



# access to care

Health for our communities

## JULY 2022 REPORT





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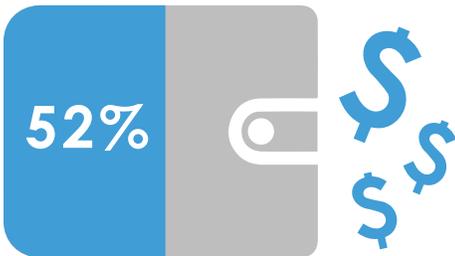
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## Executive Summary

### Many people in Hawai'i are hurting right now and the pandemic has taken a toll on financial, physical, and mental wellbeing.



While a majority (55%) view our island communities as healthy, much of the survey tells a different story. It is one of strife, hardship, and need.

Financial insecurity looms large with a majority (52%) reporting making cuts to their food and grocery budgets for personal financial reasons. In addition, 36% say they cut back on medical care of medicine in the past year because they were short on money. And the pandemic has made economic insecurity worse for 40% of the public, while only 8% say they have gotten

ahead financially compared to before COVID-19.

We also see good numbers reporting deteriorated mental (38%) and physical health (33%) among the public in the past two years. Similar numbers of Medical Providers say their mental (38%) and physical (36%) health has declined.

Not surprisingly, there is a connection between economic security and health status. Those who have had to cut back on food are much more likely to report declining mental (66% worse) and physical health (61% worse).

Nearly three in 10 (28%) sent up a signal flare on mental health, reporting that they and/or a family member are in need of counseling or coping skills. With just a few exceptions, the numbers do not drop below 20%, or one in five residents, among every major demographic and geographic subgroup.

### Health care woes.

The public paints a gloomy picture of the current health care landscape. They chose words like “a succession of obstacles,” “inhumane,” “frightening,” “a death sentence” and “kind of hopeless” to describe the status quo.

The stories they shared are emotional, urgent, and poignant and largely center around access to care. Some question the logic of paying insurance premiums for something they cannot get – medical appointments.

Others tell incredibly sad stories detailing their tribulations with the health care system and its impact on their self-worth. As one put it, “I cannot afford to see a doctor or receive medical or surgical care. It’s strange how inconsequential we become to society as we age. I spent most of my life giving to my community only to find out I no longer matter.” Another wrote, “I feel invisible, unheard and that no one cares about our family in the health care community. It’s never been like this before.”

## Health care delayed more than denied.

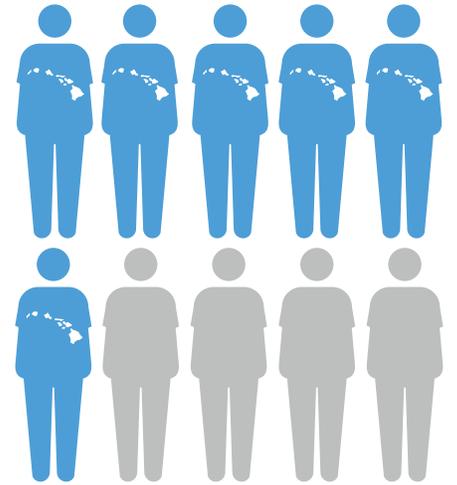
Delays in care abound. Nearly six in 10 (58%) say they have experienced health care delays in the past year. One in five (21%) characterize the wait time issue as “significant.” Providers confirm this. In fact, nearly half of Providers (48%) believe the wait time to see any type of specialist – on-island or off -- is more than a month and can be longer than two months.

All agree that appointment delays are untenable, and both populations point to an acute provider shortage as one of the main culprits. Majorities of kama’aina on every island believe there are not enough doctors where they live, and Providers concur. Given the number of providers contemplating reducing their hours (52%), leaving or retiring from medicine (53%) and/or moving to the mainland (49%), it is only going to get worse, suggesting Hawai’i has a recruitment and a retention problem.

Psychiatry and mental health counseling are, far and away, the two professional areas needed most, according to providers. Though medical service needs abound due to widespread shortages in a number of medical specialties.

## Like many things in Hawai’i, it’s complicated.

The public as well as health care experts in Hawai’i also realize that health care delivery is complicated – more so than elsewhere. Our cultural diversity is an asset and a complicating factor that impacts many facets of health care delivery, especially because we are a multilingual society. They realize that health care needs, approaches and stigma are different across cultures and require an increase in cultural competency and language access, especially to the Hawaiian, Pacific Islander, and Filipino populations.



Nearly six in 10 (58%) say they have experienced health care delays in the past year.

Access issues in rural Hawai’i are particularly troubling and, if not careful, could lead to greater health care disparities. Transportation to receive care is not easy for some – and many of these same individuals lack the technology or know-how to seek telehealth, let alone reliable broadband. Then there’s the geography of the state, with the most extensive medical resources concentrated on O’ahu. About 70% of the care residents of Lāna’i and Moloka’i receive requires a trip off island which is arduous and expensive.



## Equity traps abound.

Those suffering the most from the current system, especially when it comes to delayed health care and access to specialists, are Medicaid/MED-QUEST patients. Changing the reimbursement rate structure and addressing general excise tax (GET) reforms are seen as vehicles for improving health care equity, according to the health care professionals we queried.

There is also a tension between increasing telehealth programs for those who seek care frequently and those who don't. Shifting more of higher-needs patients to telehealth and home monitoring could have the greatest impact on staff loads and the cost of care. And they are a very willing and savvy audience.

However, this group skews white, Japanese, and well-educated. Doing so would increase the digital divide and further contribute to disparities in care.

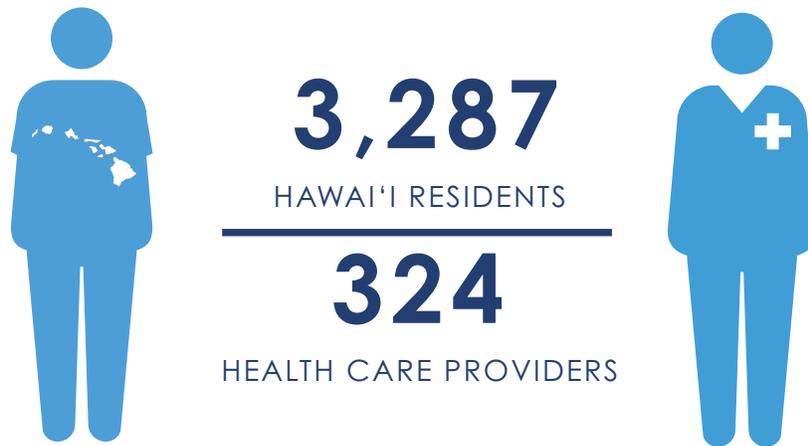
### The moment is now.



