 - ▶ 751 when you examine island and specialty specific needs
- ▶ Currently approximately 300 job openings

Physician Workforce Assessment...predicted





Other Statistics

- Percent of docs in groups of 5 or less
 - 54% in 2014
 - 52% in 2016
 - 50% in 2018
- Primarily employed
 - 56% in 2016
 - 54.5% in 2018
- Telehealth practice rose from 2% in 2014, to 15% in 2016, to 20.5% in 2018

Physician Shortage by Island (2018 - All Specialties)

	Oahu	Big Island	Maui County	Kauai	Statewide
Shortage	384	213	141	59	751
Percentage	17%	41%	34%	33%	22%

Physician Shortage by Island (2018 - Primary Care)

	Oahu	Big Island	Maui County	Kauai	Statewide
Shortage	157	47	44	16	260
Percentage	18%	25%	29%	24%	20%

Greatest Specialty Shortages by Island

Oahu

Infectious Disease
Pathology
Colorectal Surgery
General Surgery
Pulmonology
General & Family Practice

Maui County

Colorectal Surgery (100%)
Rheumatology (100%)
Neurological Surgery (100%)
Neonatal-Perinatal
Pathology
Infectious Disease

Big Island

Colorectal Surgery (100%)
Infectious Disease (100%)
Neonatal-Perinatal (100%)
Thoracic Surgery
Endocrinology
Pulmonology

Kauai

Infectious Disease (100%)
Endocrinology (100%)
Critical Care (100%)
Neonatal-Perinatal (100%)
Colorectal Surgery (100%)
Rheumatology (100%)



Hawai'i Nursing Workforce Challenges

Material from Laura Reichhardt, MS, APRN, NP-C

Director, Hawai'i State Center for Nursing

Insufficient Financial Support for BSN Education on Neighbor Islands

- More BSN-prepared RNs = Better patient outcomes
- 73% of Hawai'i's RNs have a BSN or higher; highest in the country
- BUT, lack of financial support for BSN education disproportionately affects neighbor islands

No on-island entry-to-practice BSN programs in Maui or Kaua'i Counties



Students exhaust federal financial aid during ADN program;
No \$ to complete RN-to-BSN



BSN disparity on neighbor islands:
Maui Co. = 55%
Kaua'i = 52%
O'ahu = 79%




Essential Clinical Education Opportunities for High-Demand Nursing Roles are Limited

- Schools of nursing and the workforce can respond to demand for specialty and primary care nurses:
 - 1 in 5 RNs planning a practice change will go into a high-demand specialty
 - In-state schools graduated ~80 specialty RNs and APRNs in AY '17-'18
- APRN Clinical Education
 - Nationally, 86% of NP programs reported increased difficulty in securing new sites and 78% reported difficulty maintaining existing sites.
 - Locally, more than 50% of graduate health programs reported limited enrollment as a result of limited clinical site availability.
- LPN and RN Clinical Education
 - 15% reduction in the available clinical placements in highest-demand nursing specialty which is equivalent to 30 student cohorts



Existing Health Service Payment Practices Do Not Provide Full Reimbursement for Nursing

- ▶ Medicaid and insurance reimburse at a lower rate for APRNs than physicians. The differential limits the primary care NP supply.
 - ▶ 86% of all NPs in Hawai'i are certified to provide primary care but only 58% work as PCPs
 - ▶ 8% of all primary care NPs are self-employed
- ▶ 1 in 8 RNs provides telehealth services though it is unclear how RN telehealth delivery will fit into value-based payment systems.



Nurses Practicing in Community-Based Settings Need Support with Leadership and Delegation

- Community-based care industries accounted for nearly half of job gain in health care and social assistance during the period [January 2010 – 2016] (Sullivan, 2016).
- 80% of care in community-based settings will be delivered by unlicensed assistive personnel (UAP) (Bragg, 2015).
- RNs are responsible for overseeing and delegating to UAPs and LPNs.
- Currently 14% of RNs report working in community-based settings. These nurses may need competency development in leadership and delegation.



UH *healthy* Hawai'i

UH's Commitment to a Healthier Hawai'i and Pacific

Aimee Malia Grace, MD, MPH, FAAP
Director of Health Science Policy
University of Hawai'i System
August 21, 2019



UH *Healthy Hawai'i*

- Initiative to **improve health and health care in Hawai'i and the Pacific by leveraging the UH System's health sciences programs** and forging meaningful collaborative partnerships.
- One of UH President David Lassner's top initiatives.
- Established through many listening sessions across the UH System and in the community.



Four Key Priority Areas

- Ensure a Robust Statewide Health Workforce
- Discover & Innovate to Improve & Extend Lives
- Promote Healthier Families & Communities
- Advance Health in All Policies

UH *healthy Hawaii*



UH Partners



Community Partners



Lieutenant Governor
Josh Green



Med-QUEST, DHS



An Independent Licensee of the Blue Cross and Blue Shield Association



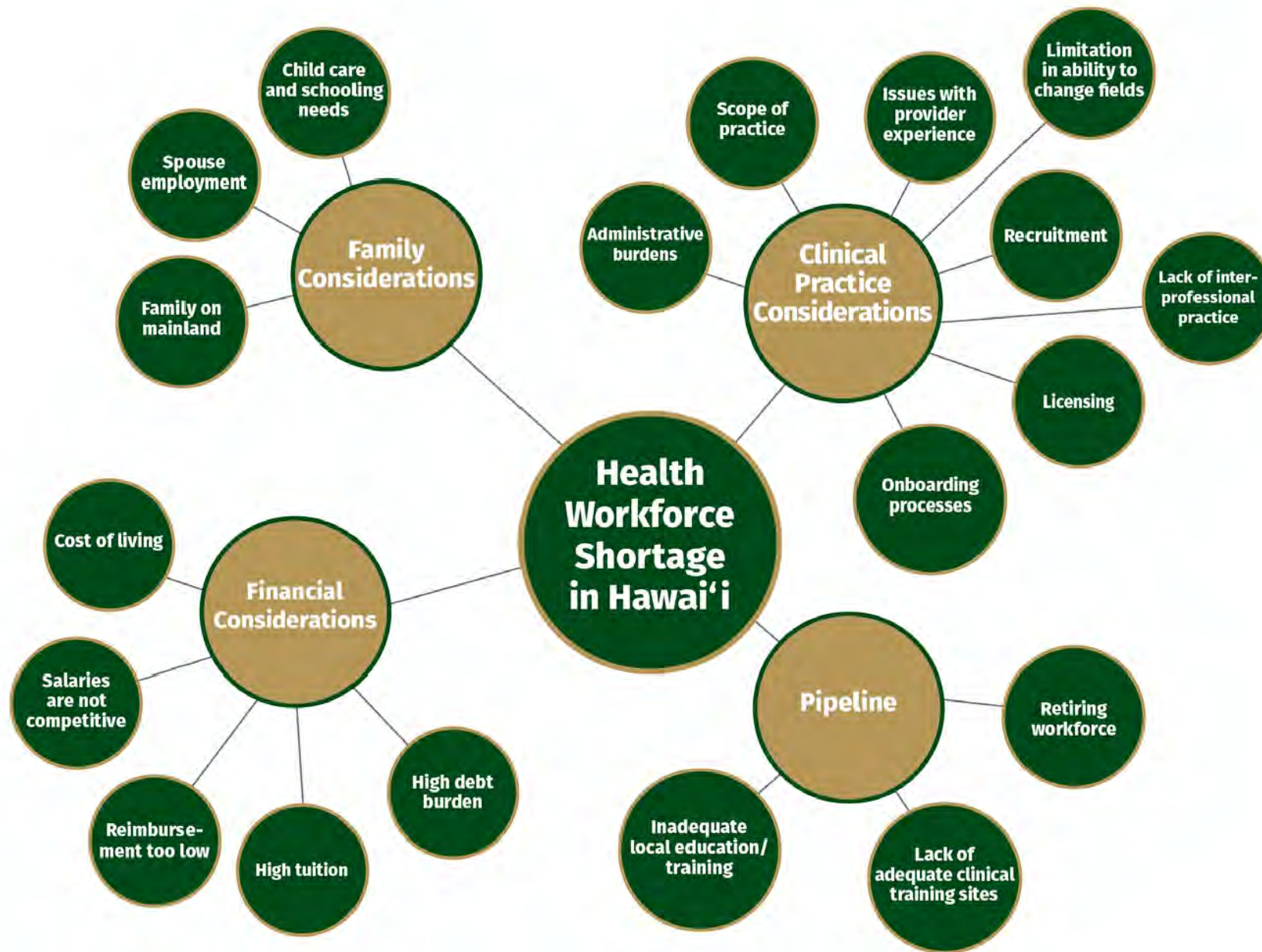
HAWAII APPLESEED
CENTER FOR LAW & ECONOMIC JUSTICE



