

HAWAI'I PRIMARY CARE ASSOCIATION  
ANNUAL REPORT 2018





PROFILE	4
CLINICAL QUALITY	7
NETWORKS	11
POLICY	15
INNOVATION	16
FACILITATION	19
FISCAL REPORT	20
ORGANIZATION	22



**HPCA**  
HAWAII PRIMARY CARE ASSOCIATION

HAWAII PRIMARY CARE ASSOCIATION  
1003 BISHOP STREET, PAUAAHI TOWER SUITE 1810  
HONOLULU, HAWAII 96813  
(808) 536-8442

[hawaiiipca.net](http://hawaiiipca.net)

The Hawai'i Primary Care Association (HPCA) is the voice for the future of health care in our state, delivered through Community Health Centers that employ an integrated, comprehensive, and attentive approach that emphasizes person-centered wellness, care coordination, and disease prevention.

HPCA believes in building vibrant, healthy communities that work together. To that end, we endeavor to build partnerships, foster innovation, and support collaboration that will transform the health care system for all of Hawai'i's people.

## EXECUTIVE MESSAGE

*We've been a  
tireless advocate  
for collaborative  
partnerships and  
effective, innovative  
health care for  
thirty years.*

### A NEW DAWN

Our unique role puts the Hawai'i Primary Care Association (HPCA) at a nexus of our health care system, bridging the continuum of community-based partners focused on social determinants with primary care providers, linking the efforts of prevention organizations and, just as importantly, engaging acute-care facilities that must work with all Federally Qualified Health Centers to reduce preventable emergency room / inpatient use to ensure the viability of community-based care.

For three decades, we've been at the forefront of health care innovation, including clinical and operational quality improvement, patient-centered care, data collection and analysis, research, and pioneering social determinants work. As a result, HPCA serves as the functional conduit for policymakers and organizations seeking to build a statewide consensus on emerging priorities. Our current work in leveraging the strength of broad-based networks, payment reform, and patient education all reflect our continued role as a leader in fostering healthier, sustainable communities.

As we look forward to the coming decade, HPCA will continue to be an innovative leader, reliable partner, and tireless advocate for a more equitable health care system that reflects the values we've embodied for thirty years.



Robert Hirokawa, DrPH  
CEO, Hawai'i Primary Care Association

## CHC PATIENT DATA

BAY CLINIC

HĀMĀKUA-KOHALA

KO'OLAULOA

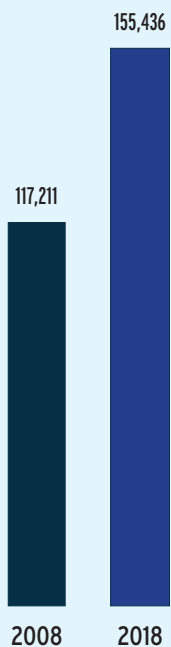
LĀNA'I

WAHIAWĀ

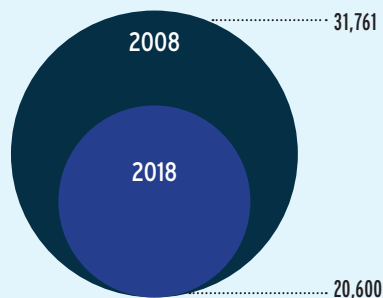
WAI'ANAE

WHILE TOTAL PATIENTS AT HAWAII CHCs ROSE BY 33% OVER THE PAST DECADE, THE NUMBER OF UNINSURED PATIENTS DECLINED, DUE IN PART TO A RISE IN MEDICAID ENROLLMENT, WHICH NOW ACCOUNTS FOR **MORE THAN HALF** OF CHC PATIENTS.

