

Maui Health Initiative Task Force
Dec. 12, 2007 – 5:28 p.m. to 9:20 p.m.
Kaunoa Senior Center
Minutes

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

Task Force Members excused: John Smith

Chair Barreras called the meeting to order at 5:28 p.m. upon reaching a quorum.

The agenda was approved after a motion by Hermine Harman and a second by Dr. Emmett Aluli. Chair Barreras said that because a traffic accident had temporarily closed Honoapiilani Highway, some Task Force members and members of the public who wanted to testify would be late. She asked for a motion if those members of the public who were late would be allowed to testify when they arrived. The group unanimously agreed after a motion by Aluli with a second by Weiland.

Public testimony

Former Mayor Alan Arakawa: The state of health care in Maui County has created a very unhealthy situation, said Arakawa, who noted that several of his relatives had died because they couldn't be properly diagnosed or receive the needed kind of care on Maui. When looking at the Certificate of Need (CON), to upgrade facilities, community input must be recognized and listened to. Local people have to live with the consequences of the CON. Arakawa said that if the Legislature and the state want to control the hospitals and health care, then they should provide the formula for funding to provide health care in a timely manner – otherwise accept that the system can't provide the health care needed. He said it was a shame that Dr. Ron Kwon and others have not succeeded and been allowed to work with outside investors because of the CON. What is it that Maui County citizens deserve? Arakawa told a personal story about how his mother was unable to get the proper type of medicine in a timely manner and eventually died. He said that doctors say that a lot more needs to be done, including proper funding. If the

state wants to do a system that controls health care, then should provide a formula on how they would fund it, otherwise step out of the way and let others put up the money.

Bert Schifferling – Schifferling said he was definitely against the CON. He said he used to serve on the board of the Maui Memorial Medical Center Foundation, representing the hospital auxiliary. He and his wife liked Ron Kwon's Malulani proposal. His wife emailed Dr. David Sakamoto, SHPDA administrator, a confidential letter and asked him to pay attention to what Kwon had to say, but Sakamoto sent the email to a physician at MMMC who then called Schifferling and said that he wasn't supposed to be supporting Malulani. Schifferling said he told Sakamoto that was a violation of rules and ethics to share that confidential email. Schifferling also questioned if Vice Chair Tony Krieg, executive director of Hale Makua, would have a conflict of interest if the Task Force voted on the future of the CON because Hale Makua has submitted a CON application for the PACE program. Krieg didn't understand how he could be accused of a conflict because the Task Force wasn't charged with deciding the future of the CON, but that it was an issue. Barreras said the Task Force was charged with looking at any proposed legislation.

Maui County Councilman Bill Medeiros – Medeiros said that some of his East Maui constituents, particularly those in Hana, have wondered if the Task Force was going to look into conducting an assessment of health care in Hana. He said there's a lot of concern about the dwindling services of the Hana Health Center, which used to be a plantation hospital, then a county hospital, then a community medical clinic and now a private clinic. He said many East Maui residents now drive to Central Maui for their health care. There seems to be a revolving door of doctors at the Hana Health Center. Hana is sometimes considered to be a fourth island of the county. Medeiros asked that an assessment of health care in the Hana area be done and that a report be submitted. Aluli said that the Hana Health Center isn't private – it's a federally qualified health center. Aluli said, as a past board member of the Hana Health Center, he understood some of the issues. Like Molokai, Hana has become very political in its health care so we're not moving forward. Everyone is after the same pots of money, be it subsidies or money for facilities. A facilitated discussion needs to take place so rural communities can take a look at their needs in small groups and lay out a plan for the future. Medeiros said he has met with Cheryl Vasconcellos, executive director of Hana Health, as well as other groups – and that they are hoping to

plan a meeting. The most important need in Hana, according to Medeiros, is dialysis – the community recently lost another patient. There was a request that Hana Health provide space for dialysis, but the request was denied. Hi Laulima, a community effort to bring dialysis to Hana, has almost everything in order to bring two machines to Hana, but it doesn't have a location. Krieg said that the Task Force has been given an impossible task: to look at the future of health care needs, develop a comprehensive plan, make recommendations for the needs of acute/primary/emergency care, long term care and disaster preparedness – all in four months, with no money. Barreras said that, legally, the Task Force is set up until June, 2008 -- she noted, at one point, there were discussions about conducting a hearing in Hana, Lanai, Molokai and other areas of Maui.

Anne Trygstad – A registered nurse and concerned citizen, Trygstad said that Hawaii has the one of the fewest number of long term care beds in the nation and that Maui has the fewest in the state. She asked what Maui was doing about encouraging other private investors coming in. She said a proposed Critical Access Hospital in West Maui would qualify for an additional federal subsidy and higher reimbursements for emergency, acute and skilled nursing care. Long term care is not included in this “bonus.” The original plan included 39 assisted living and 40 long term care beds (skilled and non-skilled). But Trystad said the long term care beds have now been eliminated because they will lose money. She said that means the CAH will be cherry picking and not providing care for the less fortunate. She said she strongly supports any CAH for the West Side that includes long term care, but that she couldn't support any proposal that leaves long term care out.

