EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

Hawai'i Health Care Innovation Models Project
Steering Committee Meeting
State Office Tower, Room 1403
September 1, 2015, 12:00 – 1:30pm

Committee Members Present:
Beth Giesting, Chair
Judy Mohr Peterson
Kelly Stern
Alan Johnson
Sue Radcliffe
Robert Hirokawa
Jill Oliveira Gray
Jennifer Diesman
Marya Grambs
Christine Sakuda (by phone)
Chris Hause
Scott Fuji
George Greene (by phone)

Consultants:
Laura Brogan, Navigant (by phone)
Andrea Pederson, Navigant (by phone)
Mike Lancaster, CCNC (by phone)
Denise Levis, CCNC (by phone)

Committee Members Excused:
Gordon Ito
Debbie Shimizu
Mary Boland
Rachael Wong
Roy Magnusson
Ginny Pressler

Staff Present:
Joy Soares
Trish La Chica
Abby Smith

Welcome and introductions

Chair Beth Giesting welcomed the group to the Steering Committee meeting and noted participation via teleconference of Navigant and Community Care Network of North Carolina (CCNC) consultants. Giesting introduced Scott Fuji, who is the interim Executive Director for PHOCUSED. He will be representing PHOCUSED in place of Scott Morishige.

Review/approval of Minutes from August 4, 2015

Giesting asked for the committee's comments or edits to the minutes from the last meeting. No feedback was received and the minutes were accepted.

SIM Focus Rationale and Behavioral Health Integration Goals (see slides 3-6)

Giesting provided an overview of the SIM focus rationale aimed at behavioral health integration for children and adults in the Medicaid population. Giesting reviewed the list of SIM deliverables and components that need to be accomplished by January 31, 2016. (See slides)

CMMI is not currently planning to provide funding for a 3rd round of SIM, including implementation of plans created during this planning process. Instead, they may announce targeted competitive grants for the SIM states and encourage those states to take advantage of opportunities to use federal Medicaid funds more creatively.

SIM Committees: Update on Status and Discuss Needs (see slides 7-12)

Trish La Chica and Abby Smith reported on the current progress to date of each of the SIM committees and next steps. (See slides)

Questions raised by committee members:

- Are there any meaningful use tools to help navigate 42CFR?
    - SIM had heard communication barriers from focus groups as well as key informant interviews. SIM will develop a document detailing use cases on SBIRT and best practices on navigating privacy and security issues as well as the exchange of information.
- Can we align with the DOH oral health program?
    - Yes, the OH committee is supporting DOH efforts and not creating separate initiatives.
- Some committee objectives may require legislative action. What are the next steps?
    - Staff will identify the budgetary and/or policy changes needed to implement SIM plans and share these with the Steering Committee. As has been noted many times, the SIM plan is for Med-QUEST implementation so the Administration will be weighing these recommendations with other priorities for 2016 and beyond.

Presentation: Review of Proposed BH Models for Hawai'i (see slides 13 to 28)

Dr. Mike Lancaster continued the discussion from the 8/4 meeting on behavioral health integration, providing more information on the components of the 3 proposed models: SBIRT, Screening and Treatment for Depression, and Motivational Interviewing. Lancaster also identified the different mild to moderate diagnoses that are applicable to SIM's target populations:

- Children 0 – 5
    - Developmental screening
- Children 5 – 12
    - ADHD, situational depression, anxiety
- Adolescents > 12
    - Mood disorders, SA
- Adults > 18 or > 21
    - Depression, anxiety, SA
- Pregnant women and women of child bearing age
    - Postpartum depression, SA

SBIRT:

- SBIRT is a community based approach, part of population health management
- We can customize CCNC and Oregon SBIRT models for Hawaii

- SA is a recognized concern and practices have shared that they would like to start with a model that they determine is important for their practices
- We want to engage providers in what they are interested in, to be able to provide them with options and menu that they can select from
- In Hawai'i, there are treatment centers and public high school and mental health centers. Some of the proposed approaches can be integrated into school settings. There's already a mild to moderate program that exists, it's just a matter of getting primary care into those settings
- Oregon training for SBIRT was developed by OHSU and was provided through different media; hybrid ACO/managed care organizations had incentives to do SBIRT
- Common challenges in SBIRT include: coding management, there were no rates and payment schedule, and how to capture information in claims for incentive payments