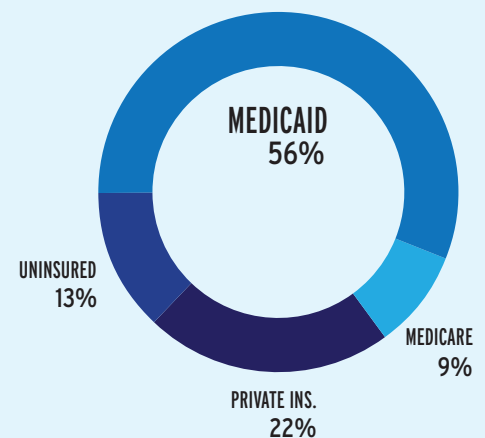
### TOTAL CHC PATIENTS



### UNINSURED PATIENTS



### COVERAGE STATUS



### DEMOGRAPHICS

**88%** OF PATIENTS ARE LOW-INCOME (below 200% of Federal Poverty Level)

**75%** OF PATIENTS ARE ETHNIC OR RACIAL MINORITIES, WITH NATIVE HAWAIIANS AND PACIFIC ISLANDERS AS THE LARGEST SEGMENT (40%)



## VALUE TO THE COMMUNITY

HĀNA

KALIHI-PĀLAMA

KŌKUA KALIHI VALLEY

MĀLAMA I KE OLA

MOLOKA'I

WAIKĪKĪ

WAIMĀNALO

WEST HAWAII



CHCs PROVIDE FOR NEARLY  
**3000 JOBS**  
 IN OUR COMMUNITIES  
 AND ACCOUNT FOR OVER  
**\$361 MILLION**  
 IN ECONOMIC ACTIVITY



THE COMPREHENSIVE, COORDINATED,  
 WHOLE-PERSON CARE PROVIDED BY CHCs  
 RESULTS IN IMPROVED HEALTH OUTCOMES  
**AND COSTS THAT  
 ARE 24% LOWER**  
 FOR MEDICAID PATIENTS.



THAT'S A SAVINGS OF  
**\$186 MILLION**  
 TO THE MEDICAID SYSTEM



AND A TOTAL SAVINGS OF  
**\$270 MILLION**  
 TO THE OVERALL HEALTH CARE SYSTEM.







## IMPROVING CLINICAL QUALITY

### PREVENTING CHRONIC DISEASE

In September 2018, HPCA concluded its three-year work on the 1422 project, a CDC grant aimed at preventing obesity, diabetes, heart disease, and stroke among priority populations. This unprecedented work brought together community partners (Hawai'i Public Health Institute), government (State Department of Health), and academia (University of Hawai'i), with nine Community Health Centers (CHCs) on four islands to implement innovative methods to address chronic disease conditions. These methods, encompassing environmental and systems interventions as well as community-clinical linkages, included whole- and priority-population initiatives.

In all, there were 751 individuals enrolled in a Lifestyle Change Program, 458 of whom participated in a face-to-face Diabetes Prevention Program (DPP), with 293 participating virtually. HPCA directed and facilitated a statewide learning collaborative that promoted best practices in whole team care, prediabetes screening, community engagement, and electronic health record optimization for identifying patients with hypertension. A systems partner, Omada, provided tools—digital scales, smartphone app, and a coaching community environment—to support patient data tracking and engagement with program objectives. Significant work in health systems interventions at participating health centers, with blood pressure self measurement chief among them, constituted another important pillar of this multi-year effort.

*Diabetes affects 9.7% of Hawai'i's population but disproportionately affects Native Hawaiians, Filipinos, and Other Pacific Islanders. Diabetes affects 12.7% of Hawai'i's CHC patients.*

**The Hawai'i Primary Care Association directed a total of six million dollars to support the work of Community Health Centers in this area.**

## CARING FOR THE WHOLE PERSON

### SBIRT

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program was a comprehensive, integrated approach to the delivery of early intervention and treatment services for individuals with substance use disorders and individuals at risk of developing such disorders. The SBIRT program sought to increase access to care and foster effective treatment by addressing substance use from an integrated primary care and behavioral health approach, while also improving clinical and communication links between health care providers like CHCs and providers of substance use disorder treatment.