Approval of the minutes of Dec. 4, 2007

A motion to accept the minutes was made by Aluli with a second by Weiland. Mark Hyde asked for an addition to the Dec. 4 minutes:

“On Page 9, the second paragraph from the bottom, change the second sentence and add the following:

"Terry said such a scenario, in the long run, can reduce access to care, referencing personal knowledge of events following the elimination of the CON law in South Dakota, a state with many small, rural communities. According to Terry, when South Dakota's CON law was ended the state experienced significant growth of specialty hospitals. When one such

physician-owned specialty hospital was built five miles from an existing single-source, rural community hospital, the revenue base of the community hospital was eroded to the point that its continued existence had been called into question. Terry described this as "cherry-picking", noting that if the community hospital closed due to loss of revenue, access to care by the people in the community would be reduced."

Yagi Buen also asked for a clarification. She said the minutes should reflect that on Page 10, the second paragraph (where Kahuku Hospital was being discussed) should read as follows: On Page 10, insert the word "nearly" after "Legislature came up with" and after \$4 million to keep it open, add "and Hawaii has a CON law, in reference to South Dakota hospitals closing." After her statement, Yagi Buen requested the following addition: that Ron Terry said the less than cost reimbursements was one of the major factors that contributed to South Dakota hospitals closing.

With the corrections, the minutes were unanimously approved.

Updates

Task Force Budget: Barreras gave an update on the \$100,000 appropriated by the Legislature to support the Task Force activities that has yet to be released by the Office of Budget and Finance (B&F). Last week, it had been hoped that the money would be released, but Barreras said Terry reported that B&F had denied the request to release the money. He added that it wasn't just Task Force money being held back, but all similar requests because of a decision to wait until the state revenue report was made available in January. Darryl Shutter, who staffed the meeting for SHPDA, said the Council of Revenues meets quarterly – the next meeting is in January – and that it is hoped that at least a portion of the Task Force funds will be released following that meeting. Shutter said he doesn't think the issue is dead, but that a lot will depend on what happens at the January meeting.

Alan Lee said the original B&F denial said that the Department of Health (DOH) had sufficient funds to assist the Task Force – Lee wondered if the Task Force should readdress the request to the DOH director. If B&F isn't comfortable releasing the full appropriation, they should release a partial amount. Harman said the Task Force has already accumulated debt through expenses to pay a recorder, videographer and facilitator (Aluli also noted

that travel expenses for he and Phyllis McOmber must also be covered). Hyde said it's not fair to employ people and not pay them. Barreras said SHPDA was currently absorbing the costs and Shutter said all expenses incurred have been paid, but without release of the funds, "from here on out, we'll have to be careful." He said the Task Force has spent about \$15,000 so far. Weiland said all the Task Force members were volunteers – by holding back the appropriated funds, the state is not allowing the Task Force to conduct their job they way it should. Weiland suggested sending the state a "Nasty-gram" or a letter to the editor. He said the Task Force was trying to help the county, but was being hog-tied – the group was unable to hire consultants to conduct research or gather data because of no money. Jeanne Skog asked if the funds weren't released, would SHPDA be able to print the final report and in sufficient quantity. Shutter said he thought there would no problem with that. Barreras said she thinks the Task Force was caught in a bureaucratic conflict between DOH and B&F because in the memo from B&F in the past it indicated that DOH had returned \$7 million in unspent appropriations in the prior fiscal year. She said the Task Force should not give up on its advocacy for the funds. Hyde said the budget should be revised. Dr. Guy Hirayama said he was frustrated – the Task Force has done a lot of work and he hoped that the budget issue wouldn't divert attention from all that has been accomplished. He said perhaps there should be talks with the Legislature. Lee said he appreciated SHPDA's efforts, but felt it was unfair for that department to absorb all the costs. Shutter said SHPDA was doing everything it could do within the system – the problem with the funds shouldn't preclude the Task Force from doing what it deems necessary. Barreras did not want this issue to be a distraction to the substantive issues the group must deal with at this meeting. She asked task force members to consider the discussion and prepare for a decision at its Saturday, December 15, 2007 meeting.

Public documents: Barreras said Shutter had been asked to look into whether draft reports of the Task Force were public documents and required to be released to the public. Shutter said he spoke with an attorney at the Office of Information Practices (OIP) who said that draft documents are public documents and must be disclosed. Shutter said anyone can call OIP with requests or concerns. Kreig said he stands corrected, but disagrees with the law.

Barreras said that Task Force members Norm Bezane and May Fujiwara are stuck in the West Maui traffic jam. Bezane might have had a communication item, but that might have to wait until Saturday.

Task Force Report – Draft 2

Barreras said rather than submit a revised draft with all the changes listed in bold print or otherwise, she tried to compile a report of more polished documents – but she reminded the Task Force that the content was still up to members. She asked that the group review the Table of Contents on Page 2 – she said she tried to prepare it much like she had done when she wrote similar state legislative documents. She said she left in the original executive summary. The report of Task Force findings included charts and summaries – she also included a chart on the rural areas suggested by Aluli. She said that the target audience included the Legislature, Mayor Charmaine Tavares and SHPDA. The Task Force was also tasked with developing a comprehensive health plan that would also be submitted to the Legislature.

