

**HTH-HMS-WAM
HEARING**

HCR146

TESTIMONY



HCR146 HD1
URGING THE ESTABLISHMENT OF A WORK GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS

Senate Committee on Health
Senate Committee on Human Services
Senate Committee on Ways and Means

April 23, 2013

9:50 a.m.

Room 211

The Office of Hawaiian Affairs (OHA) administration **SUPPORTS** HCR146, which would establish a working group to examine social determinants of health and risk adjustment for Medicaid, gap-group, and uninsured individuals.

The health and well-being of an individual and community can be attributed to social determinants. The risk factors involved in these determinants are related to homelessness, abuse, unemployment, and poverty and can have a significant impact on the health outcomes that may not be resolved through traditional medical care. OHA's primary concern is that Native Hawaiians are significantly represented in the areas of poverty and homelessness and these social determinants have impacted healthy outcomes for Native Hawaiians.

OHA's strategic priorities include Maui Ola (Health), which represents our commitment to improve the conditions of Native Hawaiians and quality of life by reducing the onset of chronic diseases. OHA's Health Advocacy Initiative Core and Advisory Team have taken a comprehensive and holistic approach to decrease Native Hawaiian obesity rates in relation to Hawai'i's general population. **OHA appreciates the inclusion of a representative from the Office of Hawaiian Affairs as a member of the working group.** OHA's participation on the working group would ensure that we are collectively responsive to the needs and concerns as it relates to health in the Native Hawaiian community and Hawai'i.

Therefore, OHA urges the committee to **PASS** HCR146. Mahalo for the opportunity to testify on this important measure.



NEIL ABERCROMBIE
GOVERNOR

SHAN S. TSUTSUI
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TO THE SENATE COMMITTEES ON HEALTH, HUMAN SERVICES,
AND WAYS AND MEANS

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Tuesday, April 23, 2013
9:50 a.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION NO. 146, H.D. 1 – URGING
THE ESTABLISHMENT OF A WORK GROUP TO EXAMINE SOCIAL
DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-
GROUP, AND UNINSURED INDIVIDUALS.**

TO THE HONORABLE JOSH GREEN, SUZANNE CHUN OAKLAND, AND DAVID IGE,
CHAIRS, AND MEMBERS OF THE JOINT COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”),
testifying on behalf of the Department of Commerce and Consumer Affairs
(“Department”). The Department supports this concurrent resolution.

The purpose of this resolution is to establish a Work Group to examine social
determinants of health and ways to better serve the Medicaid, gap-group, and
uninsured populations in this State.

The Department is willing to participate in this Work Group.

We thank this Committee for the opportunity to present testimony on this matter
and ask for your favorable consideration.



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April 22, 2013

To: The Honorable Josh Green
Chair, Senate Committee on Health
The Honorable Suzanne Chun Oakland
Chair, Senate Committee on Human Services
The Honorable David Ige
Chair, Senate Committee on Ways & Means

From: 'Ohana Health Plan

Re: HCR 146 HD1, Urging the Establishment of a Work Group to Examine Social Determinants of Health and Risk Adjustment for Medicaid, Gap-Group, and Uninsured Individuals
In Support

Hearing: Tuesday, April 23 at 9:50 am
Hawai'i State Capitol, Conference Room 211

'Ohana Health Plan ('Ohana) is a member of the WellCare Health Plans, Inc.'s ("WellCare") family of companies and provides healthcare for over 30,000 Hawai'i residents. Since 2009, 'Ohana has utilized WellCare's national experience to develop a Hawai'i-specific care model that addresses local members' healthcare and health coordination needs. 'Ohana currently provides services for the Hawai'i's Department of Human Services' (DHS) MedQUEST Division for three Medicaid programs: (1) QUEST, (2) QUEST Expanded Access (QExA), and (3) Behavioral Health services for Medicaid-eligible adults who have serious mental illnesses and are participants in the QExA program.