In a five-month period, 24% of adult patients in participating health centers were screened, demonstrating the robust and comprehensive deployment of ready institutionalization of the SBIRT process at CHCs. Indeed, standing practices at participating health centers moved from targeted screening of potential substance use disorders toward universal screening, potentially intervening with patients long before these health issues become more grave. CHCs that participated in the HPCA SBIRT initiative are well-positioned to support the growing statewide response to the opioid crisis and other drugs of abuse in our communities.

### PRIMARY CARE INTEGRATION

The Primary Care Integration (PCI) was a 5-year pilot project that developed and tested a model to integrate behavioral health services across systems of care. In addition, the pilot facilitated the implementation of routine behavioral health screening in primary care and created essential communication processes between CHCs and Family Guidance Centers (FGC) that both reduced eligibility determination wait times and utilized curbside consultations for coordinated care and peer review of shared clients.











## LEVERAGING NETWORKS

### QUALITY LEARNING

Through its Quality Learning Network, HPCA vigorously supports quality improvement initiatives by assisting CHCs in the development of data collection and the use of value-based best practices that support a number of related initiatives such as patient-centered care, data analysis, and chronic disease management. These facilitated teams are effective vehicles for sharing knowledge and data related to core clinical metrics, team-based care, and health information technology work.

### ACCESS / OPERATIONAL EXCELLENCE

HPCA has long supported its member CHCs in their work to become recognized patient centered medical homes. Today, through its clinical quality collaboratives and peer learning teams, HPCA continues to support this ongoing work and new innovations across all chronic diseases through specialty education, distance learning, full-day training and networking events, and directed technical assistance.

In addition, HPCA engages both local and national expertise to provide training events that develop and reinforce our CHCs' capacity to provide comprehensive care. This includes an emerging focus on substance use disorders, mental illness, and homelessness, and a commitment to enhancing the capacity of CHCs through workforce and management training.

### HEALTH OUTCOMES

Looking forward, HPCA is also focused on emerging priorities of critical importance, including care transitions, opioid protocols, and value-based care.

### OTHER TRAININGS PROVIDED

*Health coaching*  
*Cardio-metabolic disease*  
*Memory clinics*  
*Leading change*  
*Conflict management*  
*Performance management*  
*Uniform Data System*  
*Self-care*  
*Patient de-escalation*  
*Motivational interviewing*  
*Customer service*

## HARNESSING THE POWER OF DATA

### BETTER DATA. ENHANCED CARE. HEALTHIER COMMUNITIES.

The Health Center Controlled Network (HCCN) supports revenue diversification, data integration, and payment reform, moving beyond UDS and EMR data by providing integrated and complex reporting tools to medical directors and quality improvement staff that improve clinical diagnosis and population management.

The HCCN aspires to leverage the power of our collective CHC data to improve clinical, financial, and operational improvement. This potential reporting provides the most effective tool for our policy, payment, and reform objectives.

#### DATA IMPROVES QUALITY

The powerful, complex, and integrated reporting tools of the HCCN can be used to improve population management, reduce chronic disease disparities, and address social determinants of health.

#### DATA INFLUENCES ADVOCACY

Any policy objective we have depends on our ability to show, using the collective data in the HCCN, the severe gradients of need in our communities as well as the absolute effectiveness of our health care models.

#### DATA DRIVES PAYMENT

The system-wide data set in the HCCN will drive development of a holistic payment reform system and sustainable CHC business models.

