

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Db:

University Clinical, Education & Research Associates

University Health Partners of Hawaii (UHP)

Amount of State Funds Requested: \$395,004

Brief Description of Request (Please attach word document to back of page if extra space is needed):

This project provides mobile quality health care and social support services in a place that is convenient, safe and private to vulnerable women and infants who face barriers to care. The intent of this program is to improve healthy behaviors, reduce maternal and infant morbidity and mortality, partner with community organizations to build cross-sector relationships in order to facilitate stabilization of client environments, and demonstrate effective utilization of telehealth for our rural and vulnerable communities.

Amount of Other Funds Available:

State: \$0
Federal: \$0
County: \$0
Private/Other: \$0

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$0

Unrestricted Assets:

\$16,900,527

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

501(C)(3) Non Profit Corporation
 Other Non Profit
 Other

Mailing Address:

677 Ala Moana Blvd. Suite 1001

City: Honolulu State: HI Zip: 96813

Contact Person for Matters Involving this Application

Name: Henry J. Ellis, Jr.	Title: CFO, Interim COO
Email: cellis@ucera.org	Phone: (808) 469-4959

Federal Tax ID#: [REDACTED]	State Tax ID#: [REDACTED]
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Authorized Signature

Larry J. Shapiro, M.D.

Name and Title

1/17/2020

Date Signed


received
1/17/2020

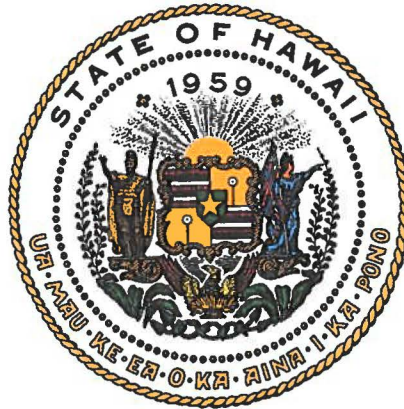
UHP

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds (Page 6)
 - b) Personnel salaries and wages (Page 7)
 - c) Equipment and motor vehicles (Page 8)
 - d) Capital project details (Page 9)
 - e) Government contracts, grants, and grants in aid (Page 10)
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing

 AUTHORIZED SIGNATURE LARRY J. SHAPIRO, MD PRINT NAME AND TITLE 1/17/2020 DATE



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

UNIVERSITY CLINICAL, EDUCATION & RESEARCH ASSOCIATES

was incorporated under the laws of Hawaii on 09/02/1993 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 15, 2020

Director of Commerce and Consumer Affairs

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.

- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.

- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

University Clinical, Education & Research Associates
(Typed Name of Individual or Organization)

 1/17/2020
(Signature) (Date)

Larry J. Shapiro MD
(Typed Name) (Title)

- (1) **Organization Name:** University Clinical Education & Research Associates (UCERA) dba University Health Partners of Hawaii (UHP)
- (2) **Public purpose for the grant:** University Health Partners of Hawaii fiscal year 2021 grant-in-aid application is intended to deliver quality mobile health care, education, and social services to women and infants who have difficulty accessing care, regardless of insurance and citizenship status. This program will also gain insight to additional biopsychosocial needs of at risk women in pregnancy to determine which services will be most effective in reducing maternal and infant morbidity and mortality, and will guide the development of innovative health care programs to improve access to maternity and newborn care in underserved populations. This innovative program will demonstrate that we can improve access to quality and evidence-based health care services to women who otherwise may not be accessing it, and significantly impact care in the community by improving maternal and infant health outcomes.

Pregnant women and infants living in rural regions are particularly vulnerable to higher rates of perinatal and neonatal mortality, especially those with substance use disorder, diabetes, and/or those who are uninsured. These women often require multiple visits per week or per month for health surveillance to optimize pregnancy outcomes. The Midwifery Integration Home Visitation Program (MI-Home) started in July 2019 and began seeing their first client in September 2019. They have had meaningful impact in their client's lives and seek to continue this program so that it can grow to be a model of care in Hawaii to achieve more equitable health care. The MI-Home program seeks to demonstrate the effectiveness of a patient-centered maternity home visitation program that provides pregnancy, newborn and lactation services by a certified nurse-midwife in collaboration with hospital-based medical specialists. This is the healthcare delivery system recommended by the World Health Organization (WHO) to improve the utilization and quality of antenatal care. The MI-Home Program will demonstrate that removing barriers to the provision of care by healthcare providers to our most at-risk mothers and their infants in our communities will alleviate the disparities perpetuated by our healthcare system. No clients will be turned away who are in need of care.

- (3) **Services to be supported by the grant:** This grant will support direct midwifery health care services which include well woman exams, cancer screening (cervical and breast), antepartum and postpartum visits, lactation, newborn exams, family planning (including long acting reversible contraceptives), STI/STD screening and treatment, gynecological problems, encouragement of healthy behaviors (tobacco cessation, SUD treatment, weight loss in the overweight & obese, etc), referrals to specialists as needed, and consultation and management for high-risk conditions including high blood pressure, diabetes, substance use, and mental health disorders. This grant will also support social services and case management being provided to clients in need such as assessing for Medicaid eligibility and

assisting with enrollment, assessing for eligibility of TANF, SNAP and WIC benefits and referring appropriately to these organizations through warm hand offs and follow ups.

Funds will also be spent to provide these services such as telecommunication for connectivity in the field, personal protective equipment, clean and sterile technique for procedures. A select number of infant safety equipment will be purchased for clients who are unable to afford such items as play yards so that infants can sleep safely; car seats to reduce infant mortality in motor vehicle accidents; and a breast pump for nursing mothers so that they can more optimally achieve exclusive breastfeeding through 6 months of life for the health of the infants, including reducing risk of SIDS.

- (4) Target group:** The primary target of our project will be women with substance use disorder; diabetes management in pregnancy; management of women at risk for preterm birth; unsheltered pregnant women; and Black, Samoan, Filipino and Native Hawaiian women (and their infants) who have multiple psychosocial impediments to accessing primary and subspecialty care in the state of Hawai'i.

Resources utilized: Hawai'i Department of Health: Trends and Disparities in Infant Mortality in Hawai'i by Donald Hayes, MD, MPH June 27, 2017; Family Health Services Division Profiles 2014 by the Department of Health State of Hawai'i; March of Dimes 2017 Premature Birth Report Card; Severe Maternal Morbidity in the United States by the CDC; and Mapping integration of midwives across the United States: Impact on access, equity and outcomes by Vedam, et al (2018).

- (5) Cost of the grant and the budget:** The University Health Partners of Hawaii is requesting \$395,004 in order to continue this program through its second year, while sustainable funding and reimbursement matters are addressed. Salaries currently account for 73% of the budget request. The MI-Home program is currently funded by AlohaCare through the Waiwai Ola Community Grant award for the fiscal year 2020, and is in its first year of operation. The current healthcare system does not reimburse for medical home visits due to restrictions of reimbursement only for clients who are homebound or crippled. The healthcare system in Hawaii fails to realize that there are multiple impediments to pregnant women accessing prenatal, postpartum and inter-conception healthcare when they have complicated pregnancies.

