Hawai'i Health Care Innovation Models Project
Steering Committee Meeting
Aug 4, 2015

EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

Hawai'i Health Care Innovation Models Project
Steering Committee Meeting
State Office Tower, Room 1403
Aug 4, 2015, 12:00 – 1:30

Committee Members Present:
Beth Giesting, Chair
Judy Mohr Peterson
Kelly Stern
Alan Johnson
Sue Radcliffe
Robert Hirokawa (by phone)
Jill Oliveira Gray
Jennifer Diesman
Mary Boland (by phone)
Ginny Pressler
Christine Sakuda
Chris Hause
Rachael Wong
Roy Magnusson
Scott Morishige

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

Guests:
Dailin Ye
Arlene Ige
Laura Brogan, Navigant (by phone)
Andrea Pederson, Navigant (by phone)
Mike Lancaster (CCNC by phone)
Denise Levis (CCNC by phone)

Committee Members Excused:
Marya Grambs
Gordon Ito
Greg Payton
Debbie Shimizu
George Greene

Welcome and introductions
Chair Beth Giesting welcomed the group to the Steering Committee meeting and noted participation via teleconference by Navigant consultants and sub-contracts from Community Care Network of North Carolina (CCNC).

Review/approval of Minutes from July 7, 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. Giesting noted that, as a follow-up to the previous meeting, a small group was convened to further discuss the Roadmap to Healthcare Innovation. Their recommendations is that the Steering Committee suspend discussion of that proposed roadmap and, instead, invest efforts on current SIM work and the focus of improving behavioral health care for children and adults.

SIM 2 Updates

The HCI Policy Analysts provided updates on each of the SIM subcommittees, as follows:

Oral Health:
- Committee agreed to explore getting at least pregnant women and the developmentally disabled covered for preventive care by Medicaid during the next session
- Next steps are to determine legislation strategies and work with Medicaid to determine if this is feasible

Delivery and Payment:
- The committee hasn't met since the first meeting
- Next steps include exploring delivery and value-based payment integration strategies

Population Health:
- The updated SIM focus that includes children was first shared with the PH Committee. Screening for children and using tools such as ACE were discussed
- The next steps include reviewing the SIM Population Health Assessment initial draft. The committee also plans to review the updated Community Health Needs Assessment with the Healthcare Association of Hawaii to find areas of common cause

Workforce Committee:
- The committee discussed CHWs and consulting pharmacists in workforce expansion plans that would address improving behavioral health care and coordination
- Next steps will include continued discussion about workforce goals, strategies, and resources related to BH integration

Health Information Technology:
- A committee has not been formed for this group. However, SIM has engaged in discussions with ONC about HIPAA and 42CFR, regarding the privacy and security governing behavioral health information exchange.
- The SIM team has also been developing potential use cases with HHIE and local providers, including a focus on behavioral health screening and information disclosure among OB-GYNs and pediatricians
- Next steps are to continue work on identifying and reducing barriers to exchanging information related to behavioral health

## SIM Updates:

Chair Giesting provided the following updates:

- Neighbor Island Visits – the Healthcare Innovation team will be traveling to the neighbor islands to provide a venue for public comment on each of the health transformation initiatives: ACA waiver, State Innovation Model program and the No Wrong Door program.
- Navigant Site Visit – SIM has contracted with Navigant who will be visiting Hawai'i the week of October 12. An All-Committee meeting is likely to be scheduled and additional individual and committee meetings are likely to be scheduled during this week.
- Privacy and Security Issues in Behavioral Health – SIM has been meeting with different individuals on how to navigate the privacy and security issues on behavioral health. The transfer and exchange of information between providers is critical to successful care coordination and primary care/behavioral health integration.
- SIM New Direction –Healthy Families – in response to DHS and DOH priority to address family and multigenerational health, SIM has expanded its focus population to include children with mild to moderate behavioral health issues. This innovative approach is important to understanding and addressing the needs of both parents and children.

Presentation: Healthy Families – 'Ohana Approach (please see attached slides)
DHS Director Rachael Wong presented the 2Gen approach to the committee. The 2Gen, or " 'Ohana" approach focuses on creating opportunities for families by addressing the needs of parents and children simultaneously. More information can be viewed by visiting the Aspen Institute page. Ascend at Aspen Institute had created the model and have done a lot of market research to support it. Many foundations and national organizations have adopted the 2Gen approach.

