

**REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
2008**

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

**PREPARED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
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HAWAII STATE
DEPARTMENT
OF HEALTH

Hawaii State Department of Health
PRIMARY CARE OFFICE

The Primary Care Office (PCO) is a federal grant program funded by the Bureau of Health Professionals (BHP) in the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (US DHHS). This program receives State support in-kind 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-three PCOs (one PCO per state plus Puerto Rico, Virgin Islands & District of Columbia) in the nation and all are charged with HRSA's goal to improve access to healthcare.¹ The federal program expectations for all PCOs are:

- Organizing Effectiveness and Fostering Collaboration;
- Providing Technical Assistance to Organizations and Communities Wishing to Expand Access to Primary Care Underserved Populations;
- Assessing Needs and Sharing of Data;
- Participating in workforce development activities for the National Health Service Corps (NHSC) and Health Center (Safety Net) Network; and
- Updating and applying for Shortage Designations.

In 2007, the Hawaii PCO met federal program expectations by:

- Membership in the Hawaii Workforce Collaborative also known as the Workforce Hui. This group meets every other month to strategize ways in which to address workforce shortages. Attendees of the collaborative include: the University of Hawaii (UH) John A. Burns School of Medicine (JABSOM)/Area Health Education Centers (AHEC), Centers for Nursing, Department of Labor and Industrial Relations (DLIR), State Health Planning and Development Agency (SHPDA), Native Hawaiian Scholarship Program, and others.

¹ US Department of Health & Human Services, Health Resources & Services Administration's Strategic Plan, www.hrsa.gov.

The 2007 Legislature approved a total of \$500,000 in funding for FY '07 – '08 for SHPDA to develop and maintain a secure statewide comprehensive health care workforce map and database due in part to this collaboration. The PCO plans to have a Primary Care Roundtable meeting in December of 2007 on workforce data collection and analysis.

- Sponsored in partnership with the State Office of Rural Health (SORH) a follow-up meeting to the 2006 Federally Qualified Health Center (FQHC) and Critical Access Hospital (CAH) Collaborative Workshop². Upon the request of Molokai General Hospital and Molokai Community Health Center, a joint board meeting was held on February 27, 2007. This meeting was facilitated by Karen Travers of Stroudwater Associates. Ms. Travers gave a presentation of what is a FQHC, CAH and Rural Health Center (or RHC, Molokai General has a RHC), gave examples of FQHC CAH Collaboration on the mainland and spoke of the benefits of working together. At the end of the meeting both groups discussed the possibility of meeting again to determine what can be done to better serve their community.
- The PCO and SORH conducted meetings with Bay Clinic, Inc (Hilo FQHC that has satellite clinics one of which is in Naalehu near Kau) and Kau Hospital (a CAH) on February 22, 2007 and again on September 24, 2007. These collaboration meetings like the Molokai meetings mentioned above are also a “spin-off” of the 2006 FQHC CAH Collaborative Workshop. As a result of these sessions an analysis will be conducted by Stroudwater consultants to determine the financial feasibility of these entities working together to provide services for the Big Island’s southern communities.
- Worked with 20 interested applicants and processed 11 site applications for recruitment of National Health Service Corps (NHSC) scholars and loan re-payers. Nine loan re-payers and one scholar³ were placed by HRSA in: Hoola Lahui Hawaii, Kauai; Hana Community Health Center, Maui; Molokai Ohana Community Health Center (CHC), Molokai, Kokua Kalihi Valley, Oahu; Waianae Coast Comprehensive Health Center, Oahu; and Waikiki Health Center’s Hoola Like Haleiwa, Oahu.

The Conrad 30 (or J-1 Visa) program moved from joint coordination between the PCO and the Hawaii State Office of Rural Health (SORH) to SORH exclusively in September of 2007. Prior to this time, the Hawaii PCO assisted in placing one Pediatric Intensivist in Kapiolani Medical Center for Women & Children on the island of Oahu.

