

Maui Health Initiative Task Force
Nov. 20, 2007 – 12:06 to 3:20 p.m.
Kaunoa Senior Center
Minutes

Task Force Members in attendance: Chair Rita Barreras, Vice Chair Tony Krieg, Dr. Noa Emmett Aluli, May Fujiwara, Hermine Harman, Mark Hyde, Dr. Guy Hirayama, Alan Lee, Phyllis McOmber, Leonard Oka, Jeanne Skog, Dr. Richard Weiland, Jan Yagi Buen

Task Force Members excused: Norm Bezane, John Smith

Chair Barreras called the meeting to order at 12:06 p.m.

A motion to approve the agenda was made by Hermine Harman with a second by Phyllis McOmber. The vote was unanimous.

Barreras welcomed Anne Trygstad who was again videotaping the meeting for airing on Akaku: Maui Community Television.

Public Testimony

Daniel Garcia: Garcia, an internist and medical director at Maui Medical Group, said he wanted to clarify statements made at the previous meeting regarding the number of patients assigned to hospitalists at Maui Memorial Medical Center (MMMC). Garcia said there are 10 hospitalists at Maui Medical Group – four are working at Maui Memorial at any one time during the day. The average census of active patients per doctor was between 12 and 15 – and nowhere near the high number claimed by a doctor at the previous Task Force meeting. Garcia noted that the hospitalists also are in charge of an average of about 30 long term care patients who could be better served at other facilities, but that most of these people do not need to be seen every day. The hospitalist program has been successful – feedback from the Emergency Room doctors has been positive. It's also difficult for physicians to be called away from office duty to the hospital. Dr. Emmett Aluli asked about the needs for Native Hawaiians. Garcia said that although he had been medical director at Maui Medical Group for three years, before that he was director for Native Hawaiian Health at Hui No Ke Ola Pono for seven years. The hui hired Native Hawaiian doctors and assigned them to Hana or rural settings. Garcia said most Hawaiians have insurance so education programs

are needed to encourage them to see doctors. Doctors also need to change their Western attitudes about medicine and develop skills such as talking story to better relate to the Hawaiians and other local people.

State Rep. Joe Bertram: Bertram reminded the Task Force that the group was established by Act 212, which had been created out of the controversy over the proposed second hospital. Earlier in the last session, bills had been introduced to reform or eliminate the certificate of need (CON) or exempt Malulani from that process, but did not pass. Bertram said he and Sen. Roz Baker sat down and agreed that the community should discuss whether a new hospital was wanted – and what other health care facilities were needed. According to Bertram, Baker said the community should find another way of working around the CON without getting rid of it because there was resistance of that at the state level. Bertram also said that the Task Force should be looking at alternative medicine, including Native Hawaiian healing, because that was supposed to have been a major part of Malulani. Bertram said that Dr. David Sakamoto, the former administrator at the State Health Planning and Development Agency (SHPDA) who denied Malulani's CON had told him that Maui needed a new replacement hospital – Sakamoto said he had to deny the application because of the criteria upon which he had to make the decision. Bertram said Sakamoto told him that Maui Memorial Medical Center (MMMC) was too old to support new infrastructure. Facilities are needed in every community.

Bertram faced some strong questions from the Task Force. Vice Chair Tony Krieg asked why the Task Force was given just five months, an unrealistic time frame, to complete such an enormous assignment and noted that some of the things Bertram had mentioned that the Task Force was supposed to address weren't even in the legislation. Krieg also pointed out that the Task Force has been working for free. Bertram replied that the immediacy was called for because people were looking for immediate answers. He said not a lot of thought had gone into the time frame – he also asked the Task Force to think about its future after the current report is completed next month. Dr. Guy Hirayama said if the Legislature wants the job done well, it should have given the group adequate time – and wondered if the Task Force was put in place to actually get something done or just to give that impression. Hirayama also asked if the Legislature was going to seriously consider what the Task Force presents in its final report – will lawmakers simply pick and choose certain priorities or consider the entire body of work? Bertram replied that the Maui legislative contingent had a strong desire to bring the