Papa Ola Lōkahi



UNIVERSITY
of HAWAII®
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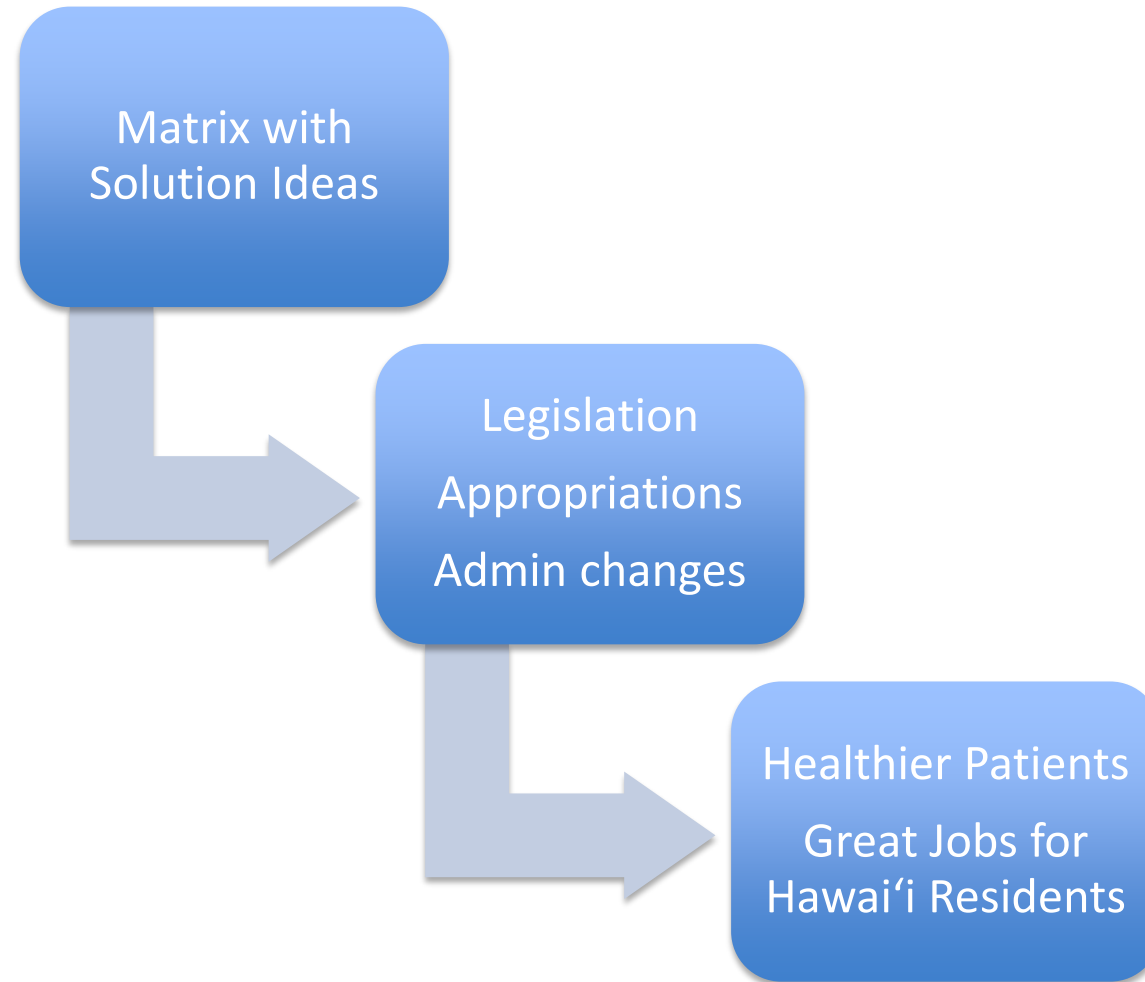


Menu/Matrix of Possible Solutions

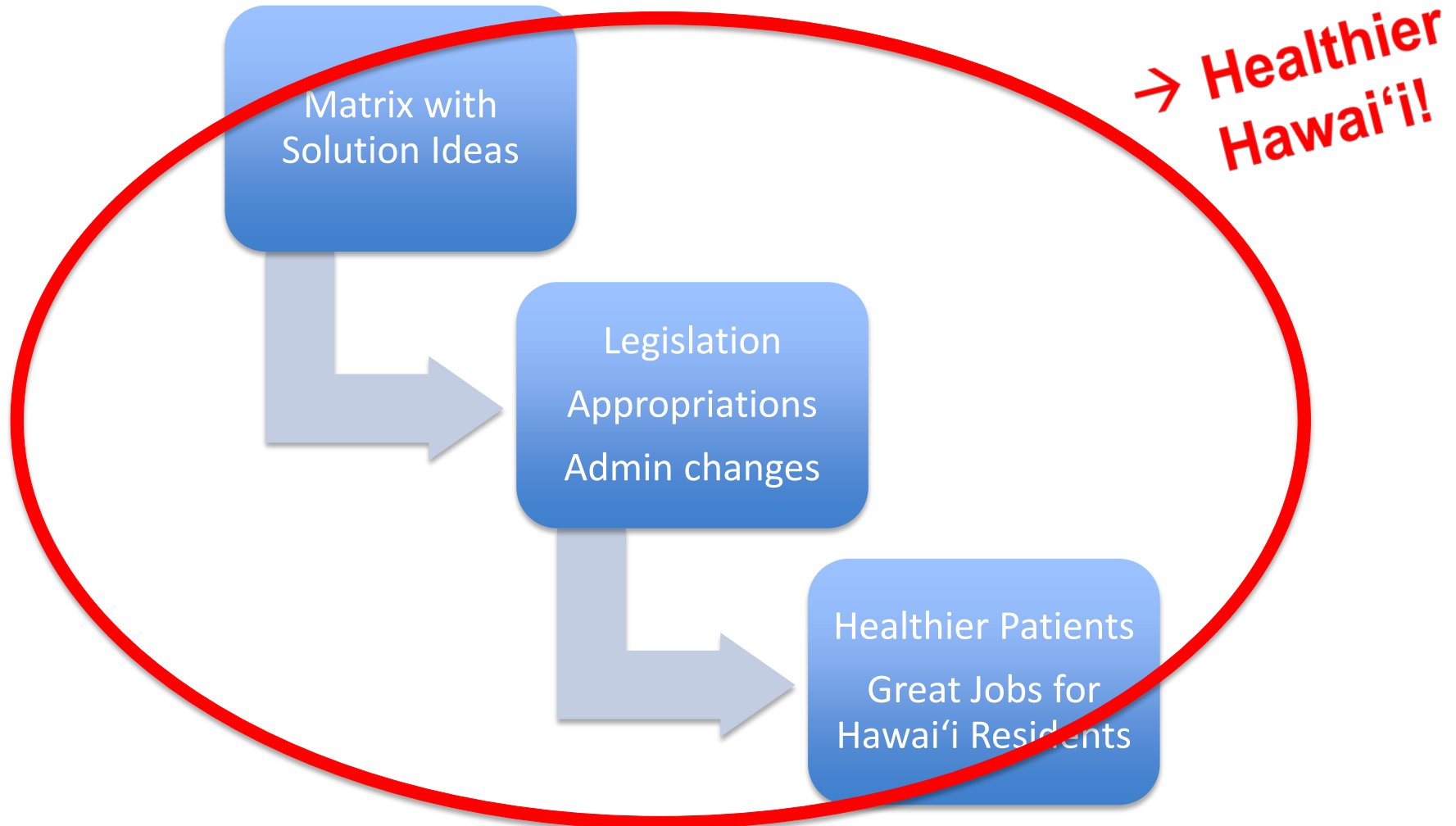
<u>Category</u>	<u>Aim</u>	<u>Specific Aim</u>	<u>How?</u>	<u>Details</u>	<u>Specific Details</u>	<u>Leaders</u>	<u>Cost</u>	<u>Funder?</u>
RECRUITMENT	Outreach to high school & college students for health science training	Host career fairs				Healthcare Ed & Training Alliance, HPH	\$10,000/yr	
	Decrease acute shortages in Hawai'i	Fill half of open physician positions	Launch aggressive statewide health provider recruitment campaign	Create statewide incentive packet → convert to recruitment website	Highlight existing benefits (i.e., state loan repayment) and new (i.e., home loans); put on JABSOM website	AHEC, Lt. Gov. Josh Green, Physician recruiters	TBD	AHEC
				E-blasts to JABSOM alumni every other month	Target outreach to different groups	AHEC, UH Alumni Assn	In-kind	AHEC
				Recruit-a-Doc	Start new program to incentivize doctors and their community-based recruiters	Aimee	\$200,000/yr	



Goals



Goals



Demonstration: Electronic Polling

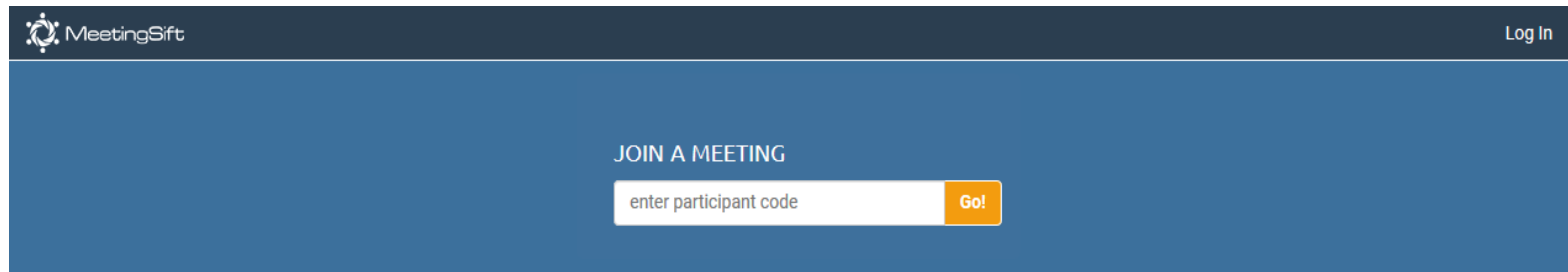
Anne Marie Smoke

Center for Alternative Dispute Resolution

Electronic Polling

To participate:

1. Go to **sift.ly** on your web browser.
(<https://secure.meetingsift.com>)

A screenshot of the MeetingSift website's 'JOIN A MEETING' interface. The page has a dark blue header with the MeetingSift logo on the left and a 'Log In' link on the right. Below the header, the text 'JOIN A MEETING' is centered. Underneath, there is a white input field with the placeholder text 'enter participant code' and an orange 'Go!' button to its right.

2. Enter meeting code **Health2019**
3. Click Go!

Your responses will remain anonymous. Ranking will be shown in real-time, so please do not let it influence your ranking selections.

***These are straw polls...
not a legislative vote!***

*Note: If you do not have an electronic device,
please let the facilitator know.*

Potential Solutions to Entry Level Health Workforce Challenges

Carl Hinson, Director of Workforce Development, Hawai'i Pacific Health

Dr. Timothy Roe, President & CEO, REHAB Hospital of the Pacific



Recalibrating the Healthcare Workforce Pipeline

- Current entry to the workforce requires additional education beyond High School
 - For-profit programs and schools
 - Community College – Certificates, Associates
 - Universities – Undergraduate and Graduate degrees
- Shift training requirements for many entry level positions to the High Schools to create a direct entry to the workforce upon graduation.