- 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:

² The Hawaii PCO and the State Office of Rural Health (SORH) submitted 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 in 2006. The workshop was held in November of 2006.

³ Loan Repayers included: 2 Physician Assistants, 1 Social Worker, 3 Family Practitioners, 2 Clinical Psychologists, and 1 dentist. The NHSC scholar placed was a nurse practitioner.

- ◆ Halawa Correctional Facility – Primary Care, Mental & Dental Health HPSAs approved on 3/7/07
- ◆ Women’s Correctional Facility – Primary Care, Mental & Dental Health HPSAs approved on 3/3/07
- ◆ Puna, Hawaii – Mental Health HPSA approved on 8/30/07
- ◆ North Hawaii, Hawaii – Mental Health HPSA approved on 8/30/07
- ◆ Molokai – Mental Health HPSA approved on 8/30/07

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

- ◆ Kauai – Primary Care & Dental Health (low income) HPSA
- ◆ Waimea, Kauai – Mental Health HPSA
- ◆ Kalihi Palama, Oahu –Mental Health HPSA application was withdrawn however the PCO plans to do further analysis to possibly resubmit this application.
- ◆ Lanai – Primary Care (low income) HPSA
- ◆ Molokai – Dental (low income) HPSA
- ◆ Hana/Haiku – Dental (low income) HPSA

The Hawaii PCO worked with the BHPr, Shortage Designation Branch (SDB) on increasing facility AutoScores in 2007. AutoScores differ from the aforementioned HPSAs in that it applies specifically to facilities and in the method which scores are given. See <http://bhpr.hrsa.gov/shortage/autoscore.htm> for more information. The following FQHCs and RHC received scores increases:

- ◆ Koolauloa Community Health & Wellness Center, Oahu, Primary Care, Dental and Mental Health
- ◆ Molokai Ohana Community Health Center, Molokai, Dental Mental Health
- ◆ Molokai General Hospital, Rural Health Clinic (RHC), Molokai, Mental Health
- ◆ Waianae Coast Comprehensive Health Center, Oahu, Mental Health

It should be noted that HRSA, BHPr, SDB approves *all* HPSAs and autoscore HPSAs. The Hawaii PCO provides information to the SDB to update HPSAs. More information on Hawaii HPSAs may be found on: <http://hpsafind.hrsa.gov>.

- The Hawaii PCO and Primary Care Association (PCA) were awarded a scholarship by the National Academy of State Health Policy (NASHP). This scholarship allowed further PCO and PCA collaboration within and between states. Hawaii was one of five states to be awarded scholarships through a competitive process. The five other states who received such awards were: Alaska, District of Columbia, Massachusetts, Michigan, and Mississippi. The US Department of Health & Human Services (DHHS), Health Resources Services Administration (HRSA), Bureau of Primary Care is the principal funding source of this project.

The NASHP is an independent academy of state health policymakers that work together to identify emerging issues, develop policy solutions, and improve state health policy and practice. NASHP is committed to provide a forum for constructive, nonpartisan work across branches and agencies of state government on critical health issues facing states. Upon receiving funding from HRSA NASHP awarded scholarships to the aforementioned states to discuss PCO and PCA issues. An article was written as a result of meetings held in May and October of this year and will soon be posted on the NASHP website: <http://www.nashp.org/index.cfm>.

- The Hawaii PCO now has a *new* webpage shared with the Hawaii SORH: <http://www.hawaii.gov/health/family-child-health/rural-health/index.html>. This webpage contains the PCO's mission, priorities and funding source; HPSA, Medically Underserved Population/Area (MUA/P), and RHC definitions; the 2005 Primary Care DataBook; and links to primary care associates such as the Primary Care Association, Papa Ola Lokahi & Native Hawaiian Health Systems, Area Health Education Centers, and others.

These are the major activities of the Hawaii PCO as of mid-November 2007 and more activities are planned for the near future such as updating its Primary Care data book in partnership with the SORH and Family Health Service Division for 2007, and Primary Care Roundtable meetings. These events will be reported on in next year's annual report.

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]