

# 2023 Hawai'i Maternal Telehealth Summit Report



August 9, 2023

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# Introduction

## **Background**

The second Maternal Telehealth Summit was held at the University of Hawai'i at Mānoa Campus Center Ballroom in Hawai'i on August 9, 2023. The inaugural Maternal Telehealth Summit took place on October 9, 2019. This year's Summit was jointly funded by the Centers for Disease Control and Prevention to the State of Hawai'i Department of Health award number 6 NH75OT000069-01-01 and grant U1UTH42529-02-00 from the Office for the Advancement of Telehealth, Health Resources and Services Administration (HRSA). The Pacific Basin Telehealth Resource Center (PBTRC) hosted the 2023 summit, bringing together 85 attendees in-person to discuss the various ways in which telehealth may help bridge the gaps in healthcare across the state and gather perspectives on the strengths, challenges, and opportunities of telehealth for this patient population.

This document is a detailed summary of the conference and is organized by session. Information and resources may be found in Appendix A.

## **Mission, Purpose & Objectives**

The mission of the Maternal Telehealth Summit is to improve coordination of maternal-infant healthcare, particularly in the rural and neighbor islands of Hawai'i.



# Introduction

## **Mission, Purpose & Objectives Cont.**

The purpose of the Maternal Telehealth Summit is to convene key stakeholders, new users, and future users of a Hawai'i statewide maternal telehealth and tele-ultrasound program to identify current available resources, infrastructure, and planned infrastructure in Hawai'i, and to address the medical and telecommunications resources still needed for improved access to subspecialty healthcare services.

The objectives of the Maternal Telehealth Summit are to

- Share progress, updates, and stories on telehealth outcomes from the Hawai'i Maternal Telehealth Access Program;
- Strategize around ways provider participants can overcome barriers faced in implementing maternal telehealth services; and
- Encourage collaboration among all healthcare organizations.

The desired outcomes are to

- Improve the understanding of how the Hawai'i Maternal Telehealth Access Program is improving access for persons in rural and underserved communities and neighboring islands;
- Improve the collaboration between the healthcare entities that serve the Native Hawaiian and Pacific Islanders; and
- Highlight the need for coordination integration across the hospital and healthcare systems providing obstetric services.



# Summary of Summit Proceedings



Opening Remarks

Possible Futures: Virtual Care After the Pandemic

Telehealth Delivery of Pediatric Surgical Care in Hawai'i

Maternal Mental Health Development in Hawai'i

Free Tele-Mental Health for Rural Hawai'i

Making the Connection: Telehealth & the Digital Divide

Telehealth Policy Updates

The Technology Driven Evolution of Obstetrics

Realities of Rural Health & Telehealth

Library Telehealth Access Project & Mobile Clinic Vans



# Summary of Summit Proceedings



## **Opening Remarks**

The 2023 Hawai'i Maternal Telehealth Summit commenced with a Native Hawaiian welcome called an 'oli', or chant, by Kumu Keahi Renaud which highlighted the strength of togetherness, followed by a land acknowledgement. Dr. Lee Buenconsejo-Lum, interim dean of the John A. Burns School of Medicine (JABSOM), brought a spotlight on the ongoing wildfire battle in Lahaina, Maui and emphasized the importance of working together to help those affected through telehealth and partnerships. Dr. Ivica Zalud, Kosasa Endowed Chair, Department of Obstetrics, Gynecology & Women's Health, highlighted the potential of telemedicine to bridge the healthcare access gaps and urged the audience to consider next steps.

# Possible Futures: Virtual Care After the Pandemic

**Presented by: Dr. Matthew Koenig**

This session discussed the evolution of virtual care after the Coronavirus Disease 2019 (COVID-19) Pandemic and explained developments for utilization in the future. Virtual care updates and next steps discussions help to inform maternal health care delivery and management.

## **Key Takeaway Points:**

- Hawai'i has more progressive telehealth laws, specifically Act 226 (SB2395 SD1 HD2 CD1) signed to law in 2016, which clarifies that reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a healthcare provider and a patient. This act also revoked originating site and geographic restrictions and clarified the requirements for physicians and out-of-state physicians to establish a patient-provider relationship via telehealth, effective starting January 2017.
- Prior barriers to Virtual Care pre-pandemic were Medicare restrictions; consumer demand; provider adoption; technology barriers; and clinical workflows. The increase in demand for virtual options and COVID-19 pandemic accelerated telehealth awareness. Acknowledging these barriers and working towards transitioning to a new normal can help with future developments in telehealth.
- Over the past three years, Dr. Matthew Koenig and his team have taken notes on their experiences with Virtual Care. Since adopting telehealth, they have found that patient selection, pre-visit preparation, provider and patient experience, platform ease of use, and clinic workflows are key areas to consider when implementing telehealth.



