



Hawai'i Primary Care Association

April 25, 2006

To: Hawaii Health Care Task Force

From: Beth Giesting, Executive Director

Re: Issues for Task Force Consideration

- ☒ 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.
- ☒ Expansion of services at community health centers oriented to prevention of certain pervasive problems: crystal methamphetamine problem, obesity, chronic conditions, smoking. Services to include outreach, case management, individual and group counseling, and exercise in addition to clinical care.
- ☒ 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.

Expansion planning for federally qualified health centers (FQHCs), also referred to as community health centers (CHCs), is an inexact science and usually depends more on the availability of funding than on the growth and intensity of community needs. This document shows two difference scenarios for FQHC growth, one as reported as part of planning exercises by health centers over the last several years, and the other using Hawai'i and national health center data as the basis for cost and staffing needs projections.

A summary of the two FQHC Growth Plans shows:

- The current program cost for serving the uninsured is \$10.3 million (about \$3.5 million is available to CHCs from state DOH for this purpose).
- The program cost for providing more medical dental, behavioral health, and pharmacy services for the uninsured is \$17.2 million in one scenario and \$26 million in the other. This is largely due to different assumptions of numbers of people to be served.

- Another \$6 million would be needed to more comprehensively reach out, follow-up, and provide health promotion and disease prevention services like smoking cessation, health education, nutrition counseling, and exercise classes.
- Staffing needs are also formidable:
 - 12 – 22 more physicians, APRNs, and/or PAs,
 - 22 more medical ancillary and support staff,
 - 22 more dentists,
 - At least 8 more hygienists (probably greater if hygienists were more readily available),
 - 41 more dental ancillary and support staff,
 - 19 – 29 more behavioral health providers,
 - At least 40 staff to provide health promotion and disease prevention services,
 - More than 100 additional administrative and facility staff.

Capital Costs. Facility costs are a major barrier to CHC expansion in Hawai'i. The estimate for facility acquisition, expansion, and/or rehabilitation is \$71 million. Health information technology is also a looming and important cost for FQHCs. The estimated total to acquire and implement electronic practice management and health records is about \$11 million. Some creative solutions in sharing public resources need to be explored, however, sharing public land and facilities may be hampered by liability issues, reluctance to enter into long-term agreements, and conflicting ideas about usage.

Capacity for Growth. Based on the projections above, community health centers would grow to serve between 40,000 and 46,000 uninsured people – about a third of the current estimated uninsured population. Their capacity to serve dental patients is considerably less while the number of dentally uninsured is greater. This points to a need for much more prevention and promotion to improve oral health, given the limited capacity and the sad fact that many people do not seek dental service regularly. The need among these target populations for behavioral health services is less well known. Because of the socio-economic characteristics of health center patients and uninsured, the necessity to address anxiety, disruptive behavior disorders, depression and mood disorders, and substance abuse it is likely to be higher than for the general population – some experts predict as much as 50-60% of health center patients need behavioral health services. Health centers in Hawai'i are currently unable to comprehensively address these needs because of lack of resources.

As usual, the numbers of people in need on O'ahu surpasses those of Neighbor Islands, and the relative structure and capacity for growth is also greater. On the other hand, Neighbor Islands generally have proportionately greater needs and fewer resources, notably when it comes to the availability of staff. Facility costs are at least as great in most areas of Neighbor Islands as on O'ahu while certain other costs of doing business is greater, particularly for Moloka'i and Lāna'i.