Application for Grants

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Certification – Please attach immediately after cover page

1. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2019.

- Please see attached

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. ([Link](#))

- University Health Partners of Hawaii affirms its compliance with Section 42F-103, Hawaii Revised Statutes. Please see attached

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. ([Link](#))

- University Health Partners of Hawaii will use this grant for public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. Please see attached

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background

University Health Partners of Hawaii (UHP), previously known as University Clinical, Education and Research Associates (UCERA), is a non-profit organization established to further the mission and vision of John A Burns School of Medicine (JABSOM) at the University of Hawaii. JABSOM's vision is ALOHA: to Attain Lasting Optimal Health for All.

UHP provides high-quality healthcare through hospitals and outpatient clinics. Our doctors are faculty at the University of Hawaii JABSOM. We are dedicated to supporting the clinical, educational, research, and community service activities of the UH health sciences. Our doctors and staff are on the front line every day, serving the people of

Hawaii. UHP Providers now provide healthcare services in more than 100 locations throughout the Hawaiian Islands. UHP is committed to improving the health status of the people of Hawaii and the Pacific.

As a service to the State of Hawaii, UHP has been charged with developing expertise in various high-end quaternary and tertiary specialty care areas while providing a safety-net of primary care services to those who have nowhere else to go. This approach will add to the overall quality of the state's healthcare system, provide a referral service for other healthcare practitioners across the state, and help to take care of Hawaii's indigent population, in alignment with the University of Hawaii's John A. Burns School of Medicine's (JABSOM) health care and educational mission. UHP has developed a core infrastructure for government and hospital contracting and has successfully executed contracts with the Department of Defense. UHP will continue to focus on the development of clinical service contracts, working in partnership with affiliated hospitals as well as the Veteran's Affairs Administration and the Department of Defense to address healthcare needs of mutual benefit to the parties involved.

UHP provides distinctive patient care services on Oahu for Native Hawaiian health clinics, medical clinics, surgical intensive care and teaching clinics, veteran's affairs specialty clinics, and minimally invasive surgery programs.

UHP currently has 23 board directors, which is composed predominantly of physicians from specialties in surgery, geriatrics, psychiatry, pediatrics, pathology, and obstetrics/gynecology along with representation from nursing, complementary and alternative medicine, and Native Hawaiian health. UHP has a unique opportunity to lead a 200-physician employed faculty medical group with approximately 400 total employees through its evolution into a highly integrated, effective and patient-centered, multi-specialty group practice within our community and culture while partnering with Hawaii Pacific Health, The Queen's Medical Center, and the University of Hawaii.

Combined with their long history of research and excellent patient care, UHP is an ideal organization to effectively make a statistically significant reduction in maternal and infant mortality rates in Hawaii, both across the state and amongst identified high risk populations. Program staff for the Midwifery Integration Home Visiting Program (MI-Home) include:

- Dr. Men-Jean Lee, Division Chief of Maternal Fetal Medicine, oversees the State-wide Maternal Transport of pregnant women with complicated pregnancies who need to deliver at Kapiolani Medical Center and Queens Medical Center and the Sweeter Choice Program for managing diabetes in pregnancy at Kapiolani Medical Center. She ensures access to specialty care for high-risk maternal conditions regardless of ability to pay for services.
- Dr. Lisa Bartholomew who is one of the UHP OBGYN faculty and is a provider at the Perinatal Addiction Treatment Center of Hawaii (PATH) Clinic.
- Lea Minton, Certified Nurse-Midwife and International Board Lactation Consultant who provides direct in-field midwifery care to clients in the MI-Home program.
- Dynaka Merino, medical and program assistant who provides social services to clients so they are connected to necessary supports for stabilization of their health and well-being.

- A psychiatric-trained APRN who will be available to provide psychiatric services and medication for clients seeking medication treatment for behavioral health conditions. We are currently recruiting for this position.
- Administrative assistant to support the program's functional needs. This would be a new position and the need for this position was identified during this year as the administrative work is falling to the certified nurse-midwife care provider at this time in addition to clinical work.

The MI-Home program staff possesses multi-cultural fluency through experience working within Hawaii's culturally diverse populations, and the staff have well developed networks with other community partners. Other community partners include Edward Mersereau, Deputy Director of Behavioral Health Services Administration for the State of Hawaii Department of Health; Hawaii Maternal Infant Health Collaborative who prioritizes safe birth, intended pregnancies, maternal and infant mortality reduction and increased access to family planning services; and Andy Mounthongdy, Executive Director, Hawaii Homeless Healthcare Hui (H4). The MI-Home program has engaged with additional community organizations such as the Federally Qualified Health Centers on Oahu, Mental Health Kokua's Punawai Rest Stop, RYSE shelter, Hale Mauiola, IHS Women's Shelter, Partners in Care, Hawaii Health and Harm Reduction, the HONU program, and ALEA Bridge. The MI-Home program continues to build their network to increase knowledge and utilization of the program by the target populations.

In summary, UHP's MI-Home program currently provides a health care service for women and infants that is not otherwise being provided in the state and meets a demonstrated need that has yet to be fulfilled.

2. The goals and objectives related to the request

Goal: deliver quality mobile home health care, education, and social services to homeless pregnant women and other women and infants who have difficulty accessing traditional prenatal care and other health care services, or who may otherwise not seek care through the brick and mortar office setting, and reduce high medical costs for these high-need individuals.

Objectives:

- A minimum of 100 unique clients will be serviced by the MI-Home program for women's health, maternal health, and/or infant health service in the fiscal year 2021.
- A minimum of 50 unique clients will be provided social support services through the MI-Home program in fiscal year 2021.
- A minimum of 30 unique clients will be screened for pregnancy and/or postpartum depression and connected to specialty services as needed.
- By June 30, 2021 the number of unnecessary ER visits and hospitalizations will decrease as the result of increased access to care through the MI-Home program.

3. The public purpose and need to be served

Maternal mortality in the USA is one of the highest in the developed world. Infant mortality rates in Hawaii demonstrate a disparity of 3-4 times greater rate than others when evaluated by ethnicity, race, age, and geographical regions. Cultural practices, beliefs, poverty, and homelessness within several ethnic minority groups hinders access to health care services which lead to disparities in infant mortality that have remained unchanged for the past 27 years.

The island of Oahu is divided by 2 large mountain ranges that geographically limit the ability for pregnant women living in the rural regions to gain access to maternal health care services which are primarily based in Honolulu, where 2 of the referral hospitals for the State are located. Hawaii is now known to have the highest number of homeless persons per capital in the nation. Uninsured clients, clients experiencing homelessness, clients with substance use disorders, and clients with mental health disorders often do not know how to navigate the health care system, are not aware of nearby resources including Federally Qualified Health Clinics (FQHC), have barriers to accessing care in office locations, and can be hesitant to present to care during pregnancy due to concerns for Child Welfare Services (CWS) involvement. Pregnant women living in these rural regions of the island are particularly vulnerable to higher rates of perinatal and infant mortality, especially those with substance use disorder, diabetes, history of preterm birth, and/or who are uninsured. The optimization of pregnancy outcome for both mother and fetus in pregnancies with high-risk conditions often require weekly to 3 times a week visits to a healthcare center for fetal assessment in lieu of long-term inpatient hospitalization, which is expensive and separates the pregnant woman from her family.