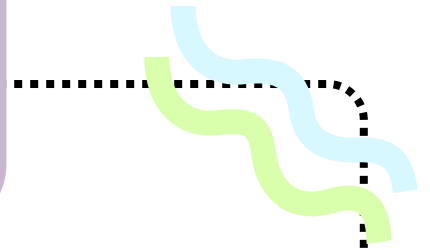
# Telehealth Delivery of Pediatric Surgical Care in Hawai'i

**Presented by: Dr. Russell Woo**

This session presented on the pediatric and maternal telehealth care considerations and telehealth needs for urban and rural settings. There are tremendous opportunities for improvement to maternal and mother-baby care. Telehealth may carry a great potential for increasing access to care for patients residing in neighbor islands.

## **Key Takeaway Points:**

- The greatest challenge in care is access limitation. Pediatric surgical care is only available in Honolulu and is provided by a small group of sub-specialists. Telehealth is a proposed solution to improve access and reduce healthcare and indirect costs. Potential disadvantages of telehealth include technology limitations and uncertainty of telehealth's efficacy in providing the same level of quality care as an in-person visit.
- A study conducted by Dr. Russell Wu's team to understand the efficacy of telehealth in providing effective diagnosis demonstrated the potential of using telehealth for certain types of care, such as consultations for appendectomy, hernia repair, and cyst excision. Results suggest that preoperative pediatric surgical consultations held via telehealth did not lead to a decrease in the accuracy of diagnosis nor a higher rate of surgery cancellations.
- Telehealth may not be a one-size-fits all solution. There is still much to learn about the types of patients and the ways in which patients may benefit the most from this technology.





# Maternal Mental Health Developments in Hawai'i

**Presented by: Dr. Men-Jean Lee**

This session recapped the maternal-fetal-medicine challenges faced by providers in Hawai'i and the Pacific Basin and the efforts made since the 2019 summit in addressing these challenges. Progress has been made since the 2019 call to action to develop a Maternal Telehealth System for the state of Hawai'i to be used for public utility.

## **Key Takeaway Points:**

- It is important for colleagues on neighbor islands and beyond to communicate their needs (improved broadband connection, computer equipment, more staff) because implementation of telehealth resources is not suitable for every situation.
- The ongoing goal is to bring in more partners to provide needed assistance and prenatal care. Resources can be dedicated to determining who are the at-risk communities on each island that are most in need of prenatal care and could benefit from maternal telehealth.
- Various sources of grant funding have been acquired since 2019 and will be utilized to establish and develop partnerships, improve broadband and purchase equipment and software. Two examples of newly implemented technology include the AS-Cloud data management system to allow data and image sharing across different islands and the NUVO INVU, a Food and Drug Administration (FDA) approved remote pregnancy monitoring device.



# Free Tele-Mental Health for Rural Hawai'i

**Presented by: Dr. Kelley Withy**

The HawaiiUtelehealth.org program was established in 2020 and has increased telehealth utilization during the COVID-19 pandemic. This free program established goals to offer free tele-mental health services to Hawai'i residents who have limited time or encounter financial or transportation barriers with grant funding extending into 2026 for rural residents.

## **Key Takeaway Points:**

- Individuals are provided appointments with licensed clinicians with specialties including psychology, psychiatry, family medicine, mental health counseling, or substance use counseling.
- Current wait times are 1 week for counselors and 2 weeks for psychiatrists. The program aims to decrease these wait times by utilizing funding to onboard more providers and increase resources overall. As of August 2023, there are 16 licensed providers signed up on the platform that are providing care to 130 patients. There are approximately 343 visits/month and an average of 12 new patients signing up each month.
- Digital literacy continues to be a challenge, but training programs such as Computers 101 for Kupuna (and adults 18 and up) are being hosted to teach individuals how to utilize the internet and devices.



# Making the Connection: Telehealth & the Digital Divide

## **Presented by: Mr. Ka'ala Souza**

This presentation focuses on the digital divide in Hawai'i affecting many people living in rural communities with digital access, literacy, and equity limitations. For patients requiring maternal telehealth care, poor digital access and equity impacts their access to health care and services in a timely manner, which can negatively impact their health outcomes.

### **Key Takeaway Points:**

- Over the last year and a half, Mr. Ka'ala Souza worked with Dr. Kelley Withy to distribute approximately 1400 refurbished computers and contributed 100+ hours teaching students of all ages through the digital literacy program. There is no age demographic limit to digital literacy.
- Since establishing Digital Ready Hawai'i, Mr. Souza has found from his own interactions with his students that telehealth adoption remains low due to lack of required devices, lack of access to the internet, and low digital literacy.
- Statistics show that in most places, 30% of workforce staff that provide care are not able to pass digital literacy assessment. The digital divide impacts telehealth adoption, usage, and demand.



