

**REPORT TO THE TWENTY-FOURTH LEGISLATURE  
STATE OF HAWAII  
2007**

**PURSUANT TO  
SECTION 321-1.5(6),  
HAWAII REVISED STATUTES  
PRIMARY CARE INCENTIVE PROGRAM**

**PREPARED BY:  
STATE OF HAWAII  
DEPARTMENT OF HEALTH  
DECEMBER, 2006**



HAWAII STATE  
DEPARTMENT  
OF HEALTH

## The Hawaii Primary Care Office

The Hawaii State Department of Health, Primary Care Office (PCO) is federally funded by the Bureau of Health Professionals under the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (US DHHS) and receives State in-kind support for its activities.

The mission of the Hawaii PCO is to improve access to primary care for medically underserved populations. The Hawaii PCO is one of fifty PCOs in the nation and all are charged with HRSA's goal to improve access to healthcare.<sup>1</sup> This goal is accomplished by providing technical assistance to “increase the number of access points providing care to the underserved...increase the range of services (mental health, oral health, substance abuse, preventive services, etc) available through access points” and by “identifying and addressing health professional shortage areas” in the State.

In 2006, the Hawaii PCO:

- Provided technical assistance to two Federally Qualified Health Centers (FQHCs): Koolauloa Community Health & Wellness Center and West Hawaii Community Health Center, for start-up fiscal and programmatic activities
- Continued to convene the Hawaii Workforce Collaborative also known as the Workforce Hui on a monthly basis to strategize ways in which to address workforce shortages (attendees of the collaborative include: the University of Hawaii Medical School, Area Health Education Centers, Department of Labor and Industrial Relations, State Health Planning and Development Agency, Native Hawaiian Scholarship Program, and others)
- Fielded eleven J-1 Visa inquiries. Three J-1 Visa physicians in underserved areas in Kauai Veterans Memorial Hospital, Kauai; Hilo Medical Center, Hawaii; and Kalihi Palama Health Center, Oahu, were employed.
- Worked with 14 interested applicants and processed six site applications for recruitment of National Health Service Corps (NHSC) scholars and loan re-payers. Four

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<sup>1</sup> US Department of Health & Human Services, Health Resources & Services Administration's Strategic Plan, [www.hrsa.gov](http://www.hrsa.gov).

scholars/loan re-payers were placed by HRSA in Hoola Lahui Hawaii, Kauai; Bay Clinic Keaau, Hawaii; Pahoia Family Health Center, Hawaii; and Hana Community Health Center, Maui.

- Collected data, surveyed, researched, and analyzed data and addressed HRSA issues/concerns to update and apply for Health Professional Shortage Areas (HPSAs) in Hawaii; HRSA approved the following HPSA updates<sup>2</sup>:
  - East Maui – Primary Care HPSA on 9/15/06
  - Hana, Maui – Mental Health HPSA on 9/15/06
  - Hawaii Island – Dental Health (low income) HPSA on 6/15/06
  - Kau, Hawaii – Primary Care and Mental Health HPSAs on 8/18/06
  - Pahoia, Hawaii – Primary Care HPSA 9/15/06
  - Waikaloa, Hawaii – Primary Care HPSA on 9/4/06
  - Kalihi Palama, Oahu –Mental Health HPSA is currently under federal review

The Hawaii PCO is currently collecting data to apply to renew the following HPSAs:

- Halawa Correctional Facility – Primary Care, Mental & Dental Health HPSAs
- Women’s Correctional Facility – Primary Care, Mental & Dental Health HPSAs
- Kauai – Primary Care & Dental Health (low income) HPSA
- Waimea, Kauai – Mental Health HPSA
- Puna, Hawaii – Mental Health HPSA
- North Hawaii, Hawaii – Mental Health HPSA

In order to “increase the range of services” provided at access points, the Hawaii PCO is concentrating on mental and dental health services. The Hawaii PCO will participate in a working meeting to discuss the integration of behavioral health in primary care settings. This meeting entitled “Primary Care & Behavioral Health Care Integration Forum” will be held on February 22, 2007 at the Hilton Hawaiian Village in Honolulu. The Hawaii PCO also participates in the annual Statewide Oral Health Task Force meeting. This meeting was held on December 7, 2006 at the Plaza Hotel. This task force originated and helped pass the dental community service license bill whose sunset date was removed by the 2006 Legislature. This license allowed for better recruitment and retention of dentists in underserved areas.<sup>3</sup> This task force meets annually to discuss dental legislative issues.

The Hawaii PCO joined the State Office of Rural Health (SORH) in submitting a proposal to the federal Office of Rural Health Policy (ORHP) and received an award to conduct a Federally Qualified Health Center (FQHC) and Critical Access Hospital (CAH) Collaborative workshop. This is a pilot project to encourage these federally subsidized entities to work together. The PCO and SORH submitted this proposal at the request of FQHCs and CAHs. This workshop was held on November 17, 2006 at the Honolulu Airport Hotel.

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<sup>2</sup> The HPSAs listed below are updates from those printed in the “State of Hawaii Primary Care Needs Assessment Data Book 2005.”