Wong cited that in the past, initiatives, funding, and staff have been separate for children and parents and that there are many opportunities within the DHS and other agencies and programs to work together to integrate in working with children and parents together.
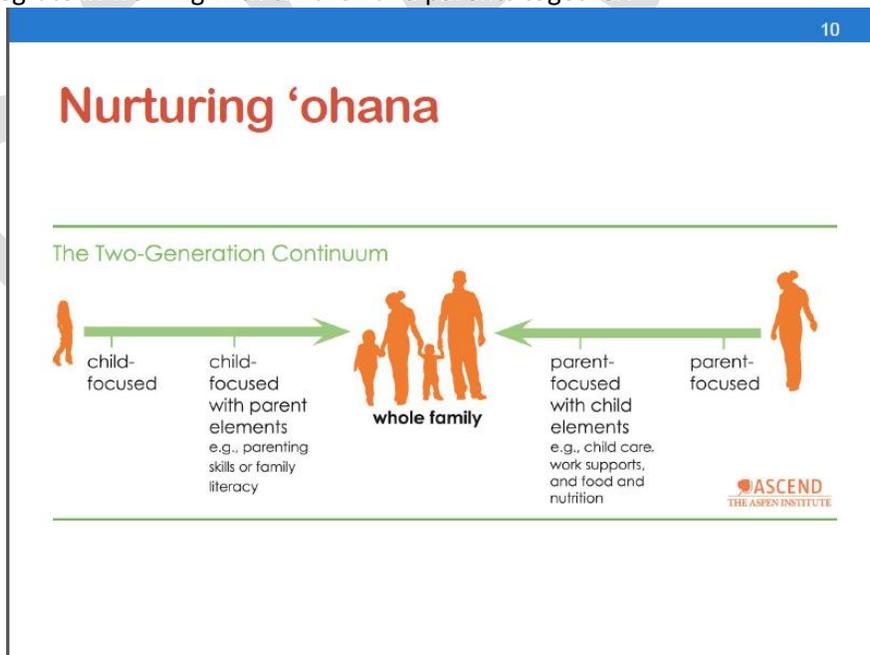
The social determinants and socio-ecological model point to how we can fully address health. Four key components for the 2Gen approach include: Social capital, health and well-being, education and

training. Systems can mean many things, but we don't need to remain siloed. We can use different lenses to see how they all interconnect and integrate. When it comes to health, economic supports, education, and social capital are components that we don't often acknowledge but they must become central to the strategies and investments that support healthy families.

The 2Gen principles are conversations that we need to have:
- How can we measure and account for outcomes for both children and their parents?
- How can we engage and listen to the voices of families?
- How can we foster innovation and evidence together?
- How can we align and link systems and funding streams?
- How can we prioritize intentional implementations?
- How do we ensure equity?

Slides 19-24 list potential policy opportunities and levers for the 2Gen model.

Group Discussion: Comments and feedback on the ʻOhana approach?
- In Hawaiʻi we often talk about 2 or 3 generations, so " ʻOhana" is a concept that works well
- Hawaiʻi has so many opportunities compared to other states
- Agencies are still siloed
- How can we work to also educate families?
- Public elementary and high schools have funding for substance abuse. Sometimes, parents are the barriers. There is important education for parents who are in denial that their children may have a problem

Presentation: Behavioral Health Integration - North Carolina Community Care Network
(see slides 11 to 24)
Dr. Mike Lancaster is the Director for Behavioral Health Integration with the Community Care Network of North Carolina, and is a subcontractor to Navigant to work on the SIM project. Dr. Lancaster provided a presentation on the value of behavioral health integration, the link between depression and other chronic conditions, the goals of BH integration, and the possible BHI models for the State of Hawaiʻi. some key points include:
- Those with mild to moderate behavioral health conditions are showing up in primary care practices and must be treated in that setting. From a provider perspective ADHD, depression, and anxiety can be treated in the PC setting.
- There is a lot of value in shared decision-making. This means involving community, consumers, and families to take charge of their health. One way to do this is through motivational interviewing – which is a great tool to empower the consumer.
- The impact of depression on common medical illnesses is significant.
    - Mental health is driving up ER costs.
    - Suicide among youth as the number cause of death must be addressed.
    - Chronic diseases and comorbidities are often associated with behavioral health concerns so the cost implications of unaddressed BH are significant.
    - The data below from Michigan shows how the presence of mental illness/drug/alcohol (blue) in addition to having diabetes is costing up to 4 times as much compared to those without behavioral health issues.