Depression in Primary Care, based on IMPACT model - Improving Mood - Promoting Access to Collaborative Treatment):

- Identifying a champion among practices is key
- The model uses team-based care with a psychiatrist providing support to primary care on care that PCPs are not comfortable with
- In NC, PCPs became comfortable with treating depression to the point that psychiatrists were needed only for severe cases

Motivational interviewing:

- Puts patients in charge of their health
- Practice champion is important because model requires practice and re-enforcement; not achieved through training alone
- Train the trainer works well

Questions and discussion:

- A committee member suggested including oppositional defiance disorder and trauma for ages 5-12
- The prevalence of trauma might be disproportionally represented in the Medicaid population due to environment and SES
- BH interventions will vary between ages, and the plan gives takes into account providers' needs and supports in implementing these interventions in their practices
- Comment on children 0-5 – the focus is not to duplicate efforts - there's a current children's behavioral health initiative as well as Early Childhood action strategy being developed by Kerrie Urosevich. SIM is aligning with both initiatives
- PHOCUSED efforts are supporting community-based screening for early childhood; also looking at the referral process to ensure that appropriate follow up is being done
- Each BH approach will have a blueprint component
- Counseling needs to be part of the depression model
    - Dr. Lancaster: while research supports that counseling and medication are effective, we should also look at resources that target brief interventions
- 40% of CAMHD referrals are coming from East Hawaii
- In North Carolina there are a lot rural providers, we used our AHEC system and provided CME through electronic means and provided support at the local level
- Provider feedback: provider to provider consults essential

- Committee member: will there be convergence with other sub committees? Yes each of the committee work will tie into different components of the SHIP
- Providers are looking for resources and continuing issues with highly acute behavioral disorders in neighbor islands, docs don't know what to do;

Navigant Updates (see slides 29 to 35)

Laura Brogan provided updates on the Navigant deliverables which includes Task 3: development of a behavioral health integration evaluation plan and dashboard. The following steps are decisions needed to inform the M&E plan:

1. Identify potential behavioral health integration (BHI) quality and outcomes measures
2. Identify opportunities and gaps and the potential measures
3. Determine the most feasible subset of quality and outcomes measures based on available data and resources
4. Develop data collection/reporting strategy to enable selected quality/outcomes measures

Brogan shared a few sample model-relevant quality and outcomes measures from different data sources.

Questions:

- Since we are considering measures from different sources (NQF, CMS, etc.) it will be helpful if a matrix can be put together
- CMS has adult and child core sets that should be included
- Hawai'i's plan must include the need for more data: demographic stratification that addresses health equity and disparities

SIM: Planning for October

Giesting reminded committee members that the next meeting will be moved to the week of Navigant's site visit. A brief update on SIM's data analysis request was also provided. Navigant is subcontracting with JEN Associates and Optumas who are currently in the process of acquiring data from Med-QUEST.

Next Meeting: The next meeting is on Oct 14, from 10:30am-12:00pm at Capitol 329.

Adjournment: The meeting was adjourned at 1:45pm.