These multi-layered and broader community challenges complicate the ability to find solutions. Add to this Hawaii's greater racial and ethnic diversity and the need for interpretation and translation services for residents with Limited English Proficiency (LEP). This is in addition to the highest cost of living in the nation on top of a number of high needs in rural communities where access to care is a challenge. Many recognize the moment for positive change in health care delivery is now.

To quote one health care professional, "We have opportunities for creating an abundance of positive change to improve health care quality and safety, raise employee engagement, and increase patient satisfaction and care." Providers report a greater willingness to collaborate, communicate, and coordinate in order to improve health care delivery for all.

## Methodology



- This analysis is based on a survey of 3,287 Hawai'i residents 324 health care providers conducted from April 1 through May 9, 2022.
- The survey was administered online via a link or QR code taken on respondents' computers or smartphones, or on a tablet provided by the community outreach team. In addition, paper copies were also distributed to respondents more comfortable with this approach.
- The health care professionals who participated in the survey provide care in a range of settings with the vast majority (92%) in direct patient care.
- Because the survey was mostly conducted online, there is no calculated margin of error. A probability-based survey must be sampled randomly. By setting sampling quotas and weighting the demographic composition of the survey to the true population, this online survey is a representative snapshot of Hawai'i at this point in time.
- In addition, individual and small group interviews were held in March, April, and May among a range of health care professionals and social service agencies. The purpose was to better understand the issue landscape as it relates to health care access.
- Open-ended responses and focus group participant quotes are used throughout this report. They have been lightly edited to increase comprehension or to protect anonymity.
- Lisa Grove of Grove Insight, Ltd., moderated the qualitative research, monitored the data collection process, and provided analysis and reporting of the data.

## Perceptions of Health and Wellbeing

### **Majorities of Medical Providers and the public believe their community is “healthy.” We see stark differences by financial security and how they weathered the pandemic.**

Hawai'i residents are fairly divided over the health of their communities. While a majority (55%) deem their community “healthy,” more than four in 10 (45%) categorize it as “unhealthy.” Providers concur with nearly identical numbers (56% healthy, 44% unhealthy).

Kama'aina who haven't had to struggle financially and go without, as well as those who are not worse off healthwise or behind schedule for medical appointments are among those most likely to see a healthy community. These are also residents who take a rosier view of health care in the state, are more inclined to believe the state has an adequate supply of doctors, and haven't experienced delays. Demographically, they are more likely to be college educated (71%), Japanese (69%), and older Filipino respondents (69%).

Conversely, those who have had to forego food or medicine for financial reasons, and report deterioration in their physical and/or mental health are among those most likely to see the community as “unhealthy.” Hawai'i Island (56%), Kaua'i (56%) and Moloka'i (56%), rural parts of the state (70%), residents under 44 (62%), Chinese (59%) and Filipino men (58%) are most inclined to deem their communities in poor health, as do older Maui residents (60%).

### **There is a broad understanding and belief in the social determinants of health: housing, cost of living, and the economy are seen as inextricably linked to health care outcomes.**

Hawai'i residents understand the impacts larger societal concerns such as affordable housing, the state's high cost of living, along with transportation and childcare challenges have on physical and mental health. For all too many, this is a lived experience – they are struggling and witness firsthand how this impacts their wellbeing.

Most Medical Providers say affordable housing (82%) is needed to improve health in Hawai'i, putting it at the top of the list. They also see it as one of the biggest barriers to recruiting new providers to Hawai'i.

The public agrees. When asked what is needed to improve their health, affordable housing is second on the list (38%), just behind access to health care (41%). Access to affordable, healthy foods (61%) was also high on Medical Providers list, a problem also raised by the community, as indicated in the following comment from a respondent:

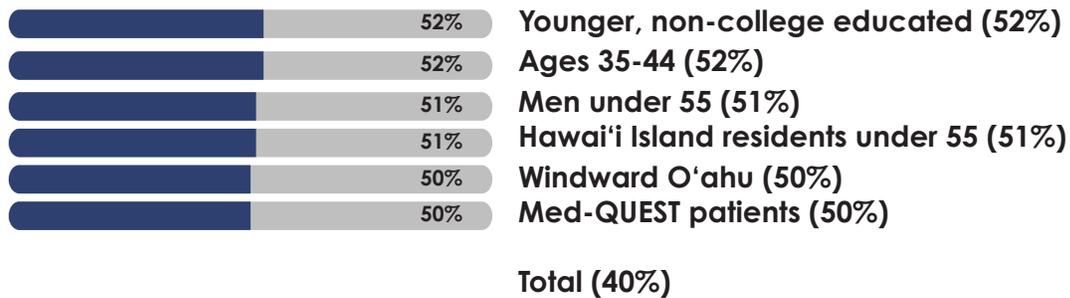
“I don't know why it costs more to eat fruits, vegetables, and to eat healthy overall. That's why people have diabetes and other health issues. It's cheaper to buy the canned food, the salty food, and the unhealthy food. Mix the lack of physicians with expensive healthy food and you have a perfect example of an unhealthy community with no access to care.”

Addressing the cost of living and low wages are seen as critical to preventing “our once beautiful Hawai'i from slipping away,” to quote a respondent. “Access to quality healthcare starts with access to a livable wage,” offered another.

## Hawai'i's high costs, especially housing and healthy foods, contribute to profound economic insecurity in Hawai'i.

The high cost of living has forced some families to go without. A majority of the public (52%) report having to cut back on food and groceries in the past year for financial reasons, because they were short on money. Another 36% said they have had to forego medical care or medicine for the same reasons.

The pandemic has compounded the problem for some. Four in 10 (40%) say their financial situation has worsened compared to before the COVID-19 outbreak. While more say their status remained unchanged (48%) or improved (8%), it explains why so many in Hawai'i report going without basics. Community members most likely to say their financial situation is worse than at the outset of the pandemic:

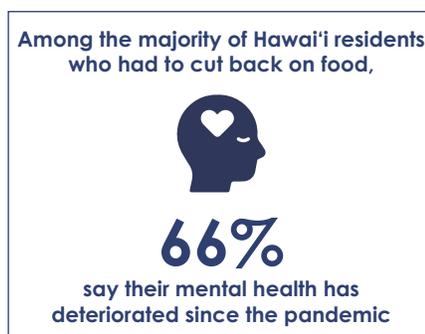


## The pandemic has also contributed to poorer physical and mental health.

COVID-19 also seems to have made their health worse. Good numbers (38%) report worsening mental health since the beginning of the pandemic. This is also true among Medical Providers (38% say their own mental health is worse). Deterioration of physical health is also reported by one-third (33%) of respondents and roughly the same number of Medical Providers (36%).