# Telehealth Policy Updates

**Presented by: Dr. Christina Higa & Ms. Ashley Graham**

This session provided a review of the key telehealth policy developments with a focus on specific federal and state level guidelines, and a frequently asked questions segment for maternal telehealth and other telehealth-related reimbursement. Additional web resources on telehealth virtual care reimbursement are available from the Pacific Basin Telehealth Resource Center.

## Key Takeaway Points:

- After the Public Health Emergency (PHE) ended on May 11, 2023, some of the waivers and flexibilities were made permanent into law or were extended to end in 2024. Others were discontinued after the end of the PHE.
- One of the permanent changes in law are around the tele-Behavioral Mental Health flexibilities that now permit Medicare patients to receive behavioral telehealth services without geographic restrictions, by audio only modalities, and with Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) serving as distant site providers.

A requirement has been established for telehealth services to be preceded by an in-person visit within 6 months of the initial assessment and every 12 months thereafter.

- The state of Hawai'i recently joined the interstate medical licensure compact on June 22, 2023 which will allow more Hawai'i residents to receive care from providers across the nation. There are currently 41 states in the compact.
- Specialists such as Maternal Fetal Medicine specialists are eligible for reimbursement for provision of eConsults to other providers under Centers for Medicare & Medicaid Services (CMS) and Med-QUEST. Reimbursement by commercial payers may vary. Consult with provider liaison is recommended for the most up-to-date coverage information.



# The Technology Driven Evolution of Obstetrics

## Presented by Dr. Curtis Lowery

This session provided an overview of healthcare system realities and concerns and discussed new approaches for a digitally enabled system of care. The presentation addressed maternity care, effective ways to improve it with a value-based payment model and strategies, and discussed how technology plays a role in transforming the healthcare system for improvement.

### Key Takeaway Points:

- Most medical specialists live in urban areas which can be a barrier to patients who are unable to travel from rural areas. Technology makes it possible to overcome this challenge so healthcare can be decentralized and accessible to more patients.
- The progression of disease takes time, but diagnosing and treating a patient sooner may slow its progression. Utilization of technologies such as remote fetal ultrasound is one way that a patient may have an earlier diagnosis and better outcomes. Technology will also allow providers to provide patient education and facilitate collaboration between urban and rural providers.
- It is important to consider the multidisciplinary team (MD, APRN, PA, etc.) in patient care. This digitally enabled system of connected care is now commonplace when carrying out a patient's treatment plan.
- In prenatal care, anxiety peaks at early pregnancy and the end of pregnancy. Physicians aim to alleviate concerns through patient education, but limited appointment time can make it challenging to fully address all of the patient's concerns. New technologies, on-demand services such as a 24-hour call center, secure messaging, and in-home fetal monitoring may be possible solutions. A patient may have a reduction of in-person obstetrical visits but have access to more healthcare knowledge and resources with technological advances.



# Realities of Rural Health & Telehealth

**Presented by: Dr. Kaohimanu Akiona**

This session touched on the healthcare concerns of Hawai'i island's rural communities and the considerations around augmenting healthcare with telehealth. Flexibility and innovation are key to delivering quality care and remaining accountable for that provision of quality.

## **Key Takeaway Points:**

- Connect theory to practice by making a conscious effort to incorporate telehealth in all aspects of family medicine by partnering with other providers and exploring how to render care in the different community spaces.
- The challenge of providing telehealth is that providers will need to play multiple roles - the expert, the connector, the advocate - when providing this care modality to enhance the Patient Experience. Providers must also be involved in the key discussion around implementation, decision-making, and testing.
- The key to improving the health of the community is improving access to care. Telehealth in practice is access to care. Where there is a great need, there is great opportunity. Ways to accomplish this is to extend clinical care reach into the community, incorporate external elements previously unavailable, leverage technology to amplify/extend limited resources (i.e., providers), and remotely access specialists and providers.
- Maternal care patients living in rural communities have difficulties accessing the health care services needed. Telehealth plays an integral role in helping patients access the necessary care.



# Library Telehealth Access Project & Mobile Clinic Vans

**Presented by: Ms. Sylvia Mann**

This session provided an overview on a pilot project that uses a model which places the public libraries as the originating site for the provision of telehealth services. The project aims to provide individuals in underserved communities across the state with limited access to digital devices and/or with limited digital literacy a safe and private space in the state libraries or in a mobile clinic van, internet enabled devices to connect to their telehealth appointments, reliable internet access, and a library digital navigator for the provision of telehealth services.

