EXECUTIVE CHAMBERS

HONOLULU

David Y. Ige
GOVERNOR

Population Health Committee
State Office Tower, Room 1403
June 22, 2015 8:30am- 10:00am

Proposed Agenda

1.	Welcome and Introductions	Dr. Ginny Pressler
2.	State Innovation Model (SIM) Grant • Triple Aim + 1 • SIM 2 Opportunity • Health Care Improvement Targets	Beth Giesting
3.	SIM Process and Timelines	Joy Soares
4.	Population Health Plan • Requirements • Target populations • Definitions • Framework	Joy Soares
5.	Social Determinants of Health and Population Health • Why social determinants of health are important • DOH Initiatives	Dr. Ginny Pressler
6.	Current Initiatives • Community Health Needs Assessment • Papa Ola Lokahi	 Andrew Garrett Sharlene Chun-Lum
7.	Next Steps	
8.	Adjournment	Beth Giesting

Calling in? Dial Toll Free 1-855-640-8271 Code 6537 5199#

EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

Hawai'i Health Care Innovation Models Project
Population Health Committee Meeting
June 22, 2015

Committee Members Present:
Beth Giesting, Co-Chair
Ginny Pressler, Co-Chair
Katy Akimoto
Jamie Boyd
Sharlene Chun-Lum
Andrew Garrett
Paige Heckathorn
Brigitte McKale
Tom Matsuda
Andrew Nichols
Linda Rosen
Vija Sehgal
Debbie Shimizu
Kelly Stern
Kerrie Urosevich
Jessica Yamauchi

Guests:
Mark Eshima (attending on behalf of Kealoha Fox)

Committee Members Excused:
Kealoha Fox
Robert Hirokawa
Ryan Okahara
Tony Pfaltzgraff

Staff Present:
Joy Soares
Trish La Chica
Abby Smith
Nora Wiseman

State Innovation Model (SIM) Grant:

Co-Chair Beth Giesting gave an overview of SIM process: (please see attached slides for more details).

- Health care innovation/transformation started with a stakeholder convening in 2012
- SIM round 1 was carried out in 2013 with more stakeholder engagement
- First plan was broad and high level
- SIM round 2 provides the opportunity to create a more finely tuned implementation plan, more narrowly focused
- All Payer Claims Database (APCD) and No Wrong Door (through Executive Office on Aging) are also working in parallel to SIM

- SIM 2 continues to focus on the Triple Aim +1 Goal: Better Health, Better Care, Cost-effective Care, and the +1 for Hawai'i, which is to reduce health disparities
- SIM 2 Targets: Behavioral health integration with primary care and oral improvement via increased access
    - Note – focus on Medicaid – we have a very supportive and engaged leadership. Judy Mohr-Peterson will be the new Medicaid Administrator
- Rationale for Target Populations:
    - Based from feedback from first round of SIM, we felt that BH integration was the most important to focus on and make great impact. Currently, BH conditions are disproportionately affecting the most vulnerable populations and that BH has been left out of innovations. It is worth noting that total healthcare costs for those with Behavioral Health cost three times more than those without BH conditions
- SIM 2 grant ends January 31, 2016 (Innovation Plan due)

SIM 2: Developing a Plan of Action (Please see slides for more detail)
SIM Director Soares gave an overview of the current SIM Process:

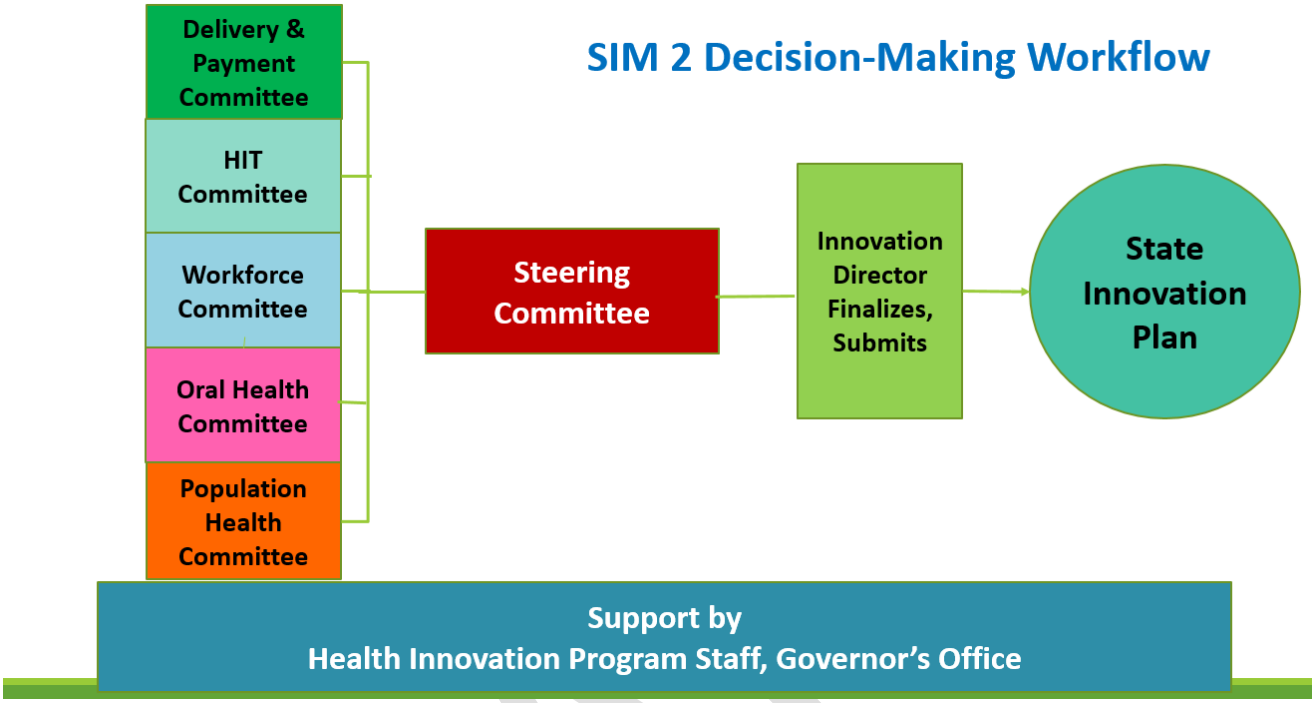
- A total of six (6) committees provide guidance to SIM: Steering, Delivery & Payment, Health IT, Work Force, Population Health, and Oral Health
- The Operational plan being developed is for a 5 year period
- At each committee meeting, members will be informed about what other committees are working on. There is an opportunity to provide feedback and suggestions

SIM 2 Stakeholder Engagement:

- Focus Groups:
    - Nine focus groups will be led by Dr. Withy with behavioral health and primary care providers in July on all islands
- Community conversations:
    - Community meetings will be on all islands in August or September to provide preliminary thoughts on the way forward and receive feedback
- Website is now active through the Governor's webpage
    - This is also an opportunity to provide feedback on draft plan through the website
        - http://governor.hawaii.gov/healthcareinnovation/
        - SIM 2 Decision-making workflow (see chart below)
            - Committees and SC work together to guide the work
            - Questions will be Decisions are made via consensus
            - Co-Chair Pressler noted that DOH and SHPDA will also be working on a State Health Improvement Plan (SHIP) that was last updated in 1989. This is separate and not to be confused from the SIM Health System Innovation Plan. The DOH/SHPDA SHIP will be aligned with SIM
        - For any questions on outline and membership, email Soares at joy.soares@hawaii.gov

Hawai'i Health Care Innovation Models Project
Population Health Committee Meeting
June 22, 2015

SIM 2 Decision-Making Workflow



Population Health Plan Requirements:

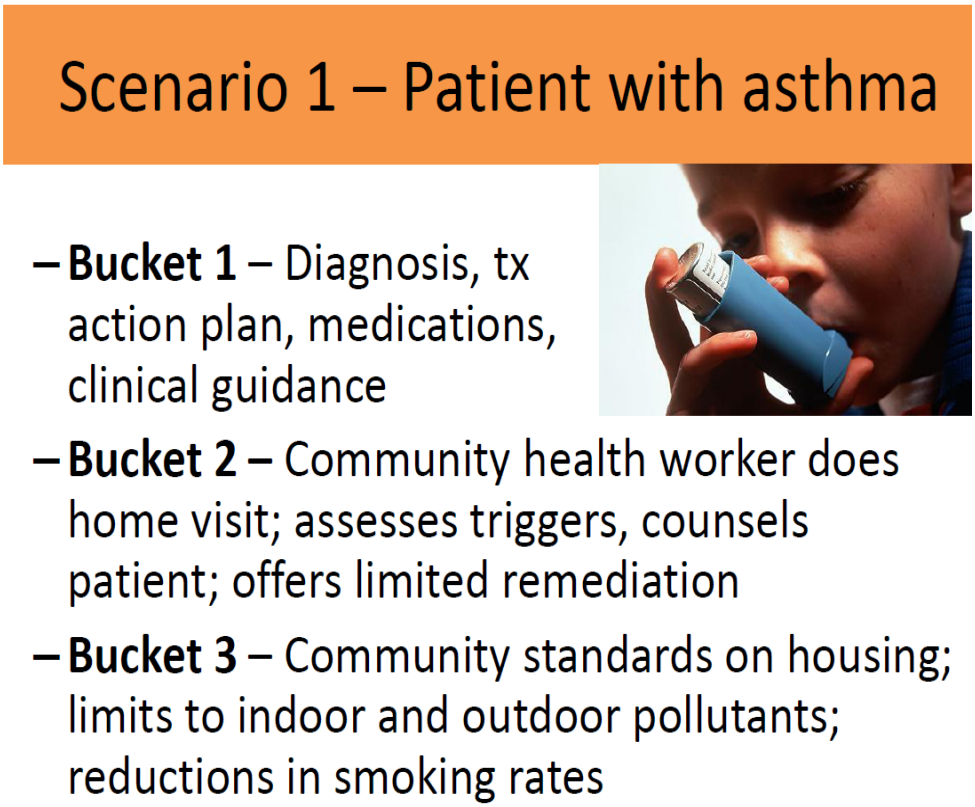
- Director Soares shared the SIM requirements for Population Health:
- Improve the health and wellbeing of the state's population
- Identify measurable goals, objectives and interventions that will enable the state to improve the health of the entire state population
- Focus on the general population, high risk groups, and/or groups experiencing disparities
- **Address social determinants of health**
- At a minimum address tobacco, obesity, and diabetes
- Be evidence-based
- Include a population health needs assessment
- Have a strong prevention focus
- Be sustainable

Soares identified the CDC Framework for developing a plan for PH:

- Ms. Edwards' story: low-income, barriers to eating healthy and exercising, under stress, housing is sub-par where she lives
- The CDC Framework consists of using three (3) buckets:
    - Bucket 1: Traditional Clinical Approaches – Focused on Preventive Care
        - Example: Million Hearts Campaign, looking at the ABCs of Aspirin, Blood Pressure, Cholesterol, and Smoking
    - Bucket 2: Innovative Patient-Centered Care
        - Example: The value of working with Community Health Workers (CHWs), who are from the community and can serve as community

health educators, patient navigators, and link health systems to communities

- Bucket 3: Community-Wide Health
  - Example: Hawai'i's current Tobacco Purchase restriction Policy as a community-wide policy
  - Policies on the built environment are also included as community-wide components
- Patient with Asthma (all 3 buckets applied see slide below)



Social Determinants of Health (SDOH) and Population Health

- Chair Pressler shared that there are different definitions for population health. For example, they can be a panel of patients that physicians care for. But care does not remain in the hospital anymore, it extends to the community. Hospitals are now accountable for population health
- Wai'anae Coast Comprehensive Health Center Initiative on SDOH
  - CHCs in Hawai'i experience SIM's target population everyday – those with co-morbidities, are stressed, poor, and have limited access to fruits/vegetables and exercise
  - Environment – underlying cause that affects health
  - We are also looking at policy: to objectively define using data what the impact of SDOH is in affecting payment reform
    - Predictive modeling program: computing risk scores for SDOH
      - Targeting patients that cost more

