COMMUNITY FIRST BILL
Enables Quality Assurance of Care across Medical and Social Services
SB2487 Relating to Health

Background: Quality Assurance Committees

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

Reason for the Legislation

High cost, high need patients typically have non-medical needs which impact their healthcare outcomes. For these patients, social services as well as medical services are critical. This legislation allows a community to have QA discussions with both medical and social services providers at the table. It allows for “an interdisciplinary committee composed of representatives of organizations” to have protected QA discussions to improve the treatment of patients with complex medical and social needs. Since the top 1% of high cost patients consume 20% of the nation’s total medical spend, there is also a compelling fiscal reason to improve healthcare outcomes while lowering costs by effectively addressing both the medical and non-medical needs of these patients.

Purpose of the Legislation

The legislative fix is straightforward and may even be considered housekeeping. It:

- Provides consistent definitions of a QA Committee in two separate but related sections of Hawaii law (Confidentiality of proceedings of QA Committees (HRS § 624-25.5) and Protection of proceedings of QA Committees (HRS § 663-1.7)). In HRS § 624-25.5, the definition of a QA Committee also recognizes “an interdisciplinary committee composed of representatives of organizations (underline added).” This is omitted in HRS § 663-1.7. Thus currently, representatives of organizations may have QA discussions, but these discussions are not protected. This undermines the essential purpose of the QA statutes which is to create a protected forum where providers can openly and straightforwardly identify areas for improvement in the treatment of patients.

- Enables QA discussions across medical and social service providers who all impact the healthcare outcomes of a patient.

Key Aspects of a QA Committee

- QA committees must comply with HIPAA and similar State laws which protect the use and disclosure of protected health information.
- The main function of a QA committee is to monitor and evaluate patient care to identify, study and correct deficiencies in the healthcare delivery system.
COMMUNITY FIRST
East Hawaii’s Response to the Healthcare Cost Crisis

Community First is a 501(c)3 non-profit created to serve as a neutral forum for the community to find solutions to improve health and lower healthcare costs in East Hawaii. It is led by Barry Taniguchi and a volunteer board of community and healthcare leaders. Community First has two strategies: 1. Tip the idea of healthcare from treating disease to caring for health through grass roots initiatives. 2. Create trust through a regional health improvement collaborative (RHIC) so that the system can transform itself.

The Community Action Network (CAN)

One of our major initiatives is to provide effective care for high cost, high need patients by coordinating medical and social services in East Hawaii. For that purpose CAN was convened as a coalition of medical and social service providers with a focus on care coordination. These providers include Hope Services, Hilo Medical Center, Community Paramedicine, Bay Clinic, Hui Malama Ola Na Oiwi, East Hawaii Independent Physicians Association, Big Island Substance Abuse Council, Hospice of Hilo, Legal Aid Society, and the County Office of Aging. CAN is led by Darryl Oliveira (formerly fire chief and civil defense administrator of Hawaii County) and Randy Kurohara (small business owner and formerly managing director of Hawaii County).

CAN is in the process of launching an online, functional directory of community resources and key contacts. Issues such as transportation gaps, a community platform for data and care coordination, and other systemic and policy issues are discussed. It became clear to us, however, that policy meets reality in the real problems in the field and that case studies can most effectively drive improvement. The Community Care Improvement Team wants to take this approach and vetted the idea of comprehensive, care coordination across the community and a community QA (quality assurance) process at a “Care Coordination Summit” in Hilo which included 80 participants from over 30 entities.

Community Support for this Bill

On January 24, 2018 both the East Hawaii Regional Health Improvement Collaborative and the CAN voted unanimously to support the Bill to harmonize QA definitions in the statutes regarding confidentiality in QA committees and regarding the protection of the discussions of QA committees. This will enable us to create the legal framework for QA discussions of the Community Care Improvement Team to be protected.