Partners in Care, Oahu's Continuum of Care, November 2019 report on persons served noted 30 unique active enrollments for keiki aged 0-1 year; this represents one month alone of infants who would be accompanied by a caregiver who was unsheltered (<https://www.partnersincareoahu.org/data-nov-2019>). Department of Human Services Center on the Family 2017 Homeless Service Utilization Report demonstrated that nearly 44% of service users were newcomers to the system, which shows that persons experiencing homelessness are interested in being engaged and receiving services. In 2017, 4114 (38%) persons served on Oahu identified as female; and over 50% of persons served on Oahu identified as Native Hawaiian, Black, Other Pacific Islander and Filipino. Approximately 13% of clients served on Oahu were comprised of single-parent, two-parent or other household with children families.

(<https://static1.squarespace.com/static/5db76f1aadbeba4fb77280f11/t/5dc1b1d398c3c846ef254431/1572975062672/Homeless+Service+Utilization+Report+2017.pdf>). As was noted by Marc Alexander, executive director of Honolulu Mayor Kirk Caldwell's housing office during the Homeless Summit 2020 that took place at the Hawaii State Capitol on January 7, 2020, the average age of death for people experiencing homelessness is under the age of 53. This means that the average age of people experiencing homelessness who die are of childbearing years

(<https://www.staradvertiser.com/2020/01/08/hawaii-news/hawaii-drops-to-no-2-in-homelessness-as-trends-improve-officials-say/>).

The UHP MI-Home program will continue to partner with organizations serving those experiencing homelessness or who come in contact with those having difficulty accessing care to ensure that quality maternal and infant health services are being provided to these vulnerable populations, but funding from the State Legislature is needed for sustainability at this stage of the project.

4. **Describe the target population to be served**

Any person on Oahu who contacts the MI-Home program and requests services for themselves or another person that needs services that are within our scope to provide will be seen regardless of insurance status, ability to pay and citizenship status. Our target population is pregnant women with substance use disorder, pre-existing diabetes or gestational diabetes, history of preterm births, unsheltered, and/or women of Black, Samoan, Native Hawaiian or Filipino race who reside on the island of Oahu. We estimate this target population size to be approximately 3400 women a year. This number is 25% of the births on Oahu in a year. According to the Department of Health, the State of Hawaii has approximately 19,000 births a year, 72% of which are on Oahu. Approximately 50% of the births in the state are from Native Hawaiian, Black, Samoan and Filipino mothers. We know Hawaii's preterm birth rate is approximately 10.5%, that preeclampsia affects approximately 2-8% of pregnant women, gestational diabetes can affect up to 14% of the population, approximately 50% of homeless youth become pregnant, approximately 100 women with substance use disorder are cared for through the PATH clinic annually, and 400 women are cared for through the Sweeter Choice program annually. We know women in more rural areas of the island often are not able to reach the PATH clinic to receive the care they need. Based on these statistics we believe roughly 25% of the births on Oahu meet the eligibility criteria of our target population; and will derive our referrals from our partner programs who will identify patients who would benefit from the MI-Home Program with the CNM outreach.

We selected this population as they have the greatest disparities in relation to infant mortality in the state, and we seek to provide them with evidence based, just and equitable care in order to improve the overall health of our community.

5. **Describe the geographic coverage**

The UHP MI-Home program provides services across the island of Oahu at this time.

III. Service Summary and Outcomes

1. Describe the scope of work, tasks and responsibilities

The CNM will administer prenatal home visits for enrolled patients utilizing the midwifery model for home-based care in rural Oahu to interface with subspecialty medical care, social workers, pharmacies, laboratory diagnostics, and fetal surveillance. The CNM will provide essential health care services, childbirth education, referrals for social services, laboratory testing, medication administration and management (as needed), and transportation with peer support to attend the most critical of prenatal diagnostics and childbirth in a safe hospital setting for extremely high risk pregnant women. The CNM will also perform immediate and 6-week postpartum home visits inclusive of newborn assessments, contraceptive counseling, lactation support, and depression screening.

For patients needing intensive substance use disorder management and/or diabetes care, the CNM and patient in the field will interface with the collaborating UHP OBGYN specialists by scheduled telehealth appointments using UHP's telehealth infrastructure that was established in partnership with Lanai's FQHC. The CNM will be responsible for testing each novel piece of mobile health equipment in the field, set up the Business Agreements for use of that technology, and perform weekly case reviews with the MD partners of active patient cases.

The physician liaisons to the MI-Home Program will be responsible for providing high risk pregnancy consultations for the enrolled patients whom the CNM requests specialty services. Dr. Lee will supervise overall operations with the CNM, review each patient's medical case with the CNM on a weekly basis, and oversee data collection and analysis. She will also provide telehealth consultations for high risk pregnancies in which the CNM or Medical Assistant will set up a home or shelter initiating site with equipment already purchased from the Waiwai Ola AlohaCare grant, and will conduct the specialty consultation with the patient and chart the telehealth encounter in the EPIC EHR platform that has been created by the MI-Home Program within UHP. We have piloted this service in the field with great success. Dr. Lee will also oversee any diabetes in pregnancy consultations and blood sugar management under the umbrella of the Sweeter Choice program at Kapiolani Medical Center.

Dr. Bartholomew will serve as the liaison of the MI-Home Program to the PATH Clinic of Waikiki Health FQHC which provides substance use and addiction management medical services for pregnant women throughout the island of Oahu. She is a valued member of Dr. Lee's Division of Maternal-Fetal Medicine which is a practice overseen by UHP in the Department of Obstetrics and Gynecology at JABSOM. Dr. Bartholomew will be responsible for providing any telemedicine consultations regarding suboxone management for patients enrolled in the MI-Home program. She will use the same telehealth and EHR platforms that Dr. Lee has piloted to provide her specialty services.

The Medical Assistant (MA) has been personally trained by the CNM and will be responsible for providing basic medical services, social services, and telehealth access to link the pregnant patient to the community at-large under the supervision of the CNM in the field, and the UHP MD specialists located at Kapiolani Medical Center. She has been an effective health care coordinator and navigator for the most marginalized patients to connect them back into the complexities of traditional health care systems.