Co-Morbidities Cost
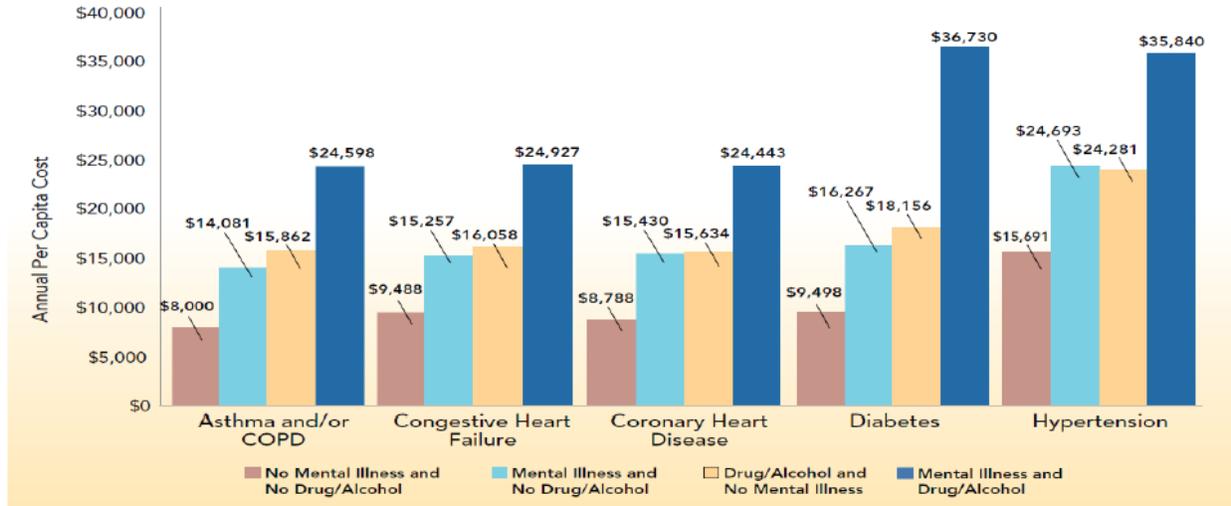
- Goals of BHI models:
  - Integrate care in primary care settings that can be used in both urban and rural settings
  - Increase coordination of services
  - Support training across state via innovative resources like Project ECHO can help alleviate workforce shortages
  - Enhance use of telepsychiatry/medicine to address workforce shortages and provide support to PCPs
  - Incorporate CHWs and other advanced practice PCPs into the health care work force
  - Engage consumers in their own care through shared decision-making. Motivational interviewing changes the dynamic between patient and provider because it engages the patient in decision-making.
- Slides 18-21 contains information on the proposed evidence-based programs for PHP/BH Integration.
- Dr. Lancaster concluded by saying that all of these models can be selected by primary care providers to see which make the most sense for different communities in Hawaii.

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?

Community Care OF NORTH CAROLINA   COMMUNITY CARE OF NORTH CAROLINA *Improving care through shared knowledge*

Questions and group discussion:
- Are CHWs equivalent to peer-support and can Medicaid provide reimbursement? What avenues can be explored?
- On motivation interviewing, is there a step that we need to take before implementing that in Hawai'i?
- If physicians don't feel that they have the data on their populations they may not engage in the proposed initiatives.
- It is possible to do a well-being assessment as a benchmark for data - questions on well-being, lifestyle, mental and behavioral status
- How do we determine if there is impact when there is no data on the front end? Can we look at pharmacy data? Claims?
- North Carolina has a robust Medicaid data system. Sometimes setting the goal is not about cost-efficiency but what will generate the most impact
- Screening will give you indicators on what must be prioritized. It is part of understanding and knowing that patients may not necessarily be identifying as having mental health concerns in the PC setting. This is why we need to train PCPs to screen and treat
- HHIE is a query exchange model where data from each provider can be grabbed and analyzed elsewhere. Providers have the ability to look at it at a practice level to identify priorities as the data informs population health management. We are bringing all of data from patient's medical records and brings it back to providers and even have about 90% on lab data. Currently, we are on-boarding radiology providers. We haven't been able to build a robust clinical data set yet.
- The current health and functional assessment, which is 1000+ questions long already has the PHQ9. It is long and we need to assess what is most efficient and makes the most sense.
- Many PCPs are uncomfortable talking about mental health and really need a support system.
- In Hawai'i, the gap is identifying mild to moderate. A depression registry can be a way to track and monitor patients

Navigant Updates (see slides 25 to 39)

- Andrea Pederson and Laura Brogan provided updates on the Navigant Deliverables and Timeline:

  Task 1 – Behavioral Health Integration Blueprint, July to October

  Task 2 – Cost/Return on Investment Analysis, Sept - Nov

  Task 3 - BHI Evaluation and Monitoring Plan as well as quality measures and prototype for dashboard, Sept to Nov

  Task 4 – State Health Innovation Plan which outlines the entire BHI integration - Early December

- Stakeholder Engagement: As needed, we many need to have conversations outside of committee meetings.
- Navigant will be coming to Hawaiʻi for a site visit the week of Oct 12, and SIM will be working with the committees to develop a schedule for what these meetings can look like.
- Monitoring and Evaluation: CMS wants to know how grantees are evaluating the progress and determining which outcome and quality measures make the most sense for SIM.