## **Key Takeaway Points:**

- The Library Health Access Project is a collaboration between the State of Hawai'i Department of Health, Hawai'i State Library System, the Pacific Basin Telehealth Resource Center (PBTRC), and various Community Based Organizations statewide.
- Digital Navigators will be trained in digital literacy, telehealth, and in other areas including mental health/first aid, houselessness, cultural humility, LGBTQ+, and de-escalation in preparation for their role in assisting clients seeking telehealth services in the libraries.
- For maternal patients of asset limited, income constrained, employed (ALICE) households residing in digital/internet deserts, the Telehealth Access Points (TAPs) and Mobile Clinics have the potential to connect patients to resources that can support their needs.



# Summary of Breakout Sessions

Increased Rural Health Access

Family Planning & Perinatal Care

Streamlining Digital Communications

Implementation of New Technologies

Virtual Group Classes & Collaborative Education

Digital Infrastructure & Digital Literacy

Telehealth Best Practices & Etiquette


Government Policies

Call to Action





# Summary of Breakout Sessions



The two breakout sessions that followed the plenary sessions divided participants into smaller groups for focused discussion around maternal health and telehealth services. Participants were pre-assigned to groups according to their professional affiliation. The six groups were Rural Health/Information Technology, Providers/Information Technology, Academics/Researchers, Payers, Administrators/Funders/Policy/State Government, and Community Based Organizations.

Each breakout session was led by a facilitator whose role was to guide and support participant engagement while fostering a balanced and non-judgmental environment that encouraged productive dialogue. Facilitators also reported on summary key points from the discussions to the larger group. The first breakout session discussion focused on the needs and barriers while the second breakout session focused on interest and future implementation. This section provides a summary of the key themes from each facilitated discussion.

## **Breakout Session 1**

What are the maternal health care needs in your work that could be enhanced with telemedicine? What are implementation barriers?

## **Breakout Session 2**

Based on what you heard today, what telehealth services are you interested in?

# Increased Rural Healthcare Access

The OBGYN specialist shortage continues to pose challenges in providing patient care. The unique geographical landscape of the Hawaiian Islands creates travel barriers for patients needing access to care from medical specialists located in the metropolitan center of Honolulu, Oahu. Transportation and lodging when traveling between neighbor islands is costly for both patients and providers. In the rural areas of Lana'i where there is no designated labor and delivery unit, expectant mothers have no other choice but to make arrangements to fly to Oahu to deliver their baby.

A lack of specialists in rural areas can negatively impact health outcomes. In the event of a medical emergency, a mother must take an emergency medevac plane, which is associated with thousands of dollars of medical expenses that strains both the patient and the healthcare system. Participants discussed alternatives, including the option of flying a specialist out to rural areas if a patient goes into labor. However, this option generates an expense and it is unclear if there is any medical insurance infrastructure that can support such a delivery care model. One of the barriers discussed related to physician shortage included the anecdotal stories of physicians at various clinics moving back to the mainland.

A proposed solution was having a specialist on call and available for support. The rural providers agreed that having remote support from a specialist is helpful, but there are still challenges. Rural health doctors may be advised by a specialist to complete a procedure they may not otherwise be comfortable performing, but may feel pressure to do, especially in the event of an emergency.

# Increased Rural Healthcare Access Cont.

There is also a severe shortage of fetal sonographers on-island as training programs are all U.S. mainland-based, are highly competitive, and require several years of commitment. With the current shortage, groups discussed the possibility of sharing a contracted sonographer between the rural islands or creating a sonographer pool so that a system can be made wherein sonographers may be dispatched to rural neighboring islands to perform the ultrasound and transmit the images to a maternal fetal medicine specialist.

The overall consensus was a shared desire to improve rural healthcare access, increase telehealth resources, and increase overall awareness about Telehealth. Providers expressed interest in wanting to increase their awareness about the diversity of their rural patient population and to provide culturally competent care to disadvantaged groups.



# Family Planning & Perinatal Care

Implementation of telemedicine would be beneficial for both planning and perinatal care. One group recognized the benefit of providing genetic consultation with a geneticist via telehealth, which could lead to improved care coordination and possible early identification of prenatal issues. Suggestions for telemedicine in postpartum care included lactation education, and psychiatric and mental health support for mothers at risk for postpartum depression.

In a discussion with providers on patient feedback, providers noted that patients preferred telemedicine due to its convenience. Patients reported feeling more at ease, which translated to better patient compliance. Additionally, there was a decrease in wait times for much needed services addressing postpartum depression. Telemedicine may also be utilized to provide newborn and family support in the first few weeks after birth.