Programs Appropriate for High Schools

(As a starting point, this is not an exhaustive list)

- Nurse Aide/Certified Nursing Assistant (CNA)
- Medical Assistant
- Patient Services Representative
- Medical Laboratory Technician
- Phlebotomy
- Coding
- Billing
- Surgical Instrument Processing
- Surgical Technologist
- Emergency Medical Technician (EMT)
- Pharmacy Technician

Entry Level Solutions

High Schools	Community Colleges	Universities
Strengthen and Expand the Health Academy Model	Push certificate programs to the high schools.	Modify offerings to accommodate more adult learners
Expand early college and certificate programs	Increase focus on working adult learners with evening, weekend and on-line offerings	Recognize credits earned in high school and community college
Earn college credits to jump start Associates/Bachelors programs	Recognize credits earned in high school	Timely modification of curriculum and enrollment to respond to changing industry needs.

Industry collaboration

- Recognized programs
- Internships/externships/clinical placements
- Consistent/timely workforce demand data

Rank These Four Solutions

Go to: sift.ly

Room Code: Health2019

- **Strengthen and expand the Health Academy Model** to additional high schools across the state.
- Continue the **expansion of industry-recognized certifications, credentials and Early College credits** offered by High School Health Academies.
- **Community Colleges** shift focus from traditional offerings to programs designed for **working adult learners** (evening/weekend/online)
- Develop a system at the Bachelor's degree level for the **timely modification of curriculum and enrollment to respond to changing industry needs.**

Potential Solutions to Nursing Workforce Challenges (LPN, RN, APRN)

Laura Reichhardt

Director, Hawai'i State Center for Nursing



Current Activities by Nursing

- ✓ Preceptor Tax Credit
- ✓ Achieved full scope of practice authority for APRNs
- ✓ Expansion of doctoral nursing programs
- ✓ Centralized Clinical Placement Support
- ✓ Statewide Nurse Residency Program
- ✓ Academic Progression in Nursing initiatives
- ✓ Robust nursing workforce research



Solution: Improve Nursing Education Access

Develop scholarships/loan repayment for nurses to improve access to nursing care

- Provide scholarships/loan repayment for nurses to complete their BSN year
- Endow full scholarships for APRN DNP students with commitment to primary care practice in Hawai'i

Innovate nursing curriculum to meet future care delivery models

- Fund primary care and population health curricula



Solution: Innovate Recruitment and Retention Initiatives for High Demand Roles

- Improve access for certified test taking on neighbor islands (CNA, RN, APRN)
- Establish organizational incentives/ onboarding cost offset
 - Create insurance value-based care benefit for operating residency programs
 - Create reimbursement strategies for precepting (i.e. a billable code)
- Support development of state-wide collaborative education bridge or post-licensure residency programs
 - Develop residency models for high demand nursing roles (home health, long term care, intensive care, emergency room, primary care NP)



Solution: Provoke Practice Transformation

- Improve RN support for oversight and delegation to unlicensed assistive personnel (e.g. CNA, HHA, SHA)
- Invest in future leadership development



Solution: Initiate Payment Transformation for the Health Care Delivery Model of the Future

- Expand telehealth to RNs
- APRN Payment Transformation
 - Medicaid reimbursement at 100% Medicare rate for all providers and
 - 100% physician reimbursement rate for APRNs and PAs
 - Primary care reimbursement differential

System Wide Solutions – Linking Strategies

Increase access for certified test taking on neighbor islands for all licenses/certifications

Potential to benefit additional licensees

Create an interprofessional leadership fellowship

Needed for all healthcare leadership

Expand telehealth workforce

Aligns with state priorities

Payment transformation

Improves health care access provided by all providers

Investing in clinical education

May support clinical education for broad array of health care roles

Rank These Four Solutions

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- Improve **nursing education access**
- Innovate **recruitment and retention initiatives** for high-demand roles
- Provoke **practice transformation**
- Initiate **payment transformation** for the health care delivery model of the future

Potential Solutions to Physician Workforce Challenges

Dr. Kelley Withy

Director, Hawai'i/Pacific Basin Area Health Education Center
University of Hawai'i at Mānoa John A. Burns School of Medicine

Dr. Michelle Mitchell, Hawai'i Family Health

Dr. Galen Chock, American Academy of Pediatrics-Hawai'i Chapter

Dr. Inam Rahman

Potential Solutions to Physician Workforce Challenges

- We are **short 800 doctors**, with the biggest shortages on neighbor islands such as Big Island where it is a 42% shortage!!!
- We've started LOAN REPAYMENT and PRECEPTOR TAX CREDIT!
- WE MUST DO MORE!!

Solution: Rural/Neighbor Island Training Hub

- Expand dedicated UH JABSOM faculty to each site (6 clinician educators)
 - Oversee JABSOM physician pipeline program locally
 - Teach JABSOM preclinical education for years 1 and 2 at rural site
 - Oversee JABSOM clinical learning environment in partnership with local practices and health system(s)
 - Coordinate inter-professional preceptor program
 - Contribute to local clinical physician workforce
 - Serve as core instructors for rural resident rotations
- Attain **teaching space**, computer resources/distance learning in local UH campus, health system(s) and clinical practices
- Secure **student housing** and local transportation
- Attain **inter-island transportation** support for rotating learners and capitalizing on unique resources at Kaka'ako campus

Solution: Tuition relief for payback

- JABSOM has 19 **full scholarships** this year (out of 77 students), 14 of them require practice in Hawai'i after graduation.
 - State investment in full scholarships with Neighbor Island practice commitment post residency/fellowship completion (year for year)
- **In-state tuition for contracted out of state students**
 - State investment with a contractual commitment to practice in Hawai'i post residency/fellowship completion (year for year)

Solution: Create physician retention and recruitment expert

- **One-stop web-site** and flyer for docs – provides all info about practicing in Hawai'i
- Coordinate **assistance with moving to Hawai'i**, spousal employment, finding resources
- Set up **local doctors or provider meetings**/community action groups/mixers/dinner groups
 - Could be a component of Rural – Neighbor Island training hub program

Solution: Payment Reform Working Group/Task Force

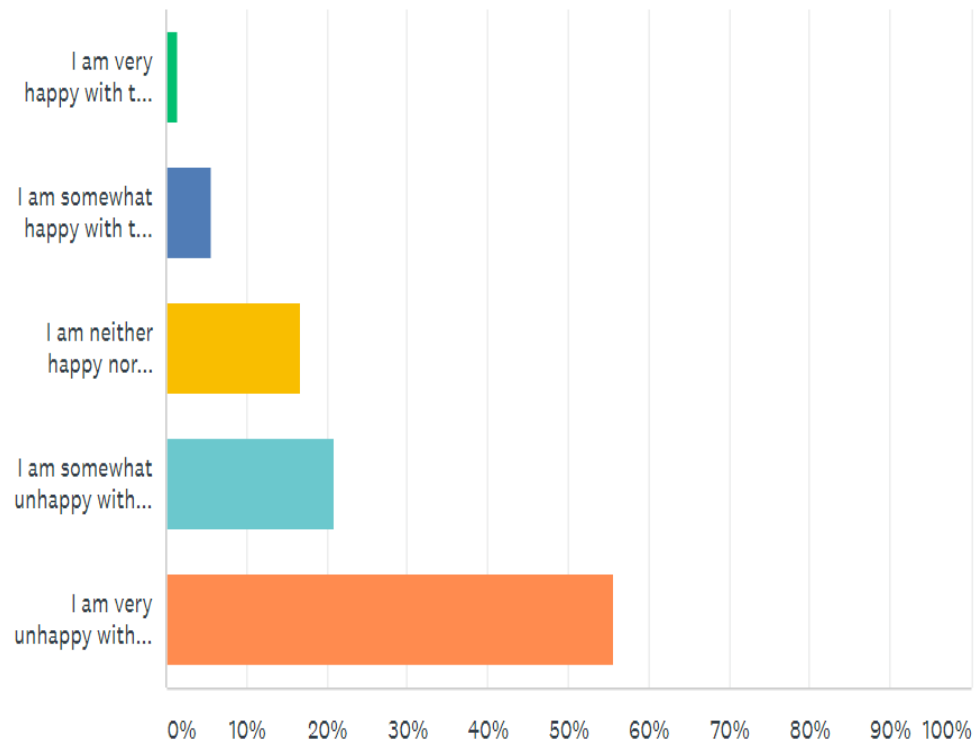
- **Convene** physicians, insurers, insurance commissioner, legislators to improve patient care and physician retention
 - **Maximize physician ability to support patients!**
- Lots of ideas:
 - Increase Medicare reimbursement (Alaska as example)
 - Decrease 'paperwork' burden
 - Introduce rural pay differential
 - And many more

Payment Transformation Survey

- 144 responses from doctors in Hawai'i, still open for input at: <https://www.surveymonkey.com/r/YRVS65S>

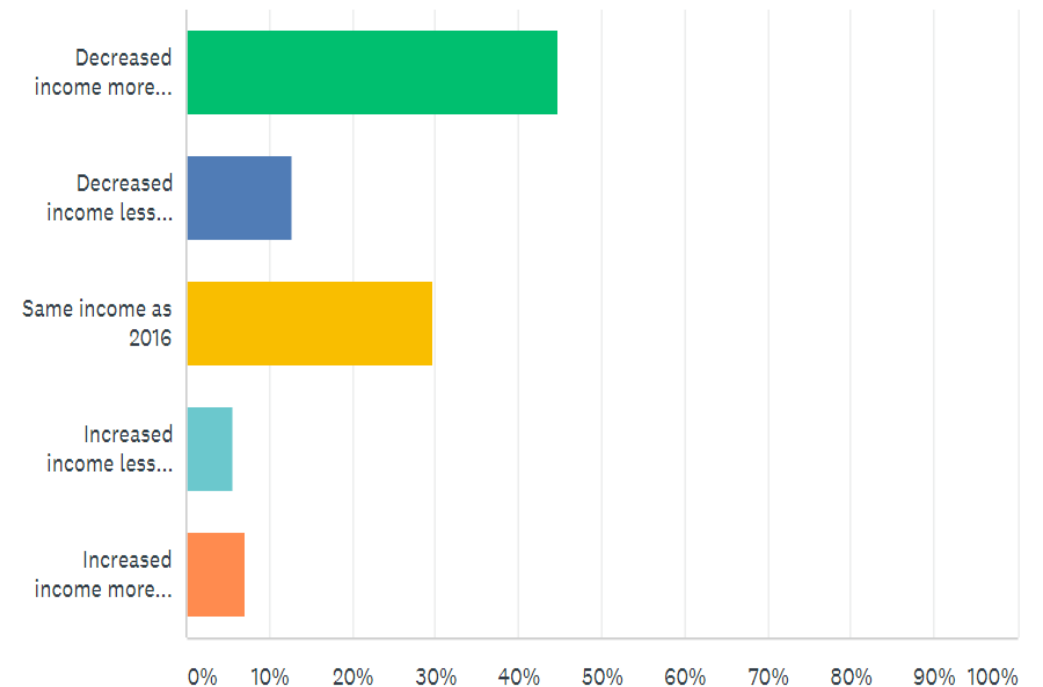
How do you feel about Payment Transformation in Hawaii

Answered: 144 Skipped: 0



Has Payment Transformation changed your income compared to 2016?