Questions and Other Business:

- What process will be used for determining measures?
  - It really depends on what HI wants to adopt. AHRQ has a lot of guidance available for states. The SC will be heavily involved as the committee is tasked with the Monitoring and Evaluation plan of the SHIP.
- The proposed All-Committee/Navigant Meeting will take place the week of October 12.
- Christine Sakuda and Kelley Withy are co-sponsors of HI Healthcare IT Summit: Sept 19. SIM will help promote the event. To register, visit: http://www.ahec.hawaii.edu/?p=1590

Next Meeting: The next meeting is on Sept 1st, from 12:00-1:30pm at the State Office Tower.

Adjournment: The meeting was adjourned at 1:21pm.

Focusing on Families

Multiple generations. One future.

Hawaii Health Care Innovation Models Project
Steering Committee Meeting
August 4, 2016

Getting started…

- *What does family mean to you?*

- *What do you want to see for Hawaii children and families in three years?*

Multiple Generations. One Future

- DHS is moving toward a whole-family approach, and this can provide the framework for our SIM work.

- **Two generational models** focus on:
  - <u>Changing</u> the trajectories of whole families.
  - <u>Investing</u> early in *keiki* and their young parents for future generations.
  - <u>Coordinating</u> systems, programs, and services.

Whole-Family Approaches

Two-generation approaches focus on creating opportunities for and addressing needs of both vulnerable children and their parents together.
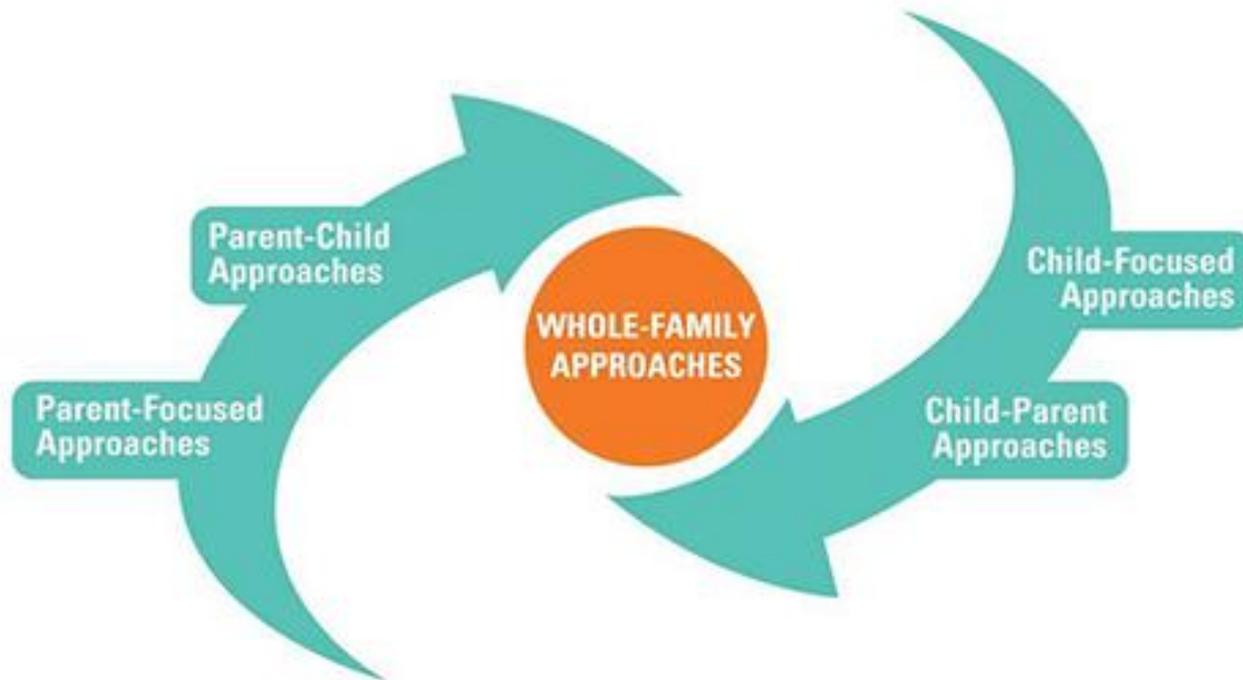
Social Determinants of Health