        - Those patients who are at risk for becoming high-cost
    - Working with 4 CHC groups on a Federal initiative:
        - Working with EHR vendors to collect data
        - Developing tools to implement data analysis
- In response to Wai'anae' s initiative on adding value to payment reform, Dr. Pressler mentioned that SIM, Medicaid/DHS, and DOH are exploring a kind of Medicaid waiver called DSRIP – Delivery System Reform Incentive Payment - as a means to look at alternative methods of payment and ultimately, drive change

Current Initiatives:

Dr. Pressler invited different committee members to share their current initiatives on addressing social determinants of health as well as population health:

Pali Momi:

- Pali Momi chose to impact exercise nutrition and weight as well as heart disease and stroke in response to the HAH Community Health Needs Assessment
- A 12 week program was aimed at healthy eating, exercise and weight loss. Pali Momi partnered with a local gym and provided community members an opportunity to learn about healthy nutrition, exercise and did a weekly weigh in
- Pali Momi also worked with Pearl Ridge Mall and created a walking path in the mall so people could exercise safely indoors. Services were offered twice a month to check people's blood pressure and blood sugar. Free education was also provided and there was a kiosk at the mall where people could find information about health
- To affect heart disease and stroke Pali Momi chose to work with Aiea high school. They trained the junior class in CPR as well as providing for them an AED. They also went to a health career day to engage them in health careers and behavior.

Windward Community College:

- [View this short 10-minute video to learn about the Pathway Out of Poverty Program at WCC: http://nursingpathway.windward.hawaii.edu/]
- The program supports health/education/employment promotion through culturally sound education and training in health career paths
- Students enroll at entry-level health care worker training that is an 8-week Certified Nurse Aide (CNA) course that leads to one of the most stable jobs in Hawai`i
- Students who choose to advance to higher education and training beyond CNA can earn stipends and tuition assistance by participating in all of the activities below:
    - Community service
    - 2-hrs per week in aloha `aina Food as Medicine garden program on campus at WCC
    - Leadership in Pathway governance
    - Teachers in Training program that pairs advanced students with new students as mentors

Department of Education – School-Based Behavioral Health:

- Project AWARE (Advancing Wellness and Resilience in Education) and School Climate Transformation grants will help increase awareness of mental health issues, enhance early intervention systems, and connect children and families with services.
- Current campaign is on defining mental health and behavioral health. The ongoing dialogue is now framed more positively. The initiative is to dispel myths and stigma. DOE is currently using the WHO definition, in addition to emerging definitions.
- Efforts include early identification and referrals by the lay people. SBBH trains a lot of lay people
- SBBH and CAMD
    - DOE focuses on behavior among kids – where layers of understanding must take place, specifically emerging behavior
    - SAMHSA – every caring adult promotes an environment on well-being. Focus on those in the environment such as teachers, then moving to multi-level approaches among providers

University Health Services Mānoa

- Mental Health
    - An anecdotal observation that improvements in mental health therapeutics over the past few decades have led to higher levels of functionality among those with mental health conditions and a consequent higher prevalence of mental health disease among college students
    - The prevalence of attention-deficit disorder diagnosis among college-aged persons has also increased substantially over this same period
    - These factors, as well as a perhaps reduced stigma in seeking mental health care, has led to an increased utilization of mental health services by college students at the University of Hawai'i at Mānoa
    - University Health Services Mānoa (UHSM) and the Counseling and Student Development Center (CSDC) collaborate closely to meet the clinical medical and mental health needs of UH Mānoa students as well as students from various other University of Hawai'i System campuses
    - UH Mānoa psychiatrists offer clinical services at both the CSDC and UHSM facilities
- Health Promotion
    - Services and activities of the UHSM Health Promotion section include peer education outreach, substance abuse counseling, smoking cessation, nutrition, and health insurance consultation
    - The Mānoa campus will become smoke/electronic cigarette-free, effective Fall Semester 2015
    - The Warrior Recreation Center was completed in 2014. This centrally located, state of the art facility promotes healthy living and provides an outstanding opportunity for UH Mānoa students, faculty, and staff to become more physically active
    - An "Exercise is Medicine" campaign is in development for the UH Mānoa campus. Regular physical activity has been shown to have numerous health benefits on such conditions as cardiovascular disease, diabetes mellitus, obesity, mental health, and substance abuse.