community together for these discussions and fully intend to take the recommendations and move forward. Hirayama said lawmakers will have to do a lot of reading when they get the report. Bertram said he was impressed with the work done so far. Mark Hyde said the group has done an excellent job. He felt it would be hard to come up with a recommendation about the infrastructure at MMMC because an engineering study would be required to provide more information. Dr. Richard Weiland noted that with all of Hawaii's hospitals losing millions of dollars a year and with practitioners leaving the county faster than they can be brought in, what is the future of another hospital? Bertram said Maui has a growing population – and that many residents are wealthy – an effort needs to be made to tap that market to help raise money, but consensus is needed to support a new hospital. Hermine Harmine said one of the top priorities so far has been the establishment of a Critical Access Hospital (CAH) in West Maui and that Dr. Rod Bjordahl, Chief Medical Officer at MMMC, had recommended a CAH in South Maui, too. Jan Yagi Buen urged Bertram to go back to the Legislature and tell lawmakers to take the report seriously – Bertram said he fully intends to do that. Leonard Oka asked how valid was the effort of the Task Force being considered by the Legislature – in addition to the report, could the Task Force make recommendations? Bertram said the findings and recommendations of the Task Force need to have champions in both the Legislature and the community to move things forward. He said Maui County's health care needs were “on the radar” at the Legislature. He also said he would work with the Governor's office to get the Task Force funds released. Chair Barreras told Bertram that the Task Force wasn't only addressing what the Legislature asked – the group was taking a broader approach by including county government and public presentations. She said the Maui subarea council of SHPDA was looking forward to the report. Bertram said he hopes to prepare related legislation next month.

Wendie Miller Schwab: A dentist who specializes in oral health in geriatrics, long term care and special needs, Schwab said she had a dental office at Hale Makua. She has been on medical leave since March to undergo treatment for cancer, but would be returning to work soon. She worked with Sister Roselani Enomoto to set up a mobile dental van and worked with Hui No Ke Ola Pono to try to improve access to dental care for Native Hawaiians and others in rural communities. She said that dental insurance is different from other types of coverage -- dental insurance carries certain limits of annual coverage so people who haven't seen a dentist in years might not be able to afford all the work needed. People who are out of the

system have horrendous dental problems, said Schwab. Many people don't smile – not because they're unfriendly, but because their mouths don't look good. Schwab said that dentists can get special training to work on elders or those with disabilities. She said the Oral Health Center at Maui Community College was a terrific program, but it has a huge waitlist. For more exact statistics on dental patients covered by Med Quest, check with Lois Lee or Nancy Johnson at Maui Community College. Schwab said more education is needed. Harman asked about fluoridation. Schwab said that wasn't an easy answer – because Maui's water system has so many wells, fluoridation could not just be injected at one source to affect the entire system. Weiland presented this scenario: if dentists could get paid to treat the underserved, how many would do so? Schwab said probably not many because they all have private practices and there's already a need for more dentists. Aluli asked about the shortage. Schwab said the general rule was that a dentist was needed for every 3,000 people – Maui has about 40 general dentists (oral surgeons were not included in that number because they specialize) which means there's already a shortage here. Aluli also asked about Schwab's experience with access to oncology care – she said she had chemotherapy at MMMC where the staff was tremendous – she had special radiation treatment at Queen's on Oahu. Aluli also asked why there was no dental school in Hawaii. Schwab said she didn't know – she knew that payment to get through school was very expensive – but otherwise had no answer. May Fujiwara noted that Maui schools used to have dental hygienists who would help address dental needs of students. McOmber and Aluli said Lanai and Molokai schools still have dental hygienists.