Hawai'i Primary Care Association: FQHC Growth by Island from CHC-Reported Estimates

Current Services	Kaua'i	O'ahu	Maui	Moloka'i	Lana'i	Big Island	TOTAL
Total Population	58,463	876,151	117,644	7,404	3,193	148,677	1,211,532
No Medical Insurance	7,000	88,000	13,000	na	na	15,000	123,000
# Served by CHCs	1,462	16,464	4,371	259	-	3,558	26,114
No Dental Insurance	18,000	230,000	38,800	3,100	850	60,600	351,350
# Served by CHCs	na	na	na	na	na	na	-
Medicaid/QUEST	9,207	127,365	15,312	2,420	304	39,960	194,568
# Served by CHCs	947	24,311	2,545	339	-	7,332	35,474
< 200% FPL	16,058	214,065	29,370	5,928	-	51,278	316,699
# Served by CHCs	3,949	41,727	3,416	312	-	8,869	58,273
With Interpreter Needs	1,661	45,676	13,436	217	-	3,647	64,637
# Served by CHCs	1,204	7,994	2,262	10	-	1,851	13,321
Native Hawaiian	13,278	154,802	27,377	2,473	-	43,290	241,220
# Served by CHCs	1,662	16,862	1,984	393	-	3,491	24,392
Homeless*	336	3,297	1,153	na	na	1,243	6,029
# Served by CHCs	121	4,592	818	7	-	46	5,584
Current Uninsured Service Costs	337,500	6,772,500	956,250	337,500	na	1,856,250	10,260,000

* 2003 Sheltered and Unsheltered homeless estimates per SMS study for HCDCH.

Projected Growth	Kaua'i	O'ahu	Maui	Moloka'i	Lana'i	Big Island	TOTAL
Additional Medical Patients	1,000	19,974	2,745	1,500	800	10,500	36,519
Additional Uninsured	400	7,990	1,098	600	320	4,200	14,608
Uninsured Cost	126,628	4,742,240	508,622	306,000	224,000	2,756,096	8,663,586
Additional Dental Patients	300	11,500	4,150	2,000	750	8,000	26,700
Additional Uninsured	90	3,450	1,245	600	225	2,100	7,710
Uninsured Cost	45,000	1,380,000	627,000	360,000	135,000	1,110,000	3,657,000
Additional Behav. Hlth. Patients	500	5,150	1,200	250	150	4,750	12,000
Additional Uninsured	200	2,060	480	100	60	1,900	4,800
Uninsured Cost	120,000	1,236,000	288,000	60,000	36,000	1,140,000	2,880,000
Additional Pharmacy Patients	700	13,975	2,500	500	500	8,075	26,250
Additional Uninsured	350	6,988	1,250	250	250	4,037	13,125
Uninsured Cost	52,500	1,048,125	187,500	37,500	37,500	605,625	1,968,750
Additional Users of Preventive Svcs	1,500	21,700	4,750	1,000	750	11,000	40,700
Cost	225,000	3,255,000	712,500	150,000	112,500	1,650,000	6,105,000
Additional Medical Clinicians	0.80	14.50	2.00	1.00	1.00	3.00	22.30
Additional Dental Clinicians	-	8.50	3.50	1.00	1.00	8.00	22.00
Additional Behav. Hlth. Clinicians	1.00	7.50	2.50	1.00	0.50	6.50	19.00
Additional Pharmacists	1.00	2.00	0.60	-	-	1.00	4.60
Additional Preventive Staff	1.50	20.00	4.50	2.00	1.50	10.00	39.50
Additional Support Staff	48.00	52.00	14.00	10.00	8.00	54.00	186.00
Additional Facility Costs	164,000	48,000,000	2,000,000	3,000,000	515,000	17,500,000	71,179,000
Additional HIT Costs	1,000,000	5,000,000	1,400,000	750,000	750,000	2,000,000	10,900,000

Summary of Costs	# Unins
Additional Medical Uninsured	14,608
Additional Dental Uninsured	7,710
Additional Behavioral Health Uninsu	4,800
Additional Pharmacy Uninsured	13,125
Sub-TOTAL Uninsured	40,243
Additional Preventive Services	
TOTAL Additional Program Cost	
Additional Facility Costs	
Additional HIT Costs	
TOTAL Capital Costs	
TOTAL Additional Costs	