

House District All

Senate District All

THE TWENTY-SIXTH LEGISLATURE
HAWAII STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES

Log No: 37-0

For Legislature's Use Only

Type of Grant or Subsidy Request:

REC'D JAN 28 2011

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): DEPARTMENT OF HEALTH

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual: Hawaii Primary Care Association

Dbn:

Street Address: 345 Queen St., Suite 601
Honolulu, HI 96813

Mailing Address:

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name ELIZABETH GIESTING

Title Chief Executive Officer

Phone # 808-791-7820

Fax # 808-524-0347

e-mail bgiesting@hawaiiipca.net

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

PRIMARY CARE SERVICES FOR THE UNINSURED, whose goal is to significantly increase access to primary medical, dental, and mental health services for low-income Hawaii residents who are uninsured.

4. FEDERAL TAX ID # _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2011-2012: \$ 5,000,000

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ 5,000,000

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

ELIZABETH GIESTING
CHIEF EXECUTIVE OFFICER

NAME & TITLE

DATE SIGNED

1/27/11

Background & Summary

Brief Description of Applicant

The Hawai'i Primary Care Association (HPCA), incorporated in 1988, is a private, nonprofit corporation under the laws of the State of Hawai'i. Our mission is to improve the health of communities by advocating for, expanding access to, and sustaining high quality care through the statewide network of community health centers. HPCA's unique role is to create a forum for health center collaboration and act as chief collective voice for community health centers with policy-makers and the public, manage subcontracted funds to the community health centers for various purposes, provide diverse training and technical assistance opportunities, lead efforts in acquisition and use of health information technology, and support projects that enhance healthcare access and quality. HPCA's agenda to improve and expand access and quality through community health centers in Hawai'i is as follows:

- Maintaining and strengthening existing Community Health Centers.
- Support expansion of existing and development of new Community Health Centers.
- Surveillance of Community Health Center needs and the health care environment.
- Assist with training, recruitment and retention and other workforce needs.
- Provide a forum for collaboration and serve as a liaison to other agencies.
- Improve clinical quality and monitoring of clinical outcomes.
- Leverage and increase resources that support Community Health Centers and the underserved.

Goals and Objectives Related to Request

The **goal** of this request is to significantly increase access to primary medical, dental, and mental health services for low-income Hawaii residents who are uninsured.

The **objective** is to subsidize the cost of primary care services provided by federally qualified health centers (also known as FQHCs, community health centers, or CHCs) and enhance the health centers' capacity to provide high quality preventive services as Patient-Centered Health Care Homes. Services will be available on six islands for uninsured people whose incomes are below 200% of the federal poverty level. Up to 15,000 uninsured people will be aided by these funds during fiscal year 2012.

Public Purpose and Need Served by Program

Two essential public purposes are served by this proposed program:

1. **Humanitarian.** Because low income uninsured people are not able to pay for essential health care services themselves, the program provides reliable access to such care. This will reduce unnecessary suffering, economic loss, and permanent disability among people already disadvantaged.
2. **Economic.** Research shows that federally qualified health centers save more than \$2000 per patient per year in health care costs. We estimate that this program will save the state and our hospitals statewide up to \$30 million by reducing uncompensated care at emergency rooms, in hospitals, or elsewhere in the system.

Target Population

Hawaii has an estimated 80,000 – 100,000 uninsured residents. Most of these people are low income and almost all of them are adults under the age of 65. This is the target population for this program.

Geographic Coverage

Our project will work through federally qualified health centers that have a statewide presence, serving more than 1 in 10 Hawaii residents at 55 locations on six islands.

Service Summary and Outcomes

Scope of work, tasks, responsibilities

The Hawaii Primary Care Association will subcontract with all interested federally qualified health centers to provide primary care services for low income uninsured Hawaii residents.

Patients who are eligible will be:

- Hawaii residents.
- Have no insurance for the health services they need.
- Demonstrate incomes below 200% of the federal poverty level.

Services provided will include:

- Primary medical, dental, and mental health care.
- Prescription drugs.
- Chronic disease management including education, counseling, and status monitoring and control.

Timeline

Services will be provided during fiscal year 2012.

Quality Assurance and Evaluation

HPCA's subcontracts with FQHCs will specify reporting requirements associated with payment. See specific measures below. HPCA will monitor subcontractor performance both by requiring data in quarterly reports submitted for reimbursement and by making an annual monitoring and technical assistance visit to each subcontracting health center.