The Administrative Assistant (research assistant) will be a new member of the team that we will recruit to assist the CNM, MA, and MDs in data collection, scheduling meetings and conference calls, and assist the team members in day-to-day operations of the MI-Home program.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service

First Quarter—

- a. Women's Mental Health Services
 - Recruit Psychiatry-trained Advanced Practice Nurse (APRN) to UHP's Department of OBGYN to provide women's mental health services.
 - Set up EPIC EHR screening tools for UHP OBGYN practices.
 - Develop work flow for mental health screening and referrals.
 - Communication to faculty and implementation.
- b. Mobile Fetal Monitoring
 - Continue setting up Business Agreements for launching mobile fetal monitoring services in the field.
 - Purchase devices and server storage.
 - Test mobile fetal monitoring in the field on first patient
 - Communicate activation of mobile fetal monitoring program to community partners
- c. H4 Partnership
 - Finalize Memoranda of Understanding between UHP and H4 program after legal and compliance reviews
 - Provide services to first patient in the first H4 space
 - Provide services to first patient in the second H4 space

Second Quarter—

- a. Mobile Ultrasound Unit
 - Portable Ultrasound Unit already purchased through Waiwai Ola Grant
 - Training of staff completed
 - Set up image storage program with UHP IT
 - Test Mobile Ultrasound unit in the field with data transfer and storage on UHP servers on first patient
 - Communicate activation of mobile ultrasound program to community partners
- b. Mobile Texting and Communications Application
 - Set up agreements with UHP Compliance and Legal for use of mobile communication tool with patients.
 - Initiate HIPAA compliant communication application for MI-Home participants with MA and CNM who already have communication equipment previously purchased with Waiwai Ola funds.
 - Track usage and contact points with number of Emergency Room visits and potential visits averted.

Third Quarter—

- a. Meet with leadership of JABSOM's HOME program to discuss coordination of services
- b. Continue to recruit patients into MI-Home program
- c. Identify needs assessments for MI-Home patients regarding integration with hospitals for childbirth and postpartum care after the first patients in the cohorts are delivering
- d. Interim review with UHP leadership, Waiwai Ola leadership, CMS, Department of Health, and follow-up with Hawaii State Legislative stakeholders.

Fourth Quarter—

- a. Visit with Community Partners to obtain feedback
- b. Prepare report for Department of Health and Hawaii State Legislature.
- c. Seek sustainable funding through H4, CMS, and Hawaii State appropriations
- d. Continue to recruit patients into MI-Home program

3. **Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results**

This project is being conducted under the auspices of UHP; a healthcare entity which provides quality assurance and corporate compliance for the faculty-practice plan of the faculty of JABSOM. This project has been slow in implementation in order for the Legal and Compliance Departments to develop policies for implementation of these innovations in healthcare technology that the MI-Home Program has proposed and taken out into the field. Quality Assurance for the MI-Home Program is embedded into the normal operations of UHP's clinical office. The MI-Home Program is falling under the oversight of the Quality Committee of Department of OBGYN's UHP Office at Kapiolani Medical Center in Suite 801. Each patient enrolled into the program is being documented in the EPIC EHR which allows us to track and monitor visits, diagnosis codes, and outcomes. In addition, the CNM discusses each patient with the supervising MD and MA to determine if any additional services should be accessed or provided to the patient within the current healthcare system on Oahu. Unexpected issues are addressed by the MI-Home team on an outpatient basis, and hospitalization is used as a last resort when medically indicated. Hospitalization, including number of hospitalizations per pregnancy up to 6 weeks' postpartum and number of days in the hospital, will be included in the evaluation plan. Data will be abstracted by the new MI-Home Administrative Assistant (Research Assistant) from the EHR so that the effectiveness of the program can be analyzed. Basic data analytics will be performed by Dr. Lee. More sophisticated analytics, if needed, will be referred to Data Science collaborators at local Universities who have student projects to conduct advanced data analyses.

4. **List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending**

agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

Metrics to measure maternal or neonatal mortality are inaccurate to conduct on such a small-scale project. However, the following measures are easily collected and measurable:

- Number of patients enrolled into the program
- Number of face-to-face encounters between MI-Home program, number of hours per visit
- Number of calls and texts to any provider by the patient as a surrogate for preventable ED visit
- Number of hospitalizations per patient, number of hospital days
- Number, reason, and costs of transportation for each patient service
- Number of referrals outside of the MI-Home system for subspecialty care
- Number of patients successfully enrolled into health insurance, a FQHC, delivered in a hospital, attended a traditional prenatal care visit.
- Number of patients identified with a mental health issue requiring referral and completed follow-up with a mental health provider.
- The utilization and popularity of mobile prenatal healthcare technologies and indications for referral to the MI-Home Program.
- Financial estimates of cost savings for each contact point of each MI-Home patient to each MI-Home team member will need to be calculated.

The data points collected above will be used to direct future efforts and allocation of resources with the overarching goal to optimize access to prenatal and postnatal healthcare services to the most vulnerable populations in our State.

IV. Financial

Budget

1. **The attached budget forms detail the cost of the grant-in-aid request, including:**
 - a. Budget request by source of funds ([Link](#))
 - b. Personnel salaries and wages ([Link](#))
 - c. Equipment and motor vehicles ([Link](#))
 - d. Capital project details ([Link](#))
 - e. Government contracts, grants, and grants in aid ([Link](#))
2. **The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2021.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$98,751	\$98,751	\$98,751	\$98,751	\$395,004

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2021.

UHP MI-Home program will seek additional funding opportunities as they arise, and none are currently identified for the amount and time frame needed to continue our program in its second year, fiscal year 2021. The UHP MI-Home program was funded through AlohaCare’s Waiwai Ola Community Grant program for the first year, and due to the Medicaid RFP during fiscal year 2020, AlohaCare could not, nor cannot commit to further funding at this time due to unknown future operations for fiscal year 2021. If funding is not secured, the UHP MI-Home program will be discontinued and clients will no longer receive services that reduce barriers to care. There is currently no ability to receive reimbursements for any services provided due to the mobile nature of this program and existing reimbursement structures in Hawaii. UHP continues to engage in conversations with Medicaid to develop reimbursement options in the future to achieve a more sustainable program.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

UHP has not been granted any state/federal tax credits in the prior three years and does not anticipate applying for such credits in fiscal years 2020 and 2021. UHP is not requesting funding for any capital projects with this application.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2021 for program funding.

There are currently no contracts to report and the required information is included in the Attachments on the provided form "Government Contracts, Grants, and/or Grants In Aid."

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2019.

UHP's unrestricted assets as of December 31, 2019 are \$16,900,527.

V. Experience and Capability

1. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

UHP, a non-profit 501(c)3 organization, was founded in 1993 under the name University Healthcare Associates. From 2002 to 2014, it was known as University Clinical, Education and Research Associates. In 2015, there was a decision to change the name to University Health Partners of Hawaii (UHP) to better focus on partnerships with local hospitals and community organizations. UHP providers now serve in more than 100 locations throughout the Hawaiian Islands, providing services in family medicine, internal medicine, surgery, obstetrics, gynecology, geriatrics, hyperbaric medicine, speech therapy, psychiatry, psychology and Native Hawaiian Health.

