

KOKUA: Kupuna Outreach and Knowledge in Underserved Areas



Cohort:
2019-2022

Team Members:
Chad Kawakami, PharmD
Pia Lorenzo, MD
Robin E. S. Miyamoto, PsyD

Location:
Honolulu, Hawaii

Focus Areas:
Disease Prevention & Health Promotion
Elder Care
Health Care Quality

Wicked Problem Description

We are tackling the “Wicked Problem” of Hawai‘i’s geriatric workforce shortage and the inverse growth in the elderly population. The state of Hawai‘i is not well equipped to care for our kūpuna. We have a severe shortage of medical and mental health providers. Due to our unique geography, this deficit is especially felt in low-income populations and on the Neighbor Islands. Most specialists are clustered around the state capital of Honolulu, on the island of O‘ahu. Hawai‘i Island compares more poorly to the rest of the state. They struggle with a greater shortage of primary care providers, pharmacists, and mental health professionals. This shortage has become so drastic that it is a public health emergency. Service providers frequently work in silos, causing a lack of coordination for healthcare services for older adults. Currently, the only formal geriatric medical training entity is at the University of Hawai‘i, with the educators again mostly located on O‘ahu. Initiatives on O‘ahu to train existing primary care professionals through distance education have only been effective to a degree. Barriers to success include the lack of access for target learners to attend these trainings, limited time availability, limited topics of interest to learners, and lack of formal training certifications.

While there are many areas of need, there are also several strengths that Hawaiian communities possess because of a true spirit of aloha (kindness, compassion) and ‘ohana (family). These principles motivate community health improvement activities. Strengths of the

current infrastructure include the fact that community health centers are already embedded into the community and espouse the patient-centered medical home for better access to care.

The COVID-19 pandemic has posed some challenges to our original proposal. The team has a reduced ability to travel easily to the community partners. Communication and teaching have been done solely via tele-education. Despite the lack of face-to-face interactions, our team has been able to pivot and give more focus on this technology as it had been factored into our original plan. Lessons learned from improving tele-education experiences may be leveraged for future projects for reaching out to other remote communities. We are hopeful that we will be able to develop a smartphone app that will increase communication between patients, caregivers, and providers, especially in a post-COVID health care system.

Project Strategies

Current Actions

- Quarterly, interactive distance teaching modules
- Ongoing website development
- Development of kūpuna collaborative care plan (KCCP)

Future Actions

- Continued content development for the website
- Development of smartphone app with HealthTechApps to track dementia behaviors over time. App would allow caregivers to create short videos of current behaviors and send directly to the provider who could provide feedback and make medication changes as needed. The app will also allow users to walk through algorithms to assist with prescribing.

Outcomes

Completed Outcomes

- 4 quarterly trainings (recorded for website)
 - COVID-19 in elderly patients and advanced care planning in the time of COVID
 - Pain management in the elderly and polypharmacy
 - Delirium and dementia
 - Navigating “What Matters” for the geriatric patient
- Purchased resources for HIFMRP including print copies and online access to “Geriatrics at Your Fingertips”, a concise and practical guide that is useful to general clinicians.
- Purchased licenses for Aquifer, an evidence-based clinical learning platform, and have created a tailor-made curriculum in Geriatrics that learners can complete online at their own pace.
- Increased interest in Geriatric medicine. One residency graduate has since completed a geriatric medicine fellowship program and has taken a job in a medically underserved federally qualified health center (FQHC) on O’ahu. Another graduate is currently in a

fellowship program and scheduled to graduate in 2022. This family medicine doctor plans to return to Hawai'i island after completing their subspecialty training.

- Contracted with Marketing Seed. Project logo developed and currently uploading content to website.
- Completed a community-engaged COVID project (12/2020-5/2021) in partnership with a local non-profit to assist Medicaid patients find alternate options to stay out of nursing homes during COVID and to increase interest and awareness in undergraduate healthcare students towards geriatric care and inequities. We conducted geriatric training for the students who then reached out to care homes and foster homes to collect culturally-appropriate information on bed availabilities. This information was converted into a searchable website free for care-seekers to find appropriate placement for the patients.

Anticipated Future Outcomes

- 3 additional training modules
- Completion of KŌKUA Project website
- Simplified KCCP for clinic to implement if desired.
- Completion of smartphone app

Timeline

October 2021-February 2022

Continued KŌKUA Project website development; continued training. Begin work with HealthTechApps on smartphone app. Consider applying for additional funding for technology development. Development and piloting of KCCP.

March 2022 – July 2022

Piloting of KCCP; continued training; content development of KŌKUA Project website; App development.

August 2022 – October 2022

Completion of KŌKUA Project website; continued training; completion and piloting of smart phone app; dissemination of resources and materials.

Partnerships

Our current partners include the College of Pharmacy at the University of Hawai'i at Hilo and the Hilo Medical Center (HMC). The College of Pharmacy at the University of Hawai'i at Hilo has a robust educational presence in Hilo, the largest town on Hawai'i Island. They are well-attuned to the healthcare needs of this community and value lateral interprofessional training. HMC is the largest hospital in the Hawai'i state hospital system and home to the HIFMRP. The HIFMRP

utilizes an interprofessional team training model to train learners from medical, pharmacy, advanced practice nursing, and health psychology backgrounds. There are no specialists in geriatric care on their faculty.

We eventually hope to partner with the Area Health Education Center (AHEC) whose mission is to recruit healthcare professionals to rural and underserved areas and provide continuing education to make sure that everyone has access to the care they need, where they need it, when they need it. AHEC also conducts health profession workforce assessments to determine shortages and plan interventions to improve workforce supply.

During our COVID project, we partnered with local non-profit Hawaii Health Ideas (HHI) which has expertise in assisting Medicaid patients in adult residential care and foster homes. Their organization is unique in that it is led mostly by retired healthcare professionals who want to give back to the community by using their experience to advocate for fellow kūpuna. We plan to continue this relationship as their partners who are still actively in the healthcare workforce.

Evaluation Strategies and any findings so far

We have implemented a Kirkpatrick style evaluation that our learners complete after each session to evaluate the effectiveness of training modules and learner satisfaction. This feedback assists us in simultaneously adapting and improving our training to their specific priorities and needs. To date, these evaluations have indicated that they are interested in ongoing, interdisciplinary training with a case-based approach. Evaluation data confirm high levels of learner engagement and high applicability to future practice. 90% of learners indicated increased confidence in their ability to apply learned skills to their work and 95% of learners are highly committed to applying new skills to their work.

While we were planning to track appropriate provider referrals and clinic team follow-up for patients identified as having a core measure deficit through the KCCP screening, we have not been able to access the residents or the clinic during COVID.

Contact Person Information:

Name: Pia Lorenzo, MD

Title: Assistant Professor

Dept/Unit/Office: Department of Geriatric Medicine

Organization: University of Hawaii John A. Burns School of Medicine

Email: pial@hawaii.edu