JoAnne Ahuna: Hana resident Ahuna said she was disappointed to see Hana mentioned only six times in the first draft report issued by the Task Force – and most of those were presented as notations of “what about Hana?” from the recorder. She said the community has been asking for an emergency room for 20 years. She said the current Hana Health Center doesn't really fit the medical needs, but it does a good job of providing prevention programs. Ahuna noted that Hana's branch of Hui No Ke Ola Pono provides a lot of health care services and that the Hana students have been helpful in retrofitting the houses of kupuna who want to stay in their homes. She said there are some mental health services – doctors are flown in from Oahu – but needs are not being met. She asked the Task Force to think of Hana as an island itself with different needs. Jeanne Skog asked Ahuna if the health center was meeting the community's needs. Ahuna said prevention-wise, the center was trying its best, but it had a hard time keeping doctors. There was

also a sense of separation from the community – a lot of Hana people come to Central Maui for their medical needs. Ahuna said she goes to the health center and is satisfied, but services are limited. She said she wished it was a medical center again. Harman wondered about a CAH for Hana with long term care beds and a greenhouse facility. Alan Lee said that John Blumer-Buell had been critical of the health center when he made a presentation to the Task Force. Ahuna said the community had a good plan 10 years ago to have a community clinic and that the community hadn't given up on that idea. Aluli asked if dialysis was the No. 1 health care issue in Hana. Ahuna said she thought it was – not only for those currently in need of the service, but because many more people would need it in the future. Aluli also told Ahuna that the Task Force has been talking about eventually holding hearings in Hana and on Lanai and Molokai. Hyde asked about dental care. Ahuna said that Hui No Ke Ola Pono provides for the Hawaiian community, but she wasn't sure about the rest of Hana. Aluli asked about telepsychiatry in Hana. Ahuna said she felt the service didn't work in Hana because people need personal care. Barreras responded to Ahuna's idea of use of focus groups for Hana, Lana, and Molokai and wondered if it would be helpful to bring all the communities together. Yagi Buen told Ahuna that Rep. Mele Carroll had introduced a bill last session for a dialysis center in Hana – and that the bill should carry over into the upcoming session.

Dr. Al Arensdorf: Arensdorf, the executive assistant for health to Mayor Charmaine Tavares, said that the aging population presents a challenge that extends into the mentally ill population – more elders will mean more people with dementia and Alzheimer's disease – how will society manage them? Hawaii has a training program in gerontology and geriatric psychology, but that all of those specialists are located in Honolulu. The Adult Mental Health Division has three senior psychologists, but they are all over 70 years old (including one on Maui). Only two full-time Department of Health general psychologists are available to serve all of Maui, Molokai and Lanai.. "It's a desperate situation," said Arensdorf. Not only is the population aging, but so are those who provide the services, which will make the problem even more acute in the next few years. Specific provisions of the kinds of coverage need to be made for those in rural communities – if a primary care doctor can care for a Kaiser patient in a rural area, then the doctor should be able to do that and get paid. Arensdorf said there was a fragmentation of mental health services in the state with many people in need of help unable to sort through the maze and, as a result, fall through the cracks of different divisions and agencies because of different eligibility rules that are

inconsistent with the other. Arensdorf believes the Legislature should unify all the various agencies to better serve Hawaii. Hirayama asked about telepsychiatry. Arensdorf said that the most effective method of telepsychiatry was when an aide or a nurse practitioner was with the patient while consulting with the psychiatrist through the videoscreen for coordination and to avoid misunderstandings. Barreras said the target audience of the Task Force's report included the county – she asked Arensdorf what he thought about a recommendation that the county continue oversight of the Task Force or form a group to monitor the progress of the plan. Arensdorf said he knew that Mayor Tavares has a real interest in the work of the Task Force, but that most health care services fell under the state. Barreras said the Task Force believes that a paradigm shift is underway – that citizens are saying these are our most pressing needs and the county must be included and provide oversight. Arensdorf said he liked the idea of a local voice providing oversight – he would take the message back to the mayor.