HPCA is uniquely able to support performance improvement as indicated by FQHC reports and program monitoring as we are also the only organization in Hawaii whose mission and federal resources are aimed at improving community health center capacity, clinical performance, and adoption of the Patient-Centered Health Care Home model.

Measures of Effectiveness

Activities subcontractors will be required to report will include:

- Specific patient demographic information;
- Number and type of clinical visit; and
- Number and type of prescriptions filled;

Clinical outcomes that will be measured will be negotiated with the Department of Health and will be from among the identified measures in the comprehensive list attached as Appendix 1. Measures selected will be aligned with DOH priorities, meaningful use requirements, and data required by the federal government from all FQHCs.

Reports will be submitted to the Department of Health on a quarterly basis that indicate activity levels, performance on agreed-upon measures, and any problems or changes encountered.

Financial

See attached for details. Anticipated quarterly funding requests for FY 2011-12 are as follows:

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total Grant |
|-------------|-------------|-------------|-------------|-------------|
| \$1,250,000 | \$1,250,000 | \$1,250,000 | \$1,250,000 | \$5,000,000 |

Experience and Capability

Necessary Skills & Experience

HPCA has a history of successful contract management with federal and state governments, including those where funds are subcontracted to FQHCs and payments are made strictly according to contract deliverables. Services under these contracts have included training and technical assistance to enable FQHCs to meet contract requirements as well as disbursement of funds, data collection, and reporting to funding agencies.

Current or recent contracts with the Department of Human Services include:

| HPCA Name | Contract # | Title | Amount | Annual Amounts |
|--------------|-----------------------|------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------|
| DHS-Outreach | DHS-08-MQD-5163/56970 | Education and Outreach Services for the State of Hawaii, Department of Human Services, Med-QUEST Division. | \$2,797,785 | Over 3 years: Yr 1: 1,250,000 Yr 2: 800,000 Yr 3: 747,785 |
| DHS-HCK | DHS-08-MQD-5164/57421 | Outreach Services and Strategies to Identify Uninsured Children | \$709,675 | Over 3 years: Yr 1: 409,050 Yr 2: 180,375 Yr 3: 120,250 (8 months) |
| DHS-IHI | DHS-08-MQD-5121/56670 | Hawaii Immigrant Health Services for Department of Human Services, Med-QUEST Division. | \$550,000 | HPCA managed contracts from 1997-2009. \$550,000 was annual contract amount. |
| DOH-Asthma | ASO Log No. 09-169 | Childhood Rural Asthma Project | \$407,886 | Over 3 years: Yr 1: 92,886 Yr 2: 141,000 Yr 3: 174,000 |

Facilities

HPCA occupies adequate office space in an ADA-compliant downtown office building.

Personnel: Project Organization & Staffing

Proposed Staffing, Qualifications, Supervision, Training

The Hawaii Primary Care Association is adequately staffed by individuals with the appropriate professional credentials and experience to manage the program, subcontracts, and reporting successfully. These include:

- **Chief Executive Officer** Beth Giesting, with more than 16 years experience working with the Hawaii Primary Care Association and community health centers. She provides overall program oversight.
- **Chief Financial Officer** Tricia Siarot, who has been in that position for eight years. She oversees all fiscal services including budgeting and allocations, contract payments, and reporting to funders.
- **Chief Operating Officer** Kathy Suzuki-Kitagawa, who has worked with HPCA since 2000 and functions as contracts and compliance officer.
- **Performance monitoring and improvement** staff will be primarily Robert Hirokawa and Cristina Vocalan who have public health, epidemiology, and clinical credentials.

Additional support staff will ensure data collection, in-put, reporting, and fiscal management and control.

Organization Chart

See chart attached as Appendix 2.

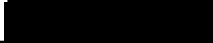
Other

Litigation. None pending.

Licensure or Accreditation. Not applicable.