### HCCN MEMBERS

*Bay Clinic, Inc.*  
*Hāmākua-Kohala Health*  
*Hāna Health*  
*Kalihi-Pālana Health Center*  
*Kōkua Kalihi Valley Comprehensive*  
*Family Services*  
*Koʻolaupua Health Center*  
*Lānaʻi Community Health Center*  
*Mālama I Ke Ola Health Center*  
*Molokaʻi Community Health Center*  
*Wahiawā Center for Community Health*  
*Waikīkī Health*  
*Waimānalo Health Center*







## ADVOCACY THAT MATTERS

### POLICY AND PUBLIC AFFAIRS

Recognizing the importance of its duty to advocate on behalf of the patients, staff, and administrators of Federally Qualified Health Centers, the Hawai'i Primary Care Association has continued its long-standing commitment toward enhancing the understanding of policymakers on the role and importance of health centers to the social safety net.

With constantly changing regulatory landscapes on both the federal and state levels, HPCA Advocacy staff has worked tirelessly before Congress and the Hawai'i State Legislature to ensure that Community Health Centers are able to care for our most vulnerable populations.

Whether it be to testify on a bill or to meet with legislators to explain why changes to a law are necessary, HPCA Advocacy staff remains vigilant before the changing legal landscape applicable to Medicaid, Medicare, and the Prepaid Health Care Act.

Should more difficult economic forecasts for the future bear out, the challenges of meeting the health care needs of the Medicaid population will grow. To survive, it is vital that Community Health Centers work with regulators and lawmakers, utilizing their ingenuity, creativity, and ability to address the health of our communities together.



## SIMPLIFYING HEALTHY BEHAVIORS

### FEEL GOOD INITIATIVE

For years much of the focus related to the management of chronic disease has been on quality system improvements and enhanced patient supports, with diverse solutions—dietary classes, food support, exercise programs—that were aimed at reducing the pronounced effects of hypertension, diabetes, and obesity in previously-diagnosed patients, and in addressing disparities among populations. Those interventions and system improvements have been fundamental to the success of Community Health Centers.

In 2012, HPCA embarked on an ambitious educational initiative to promote the quality, effective, leading-edge care provided by CHCs and, in tandem, HPCA committed to promoting the importance of social determinants as a means of addressing the larger, systemic causes of chronic disease.

While the association's efforts have been largely successful, one aspect of this work remained: direct patient and consumer engagement in the promotion of healthy behaviors. This vital upstream work promised to leverage the success of the downstream, system of care improvements over the past decade and accelerate long-term health benefits for patients in all communities.

Based on research into patient perception of nationally-developed education curricula and our own interviews with key stakeholders, in 2017 HPCA undertook a larger effort to create a more effective method for engaging consumers that promoted healthy lifestyles. By reducing the perceived barriers to healthy behaviors and crafting a relatable, aspirational campaign, HPCA's **Feel Good** initiative was launched in 2018 and brought innovation to the fundamental work of preventing disease before it begins. The campaign's core messages—*Move Often, Cook More, Relax Daily*—combined with the promotion of simplified methods that consumers can readily adopt, have created an emerging new lifestyle and education tool that promises to support prevention, public health, social determinants, and healthy community development efforts.

*Turning healthy  
choices into  
healthy habits.*

LEARN MORE AT  
[www.feelgoodhi.com](http://www.feelgoodhi.com)





Feel  
Good



“  
*This was the best conference  
I've been to in 10 years. The  
invited speakers were uniformly  
excellent. Sometimes we think  
that great things are only being  
done elsewhere but that's not  
true. Meeting new people in  
the local community can help  
facilitate partnerships.*”





## BRINGING PARTNERS TOGETHER

### HO'ŌLA - THE HAWAI'I HEALTH CARE CONFERENCE

Since 2009, the HPCA Conference has featured progressively comprehensive discussions of the social determinants of health and, as a result, has included a multitude of engaged community partners as conference sponsors, invited speakers, and attendees.

Our singular role—both as a representative of the second-largest primary care provider network in Hawai'i as well as a long-standing convener of health care initiatives—allows HPCA to regularly bring together the disparate organizations, agencies, and community advocates most interested in developing partnerships to solve our most vexing health care challenges.

