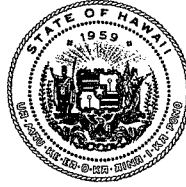


LINDA LINGLE  
GOVERNOR OF HAWAII



CATE

CHIYOME LEINAALA FUKINO, M.D.  
DIRECTOR OF HEALTH

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DEPARTMENT OF HEALTH  
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HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**Committees on Health and Human Services**

**H.B. 1375, RELATING TO HEALTH**

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

**February 6, 2009**

1 **Department's Position:** The Department is opposing this measure because defined services are  
2 currently paid for under the comprehensive primary care contracts, and legislation of reimbursement for  
3 services will impede the Department's flexibility to adjust reimbursement fees to be competitive and  
4 consistent with changing market trends.

5 **Fiscal Implications:** Unspecified appropriation to be made out of the general revenues of the State for  
6 fiscal years 2010-2011 and 2011-2012.

7 **Purpose and Justification:** Comprehensive primary care services are procured statewide on a  
8 competitive basis and are delivered by both for-profit and non-profit organizations. These contracts  
9 require the awardee to provide at a minimum, primary care medical services that include support  
10 services. Support services also known as enabling services are required as part of a comprehensive  
11 primary care visit, and the awardee may not bill separately for these services. Support services include  
12 but are not limited to care coordination, health education, psychosocial assessment, financial  
13 counseling/eligibility assistance, outreach, and interpretation. The awardee's requirement to provide  
14 support services is fundamental to coordinated, competent, culturally effective, community-based health  
15 care, and is the hallmark of a patient-centered medical home. This concept provides the foundation

1 upon which the comprehensive primary care contracts are built. Family Health Services Division  
2 (“FHSD”) currently reimburses \$95.00 per qualified visit. This amount has increased from \$90.00  
3 established in fiscal year 2006, to \$95.00 established in fiscal year 2008 to factor in costs for enabling  
4 and support services. Awardees are required as part of existing contracts to submit annual variance  
5 reports containing a set of specified performance measures. The FHSD collects, analyzes, and utilizes  
6 this data for quality improvement purposes. It would not be financially feasible, nor wise to legislate  
7 rates for primary medical care or for improving the quality of care. Therefore, the Department of  
8 Health’s position is that it is unnecessary to implement a pilot project as proposed in this measure.

9 Thank you for this opportunity to testify on this measure.

10



**Democratic Party of Hawaii  
Kupuna Caucus**

**February 5, 2009**

*ARE*

Re: Testimony

From: Patrick Stanley, Co-Chair Kupuna Caucus, DPH  
To: House Committees on Health and Human Services

Hearing Date: February 6, 2009, 9:00am

Measure: HB 1375 Relating to Health

**SUPPORTS:** The Kupuna Caucus of the Democratic Party of Hawaii supports this measure to pilot health services delivery on a home care model. Our Kupuna strongly endorse the aging-at-home model and its related health and personal service components. At Convention in 2008, delegates to the DPH State Convention passed Resolution 08-18 calling for adequate health, social, housing and transportation programs for the families of Hawaii's Kupuna, amongst other means. HB 1375 is an important part of efforts to do so.

The House Committee on Health  
The Hon. Ryan I. Yamane, Chair  
The Hon. Scott Y. Nishimoto, Vice Chair

CARE

**Testimony in Support of House 1375  
Relating to Health**

**Submitted by Dana Alonzo-Howeth, Executive Director  
February 6, 2009, 9:00 a.m. agenda, Room 329**

**COMMUNITY  
CLINIC  
OF MAUI**



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**SATELLITE CLINICS**

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Resource Center

670-A Waiale Dr.  
Wailuku, HI 96793

Lahaina Comprehensive  
Health Center

15 Ipu Amakua Lane  
Lahaina, HI 96761

The Community Clinic of Maui asks your support for this measure, which would direct the State Department of Health to pay out funds to Federally Qualified Health Centers so as to support transformation of FQHCs to patient-centered health care homes. The patient-centered health care home is an approach to providing comprehensive primary care that includes the following elements:

- Patients and providers maintain a continuous relationship that enables early and accurate diagnoses and treatment of health problems that may arise.
- The practice has a whole person orientation which includes family and socio-economic circumstances.
- Care is coordinated, managed, and supplemented so that patients can get the care they need. This often includes outreach, follow-up, active referral management, translation, transportation, assistance with applications for public benefits, counseling, and health education. Another plus for the model is the integration of medical and behavioral health to ensure timely care and reduce stigma. At most FQHCs, dental care and WIC nutrition are also available on site.
- Quality and safety are standard and will soon be supported at all FQHCs by electronic medical records and other technologies.
- Access is assured despite temporal, linguistic, economic or other challenges.

The last element of a successful patient-centered health care home is payment that adequately compensates for this model. Enhanced payment is entirely justified by the fact that this model of care saves our health care system an extraordinary amount of money – far in excess of the cost to cover all these services. These savings are due to early and accurate identification of health problems so that they can be addressed, reduction of referrals to specialists and duplicative diagnostic testing, drastic reduction of ER visits, and fewer hospitalizations for ambulatory-sensitive conditions. Several studies across the country have documented that the patient-centered health care home model results in tremendous cost savings as well as enhanced patient satisfaction.

This bill proposes to study this model and determine if it is an effective long-term strategy for funding FQHCs from whatever revenues are available,

whether general funds, targeted cigarette funds, or other.

Thank you for your consideration of this measure and for the opportunity to testify in its support.