Answered: 141 Skipped: 3



Physician Voice

Galen Chock, MD

Representing American Academy of Pediatrics,
Hawai'i Chapter

Physician Voice

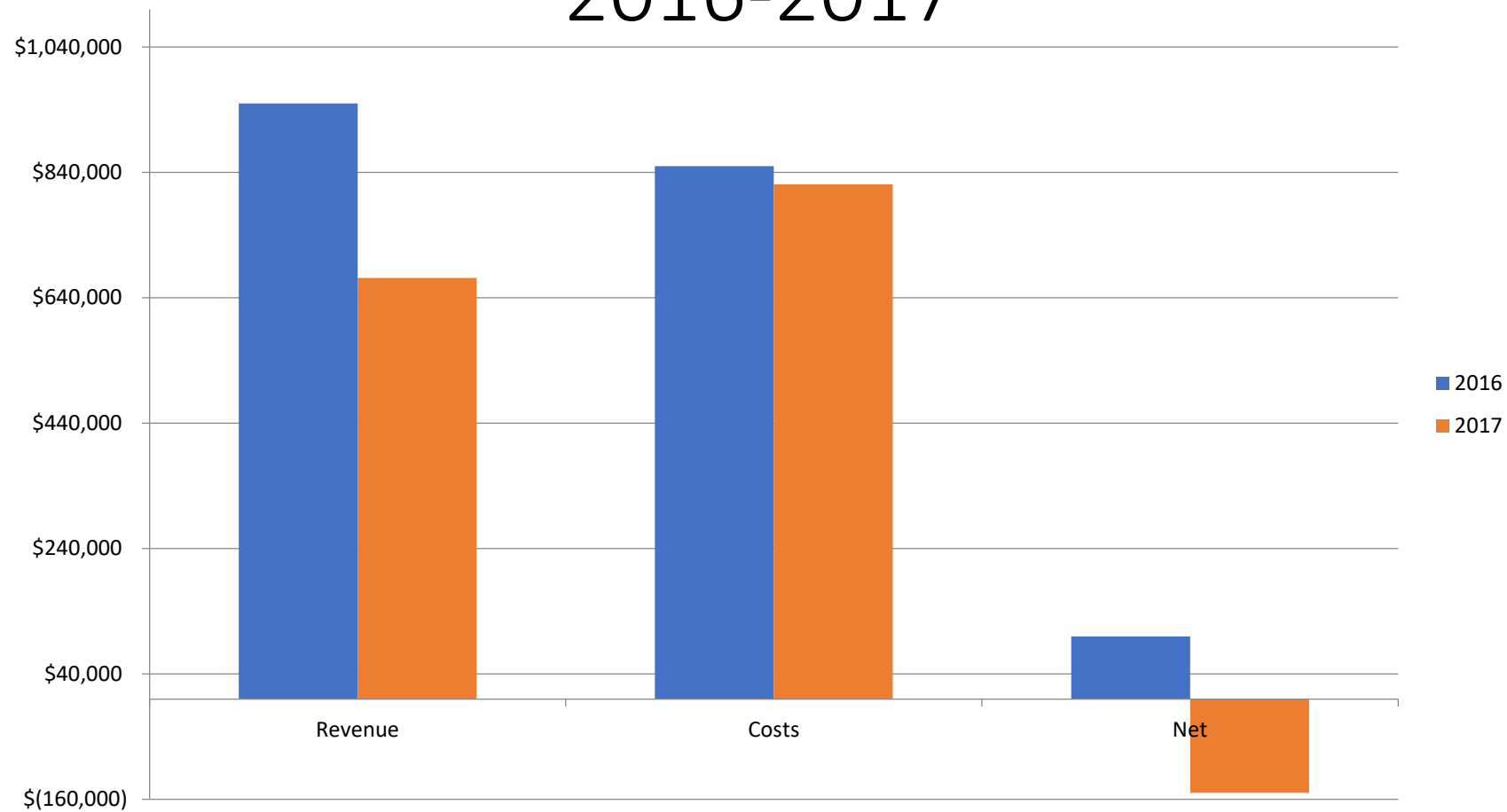
Inam Rahman, MD

Past president, Hawaii Medical Association &
Honolulu County Medical Society

Michelle Mitchell, MD. Hawai'i Family Health

Hawai'i Family Health Costs / Revenue

2016-2017



Other doctor quotes

- “As you know every major decision in our lives is multi-factorial. After 20 years of practicing medicine in Hawaii, I am leaving. It wasn’t the only factor, clearly, but payment transformation and the very negative environment for a primary care physicians played a large part in my decision.”
- “I haven’t paid myself in 3 months. I don’t think we’re going to survive payment transformation.”

Rank These Four Solutions

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- Rural/Neighbor Island Training Hub
- Tuition relief for payback
- Create physician recruitment and retention expert
- Payment reform working group/Task Force

Potential Solutions to Social Work Workforce Challenges

Dr. Colette Browne

Chair, Social Work Department

University of Hawai'i at Mānoa

Myron B. Thompson School of Social Work

Context: Social Work Profession

- Social workers
 - Bachelor, master, and doctoral trained professionals who address social determinants of health; e.g., poverty, substance abuse, child protection, behavioral mental health, elder care
- One of the fastest growing occupations nationally—19% from 2012-2022



Current MBT SSW Workforce Initiatives

- Increased focus on **Student Enrollment Management** (recruitment & retention) across all levels of our curriculum
- Increased focus on **student scholarships and stipends** across all levels of students—BSW, MSW, PhD
- **Distance Education** (DE) Option for MSW students expanded to BSW Program
- Strong **collaborations** with DHS & DOH in research & training in Child Welfare, Substance Abuse
- Stronger integration with other health disciplines in **interdisciplinary research**:
 - Ola Hawai`i, RMATRIX, Hā Kūpuna

Solution: Expand Instructional Faculty

- MBT SSW has 10 Instructional faculty for 300+ students, campus and DE option
- **State-funded additional faculty lines:**
 - expand and strengthen **both campus program and DE option** to address rural communities and neighbor islands
 - focus on growing (**health, gerontology, behavioral mental health**) and unmet (**Substance Abuse Disorders [SUDS], veterans, immigrant**) needs

Solution: Expand Tuition for “Payback” Programs

- DHS provides funding to reimburse tuition for 10+ MSW students who, after graduation, will work for DHS in Child Welfare for designated # of years
- Expand similar programs in
 - Health, gerontology, behavioral mental health
- State investment for **free tuition** for Hawai`i residents with contractual agreement to provide SW in Hawai`i for 2 years
- State investment for **in-state tuition** for a contractual commitment for non-Hawai`i students to provide SW in Hawai`i for 2 years

Solution: Strengthen/Expand Social Work Enrollment Management

- Create and hire (1) faculty position to expand student enrollment management in Social Work.
 - New state-funded hire to focus on all aspects of enrollment management (e.g., student recruitment & retention, web, and data management)
 - Focus on state pipeline with high school and college students for both campus and DE option
 - Increase # of scholarships—Department of Social Work currently has 12 scholarships for BSW/MSW students

Solution: Expand Social Work participation in UH Health Sciences Interprofessional Education (HIPE)

- Create and fund one (1) state-funded SW faculty position to serve as the designated MBTSSW lead faculty in SW-HIPE
- Leverage existing interprofessional training initiatives funding through SAMHSA and HRSA
- Develop HIPE training programs for SW and other faculty/staff and community partners
- Fund technology equipment for the MBTSSW Simulation Room for HIPE and other trainings to increase access and outreach to rural communities on Oahu and neighbor islands

Rank These Four Solutions

Go to: sift.ly

Room Code: Health2019

- Expand **instructional faculty** for all islands (both campus instruction and distance education option)
- Expand **tuition relief** for “payback” programs
- Strengthen/Expand **Social Work Enrollment Management**
- Expand support for Hawai`i **Interprofessional Education (HIPE)**



Potential Solutions to Behavioral Health Workforce Challenges

Eddie Mersereau

Deputy Director, Behavioral Health

Department of Health

Solution: Expand Workforce Training Opportunities

- Build **workforce training opportunities** into the system of care by creating opportunities for fellowships, internships and practicum placements within the workforce:
 - Hawai'i CARES/UH SSW
 - JABSOM Fellowships

Solution: Recruitment

- Fully utilize options and tools available from Department of Human Resources Development (DHRD) for **hiring the best and brightest** from strategy #1:
 - Recruit below grade
 - RAM/HAM
 - Flex hire

Solution: Invest in Telehealth and Project ECHO

- Invest in **telehealth and ECHO** to support Hawai'i's rural communities and those that work in them:
 - Opportunities for licensure and ongoing CE within those communities
 - Increased sense of connectivity

Rank These Three Solutions

Go to: sift.ly

Room Code: Health2019

- Build **workforce training opportunities** into the system of care by creating opportunities for fellowships, internships and practicum placements within the workforce.
- Fully utilize options and tools available from Department of Human Resources Development (DHRD) for **hiring the best and brightest** from strategy #1.
- **Invest in telehealth and ECHO** to support Hawai'i's rural communities and those that work in them.