Questions and Discussion:

- What is the timeline for SIM SHIP?
    - Plan is due January 31st. SIM will be sharing work from the other committees to keep everyone informed and have the opportunity to provide feedback.
    - Plan is to look at what we want to do for 5 years
- We don't want to duplicate efforts and instead want to leverage efforts on what everyone is doing
- HAH priorities does it include BH for children? This is a priority of the Executive Office on Early Learning
- SIM is a great opportunity to engage with everyone
- Legislature passed a bill to create a group that address SDOH: needs to be resurrected because the committee did not progress apart from meeting twice
- Sustainability is important and proving the value for why SDOH is driving down costs and improving health
- Why is there no BH representation in this committee? Is there a clinician we can include?
    - DOH can identify someone.
- HAH is looking at chronic conditions – specifically diabetes data
- Childhood diabetes is a growing issue
- What MH definition are we using?
- In the University of South Carolina, therapists walk with kids around campus. The approach is more mentorship and friendship. Kids are losing weight and MH is improving.
- One of the SIM identified approaches is on trauma-informed care.

Community Health Needs Assessment (CHNA)

Andrew Garrett, from the Healthcare Association of Hawai'i (HAH) provided an update on their Community Health Needs Assessment:

- The ACA, via the IRS, now requires hospitals to submit CHNAs to keep their non-profit status.
- Initially embarked on this in 2013, HAH and DOH partnership.
- 2016 initiative: working with Healthy Communities Institute, who came last month to Honolulu to share initial findings:
    - Primary data: based on 75 key informant interviews
    - Secondary data: Hawai'i Health Matters website key metrics
    - Top issues:
        - Access to healthcare services
        - Lack of accessible BH services
            - Not just a lack of specialists, but lack of addressing MH issues in the PC setting
        - Coverage for COFA migrants who are no longer covered by Medicaid
    - Next steps:
        - Finalizing state-wide report, will be reviewed by different stakeholders
        - Will share final results with the committee this summer

- Hospital members will meet privately to identify 1-2 health priorities by September
    - Want to move away from siloed approach because they cannot address PH issues by themselves
    - Integrate with SIM priorities

Papa Ola Lokahi

Sharlene Chun-Lum shared information on POL's Native Hawaiian Master Plan:

- Papa is working with different committees: Education and Training, Systems Integration, Communication and Community Engagement, Research and Data
- Target population is Native Hawaiian – affected by disparities the most
- Must engage with everybody because health affects everybody
- HI #2 in health in the nation but not true for Native Hawaiians
- It is not just Papa's responsibility but the responsibility for the state
- Pressler: unless we address SDOH, we haven't really addressed population health
- Alaska – tribal focus and BH are aligned
- NH population – 75% are either 17 and under, college age is about half
    - On behavioral health, Papa is trying to promote positive approaches, like how education can become a more natural thing – such as what the community does to become healthy
- Currently, there is a lack of access:
    - On Hawaii Island the Native Hawaiian Healthcare System serves everyone but has no clinic of its own
    - In Maui, they rely on CHCs and other providers
- Rethinking Native Hawaiian Healthcare System – from "systems to system" such that Native Hawaiians will always have access if they go from island to island
- Native Hawaiian Healthcare Improvement Act (Federal): one of the issues is that they are being forced to apply more Western clinical measures; work must be done to educate HHS that such approaches will not necessarily apply to Native Hawaiians
- Region 9 HHS meeting – last year, looked at how to implement SDOH approach but there is currently no funding for implementation

Next Steps

- ☐ The Health Care Innovation team will share the current draft of the SIM Population Health Assessment to the committee
- ☐ The Health Care Innovation team will work with Dr. Pressler to identify additional committee members representing behavioral health and Medicaid.
- ☐ Next meeting will focus on DOH activities that can be included in the SIM SHIP
- ☐ PHP monthly meetings: not everyone is available on the dates we've set. A Doodle Poll will be sent out to committee members to determine the next meeting dates.
- ☐ The venue for future meetings will probably be at DOH
- ☐ Parking will be at state lots, and parking passes can be provided. Contact Trish La Chica, trish.lachica@hawaii.gov or 808-445-4855 to request for passes ahead of time.