# Streamlining Digital Communications

The streamlining of digital communications for patient records and imaging can allow for expanded telemedicine practice. Discussions focused on how remote fetal monitoring may be possible with newly developed technology, but the barrier around how the images can be forwarded and stored securely between medical facilities remain. More policy must be implemented to draft data sharing agreements which will require collaboration among the major healthcare networks in the state. Participants from the IT group noted the importance of tech support for the medical staff and secured sharing. Overall, groups collectively agreed that having a centralized data storage system and improved data organization and management would help facilitate telemedicine programs.

The fragmented storage and transfer of data is a barrier to practicing telehealth. Multiple providers shared their frustrations around having to access multiple platforms for electronic health records (EHR) before they can care for their patients.

# Implementation of New Technologies

Development of new technologies to improve maternal fetal medicine is a growing field. One of the technologies discussed was the NUVO, a remote fetal monitoring system. For new remote fetal monitoring technology like the NUVO, logistical challenges are a commonplace barrier. Participants noted that an extensive amount of coordination would be needed to acquire the new device in addition to funding, training, and streamlining the transfer of data. The primary challenge is arranging for timely interpretation of images by a provider, especially when sent outside of normal business hours. Despite these identified challenges, groups agreed that it is important to demonstrate the technology to specialists so they can better understand the value it can add to their patient practice.



# Virtual Group Classes & Collaborative Education

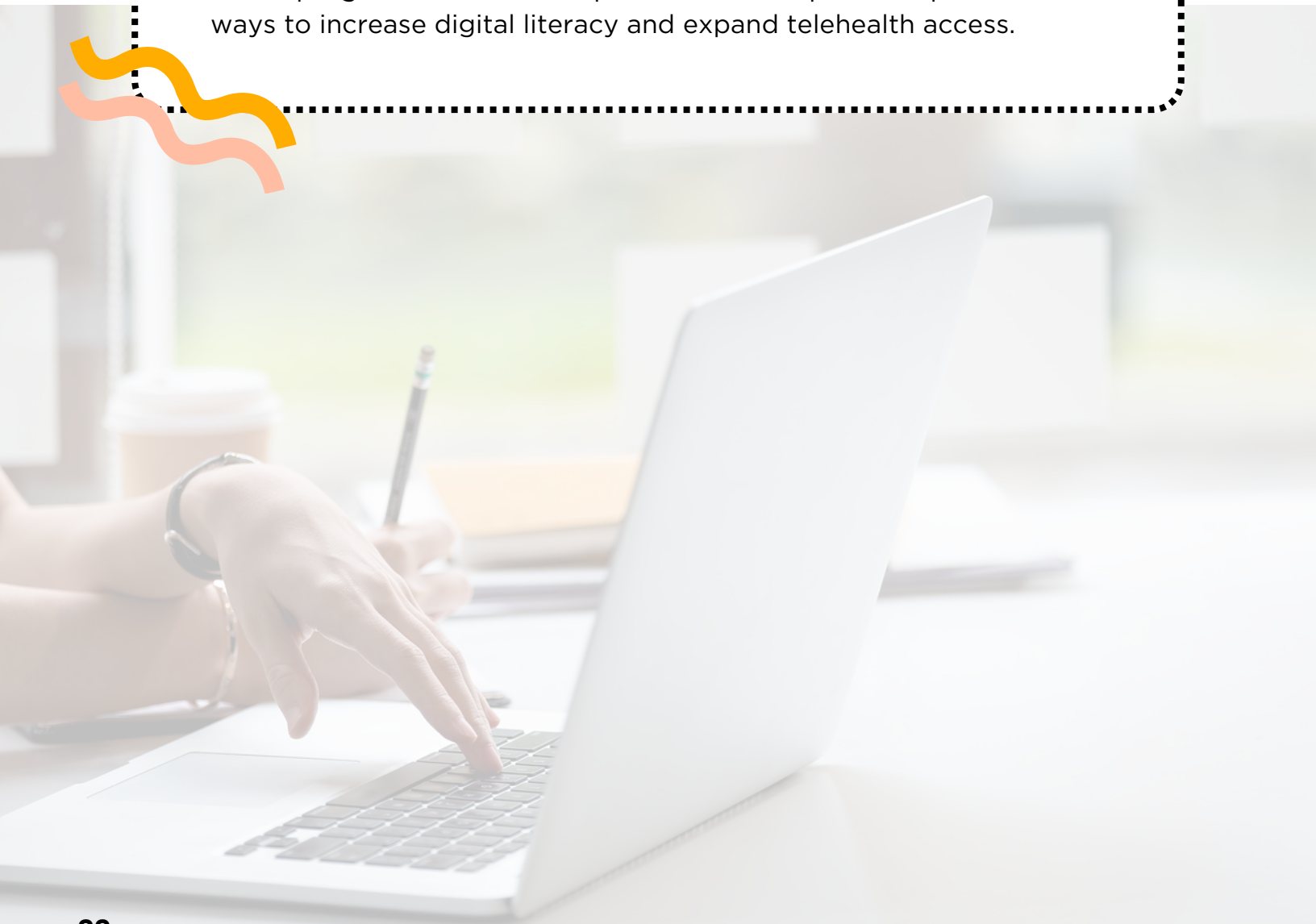
Participants reported a desire to have increased interdisciplinary collaboration and opportunities for continued education. A current program in place is the Hawai'i State Rural Health Association Project ECHO which supports rural providers by offering multiple zoom sessions a month. It is free to attend, and providers may join the call for a short didactic session followed by an opportunity to present a medical case presentation and ask other participants for advice and questions.