The Role of Public Health in Addressing Health Care Access and Workforce Development

Bruce Anderson, PhD

Director of Health

Hawai'i Department of Health



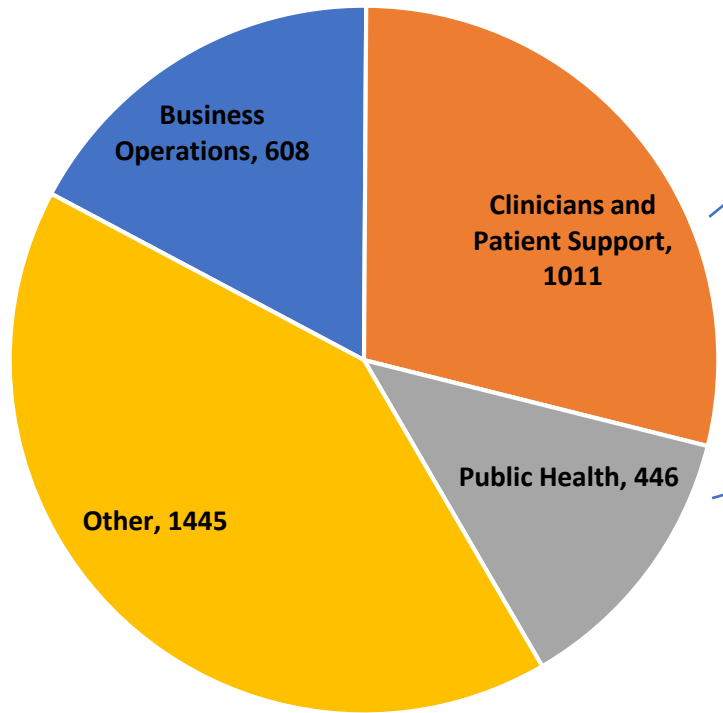
Roles of the Department of Health

- Employer
 - Public health
 - Clinicians
 - Technicians and allied health professional
- Regulator
 - Federal designations (Health Professional Shortage Area, etc.)
 - Facility licensing
- Provider
 - Provider of “last resort”
 - Consent decrees
 - Forensic encumbrance and legal status



The Public Health Workforce

Approximate DOH Staff Count = 2,800



■ Business Operations ■ Clinicians ■ Public Health ■ Other

- Clinicians and Patient Support
 - Physician 24
 - Nurse Practitioner 3
 - Public Health Nurse 68
 - Oral Health 12
 - Behavioral Health 842
 - Laboratory 62
 - Various technicians and admin staff
- Public Health
 - Epi/Statistician 83
 - Environmental Health 294
 - Health Educator 31
 - Nutritionist 19
 - Preparedness 19







DOH as Strategic Partner for Solutions

- SB1246 SLH 2019 created the State Telehealth and Health Care Access Coordinator
- Successful collaboration with the UH system and JABSOM on workforce policy like the preceptor tax credit, state loan repayment programs, and residency program support
- Collaboration with Hawai'i Department of Labor and Industrial Relations Healthcare Workforce Advisory Board
- Better alignment with the UH Office of Public Health Studies to match curriculum with job opportunities
- Interns, mentorship, and practicum opportunities

Rank These Three Solutions

Go to: sift.ly

Room Code: Health2019

- Expand **interprofessional education curriculum**
- Establish **industry or statewide position description standards** to maximize recruitment potential for both private and public sectors
- Invest in **telehealth** to extend the reach of public health services, including professional development

Potential Solutions to Optimize Hawai`i's Health System

Dr. Aimee Grace

Director of Health Science Policy

University of Hawai'i System

Goals to Optimize Health System

- Team-based, interprofessional care where all professionals work at the **top of their licenses**.
 - Better use of certain professionals, especially those we produce in Hawai`i.
- Make best use of **current technology**.
- **Match** industry needs with academic offerings.
- Efficiencies so that **patients** get the right care at the right time, and **Hawai'i residents** get fulfilling health sector jobs.



Solution: Utilize Pharmacists Better

- Pharmacists are highly-trained providers that can be better integrated into primary care practices for high-quality chronic disease care.
- Beyond Longs...
 - Better outcomes for patients → healthier community
 - Potentially lower costs
 - Free up PCPs to see more patients
 - Patient safety
 - Expand interprofessional, team-based care
- **Improve reimbursement for pharmacist services through new task force.**





Solution: Expand Telehealth Workforce



- Consistent with the **State DOH** Telehealth Strategic Plan
 - Strong laws on the books. Broadband access also needed!
- **Health provider recruitment, training, & retention**
 - Outreach flyers & events, training webinars, technical assistance
 - Other tech and admin support: billers/coders, technical staff
 - Community Health Workers: Telehealth training
- **Training of health sciences students**
 - Development of curricula in telehealth and data science/analytics
- **Consumer engagement**
 - Increase awareness and demand through public campaign/s

Solution: Establish a Physical Therapy/ Occupational Therapy Program

- High PT/OT needs across the state, particularly with an aging population
- HPU is considering an online accelerated hybrid program
- UH System currently exploring creating a Physical Therapy/Occupational Therapy program
 - Synergy with UH Mānoa Kinesiology & Exercise Sciences
 - UH West Oahu vision for Interprofessional Clinical Training Center
- Investment in UH PT/OT program

Solution: Advance Interprofessional Training & Services

- UH Health Sciences programs have a Hawai`i Interprofessional Education (HIPE) Work Group
 - Infrastructure for cross-disciplinary faculty time & initiatives
- UH West Oahu interested in creating **Interprofessional Clinical Training Center**
 - Provide clinical training opportunities for students & clinical services for Oahu's residents
 - i.e., Respiratory care, dental hygiene, PT/OT assistants
 - Invest in planning for establishment of Interprofessional Clinical Training Center

Rank These Four Solutions

Go to: sift.ly

Room Code: Health2019

- Utilize **pharmacists** better
- Expand **telehealth** workforce
- Establish a **Physical Therapy/Occupational Therapy** Program
- Advance **interprofessional** training & services

Potential Solutions to Shared Health Workforce Challenges

Jean Schneider

Associate Director, Sector Partnerships

University of Hawai'i System

How can we get more students and job seekers into healthcare careers to meet industry needs and the healthcare needs of our state?

Healthcare Sector Partnerships

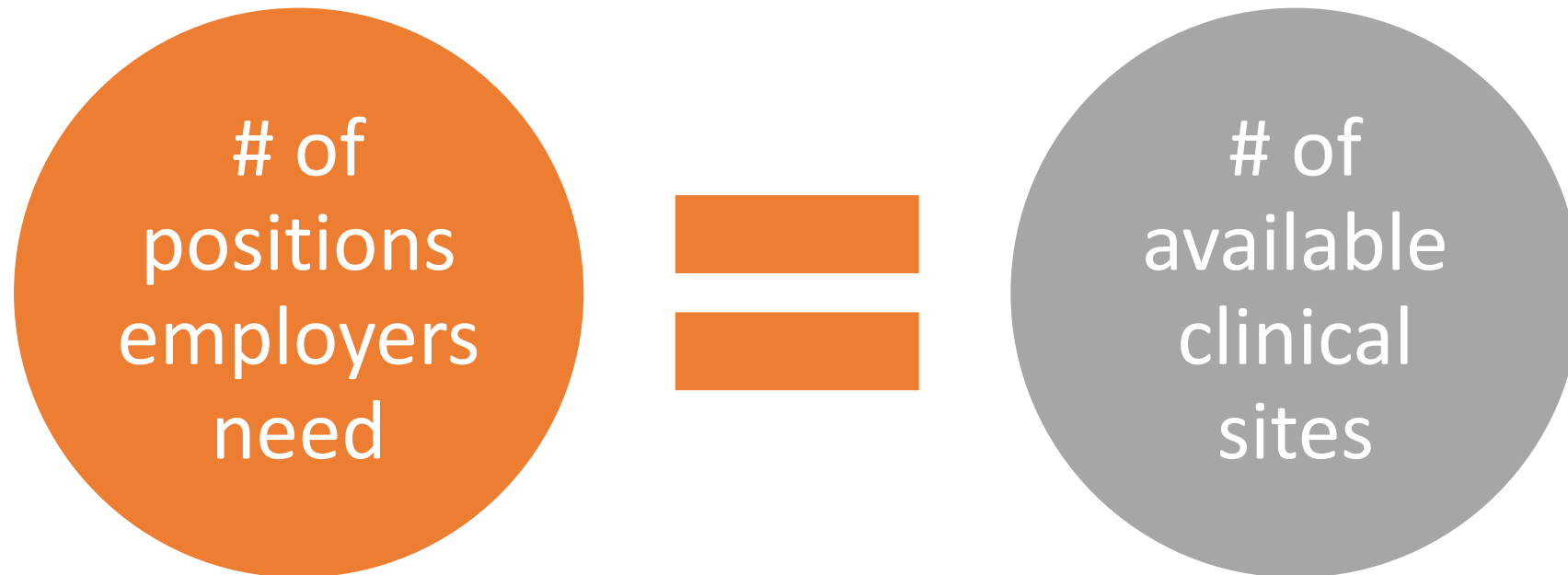
Industry-led forum where healthcare leaders collaborate on shared opportunities and challenges – issues that cannot be adequately solved by individual organizations

Support partners – education, workforce development, economic development, and other industry stakeholders – collaborate to leverage resources, services, and initiatives to align with industry needs

Solution: Clinical Sites Coordination - context

- Physicians, nurses, technicians, allied health – all positions delivering licensed patient care – **require clinical training/rotation.**
- Some employers may be over-solicited for clinical placements of students in their facilities, while other employers may have greater availability.
- **Education and training programs sometimes struggle to effectively make these placements, and cannot expand training to more students without more clinical placement sites.**

clinical sites coordination needs to bridge what employers need and what education & training can produce



Solution: Clinical Sites Coordination

- Create a **working group: employers (clinical placement coordinators) + education/training providers** to pursue a solution and collaborative process
- Consider expanding on the Hawai'i State Center for Nursing's **Centralized Clinical Placement System**
- **Invest in staffing and infrastructure** needed for clinical sites coordination

Solution: Statewide Healthcare Career Counseling

Coordinated effort to **train/provide continuous professional development to healthcare counselors and instructors --**

- Hawai'i DOE public & charter schools
- Kamehameha Schools
- Private Schools
- Chaminade University
- Hawai'i Pacific University
- Hawai'i Medical College
- UH community colleges & 4-year institutions
- Other education stakeholders

Support a **network of healthcare career counseling specialists** who utilize labor market data, industry demand, and other sources to guide students into healthcare careers

Solution: Statewide Healthcare Career Counseling, cont.