The situation is even more dire with Med-QUEST patients, Native Hawaiians and Pacific Islanders and those with a high school diploma or attended some college with no degree.

The impact of financial security on health and wellbeing is clearly demonstrated here. Among the majority of Hawai'i residents who had to cut back on food, 66% say their mental health has deteriorated since the pandemic, and 61% believe they are in worse physical health. By contrast, much smaller numbers of the more financially secure report mental (32%) or physical (36%) health declines compared to before COVID-19 hit the state.

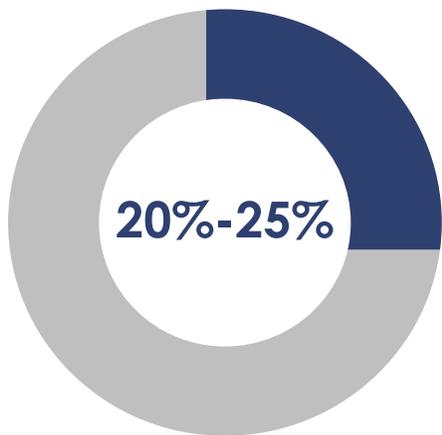
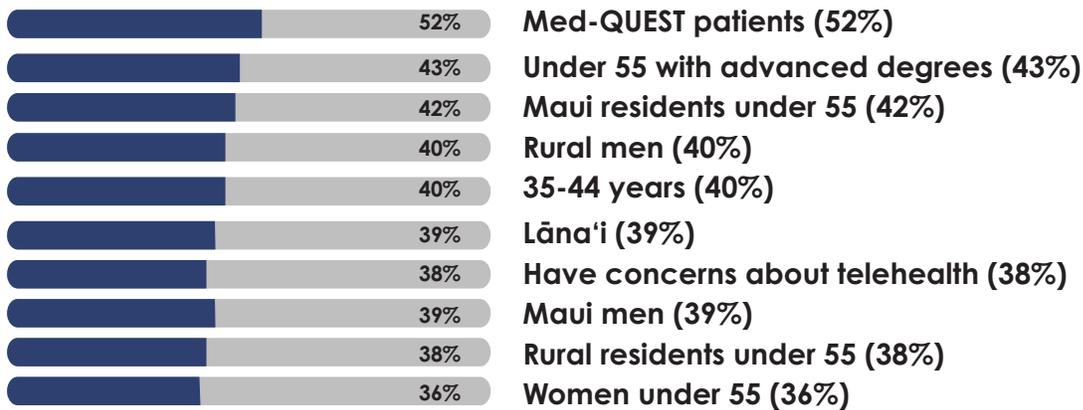


## When it comes to mental health, about three in 10 say they live in a household that needs help.

While Asian Americans and Pacific Islanders (AAPIs), the state's majority population, have been reported to stigmatize mental health care in higher numbers (pre-pandemic), a surprising number (28%) report they personally (16%) or a family member in their household (12%) is in need of counseling, or coping skills. Another nine percent (9%) prefer not to say while 11% were unsure.

**A majority of Med-QUEST patients (52%) say they or a householder needs counseling or help with coping. They also disproportionately have concerns about telehealth.**

Other demographic groups most likely to say help is needed tend to be in Maui County, rural parts of the state, in the 35 to 44 age range, including:



This is not to suggest these are the only cohorts asking for help. With few exceptions, between 20% to 25% of every major demographic and geographic subgroup says mental health services are needed by someone in their household.

## Views of Health Care Access

### The public uses mostly negative and emotional language to describe the current state of health care in Hawai'i.

When offered at the end of the survey to share additional perspectives, hundreds of respondents offered in-depth replies. Many were first-person anecdotes and perspectives from across the islands and from all walks of life explaining the hardships associated with the current state of health care in Hawai'i.

Examples of the language community members chose include:

"A succession of obstacles."

"Heartbreaking; we must do better."

"A death sentence."

"Easy to fall through the cracks."

"Sad state of affairs."

"Frightening."

"Kind of hopeless."

"Really depressing."

A number talked about how forgotten they feel in very poignant terms:

"I feel invisible, unheard and that no one cares about our family in the health care community. It's never been like this before."

Providers concur, calling our current system "sick," and suggesting that there is either a lack of consensus when it comes to priorities, or a pursuit of the wrong ones.

**"I cannot afford to see a doctor or medical/surgical care. It's strange how inconsequential we become to society as we age. I spent most of my life giving to my community only to find out I no longer matter."**

### Biggest complaints from the public:

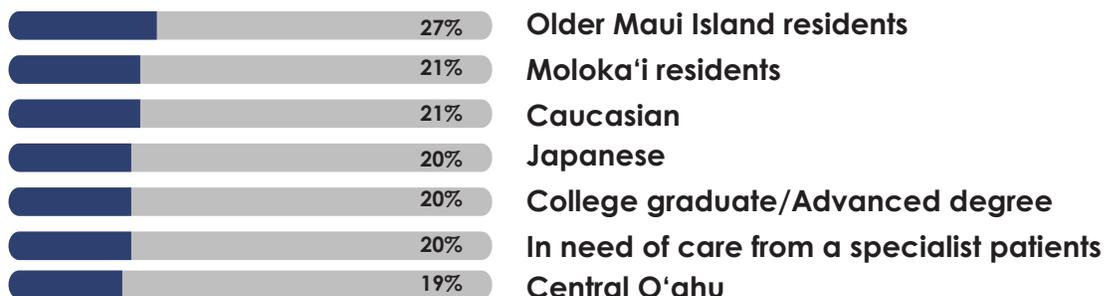
- Not being able to get appointments – or even people to answer the phone -- across the spectrum of care due to provider shortages.
- Being told to go to Urgent Care instead of seeing PCPs.
- Not enough time at appointments, feeling rushed (in-person and telehealth). This is worse for kūpuna and those who speak a language other than English.
- Layers of red tape to get referrals or initial appointments.
- Having to travel long distances to find providers (O‘ahu, Hawai‘i, Kaua‘i and Maui islands) or fly off island for even basic health needs (Lāna‘i and Moloka‘i)
- Delays in testing and diagnoses.
- Rising costs, including among the well-insured.
- Lack of equity, courtesy, cultural competency, coupled with overt discrimination – on neighbor islands, in rural Hawai‘i, among Hawaiians and Pacific Islanders, and among those on Med-QUEST and Medicare. Lack of translators, cultural competency and sensitivity were issues raised by Providers and the public.

### Yet among those seeking care, most were able to find it on their home island, and, if not, in the state. This varies significantly by island.

