

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.

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.

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 Commissioners 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.

- 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)?

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)
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. (page 13)
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)

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)

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)

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 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.