



**EXECUTIVE CHAMBERS**  
HONOLULU

**DAVID Y. IGE**  
GOVERNOR

**Hawai'i Health Care Innovation Models Project  
Workforce Committee Meeting  
October 15, 2015**

Committee Members Present:

Beth Giesting (Co-Chair)  
Kelley Withy (Co-Chair) (by phone)  
Gregg Kishaba  
Joan Takamori  
Laura Reichhardt  
Pam Kawasaki (by phone)  
Deb Gardner  
Cathy Sorenson  
Patricia O'Hagan (by phone)  
Tracy? (by phone)  
Nancy Johnson (by phone)  
Forrest Batz (by phone)  
John Pang (by phone)

Staff Present:

Trish La Chica  
Abby Smith  
Joy Soares

Consultants:

Mike Lancaster  
Laura Brogan  
Andrea Pederson  
Sally Adams  
Denise Levis (by phone)

Committee Members Excused:

Karen Pellegrin  
Chris Flanders  
Deb Birkmire-Peters  
Carol Kanayama  
Katherine Parker  
Sandra LeVasseur  
Lana Kaopua  
Lynette Landry  
Celia Suzuki  
Aurae Beidler  
David Sakamoto  
Don Domizio  
Christine Sakuda  
Jane Uyehara-Lock  
Josh Green  
Mary Boland  
Napualani Spock  
Roseanne Harrigan  
Shunya Ku'ulei Arakaki  
Jillian Yasutake  
Helen Aldred  
Susan Young  
Carl Hinson  
Julie Takimisasha  
Victoria Hanes  
Jill Oliviera-Gray  
Robin Miyamoto

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Welcome and Introductions: Beth Giesting

Co-chair Giesting opened the meeting with introductions.

SIM Deliverables and Roadmap: Laura Brogan (Navigant)

Meeting Objectives: Beth Giesting

- Outline transformation agenda to improve health of families and communities
  - Triple aim plus one
  - Behavioral health improvement
  - Oral health improvement (through oral health committee)

Update on Medicaid Provider Application Fee: Joy Soares

- “The MQD is required to obtain a \$500 application fee from all providers EXCEPT for physicians, psychiatrists, podiatrists, optometrists, APRNs, PA’s, RNs, and dentists.”
  - While this is a requirement, it has no impact because it applies exclusively to the very small, transient MedQUEST Fee-for-Service program. MedQUEST health plans do NOT charge a provider application fee.

Updates on APRN’s in schools: Laura Reichhardt

- DOE partnered with UH school of nursing (Hawaii Keiki Nurses)
  - Work at the school complex level (districts)
  - Assigned to one school with the highest need for improvement
    - Absenteeism, chronic illness, lava flow crisis, etc
  - DOE asked for support to implement statewide
    - Allocated \$1 million
  - A lot of involvement with public health nurses
  - Able to maintain nurses in highest need areas, expanding to 9 schools
  - Long term goal is to have school nursing in complex areas and offload the burden that the DOE system is currently under
  - Master’s Prepared Nurses have training in behavioral health (mild to moderate). Possible to identify early in schools
  - 10% increase of APRN’s from 2013-2015

Discussion:

- Why is it not being done on Maui?
  - Goal is to get one on Maui in next roll-out. It’s a matter of getting the funds released and identifying the right person for the role.
- APRN’s currently have ability to bill Medicaid directly. Still identifying correct mechanism since they are hired through DOE. Focus is on building the model before determining how to bill through Medicaid.
- Screening can also be done through other members on the team in the school.
- School health aides have a pathway to CHW program
- Question: how much screening is being done right now around behavioral health?
  - Early intervention program does screening for 0-3 years

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- Unclear what is currently being done for older children/youth
- Would be helpful for UH to reestablish psych nursing program
- Is it possible to get school-aged children to have a physical more than once?