Hirayama asked if the plan had to be separate from the Task Force report. Were the two documents addressing separate bodies? Barreras said there really wasn't an answer for that. It is up to the task force. Hirayama was concerned about the amount of narrative included. Barreras suggested the group focus on reviewing the substance of the report and not the format. Skog said she was concerned about saying that the Task Force had developed a Maui County comprehensive health care plan after meeting for just four months – there's an assumption that the Task Force thinks what has been done is adequate, but she doesn't believe it could be considered adequate – the Task Force had no staff. Perhaps the group should define how a comprehensive health plan should be developed. Barreras said she heard so many options and discussions at the last meeting and there was no vote, so she decided to provide options in how the final report should be presented.

Hirayama said, in line with what Skog was saying and noting the short time frame, that rather than submitting a comprehensive health care plan, submit the Task Force report with recommendations about the ongoing work on the Maui County comprehensive health care plan. He said a good example of something still to be decided includes the placeholder priority regarding the needs of the county's remote rural areas suggested by Aluli. Those rural needs should be further explored. Barreras said the law that created the Task

Force required that a comprehensive health care plan for the county be developed.

Regarding the Task Force report, Barreras said decisions need to be made. She said that in developing the draft report and plan, she recognized that the committee reports could be amended. If so, those portions that were changed would not be accepted until the final text reflects the changes. She said the reports – which would no longer be identified as committee reports but as reports of the Task Force – could be included in the appendix. Hirayama said he thought it had been decided to look at each committee report and adopt or amend the reports as chapters of the Task Force report rather than be included in the appendix. He said the committee reports have a lot of substantive work and could stand alone as chapters. Barreras said she had heard that some members wanted the reports in the appendix and others wanted them included in the Task Force report. There was no vote taken on the matter.

Barreras pointed out that public testimony had just been received that pointed out factual errors in one of the committee reports. Hyde said he was pleased to receive the testimony and that amendments could be made. He said the reports could be reviewed and changes made. Barreras asked how the group would like to proceed. Hyde suggested that the group review the committee reports and make decisions since the reports are the foundation of the Task Force's work.

Hyde said on the Critical Access Hospital (CAH) issue, there was a pro and con. Harman pointed out another error in the committee report – she said there were no cardiac cases being transported from the Big Island to MMMC and that there was disagreement on the fluoridation issue. Harman said if the legal requirement that a CAH be 15 miles from the nearest facility, that means it can't be met if a hospital was built in Wailea, then perhaps it could be built in Makena. She referred to the Dec. 11, 2007, editorial in The Maui News that recommended a new state-of-the-art hospital.

Hirayama said that while he recognized the eventual need for a CAH in South Maui, he felt that Makena would be so far from the region's main population that it would defeat the purpose. Harman said the CAH is for rural areas – she said the committee report recommends emergency facilities in all rural areas. Hirayama said there has been talk about emergency services, not facilities. Harman said the South Maui CAH could be left in the

report as an issue that did not reach consensus. Hyde said because of the number of changes and additions suggested to the draft, it's been difficult because committee members were not able to meet recently. He said the Task Force can discuss the report tonight or that the committee could meet between now and Saturday to discuss changes.

Hyde led the discussion on the Acute/Primary/Emergency Committee report – Task Force members were asked to point out any topics that needed further discussion or clarification. They were:

1. Written testimony submitted by Scotty Schaefer, a longtime Molokai paramedic very familiar with the county's Emergency Medical Services needs who pointed out factual errors in the report compiled by the committee.
2. Should there be any reference to a South Maui Critical Access Hospital?
3. Language changes suggested by Bezane that go less to content rather than to thrust – Bezane felt that the report had too much emphasis on Mau Memorial Medical Center.
4. The stroke issue (transportation from Big Island).
5. Fluoridation – public vs. private water. Should the recommendation to fluoridate the county's water apply only to public water?
6. Building a brand new hospital.
7. Inconsistency in the report regarding the number of beds projected at Maui Memorial Medical Center.
8. Expand the items listed under Priority 4 on Page 91 of the report and bullet them as other identified needs.

(In the middle of this discussion, Task Force members who had been stuck in traffic arrived: Bezane, McOmber and May Fujiwara.)

Because not all members had commented on the report, Barreras polled the group to see if anyone had a concern that had not been addressed in the Acute/Primary/Emergency report. Yagi Buen said a correction to the report should be made that shows that patients suffering strokes on the Big Island who are transported to MMMC come via fixed wing aircraft rather than helicopter. Aluli said that Scotty Schaefer's corrections to the report should be included – and that a placeholder be held to address the needs of the county's remote, rural areas. Lee said he wasn't clear on the concern that MMMC had been emphasized too much in the report – he said MMMC was the go-to facility on Maui and should be emphasized. Krieg said, regarding a

CAH, be careful what you wish for: smaller facilities with mostly long term care beds might be harder to develop into a full-on hospital later on. McOmber recommended that the item calling for the fluoridation of the county's water include only public water – Lanai has a private water system and the community has already rejected fluoridation.

Barreras said that she believed one of the reasons the Task Force was formed was because of the decision on Malulani – how Sakamoto had recommended one well-run, strategically located hospital for Maui. Barreras said she was in the minority on the Acute/Primary/Emergency Committee, but that she felt the subject needed to be addressed – Maui has a growing population and aging facilities. She said MMC needs to be replaced as a facility in the future, as a physical plant. “We need a brand new hospital.” Barreras also said that she went back and reviewed the CON application submitted by MMMC for its proposed heart surgery services – that the application had a blank spot where the number of bed changes was supposed to be noted. Yet, said Barreras, statistics were provided from MMMC that the heart services would result in 85 additional beds. She said that discrepancy should be addressed.

