



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

LATE
testimony

House Committee on Health

House Committee on Human Services and Housing

HCR131, Requesting the Director of Health to Convene and Facilitate a Blue Ribbon Panel to Perform a Comprehensive Inventory of all of Hawaii's Acute Care and Long-Term Care Facilities and to Make Recommendations for Necessary Expansion of Such Facilities for the State Between Now and the Year 2020.

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

**March 12, 2008
11:00 a.m.**

1 **Department's Position:** The Department appreciates the multiple attempts to address the State's health
2 care infrastructure issues, but we believe there is no need to form yet another working group. We would
3 like to take this opportunity to share some of the Department's insights gained through its experiences in
4 addressing some of the concerns of these pending resolutions.

5 **Fiscal Implications:** Cumulative effect of staff away from their regular responsibilities

6 **Purpose and Justification:** We have seen the introduction of a number of measures this session
7 relating to long term care and health infrastructure issues. Although varied in focus, many of the
8 measures call for the formation of a task force or blue ribbon panel, as in this case, comprised of both
9 public and private partners with specified tasks and deadlines, led by various State agencies charged
10 with the responsibility to convene and conduct these panels. The projects are well intentioned and
11 meaningful, but often times, because of the variety and number of panels and assigned tasks, the efforts
12 become piecemeal and fragmented. We need to consider a coordinated system to decide how our
13 limited resources can most effectively be used to prioritize these important projects. We need to decide

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1 which stakeholders should be involved, both public and private. Additionally, we note, through our
2 experience, that many of the same stakeholders are appointed to a number of different committees,
3 causing significant scheduling problems relating to their availability. We must work to ensure that a
4 sustainable core group is established. This core group would provide continuity, coordination, and
5 direction.

6 With regard to this particular resolution, the Department would like to share with the committees
7 some of the work we have completed as part of the Governor's Long Term Living Initiative. The
8 assessment and forecast committee, chaired by our former State Health Planning and Development
9 Agency (SHPDA) Administrator, conducted research on existing projection models to help determine
10 what Hawaii's future long term care needs would be. Based on this review, a decision was made against
11 purchasing such services. The cost was prohibitive and the committee felt that there were too many
12 variables which would significantly influence outcomes. As a result, we used a very simple calculation.
13 In the State of Hawaii in 2005, bed capacity in all health settings was 9,797 beds for 5% of the elder
14 population. Based on the group's rough estimates, we anticipate needing 18,077 beds in 2020 for 5% of
15 the elder population, should the current trend for placement continue. We recognize that the future
16 demand for long term care will depend on a number of factors including: demographics, disability
17 status, availability of family, the financial status of various generations, the degree of individual
18 planning for long term living, and the availability and cost of beds/services.

19 Finally, as we discussed above, we need to ensure inclusion of appropriate governmental and
20 social service industry representatives as we work to develop a sustainable core group. The blue ribbon
21 panel entities listed in HCR 131 omit the inclusion of the SHPDA, Executive Office on Aging, Hawaii
22 Long Term Care Association, a significant organization as it represents approximately one-third of the
23 residential nursing beds in the State and all of the Assisted Living Facilities in Hawaii, or any of the
24 trade associations representing the adult residential care home industry.

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1 Thank you for this opportunity to testify.

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Hawaii Pacific Health

55 Merchant Street • Honolulu, Hawaii 96813 • hawaiiapacifichhealth.org

Wednesday - March 12, 2008 - 11:00am
Conference Room 329

The House Committee on Health

To: The Honorable Joshua Green, M.D., Chair
The Honorable John Mizuno, Vice Chair

LATE
Testimony

The House Committee on Human Services & Housing

To: The Honorable Maile Shimabukuro, Chair
The Honorable Karl Rhoads, Vice Chair

From: Virginia Pressler, MD, MBA
Executive Vice President

**Re: Testimony in Strong Support of HCR 131
Requesting the Director of Health to Convene and Facilitate a Blue Ribbon Panel to
Perform a Comprehensive Inventory of all of Hawaii's Acute Care and Long-Term Care
Facilities and to Make Recommendations for Necessary Expansion of Such Facilities for the
State Between Now and the Year 2020**

Dear Honorable Committee Chairs and Members:

My name is Virginia Pressler, Executive Vice President for Hawaii Pacific Health (HPH). For more than a century, families in Hawaii and the Pacific Region have relied on the hospitals, clinics, physicians and staff of Hawaii Pacific Health as trusted healthcare providers. Our non-profit integrated healthcare system is the state's largest healthcare provider and is committed to improving the health and well-being of the people of Hawaii and the Pacific Region through its four hospitals -- Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital and Wilcox Memorial Hospital -- 18 outpatient centers and a team of 1,100 physicians on the islands of Oahu, Kauai and Lanai.

We are writing in **strong support of HCR 131** requesting the Director of Health to convene and facilitate a blue ribbon panel to perform a comprehensive inventory of all of Hawaii's Acute and Long Term Care facilities. On any given day there are as many as 275 patients in hospitals across Hawaii who have been treated and are now waiting to be transferred to a long term care facility but who must remain "waitlisted" in a hospital because long term care is not available. Discharge timeframes for waitlisted patients range from days to over a year. This represents a poor quality of life option for the patient, presents an often insurmountable dilemma for providers and patients, and creates a serious financial drain on acute care hospitals with ripple effects felt throughout other healthcare service sectors.

The Wait List crisis is a multi-pronged issue needing further investigation and collaboration. Hawaii Pacific Health would look forward to working with other stakeholders to collectively address and develop solutions to the problems of patients in hospitals who are waitlisted for long-term care. Therefore we ask that you **pass HCR 131**.

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Straub
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