



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health, Human Services & Homelessness
Tuesday, March 15, 2022 at 9:00 a.m.

By

Jerris Hedges, MD
Professor & Dean and
Lee Buenconsejo-Lum, MD, FAAFP
Associate Dean for Academic Affairs & DIO
John A. Burns School of Medicine

And

Michael Bruno, PhD
Provost
University of Hawai'i at Mānoa

SB 2624 SD2 – RELATING TO HEALTH

Chair Yamane, Vice Chair Tam, and members of the committee:

Thank you for the opportunity to provide testimony in **support of SB 2624 SD2** which requires the Department of Health (DOH) to implement a telehealth pilot project, exempts the pilot project from procurement, and requires the DOH to implement and administer a rural healthcare pilot project to provide physicians serving selected rural areas with an availability fee and reimbursement for certain expenses. The DOH must also submit a report on the outcomes of the pilot project.

The proposed telehealth pilot is welcome and sorely needed in rural and remote communities, as well as communities with little access to medical, mental health, and oral health services. According to the 2016 Hawai'i Primary Care Needs Assessment Data Book, most rural communities in O'ahu, as well as on the neighbor islands have higher percentages of populations receiving public assistance (health care covered by Quest or Medicaid FFS) compared to the State average. Per capita household income is lower and may contribute to the numerous transportation barriers seen in rural communities. Rural communities and underserved communities throughout Hawai'i have higher rates of obesity, heavy drinking, diabetes, and blood pressure compared to more affluent or urban communities. Death from heart disease, cancer, and stroke also tend to be higher in all neighbor islands, as well as rural Oahu communities. Hospital admissions for substance-related disorders and mood disorders are also higher than Honolulu-county or statewide rates. In September 2021, a special issue of the Hawai'i Journal of Health and Social Welfare included reports on the impact of the COVID-19 pandemic on the health and social welfare of the people in Hawai'i. Many of the

challenges noted across the state, as well as for Native Hawaiian, Filipino, and Pacific Islander populations, support the need for improved access, health, and digital literacy.¹

Many of the highest-risk patients reside in Medically Underserved Areas (MUA), are part of Medically Underserved Populations (MUP), or reside in federally-designated health professional shortage areas. Telehealth would benefit many in these communities. Elderly, as well as medically- and socially-complex patients often face transportation barriers and difficulty navigating our collective system of health care. These determinants of health, as well as social or cultural isolation can often impede seeking care or follow-up after a doctor's appointment or hospitalization. Being able to provide telehealth services at community health centers or in the home has tremendous potential for improving the health of patients, their families, as well as providing cost-savings to the entire health system by avoiding emergency department or hospitalization costs.

Telehealth to rural areas has been demonstrated to reduce hospital bed-days and hospital admissions in the VA population (Slabodkin, 2016)². HI-EMA convened a working group, coordinated by the University of Hawai'i to conduct a statewide telemedicine needs assessment in May 2020³. Lessons from telehealth strategies implemented during the COVID-19 pandemic can help build better systems of care, including services that address many social determinants of health⁴. Additional successful telehealth pilots focusing on medically underserved areas with an FQHC or rural health clinic have the potential to improve patient follow-up post-hospitalization (and prevent additional emergency department or hospital visits), provide closer monitoring of patients who would most benefit from multi-disciplinary team-based care, especially if periodically coupled with home visits by trained nurses, community health workers, or physicians. Given the targeted rural areas proposed in SB 2624, partnering with the local health system(s) that have a network(s) of affiliated specialists and complex care management infrastructures will more rapidly provide care to the rural areas. This builds a coordinated telehealth provider network across the State.

Hawai'i's Medicaid and Quest plans pay for telehealth visits as a covered benefit under Act 226 (SLH, 2016) - including reimbursement for behavioral health, primary care, specialty care that is provided by physicians, advanced practice registered nurses, psychologists, mental health providers, dentists, and other oral health providers. In

¹ Buenconsejo-Lum LE, Qureshi K, et al. (2021). A report on the impact of the COVID-19 pandemic on the health and social welfare in the state of Hawai'i. *Hawai'i J Health Soc Welf.* 2021; 80(9 suppl 1): 12-23. The entire issue, including reports specific to each island and to NH, PI, Filipino groups can be downloaded at https://hawaiijournalhealth.org/past_issues/80.09.suppl1.htm/

² Slabodkin, G. (2016). VA expanding telehealth to meet growing needs of veterans. *Health Data Management*. Retrieved from <https://www.healthdatamanagement.com/news/va-expanding-telehealth-to-meet-growing-needs-of-veterans>.

³ Hawai'i Emergency Management Agency State Emergency Support Function #8. (2020) Statewide Telemedicine Needs Assessment. Retrieved from <https://uhealthy.hawaii.edu/telemedicine-needs-assessment/>

⁴ <https://health.hawaii.gov/news/newsroom/department-of-health-to-bring-health-digital-navigators-and-telehealth-support-services-to-underserved-communities/>

Hawai'i, telepsychiatry helps to address the mental health needs of children on most neighbor islands, as well as students in home- and school-based settings on the islands of Kaua'i, Maui, Moloka'i, and Lāna'i and O'ahu. Conditions treated in the schools, home, and in the Department of Health's mental health clinics include developmental disabilities and severe mental illness.

Several clinical departments at JABSOM provide telehealth services to remote areas of Hawai'i and the US Pacific. We continue to partner with the Hawai'i State Department of Health in the development of the Hawai'i State Telehealth Plan and participate in the Telehealth Hui (coordinated by the UH Pacific Basin Telehealth Resource Center) and the Broadband Hui.

JABSOM, as part of the fabric of Hawai'i, looks forward to working with many partners in support of *Maika'i Loa: Attain Lasting Optimal Health for All* (ALOHA).

Thank you for the opportunity to provide testimony on this bill.