Bezane said the problems of traffic on Honoapiilani Highway that resulted with three Task Force members being more than an hour late to the meeting should demonstrate why a CAH was needed in West Maui. Bezane was also upset that Anne Trygstad was allowed to testify because she's videotaping the Task Force meetings and is part of the Task Force staff. He said if he had been in attendance, he would have asked that Trygstad not be allowed to testify. Barreras said Trygstad is not part of the staff and had a right to testify. Barreras also summarized what the Task Force had earlier discussed to update Bezane, McOmber and Fujiwara.

Because the group earlier agreed that anyone tied up in the traffic jam could provide public testimony when they arrived, two individuals were allowed to speak to the group.

Additional public testimony

Joe Pluta: Pluta, of the West Maui Taxpayers Association, said it took three hours to get to the meeting from Lahaina – one of the concerns of the community is the isolation of the West Side. He said if Maui had the best hospital in the world in Wailuku, it still wouldn't address the needs of West

Maui. He said access to health care is the community's primary concern – with a population of 50,000 on any given day and more than an hour away from MMMC, tragic results are only avoidable if urgent care and acute care can be received within the golden hour. Pluta said Brian Hoyle, principal of Southwest Health Group who was developing the plan for the West Maui Critical Access Hospital (CAH), was here to explain that the proposed CAH had no plans to eliminate long term care beds.

Brian Hoyle: Hoyle wanted to clarify two things: that the proposed CAH would include long term care beds with a skilled nursing facility and assisted living – how they will be mixed in has not yet been determined – the public will be consulted for input. Hoyle said there will be three buildings: the CAH, an office building and a long term care facility. The CAH will have 15 acute care beds and 10 swing beds – and both the CAH and the long term care facility will be Medicare/Medicaid certified. He said the proposal wasn't not excluding anyone. Harman asked if any payment would be accepted for assisted living – if Medicare would be accepted. Hoyle said any payment would be accepted and that the group was looking for a community funding mechanism.

Hyde asked if someone was having a heart attack, would that person be taken to the West Maui hospital or to MMMC. Hyde said he had heard that an ambulance wouldn't stop at the West Maui CAH for cardiac care. Hoyle said that if someone in West Maui has a heart attack and paramedics determine that the person is in critical need, that person should be taken to the West Maui facility for immediate intervention in the emergency room. Aluli said it wasn't the ambulance drivers who make the decision of not going to a certain facility. Weiland said each hospital has a choice of whether patients suffering from certain conditions should be brought to their facility or not – he said Kula Hospital (a CAH) does not have a full-on emergency room and ambulance drivers are instructed to take people with critical conditions directly to MMMC – if they're transported to Kula, at least 30 minutes could be wasted doing paperwork or ordering tests and then the proper care might not even be available. Aluli asked if that rule would apply to West Maui. Weiland repeated that each hospital has a choice – he said he agrees that West Maui and South Maui need additional health care facilities, but he also reminded the Task Force that the recent storm cut off Kula for 48 hours. Weiland's concerns were that, when it comes to CAHs, you get what you pay for: a large facility costs a lot of money and several

smaller facilities can't get the job done. Hoyle said his group was committed to doing the best job they could.

Hirayama asked Hoyle about Trygstad's comments on the long term care beds – what were the intentions of the West Maui proposal if MMMC didn't share in the revenue savings of long term care beds be located in West Maui. Hoyle said a long term care facility was wanted – and that the group will seek community resources to obtain a subsidy for losses that the nursing home facility will incur. He said the group is still working on how to include the assisted living component, but that he is committed to building and operating a facility with long term care and assisted living. Hoyle said that they will seek other sources in the community to offset the funding shortfall. in the community.

Barreras said that Wesley Lo, chief executive officer of MMMC, had shared with her that following Hoyle's presentation to the Task Force the two had held a meeting and that what Lo heard was not what the Task Force heard. She encouraged Hoyle, Pluta and Lo to get together and talk more. She also suggested that Hoyle meet with Trygstad to clear up any misunderstandings. Barreras said if the West Maui proposal needs a CON, that would first go before the Tri-Isle Subarea Council. Barreras said at the last Task Force meeting, she understood that the Task Force would not support any specific proposals around a CON. Hoyle said the plans were to include a long term care facility. Bezane said any discussion of what Hoyle wants to build is no business of the Task Force.

It was recommended that the group take a 10-minute break. A motion was made by Weiland with a second by Fujiwara with unanimous approval. The group broke from 7:15 to 7:25 p.m.

Barreras asked Bezane and Fujiwara if they had any other comments on the Acute/Primary/Emergency report. Bezane said he was concerned that Priority 4 on Page 91 lumps several things together that won't get addressed – in particular, the items that recommended pursuit of creative health care financing and regulatory change. Skog said the reason those items weren't listed as priorities was because they didn't make the cut. Barreras said since the group was now at the Task Force level, Bezane could still put his concerns on the list to be discussed.

Skog said the reasons those items listed under Priority 4 weren't given higher priorities was because the committee focused on other issues that rose to the top. She said perhaps they should not have all been described as Priority 4, but listed as other needs.