This much-anticipated event, now called Ho'ōla - The Hawai'i Health Care Conference, most recently featured keynotes by former Surgeon General Dr. Vivek Murthy, Harvard Business School researcher Lauren Taylor, and author Sam Quinones (*Dreamland: The True Tale of America's Opiate Epidemic*).

In addition, over fifty speakers led discussions of vital issues such as care delivery innovation, workforce development, cultural practice frameworks, payment reform, livable communities, the opioid epidemic, acute care partnerships, social justice, oral health, and the intersection of health and education. Together, they and over three hundred participants advanced the integration of health care systems and forged new partnerships that will cultivate healthier communities throughout our state.

Ninety percent of evaluators rated the event as excellent and indicated a commitment to attend again, reaffirming HPCA's commitment to facilitating Hawai'i's premier health care collaborations.

### CONFERENCE PARTNERS

*Hawai'i Public Health Institute  
Hawai'i Department of Health  
Kaiser Permanente*

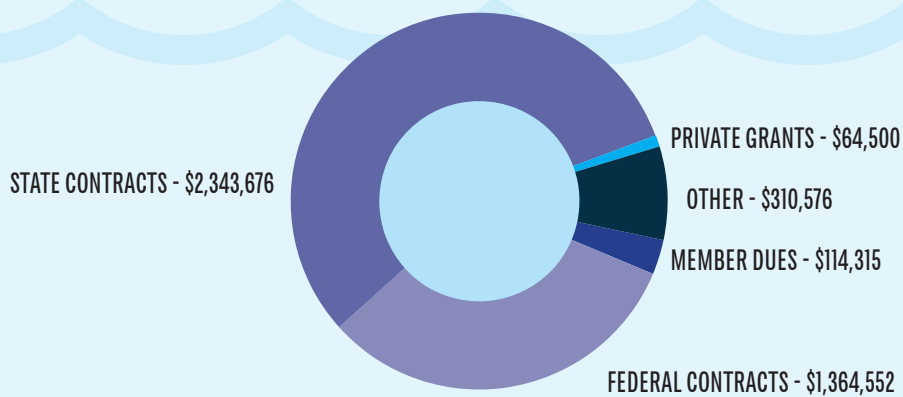
*AlohaCare  
Centene Corporation*

*The Queen's Health Systems  
Hawai'i Dental Service  
Federal Reserve Bank of San Francisco  
KPMG  
Gilead*

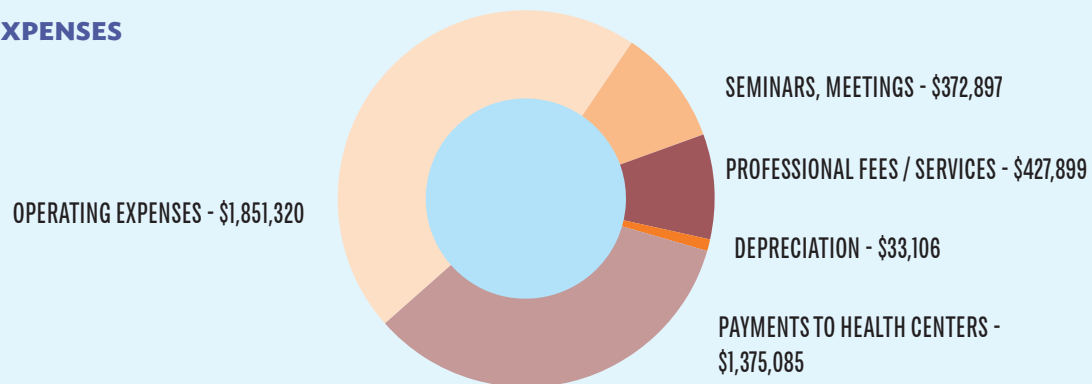
*United Healthcare Community Plan  
Hawai'i Medical Service Association  
HepFree Hawai'i  
Ohana Health Plan  
Henry Schein  
izi Population Health*