Results from focus groups: Dr. Kelley Withy

- 10 focus groups across islands
- Asked what are the barriers and what can we do about increasing services and care coordination
- Emphasized shortage of BH services
- Would be helpful to have someone who knows all of the resources
- Most PCPs are too busy and feel reluctance to screen patients. Have nowhere to send them when they find something wrong.
- If each island had a multi-disciplinary team who knew all the resources and had access to telepsych, it would be more likely that non-CHCs could get people referred to where they need to be
- Insurance companies should have better network adequacy and care coordination
- Discussion of training (many practices want it)
- Severe mental illness discussion came up, especially on neighbor islands, because resources are so limited
- Information technology challenges, HIPAA laws, EHR issues
- Incentives for providers to practice in areas of need, loan repayment
- Everybody wants more BH services and care coordination
- Local teams could improve communication and access to resources
- Possibility of going for a grant (Dr. Withy)
- Important for team-based care, but ISLAND based (CHWs, Social Workers, etc.)
  - Understand cultural needs and expectations of each island
- We have \$250,000 from federal government for loan repayment but we need local match. Only have enough right now to fund 8 students, but we would have enough to fund 30.
- All neighbor islands except Lanai considered underserved for mental health needs

Project ECHO update: Dr. Withy

- Will be introduced in January
- Topic will be behavioral health
- Partnering with department of psychiatry
- Weekly tele-education with review of topic then case discussion
- Up to 10 sites interested in participating
- 3 month commitment
- House it at Queen's hospital (likely)
- May not be archived for later viewing (major benefit is experiential)
- Will likely be general to start
- Target audience is any primary care provider in rural or underserved areas
  - CHC's, then private practices
  - Could be the starting point to build the team

Behavioral Health Integration Blueprint: Dr. Lancaster

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Discussion:

Community Health Workers

- CHW pilot that has been implemented
- Currently busy with stakeholder engagement
- Coming up with shared understanding and definition
- Potential to have CHW's in DOH, acute care hospitals, state hospitals, long-term care facilities, prevention of high utilizers
- Community education about how they can be utilized
- Creating a pathway to get a BA in public health with UH Manoa
- One of the goals of the grant is a pathway to higher education
  - Trade Adjustment Assistance Community College Career Training (TAACCCT)

Adjournment at 12:01 pm

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# State Innovation Model Design 2

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WORK FORCE COMMITTEE MEETING

OCTOBER 15, 2015

# SIM Deliverables & Roadmap

## Navigant Healthcare Team

Lead: CCNC

Lead: Optumas LLC, JEN Associates

Lead: Navigant Healthcare



### BH Blueprint

Outline of BHI Blueprint – *complete*

Interim drafts of BHI Blueprint – *complete/October 2015*

Stakeholder discussions – *on-going*

Final BHI Blueprint – *November 2015*

#### On-going activities include:

- Weekly meetings with Governor’s Office staff
- Monthly meetings with Judy Mohr Peterson
- Monthly meetings with SIM Committees



### Cost Analysis & Return on Investment

Data request – *complete*

Analysis plan – *adjusts based on BHI Blueprint – November 2015*

Initial review of claims data; data quality report – *November 2015*

Finalized database for analysis – *December 2015*

Preliminary impact model, ROI model, key assumptions and actuarial report – *January 2016*



### Evaluation & Management Plan

Research and stakeholder discussion about quality and outcome measures - *on-going*

Draft matrix of viable quality and outcome measure options – *complete*

Data collection and reporting strategy - *November 2015*

Data submission plan - *December 2015*

Dashboard format for presenting quality/outcome measure results – *January 2016*



### SHIP Report

SHIP Report Plan – *complete*

Draft outline of SHIP – *complete*

Expanded outline/interim draft of SHIP – *November 2015*

Interim draft of SHIP for review with committees – *December 2015*

Final SHIP report – *January 31, 2016*



# Meeting Objectives

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**To outline a transformation agenda to improve health of families and communities:**