<sup>3</sup> <http://www.capitol.hawaii.gov/sessioncurrent/status/SB2226.asp>

The following FQHCs and neighboring CAHs participated in the workshop:

- ✦ Kauai Community Health Centers & Kauai Veterans Memorial & Mahelona Hospitals
- ✦ Koolauloa Health & Wellness Center (Kahuku Hospital was invited but did not attend)
- ✦ Molokai General Hospital & Molokai Community Health Center
- ✦ Lanai Community Hospital & Community Board Members of Lanai for FQHC establishment
- ✦ Hamakua Health Center & Hale Hoola Hamakua (Kohala Hospital was invited but could not attend)
- ✦ Bay Clinic Inc & Kau Hospital

Ms. Karen Travers, consultant from Stroudwater Associates was contracted by the federal ORHP to provide technical assistance for this collaboration, and she participated in both the workshop and the Primary Care Roundtable Teleconference on December 1, 2006. At both meetings, Ms. Travers gave a brief summary of the history, definitions, and eligibility requirements for FQHCs, CAHs and Rural Health Clinics (RHCs). She also spoke on issues these facilities face and successful models of collaboration amongst such facilities in other states.

The Hawaii FQHCs & CAHs separated into groups as listed above, and the groups discussed and/or brainstormed ideas for start-up collaborative projects and continuation of ongoing collaboration. The results of these discussions were reported at the roundtable and are subject to further research and approval, however, for the purposes of this report the following information are from presentations of Ms. Orrie Skomoroch, CEO of Kauai CAHs (Kauai Veterans Memorial and Mahelona Hospitals), David Peters, CEO of Kauai Community Health Centers, Susan Hunt, Executive Director of Hamakua Health Center and Romel DelaCruz, Administrator of Hale Hoola Hamakua.

The Kauai CAHs and Community Health Centers are currently working together on:

- FQHC providers assisting with hospital call
- Utilizing outpatient services at hospitals
- Referring between existing providers
- FQHC providers having privileges at CAHs<sup>4</sup>

The Kauai CAHs and Community Health Centers plan on working on:

- Electronic Health Records
- Access to greater specialty care
- Primary Care Infrastructure Development
- Hospitalist Program
- Pediatric Hospital Dentistry<sup>5</sup>

The Hamakua Health Center and Hale Ho'ola Hamakua reported on the following collaborations:

- Long Term Care (LTC) Medical Directorship - Contract
- Clinical Laboratories

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<sup>4</sup> As reported at the FQHC CAH Collaboration Workshop in a Power Point presentation on November 17, 2006.

<sup>5</sup> Ibid.

- Radiology – X-ray Only
- Emergency Services Coverage - Contract<sup>6</sup>

Hamakua Health Center and Hale Ho'ola Hamakua facilities are steps away from each another. Hale Ho'ola Hamakua has a hospital emergency room. During office hours of 8:00 am to 5:00 pm all patients needing emergency care are triaged in the clinic offices of the Hamakua Health Center, and if necessary transferred to the Hale Ho'ola Hamakua's emergency room for treatment. After clinic hours of 5:00 p.m. to 8:00 a.m. three Emergency Medicine specialists and Hamakua Health Center physicians share the ER call schedule.<sup>7</sup>

The Hamakua Health Center and Hale Ho'ola Hamakua future plans include:

- Long Term Care Bed Expansion
- Elder Care Complex to include: Adult Day Care, Housing, Behavioral Health, and Coordinated Social Services<sup>8</sup>

Hamakua Health Center has a new satellite in Kapa'au (North Kohala) and is planning to have a similar ER arrangement (described above) with Kohala Hospital as it has with Hale Hoola Hamakua. This satellite is adjacent to the Kohala Hospital and hospital ancillary services are being utilized by the clinic.

The "Primary Care Needs Assessment Data Book 2005" was distributed this year. The PCO will re-evaluate the data book and the next data book is projected to be distributed in 2008. Also, a PCO website will be posted in 2007.

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<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.



## **Hawaii Revised Statutes Regarding Primary Health Care**

### **[\\$321-1.5] Primary health care incentive program; establishment.**

There is established within the department of health a primary health care incentive program. The program shall:

- (1) Utilize existing personnel and resources to focus on primary health care;
- (2) Study the adequacy, accessibility, and availability of primary health care with regard to medically underserved persons in the State of Hawaii;
- (3) Convene and provide staff support for a volunteer primary health care roundtable composed of knowledgeable health care professionals, consumers, and other interested persons whose advisory purpose shall be to:
  - (A) Investigate and analyze the extent, location, and characteristics of medically underserved areas, and the numbers, location, and characteristics of medically underserved persons in Hawaii, with particular attention given to shortages of health care professionals available to provide care to these areas and persons;
  - (B) Assess the feasibility of family practice clerkships, preceptor programs, residency programs, and placement programs for medical school students and graduates as a means of increasing the number of family practitioners available to serve medically underserved areas and populations;
  - (C) Investigate and make recommendations regarding incentives, such as tuition exemptions, to increase the pool of primary health care practitioners, including family practitioners, other physicians in related specialties, nurse practitioners, nurse midwives, and physician assistants, that are available to serve medically underserved areas and populations;

- (D) Develop a strategy for meeting the health needs of medically underserved areas and populations based upon the findings that result from its investigations; and
  - (E) Maintain an ongoing forum for the discussion of data collection regarding primary health care gaps, incentives to promote primary health care, and the development of cooperative interdisciplinary efforts among primary health care professionals;
- (4) Develop a strategy to provide appropriate and adequate access to primary health care in underserved areas;
  - (5) Promote and develop community and consumer involvement in maintaining, rebuilding, and diversifying primary health care services in medically underserved areas;
  - (6) Produce and distribute minutes of volunteer primary health care roundtable's discussions, and submit annual reports to the legislature on recommended incentives and strategies, as well as a plan for implementation, with the first report to be submitted to the legislature no later than twenty days prior to the convening of the 1993 regular session; and
  - (7) Facilitate communication and coordination among providers, health care educators, communities, cultural groups, and consumers of primary health care. [L 1992, c 41, §2]