Barreras said the group needed to take action. Hyde volunteered to lead the group since he was the committee chair. Barreras wondered if there was more work that needed to be done at committee level.

Hyde addressed the "stroke issue" by striking "cardiac cases" from the report (the report had indicated that both stroke patients and cardiac cases from the Big Island could be transferred to MMMC, but it was pointed out that cardiac cases don't come to Maui). Hyde wanted to clarify that stroke patients transferred from the Big Island to MMMC are transported via fixed wing air ambulance not the emergency helicopter.

Hyde continued down the list of items for discussion and addressed Bezane's concerns that there were too many references to MMMC in the report whereas Lee felt they were appropriate because MMMC is the main hospital. Bezane said the report is for the future and it implies that MMC will be the center of the universe for health care on Maui. Barreras said, in the interest of time, could Bezane look at the report, craft some language and offer changes. Bezane said, to move the process along, he would let it go.

The group returned to the first item about corrections to the EMS section of the report. Hyde said, after a quick review of Schaefer's letter, he found eight segments that he would use in the revised report. Barreras said any changes should be highlighted in bold. Skog asked if there would be a bibliography or references of materials.

In regards to the South Maui CAH, Hyde said the 15-mile limit imposed by federal regulations would make it hard to qualify – the Wailea Shopping Center was 16 miles from MMMC and connected by two primary highways: Mokulele (upon completion) and Kaahumanu Avenue so a CAH would have to be in Makena. Aluli said that Eric Shell said an exemption was made to allow for a CAH in Honoka`a, but Hyde said that law had sunsetted. Barreras said the issue needs to be analyzed – she said a study was done for West Maui, why not a study for South Maui?

Bezane asked why couldn't the group include language that supported an acute emergency center in Kihei. Harman agreed – she said South Maui had

the second largest population and deserved to be included in the report. Hirayama said that a CAH was a financial way of getting a hospital. Weiland said that 5 percent of Kula Hospital's patients come from Kihei – they don't like MMMC and so they choose to go to Kula. Hyde said he didn't agree that Kihei needed an acute emergency center – he said that North Kihei was just 11 miles from MMMC – and you would start to lose effectiveness (of services). Lahaina is 35 miles away, that's a big difference. Bezane said it appeared some didn't want a CAH in South Maui because they didn't want a hospital in South Maui. Hirayama said, as Barreras pointed out, it requires further study. Bezane said the committee could recommend that an acute emergency center be considered. Skog said she didn't want it perceived that she didn't see a need in South Maui, but she had a problem expressing it that way.

In the list of items to be discussed, a CAH in South Maui was changed to “an acute emergency facility.”

Harman said when you think of the population that supported Malulani and that was why a Task Force was created, the need exists and the Task Force should state it. Skog said the degree to what is needed might not be perceived by everyone as the way it's expressed. Weiland said there seems to be agreement that facilities are needed in more places – and they need to start happening now rather than 10 years from now – or we'll be here 10 years from now discussing the same thing. Barreras said that Maui County Planning Director Jeff Hunt has stated that housing projections will be mostly concentrated in Central, South and West Maui. She said that got her thinking about the medical facilities that will be needed. Already, the South Maui population exceeds West Maui, but the need exists in West Maui for other reasons (isolation in addition to population). She said the group needs to stay futuristic oriented – not just about what's here and now, but what's down the road.

Bezane said he thought the committee should highly recommend consideration of adding an acute emergency center in South Maui – and also noting that the proposal would require further study and funds by the Legislature. Krieg asked what an acute emergency center was and Bezane said it was a facility capable of accepting patients in life-threatening situations. Skog asked if the language could be changed to “acute emergency services,” but Bezane said that could be interpreted as an ambulance and what was needed was much more than an ambulance. Barreras said the

Health Dimensions Study also looked at the need for acute and long term care beds – she said that was saying that some kind of facility was needed.

Lee suggested adopting the following proposal: “The need and accessibility for an acute emergency facility in South Maui deserves further study and that further study will determine what the need is based on future projections, etc.”

Aluli said he thought South Maui needed an acute emergency facility. Lee said whether big or small, let the study decide it. Weiland wondered about the reaction of the medical communities of South and West Maui to acute emergency facilities coming into their regions. What do you do with the urgent care centers currently in operation? Bezane said if we have better health care facilities, some people will lose out. Aluli asked what was an acute emergency facility without a hospital attached. He said there were a dozen physicians in Kihei (or more) and a new clinic coming up. Barreras said this was about beds, it was facility-based care that’s missing.

Skog proposed adopting the following: “The matter of how to address emergency needs in South Maui did not reach consensus and warrants further analysis.”

Bezane proposed: “The committee highly recommends the consideration of the addition of an acute emergency center in South Maui (he recommended changing the title of “South Maui Critical Access Hospital Need” from the title of Category E on Page 100). said that consideration doesn’t mean recommending, but thinking about doing something.

Barreras said a Health Dimensions Group has done a study and determined that there’s a need for long term beds in South Maui. She said Wes Lo provided that information in his handout. Hirayama said the discussion wasn’t about acute care beds, but about emergency care.

Hyde asked for a straw vote among three proposals.

