MAUI ISLAND MEETING RECAP

Total attendees = 23


HOSPITAL COMMUNITY HEALTH PRIORITIES

Maui Memorial Medical Center:
1. Access to Care
2. Increasing Medical Providers → discussed in detail

Please see Appendix for the following materials:

1. Full meeting agenda.
2. Maui Memorial Medical Center’s (MMMC) one-page summary, which identifies its priorities and plans.
## ATTENDEES

### Maui Region 9/23/2013

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Job Title</th>
<th>Company</th>
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<tbody>
<tr>
<td>Cliff</td>
<td>Alakai</td>
<td>Administrator</td>
<td>Maui Medical Group</td>
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<tr>
<td>Dana</td>
<td>Alonzo-Howeth</td>
<td>Executive Director</td>
<td>Malama I Ke Ola Health Center</td>
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<tr>
<td>Nicole</td>
<td>Apoliona, MD</td>
<td>Medical Director</td>
<td>Kula Hospital</td>
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<tr>
<td>Alan</td>
<td>Arakawa</td>
<td>Mayor, Maui</td>
<td>County of Maui</td>
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<tr>
<td>Deborah</td>
<td>Areendale</td>
<td>Director</td>
<td>Maui County Office on Aging</td>
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<tr>
<td>Michelle</td>
<td>Baysa</td>
<td>Health Physical Education Resource Teacher, Healthy Hawaii Initiative</td>
<td>Hawaii State Department of Education (DOE)</td>
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<tr>
<td>Jenny</td>
<td>Belforte</td>
<td>Account Manager</td>
<td>Healthy Communities Institute</td>
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<tr>
<td>Lee</td>
<td>Buenconsejo-Lum, MD, FAAFP</td>
<td>Family Practice Residency</td>
<td>University of Hawaii School of Medicine (JABSOM)</td>
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<tr>
<td>Leslie</td>
<td>Chun, MD</td>
<td>Chief of Clinical Affairs</td>
<td>Maui Memorial Medical Center</td>
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<tr>
<td>Carol</td>
<td>Clark</td>
<td>Director of Communications &amp; Community Relations</td>
<td>Maui Memorial Medical Center</td>
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<tr>
<td>Kathleen</td>
<td>Deknis, RN</td>
<td>Home Health Director</td>
<td>Hale Makua Home Health</td>
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<tr>
<td>Julie</td>
<td>Ford</td>
<td>President</td>
<td>Schweitzer Consulting, LLC</td>
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<tr>
<td>Mary</td>
<td>Hew</td>
<td>Clinic Operations Director</td>
<td>Kaiser Permanente Hawaii</td>
</tr>
<tr>
<td>Nick</td>
<td>Hughey, RN, MBA, NHA</td>
<td>Regional Chief Business Officer/Administrator of Critical Access Hospitals</td>
<td>HHSC, Maui Region</td>
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<tr>
<td>Janice</td>
<td>Kalanihuia</td>
<td>President</td>
<td>Molokai General Hospital</td>
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<tr>
<td>Gil</td>
<td>Keith-Agaran</td>
<td>Hawaii State Senator</td>
<td>Hawaii State Senate</td>
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<tr>
<td>Nicole</td>
<td>Nako</td>
<td>Communications Coordinator</td>
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<tr>
<td>Craig</td>
<td>Nolte</td>
<td>Regional Manager, Community Development</td>
<td>Federal Reserve Bank of San Francisco</td>
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<tr>
<td>Florence</td>
<td>Reinisch, MPH</td>
<td>Senior Vice President, Strategic Planning</td>
<td>Healthy Communities Institute</td>
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<tr>
<td>Clyde</td>
<td>Sakamoto, EdD</td>
<td>Chancellor, Maui Campus</td>
<td>University of Hawaii</td>
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<tr>
<td>Lois</td>
<td>Sato</td>
<td>Educational Director</td>
<td>Hawaii State Department of Education (DOE)</td>
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<tr>
<td>Catherine</td>
<td>Sorensen, DrPH</td>
<td>Primary Care Office Program Manager</td>
<td>Hawaii State Department of Health (DOH), Office of Primary Care and Rural Health</td>
</tr>
<tr>
<td>Rachael</td>
<td>Wong, DrPH</td>
<td>Vice President &amp; COO</td>
<td>Healthcare Association of Hawaii</td>
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MEETING NOTES
(Please note: Every effort was made to properly identify and capture the nature of comments made during this meeting. If you would like to suggest an update, please contact Julie@SchweitzerConsulting.com).