Despite raising concerns over access, a significant number of Hawai‘i residents who took the survey – 93% -- received care at least once over the past year. This may have been due, in part, to an increase in pandemic-related diagnostic and treatment regimens. It is also not clear whether the number of visits corresponds to the level of care needed, especially given reports of physician shortages and long wait times for appointments.

Those who received health care 10 or more times in the past year (13% of the total population) are more likely to be:

#### RESIDENTS WITH THE MOST CHRONIC HEALTH CARE NEEDS ...



For the vast majority of respondents (83%), health care can be accessed on their island. Though residents living on O‘ahu, Maui and Hawai‘i Island complain about traveling long distances to find a PCP taking new patients, or to access a specialist.

"I live in Kahalu'u and have to go all the way to Hawai'i Kai to see my primary care physician -- cannot find anyone closer who is taking new patients."

"The nearest provider is one hour away, so I need 3-4 hours of childcare or 3-4 hours off work to go to one appointment."

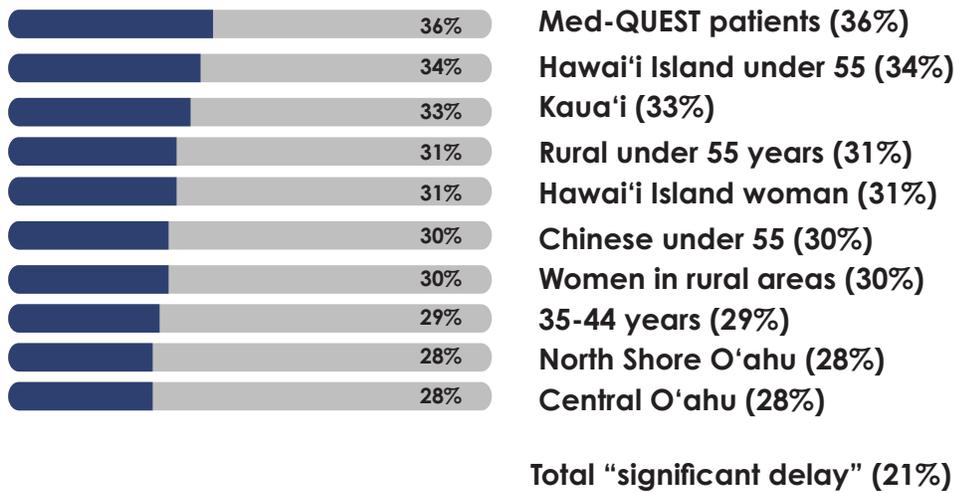
And roughly 70% of Lāna'i (70%) and Moloka'i patients (68%) report having to go off island to access care. With limited flight service, this can prove difficult as a number of these respondents shared.

"Living on Lāna'i and with Mokulele the only air transportation makes traveling to O'ahu very difficult, challenging, and costly."

**"On Moloka'i, there is only one airplane to O'ahu to see doctor. The plane is small, flight cost is so high. Plus handle to grab off and on the plane is like a thin rope. For seniors, it's dangerous."**

### **It's not access denied, as much as it is access delayed.**

Nearly six in 10 (58%) report delays when attempting to access health care. While more kama'aina are inclined to characterize the lag as "slight" (37%) another 21% say their delays have been "significant." Those most inclined to endure significant wait times include:

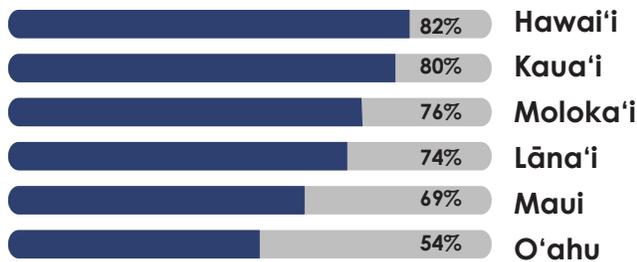


## There is Provider and community agreement that doctor shortages drive delays.

The chief cause of delays is the lack of appointments due to provider shortages. A robust majority (62%) cite the inability to get appointments as the reason for delayed care. This appears to be true with both PCP and specialist visits, even though nearly two-thirds (64%) of the Providers we queried say they are accepting new patients.

This does not mean Providers believe we have an adequate number of doctors. Eight in 10 (80%) believe not enough providers is the biggest impediment to health care access. In addition, nearly half of Medical Providers (48%) estimates the wait times for specialists can be five weeks to longer than two months.

For the public, the cost of care (81%) along with either having inadequate or no insurance (57%) are considered the biggest obstacles to health care access with lack of physicians at 56%. When asked directly if the public believes there “is an adequate supply of physicians on your island,” 61% replied no. Not surprisingly, more neighbor island residents decry a lack of doctors, though even majorities of O’ahu residents believe there is a provider shortage.



## Lack of Psychiatry and Behavioral Health Specialists is particularly acute at a time of great need. There are a number of other specialized expertise demands, too.

When seeking specialists, providers report the greatest demand for patient referrals is to address mental health needs. More than three-quarters (78%) of Providers say “mental health/counseling” is, far and away, the most needed medical specialty, followed by psychiatry at 73%.

These are the two specialties providers have the most difficulty for referrals as well. It is also the care area where a majority of Medical Providers (55%) most frequently refer. Cardiology, orthopedics, rehab, surgery, oncology and nephrology are the other specialists most called upon by the Hawai'i Providers who took the survey.

The stories of anguish resulting from mental illness and lack of mental health care in Hawai'i are devastating. A number of respondents chose to tell stories of suicide.

“Two weeks ago, I considered taking my life. I reached out to Kaiser to get help and they informed me they had no doctors available for me. I called Kaiser behavioral health and they told me it would be a month before I could get Psychological care. In short, I was on my own. If I wouldn't have been studying Psychology for decades, if I wouldn't have had the ability to summon the strength to get into a cold shower, if my husband would not have been there—a well known [PUBLIC SECTOR PROFESSION] on the island of [X] would have taken her life. Our health situation is an atrocity. I survived and I will do whatever I can to help others now, as no service was available to me. And I have insurance, I pay my taxes.”

“My teenager attempted suicide during the pandemic and ended up warehoused in an ER for six days due to a shortage of pediatric psych beds -- at the time, there were 15 kids being held in ERs across the state waiting for beds to open up. I don't know what the other kids experienced, but mine could hear everything going on in the ER -- screaming, alarms, and someone died, and they left the gurney in front of my child's room until someone came to pick it up. I don't blame either of the hospitals, and I think the requirement that suicidal kids be placed in a psychiatric hold for 24-48 hours is a good idea, but only if there's capacity. Detaining depressed kids in an ER for days is unintentionally inhumane.”