Opportunities: weave together and scale existing efforts

Advising

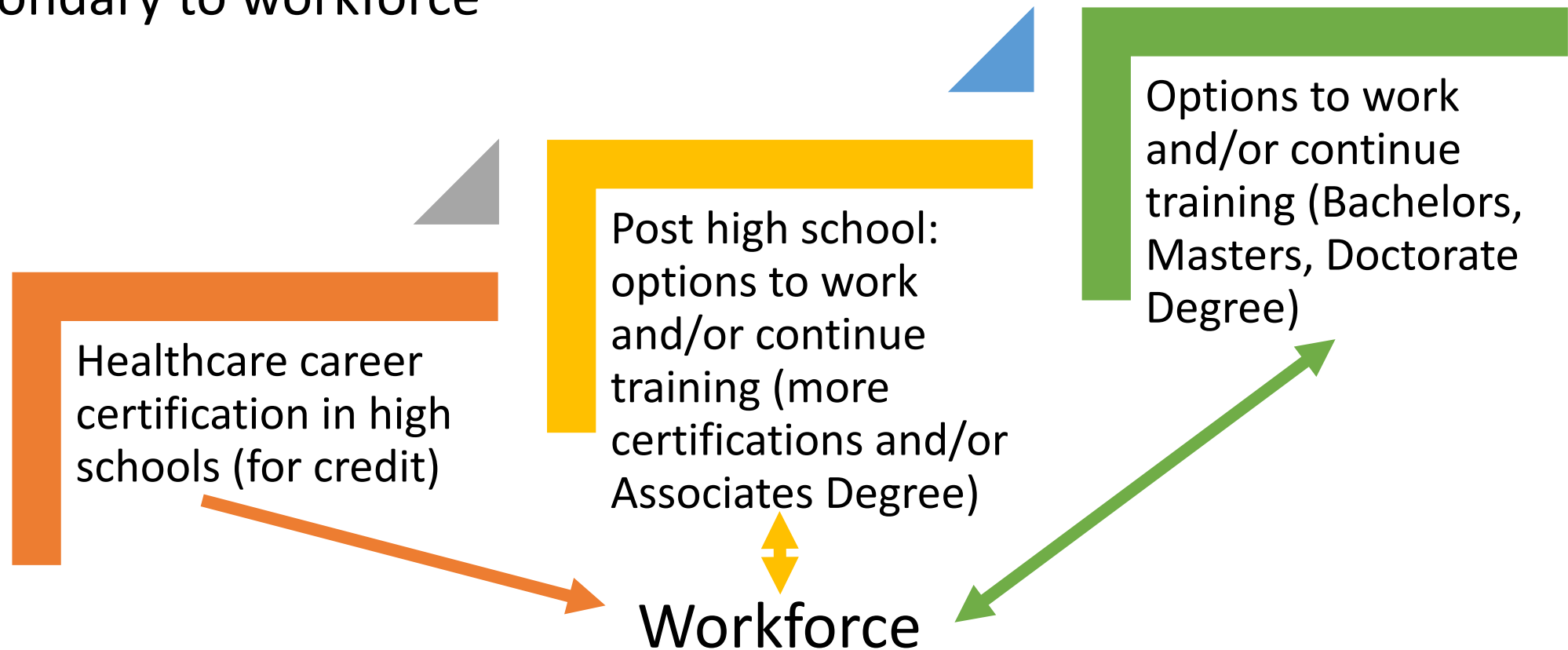
- Hawai'i/Pacific Basin Area Health Education Center
- Pre-Health Advising Center at UH

Labor Market Data

- Healthcare Assn of Hawai'i Workforce Initiative Demand Survey
- Department of Labor & Industrial Relations
- Hawai'i Career Explorer

Solution: Identify Early Healthcare Career Pathways

- Prioritize high demand careers
- Coordinate pathways, curricula, credits across high school to post-secondary to workforce



Solution: Identify Early Healthcare Career Pathways

Opportunity: Hawai'i Pacific Health Medical Assistant Training Pilot in the high schools

Support staff to coordinate early healthcare career pathways

Rank These Three Solutions

Go to: sift.ly

Room Code: Health2019

- Coordinate **clinical sites**
- Develop **healthcare career counseling**
- Identify **early career pathways**

Final Poll Question

**What gives you the most hope for
Hawai'i's health workforce?**

(Please describe in 1-2 words)

Summary of Identified Priorities

Senator Rosalyn Baker & Representative John Mizuno
Kate Blackman & Sydne Enlund , NCSL

Closing Remarks

Dr. Peter Adler, ACCORD 3.0

Next Steps

- *Reminder of today's purpose: Engage community in developing priorities for potential solutions to Hawai'i's health workforce challenges.*
- Index cards are for audience comments/questions.
- Please sign up for the listserv (on sign-in sheet) to join in future discussions.
- Continue the conversation!

Mahalo!

Thank you for coming,
and to Senator Baker and Representative Mizuno for hosting!

E ola kākou!

**SENATE CPH/HOUSE HLT INFORMATIONAL BRIEFING
HAWAII'S HEALTH WORKFORCE DEVELOPMENT FOR THE 21ST CENTURY
ADDITIONAL TESTIMONY
August 21, 2019**

Sydne Enlund – National Conference of State Legislatures

Hello everyone. My name is Sydne Enlund and I am a health policy specialist in the health program at the National Conference of State Legislatures in Denver, Colo. I am so glad to be in Hawaii today to provide you all a high-level national overview of some of the trends we have seen in the states relating to health care workforce. I want to thank Representative Mizuno and Senator Baker for inviting us here today.

Five of the 10 fastest growing occupations are in the health sector. Home health aides, personal care aides, physician assistants, nurse practitioners, physical therapist assistants. This means states need to fill these workforce needs.

The American Association of Medical Colleges projects a physician shortfall of between 42,000 and 121,000 by 2030. The demand for health care services is projected to rise over the next ten years due largely to population growth and aging and the population of those aged 65 and over is projected to grow by 50 percent. There are not enough practitioners to fill the gap left by retiring physicians and physicians aged 55 to 64 make up 27 percent of the active workforce. Students are more likely to stay in area where they did their residency and more residencies are concentrated in urban areas. There has been a declining interest in primary care as a large majority of students are entering specialty care as reimbursement rates for specialty care tend to be much higher compared to primary care. There is also a trend of health care providers working fewer hours per week resulting in fewer patients being seen.

These are a few of the topics I will be talking about today. This list is not all encompassing. These are just a few of the many trends we are seeing in states. NCSL's Education and Employment, Labor and Retirement programs have information on sector partnerships, credentialing and opportunities for adult learners. I am happy to connect folks to them as needed.

Pharmacists are increasingly being used in a primary care setting working closely with a physician. Pharmacists bring a unique expertise and can take the work load off the doctor. Utilizing pharmacists may help improve access to care in rural areas as they can help manage chronic conditions (e.g., blood pressure, diabetes), medications and ensure patient adherence.

There are two models. The embedded model has the pharmacist working on site in the physician's office. The virtual model has pharmacists working at an independent pharmacy. Currently there is a patchwork on how doctors pay for a pharmacist. Some use performance incentive payments and others use their administrative overhead. It takes about 3-5 doctors to support 1 pharmacist.

States have been looking at increasing scope of practice requirements to allow pharmacists to independently prescribe certain items such as tobacco cessation drugs, contraception, naloxone and provide immunizations. In 2019, Washington and Tennessee enacted legislation saying pharmacists

need to be included as eligible providers in commercial insurance. Indiana and New Mexico introduced this language but the bills did not pass. The legislatures continue to work on this.

We have seen increased conversation around access to broadband connectivity for telehealth, especially in rural communities. The Federal Communications Commission runs the Rural Health Care Program, which provides funding to providers in rural communities for telecommunications and broadband services for health care. \$571 million is appropriate annually. There are two programs, which encourage the formation of state and regional broadband health care provider networks and subsidize the difference between urban and rural rates for telecommunications services. The Georgia Rural Development Council, created and led by the Georgia General Assembly, approved a new tax on video streaming, digital books and downloaded music. The tax would raise money for rural internet subsidies to fund high-speed internet service in rural areas of the state. The council looks at issues affecting rural Georgia across all sectors. In the private sector, there is a public-private partnership with Microsoft and state telecommunication providers called the Airband Initiative, which aims to ensure broadband access to 3 million people living in rural communities over 5 years. The initiative is currently in 16 states and expected to be in 25 states by the end of this year

All 50 states offer some form of live video/real time Medicaid reimbursement, although there are variances across the states depending on the type of specialty or provider and the location of the patient. Store and forward, the transmission of data from one care site to another, is reimbursed in 23 states. Remote patient monitoring, which is the collection of health data while the patient is offsite, is reimbursed in 27 states.

Project Echo links specialist teams at academic hubs with primary care providers in local communities, particularly in rural areas. The program originally started to help rural communities but it has since evolved to include a broad spectrum. The premise is provider-to-provider training and education, while the providers still practice within their scope of practice. The primary care providers receive mentoring and feedback from the specialists and they all manage patients cases together so patients receive optimal care. Community health workers participate in the program in New Mexico. We have also seen discussions around more training for telehealth in medical school and residency.

Loan repayment and/or forgiveness programs provide students with scholarships or loan repayment or forgiveness. In exchange, the students commit to practice in a Medically Underserved Area, Health Professional Shortage Area (HPSA) or rural region for a specified period of time, often at least two years. The National Health Service Corps (NHSC) provides loans and scholarships to medical and dental students to bring primary care providers to underserved areas. State Loan Repayment Programs are used in at least 40 states and the states receive federal cost-sharing grants from the NHSC to assist in their operation of state loan repayment programs for primary care providers practicing in HPSAs.

