

Health Care Task Force
Office of the Insurance Commissioner
February 7, 2006
John A. Burns School of Medicine, Auditorium

Minutes

In Attendance: Gary Allen, Patricia Blanchette, Lynn Finnegan, Beth Giesting, Josh Green, Roseanne Harrigan, David Heywood, Rich Meiers, John Radcliff, J.P. Schmidt

Staff Support: Laurel Johnston and Carol Taniguchi Hawaii Uninsured Project; Miki Lee, Leeway Enterprise; James Nagle, Department of the Attorney General; Lloyd Lim, Insurance Division

I. Call to Order

Chairperson Josh Green called the meeting to order at 4:05 PM with 10 of the 13 members present.

II. Review and Approval of January 10, 2006 Minutes

Roseanne Harrigan made a motion to approve the minutes. Rich Meiers seconded and the Task Force voted unanimously to approve the January 10, 2006 minutes.

III. Public Testimony

Stephen Shaw and George Simson offered testimony.

IV. Act 223, SLH 2005 Scope of Work and Tasks

List of Outstanding Issues Contained in the Interim Report

The Task Force reviewed the prioritized list of 28 outstanding issues from the interim report to the Legislature. Members were given assignments to develop proposals for the Task Force to review and consider including in the final report. (See the list of outstanding issues and the assignments noted thereon, attached hereto as Exhibit "A.")

A document was handed out for Task Force members to use as a guide in presenting information on outstanding issues. The guideline recommended including the following information: identifying the target (gap) population to be served, providing information on costs, and analyzing the positive and negative impacts of the proposed solution.

Task Force members with assignments were asked to be prepared to give an update on their progress at the next meeting and to have a final proposal ready for review and discussion at the meeting after that.

Discussion of Complementary and Alternative Medicine

The Task Force noted that it had not yet determined whether or not to include complementary and alternative medicine in its final report. Task Force members noted that alternative, complementary and integrative medical practices, which include nutrition, acupuncture and massage therapy, are increasingly being used with success. It was also noted that some indigenous people/groups in Hawaii prefer culturally-based medicine over Western practices. In order to ensure care for as many people as possible, the Task Force agreed to include complementary and alternative medicine in the Task Force's final report.

Roseanne Harrigan was asked to develop a proposal that would include access to evidence-based complementary and alternative medicine.

V. Report from Hawaii Uninsured Project

Hawaii Uninsured Project distributed two current resources: The Hawaii Uninsured Project Health Care Coverage Update; and Health Trends in Hawaii, Seventh Edition prepared by the Hawaii Health Information Corporation.

Hawaii Uninsured Project reported that the Lewin Group has indicated it is on track with the project. The report is scheduled to be completed by the end of February.

The Task Force discussed wanting to have an opportunity to review the report and to develop a list of relevant questions before committing to paying to bring Lewin or any other expert or consultant in to meet with the Task Force.

VI. Chair's Report on Legislative Priorities

Chair Josh Green provided an update of healthcare-related legislation, including bills related to a provider map, keiki care, Hawaii Health Authority and tort reform. He invited Task Force members to contact him on specific bills as needed.

The Task Force noted the importance of being able to monitor what was happening at the federal level with Medicare, Medicaid and other federally funded initiatives and priorities. Changes made may have significant and long-lasting impacts on the state. It was suggested that the Task Force include in its final report some forecast, data and recommendations about the expected impacts of federal reductions and shifts in priorities. Rich Meier was asked to provide an update at the next Task Force meeting.

VII. Future Meeting Dates and Locations

The following meeting dates are tentatively scheduled:

- February 28, 2006
- March 9, 2006
- March 28, 2006
- April 13, 2006

All meetings are scheduled to begin at 4:00 PM. The location of the meetings will be determined.

VIII. Adjournment

Chairperson Josh Green adjourned the Task Force meeting at 5:47 PM.

Exhibit "A"

List of Outstanding Issues
from HCTF Interim Report (December 2005)

Health Care Costs & Financing

1. The rising cost of retiree health care coverage and the growing trend for employers to reduce and/or drop retiree health benefits. (page 9)

This issue is important, but is not of the highest priority. Place in a "parking lot" to be addressed at a later time and/or by another entity. Forward to the Lewin Group.

2. The growing number of early retirees (ages 50-64) who are having a difficult time finding affordable health care coverage. (page 9)

This issue is being taken up as part of the Task Force's overall work.

3. The impact of possible federal budget cuts on government insurance programs. (page 9)

This issue is important, but is not of the highest priority. Place in a "parking lot" to be addressed at a later time and/or by another entity. Forward to the Lewin Group.

4. Cost/benefit analysis of dollars spent on community health centers. (page 13)

This issue is being looked at by the Lewin Group. Obtain relevant data from the House and Senate Ways & Means Committees.

5. Administrative costs incurred by health care providers in complying with various financial and legal requirements. (page 14)

This is not a Task Force priority.

6. Funding strategies to pay for any proposed coverage options. (page 16)

This is a priority issue for the Task Force and is connected to Item 7.

02/07/06: Some of this information may be included in the Lewin Group report.

7. Strategy to pay for specialty and inpatient care for the uninsured. (page 16)

This is a priority issue for the Task Force and is connected to Item 6.

02/07/06: This issue is covered under Item #23.

Annotated to reflect assignments made at the February 7, 2006 meeting

8. Review of the rising cost of medical malpractice insurance and its impact on the provider network and health care costs. (page 16)

The Insurance Commissioner's office is pursuing this and while the issue impacts health care delivery and costs, it is not seen as a priority for the Task Force.

Health Care Facilities and Workforce

9. The aging of Hawaii's health care facilities infrastructure with inadequate funding to update and improve while the population continues to increase and age. (page 9)

This is not a Task Force priority.