Kama'aina also talk about how hard it is to find Providers and get appointments. Mental health care for younger people and teens seems to be where the biggest pukas lie.

“We need adolescent mental health. We have too many kids in crisis.” – Provider

“Urgent need for pediatric mental health providers.”

**“Mental Health access is a HUGE problem. Children (and their parents) are waiting months and months and months for help. This is NOT okay! Our children are suffering in so many ways and we can't even get help to support them.”**

## **There are several additional barriers to health care access.**

While finding providers who can see patients and getting appointments on the books is the biggest barrier, followed by high health care costs, both the public and Medical Providers also mention additional obstacles to health care access.

### **Can't get there:**

Transportation issues, including off-island travel and long drives, and the time and cost involved.

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### **Can't get there now:**

Lack of flexible clinic hours and work shifts make it hard to make appointments.

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### **Can't leave here:**

Lack of childcare or other family care, rigid work shifts, or the expense of missing work.

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### **Can't get on:**

Lack of broadband, private space, devices, and technology know-how for telehealth.

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### **Can't get you:**

Lack of translators, lack of time with providers, other communications issues.

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### **Can't get comfortable:**

Lack of cultural competency, time, patience, and courtesy.

These hindrances are particularly problematic for Med-QUEST patients, shift workers, Native Hawaiians and Pacific Islanders, those on neighbor islands and in rural areas, and people with Limited English Proficiency (LEP). It is worth noting that the same groups who have physical transportation issues also struggle with internet availability and affordability, along with access to devices and technological know-how which also make telehealth challenging.

Expanding clinic hours and offering more language interpreters would likely have the biggest impact along with technology training and increasing internet access for telehealth. Scheduling longer appointment times for those with interpreters or slower cognition was also recommended.

“I wish doctors had a more flexible office visit schedule rather than one that conflicts with my working hours. Having earlier and/or later appointment times and weekend appointment hours.”

“Need more providers with cultural competence, empathy and providers with holistic approaching healthcare.”

“Paid leave from work to attend medical appointments; evening and weekend hours for doctor appointments would be helpful.”

## **Low reimbursement rates are a factor driving doctor shortages and health access.**

Not only do Providers complain about the impact of low reimbursements rates for Med-QUEST, Medicare, and commercial insurers on their ability to practice in Hawai'i, it is also seen as an obstacle for recruitment. They believe the combination of high living costs and low reimbursement rates make it hard to attract providers to the state, not to mention keep them here. In fact, 55% of Medical Providers consider it to be a major recruiting obstacle.

Members of the public also expressed concern over what one respondent called “ridiculously low” reimbursement rates:

“Our physicians need insurance reimbursement on par with mainland doctors. I know there are programs to improve this situation gradually, e.g. encouraging newly trained doctors to stay. But this situation is dire and needs to be fixed now.”

“Hawai'i is the only state in the US that charges providers sales tax on Medicare immediacy/Quest payments. AND most private insurances do not pay tax with their claims, so the provider has to unfairly pay extra on top of low reimbursement. That is a significant factor in keeping or attracting providers. What is keeping Hawai'i from getting on board with all the other states if not greed from the Hi gov and lack of concern about keeping providers?”

**“The State of Hawai'i has extremely low reimbursement rates to health care providers from insurance companies. The HMSA insurance company is particularly stingy. This situation causes a physician shortage and lack of access to health care.”**

## Our current health care access problems could soon reach crisis levels (if we are not already there).

If our provider shortage is not at a crisis level now, it is about to be for two reasons: greater patient need and fewer doctors. Not only has the pandemic left good numbers of Hawai'i residents feeling physically and mentally worse off, a majority (53%) say they are behind schedule in getting routine appointments because of postponed care due to the pandemic.



Further compounding the crisis, Hawai'i appears to be on the verge of losing more providers. Approximately half of Medical Providers have considered retiring or leaving medicine (53%), reducing their patient hours (52%), or moving to the mainland (49%). In addition, roughly one-quarter (23%) say they are less than five years away from retirement. In sum, Hawai'i has a recruitment and retention problem.

**“Many put off regular check-ups because fear of getting the COVID-19 virus. The consequences are obvious...We are an unhealthier community.”**

In sum, Hawai'i is on course to see a significant increase in demand while supply in the form of medical providers dwindles even more.

Medical Providers and those interested in health care professions are not the only ones threatening to leave. Roughly one in five kama'aina are contemplating moving islands (18%) or leaving the state altogether (20%) for health care cost or access reasons. Residents of Maui (33%) and Kaua'i (28%) represent the biggest out-migration threats along with younger men (32%) statewide.

## Seeking Solutions

### The desperate need for home-grown talent

Because of the nuances and challenges of living in the Aloha State, there is broad consensus that growing and maintaining a local workforce is critically important. Not only will well-trained local talent have more cultural competency, but they should also have more drive to benefit their home communities because they have “skin in the game.”

**“We need more people who grew up here as opposed to those who came to Hawai’i once on their honeymoon and then leave after a couple of years.”**

**- Healthcare Provider**

As one Provider put it, “We need more people who grew up here as opposed to those who came to Hawai’i once on their honeymoon and then leave after a couple of years.” A respondent agreed, suggesting Hawai’i needs to, “Kindly focus on attracting and retaining talented, driven, results-oriented physicians who are not looking for a temporary chill place to call home for a few years.”

“[Recruiting locals is important because]they bring a sense of service, a strong sense of community and that extends to work and a commitment to give back.” - Provider



The public agrees with a homegrown approach. In fact, 18% of the sample said they (11%) or a householder (7%) are interested in career training for a job in health care. This group is younger, more likely to be men than women, are disproportionately Native Hawaiian, Pacific Islander and Filipino, don't have four-year college degrees, and are more likely to be found in rural areas or on Lāna'i. Though it is worth noting that more than one-quarter (27%) of this potential health care workforce is contemplating a mainland move.

When it comes to workforce development in health care professions and retention, Medical Providers and the public also beseech leaders to be generous and get creative.

## Recommendations offered on the workforce front:

- Tackle cost of living issues, especially high housing costs.
- Start generating interest in middle schools for health care professions and related coursework.
- Expand high school dual credit health care programs (CNAs, CHWs).
- Free or reduced tuition for Hawai'i students (with a residency commitment).
- Increase salaries across the health care spectrum; consider incentive pay or student loan assistance for hard-to-fill positions and regions.
- Improve reimbursement rates from public and private insurers.
- Incentivize providers with pay, tax incentives, loan assistance, and/or housing.
- Encourage under-represented racial and ethnic groups to consider health care professions. Specifically target those bilingual in the most commonly used languages; increase focus on cultural wellness practices and greater cultural competency.
- Increase communications and outreach to JABSOM grads in residency programs or practicing on the mainland as well as UH and other university graduates in related fields, reminding them of the benefits of returning home and what is here for them.