UHP has a unique opportunity to lead a 200-physician employed faculty medical group with approximately 400 total employees through its evolution into a highly integrated, effective and patient-centered, multi-specialty group practice within a unique and distinct community and culture while partnering with Hawaii Pacific Health, The Queen's Medical Center, and the University of Hawaii.

The OBGYN department within UHP has been working to develop a more robust maternal telehealth program in Hawaii in order to reduce maternal and infant morbidity and mortality in Hawaii. UHP is contracted with Kapiolani Medical Center for Women and Children (KMCWC) and Queens Medical Center (QMC) to cover obstetrics and receive transports from neighbor islands and other facilities. As maternal-fetal medicine specialists, and additionally as the in-house OBGYN providers at KMCWC, UHP OBGYN providers have extensive experience in caring for maternal clients with high-risk conditions and collaborating with the neonatologists regarding infants with high-risk conditions. UHP OBGYN providers also collaborate with Lanai Health Center for maternal-fetal medicine telehealth consult services in order to reduce the number of flights a pregnant mother on Lanai would have to take to Oahu for maternity health care. In October 2019, the UHP OBGYN department hosted Hawaii's first Maternal Telehealth Summit and had participants from across the state representing Pacific Basin Telehealth Resource Center, FQHCs, maternity hospitals, rural community hospitals, health insurance organizations, legislators, state departments, medical providers, telecommunications companies, and IT specialists within the organizations attending. This summit brought expert and local presenters together in addition to break out groups to share knowledge, programs and brainstorm what areas need to be addressed to adequately provide maternity services in rural and neighbor island areas, as well as ways to address the gaps now, and what the future could look like. UHP's experience and engagement with telehealth is vital as the MI-Home program is working through ways to provide services in rural areas while still bringing specialty care via telehealth to clients. The mobility of the MI-Home program in combination with

telehealth capability while in the field ensures that those who are unable to access traditional health care location settings are still able to access necessary care.

The two key MI-Home staff providing direct care are the certified nurse-midwife and medical/program assistant, as they are who do the field work and outreach. Both of these staff members came from a background of having worked at a FQHC in Hawaii in a rural area, and both have experience with providing services in a mobile fashion. Additionally, the certified nurse-midwife and medical/program assistant have been working together and in collaboration with the UHP team to develop and assess appropriate workflows as well as change and adapt workflows as experience in implementing the program increases.

The MI-Home program is currently 6 months into operation and within this time frame multiple community connections have occurred to build up the collaborative care team for appropriate referral to services. These connections with other organizations working out in the field such as care coordinators, housing assistance organizations, food pantries, street medicine services, emergency shelter facilities, - they all are vital to helping a client become stabilized in order to improve their health status. Within these relationships, UHP is also building their credibility as a community player ready and willing to provide medical care where our most vulnerable populations need it.

Combined with their long history of research and excellent patient care, UHP is an ideal organization to effectively make a statistically significant reduction in infant mortality rates in Hawaii, both across the state and amongst identified high risk populations. UHP is well positioned to continue the MI-Home program and build upon their fiscal year 2020 success of starting up the program. Please see current program brochure attached.

Contracts within the last 3 years relating to MI-Home program:

- AlohaCare Waiwai Ola Community Grant Award. Awarded \$315,000 on 11/30/2018. Contact: Stella Catalan at scatalan@alohacare.org.

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

UHP has 16 locations on Oahu and Hawaii islands at which it provides health care. UHP's administrative offices are located at Gold Bond Building 677 Ala Moana Boulevard, Suite 1001, Honolulu, 96813, on Oahu.

Service locations meet all the requirements of the American Disabilities Act (ADA) regarding consumer and employee access as well as OSHA requirements for safety. Every effort is made to maintain services that are centrally located in each community where target populations are served. UHP has a Facilities Manager to ensure that all

sites provide maximum accessibility, safety and support for service delivery. The Quality Director oversees a Safety Program that includes facilities compliance with all safety regulations (such as OSHA), including fire drills and monthly facilities inspections.

The UHP MI-Home program is operated in a mobile fashion utilizing the Certified Nurse-Midwife and Medical/Program Assistant's personal vehicles. These two staff members maintain a current driver's license and their personal vehicles remain registered, insured and having passed safety inspection during the utilization of their vehicles for the program. The provision of service is provided in client homes, emergency shelters and other community areas where clients feel safe and request to be seen.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

The UHP MI-Home program expects to have four health care providers (two maternal-fetal medicine specialists, one certified-nurse midwife, and one psych APRN), a medical/ program assistant (care coordinator/eligibility worker) and an administrative assistant. This GIA request will provide for these positions.

- **Maternal-Fetal Medicine Provider 1 – 0.10 FTE**
 - Overall planning, implementation, and oversight of MI-Home program; Program & contract performance & reporting; Performance/quality improvement activities; General program administration; Budget development and oversight. Provide direct maternal-fetal medicine services through telehealth.
 - Qualifications: Medical doctoral degree, completed fellowship in maternal-fetal medicine, current and active license to practice medicine in Hawaii.
 - Experience: Division Chief of Maternal Fetal Medicine UHP OBGYN faculty providing programmatic maternal fetal medicine program oversight.

- **Maternal-Fetal Medicine Provider 2 – 0.05 FTE**
 - Provide direct maternal-fetal medicine services specializing in substance use disorder management and treatment through telehealth.
 - Qualifications: Medical doctoral degree, completed fellowship in maternal-fetal medicine, current and active license to practice medicine in Hawaii.
 - Experience: UHP OBGYN faculty and provider at the Perinatal Addiction Treatment Center of Hawaii (PATH) Clinic.

- **Certified Nurse-Midwife Provider – 0.75 FTE**
 - Assist with MI-Home program planning and implementation; Documenting reporting measures; Assisting with general program administration and performance/quality improvement activities; Provide feedback regarding fieldwork experience to guide program workflows. Provide direct midwifery services in community settings.
 - Qualifications: Master's degree in nursing, completed specialty in midwifery and passed national AMCB exam for certification as a nurse-midwife, current and active license to practice advanced practice nursing in Hawaii.
 - Experience: UHP OBGYN staff provider, certified in nurse-midwifery and as an International Board Certified Lactation Consultant.

- **Psych APRN Provider – 0.2 FTE**
 - Provide direct psych APRN services to clients of program.
 - Qualifications: Master's degree in nursing, completed specialty in psychiatric mental health and passed national ANCC exam for certification as a psychiatric mental health nurse practitioner, current and active license to practice advanced practice nursing in Hawaii.
 - Experience: Certified as a nurse practitioner with a specialty in psychiatric mental health; prefer experience with perinatal mood disorders.

- **Medical/Program Assistant – 0.75 FTE**
 - Documenting reporting measures; Provide feedback regarding fieldwork experience to guide program workflows. Provide direct medical assistant services and social support services in community settings and assist certified nurse-midwife with scheduling of clients and case management.
 - Qualifications: Certified medical assistant or completion of medical assistant education with 5+ years of experience as a medical assistant, training as an eligibility worker.
 - Experience: UHP OBGYN staff member, medical assistant experience and eligibility, outreach and case management experience.