*“The need and accessibility for an acute emergency facility in South Maui deserves further study and that future study will determine what the need is based on future projections, etc.” – 1 vote

*“The matter of how to address emergency needs in South Maui did not reach consensus and warrants further analysis.” – 6 votes

*“The committee highly recommends the consideration of the addition of an acute emergency center in South Maui.” – 5 votes

Barreras said she didn't want to vote for any proposal because none of them had acknowledged the need in South Maui. All votes were taken quickly by hand and individual polling was not done.

The group continued to modify the language. Barreras said the need of South Maui should be addressed. She suggested “There is a need for an acute emergency facility in South Maui.” There was talk of including “and the committee highly recommends that it be considered” after her suggestion.

Skog said that, from a medical point of view, does the group know what it means when it's talking about an emergency facility. She said she didn't want the Task Force to look silly with their recommendation if others didn't understand what was being proposed. Hirayama said the federally qualified health center in Waianae had been set up to handle true emergencies -- Aluli said it also handles acute and primary care. Skog said she's worried about the group putting forward solutions without enough information. She suggested that maybe South Maui should go after a federally qualified health center, but Aluli said there won't be another federally qualified health center approved for Hawaii for a long time.

Leonard Oka said the reason he voted for the proposal that said the group did not reach consensus was because he felt that was the most truthful statement. He said opinions were still divided – and that maybe this recommendation could be added to the report at a later time. Hirayama noted that there will be other items in the report that will require further study.

The group agreed to revote. The first proposal that called only for a study was eliminated from consideration. Skog repeated her proposal that the matter of emergency care in South Maui had been extensively discussed, but that consensus could not be reached. Bezane said he thought she was supporting a minority view. Hirayama said the item was only briefly mentioned in the committee, but it was now being talked about at the Task Force level.

Three proposals were put up for another vote called by Hyde:

*“The matter of how to address emergency needs in South Maui did not reach consensus and warrants further analysis.” 6 votes which became 7 when Hyde voted

*“The committee highly recommends the consideration of the addition of an acute emergency center in South Maui.” 0 votes

*“There is a need for an acute emergency facility in South Maui.” 6 votes

Hyde said that vote should be considered a straw vote and asked for a final vote between the two proposals that got the most votes: this time, the vote was 8-6 in favor of the first proposal. The group voted by a show of hands and was not polled. The Task Force’s recommendation on an acute emergency center in South Maui was:

“The matter of how to address emergency needs in South Maui did not reach consensus and warrants further analysis.”

On the fluoridation issue: Hyde said that McOmber was right – the committee should just recommend that the county’s public water be fluoridated. Yagi Buen suggested including that alternatives to fluoridation (fluoridated vitamins) be considered. Hirayama and Hyde said that’s already available. Hyde called for a vote that was 9-5 in favor of fluoridation of the county’s public water. Again the vote was by a show of hands and members were not polled.

On the issue of inconsistency of bed numbers: Barreras said that data from MMMC was something that the Task Force or committees had never seen – she pointed out that MMMC says it’s going to eventually add 85 beds, but there was no mention of this in their recent CON application – instead, that space was left blank. She said the committee called one of their topics the Modernization of Facilities, but that the group wasn’t addressing the issue that created the Task Force in the first place – does Maui need a better hospital to replace MMMC’s plant? The Maui Bed Needs Study says there is need for more acute care beds. Barreras said she can’t find justification for the 85 beds not included in the recent CON that MMMC now says are coming.

Barreras said Maui needs to start planning today to upgrade the hospital and to develop a strategy to get the public to help. She said there needs to be a dream to the future of a new hospital in support of MMMC. Hirayama said a discussion had been held with MMMC Chief Financial Officer Pat Saka on the issue of beds that weren't included in the CON – the numbers weren't necessarily carved in stone. As far as replacing the MMMC building, Hirayama said he didn't know if that was the answer. He said Maui Medical Group doesn't replace its building, but improves upon it. He said he didn't think Maui was at the point where there was the luxury of being able to demolish a building and put up another new one. Barreras said it takes so long to get something done on Maui, that the Task Force needs to do something bold to demonstrate that Maui is growing very fast and is behind the eight ball. She said it's so clear to her personally when you look at the growing population that something must be done immediately. She said Sakamoto rendered his decision (on Malulani) in October, 2006, calling for the development of one, strategically located hospital in Central Maui, no proposal has been presented. The Maui News has editorialized in support of that – and I'm very concerned about that nothing new has been proposed.

Bezane said calling for a new hospital would be a huge decision: it would cost at least \$400 million. Bezane said he was in sympathy with Barreras, but he didn't believe the Task Force was prepared to make the recommendation – the group hasn't had the time frame to examine the question. Krieg asked about the lengthy quotes from Sakamoto that were included in the committee report -- he said did the committee agree with that? Hyde said that Harman had requested a quote from Sakamoto be included, but that the committee simply included it as background and didn't mean the committee was endorsing it. Krieg said it appeared to be a left-handed endorsement of Sakamoto's proposal for one well-run, strategically located hospital.

Hirayama said that Sakamoto did not say to build a replacement hospital. Weiland said there's a need to move forward – if Maui builds a new hospital, it will eliminate MMMC and leave the island again with one hospital.