I. Greeting (Healthcare Association of Hawaii Vice President & COO Rachael Wong, DrPH, and Regional Manager, Community Development, FRBSF Craig Nolte)
   A. The meeting was called to order at 9:00 a.m.
      1. Craig provided an overview of his role with the Federal Reserve Bank of San Francisco.
      2. He drew the comparison of the Affordable Care Act (ACA) regulations for hospitals to the Community Reinvestment Act (CRA) for banks.
      3. He showed the link between better health and better economic outcomes in communities.

II. Q&A with Craig
   Q: What types of support does the Federal Reserve provide to the community? Why are local banks interested in helping healthcare?
   A: The Fed audits banks for their adherence to the CRA. Those that excel receive higher marks and better assistance when attempting to open more branches, etc. There is incentive for banks to work with the community.

   Q: What types of projects would not be funded through the CRA?
   A: Areas that don’t address low-income issues (e.g., the arts, programs in high income areas, etc.).

   Q: Why does the Fed care about healthcare?
   A: It is charged with keeping a stable economy. Healthcare is a big part of that. There are various places where the interests of healthcare and banking intersect, particularly with low-income areas in which banks play a role through the Community Reinvestment Act (CRA). This is community development for low-income areas.

III. Greeting and remarks by The Honorable Alan Arakawa, Maui Mayor
   A. No community can excel if it’s not keeping up with its healthcare.
   B. The U.S., as a whole, has fallen behind in keeping up with technology/medical advances.
   C. Medical services are a cornerstone of Maui, as is education. Without these cornerstones, Maui will greatly suffer.
   D. Working together is the key. Community collaborations, such as this one, are paramount. It is up to the people in the room (Maui’s healthcare leaders) to help carry out the collaboration needed in Maui’s communities.
   E. Take risks and create a plan to reach Maui’s biggest goals.
IV. Purpose, goals & objectives (Rachael Wong)
   A. Rachael gave an overview of the 2013 Hawaii Hospitals Community Health Needs Assessment (CHNA) project from a statewide perspective.
   B. She reviewed the overall CHNA process, including the way the initial data was collected (mentioning Hawaii Department of Health and many other collaborators), to arrive at our current stage.
   C. She indicated which areas some of the various hospitals are focusing on, mentioning that all materials are available on the HAH website.
   D. She showed a word cloud based on the topics that came up most frequently in the key informant interviews.
   E. She noted that the Federal Reserve Bank coined the phrase that a person’s zip code is more important to their health than her/his genetic code.
   F. Looking to the future, she noted HAH would continue driving this forward as the three-year mark approaches (and activity would re-commence in early 2014).

V. Group exercise: brainstorming (tables were pushed together to create one large working group)
   A. Nick Hughey, RN, MBA, NHA, HHSC Maui Region, thanked everyone for participating and opened up the discussion by referencing the goal of attracting more medical providers to Maui.
   B. Lee Buenconsejo-Lum, MD, FAAFP (JABSOM) circulated a report about family medicine residency on neighbor islands and noted that if medical students receive proper training/rotations in rural communities, they can become community leaders who are connected to their neighborhoods.
   C. She acknowledged that many hospitals are under-resourced and may not have enough capacity to take on additional projects.
   D. Cliff Alakai, Administrator, Maui Medical Group, noted that one of the barriers of attracting physicians to Maui is the lack of work for partners (or ability to find a partner).
   E. UH Maui Chancellor Clyde Sakamoto asked Dr. Buenconsejo-Lum if professional vacancies/opportunities are posted online. He asked whether there could be collaboration with the University, DOE, etc., to attract people back to Maui who may want to return to Maui and are looking online for opportunities to do so. He wondered if Maui County might be a clearinghouse of data (to aggregate information in a similar way that the Fulbright Scholarship program does).
   F. Discussion about the Hawaii/Pacific Basin Area Health Education Center (AHEC) by Kelly Withy, MD, PhD ensued. It was noted that funding has been dropped and there is no longer a Maui-domiciled representative. Instead, the Maui office representative is located on Molokai.
   G. Craig Nolte noted that this seemed like a workforce development issue and that the economic development organizations might be useful in these discussions. Rachael noted they had been invited to today’s forum but were unable to attend.
   H. Nick Hughey indicated that it was difficult to bring on students with universities that do not currently have contracts with the State. He noted that it was difficult (or
impossible) to bring on students because a special liability contract would need to be established.

I. Chancellor Sakamoto suggested that a master contract would be extremely helpful. Rachael Wong indicated that the HMSA Foundation might be interested in assisting in this endeavor.

