

HB-1922

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Testimony for HHS on 1/25/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Darryl Oliveira		Support	No

Comments:

January 24, 2018

John M. Mizuno, Chair

House Committee on Health and Human Services

State of Hawaii

415 S. Beretania Street

Honolulu, Hawaii 96813

Dear Chair Mizuno,

I would like to provide the enclosed testimony in support of House Bill 1922 related to the definition of Quality Assurance Committees.

I am writing on behalf of the members of the Community Action Network, a steering committee under the oversight of the Community First non-profit organization. Our membership is comprised of representatives of the various health care service providers in the East Hawaii region of Hawaii Island, along with many of the social service and non-profit service providers.

Over the past year, our organization has been meeting on a monthly basis with the goal of identifying issues and gaps in the health care system and how they may be causing or contributing to complex health issues of community members. These complex health conditions often result in high costs and place a significant demand on the limited available resources without measurable outcomes. We have determined that assessing the problems from a truly comprehensive perspective to include the participation of non-medical service providers is invaluable. In many cases it is the social factors or non-medical needs of patients that may be greatly affecting their health and health care needs.

The Community Action Network would like to continue to provide the forum and venue for our member organizations to assess and evaluate the challenges and gaps within the health care system and expand upon our objectives to include the conducting of case review under the concept of “quality assurance”. In order to provide for that objective and activity, the current statute language defining Quality Assurance Committees would need to be amended to provide for consistency between the respective chapters and to include the provisions for an “interdisciplinary committee”. As previously mentioned, the opportunity and platform for medical and non-medical or social service providers to convene to review and discuss health care in the most comprehensive manner is not only effective but essential and invaluable to identifying the problems and developing and implementing the best solutions with the ultimate goal of improving the quality of care and life for our community members.

I respectfully ask for your support of House Bill 1922 amending the definition of “Quality Assurance Committee”. I welcome the opportunity to address any questions or concerns you may have. I can be contacted at oliveiradarryl@gmail.com or (808)987-8615.

Sincerely,

Darryl Oliveira

Co-Chair, Community Action Network



**BEFORE THE
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES**

Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

Thursday, January 25, 2018
9:00 am, Room 329

TESTIMONY OF

Barry Taniguchi, Chair of the Board
Mike Sayama, Executive Director

Chair Mizuno, Vice Chair Kobayashi and Members of the Committee:

Community First **STRONGLY SUPPORTS** HB1922. Quality Assurance (QA) Committees provide hospitals, health plans, long term care facilities, and other healthcare organizations with a mechanism to evaluate, monitor and improve quality of care; reduce patient risk and error; and assess the overall effectiveness of care provided to patients. **QA committees are well established and essential to our healthcare delivery system.**

QA committees can already be established in a licensed hospital, clinic, long-term care facility, skilled nursing facility, assisted living facility, home care agency, hospice, health maintenance organization, preferred provider organization, preferred provider network providing medical, dental, or optometric care, or an authorized state agency. HRS § 624-25.5.

HB1922 merely provides liability protection for QA discussions for key healthcare organizations currently not covered in HRS § 624-25.5. In doing so, QA and peer review activities to evaluate and improve health care can be conducted in a wider array of health care facilities and providers.

Over the past three years, Community First has sought feedback and guidance from businesses, community organizations, health plans, healthcare providers, hospitals, social service organizations, consumers and other key stakeholders on ways to evaluate and improve our QA and peer review process. We strongly believe that HB1922 will enable more organizations and stakeholders to better evaluate and improve our health delivery system.

Please support HB1922. Thank you for the opportunity to testify.