State Innovation Model Design 2

POPULATION HEALTH COMMITTEE

JUNE 22, 2015

Welcome and Introductions

1. Beth Giesting, Office of the Governor, Co-Chair
2. Ginny Pressler, Dept of Health, Co-chair
3. Katy Akimoto, HMSA
4. Jamie Boyd, Windward Community College
5. Sharlene Chun-Lum, Papa Ola Lokahi
6. Kealoha Fox, OHA
7. Andrew Garrett, HAH
8. Paige Heckathorn, Queen's Medical Center
9. Robert Hirokawa, Hawaii Primary Care Association
10. Brigitte McKale, Pali Momi, HPH

SIM Staff: Joy Soares, Trish LaChica, Abby Smith, Nora Wiseman

11. Tom Matsuda, Hawaii Community Foundation
12. Andrew Nichols, University Health Services
13. Ryan Okahara, HUD
14. Tony Pfaltzgraff, Kalihi YMCA/Community Rep.
15. Linda Rosen, HHSC
16. Vija Sehgal, Waianae Coast Comprehensive Health Ctr
17. Debbie Shimizu, No Wrong Door Grant
18. Kelly Stern, DOE
19. Kerrie Urosevich, Executive Office on Early Learning
20. Jessica Yamauchi, Hawaii Public Health Institute

Review: 2012 - 2014

SIM Goals

Triple Aim + 1

- Better health
- Reliably good quality care
- Cost-effective care
- + Reducing disparities in health status and access to care

SIM Initiative

SIM is based on the premise that **state-led innovation**, supported by **broad stakeholder input** and engagement, will **accelerate health care delivery system transformation** to provide better health and better care at a lower cost.

SIM encourages public and private sector collaboration to design and test multi-payer models to transform the health care systems in the state.

SIM2 Targets

Behavioral health integration with primary care – effective awareness, diagnosis and treatment

- Adults with behavioral health needs
- Adults with chronic conditions in combination with behavioral health conditions

Oral health improvement via increased access to timely and preventive services

- Access for children and increase dental sealants and fluoride varnishes
- Strategies to increase coverage for low-income adults

FOCUS IS ON MEDICAID

Rationale for Target Populations

- Feedback from stakeholders, providers, community.
- BH conditions disproportionately affect the most vulnerable populations.
- While transformation in Hawaii is progressing, BH has largely been left out of innovations.
- CHNA identified mental illness as number one preventable cause of hospitalization in 2012.
- SIM Round 1 actuarial analysis showed the average total cost for individuals with a BH diagnosis was three times the average total cost for individuals without a BH diagnosis.

Rationale for Target Populations

- Mental illness is a co-existing condition for 34% of potentially preventable hospitalizations and almost 10% of hospital readmissions (*SIM HHIC analysis*)

- Total annual costs associated with potentially avoidable stays/visits (*SIM HHIC analysis*):
  - ER: $93 million (charges)
  - Preventable hospitalizations: $159 million (estimated cost)
  - Readmissions: $103 million (estimated cost)

SIM 2: Developing a Plan of Action

Committees

- Steering
- Delivery & Payment
- Health IT
- Work Force
- Population Health
- Oral Health