- **Administrative Assistant/Research Assistant – 0.50 FTE**
 - Assist with program contract performance & reporting; Assist with documentation of performance/quality improvement activities; data collection and abstraction; General program administration; support for budget development and oversight.
 - Qualifications: Minimum associate's degree, experience as a high-level assistant with minimum 2 years of experience, preferred in a health care organization.
Experience: Administrative and secretarial experience.

Supervision of these staff will fall under the established management structure of the organization, with onsite clinical management given to a site supervisor. UHP has monthly faculty meetings and monthly program meetings. Training is made available to all staff and all new staff are oriented to the organization. Clinical staff receive clinical

orientation from a supervisor within their department and are matched based on their role. In addition, UHP management staff (IT, HR, finance, clinical quality) will provide necessary supportive supervision and on-going training/support to insure all processes and protocols are adhered to throughout the system. All UHP employees are evaluated at three months after initial hire, at the end of the first year of employment, and annually thereafter. This is standard operating practice throughout the organization.

2. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

The UHP and Ob-Gyn Department organization charts depicting the administrative management structure, lines of authority, and functions of the organization, is included in the attachments.

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

Current annual salaries of the top three UHP executives are as follows. All Board of Directors serve as unpaid volunteers.

From the UHP 990 tax return (public copy)

Chief Executive Officer	\$325,988
Chief Medical Officer	\$188,303
Chief Financial Officer	\$156,941

VII. Other

1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

UHP discloses the following pending litigation.

UCERA dba UHP Hawaii Pending Litigation		As of 1/17/2020
Case	Type	Status
<i>Patient A v. UCERA dba University Health Partners of Hawaii et al.</i>	Medical Malpractice	Case in discovery; pending.
<i>Patient H-B v. Kapio`olani Medical Center for Women and Children et al.</i>	Medical Malpractice	Case in discovery; pending.
<i>Patient K v. University Clinical, Education & Research Associates dba University Health Partners of Hawaii et al.</i>	Medical Malpractice	Lawsuit filed on 12/24/19.
<i>Patient R v. University Clinical, Education & Research Associates et al.</i>	Medical Malpractice	Case in discovery; pending.
<i>Patient T v. UCERA et al.</i>	Medical Malpractice	Case in discovery; pending.
<i>Individual MC v. University Clinical, Education & Research Associates et al.</i>	Employment	Lawsuit filed on 12/03/19.

2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

UHP has all required licenses needed to conduct a medical practice.

3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see [Article X, Section 1, of the State Constitution](#) for the relevance of this question.

This grant will not be used to support or benefit sectarian or non-sectarian private educational institutions.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2020-21 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2020-21, but**
- (b) Not received by the applicant thereafter.**

UHP understands the limited nature of government funding. Should UHP be awarded a grant-in-aid for this initiative for fiscal year 2021, but not thereafter, UHP will seek continued support for the program from local and national foundations and federal sources. UHP has had a long-term presence in the State of Hawaii as medical community partners providing services in FQHCs, traveling to neighbor islands to provide needed services and is committed to continuing to provide maternal and infant health services to those in need while developing a telehealth program to connect clients in rural areas and neighbor islands with quality specialty care. To do this, UHP will document, monitor, and analyze its implementation of services during fiscal year 2021 and identify programmatic areas for improvement and areas that seem to be successful. UHP will use the baseline data to improve on the program design of the initiative, use the data to include in grant applications and proposals to prospective funders, and to develop an educational piece to present to prospective service provider partners, businesses, and policy champions.

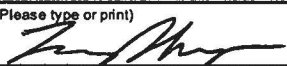
**GIA APPLICATION ATTACHMENTS FOR
UNIVERSITY CLINICAL, EDUCATION & RESEARCH ASSOCIATES**

1. SECTION IV: FINANCIAL - BUDGET
2. SECTION V: EXPERIENCE AND CAPABILITY - UHP MI-HOME BROCHURE
3. SECTION VI: PERSONNEL: PROJECT ORGANIZATION AND STAFFING -
DEPARTMENT ORGANIZATION

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2020 to June 30, 2021

Applicant: University Clinical, Education & Research Associates

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	226,838			
2. Payroll Taxes & Assessments	20,415			
3. Fringe Benefits	30,557			
TOTAL PERSONNEL COST	277,810			
B. OTHER CURRENT EXPENSES				
1. Psychologist Services	3,500			
2. Professional Liability Insurance	11,500			
3. Infant Health Safety	2,280			
4. EPIC Electronic Health Record	900			
5. Mileage	11,500			
6. Supplies	6,780			
7. Labs, genetic testing & US	4,500			
8. Participant Imaging/Consult Incentive	2,000			
9. Participant Transportation	2,400			
10. Community Outreach	3,000			
11. Staff Training: Certs, CMEs, Courses	3,000			
12. Overhead	65,834			
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	117,194			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	395,004			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	395,004	Henry J. Ellis, Jr. (808) 469-4959		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested				
(d) Total Private/Other Funds Requested	0	Signature of Authorized Official Date		
TOTAL BUDGET	395,004	Lary J. Shapiro MD, Chief Executive Officer Name and Title (Please type or print)		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2020 to June 30, 2021

Applicant: University Clinical, Education & Research Associates

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not applicable				
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2020 to June 30, 2021

Applicant: University Clinical, Education & Research Associates

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2018-2019	FY: 2019-2020	FY: 2020-2021	FY: 2020-2021	FY: 2021-2022	FY: 2022-2023
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						
Not Applicable						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: University Clinical, Education & Research Associates

Contracts Total: -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	NA - None				
2					
3					
4					
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25					



MI-HOME

The Midwifery
Integrated Home
Visitation Program

Prenatal and Postpartum Care
in Your Home or Shelter

Accepting referrals from all healthcare providers across O'ahu, including Federally Qualified Health Centers. Electronic reports of tests and evaluations will be sent back to the referring provider.