Good numbers of Medical Providers identify three types of support needed in order to participate in workforce pipeline training. They include:

1. Ability to bill for precepting time (56%)
2. Expanding the preceptor tax credit (51%).
3. Student housing (41%).

**Telehealth has expanded due to the pandemic, something providers hope will continue. Patient reticence and concerns persist.**

Telehealth is seen as a blessing for some, and a curse for others. A bare majority (51%) of the community say they will continue to use telehealth post-pandemic.

More than one-quarter (28%) say they have concerns with telemedicine. Those who report needing mental health care, and Med-QUEST patients are among those most likely to raise concerns.

For most of these respondents, quality of care (74%) and missing in-person visits (67%) is what worries them most. Drilling further down on this is in order there.

“Our family’s first experience with telehealth was very concerning. My daughter experienced severe abdominal pain after taking the J&J vaccine and was only able to get a telehealth appointment. Despite a lack of symptoms compatible with COVID, the doctor insisted that she needed to take a COVID test and prescribed pain medication. Her symptoms worsened and we took her to urgent care where she was diagnosed with acute appendicitis and immediately scheduled for surgery. Had we not gone, she could have died.”

Most willing to use telehealth	
Med-QUEST patients	71%
Has an advanced degree	67%
Women on O’ahu	64%
Those with chronic health issues (6+ visits)	63%
Caucasian women	61%
Needs care from specialist(s)	61%
35-44 years	61%
Younger women under 55	61%
Central O’ahu	60%
Medicare patients	60%
<b>TOTAL</b>	<b>51%</b>
Most likely to say they won’t use telehealth	
Chinese men	81%
Filipino men	78%
Men of mixed race/ethnicities	71%
High school grads, attended some college	64%
Younger Maui residents	63%
Kaua’i	60%
Younger men under 55	60%
Filipino	59%
<b>TOTAL</b>	<b>49%</b>

**“Telehealth was life saving (literally) for me during COVID. I was entered into a program where ICU nurses remotely monitored me for hypoxia. Without that they would not have caught that I was randomly dropping sats to the 70% range for months after acute infection.”**

“I do not like video appts. Dr cannot accurately see/view/look at any physical situations (e.g., open wounds, healing of stitches, lumps & bumps, rashes, etc.) There are also, sometimes, problems with connectivity.”

“Telehealth is a great resource, but I worry that providers will limit in-person care and shift to telehealth more and more. Telehealth should be an added benefit and not supplant in person care when that is the patient preference.”

“I am glad for telehealth, otherwise I or my family would not have gotten some mental healthcare.”

## Meanwhile, most Providers intend to keep using telehealth, especially for patient visits.

Nearly three-quarters of the Providers we surveyed (73%) intend to continue to use it with most (84%) intending to use telehealth for virtual office visits. Without adjustments, this may lead to higher dissatisfaction levels with certain types of patients.

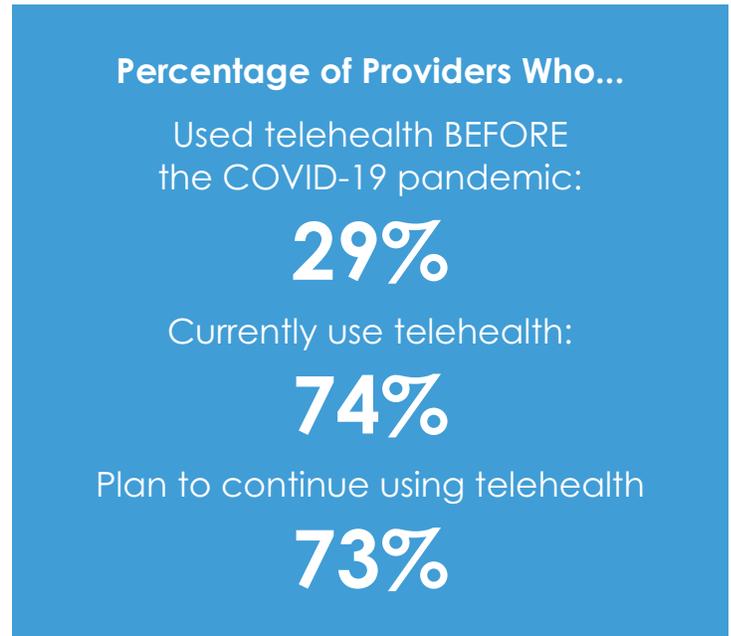
The open-ended responses from the public suggests there is a time and a place for telehealth.

They believe it is hardest for pediatric and geriatric visits. There is a concern that this technology also compounds language and cultural barriers.

## With the potential to further the digital divide, increased telehealth use raises issues of equity.

There is also a risk of further widening the digital divide. As much as 10% of the sample lacks internet access, devices, technological know-how, and/or is uncomfortable with this mode of care. As one respondent complained, "Cultural insensitivity; too much high-tech." It is important to underscore that these same patients also have physical barriers to access such as lack of transportation, childcare options, difficulty getting time off work, and face cultural and language barriers.

The following groups require additional technology assistance in order to become successful telehealth patients – on top of assurances related to the quality of care and greater personal interaction.



Technological obstacles to telehealth by key demographic groups	Groups most likely to raise concerns about....
<p><b>Lack of broadband connectivity (29% of those with concerns)</b></p>	<p>Economically insecure; more likely to believe cultural and language barriers are barriers to care; Native Hawaiians and Pacific Islanders; women and younger residents of Hawai'i Island; Moloka'i; North Shore of O'ahu; Rural Hawai'i, especially women and younger; under 35; those with high school diplomas or less education; and Med-QUEST patients.</p>
<p><b>Uncomfortable with video (24%)</b></p>	<p>Economically insecure; in worse physical and mental shape since the pandemic started; in need of mental health counseling or coping; chronically ill; Hawai'i Island women; Lāna'i and Maui residents; Windward and North Shore of O'ahu; Filipinos, especially men; and those with high school diplomas or less education, especially over 55.</p>

## Checklist for Change

(From survey findings and ideas offered by focus group participants who were largely providers)

Providers recognize the moment for positive change in health care delivery is now. The public also recollects the era when Hawai'i led the nation in health care delivery.

"At one time, Hawai'i led the way in health care coverage. Not anymore." Others adopted a more hopeful tone, "Hawai'i could lead the way!"

"State Sponsored Health care insurance for everyone who is earning less than \$250,000."