DeGray Vanderbilt: Vanderbilt said he was chairman of the Molokai Planning Commission and a member of the Molokai General Plan Advisory Committee, but that he was speaking as an individual. He said Molokai could not be better represented on this Task Force than by Aluli, who was one of several outstanding leaders in the health care field on Molokai. He said that Molokai, like Hana, retains its rural values that give the community a power to heal itself during crises or tragedies. He said when a dialysis center was needed so Molokai patients wouldn't have to go off-island for treatment, the community came together and made it possible. He praised the Task Force for its work – saying that sometimes communities have a certain need, but lack the power to see it through. Barreras asked Vanderbilt if the Molokai Planning Commission would read the final report if provided copies. He said yes. He thought it was great the Task Force was providing a local voice for health care needs and that Mayor Tavares had appointed an executive assistant to health, something he didn't think any other mayor had done. He said it's time for the county and state to quit saying this is ours and this is yours.

Dr. Rafi Boritzer: Boritzer, who said his background was in gerontology and public health, urged for innovation in workforce development. He said many of the big issues such as geriatric care and dialysis don't need to be as expensive as they are, but that reimbursements need to be adjusted.

Barreras said two citizens – Gina Flammer and Maria Weber, president of the West Maui Health Alliance – had submitted written testimony. Yagi Buen summarized the letter submitted by Weber, who was sick and could not attend. She was writing mostly about the success of the extended hours urgent care services at Maui Medical Group that had been in operation since January, 2007 – after a six-year effort by the community. Weber wrote that after considerable discussions with Wes Lo, CEO of MMMC, it was decided that extended hours would not only benefit West Maui residents, but also reduce the waiting list in MMMC’s waiting room or emergency room. She wrote that ambulance personnel have “repeatedly stated” that many cases of West Maui residents transported to the MMMC emergency room didn’t require that level of treatment. According to Weber’s figures, urgent care averages \$400 per person as opposed to \$900 in the emergency room in addition to \$800 for ambulance transport. She said that in the first two weeks, 78 people were treated at the after-hours extended care clinic – by the end of November, more than 1,500. She said the improvement was seen as a “stop gap” solution until a more comprehensive health care solution can be found for West Maui.

Approval of the minutes of Nov. 10, 2007

Weiland made a motion with a second from Aluli that the minutes be accepted. Except for May Fujiwara, who abstained because she was absent, the approval was unanimous.

Task Force business

Facilitator Joe Lapilio pointed out that the Task Force’s time was limited before the final report was due next month – because public testimony took up two hours today, there was just an hour left for business and two more meetings after that. Lapilio said decisions need to be made along with a series of outcomes and goals, and initiatives that the committees have been working on.

At the previous meeting, the group had talked about developing a values statement. He reminded members that they can’t solve all the health care needs on Maui. At the next meeting, on Dec. 4, there will be a discussion on the CON with SHPDA officials in attendance.

Values statement

Lapilio listed the values that had been emphasized at the last meeting:

Equality – Universal Access --- Community co-accountability –
Responsibility – Resident-focused

He asked if the group wanted to include the values adopted by Focus Maui Nui or the Maui Long Term Care Partnership, which had also been discussed earlier.

Skog suggested adding a commitment to self-sufficiency.

Barreras said because the Task Force is part of Focus Maui Nui, those values should be endorsed.

Aluli wanted to include responsibility for future generations; Hirayama wanted to include responsibility for family and self (shared responsibilities).

The group discussed a phrase that would call for Maui having control over its health care destiny – self-determination. Skog said she was uncomfortable with self-determination because health care was much bigger than “ourselves” – there was a need to engage with as many partners as possible. McOmber said the group could emphasize self-determination, but through collaborative efforts.