The idea of virtual group classes was introduced during the session. The provider group discussed expanding on current practices by having group classes for expectant mothers and providing basic education on gestational diabetes mellitus and hypertension. One OBGYN discussed working with the Healthy Mothers Healthy Babies coalition and their program that delivers blood pressure kits and glucose monitors to expectant mothers. She noted that mothers taking their blood pressures at home had lower readings compared to patients that had to commute for their in-person appointments.

On a practical note, if a patient has notably high blood pressure or alarming glucose levels while at home, the provider may decide to escalate the patient to an in-person visit if necessary. This is an example of how telemedicine paired with an outreach program can be used in tandem as a solution to deliver virtual healthcare and take a preventative approach with patient monitoring. Taking more proactive measures via telehealth can be beneficial for the patient and help reduce negative health outcomes.

# Digital Infrastructure & Digital Literacy

A running theme of discussion was centered around how digital equity is a Super-Determinant of Health. This means that patients may not receive the maximum benefit of telehealth services if they have poor broadband connectivity. Providers shared an example of how a patient may opt to have a virtual post-operative appointment. However, poor internet connectivity and a lower grade cell phone camera were limiting factors in having a successful appointment. Another barrier of note is the continued preference for in-person appointments by patients, sometimes due to unfamiliarity with new technology. Providing education and establishing more community-based programs such as Computers 101 for Kupuna are practical ways to increase digital literacy and expand telehealth access.





# Telehealth Best Practices & Etiquette

Implementation of telehealth platforms into physician practices is a complex process. Providers reported an increased workload on their front office staff due to the preparatory work needed to streamline the appointment, i.e., obtaining past medical history and reconciling medication lists beforehand. Two different schedules must also be created for in person and telehealth appointments which adds more administrative strain.

To ease some of the administrative work, one OBGYN proposed some patient etiquette and telehealth ground rules that she had established with the help of her front office staff. All patients are given guidelines prior to the visit so they know what to expect during the visit and pre-visit paperwork is completed. The following ground rules are discussed prior to booking:

- Appropriate dress for Zoom calls
- Be in a private place
- Stable internet connection
- Do not take the appointment while driving

# Government Policies

Application and development of new telehealth is rooted in the creation of new policies and regulations. Public service leaders also have different perspectives and priority when it comes to telehealth. Topics such as third-party medical insurance and maternal health data governance is closely linked with legislation.

The Rural Health group discussed a situation where a change in policy would be beneficial. According to the group, during the pandemic FQHC providers were allowed to conduct telehealth visits from anywhere including their homes since this was most sensible during COVID-19. However, after the pandemic, FQHC policies changed and FQHC providers could no longer provide telehealth services from their own home and could only bill insurance for telehealth if they were logging in from a HRSA certified facility. This clearly exemplifies how policies are constantly changing and the direct impact they can have on the dissemination of telehealth.

Breakout sessions were also a forum for attendees to share and learn about the plethora of programs and funding opportunities available to providers. It became evident that not all providers were equally knowledgeable about government-funded programs and that more work can be done to provide more education and awareness on the type of support available.

# Call To Action



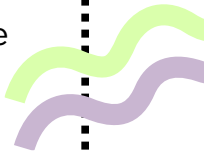
- Communication should be encouraged amongst Hawai'i's largest healthcare systems to work toward the standardization of telehealth practices and the establishment of protocols. This may facilitate other initiatives such as:
  - Streamlining of health record and image sharing
  - Incorporation of telehealth amongst healthcare providers
  - Minimizing barriers if patients must see specialists at different health systems
  - Promoting inclusiveness of healthcare providers working in rural areas

- It is important to increase community and provider engagement within telehealth. Continuing the discussion means more awareness of funding opportunities and already existing programs related to maternal telehealth practices such as:
  - Utilization of the Healthy Mothers Healthy Babies program as an outreach arm of their clinics to monitor gestational diabetes and hypertension
  - Increase programs such as Kupuna 101 to improve technological literacy and promote community engagement.