"Provide free access to mental health care."

"Please pass universal healthcare so people can get the care that they desperately need without having to choose between eating, paying rent, or getting medical care."

"Everyone should have access to health care from keiki all the way to the homeless people -denying people healthcare because they don't have insurance will only make matters worse."

**"Hawai'i has a unique opportunity due to its isolated nature to develop a State provided medical care system for all residents. This is something that would greatly improve the lives of many Hawai'i residents, especially with our extreme cost of living and severe wage stagnation."**

**"We have opportunities for creating an abundance of positive change to improve health care quality and safety, raise employee engagement, and increase patient satisfaction and care."**



## Change and expand on community health

Statewide residents and providers realize the life basics – housing, transportation, access to healthy, affordable foods – are critical to the health of the community. In fact, they are placed higher on the list by both groups than more “health specific” metrics such as access to exercise. These factors, chiefly lack of affordable housing, and cost of living, also make it difficult to recruit and retain physicians and other health care professionals here.

The public and the health care experts also realize that health care delivery is complicated – more so than elsewhere. Our cultural diversity, defined by our people of various cultural identities, beliefs, and the languages they speak, is one of the assets for Hawai‘i. This diversity presents challenges when it comes to delivering health care services. The health care workforce must be able to embrace this diversity through

Culturally and Linguistically Appropriate Services (CLAS), especially to the Hawaiian, Pacific Islander, and Filipino populations. As one provider put it, Hawai‘i needs “a more relevant workforce that reflects the community through language, cultural competencies, cultural protocols.” The rural nature of certain parts of the state also compounds some of the problems and, if not careful, could lead to greater health disparities. Transportation to receive care is not easy for some – and many of these individuals lack the technology or know-how to seek telehealth, let alone reliable broadband.

They offer up community support proposals to address these needs:

- Health coaches and day programs using professionals from different cultures to help to change behavior, learn life skills in the home (e.g., patients with Diabetes as well as addiction and depression).
- Create more patient advocates and navigators inside health centers to create capacity and build more bridges to vulnerable populations.
- Deploy more multilingual teams to assist. Target Filipino, Pacific Islanders, and Medicare patients as they are the most likely to perceive language barriers.
- More career-building work and certifications in Hawai‘i schools to build culturally competent, homegrown capacity.
- Increase rural rotations, volunteer and other activities involving health care workers in the rural parts of the state to generate interest in serving outside of populated areas.
- Prescription program for veggies, access to farmer’s markets, cooking classes for wellness, including cultural foods.
- Better information sharing on low-cost and free health services to those in need.
- Work to increase patient responsibility for their own health outcomes, understanding that policy and structural problems have contributed to this.
- Look at expanding coverage for culturally relevant healing practices not covered by insurance. One provider asked, “How might we look at Hawai‘i being a place to harness this innovation?”
- Alternative appointment options outside the normal workday, targeted to women, especially Hawaiian and Pacific Islanders and younger people.

## Address staffing shortages starting with urgent needs in mental health care.

All agree that appointment delays, especially for specialists are untenable, and off-island travel for care is arduous and expensive. And given the number of providers contemplating moving to the mainland, or leaving medicine, it is only going to be worse, emphasizing the importance of retention efforts. Add to this pandemic-related delayed care and decent numbers of the public saying their physical and mental health has worsened over the past couple of years.

An existing shortage of Physician Assistants (PAs), Nurses, Certified Nursing Assistants (CNAs), and Community Health Workers (CHWs) exacerbates these challenges in the healthcare system. Due to COVID-19, healthcare providers are burdened by a mental health crisis and residents have postponed preventative care. Addressing housing and cost of living concerns will be critical to the future success of health care delivery. Medical experts remind us that the market is competitive nationally and health care professionals are in short supply.

They offer up staffing and workforce proposals to address these needs, telling leaders to get creative and be generous:

- Improved salary model for physicians and other providers that considers the high cost of living and competition from the mainland job market.
- Housing for medical students, PAs, RNs, CNAs, CHWs and others including students pursuing health care certifications and degrees.
- Recruit and train more Community Health Workers and make it a reimbursable insurance expense so providers and organizations can afford to employ them.
- More career-building work and dual credit certifications offered at high schools.
- Residency incentives for those committed to staying in their community to work.
- Pursue home-grown talent and deploy providers to help mentor. "Providers are interested in bringing up the next generation," said one doctor.
- Market and promote the benefits of rural caregiving (part of a close-knit community; greater opportunities for creative problem-solving;)
- Ability to bill for precepting time.
- Expanding the preceptor tax credit.
- Expansion of loan repayment beyond primary care to include specialists.
- Ask the question, "Instead of flying patients to O'ahu, should we be bringing doctors to [neighbor islands] instead?"
- Better lines of communication with JABSOM graduates and other alumni of Hawai'i universities in health care subject areas in an effort to woo them back to the state.



## Find additional ways to address the mental health crisis

Psychiatry and mental health counseling are, far and away, the two professional areas needed most, according to providers, though their list of needed specialists is long. They offer up proposals to address this growing crisis, while reminding us that basic needs such as housing and financial security more broadly are also critical to mental health and recovery.

- Train and deploy more Community Health Workers to help on a range of issues (houseless populations; kūpuna safety in the home; guidance through the health care and social service systems, including enrolling in insurance programs.
- Open more lines of communication around life training, wellness, and coping skills.
- Mental health prevention and awareness; practice cultural competency and work to reduce stigma; earlier intervention.
- Prioritize psychiatric needs because of the growing demand and its impact on entire family units, including the elderly and young people
- Expansion of behavioral health programs in schools and school-based clinics. Including prevention, detection and coping help.

## Push for a healthier Hawai'i

Medical Providers and the public call for greater access to affordable, healthy foods. One respondent called it the “foundation for a healthy community.” The high cost of living precipitates the need to buy more unhealthy canned and processed foods. Healthier options and fresh produce are at premium prices which is frustrating to some respondents, not to mention counterproductive.

“Preventative care is health care. Healthy food is becoming more expensive by the day, while unhealthy food is the easiest calorie dense option to resort to. Without some sort of subsidy for healthy foods, fruits, and vegetables (preferably locally grown), the health gap between rich and poor will continue to widen. The middle class will also suffer. We should be considering decreasing taxes on healthy foods and increasing it on luxury items (or unhealthy items) instead of the flat tax we have now. Make available options to keep healthy food affordable.”