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2011 to June 30, 2012)

Applicant: Hawaii Primary Care Association

| BUDGET CATEGORIES | Total State Funds Requested (a) | (b) | (c) | (d) |
|--------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------|
| A. PERSONNEL COST | | | | |
| 1. Salaries | | | | |
| 2. Payroll Taxes & Assessments | | | | |
| 3. Fringe Benefits | | | | |
| TOTAL PERSONNEL COST | | | | |
| B. OTHER CURRENT EXPENSES | | | | |
| 1. Airfare, Inter-Island | | | | |
| 2. Insurance | | | | |
| 3. Lease/Rental of Equipment | | | | |
| 4. Lease/Rental of Space | | | | |
| 5. Staff Training | | | | |
| 6. Supplies | | | | |
| 7. Telecommunication | | | | |
| 8. Utilities | | | | |
| 9. Contractual Services-Subcontracts | 4,500,000 | | | |
| 10. Management Fee | 500,000 | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| TOTAL OTHER CURRENT EXPENSES | 5,000,000 | | | |
| C. EQUIPMENT PURCHASES | | | | |
| D. MOTOR VEHICLE PURCHASES | | | | |
| E. CAPITAL | | | | |
| TOTAL (A+B+C+D+E) | 5,000,000 | | | |
| SOURCES OF FUNDING | | Budget Prepared By: | | |
| (a) Total State Funds Requested | | Tricia Siarot | 536-8442 | |
| (b) | | Name (Please type or print) | Phone | |
| (c) | |  | 1/27/11 | |
| (d) | | Signature of Authorized Official | Date | |
| TOTAL BUDGET | | ELIZABETH GIESTING | | |
| | | Name and Title (Please type or print) | CHIEF EXECUTIVE OFFICER | |

Appendix 1

Measures of Effectiveness

Table A – Performance Measures

Agency Name: _____

Note: Patient universe must include both insured and uninsured patients.

ASO Log No. _____

| Column A Performance Measure | Column B Baseline for Fiscal Year 2010 | Column C Annual Performance Objective for Fiscal Year 2011 | Column D Annual Performance Objective for Fiscal Year 2012 | Column E Annual Performance Objective for Fiscal Year 2013 | Column F Annual Performance Objective for Fiscal Year | Column G Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. At least 90% of children will have completed the following immunizations (4 DTaP, 3 Polio (IPV), 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age. (Include children who turned 2 years old during the measurement year and had at least one medical visit during the reporting year preceding their second birthday.)</p> | <p>(a) The number of children who turned 2 years old during the measurement year and who had at least one medical visit during the reporting year preceding their second birthday was ____.</p> <p>(b) The # of charts randomly selected from (a) is ____. (This number should be either 10% of the universe as defined in (a) above, or 70 charts, whichever is greater.)</p> <p>(c) # of children that completed the specified immunizations was ____.</p> <p>(d) Percentage (c divided by b) of children who received their the specified basic immunizations by 2 yrs. old was ____%.</p> | <p>(a) The estimated proportion of children who will complete the following immunizations (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age is ____%.</p> | <p>(a) The estimated proportion of children who will complete the following immunizations (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age is ____%.</p> | <p>(a) The estimated proportion of children who will complete the following immunizations (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age is ____%.</p> | | |

Table A – Performance Measures

Agency Name: _____

Note: Patient universe must include both insured and uninsured patients.

ASO Log No. _____

| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Performance Measure | Baseline for Fiscal Year 2010 | Annual Performance Objective for Fiscal Year 2011 | Annual Performance Objective for Fiscal Year 2012 | Annual Performance Objective for Fiscal Year 2013 | Annual Performance Objective for Fiscal Year | Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary). |
| <p>2. At least 80% of all children 2 years of age and under will have undergone screening for developmental delays, and autism.</p> <p>Note: Developmental screening must be performed using either the PEDS (parents evaluation of developmental status) or ASQ (ages & stages questionnaire) tools. Autism screening must be performed using the M-CHAT (Modified Checklist for Autism in Toddlers) for autism.</p> | <p>(a) Number of children 2 years old and under was ____.</p> <p>(b) The number of charts randomly selected from a) is ____. (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of children 2 years old and under who received screening for developmental delays and autism was ____.</p> <p>(d) Percentage (c divided by b) of children who received developmental/ autism screening was ____%. Specify tools used: _____</p> | <p>(a) The estimated proportion of all children 2 years old and under who will receive screening for developmental delays and autism is ____%.</p> | <p>(a) The estimated proportion of all children 2 years old and under who will receive screening for developmental delays and autism is ____%.</p> | <p>(a) The estimated proportion of all children 2 years old and under who will receive screening for developmental delays and autism is ____%.</p> | | |

Table A – Performance Measures

Agency Name: _____

Note: Patient universe must include both insured and uninsured patients.