J. Discussion about the Hilo residency program grant by UnitedHealthcare ensued. Dr. Buenconsejo-Lum gave some background on the grant. She indicated the residents had been rotating there since 2002. Out of 106 graduates, nine remained for at least three years, and seven remain there currently.

K. Dr. Nicole Apoliona indicated that a master contract would be very beneficial. She noted that physicians do not stay on Maui in order to make money. Instead, she indicated that Maui’s appeal is its lifestyle, not the income.

L. Leslie Chun, MD, Chief of Clinical and Medical Affairs, MMMC, noted it would be a hardship for the UH legal team to have to keep up with various contracts. He referenced programs in other regions in the U.S. where physicians are incentivized to purchase homes in certain geographical regions and are then given loans through the medical school and/or have a portions of their loans forgiven after living in the home for a certain period of time.

M. Rachael Wong noted that many other Hawaii regions are trying to overcome the same hurdles. She indicated that the DOH is interested in learning where the barriers exist in order to help facilitate solutions. She noted that she was not speaking on behalf of DOH, but simply relaying their commitment to the goal of attracting more physicians.

N. Chancellor Sakamoto said this is a national issue in rural America. He indicated that Hawaii may want to endeavor to pilot a program to create an ongoing, sustainable program where UH-Maui would serve as a clearinghouse to help facilitate physicians to practice on Maui.

O. Nick Hughey said the action items might include contacting the economic development organizations to help take on this project collaboratively with other groups. He also noted that Maui County could be a player in this.

P. Florence Reinisch, MPH SVP of Strategy for Healthy Communities Institute, made an observation about whether the primary schools could be involved in these efforts to include areas such as agriculture, etc. Craig Nolte noted this idea would broaden the appeal to funders.

Q. Lois Sato, Education Director, Special Education, DOE Maui, also noted that DOE feels the impact of not having a pediatric psychiatrist, so they must use telemedicine to provide appropriate interventions. This negatively impacts DOE and the students, so this is a problem for them as well. She noted that schools are taking on school interns as emergency hires (without benefits), but it’s hard to keep anyone employed with such a low salary.

R. Mary Heu of Kaiser noted that two physicians gave their notices on Hilo just last Friday. She said this is a crisis situation. She also pointed out that physicians cannot find a reasonable place to rent a home and that Oahu oftentimes hires physicians who had been previously considering taking jobs on the neighbor islands.
S. Craig Nolte asked who could be of assistance in this area. Mary Heu mentioned Tina Rassmussen in the Mayor’s office. Craig Nolte suggested that businesses also have a financial interest in keeping the medical centers running. He noted that the community banks may also have an interest and want to become involved.

T. Cliff Alakai of the Maui Medical Group questioned why the group should be interested in helping Maui Memorial Medical Center (MMMC) do what it should be doing itself; primarily because MMMC benefits the most from recruitment efforts—and already has the money. He asked why the medical students wouldn’t simply bring their existing malpractice coverage along with them. He indicated that perhaps the problem wasn’t with the malpractice insurance, but rather a problem with MMMC’s credentialing protocols. He asked why the protocols were so cumbersome.

U. Dr. Chun noted that MMMC only has 21 days of cash on hand vs. the recommended 180. He noted each student has to go through HR, legal, credentialing, etc. He indicated that the protocol is cumbersome because it’s not built to scale. It’s expensive to build the pipeline to bring in the students without knowing whether the students will remain on Maui.

V. Chancellor Sakamoto indicated that perhaps the University of Hawaii Richardson School of Law could be enlisted to assist on the legal side. He said there are constraints with the general counsel of the UH-Maui, but perhaps the law school could help. He specifically mentioned the Legal Justice Department of JABSOM, noting it’s both a legal and health issue.

W. Dr. Buenconsejo-Lum stated that every student who comes to practice must have a letter of agreement with HHSC, which must be individually reviewed by the HHSC attorney. She noted that private entities can have contracts streamlined, but state and federal facilities cannot. There are multiple, competing laws that govern this area and these agreements take years to develop and sign.

X. Again, Chancellor Sakamoto indicated that the UH School of Law should be called upon to help address this. He said there are probably other schools on the mainland that have addressed this issue. He noted that the banks may also have the ability and inclination to help.

Y. Craig Nolte promised to work with Rachael Wong to search for national models to provide assistance. Chancellor Sakamoto asked them to search for the best ideas that are being tried nationwide—not only to recruit, but to retain physicians.

Z. Dr. Chun noted that schools such as Wesley, Harvard, Stanford, and various Pennsylvania schools had worked with loan forgiveness programs. Dr. Apoliona said federal programs are only available in Hana and Haiku on Maui.