Pathway programs engage students from kindergarten through college-age, and introduce them to health care careers. The focus is on recruiting students from backgrounds that are historically underrepresented in health care professions, with the goal to promote greater diversity in the health workforce. Students in pathway programs may be more likely to return to practice in their communities, such as rural or other underserved areas.

The Virginia Health Workforce Development Authority facilitates a health professions pipeline that identifies, educates, recruits and retains a diverse, geographically distributed and culturally competent quality workforce. The Arkansas Health Care Student Summer Enrichment Program for Underrepresented Student Populations is an intensive 6 week program aimed at providing experiences in health-related fields and increasing awareness of medical career opportunities for racial and ethnic minority college students. Arizona's loan repayment program repays the educational loans of certain providers who commit to practicing in an HPSA for at least two years. There is also a program for primary care providers with a current or prospective rural primary care practice in a HPSA or Medically Underserved Area/Population. The Wisconsin Rural Physician Residency Program provides funds to expand the number of resident positions at rural healthcare facilities in Wisconsin. The residency should be in a hospital that is located in a rural area or in a clinic staffed by physicians who admit patients to a hospital located in a rural area.

Fifty-five percent of counties do not have behavioral health services so states are looking at non-physician emerging providers to improve access to care. Peer support specialists work closely with patients and providers to control chronic illness through education and counseling, communication with providers and other services, similar to community health workers. The health care services are delivered by a person with similar life experiences and previous behavioral health challenges such as substance misuse or mental health conditions. Peer support services have been shown to reduce symptoms and hospitalizations, decrease lengths of hospital stays and costs of services and encourage more thorough and longer-lasting recoveries

Almost all states have established training and certification programs for peer support specialists, Training programs and certification standards vary widely across states in terms of curriculum, requirements and continuing education standards. Medicaid is largest funder and at least 40 states offer some type of reimbursement.

Community paramedics are paramedics that are trained to provide non-emergency services to patients in their homes or other community-based settings and aim to connect high-risk and underserved patients (such as frequent users of the emergency department) with primary care services including assessment, treatment/intervention, referrals, prevention and other public health services. Many programs have been implemented as pilot programs and are funded through state general funds and grant funds. There are reimbursement challenges that states are tackling in different ways. Historically, reimbursement for EMS services has been tied to patient transport, posing a challenge to the field of community paramedicine.

Minnesota reimburses under fee-for-service Medicaid and offers a certification program where community paramedics must complete a training program from an approved college or university. Nevada passed a state plan amendment to provide coverage and reimbursement One program operates through a local hospital and aims to reduce hospital admissions. Another program includes a nurse health line, ambulance transport alternatives and community paramedic services.

State specific laws and regulations of provider responsibilities and scope of practice, although the range of services performed varies from state to state. State legislatures consider many aspects of a health care professional's practice including prescribing privileges and physician oversight requirements. Scope of practice laws are enacted by state legislatures but sometimes statute gives authorization to administrative agencies. These providers may already be in rural areas but we have seen states looking at utilizing these providers by expanding their scope of practice. NCSL has a new

website www.ScopeofPracticePolicy.org that tracks scope of practice laws around the country for a variety of providers including nurse practitioners, physician assistants, dental hygienists and peer support specialists.

Thank you so much to the committee for having us here today.

Dr. Galen Chock – American Academy of Pediatrics, Hawai‘i Chapter

I am Dr. Galen Chock, here today representing the American Academy of Pediatrics, Hawai‘i Chapter. We agree with Dr. Withy’s recommendation to convene a Payment Reform Task Force. We would also like to recommend four other possible action items:

1. Legislators could hold a series of facilitated meet and greet sessions with primary care pediatricians throughout the state. They could then hear first- hand the struggles of pediatricians in trying to deliver quality pediatric care in the context of the family-centered medical home.
2. Legislators could require health plans to report on the sources of stress and the state of well- being of their participating primary care physicians and the health plan’s activities that address their findings.
3. Legislators could require health plans to report the percentage of the health plan medical dollar that is spent on primary care physician services. This number could be used as a marker of the health plan’s commitment to strengthening the primary care workforce in Hawai‘i.
4. Legislators could request HMSA to report on the impact of Payment Transformation on patient care and on the primary care physician community using indicators defined by legislators, PCPs and others. Legislators should recognize that our pediatric workforce is under a tremendous amount of stress that could eventually adversely affect patient care and access to care. In our 2018 survey of primary care pediatricians:
 - 89% admitted to stress reducing their energy level or to experiencing burnout symptoms.
 - 66% have felt physically exhausted at work and have a sense of dread when they think about the work they have to do.
 - 56% have felt emotionally exhausted at work.
 - When asked about the following statement: “My professional values are well aligned with those of the health plan(s) that predominate in my market.” Only 11% agree. 67% Disagree.
 - 30% of our primary care pediatricians are 60 years of age or older. Given the current state of distress

We should all be asking “Whose gonna fill their shoes?” (George Jones 1985)

We should commit to action that can be implemented now or in the very near future and address the threats that are weakening our primary care pediatricians.

Our chapter looks forward to the opportunity to be a part of the action initiatives that result from today’s discussions.

Thank you

Dr. Inam Rahman – ER/Internal Medicine Physician

Honorable chairs of Health Committees, legislators, community leaders and members.

Aloha! My name is Inam Rahman MD. Currently I am working as Emergency Room Physician at Waianae comprehensive Community Center and Veterans Administration Hospitals Fresno California and Roseburg Oregon as well I am a private practicing physician in Internal Medicine for the last 25 years in Honolulu, Hawai'i. I served as Past President and legislative chair of Hawai'i Medical Association and Honolulu County Medical Society and as Chair of Subcommittee on Information Technology of Minority Health Committee US Department of Health and Human services.

There is no doubt that there is a shortage of physicians in Hawai'i. Either they are leaving or don't want to come here. There are many reasons for it but I will mention two important reasons

1. Economical factor- Hawai'i does not pay enough money to sustain their practices
2. Many employers require board certification and there are not enough board certified doctors in Hawai'i

What does shortage of doctors do? It decreases the access to health care for everyone but worse for those who need it the most. I am talking about patients who have Quest, Medicare and those with mental disorders, substance abuse and homeless because many doctors don't accept these patients.

Solution: I suggest that a significant Tax credit or Tax exemption such as GETax or Income Tax should be given to those doctors who are accepting Quest, Medicare and other patients with mental disorders, substance abuse and homeless.

Secondly I suggest that all the boards including American Board of Medical Specialties, American Board of Physician Specialties, and AOA Board should be officially recognized by State of Hawai'i.

I was not able to mention following due to shortage of time.

Our Committee on IT gave a report to US Secretary of Health and Human Services on best EHR, Telehealth and Internet Education when all these areas were in infancy. Report was prepared by collaboration with several IT and other organizations in Hawai'i and at National level. The report was accepted by Secretary of Health and Human Services resulting in millions of dollars grant for this area and now it has made tremendous contribution towards better healthcare outcome. However, after my four years term was over, I believe subcommittee did not exist or was absorbed into other committee and as much as I wanted to re-evaluate EHR I did not have access to resources and other member of the committee had accepted the job of Secretary of Health at his home country in Pacific much earlier while data was being collected and meetings were being held. Unfortunately, EHR went without re-evaluation by anyone as far as my knowledge is concerned which resulted in a very powerful tool causing dissatisfaction among its users especially doctors.

I believe, with proper improvements and modifications, this tool can be used remotely and relieve part of shortage of access to physicians and other healthcare areas.

I am suggesting that Hawai'i State officially set up a committee with all the stake holders as members and work towards improving this powerful technology.

Dr. Michelle Mitchell - Hawai'i Family Health

You didn't need us to come here today to tell you about the physician shortage. It's obvious; and we all know. We've seen it happening. We're seeing it reach the crisis level we physicians have warned about. Hilo, where I've practiced for 11 years, has lost 4 primary care physicians in 4 months.

It boils down to a simple math problem. My previously successful primary care practice lost \$149,000 in 1 year after converting to payment transformation. When it costs more money to deliver the quality medical care we as physicians are obligated to provide than we receive from insurance payments – working in Hawai'i as a physician is no longer a job. It's a medical mission. A volunteer service. And there is only so long we can expect our physician community to volunteer their services while working additional side gigs to support this.

If you as legislators question this – contact me. I will arrange for you to shadow a physician for an entire week.

I've provided you a more detailed outline for a Payment Reform Task Force the main points being:

1. Require each insurance company to issue a Transparency Report on their payment methodology that shows reimbursement possible to a physician practicing evidence based medicine
2. This report is to be issued by a third party independent consulting firm approved by a physician advisory committee
3. The insurance company shall pay for the report
4. The report shall be delivered to the appropriate legislative committee for review with significant penalty if not delivered on time.
5. No insurance company may offer insurance in Hawai'i without participating.

You've given us mere minutes to present solutions.

We need an immediate fix for this urgent crisis. Loan repayment and tuition scholarship are excellent ways to produce a debt free physician – in 7 years. That doesn't retain our current physicians who are in an unsustainable practice environment.

Action is needed immediately.

Delays will lead to more physicians going under. And for every Hawai'i physician who has to shut her doors - thousands of patients, entire communities are left without access to physician care.