ASO Log No. _____

| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Performance Measure | Baseline for Fiscal Year 2010 | Annual Performance Objective for Fiscal Year 2011 | Annual Performance Objective for Fiscal Year 2012 | Annual Performance Objective for Fiscal Year 2013 | Annual Performance Objective for Fiscal Year | Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary). |
| <p>3. At least 80% of all children age 6 to 12 months of age will have established a dental home and have received a comprehensive dental exam.</p> | <p>(a) Number of children ages 6 to 12 months was _____.</p> <p>(b) The number of charts randomly selected (This number should be either 10% of the universe as defined in (a) above, or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of children ages 6-12 months who established a dental home and received a comprehensive dental exam was _____</p> <p>(d) Percentage (c divided by b) of children who established a dental home and received a comprehensive dental exam was _____%.</p> | <p>(a) The estimated proportion of all children 6-12 months who will have established a dental home and received a comprehensive oral exam is _____%.</p> | <p>(a) The estimated proportion of all children 6-12 months who will have established a dental home and received a comprehensive oral exam is _____%.</p> | <p>(a) The estimated proportion of all children 6-12 months who will have established a dental home and received a comprehensive oral exam is ____%.</p> | | |

Table A – Performance Measures

Agency Name: _____

Note: Patient universe must include both insured and uninsured patients.

ASO Log No. _____

| Column A Performance Measure | Column B Baseline for Fiscal Year 2010 | Column C Annual Performance Objective for Fiscal Year 2011 | Column D Annual Performance Objective for Fiscal Year 2012 | Column E Annual Performance Objective for Fiscal Year 2013 | Column F Annual Performance Objective for Fiscal Year | Column G Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary). |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>4. At least 80% of all children ages 2-18 with a BMI >85th% (overweight) will have healthy weight (nutrition and physical activity) counseling documented in their medical record within the past year.</p> | <p>(a) Number of children ages 2-18 years with BMI's that are overweight (>85%) was ____.</p> <p>(b) The number of charts randomly selected from (a) is ____.</p> <p>(This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of children ages 2-18 years assessed to be overweight was ____.</p> <p>(d) Percentage (c divided by b) of children who received healthy weight (nutrition/physical activity) counseling documented in their medical record within the past year was ____%.</p> | <p>(a) The estimated proportion of children ages 2-18 years with BMI's that are overweight who will receive healthy weight (nutrition and physical activity) counseling documented in their medical records within the past year is ____%.</p> | <p>(a) The estimated proportion of children ages 2-18 years with BMI's that are overweight who will receive healthy weight (nutrition and physical activity) counseling documented in their medical records within the past year is ____%.</p> | <p>(a) The estimated proportion of children ages 2-18 years with BMI's that are overweight who will receive healthy weight (nutrition and physical activity) counseling documented in their medical records within the past year is ____%.</p> | | |

Table A – Performance Measures

Agency Name: _____

Note: Patient universe must include both insured and uninsured patients.

ASO Log No. _____

| Column A Performance Measure | Column B Baseline for Fiscal Year 2010 | Column C Annual Performance Objective for Fiscal Year 2011 | Column D Annual Performance Objective for Fiscal Year 2012 | Column E Annual Performance Objective for Fiscal Year 2013 | Column F Annual Performance Objective for Fiscal Year | Column G Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary). |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>5. At least 50% of adults ages 18 -75 years old with type 1 or type 2 diabetes, whose last HBA1C was <7%.</p> | <p>(a) The number of adults ages 18-75 years old with diagnosis of diabetes was _____.</p> <p>(b) The number of charts randomly selected from a) is _____. (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of adults ages 18-75 whose last HBA1C was <7% was _____.</p> <p>(d) Percentage (c divided by b) of adults who had HBA1C less < 7% ____%.</p> | <p>(a) The estimated proportion of adults with diabetes who will have HBA1C <7% is ____%.</p> | <p>(a) The estimated proportion of adults with diabetes who will have HBA1C <7% is ____%.</p> | <p>(a) The estimated proportion of adults with diabetes who will have HBA1C <7% is ____%.</p> | | |

Table A – Performance Measures

Agency Name: _____

Note: Patient universe must include both insured and uninsured patients.