State Innovation Model Design 2

STEERING COMMITTEE

SEPTEMBER 1, 2015

Today's Agenda

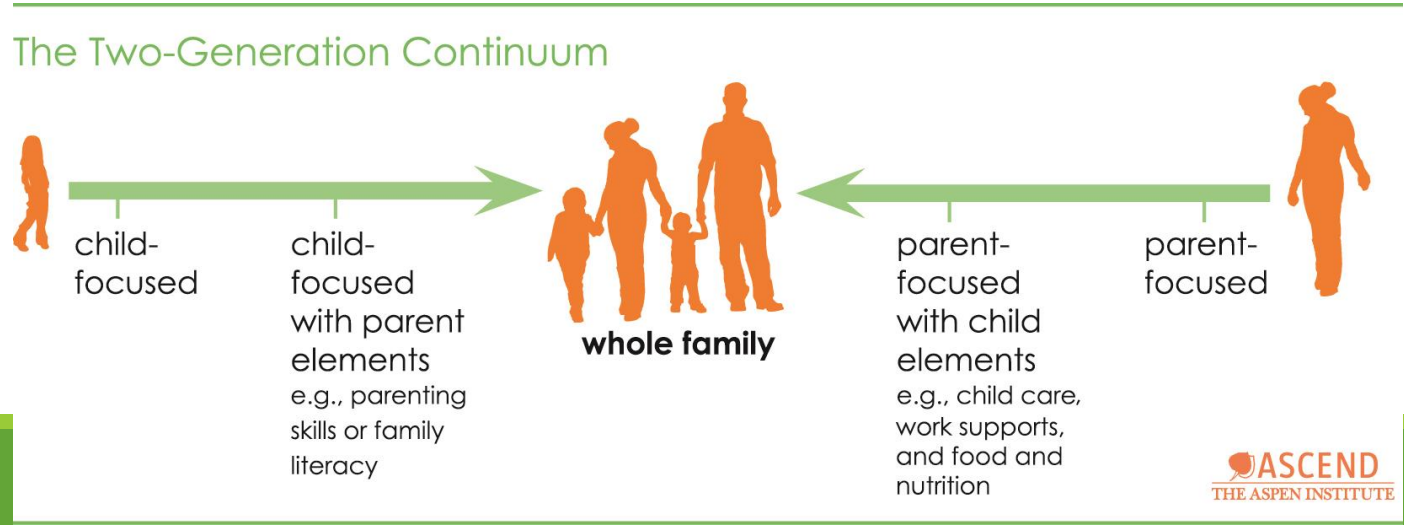
Welcome, introductions, and minutes	Beth Giesting
SIM Focus Rationale and Behavioral Health Integration Goals	Beth Giesting
SIM Committees: Update on Status and Discuss Needs	Abby Smith/Trish La Chica
Presentation: Review of Proposed BH Models for Hawai'i • Group Discussion	Dr. Mike Lancaster
Process and Timeline for Monitoring and Evaluation	Laura Brogan and Andrea Pederson
Planning for Upcoming Activities in October	Beth Giesting

SIM2 Focus Areas

Nurturing Healthy Families: Two health care delivery areas that can focus us on keiki & ‘Ohana:

1. Behavioral health/primary care integration – effective system to identify and treat
   - Adults and children. Primary care setting. Mild to moderate behavioral health conditions
2. Oral health improvement via increased access to timely and preventive services
   - Preventive care for children esp. dental sealants and fluoride varnishes
   - Strategies to increase coverage for low-income adults

FOCUS IS ON MEDICAID



Rationale for Mild-Moderate BH Conditions Focus

Data and stakeholder feedback revealed there is an opportunity…

Behavioral health integral to primary care:

- Broad implications for health and society and related costs
- Chronic disease and healthy behaviors
- Work and school
- Social welfare and public safety

SHIP Deliverables

- According to grant guidance, the final SHIP report must include the following sections:
  1. Description of health care environment
  2. Stakeholder engagement and process deliberations
  3. System design and performance objectives
  4. Service delivery model and/or VBP
  5. Plan for delivery system transformation
  6. Plan for improving population health
  7. HIT plan
  8. Workforce development strategy
  9. Financial analysis
  10. Monitoring and evaluation plan
  11. Operational plan

SHIP Deliverables

In addition, the guidance states that “a best practice would be to incorporate, for each component:

1. The state’s strategy to advance the health of the entire population as part of the health care transformation efforts;
2. A description of the state regulatory and policy levers available and any federal waiver or state plan amendment requirements and their timing to enable key strategies for transformation;
3. The associated driver diagram defining the state aims, primary and secondary drivers;
4. A health care delivery system transformation model(s) and value-based payment methodology;
5. Quality and performance measures to be developed or adopted and monitored in the model;
6. A description of how the plan aligns with other federal, state, regional and local innovation models; and
7. How the transformation will be organizationally and financially sustained.”

Questions?