Barreras said it was not another hospital – it was an infrastructure issue, the hospital is aging. She said a new MMMC facility is needed. She said if MMMC is going to be the island's one centrally located hospital, then we need to get working on it and be looking for private money. Weiland said

there are 100-year-old hospitals on the Mainland that are kept up and provide good care.

Skog noted that the committee had included language on Page 96 about aging facilities – that they must continually be modernized.

Bezane said if Barreras felt strongly about her recommendation then she should form some language for the group to act upon. Hirayama said he saw two issues being raised: he said he supports the idea of creative public-private financing that becomes part of the management strategy. He said it's clear there's a problem when the Task Force can't even get the state to release \$100,000. Bezane pointed out that was one of the items that didn't get separated out in Priority 4 (creative financing) which he felt should have been listed as a priority. Weiland said the creative financing of Kahuku Hospital cost taxpayers almost \$4 million.

With the Task Force providing direction, Hyde put together a proposal on the board – that the Task Force supports the need for a brand new hospital to replace MMMC. Barreras said she wanted it presented in a positive spirit. Skog said the problem is that the statement connotes something else. Hyde said he hadn't heard of any engineering studies, but that from what he heard from Wes Lo was that the brain center will be a new building attached to the existing facility, then the maternity wing will be torn down and another wing will be built. Barreras said there are other needs: a geriatric psych unit, for instance. If a new hospital was built, it could free up MMMC for other needs – but Barreras also noted that she wouldn't turn MMMC into a long term care facility. Bezane said he had talked to someone involved with the modernization of the hospital and that the old and new wings had been hard to link up – Bezane said he was told that MMMC couldn't be upgraded -- on the Mainland, they tear down old hospitals and replace them with brand new facilities. Fujiwara asked if MMMC had plans to purchase adjoining properties. Other members said they had heard those rumors, too. Barreras said there's simply no planning for acute care beds.

Hirayama said it sounded like there wasn't enough consensus on the issue so he suggested a recommendation for further study or analysis. Yagi Buen said she didn't agree with further studies. She said she wanted to be bold and make a statement that included Hirayama's idea of creative public-private financing with Barreras' idea of a brand new hospital.

Lee said he liked what Sakamoto had said: one large, well-run, strategically located hospital, but that Sakamoto didn't address modernization – Lee suggested to add language that would imply a partnership with public-private funding. Harman said at one point he talked about a 350-bed replacement hospital for MMMC, but she has been unable to find that exact quote.

Hirayama said it's true that a lot of studies have been done about need, but he didn't know if a study had been done that said the current facility couldn't be upgraded. Harman said there were issues when the new addition was built: the floors didn't match up in the new addition. She also talked about mold and the lack of private rooms at MMMC.

Aluli said because codes were getting stricter on bed changes, in addition to other concerns, it was decided to build a new facility on Molokai, to replace outdated facilities.

Barreras said an immediate action would be to suggest looking into the cost of fully replacing the current MMMC. She said if you don't start with something, then we're never going to move on. Yagi Buen said there will never be enough state money to build a new facility so that's why there's a need to pursue a private-public partnership. Bezane said if the Task Force wants to get attention, it should say that MMMC needs to build a new hospital. Weiland said that the \$100 million to build the cardiac center will double the capabilities of all hospitals in the county. A new 350-bed hospital will cost \$500 million. Barreras said what's missing is a long range plan – how will Maui deal with the need for more acute care beds? She said she doesn't hear that there's a plan.

Hyde said he was agnostic on whether there was a need for a new hospital or not – he said if there was an engineering study that showed that “this dog can't hunt” then he'd be more inclined to support it, but he felt there wasn't enough information.

Barreras said the Maui Bed Needs Study clearly states that there is a need for more acute care beds in Maui County. At a minimum, planning and design funds should be appropriated to begin looking at a long range plan for replacement of the current MMMC.

Krieg said on Page 96, Item B already says that Maui has need for more acute-care beds and that deterioration must be considered, we're just not calling out MMMC. He said that Sakamoto told him that he had held discussions with MMMC and Triad executives about a new replacement hospital and abandoning MMMC. But Hirayama said Sakamoto didn't say that in the statements attributed to him in the report. Krieg said in order for the Task Force to make a judgment on a new facility to replace the old one, we would need more information.

Bezane said the Task Force could support a compromise – say seriously consider building a new MMMC – we would just be saying ‘think about it.’

Hyde said he could accept Bezane's language. Barreras said the need was critical. It's critical to begin immediate steps to plan and design a replacement facility. Aluli said he liked Rita's idea to begin planning and designing – he also liked the idea of including creative financing – he said the writing is on the wall: MMMC has to build a new campus.

Hirayama said there are two ways to build a hospital – demolish it or build in a modular fashion, replace portions and then demolish it. He said he believes that MMMC has plans to modularly replace the hospital. He said he doesn't support the demolition of the hospital. There are sections of it that do function and there are ways to make them work. Like Weiland said, to build a new hospital would cost more than \$500 million.

Hyde suggested taking out “brand new hospital”

Skog said the group keeps talking about a “brand new hospital” and she doesn't think that conveys what the group is thinking. It should say something more about renovating or building a new facility for MMMC so it doesn't imply replacing the hospital. Brand new hospital, she said, makes it sound like the furor the community just went through.