ASO Log No. _____

| Column A Performance Measure | Column B Baseline for Fiscal Year 2010 | Column C Annual Performance Objective for Fiscal Year 2011 | Column D Annual Performance Objective for Fiscal Year 2012 | Column E Annual Performance Objective for Fiscal Year 2013 | Column F Annual Performance Objective for Fiscal Year | Column G Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>6. At least 90% of adults 65 years or older will have at least one documented pneumococcal vaccination at age 65 or greater, and an annual seasonal influenza vaccination during prior influenza season.</p> | <p>(a) Number of adults aged 65 yrs. or older was ____.</p> <p>(b) The number of charts randomly selected from a) is _____. (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of adults aged 65 years or older who will have at least one documented pneumococcal vaccination at ≥ age 65, and an annual seasonal influenza vaccination during prior influenza season was _____.</p> <p>(d) Percentage (c divided by b) of adults with at least one documented pneumococcal vaccination at ≥ age 65, and an annual seasonal influenza vaccination during prior influenza season was ____%.</p> | <p>(a) The estimated proportion of adults ages 65 yrs. or older who will have at least one documented pneumococcal vaccination at ≥ age 65, and an annual seasonal influenza vaccination during prior influenza season is ____%.</p> | <p>(a) The estimated proportion of adults ages 65 yrs. or older who will have at least one documented pneumococcal vaccination at ≥ age 65, and an annual seasonal influenza vaccination during prior influenza season is ____%.</p> | <p>(a) The estimated proportion of adults ages 65 yrs. or older who will have at least one documented pneumococcal vaccination at ≥ age 65, and an annual seasonal influenza vaccination during prior influenza season is ____%.</p> | | |

Table A – Performance Measures

Agency Name: _____

Note: Patient universe must include both insured and uninsured patients.

ASO Log No. _____

| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Performance Measure | Baseline for Fiscal Year 2010 | Annual Performance Objective for Fiscal Year 2011 | Annual Performance Objective for Fiscal Year 2012 | Annual Performance Objective for Fiscal Year 2013 | Annual Performance Objective for Fiscal Year | Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary). |
| <p>7. At least 50% of adults 18-75 years of age diagnosed with diabetes will have undergone depression screening.</p> | <p>(a) Actual number of adults with diabetes was ____.</p> <p>(b) The number of charts randomly selected from a) is (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of adults ages 18-75 who received depression screening was ____.</p> <p>(d) Percentage (c divided by b) of adults ages 18-75 years of age who received depression screening was ____%.</p> | <p>(a) The estimated proportion of adults with diabetes who will receive depression screening is ____%.</p> | <p>(a) The estimated proportion of adults with diabetes who will receive depression screening is ____%.</p> | <p>(a) The estimated proportion of adults with diabetes who will receive depression screening is ____%.</p> | | |

Table A – Performance Measures

Agency Name: _____

Note: Patient universe must include both insured and uninsured patients.

ASO Log No. _____

| Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Performance Measure | Baseline for Fiscal Year 2010 | Annual Performance Objective for Fiscal Year 2011 | Annual Performance Objective for Fiscal Year 2012 | Annual Performance Objective for Fiscal Year 2013 | Annual Performance Objective for Fiscal Year | Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary). |
| <p>8. Increase to at least 50% the proportion of adults ages 18-85 diagnosed with hypertension whose most recent blood pressure was less than 140/90.</p> | <p>(a) Number of adults ages 18-85 with hypertension was ____.</p> <p>(b) The number of charts randomly selected from (a) is _____. (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of adults ages 18-85 with hypertension pressure whose most recent blood pressure was less than 140/90 was ____.</p> <p>(d) Percentage (c divided by b) of adults with hypertension, whose most recent blood pressure was less than 140/90 was ____%.</p> | <p>(a) The estimated proportion of adults with hypertension whose most recent blood pressure will be less than 140/90 is ____ %.</p> | <p>(a) The estimated proportion of adults with hypertension whose most recent blood pressure will be less than 140/90 is ____ %.</p> | <p>(a) The estimated proportion of adults with hypertension whose most recent blood pressure will be less than 140/90 is ____ %.</p> | | |

Appendix 2

Hawai'i Primary Care Association Organization Chart