- Primary care and Behavioral Health (children and adults)
- Value-based payment reform
- Workforce changes
- Other system supports

THE TRANSFORMATION AGENDA:  
HEALTHY FAMILIES AND  
COMMUNITIES IN HAWAI'I

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# State's goals for health and care

## Triple Aim

1. Better health
2. Better care
3. Better value/lower costs

## Beyond Clinical Care

1. Our house, our work, our education
2. Our families and community support
3. Our zip codes and our cultural codes

## Matching Needs to Resources

1. Racial/ethnic identification
2. Geography
3. Economic resources

# Transforming components into systems



# Health care transformation

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1. System focused on person/family and oriented to health
2. BH improvement advances broader agenda for primary care change
  - New service models and sites
  - Population health and care coordination
  - New members of the work force, such as CHWs, and practicing in teams
  - Use of health information exchange, patient portals, IT, telehealth
  - Support for learning health care system, practice support
  - System alignment – metrics, payment strategies
  - Payment reform
3. Oral health improvement

# Update on Medicaid Provider Application Fee

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- “The MQD is required to obtain a \$500 application fee from all providers EXCEPT for Physicians, Psychiatrists, Podiatrists, Optometrists, APRNs, Physician Assistants, RNs, and Dentists.”
  - **This applies to the Medicaid Fee-for-Service program only. Medicaid health plans do NOT charge a provider application fee.**

<http://www.medquest.us/PDFs/Frequently%20Used%20Forms%20for%20Providers/DHS1139FormInstructions.pdf>

# Community Care

OF NORTH CAROLINA

## *Whole Person Care*

Hawai'i SIM Workforce Committee

October 15<sup>th</sup>, 2015

Dr. Mike Lancaster

## Goals for this Discussion:

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- Overview of SIM agreements thus far
- Overview of the three proposed BHI models
- Identify any alignment and/or synergy with current efforts around BHI
- Recognize the applicability of the models to populations
- Consensus on realistic expectations and buy-in for training and financing the models

# SIM Agreements for Hawai'i Integrated Care:

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- SIM efforts will start with Medicaid and focus on children and adults (including pregnant women)
- Focus on three Evidence-Based Models:
  - SBIRT
  - Screening and Treatment of Depression (also focuses on anxiety)
  - Motivational Interviewing
- Participation is voluntary. PCP/OB will select a model that fits their population/interest

# SIM Agreements for Hawai'i Integrated Care:

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- The goals of these evidence-based practices include:
  - Increase comfort level of providers in identifying and treating substance abuse, depression, and anxiety in their practices
  - Provide support for practices through evidence-based practice models of care, education and training, and provider consults
  - Establish referral pathways for more complex patients that results in timely access to care
  - Support mild to moderate behavioral health patients to receive care in primary care/prenatal practice settings



# Proposed Evidence Based Practices for BH Integration

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- 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

## Key Components of Delivery of EBP to Provide Payment:

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- Care Management / Care Coordination
- Training and Sustaining Knowledge
- Consults/Triage
- PCP Referrals
  - Timely access
  - Emergency access

# How to Train and Sustain all EBP Models

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- Models of Training
  - Online/Face-to-Face/CME
  - Academic support: JABSOM? UH Hilo? Others?
  - AHEC, Project ECHO, Addiction Technology Transfer Center Network (ATTCN) Others?
- Sustain and Grow Knowledge Base
  - Technical Assistance: academic centers, MCOs
  - Learning Collaboratives: state, MCOs, academic
  - Tele-psych Consultation: JABSOM or private contracts

## Workforce Issues and Opportunities:

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- Community Health Workers (CHWs)
  - Path to certification
  - Community College – education / job builds
  - Define role of CHWs in the system
- Pharmacists
  - Inclusion in team based care
  - Pharm2Pharm
  - Medication reconciliation
- Psychologists
  - Inclusion in behavioral health planning
  - Consider prescribing privileges
- Tele-psychiatry
  - doc to doc consultation