Committee Schedule

Steering Committee – 1st Tuesday of the month

Oral Health Committee – 2nd Fridays

Delivery and Payment – 3rd Tuesdays

Population Health Committee – 3rd Monday but may change

Workforce – 4th Thursday

HIT – committee membership and meeting times will be determined soon

SIM 2: Stakeholder Engagement

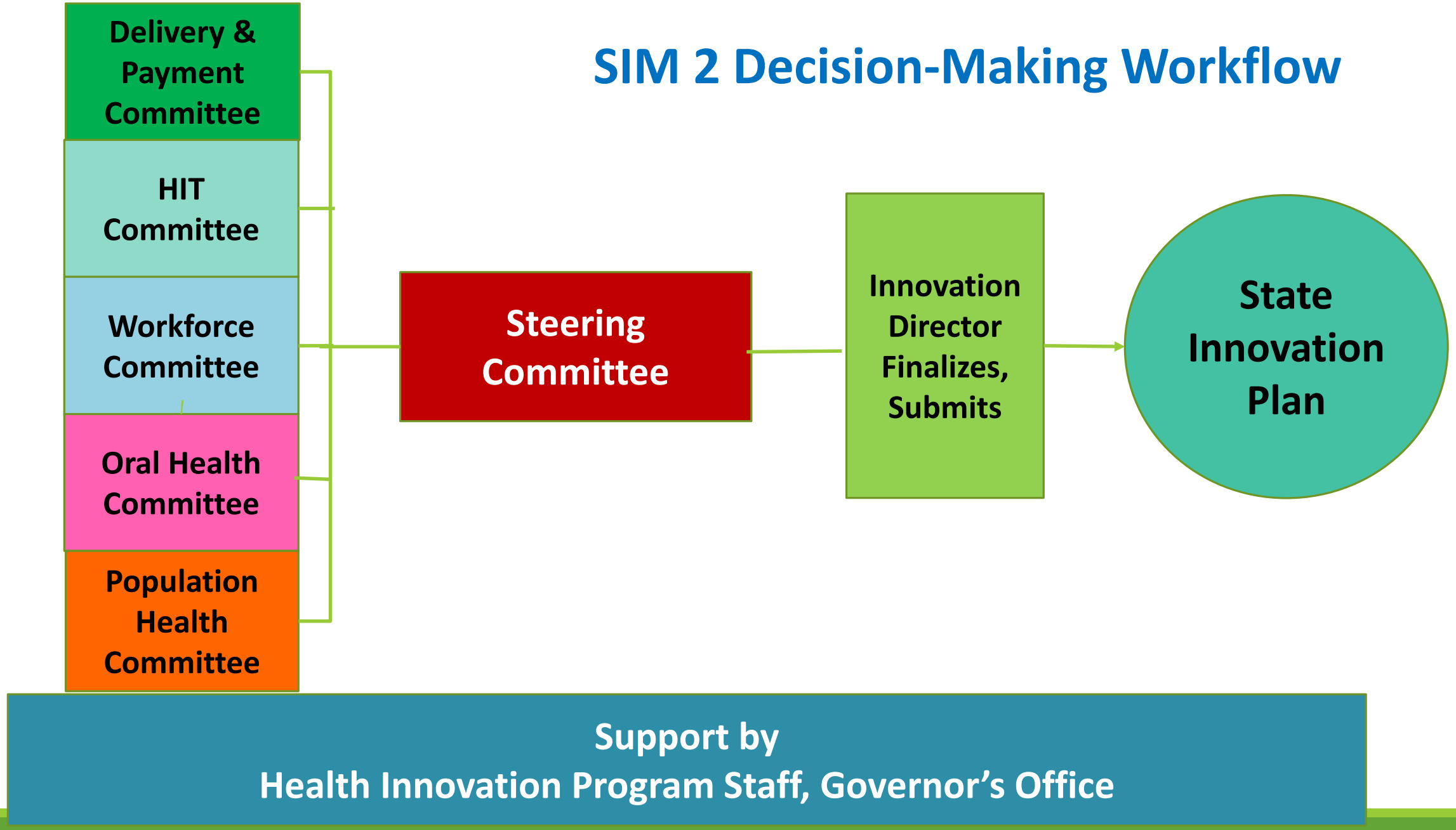
- Provider focus groups – facilitated by Dr. Kelley Withy
  - Focus groups on all islands
  - Final report submitted by September 30th

- Community conversations
  - Meetings on all islands
  - Report completed by October 31st

HCI Website

- The Hawaii Health Care Project (hawaiihealthcareproject.org) is no longer being updated
- Governor's Office to host HCI content (http://governor.hawaii.gov/)
  - Program updates
  - Agendas, minutes, meeting materials
  - Opportunity to provide feedback
  - Resources and reports

SIM 2 Decision-Making Workflow



SIM 2: Developing a Plan of Action

All-Committee Meetings

- SIM Kick-Off with Bruce Goldberg - May
- Initial SHIP Draft and Committee Check-In - September
- Structure & Sustainability Plans - November
- Final SHIP Celebration and Next Steps - January

PHP PLAN REQUIREMENTS:

- Improve the health and wellbeing of the state's population.
- Identify measurable goals, objectives and interventions that will enable the state to improve the health of the entire state population.
- Focus on the general population, high risk groups, and/or groups experiencing disparities.
- **Address social determinants of health**.
- At a minimum address tobacco, obesity, and diabetes.
- Be evidence-based.
- Include a population health needs assessment.
- Have a strong prevention focus.
- Be sustainable.