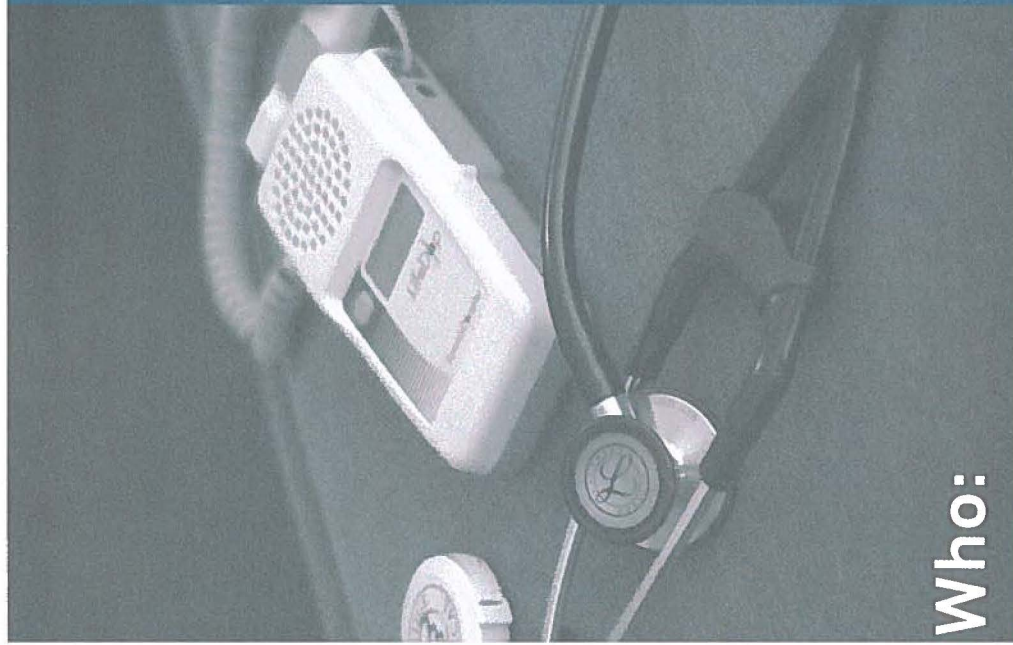
We also take self-referrals and those without health insurance.

To make a referral:

Le'a Minton, MSN, APRN, CNM, IBCLC
Midwife:
808.476.0690

Dynaka and Keahi
Assistants:
808.476.0622

eFax:
833.905.0149



Who:

Mothers on O'ahu who are having difficulty accessing prenatal and postpartum healthcare services.



What:

Services provided:

- Routine prenatal and postpartum appointments
- Diabetes management
- Substance use management
- Blood pressure checks
- Blood draws
- PAP smears
- Basic obstetrical ultrasound
- Non-stress test
- Lactation support
- Newborn Care <29 days
- Family planning services
- Social services referrals
- Health insurance applications
- Prescription refills
- Telehealth specialist consultations
- Transportation for medical services
- And other maternity care procedures

Where:

In a place that is convenient, safe and private: in your home, shelter, or place of refuge.

When:

As frequently as your healthcare provider or MD specialist recommends. Our traveling Certified Nurse-Midwife provides prenatal, postpartum, lactation, and newborn care in community-based settings.

Why:

Mothers diagnosed with high risk conditions in pregnancy may require frequent (weekly, twice or three-times a week) visits to a clinic or hospital. This innovative program provides a Certified Nurse-Midwife who is trained to safely provide these services in the comfort of your home if you struggle with transportation, childcare and/or other unexpected issues.

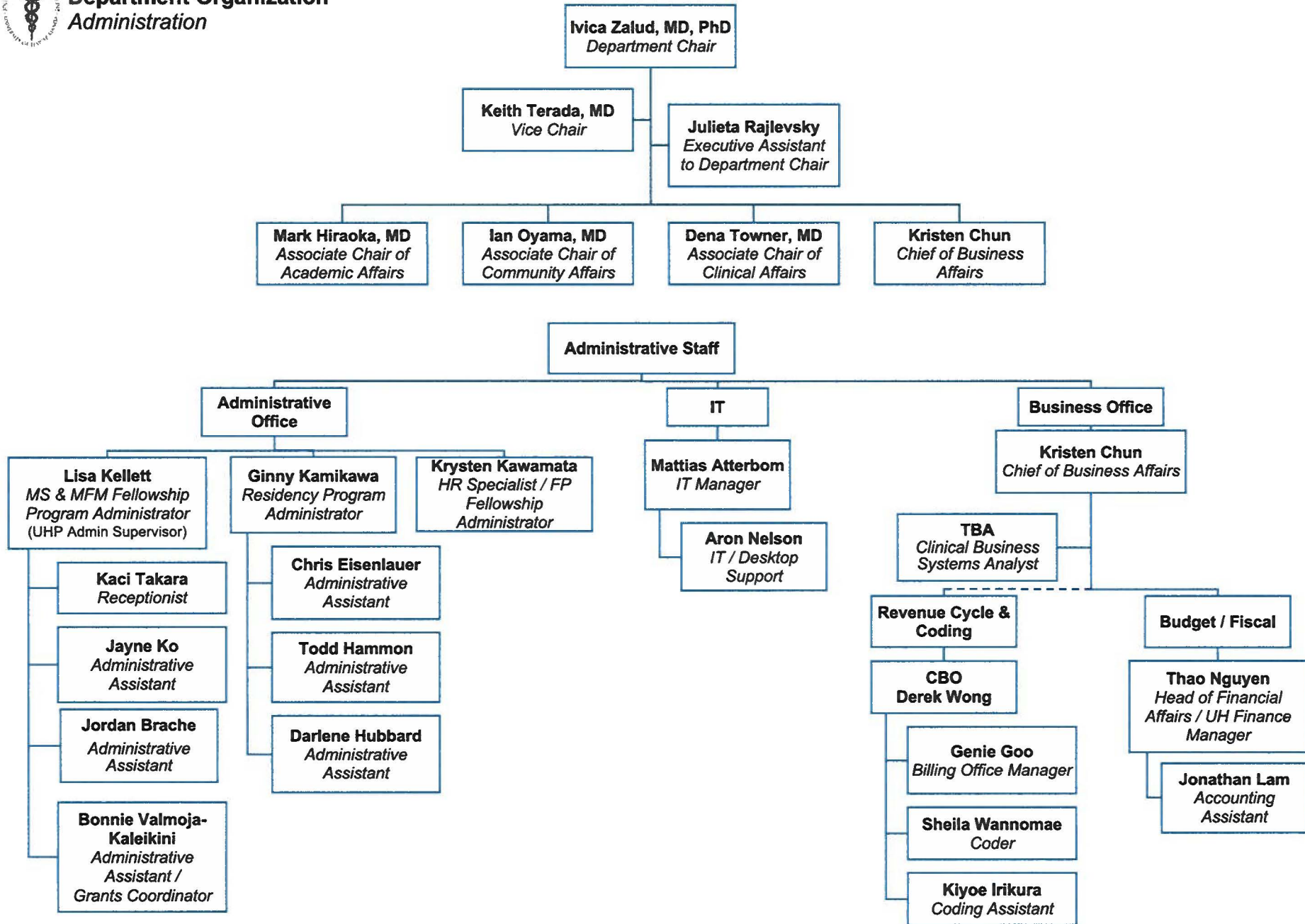
How:

Our Certified Nurse-Midwife works in partnership with the Maternal-Fetal Medicine physicians of the University Health Partners of Hawai'i (High Risk OB Doctors). During your appointment, she can use portable telehealth (a tablet with video calling) to collaborate with the MFM physicians on your care plan. This will help prevent missed prenatal and postpartum appointments, and unnecessary hospitalizations.