10. Identifying and analyzing the current availability of health care providers, barriers to recruiting and retaining health care professionals, including:

- A. The need to develop an informational database to map the health workforce infrastructure statewide; and

This is a priority for the Task Force. Legislation is being introduced this session to fund a comprehensive provider map. If the legislation is unsuccessful, the Task Force may want to consider developing a recommendation or plan in its final report.

02/07/06: Legislation on this matter is being pursued this session.

- B. Gather information through a questionnaire included in the license renewal process for health care professionals. (page 11)

This needs further discussion with the respective licensing and credentialing boards operating in Hawaii to assess their support for or opposition to this proposal.

11. Acquisition of health information technology systems at community health centers that can capture and share standardized data across centers to assist in treatment of patients with chronic conditions, provide documentation of treatment outcomes; and sharing patient authorization among providers to improve care from primary to specialty to inpatient care. (page 13)

More streamlined access to medical records is an accessibility issue that can result in better care for patients. The issue is being addressed by the Hawaii Life Sciences Council. This issue is related to Items 12 and 13. More data is needed about the cost and effectiveness of the issue is needed in order to develop a strategy for inclusion in the Task Force's final report. Does Lewin Group have any relevant data (formal or informal)?

02/07/06: A pilot study is underway to assess cost and effectiveness of this type of strategy. Susan Forbes will develop draft language for the final report on this item.

Annotated to reflect assignments made at the February 7, 2006 meeting

12. Expansion of telehealth capabilities at community health centers and partnerships with private providers and HHSC to provide access to specialty care. (page 13)

Related to Items 11 and 13. More data needed.

13. Computerized electronic infrastructure to connect all health care providers, health plans, employers, and patients. (page 13)

Related to Items 11 and 12. More data needed.

Health Care Coverage Options

All issues under this heading are a priority for the Task Force, except items 22 and 24.

Add an issue: Explore whether increased competition within the health insurance provider field would positively affect the market place and the quality of health care by attracting non-Hawaii providers.

14. The viability of a basic health care plan that provides a minimum amount of coverage for the uninsured. Basic health care plans, or "bare bones" plans, reduce premiums by decreasing the number of covered services or by raising deductibles and other consumer costs for covered services. (page 12)

02/07/06: J.P. Schmidt will develop draft language for the final report on this item.

15. Consumer-driven health care models such as health savings accounts. (page 12)

02/07/06: J.P. Schmidt will develop draft language for the final report on this item.

16. Policy changes such as removing the QUEST enrollment cap to cover uninsured adults who fall into one of the gap groups. (page 12)

17. The Hawai'i Essential Insurance plan which would allow the uninsured to access safety net providers and cover Hawai'i residents who are not currently enrolled in a health insurance plan offered by an employer or not eligible for government insurance. (page 13)

02/07/06: J.P. Schmidt will develop draft language for the final report on this item.

18. Expansion of primary care services at community health centers to reach the broader community without health insurance. Dental and behavioral needs must also be addressed. (page 13)

02/07/06: Beth Giesting will develop draft language for the final report on Items 18, 19 and 20.

19. Expansion of services at community health centers oriented to prevention of certain pervasive problems: crystal methamphetamine problem, obesity, chronic conditions,

Annotated to reflect assignments made at the February 7, 2006 meeting

smoking. Services to include outreach, case management, individual and group counseling, and exercise in addition to clinical care. (page 13)

20. Support for multiple options for expanding community health center facilities to match expanded role. Options include but are not limited to access to public and private funding, making public land available for building, and sharing public facilities (schools, hospitals, administrative buildings, public health clinics) for clinical and administrative functions. (page 13)
21. Feasibility of establishing a health care referral system to provide health care to the uninsured similar to Project Access, an Asheville North Carolina community-based program. (page 13)

02/07/06: Gary Allen will develop draft language for the final report on this item. Include information about the need for a funded coordinator position.

22. Free health screenings and immunizations for every child in Hawai'i. (page 16)

This is not a Task Force priority.

23. Strategy to provide care for the chronically ill – those who may not qualify for a traditional health plan. (page 16)

02/07/06: This will be covered under Items 18, 19 and 20.

24. Given Hawaii's unique geography as an island state, telehealth and telemedicine should be expanded to support provision of services to individuals in underserved areas. Telehealth and telemedicine use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. (page 16)

This is not a Task Force priority.

Health Care System Reform

25. Computerized electronic infrastructure to connect all health care providers, health plans, employers, and patients. (page 14)

Related to Items 11, 12 and 13.

26. Proposals to shift the focus of the current health care model to include prevention and improving health status in patient treatment. (page 14)

Related to items listed in the Health Care Coverage Options heading.

27. Health care models that encourage consumers to participate and be responsible for their own health care, including, but not limited to:

- A. A preventive medicine model where the uninsured are covered based on their ability to meet defined health milestones. The greater the ability to meet the

Annotated to reflect assignments made at the February 7, 2006 meeting

milestones, the better the coverage.

- B. Consumer-directed health care models such as Health Savings Accounts (HSAs), tax-free accounts that can be set up by individuals or employers which can be drawn upon to help pay for qualified medical expenses. HSAs allow individuals to own and control their health care spending and save for their future health care costs, and together with high deductible health coverage, help people finance their medical expenses.
- C. Worksite wellness models to encourage and reward healthy behavior, preventive care, and proactive management of health conditions. (page 16)

Introduce as a general concept (what it should accomplish) and leave off the detail (how it should be done) and replace/combine with Item 27. Plan should take into account whether this can be done effectively and efficiently.

- 28. Review and modification of the Certificate of Need (CON) law enacted in 1975, which requires health care providers to obtain permission from the State prior to committing substantial resources to expand facilities or purchase equipment. (page 16)

This is not a Task Force priority.