As one of the health insurance providers in the State which works directly with many of the individuals discussed in this resolution, 'Ohana Health Plan offers our

support of HCR 146 HD1, and urges the establishment of a workgroup to examine social determinants of health and risk adjustment for Medicaid, Gap-Group, and Uninsured Individuals. **We would be honored to be included as one of the representatives of the work group.**

Providing managed care services exclusively for government-sponsored health care programs through a local team of experienced health care professionals provides 'Ohana with a unique perspective on the needs of our members and the social and economic issues they face.

Recognizing that there are many factors that contribute to the health care needs of these particular individuals, we see the formation of this workgroup as a real opportunity to sit down with other stakeholders in the community and examine the issues from a holistic point of view, which is in-line with our philosophy of placing members and their families at the center of the health care continuum.

Thank you very much for the opportunity to submit testimony on this measure.



HPCA

HAWAII PRIMARY CARE ASSOCIATION

Senate Committee on Health

The Hon. Josh Green, Chair

The Hon. Rosalyn H. Baker, Vice Chair

Senate Committee on Human Services

The Hon. Suzanne Chun Oakland, Chair

The Hon. Josh Green, Vice Chair

Senate Committee on Ways and Means

The Hon. David Y. Ige, Chair

The Hon. Michelle N. Kidani, Vice Chair

Testimony in Support of HCR146, HD1
URGING THE ESTABLISHMENT OF A WORK GROUP TO EXAMINE SOCIAL
DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP,
AND UNINSURED INDIVIDUALS

Submitted by Robert Hirokawa, Chief Executive Officer

April 23, 2013, 9:50am, Room 211

Recent research has shown that the health and vitality of individuals and the population as a whole can be attributed to social determinants. In many instances factors such as homelessness, poverty, unemployment, language barriers, abuse, lack of education, and lack of access to exercise or healthy foods can have a more profound impact on health outcomes than even genetic disposition or traditional medical care.

The recently released County Health Rankings was able to quantify this by determining that life expectancy and health status can be attributed to:

- 40% - Social and Economic Factors
- 30% - Health Behaviors
- 20% - Clinical Care
- 10% - Physical Environment

What these numbers show is that only 1/5 of a person's life expectancy and health status can be directly attributed to the healthcare they receive. The remaining percentage is comprised of social determinants, many often competing at the same time.

The presence of social determinants presents a number of problems for the healthcare community. First, it multiplies the difficulties in identifying, assessing, and treating health concerns in a community. With so many competing forces at work, narrowing maladies to a single indicator is nearly impossible. Second, those most affected by social determinants are the homeless and poverty-stricken populations, which are often uninsured or present with health conditions that require hospitalizations or emergency department utilizations. Such visits are costly for providers and for the health community as a whole. Third, social determinants have a direct impact on access to primary care, which also has a strong correlation to healthcare costs.

Any effort to combat the social determinants of health must be comprehensive. On the clinical side, enabling services that work to address issues in housing, transportation, economic security, interpretation, and other related factors must be present. In addition, issues such as race, age, gender, socio-economic status, and geography must be taken into consideration when treating patients. On the payment side, traditional insurance models do not address these social health indicators. To provide better value for the healthcare system and better care for patients, they must work to accommodate these issues moving forward.

As one of the primary providers of healthcare to the populations most affected by social determinants, the Hawaii Primary Care Association and the community health centers it represents supports HCR146, HD1. Every day community health centers treats those directly affected by social determinants and we wish to work collaboratively with the Hawaii healthcare community to seek answers to these problems.

We thank you for the opportunity to testify and urge your passage of this resolution.



Community Alliance for Mental Health

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To: The Hawai'i State Senate Committees on Health, Human Services, and Ways & Means
Re: HCR 146, HD1

To: The Honorable Senators Green, Chun-Oakland, Ige, and the members of their committees.

Aloha,

The Community Alliance for Mental Health along with United Self Help supports HCR 146, HD1. It might be folk wisdom but the first thing to know before one can fix something is what's broken and how it got broke. We believe that HCR 146, HD1 is a perfectly reasonable means to address discovering the social determinants of health and risk adjustments for Medicaid, the gap group, and the uninsured.

Mahalo,
Scott Wall
Vice-President