## FINANCIALS

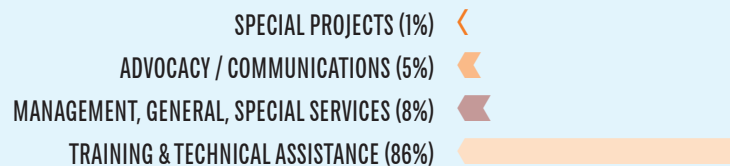
### INCOME



### EXPENSES



#### EXPENSES BY PROGRAM









## ORGANIZATION

### DIRECTORS

Terrence Aratani, *Board Chair*  
Richard Bettini  
Irene Carpenter  
Deborah Dela Cruz  
Phyllis Dendle  
David Derauf  
Bev Harbin  
Helen Kekalia  
Emmanuel Kintu  
Mary Oneha  
BJ Ott  
Diana M.V. Shaw  
Richard Taaffe  
Cheryl Vasconcellos  
John Vaz, MD  
Harold L. Wallace, Jr.

### EXECUTIVE STAFF

Robert Hirokawa  
*Chief Executive Officer*  
Kathy Suzuki-Kitagawa  
*Chief Operating Officer*  
Tricia Siarot  
*Chief Financial Officer*  
Cristina Vocalan  
*Chief Strategy Officer*

### MEMBERS

Bay Clinic, Inc.  
Hāmākua-Kohala Health  
Hāna Health  
Kalihi-Pālama Health Center  
Kōkua Kalihi Valley Comprehensive Family Services  
Koʻolauloa Health Center  
Lānaʻi Community Health Center  
Mālama I Ke Ola Health Center  
Molokaʻi Community Health Center  
Wahiawā Center for Community Health  
Waiʻanae Coast Comprehensive Health Center  
Waikīkī Health  
Waimānalo Health Center  
West Hawaiʻi Community Health Center

### ASSOCIATE MEMBERS

AlohaCare  
Hawaiʻi Medical Service Association (HMSA)

### STAFF

Erik Abe, *Policy and Public Affairs Director*  
Melissa Data, *Behavioral Health Integration Manager*  
Jermy Domingo, *Program Specialist*  
Daphne Henion, *Contracts and Office Manager*  
Bryan Juan, *Performance Improvement Manager*  
Navya Karkada, *Program Specialist*  
Elin Koo, *Accountant*  
Andrea Macabeo, *Program Specialist*  
Matthew Nagato, *Communications Director*  
Ron Shimabuku, *Director of Programs*





The wave motif used throughout the report is derived from the new Feel Good logo. Repetition of the “smile” component of the logo creates an endless series that symbolizes the many communities served by health centers, as well as the waves of change they represent.



The accompanying photographs are a nod to the importance of water (both *kai* and *wai*), which is also reflected by the *‘ōlelo no‘eau* on which HPCA’s logo is based: *wai‘apu lau kī*.



## COLOPHON

The original source file for this report was developed in Adobe InDesign CC, processed using custom press filters, and output to PDF. The diagrams, graphics, and miscellaneous iconography were created or modified using Adobe Illustrator CC and Chartwell OT. Photographs were processed or enhanced using Adobe Photoshop CC.

Typefaces used in this report include various weights of Idea Sans and Interstate. The document was printed digitally on 80-pound Cougar solutions natural paper and saddle stitched.

Report data: 24 pages, 2845 words, 11 illustrations. Program information covers 2017 and 2018 calendar years. Financial data reflects 2018 audit report and 990 tax return. Patient demographic data includes non-member Federally Qualified Health Centers.

Copy, Design and Layout: Matthew Nagato | Photos used under license from: Matthew Nagato, Envato, Jagger Novak Photography, Unsplash  
Printed by Electric Pencil, a division of HonBlue, Inc., Honolulu, Hawai‘i



**HPCA**

HAWAII PRIMARY CARE ASSOCIATION

[hawaiipca.net](http://hawaiipca.net)