SIM Committees Report

ABBY SMITH & TRISH LA CHICA

Oral Health

- **Chair:** Dani Wong Tomiyasu, Department of Health
- **Focus:** Explore restoring dental benefits to adults in Medicaid. Currently only emergency dental is covered.
- **To Date:** 3 meetings; DOH received CDC grant to rebuild oral health program; Committee has been discussing different state examples and strategies to restore dental coverage for adults
- **Next steps:** Determining how to increase access for more dental coverage and working with legislation and Medicaid to see what is feasible
- **Questions?**

Population Health

- **Co-Chair:** Dr. Ginny Pressler, Department of Health
- **Focus:** Develop a Roadmap to Improve Population Health in coordination with SIM delivery system and payment transformation efforts.
- **To Date:** 2 meetings, approved focus on target population to include children and adults, provided feedback on population health assessment of gaps in access and health care disparities.
- **Next steps:** Identify community and systems-wide approaches to improving population health that will support BH integration. Hope to coordinate with 2015 Community Health Needs Assessment priorities and hospital strategies.
- **Questions?**

Delivery & Payment

- **Co-Chair:** Judy Mohr-Peterson, Med-QUEST Division, DHS
- **Focus:** Developing a health care delivery and payment methodology transformation plan
- **To Date:** 2 meetings; Presentation of proposed BH approaches by Dr. Bruce Goldberg; Presentation of DHS and DOH vision of the whole family approach; Presentation of proposed EBPs for BH integration in Primary Care
- **Next steps:** Identify EBP model that best fits the practice's patient population; Determine which payment methodology & reimbursement could be implemented for the delivery & support of BHI services
- **Questions?**

Workforce

- **Co-Chair:** Kelley Withy, Hawaii/Pacific Basin Area Health Education Center (AHEC), UH JABSOM
- **Focus:** Identify workforce priorities (training, licensing, payment) that support behavioral health integration
- **To Date**: 3 meetings; Discussed BH workforce shortages and access issues; Continue to provide recommendations to KCC's CHW curriculum development;
- **Next steps:** Opportunities to develop/enhance roles for CHWs, psychologists and clinical pharmacists in workforce
- **Questions?**

Health Information Technology

No formal committee will be formed.

Focus: Reduce misinformation and other barriers that limit information exchange in the behavioral health realm.

To Date:

- Received technical assistance in June from the Office of the National Coordinator for Health Information Technology to provide support for the State in the development of its HIT plan.
- Discussion with ONC about HIPAA and 42CFR, regarding the privacy and security governing behavioral health information exchange
- Development of potential use cases with HHIE and local providers, including a focus on behavioral health screening and information disclosure among OBGYNs and pediatricians to increase information exchange between PC and BH providers

Next Steps: Identify best practices to facilitate the exchange of timely information among PCPs and BH providers; Explore opportunity to pilot Project ECHO (Extension for Community Healthcare Outcomes) through AHEC to facilitate collaborative learning on providing BH services

Community Care
OF NORTH CAROLINA

Whole Person Care

Integration of Primary and Behavioral Health Care

Presentation to the Steering Committee – 9/1/2015

State of Hawaii Health Care Innovation Office

Dr. Mike Lancaster

BHI models will take into consideration:

- The need to develop a blueprint that can be supported by health plans, providers and patients and their families.
- The desire to build these models with engaged providers.
- The need to be flexible and to meet providers / practices where they are in the process of BHI and with the model that makes the sense for their patient population.

Cont. BHI models will take into consideration:

- The desire to offer at least three different BHI models with applicability to different populations.
- The models must be sensitive and understand the social determinants of health that is prevalent in the Medicaid population.
- Build models on existing infrastructure to leverage resources.
- Other considerations from the Steering Committee?

BHI Mild to Moderate Diagnoses Applicable to Target Populations:

- Children 0 – 5
  - Developmental screening
- Children 5 – 12
  - ADHD, situational depression, anxiety
- Adolescents > 12
  - Mood disorders, SA
- Adults > 18 or > 21
  - Depression, anxiety, SA
- Pregnant women and women of child bearing age
  - Post partum depression, SA

Proposed EBP for PHP/BH Integration

1) **SBIRT**- Screening, Brief Intervention, Referral for Treatment; to help address the hidden issues with substance misuse in a PCP population
2) **Screening and Treatment of Depression** - based on IMPACT model to identify and treat depression in a PCP population
3) **Motivational Interviewing**- educate, engage, empower consumers we serve to be part of their health workforce

SBIRT

Model 1: Screening, Brief Intervention, and Referral for Treatment (SBIRT): Early identification and brief intervention for substance use disorders

- Involves evidence-based screening, score feedback, expressing non-judgmental clinical concern, offering advice and providing helpful resources
- Community-based approach that can decrease frequency and severity of drug and alcohol use, reduce risk of trauma and increase percentage of patients who enter specialized substance abuse treatment.
- Cost-benefit analyses and cost-effectiveness analyses have demonstrated net-cost savings.