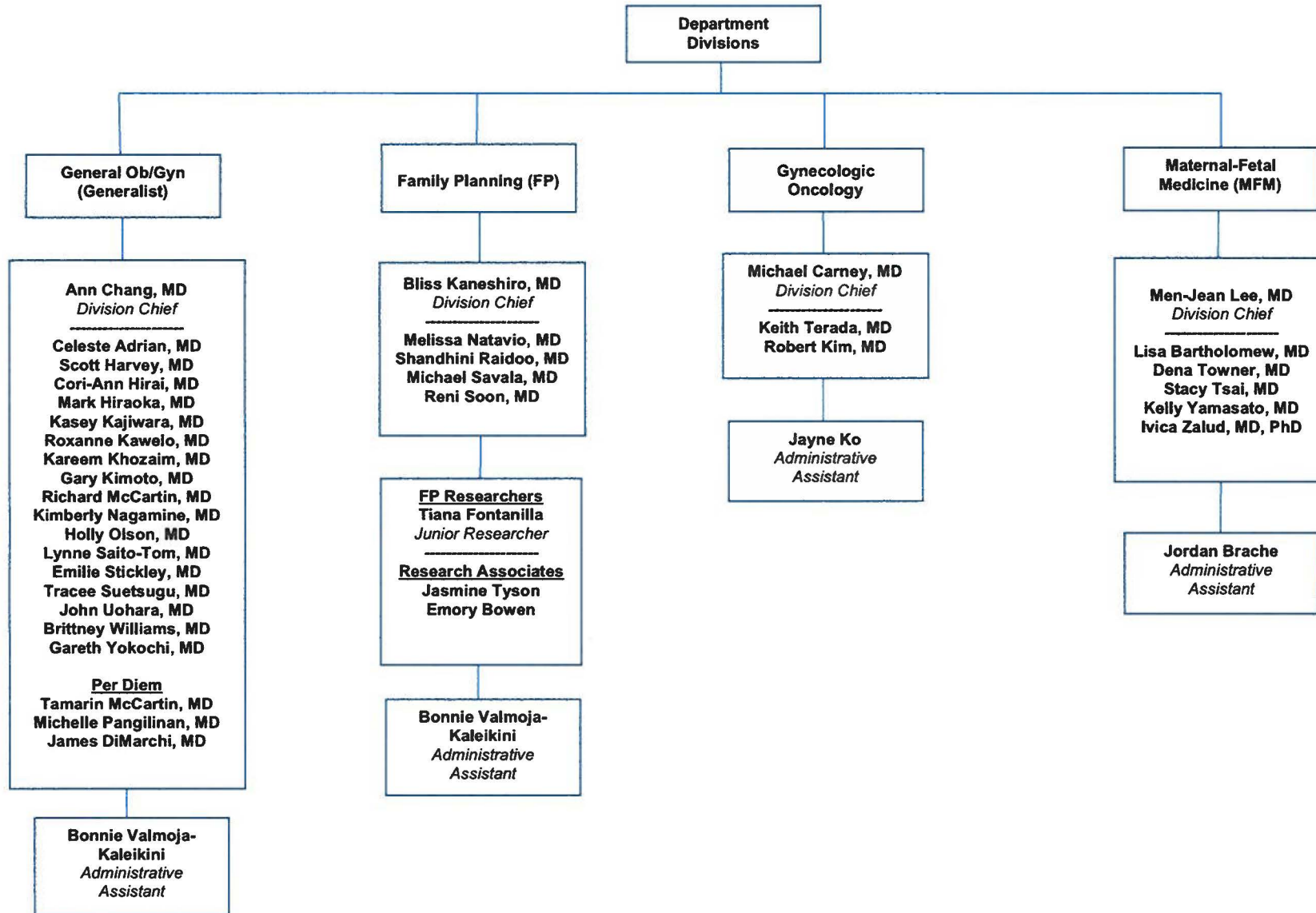


Department Organization Administration



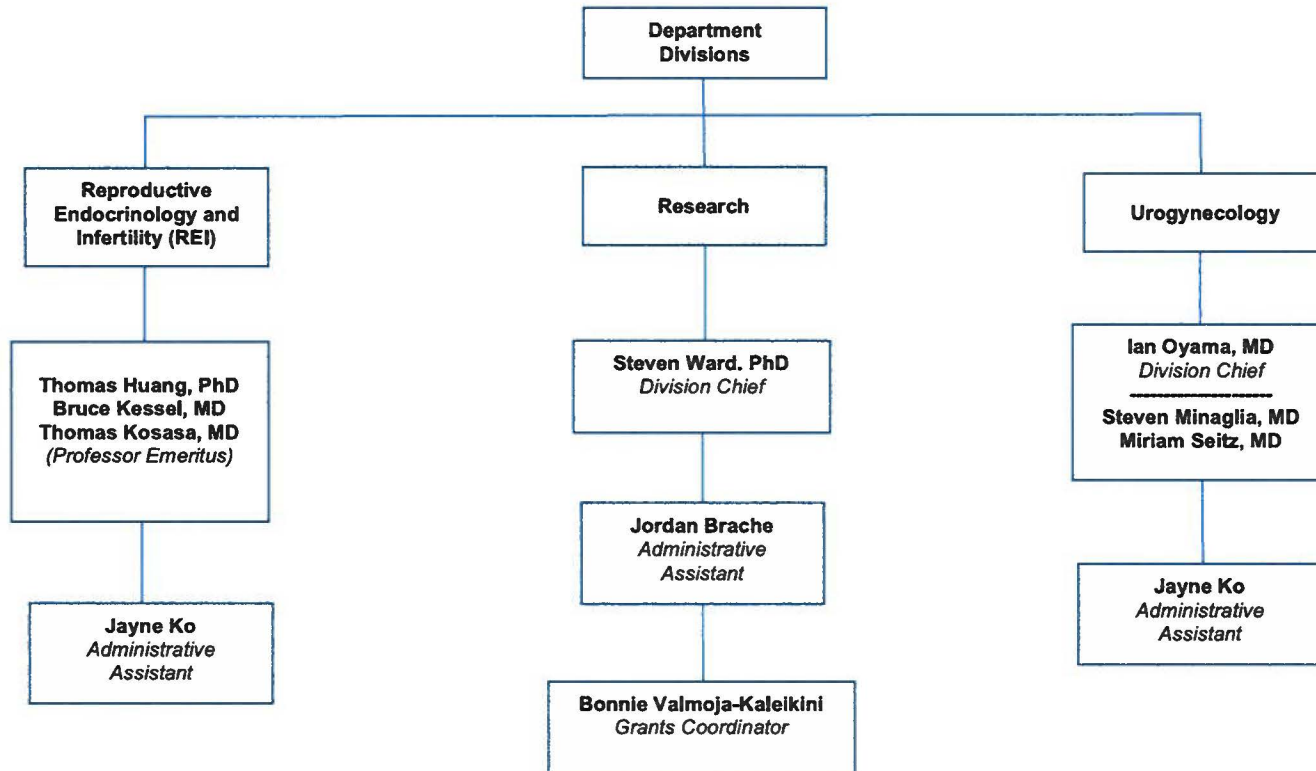


Department Organization Divisions





Department Organization
Divisions (continued)





Department Organization
Special Grant Supported Community Outreach