Enclosure:

Physician Payment Reform

Physician Payment Reform

Require all insurance companies to issue a Transparency Report:

- Conducted by an independent consulting company with experience working with physicians and health insurers
- Costs to be covered by each insurance company
- The consulting company must be approved by an advisory committee consisting of insurers, physicians chosen by the Hawaii primary care representative academies (HAAP, HAFP, ACP) and HMA.
- Details of the Report shall be determined by the advisory committee but should include:
 - The appropriate number of patients to be safely managed with evidence-based practice by a single physician
 - The average and maximum amounts of revenue a physician can expect to generate under the insurance reimbursement plan when following evidence-based practice to manage an appropriate number of patients
 - Costs to a physician practice in Hawaii to follow evidence- based practices, assuming staff (and physician) are paid at median national rates, then adjusted for cost-of-living in Hawaii
 - Costs to a physician practice in rural settings Hawaii with above parameters (i.e. each island)
 - Comparison of the expected revenue and practice costs to annual inflation
 - Physician wellness report
 - Percentage of insurance medical monies spent on primary care.
 - Percentage of insurance overall monies spent on primary care.
 - Percentage of insurance overall monies spent on medical spending.
- There shall be a hard deadline for the Transparency Report annually
 - Should an insurance plan fail to meet the deadline, there will be a financial penalty, which will accumulate daily until the report is submitted.
 - Should the insurance plan fail to submit the report within two months of the hard deadline, there will be the financial penalty and probation of their privileges to issue insurance in the state of Hawaii. Two instances of probation and the insurance company may no longer offer insurance in the state of Hawaii.
- The first year should focus on primary care
- All subsequent years should include primary care and add specialties as appropriate, based on the needs determined by the annual UH Physician Workforce Report

Submitted by M. Mitchell, M.D.

With much appreciated assistance from Harold Miller, Center for Healthcare Quality & Payment Reform

TASKS

8-21 Health Workforce Leg. Briefing

Meeting to prioritize solutions for legislative agenda.

Polling Instructions and Practice

Start: 06:01

Rank super powers in order of your preference.

duration: 02:04:38



Prioritize vacation destinations to plan your travel for the next four years. Start: 08:05

duration: 00:06:01

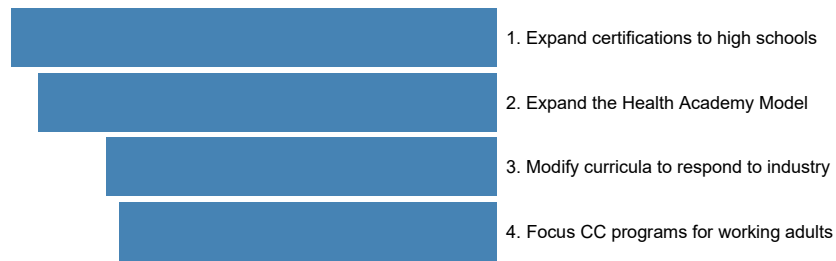


Polling

Start: 08:11

Entry-Level Health Professions Solutions in order of preference

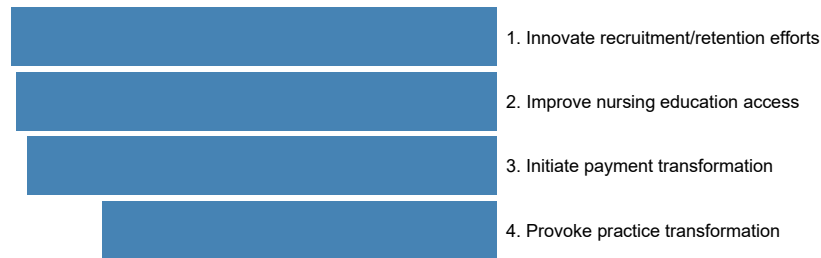
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Nursing Workforce Solutions in order of preference

Start: 08:26

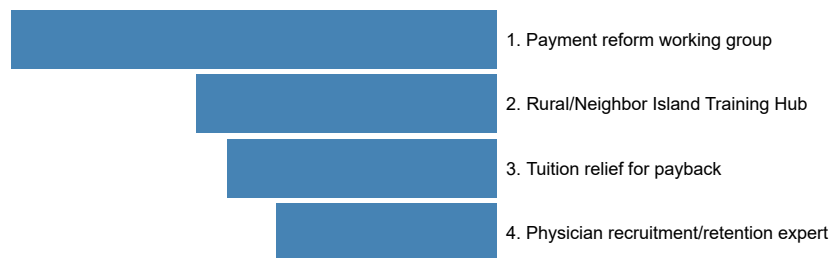
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Physician Workforce Solutions in order of preference

Start: 08:43

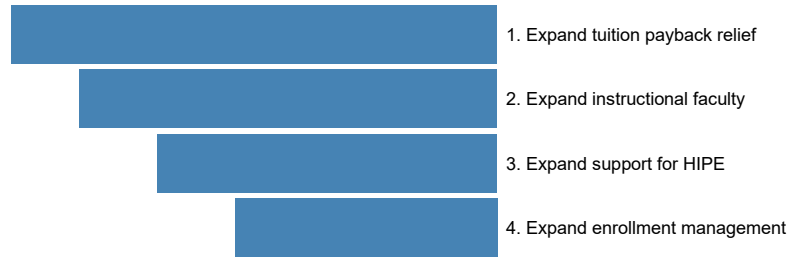
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Social Work Workforce Solutions in order of preference

Start: 08:51

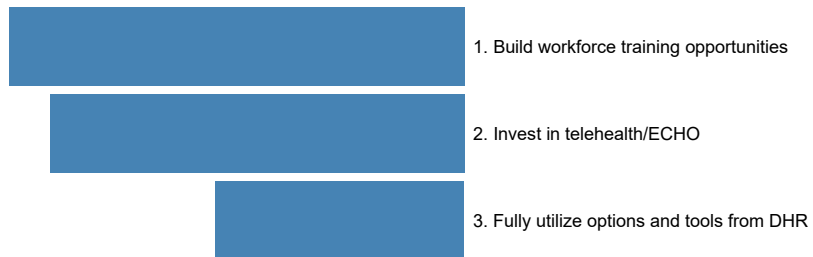
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Behavioral Health Workforce Solutions in order of preference

Start: 08:59

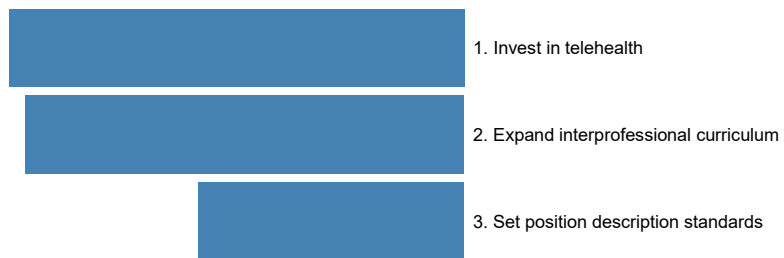
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Public Health Workforce Solutions in order of preference

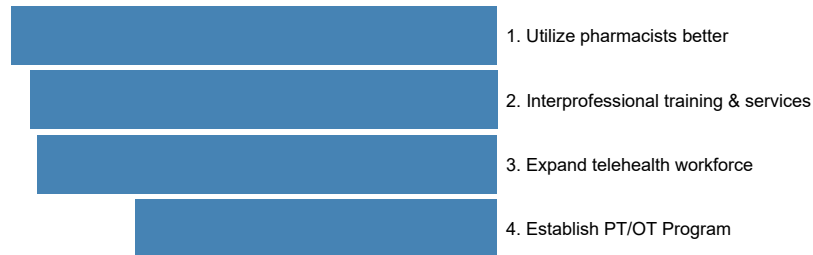
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duration: 00:08:49



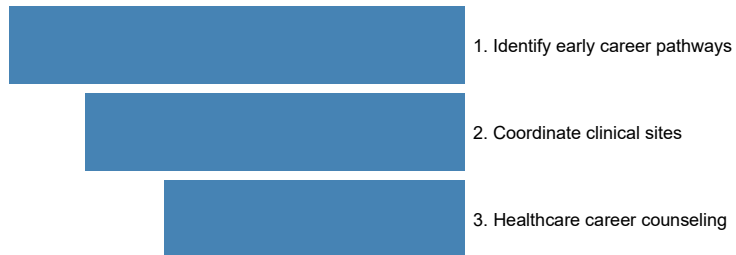
Optimize Hawai'i's Health Care System Solutions Start: 09:19 in order of preference

duration: 00:13:46



Shared Health Workforce Solutions in order of preference Start: 09:33

duration: 00:14:53



Room Temperature

Start: 09:48

Describe in 1 or 2 words what gives you the most hope for Hawai'i's health workforce.

duration: 00:18:19

Participant Input

- Telehealth
- Collaboration
- Collaboration

- Social workers
- Offering Solutions
- our youth
- Awareness
- Public Health
- Will
- Collaboration
- Collaboration
- Telehealth
- Leadership
- Payment reform
- Collaboration of groups
- Collaboration
- Tax incentives
- Our students
- Collaboration
- Nurses
- Collaboration
- Dedicated professionals
- focus
- Malpractice caps
- Telehealth
- Coordinated
- Collaboration
- Youth
- Collaboration
- Interdisciplinary Collaboration
- Payment reform
- Sector partnerships
- Collaboration
- Our HPSA designations
- High school pathways
- Collaboration
- Innovation
- Collaboration
- Hawai'i
- Collaboration
- Change
- Support primary care
- Collaboration
- Unity
- Collaboration with aloha
- Creativity, aloha
- Telehealth
- Our youth health academies
- Demographics
- Inter professional collaboration through education

- Clinical Education access
- Telehealth
- Payment for pharmacists
- legislation
- Transparency and Transformation
- Physician commitment
- Student interest
- Telehealth and distance learning
- Legislator interest
- Collaborative efforts between sectors
- Global warming
- NoRedTape
- leadership and collaboration
- Dialog and Communication
- Pathways
- Telehealth
- Election 2020
- None of the above-it always comes down to \$
- Public-Private Partnership
- I feel Doctors do not get paid as they should due to payment reform. Due to this, there is becoming a shortage of doctors in Hawaii alone.
- Family Medicine
- 17000 dedicated Registered nurses in Hawaii
- Increased physicians reimbursements
- dedication to patient safety and quality of care
- Dr Mitchell
- public health
- comprehensive payment reform
- Collaboration and youth
- Whole person health
- Expertise commitment
- Decrease Hawai'i cost of living. Use more parahealth providers. Innovate and communicate. Less talk more action.
- Increased physicians reimbursements
- Dr. Michelle Mitchell
- Youth
- Increased PCP reimbursement
- Social determinants of health
- Cannabis dispensaries
- Partnership and Commitment
- Increase PCP reimbursement
- telehealth
- election 2020
- Incentive to keep Physician and improve access to health care
- Increase PCP reimbursement
- Telehealth, tuition repayment
- Real Action - Change