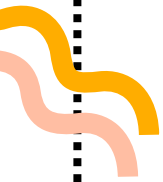
# Call To Action



- Further exploration of the idea of developing a maternity respite center in Honolulu for pregnant women coming from neighbor islands to mitigate the need for expensive emergency medevac flights and expensive room and board.



- The need for fetal sonographers was discussed extensively. Policy and initiatives may be put in place to help train fetal sonographers such as:
  - tuition assistance or loan repayment
  - competitive salaries
  - establishment of a fetal sonography program through the University of Hawai'i education system to encourage local residents to stay in Hawai'i.



- More research is needed for the following topics:
  - Data collection from providers and health organizations to analyze telehealth utilization.
  - Making data available for commercial vs healthcare vs telehealth
  - Ethnicity aggregation (or lack thereof) utilizing an objective database
  - Comparison of disease maintenance




# Appendix

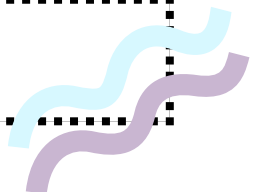
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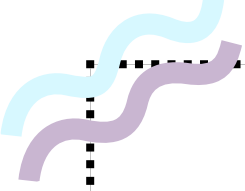
# Appendix A: List of Acronyms




Acronym	Description
ALICE	Asset Limited, Income Constrained, Employed
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
ECHO	Extension for Community Healthcare Outcomes
EHR	Electronic Health Record
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Center
HIE	Health Information Exchange
HRSA	Health Resources and Services Administration
IT	Information Technology
JABSOM	John A. Burns School of Medicine



# Appendix A: List of Acronyms



Acronym	Description
L&D	Labor and Delivery
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning
NST	Non-stress Test
OB GYN	Obstetrician Gynecologist
PBTRC	Pacific Basin Telehealth Resource Center
PCP	Primary Care Provider
PHE	Public Health Emergency
QMC	Queen's Medical Center
RHC	Rural Health Clinic
SDOH	Social Determinants of Health
TAPs	Telehealth Access Points



# Appendix B: Agenda



Time	Activity
8:30am-9:30am	Check-In & Registration
9:30am-9:45am	<b>Welcome, Native Hawaiian Oli &amp; Opening Remarks</b> Kumu Kahi Renaud Prepared Message from Governor Green, MD Lee Buenconsejo-Lum, MD Ivica Zalud, MD, PhD
9:45am-10:05am	<b>Possible Future: Virtual Care After the Pandemic</b> Matthew Koenig, MD, FNCS
10:05am-10:20am	<b>Telehealth Delivery of Pediatric Surgical Care in Hawai'i</b> Russell Woo, MD
10:20am-10:50am	<b>Maternal Mental Health Development in Hawai'i</b> Men-Jean Lee, MD
10:50am-11:00am	Break
11:00am-11:20am	<b>Free Tele-Mental Health for Rural Hawai'i</b> Kelley Withy, MD, PhD
11:20am-11:40am	<b>Making the Connection: Telehealth &amp; the Digital Divida</b> Ka'ala Souza

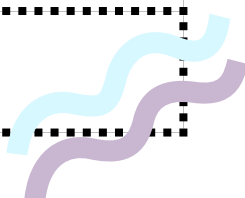




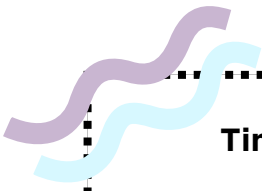
# Appendix B: Agenda



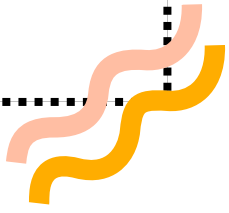
Time	Activity
11:40am-12:00pm	<b>Telehealth Policy Updates</b> Christina Higa, PhD & Ashley Graham
12:00pm-12:50pm	Lunch <b>The Technology Driven Evolution of Obstetrics</b> Curtis Lowery, MD
12:50pm-1:10pm	<b>Realities of Rural Health &amp; Telehealth</b> Kaohimanu Akiona, MD
1:10pm-1:20pm	Breakout Session Introduction
1:20pm-2:05pm	Breakout Session #1
2:05pm-2:10pm	Transition
2:10pm-2:50pm	Report Back on Breakout Session #1
2:50pm-3:10pm	<b>Library Telehealth Access Project &amp; Mobile Clinic Vans</b> Sylvia Mann, MS, CGC
3:10pm-3:15pm	Break and Transition