Bezane said the group wasn't talking about renovations – replacement doesn't mean you have to go somewhere else. Skog said the talk was about a new facility not a new hospital. She said she supported Hirayama's description of adding to the hospital in a modular fashion. She felt that was the most realistic way: a new wing is up, they're planning another wing and the emergency room is being upgraded. Weiland said that's how most hospitals do it (through modular additions). He said he was in favor of

renovating MMMC to bring it into the modern age – he said that two floors of the new renovation at MMMC are not being used.

Barreras said the other part related to the discussion was discussions about the CON that the Task Force probably won't get to until Saturday. She said there's a perception that the way the CON works doesn't encourage competition. She said there has to be a way to figure out how to get private dollars in the door. Hirayama said shouldn't that be a public-private partnership that doesn't involve competition.

Bezane suggested Barreras write some language.

Hyde continued to try to put together ideas for a proposal with input from the group. Barreras said: "It is critical to modernize and replace MMMC in order to accommodate the acute care bed shortage that has been demonstrated in the Maui Bed Needs Study by utilizing a phased reconstruction and/or replacement."

Hyde said he didn't think the group was comfortable with language that would support tearing down the facility. Skog said "replace" was in the statement twice – there was no need to say there was a need to "modernize and replace" when replacement was at the end of the sentence. Bezane said he felt that was where the divide was in the group: over the word "replacement." But Skog said she wasn't opposing the word, only that it was in the statement twice.

The group arrived at: "It is critical to modernize MMMC, utilizing a phased reconstruction and/or replacement." There was some discussion about whether MMMC should be singled out – Hirayama suggested that perhaps MMMC should be replaced with "current and future facilities" to show that modernization would be an ongoing need.

Weiland said the entire question is about Wes Lo – the Task Force has no idea what he's going to do in 20 years. Barreras said that's the work we're supposed to look at. She said Lo provided a lot of information, but Weiland said nothing pertinent and the Task Force hasn't forced him to say what he's planning to do.

Oka said he didn't like the idea of specifying MMMC – he felt that might be a dividing point in the group, too -- when there should be a focus on other

facilities. Hirayama agreed – in the statement, replace MMMC with “current and any future facilities.” Krieg asked for a straw vote to see where the group stood.

The group arrived at: “It is critical to modernize MMMC, utilizing a phased reconstruction and/or replacement.” The straw vote was 12 in support – Fujiwara wasn’t sure and Oka opposed singling out MMMC.

Yagi Buen asked about Hirayama’s suggestion where he said that it was critical to modernize current and any future facilities by utilizing phased reconstruction and/or replacement. Harman said that statement was too vague. Bezane said that members of the Task Force who are board members or MMMC or who have close relationships to the hospital should show some flexibility in what Barreras proposed and not let their personal views of protecting MMMC to keep this Task Force from what it was created to do: promote health care on the island. He said the Task Force should aspire to excellence – and that Barreras’ statement was the kind the group needed to make. He said the Task Force would be applauded in the community. In West Maui, MMMC gets a thumb’s down, he said even though West Maui groups never criticize MMMC.

The proposal before the group was: “It is critical to modernize MMMC, utilizing a phased reconstruction and/or replacement.” Krieg asked to take a “real” vote on the statement. There was a second by Harman.

Aluli asked who was on the MMMC board. Hirayama said he was currently a member of the MMMC Foundation board, but not on the hospital board. Hyde said he was formerly on the hospital advisory board. Skog said she had never been a member of a hospital board. Aluli said he did not believe politics were getting in the way.

Barreras said this was the issue that brought the group together. She said she tended to be a planner and think down the road. There was no plan for more acute care beds on this island – she said there needs to be immediate action for a real strategic plan for acute care.

The proposal: “It is critical to modernize MMMC, utilizing a phased reconstruction and/or replacement.”

The vote was: 13 in favor with Oka abstaining because he didn't feel MMMC should be singled out.

Barreras said time was getting late. McOmber pointed out that everything tonight was about Maui and this Task Force is about Maui County. Barreras said one committee had recommended better networking between MMMC and Molokai and Lanai. Bezane said that in all the wording it needs to emphasized that this is a Maui County Task Force, not just Maui.

Hyde returned to the blackboard to wrap up unfinished business. On the item of the inconsistency in the number of beds at MMMC, Hyde offered to get clarification from Pat Saka about the number of beds and if the hospital has a plan to address acute care bed shortage.

Hyde asked Bezane to give thoughts to his concern about Priority 4 in the committee report. Lee suggested rather than calling it Priority 4, referring to the items as "other identified needs" and mark them by bullets instead of commas. Bezane accepted that.

Hyde said he would include the MMMC vote in the committee report. He said he would talk to Barreras about how to include the South Maui "no consensus" vote in the report. It was pointed out that both votes were taken at the Task Force level.

Barreras talked about the upcoming meeting on Saturday when there will be two more committee reports and a discussion on Aluli's placeholder for the needs of rural, remote communities and other items. A holiday party was scheduled for 11 a.m. before the meeting beginning at noon – Barreras asked members if they could go beyond the 3 p.m. closing time on Saturday – a majority indicated they could do that. She said there also needed to be a discussion of a timeline and how the Task Force communicates its report.

A motion to adjourn was made by Weiland with a second by Harman. The meeting adjourned at 9:20 p.m.