Barreras said the effort of the Task Force is community-driven. She read off the list of values adopted by the Maui Long Term Care Partnership:

Aloha (love, caring and compassion)
‘Ohana (family and community)
Hilina`I (trust)
Pono (doing what is right)
Lokahi (unity and harmony)
Kuleana (responsibility, integrity and commitment)
Laulima (team building, working together)
Alaka`i (responsive leadership)
Pili (relationship)
Koho`ia (choice)
Freedom (no Hawaiian word available)

Skog said that the Focus Maui Nui core values went hand-in-hand with the mission statement. Those values:

Stewardship of natural and cultural resources;
 Compassion and understanding;
 Respect for diversity;
 Engagement and empowerment of local people;
 Honoring cultural traditions and history;
 Consideration of the needs of future generations;
 Commitment to local self-sufficiency;
 Wisdom and balance in decision-making;
 Thoughtful, island-appropriate innovation.

Barreras asked the group if everyone was comfortable with using Hawaiian terminology to describe the Maui Long Term Care Partnership values -- Lee said to make sure there were also translations.

Outcomes/goals

The group again put together a general statement to reflect its overall hope for outcomes/goals: “Equitable access to quality health care.” Hyde said he wanted to make sure the word “quality” was included to satisfy Norm Bezane, who was not able to attend.

Skog said her interest in participating on the Task Force was to improve the quality of life, not just for herself, but for her son and grandchildren – recognizing that quality health care is part of that future.

Krieg pointed out that there isn’t enough money to build enough beds for absolutely everyone. Hirayama said to change the statement to read: “The best possible access to quality health care.” There were limitations that must be recognized.

Lapilio reminded the group that it had previously been discussed about developing the plan without regard to finances. These are long term goals.

The group finally decided upon this statement:

Health, should be going to Georgina Kawamura, director of the State Department of Budget and Finance, today asking that the funds be allocated. The Task Force should hear something by Dec. 4.

Barreras said a request will be made that the Task Force report not be modified by the state. She also noted that a SHPDA staffer was in the process of getting information on recent CON applications made in Maui County (this was a request first made on Nov. 3.)

Barreras said she had attended a meeting of the SHPDA subarea council for Maui County – the group was pleasantly surprised by the Task Force’s progress and was looking forward to the final report.

A letter has been sent to Maui Memorial Medical Center, asking about the \$1 million of design funds that were released for the study of long term care in West Maui -- \$650,000 has not been encumbered. Barreras said she asked if the Task Force could get copies of the studies that had been done.

Barreras asked Valerie Monson, who is compiling the report, if she had any comments. Monson said she wondered if the Task Force realized it had not mentioned Hana much in the committee recommendations. She said she believed that the group needs to develop a timeline of outcomes – what would they like to see in a year, five years, 10 years and 20 years. She also said she felt there needed to be a discussion about whether the island’s future was in a replacement hospital or a continually expanding Maui Memorial, but she acknowledged there might not be time for such a discussion before the final meeting of this year on Dec. 15.

There was a discussion about legislation that might be proposed by the Task Force. Krieg said he didn’t want to get caught up in the legislation – Hirayama said any legislation should be submitted early by the Task Force. Yagi Buen said she believed the Legislature would seriously look at the Task Force report. Hirayama said the Task Force doesn’t have to draw up specific legislation – the group could give the legislators a general concept and let their staffs draft the bills. Hyde agreed.

Barreras said Dec. 21 was set for the deadline of the final report because SHPDA’s deadline to get it to the Legislature is Dec. 27 – and staffers need time to process it.

Harman noted that public testimony was so long today that the Task Force had only a short time to conduct its business – she suggested limiting testimony to 3 minutes each at the final two meetings to give the Task Force as much time as possible to complete its work.

Barreras said if the Task Force believes an additional meeting is needed, members should discuss that on Dec. 4. Aluli asked about the presentation that Task Force members have talked about holding for legislators in advance of the session.

Weiland made a motion to adjourn the meeting with a second by Aluli. The meeting ended at 3:20 p.m.