

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)
2. The growing number of early retirees (ages 50-64) who are having a difficult time finding affordable health care coverage. (page 9)
3. The impact of possible federal budget cuts on government insurance programs. (page 9)
4. Cost/benefit analysis of dollars spent on community health centers. (page 13)
5. Administrative costs incurred by health care providers in complying with various financial and legal requirements. (page 14)
6. Funding strategies to pay for any proposed coverage options. (page 16)
7. Strategy to pay for specialty and inpatient care for the uninsured. (page 16)
8. Review of the rising cost of medical malpractice insurance and its impact on the provider network and health care costs. (page 16)

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)
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
 - B. Gather information through a questionnaire included in the license renewal process for health care professionals. (page 11)
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)
12. Expansion of telehealth capabilities at community health centers and partnerships with private providers and HHSC to provide access to specialty care. (page 13)

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

Health Care Coverage Options

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)
15. Consumer-driven health care models such as health savings accounts. (page 12)
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. (page13)
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)
19. 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. (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)
22. Free health screenings and immunizations for every child in Hawai'i. (page 16)
23. Strategy to provide care for the chronically ill – those who may not qualify for a traditional health plan. (page 16)
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. (page16)

Health Care System Reform

25. Computerized electronic infrastructure to connect all health care providers, health plans, employers, and patients. (page 14)
26. Proposals to shift the focus of the current health care model to include prevention and improving health status in patient treatment. (page 14)
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 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)
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)