Cont. SBIRT, more details:

- Model based on Motivational Interviewing
- Incorporate basic recommended screening tools at the practice
- Focuses on at-risk for substance abuse
- Gives providers a clear way to talk about findings with patients
  - Provider trainings for brief intervention
  - Support for referrals for treatment of high risk patients
  - Pocket guides
- Consider targeting specific populations
  - Pregnant women and women of child bearing age
- Customize CCNC & Oregon models for Hawai'i
  - www.ncsbirt.org

Screening and Treatment of Depression

Model 2: Treatment of Depression in Primary Care:
Depression toolkit based on IMPACT model of care

- Provides implementation recommendations, an overall algorithm to help with initial assessment of MDD severity and the corresponding recommended treatment approach, screening tools, critical decision points, medication recommendations and many other useful guides.
- Highlights what to do when patients are not responding adequately, including when a referral to a psychiatrist for consultation would be indicated.
- Introduces providers to the screening tool for depression PHQ2/9, which is a validated tool for assessment of depression and anxiety in patients.

Cont. Screening and Treatment of Depression, more details:

- Practices will have a depression toolkit
- Based on the IMPACT model (Improving Mood – Promoting Access to Collaborative Treatment)
- Champion identified in practice to monitor the depression registry
- Using PHQ2 and PHQ9 for diagnosis, treatment and monitoring progress with algorithms and monitoring medication prescribing / titration
- Providers/practices need regular consultation with psychiatrists
  - Telepyschiatry

Cont. Screening and Treatment of Depression, more details:

- Team based care in practice / medical home
- Prescribe, titrate and call and check on the patient
- Referred to primary care physician when issues arise
- Training physicians / practices / staff a big component

Motivational Interviewing

Model 3: Motivational Interviewing (MI) enhances efforts by the caregiver to engage, educate, and empower self-care management behaviors in their consumers

- The change in health care delivery should include a significantly different role for patients and families in which there is a more participatory component of their healthcare.
- Stakeholders, as consumers of care, need to be included in decision processes to increase "buy-in" of the services offered.
- Is a collaborative, person-centered form of talking to individuals to elicit and strengthen motivation for change.
- Enhances efforts by caregivers to engage, educate and empower self-care management behaviors using a collaborative communication style to improve understanding of the patient's concerns, strengths and preferences.

Cont. Motivational Interviewing, more details:

- Training program – train the trainer
- Identify MI champion in the practice to be the trainer
- Establish learning collaboratives for MI champions on the islands to share best practices and engage providers
- MI champion will meet regularly with other staff to mentor and support the MI process
- MI guide for practices to implement the MI processes
  - Inform, consult, involve, collaborate and empower
- Gauge willingness to change behavior
  - Pocket guide

General Issues and Challenges:

- Coding / Billing and Payment
  - Doctor to doctor billable service
  - Align financial payments / incentives
- Workforce capabilities and resources
  - Telehealth / tele-psychiatry
  - Need to be able to screen, make referrals and appointments
  - Potential to expand use of pharmacists
- Where do the “Gap Children” fit in the models
  - Too acute for primary /specialty care but not quite SPMI
  - Clarify criteria for services
- Training resources to implement the models
  - Medical schools, CME, AHEC, etc.

Cont. General Issues and Challenges:

- Confidentiality laws pertaining to substance abuse (federal and state) and mental health (state) are generally more restrictive than those pertaining to physical health
- Medical Home / PCMH
  - Including BH and MI diagnoses as chronic conditions
- Behavioral and physical health providers have long operated in their separate silos
- Sharing of information rarely occurs
- Other issues / challenges from the Steering Committee?