AA. Chancellor Sakamoto indicated that there are generous benefactors on Maui who are interested in keeping the healthcare program at its best. Perhaps someone is available on the private benefactor side.

BB. Nick Hughey said that nonprofits such as the American Heart Association and others could also benefit from these types of programs.

CC. Cliff Alakai noted that child psychologists are extremely hard to recruit. The others at the table said that this is because of the additional training needed and the lower compensation for their efforts (as well as having to be on call every other night).
VI. Next steps (Craig Nolte summarized some of the actionable ideas that were discussed by the group)
   A. The group may want to connect with the County economic development office.
   B. Education is a key component in the effort to attract more physicians to Maui. The group may want to look at the existing Maui population—and expose students to medical professions while in middle and high school to develop interest at an early age.
   C. Exploring a way to maneuver through the legal issues in obtaining medical students is a worthwhile endeavor.
   D. Once the group assesses their preferences in terms of how to move forward, a second step would be to ask whether these efforts could be housed under an existing organization (or whether a new charity would need to be developed).
      o A suggestion came forward about whether the hospitals’ foundations would be appropriate, but the sentiment was that most hospital foundations were preoccupied with getting the latest equipment vs. focusing on prevention.
   E. Dr. Chun noted a change in that philosophy would require a paradigm shift by the foundations. He highlighted one organization, Hartland Health Foundation (on the mainland), which has made the shift. He noted that the foundation refuses to fund equipment, but rather focuses on endeavors such as the education of middle schoolers, etc. He stated that they had been quite successful.

VII. Main barriers (Rachael Wong summarized some of the major roadblocks to attracting and retaining physicians on Maui)
   A. Nurturing and satisfying the physicians’ partners/spouses in terms of their career options/social outlets.
   B. Housing.
   C. Reimbursement: she noted that this will always be an issue, but that the group could opt to focus on two out of the three major hurdles she cited.

VIII. Group Summary/Final Thoughts (Going around the circle)
   A. Dana Alonzo-Howeth, Executive Director, Malama I Ke Ola Health Center noted the navigator piece and said it needed to be folded into that as well as the aging population.
   B. Cliff Alakai of Maui Medical Group indicated that he was committed to help and wanted to focus on the educational loan forgiveness (non-federal/state programs) instead of housing.
   C. Senator Gilbert Keith-Agaran said the State Legislature can seek to waive certain requirements but wants to work in collaboration with the University and other entities. He said that Hawaii State Senator Roz Baker has also been very focused on these issues and she may be of help to find a legislative fix, if one is available.
   D. Catherine Sorensen, DrPH, Primary Care Office Program Manager, DOH, said she has been reviewing areas for specific designations. She indicated that she could possibly achieve a primary care designation for the entire island of Maui, but it may
not help very much. She noted the recruitment tools (e.g., 3RNet\(^1\) and the J-1 visa waiver program\(^2\)). She also noted that Kelly Withy, MD, PhD, has been talking about a welcome wagon program for physicians’ spouses/partners.

a. **Rachael Wong** also noted Hawaii Pacific Health’s *E Komo Mai* program as an example.

E. **Lois Sato** said DOE has an induction and mentoring program in their recruitment efforts, noting that the economic downturn has made things more difficult. She said the cost of living is a real concern and that it’s hard for the DOE to keep their new recruits living in as well. She noted that, in California, teachers make an average of $30,000 more than those in Hawaii.

F. **Michelle Baysa** noted that the recruitment process may need to be homegrown. She shared that to volunteer at a public school, you need to be cleared with a background check. She suggested that perhaps something could be developed for the hospitals where hospital employees could vet community outlets for families/kids in an effort to assist with retention.

G. **Kathleen Deknis, RN** said that Hale Makua is desperate for physicians. More of the population is low income and the reimbursements do not meet the cost. She said this is a huge issue for the community.

H. **Nick Hughey** promised to follow up with the DOH and the Maui County.

I. **Chancellor Sakamoto** stated that in the Maui community, as well as the world, technology is growing rapidly. He encouraged the group to think about using “technology smarts” to address long-term solutions that may be more sustainable for healthcare.

J. **Dr. Apoliona** recommended that the group start with the low-hanging fruit. She said it’s a good practice to start small and grow from there. She suggested that a person be in charge of looking at the contracts that are in place now, then review the law and getting a master contract.