# Appendix B: Agenda



Time	Activity
3:15pm-4:00pm	Breakout Session #2
4:00pm-4:05pm	Transition
4:05pm-4:45pm	Report Back on Breakout Session #2
4:45pm-5:00pm	Wrap-Up and Reflections

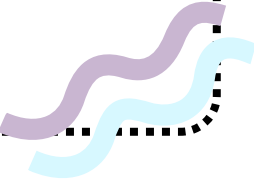


# Appendix C: Land Acknowledgement



We would like to begin by acknowledging that the ‘āina on which we gather, Manoa, is part of the larger indigenous territory whose original people are today identified as Native Hawaiians. We recognize that her majesty Queen Lili‘uokalani yielded the Hawaiian Kingdom and these territories under duress and protest to the United States to avoid the bloodshed of her people. We further recognize that Hawai‘i remains an illegally occupied state of America. We recognize that each moment we are in Hawai‘i, she nourishes and gifts us with the opportunity to breathe her air, eat from her soils, drink from her waters, bathe in her sun, swim in her oceans, be kissed by her rains, and be embraced by her winds. We further recognize the generations of Native Hawaiians and their knowledge systems that shaped Hawai‘i in sustainable ways, and allow us to enjoy these gifts today. For this, we are grateful and seek to support the varied strategies that the Indigenous peoples of Hawai‘i are using to protect their land and their communities, and we commit to dedicating time and resources to working in solidarity. Mahalo.

Source links:

- <https://manoa.hawaii.edu/nhpol/auamo/land-acknowledgment/>
  - <https://www.hawaii.edu/news/2019/10/31/uh-manoa-land-acknowledgment-to-native-hawaiians/>
- 

# Appendix D: Directors Welcome Letter

We welcome you back from the COVID-19 Pandemic to a day of sharing and collaboration as we continue to expand telehealth services across the state of Hawai'i. We have health care providers and telehealth leaders who have developed telehealth services in their communities and are eager to share their experiences with us. These include representatives from the State of Hawai'i Department of Health (HDOH), Queens Medical Center, Hawai'i Pacific Health, The VA Pacific Islands Healthcare System, the John A. Burns School of Medicine, the Hawai'i Primary Care Association, and the Pacific Basin Telehealth Resource Center (PBTRC). We thank you for bringing your voice to this summit. We look forward to a productive and exciting day. It is critical to hear from everyone as we continue to create our Hawai'i Maternal Telehealth Access Program (HMTAP) and expand services for remote patient monitoring and telemedicine to provide efficient and timely care for families and communities across our state. The Summit is co-sponsored by the UH JABSOM, HDOH, and PBTRC. We have learned so much from you at our First Maternal Telehealth Summit in 2019. Please continue to share your thoughts with us as we move forward in this journey. We cannot do this alone without your guidance.



Men-Jean Lee  
UH JABSOM



Christina Higa  
PBTRC



Sylvia Mann  
HDOH



# Appendix E: Welcome Letter from Governor Green



*Special Message from*  
**Governor Josh Green, M.D.**  
*In Recognition of the*  
**Hawai'i Maternal Telehealth Summit**

August 9, 2023

On behalf of the people of Hawai'i, I extend a warm aloha to the attendees of the Hawai'i Maternal Telehealth Summit. It is my pleasure to provide my strong support of the telehealth movement across our state, particularly in addressing the issue of maternal and infant mortality.

As a doctor working in rural Hawai'i, I have been a staunch advocate for increased access to care for all people in our state, especially those living in rural and Neighbor Island communities. With rural areas covering approximately 6,000 square miles and making up 94% of Hawai'i's total land area, it is challenging for more than 500,000 people living outside of Honolulu city limits to reach the only hospitals on East Honolulu providing obstetrical services. Furthermore, we face a shortage of healthcare professionals in our state, which means pregnant women and their families must travel long distances to access prenatal care.

Today, you will hear about best practices of telehealth in rural regions through our collaborations with Queens Medical Center, Hawaii Pacific Health, the Veterans Administration, and the Department of Health. These practices could be applied to mother-baby care and have the potential to significantly impact access to care.

I want to empower all of you to continue this great work and identify opportunities for synergy. My heartfelt Mahalo to all of you for your dedication caring for our people of Hawai'i.

*Josh Green M.D.*

# Appendix F: Summit Resources

On the 2023 Hawai'i Maternal Telehealth Summit webpage on the PBTRC website, you can find the following resources available:

- Morning Sessions Recordings
- Post-Summit Survey
- Special Message from Our Governor
- Agenda
- E-Booklet

Webpage Link:

<https://www.pbtrc.org/hawai'i-maternal-telehealth-summit/>



Scan for  
Summit  
Resources!

# Appendix 9: Summit Photos