**“I don’t know why it costs more to eat fruits, vegetables, and to eat healthy overall. That’s why people have diabetes and other health issues. It’s cheaper to buy the canned food, the salty food, and the unhealthy food. Mix the lack of physicians with expensive healthy food and you have a perfect example of an unhealthy community with no access to care.”**

“There appears to have been an uptick in diabetes considering the proliferation of dialysis centers in recent years. Obesity increase is also plainly visible in the population at large. Serious, quality health education for families keiki to pau hana could make a difference. Raising healthy keiki who know how to make good choices is key to healthy lifestyles and healthy adults. More affordable, accessible, locally sourced healthy food is another necessary element in the foundation for a healthy community.”

**“Our communities could benefit from greater education about nutrition and healthy lifestyles. I’d like to see public school children with greater access to healthy foods and learning about taking care of themselves. Many children are food insecure and public schools are a good place to address this.”**

A few Medical Providers suggest prescriptions for healthy food, additional subsidies or tax breaks, more health coaching and fostering a greater connection to healthier cultural foods.

For a number of community members it starts with keiki. They believe the priority should be on building healthy, sustainable and, where possible, cultural lifelong eating habits. A good number of respondents took time to advocate for healthier, more appealing school lunches, for example:

“School cafeterias need to improve meals (they serve more than 100,000 kids daily and, while meals meet USDA standards, they are unappealing - students refuse to eat; need good nutrition for both health and learning),”

“Schools also need better lunches that are both healthy and delicious. Students are choosing not eat lunches because it does not taste good.”

“Please, focus on the quality of public school lunch and breakfast. Let’s cultivate healthy habits and break the sad cycle of diabetes and obesity in our state.”

## **Work to dismantle physical barriers to access.**



There are a few things that could have immediate impacts on access to care. Chief among them is to offer additional or different clinic hours.

Transportation is another big concern, especially for neighbor island residents and those who must travel long distances to appointments, especially Hawai’i Island residents. It is considered expensive and time-consuming, making medical appointments a costly hassle.

## **Telehealth and other alternatives to direct patient care**

Telehealth has grown significantly due to the pandemic and is something most providers want to continue using. However, the public is a bit more reticent because they seem to connect the quality of care to face-to-face interactions. Additional factors that impact the utilization of telehealth include challenges accessing technology, a lack of comfort and know-how with the technology, as well as language and cultural barriers.

The biggest telehealth users are patients with the most chronic needs, so moving more to this platform could help streamline the system, reduce costs, and provide access to those with less immediate needs to seek direct care.

However, these individuals are disproportionately white, Japanese, and those with higher education. They offer up proposals to address this issue along with a summation of the groups in most need to technology assistance:

- Better understand quality of care concerns related to telehealth, one of the biggest barriers. It is related to another worry – lack of personal interaction and connection with the provider.
- Improve Wi-Fi, internet, and 5G services, especially in rural parts of the state, also understanding that affordability is another barrier to having a stable internet connection.
- More computer literacy coursework, access to computers.
- More cultural competency and translation services.
- Tout gas savings and other transportation cost reductions with telehealth.
- Consider requiring insurance companies to cover the costs of telehealth (phone, internet)
- Better promotion of after-hours providers lines and other non-traditional ways to receive care.

## **Work to build a more equitable system.**

Continue to recognize the multidimensional and sometimes unmet needs of the Medicaid/MED-QUEST population. Throughout the survey, these were among the most consistently underserved. Same, too, with Native Hawaiians and Pacific Islanders.

Attempt to increase access to specialists among the Medicaid/MED-QUEST populations who suffer the longest wait times for appointments. Traveling off-island to appointments is particularly hard for these populations, so consider bringing specialists to serve these patients.

- Look at increases in reimbursement rates and reform around GET taxes to further incentivize providers to treat these underserved patients.
- Consider innovative transportation options to help these underserved communities get to appointments.

- Provide instruction, broadband access, and devices to increase telehealth participation and comfort, including underserved rural populations where access to transportation is another impediment to receiving care.
- Expand cultural competency and language fluency efforts, including Culturally and Linguistically Appropriate Services (CLAS) to reach more of the underserved who believe language and cultural barriers impact health care access. This is particularly important with Native Hawaiians, Pacific Islanders and Filipinos, and more so in Honolulu and on O‘ahu’s North Shore.
- Help those who qualify for assistance to enroll in health insurance programs. For a good many respondents (81%), greater affordability is the most important factor impacting their health.
- Because some of the populations with the greatest access issues are among the most likely to work non-traditional hours, consider alternative appointment availability outside the normal workday.
- Keep in mind that meeting basic needs and economic security, especially around housing and access to healthy foods, impact health, wellbeing, and access to care.

## **Policy changes regarding reimbursement rates, GET reforms and tax breaks**

Those suffering the most from the current system, especially when it comes to delayed health care and access to specialists are Medicaid/ Med-QUEST patients. Increasing reimbursement rates and addressing general excise tax (GET) reforms are seen as vehicles for improving health care equity, not to mention physician retention and recruitment. Low reimbursement rates are considered by Medical Providers to be the second greatest obstacle to recruiting doctors to Hawai‘i.

- Federal and state advocacy was mentioned a lot by Medical Providers. “Possibly start a letter writing campaign,” said one.
- Link low reimbursement rates to the state’s high cost of living to further demonstrate the hardship. “We are a high-cost state with low reimbursement rates.”
- GET exemptions were mentioned emphatically by some. “GET tax is odious. Hawai‘i is the only state that taxes Medicare, Tri-Care and Medicaid patients.”
- Expand the preceptor tax credit.



## Collaboration, communication, and coordination

It was requested that there be “navigational improvements” inside and out, between providers and networks and with patients. Medical Providers lament the amount of time they and staff have to spend communicating by phone or fax. They believe there are time-saving efficiencies that would improve communication and decrease stress with provider-to-provider communications as well as with patients. They also call for more translation services.



Some suggest that there is no one stepping up to do this, the ownership of the navigational elements is up for grabs. One Medical Provider was not sure where to even go for answers to what this person considered common problems: “Where do you go, who do you tell when there are problems to discuss solutions or strategies?”

- Better systems coordination from “high up level to the trenches.”
- New infrastructure: “Primary care delivery is pretty archaic.”
- Encourage more referrals from ERs, giving them a “stronger presence.”
- Re-think discharge planning and communications and its impact on those with mental illness or addiction struggles and the providers who serve them.
- Better communication. Specifically noted: primary care to specialist; discharging entity to social services.
- Better overall care coordination, recognizing the number of residents with complicated patient histories who haven't seen a physician in years.
- Better communication with JABSOM graduates and other health care students from Hawai'i universities to help them understand the enticements and opportunities for moving back to Hawai'i.



To learn more visit, [www.communityfirsthawaii.org/access-to-care](http://www.communityfirsthawaii.org/access-to-care)