FRAMEWORK FOR PHP - CDC

A reminder about the issues…

- Ms. Fran Edwards at doctor for first physical in 5 years
- 55 years old, married, smokes, overweight, little exercise
- Asthmatic, High blood pressure
- Periodically stops medications due to lack of money

Medical care/meds available with insurance

But these also contribute to her health

- **Income -** Low income/family of 5
- **Barriers to eating healthy and exercising** - Lives in neighborhood with rising crime rate, few parks; no supermarket
- **Under stress** - 1 child in junior college; high school-age child with substance problem
- **Housing sub-par –** mold and ventilation problems

New Opportunities to Address Prevention with SIM

3 buckets

#1 -Traditional Clinical Approaches

Focused on Preventive care

Million Hearts – The Clinical Components

Aspirin	People at increased risk of cardiovascular events who are taking aspirin	**47%**
Blood pressure	People with hypertension who have adequately controlled blood pressure	**46%**
Cholesterol	People with high cholesterol who are effectively managed	**33%**
Smoking	People trying to quit smoking who get help	**23%**

MMWR. 2011;60:1248-51

3 buckets

#2 -Innovative Patient-Centered Care

Focused on Preventive care

Community Health Workers



- Links health systems and communities
- Facilitates access to and improve quality and cultural competence of medical care
- Builds individual and community capacity for health by:
  - Increasing health knowledge and self-sufficiency of the patients
  - Serving as community health educators
  - Providing social support
  - Advocating for the health care needs of patients and communities

3 buckets

#3. Community-Wide Health

Focused on Preventive care

Million Hearts: Community-Wide Component

COMMUNITY PREVENTION
Reduce need for treatment

Tobacco control

Sodium reduction

***Trans* fat elimination**

CDC Supports Bucket 3

Partnerships to Improve Community Health (PICH)

PICH (39 Awardees)

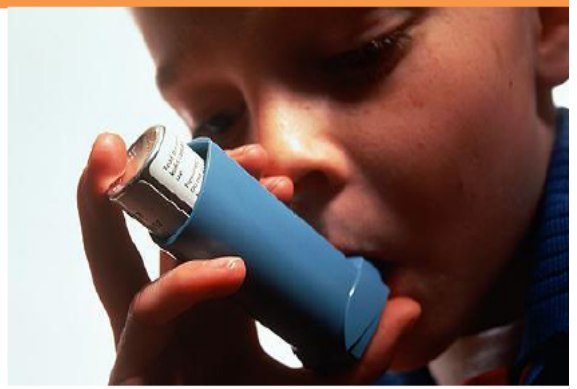
Multi-sectoral community coalitions in:

- Large Cities and Urban
- Small Cities and Counties
- American Indian tribes

Examples of Activities:

Boston Public Health Commission - implement citywide strategies to improve built environment - opportunities for walking & biking

Scenario 1 – Patient with asthma



- **Bucket 1** – Diagnosis, tx action plan, medications, clinical guidance
- **Bucket 2 –** Community health worker does home visit; assesses triggers, counsels patient; offers limited remediation
- **Bucket 3** – Community standards on housing; limits to indoor and outdoor pollutants; reductions in smoking rates

Possible Approaches

- **Bucket 1**: Prioritize & incentive immunizations, screenings and counseling
- **Bucket 2**: Prioritize & incentivize innovative approaches (e.g. CHWs); Link with/referral to community services
- **Bucket 3**: Channel resources to community wide health efforts; link/coordinate with funders of community-wide efforts

The solution for Ms. Edwards

- Regular access to her doctor – screening, counseling, treatment
- Referral to community agencies for weight
- Home visits to reduce risk factors
- Healthier conditions at home

Another Way to Describe PH & SDOH…

SERVICES THAT IMPACT HEALTH

TARGET POPULATION

- Medicaid adults with behavioral health conditions
- Adults who are obese
- Adults who use tobacco
- Adults who are diabetic

Next Meeting

Decide on date and time