What Will We Need to Succeed?

- Engaged providers and engaged consumers
- Support and endorsement from stakeholders
- Potential alignment of payment / reimbursement
- Potential policy revisions
- Other thoughts from Steering Committee members on what will be needed to make this work in Hawaii?

Questions?

Navigant: SHIP Monitoring and Evaluation Plan

ANDREA PEDERSON & LAURA BROGAN

Monitoring & Evaluation Plan

- Objective: Develop Behavioral Health Integration Evaluation Plan and Dashboard
- Steps to Develop an Evaluation Plan :
  1. Identify potential behavioral health integration (BHI) quality and outcomes measures
  2. Identify opportunities and gaps and vis a vis the potential measures
  3. Determine the most feasible subset of quality and outcomes measures based on available data and resources
  4. Develop data collection/reporting strategy to enable selected quality/outcomes measures

Monitoring & Evaluation Plan (Cont'd)

Process to Identify Measures:

1. Identify potential list of BHI Quality Measures and Outcomes Measures
   - Develop report that identifies model-relevant quality and outcomes measures
   - Identify existing BH quality and outcomes measures in Hawaii
   - Focus on measures that are used to evaluate equivalent or similar BHI models in other states

Measure Sources:

- Agency for Health Care Research and Quality (AHRQ) Academy
- National Quality Forum
- National Committee for Quality Assurance (NCQA) / HEDIS measures
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Monitoring & Evaluation Plan (Cont'd)

Process to Identify Measures:

2. Identify gaps and limitations in current data availability vis a vis the potential measures
   - Identify the players involved in collecting and submitting the needed data (e.g., providers, MCOs)
   - Assess currently available data sources
     - Administrative claims
     - Paper/electronic medical records
     - Surveys
     - Other
   - Assess health information technology (HIT) capabilities

Monitoring & Evaluation Plan (Cont'd)

Process to Identify Measures:

3. Determine the most feasible subset of quality and outcomes measures
   - Collect stakeholder input regarding most feasible measures given data collection/budget resources in Hawaii (e.g., providers, MCOs, state agencies, etc.)
   - Select final list of measures to focus on in short term (first year) and longer term (future years)
4. Develop a data submission plan
   - Identify players that will submit standardized data to the Governor's office
   - Determine measure numerator and denominator descriptions, included populations, data sources and timeframes
   - Identify who will be responsible for data collection and validation, analytics and reporting

National Quality Forum-Endorsed Behavioral Health Measures

Measure Name	Type of Measure	Description	Steward
Level of Integration Measure	Quality	Rates the degree to which behavioral health care is integrated into primary care settings from the perspective of providers	Agency for Healthcare Research and Quality (AHRQ)
Rating of Overall Mental or Emotional Health	Quality	In general, how would you rate your overall mental or emotional health? [Excellent/Very Good/Good/Fair/Poor]	Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Desired Outcomes – Patient Experience	Outcome	Individual patient experience with integrated behavioral health care using the Behavioral Health Integration Checklist	Agency for Healthcare Research and Quality (AHRQ)

National Quality Forum-Endorsed Behavioral Health Measures

Title	Description	Steward
Experience of Care and Health Outcomes (ECHO) Survey	Measures patient experiences and satisfaction with behavioral health care and the organization that provides or manages the treatment and health outcomes.	Agency for Healthcare Research and Quality
Diagnosis of attention deficit disorder (ADHD) in primary care for school age children and adolescents	Percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.	Institute for Clinical Systems Improvement
Children Who Receive Effective Care Coordination of Healthcare Services When Needed	A composite measure used to assess the need and receipt of care coordination services for children who required care from at least two types of health care services which may require communication between health care providers, or with others involved in child's care (e.g. school).	Child and Adolescent Health Measurement Initiative on behalf of the Maternal and Child Health Bureau

SIM: Planning for October

- Navigant site visit in October
  - Possible save-the-dates week of Oct 12
  - Navigant will meet with committees, health plans, state agencies, BH associations, FQHCs
- SIM Data Analysis Update
- Other Business/Next Steps
- **Next Meeting**: October 14, 10:30am-12pm, venue TBD