K. **Dr. Chun** noted that the concern related to physicians remaining on Maui is both real and personal. He noted that it’s difficult for him to remain on the island, despite the fact that he’s got a history with Hawaii. He said it’s very difficult for those

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\(^1\) The following information was provided by Cathy Sorensen, DrPH, after the meeting: 3RNet (the National Rural Recruitment and Retention Network) is made up of organizations such as State Offices of Rural Health, Primary Care Offices, AHECs, university programs, state-based non-profit organizations and Primary Care Associations. These agencies help physicians and health professionals with recruitment and retention to rural and underserved communities throughout the country. Each organization has information supporting physician and healthcare recruitment for rural and underserved communities in their respective states or territories.

\(^2\) The following information was provided by Cathy Sorensen, DrPH, after the meeting: The J-1 visa waiver program increases access to primary health and mental healthcare in rural and urban communities that have shortages of primary care physicians and psychiatrists, by helping medical clinics recruit foreign physicians. Qualified foreign physicians must have completed their advanced clinical training in an approved U.S. residency training or fellowship program, must agree to work in the shortage area for three years, and must increase access to primary healthcare.
without ties to the islands to remain in Hawaii for very long. He noted some folks want to come to Hawaii because they’re “running away” from something or wanting to “be on vacation” for a short time, but those motivations do not lead to long-term residents.

L. Florence Reinisch promised to review her internal database to see if she can find models of programs/approaches that might be applicable on Maui. She noted her desire to find something that could appeal to a number of different goals mentioned by the group.³

M. Rachael Wong promised that HAH would reach out to its mainland member organizations in search of recruitment/retention models that have worked elsewhere. She then thanked everyone for letting DOH, the Fed, and HAH come to learn and be a part of the morning’s discussion and for everyone’s commitment to making Maui a better place and closed the meeting.

³ The following message was delivered to Rachael Wong, DrPH, from Florence Reinsich after the meeting:

I did spend some time reviewing our promising practices database to see if we had some model programs that were applicable for Maui or other topics that came up in Oahu. I didn’t find anything exactly on topic for Maui, but did find some related practices that may be of interest. Also, perhaps the stakeholders will want to browse the database and see if they find additional programs of interest:

- Hawaii Health Matters - Promising Practices

A few specific programs that may be of interest based on discussions in Hawaii:

- Migrant Health
- San Francisco Sober and Respite Center for Public Inebriates
- Public Housing Program - Opportunity Chicago
- Public Housing - NYC Work Rewards
- "Lay" Healthcare Workers for Breast Cancer Prevention
- "Lay" Community Healthcare Workers
The meeting adjourned at 12:20 p.m. People lingered afterwards to talk to one another.

Respectfully submitted,

Schweitzer Consulting, LLC

See following pages for the meeting agenda and hospital one-page summary.
Maui Island Meeting Agenda  
September 23, 2013  
Courtyard by Marriott - Kahului, HI

8:30 AM Registration and continental breakfast
9:00 AM Welcome
9:05 AM Purpose, goals & objectives, agenda  
Ice breaker and introductions around the room  
Review of sent material (hospital’s priorities and plans)
10:00 AM Background  
- “Intersection of community development and health”  
  Craig Nolte  
  Regional Manager, Community Development, FRBSF  
- “Hawaii Hospitals CHNA and next steps”  
  Rachael Wong, DrPH  
  VP & COO, Healthcare Association of Hawaii
10:10 AM Let’s get busy building bridges!  
Group exercise: brainstorming out loud within framework  
- Hospitals identify needs and call for support  
- Open discussion  
- Participants offer how they might support and ideas for moving the community forward together
11:10 AM Break
11:20 AM Recharged: Recap and moving forward  
- Making commitments  
- Recap of Forum
11:45 AM Next steps  
November 20 Summit
12:00 PM Mahalo and adjourn
Maui Memorial Medical Center

Originally opened in 1884 as "Malulani" (Protection of Heaven) by Queen Kapi‘olani, Maui Memorial Medical Center is the only acute hospital on the island.

**Beds:** 213 licensed beds

**Services:** Adult and pediatric medicine, oncology, Heart, Brain & Vascular Center, neurosurgery, adult and adolescent behavioral health, nutrition, radiology, endoscopy, maternity, same-day surgery, and more.

**Community:** Maui County

**Mission:** The Maui Region provides quality healthcare services incorporating caring and contemporary practices while being sensitive to the core values and unique spirit of the Maui community.

**Priorities and Plans**

1. **Access to Care and Increasing Medical Providers**
   Creation of community resource to assist students/residents/fellows coordinate and navigate through processes required to facilitate medical and clinical educational opportunities at healthcare entities in Maui County.

**Contact:** Nick Hughey, RN, MBA, NHA – Regional Chief Business Officer/Administrator of Critical Access Hospitals for HHSC-Maui Region

nhughey@hhsc.org