Source: Dahlgren and Whitehead, 1991
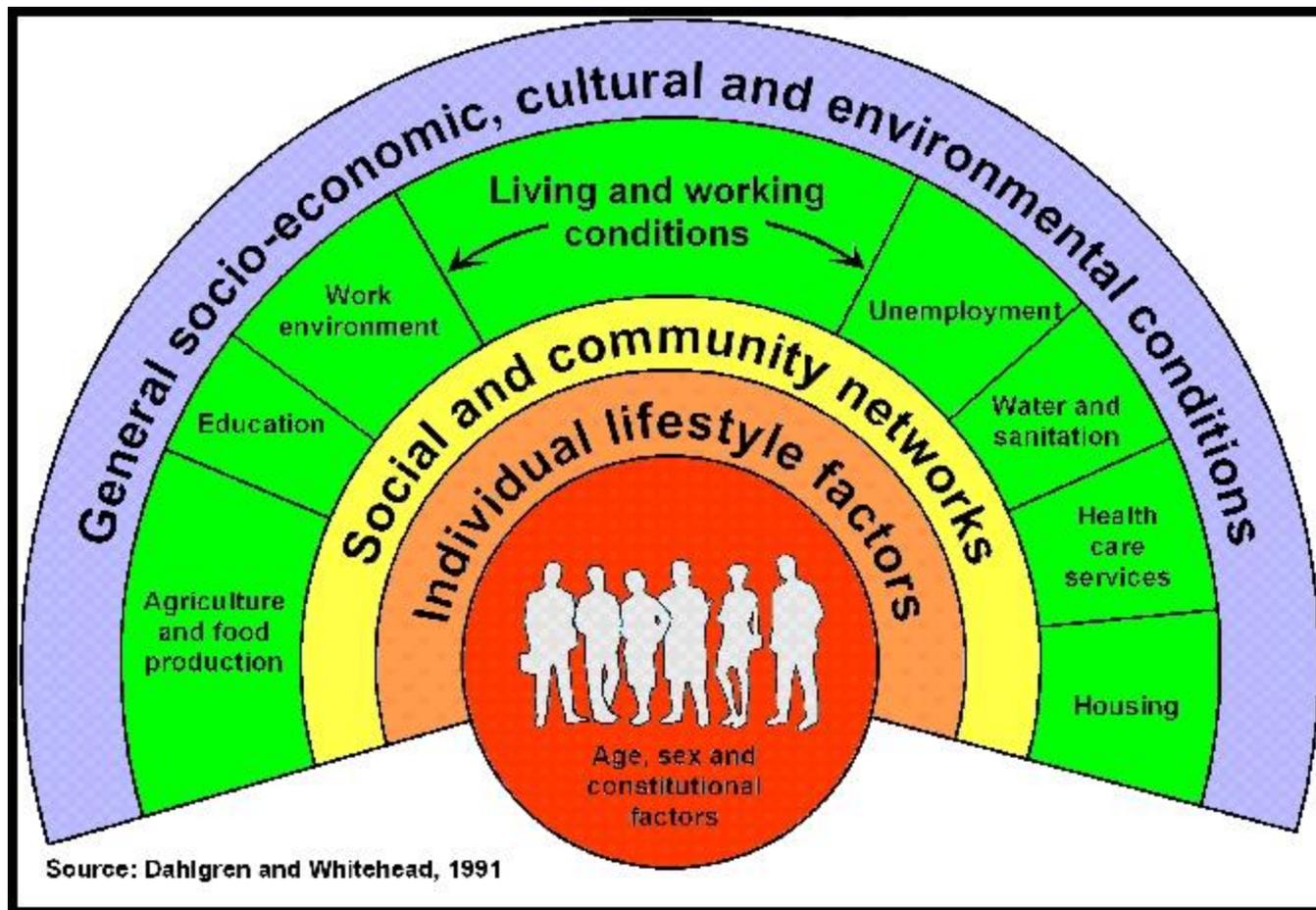
Socio-ecological model of behavioral change

The 2Gen Approach

- ***2Gen*** is supported by <u>Ascend at the Aspen Institute</u>, which is the hub for breakthrough ideas and collaborations that move children and their parents toward educational success and economic security.
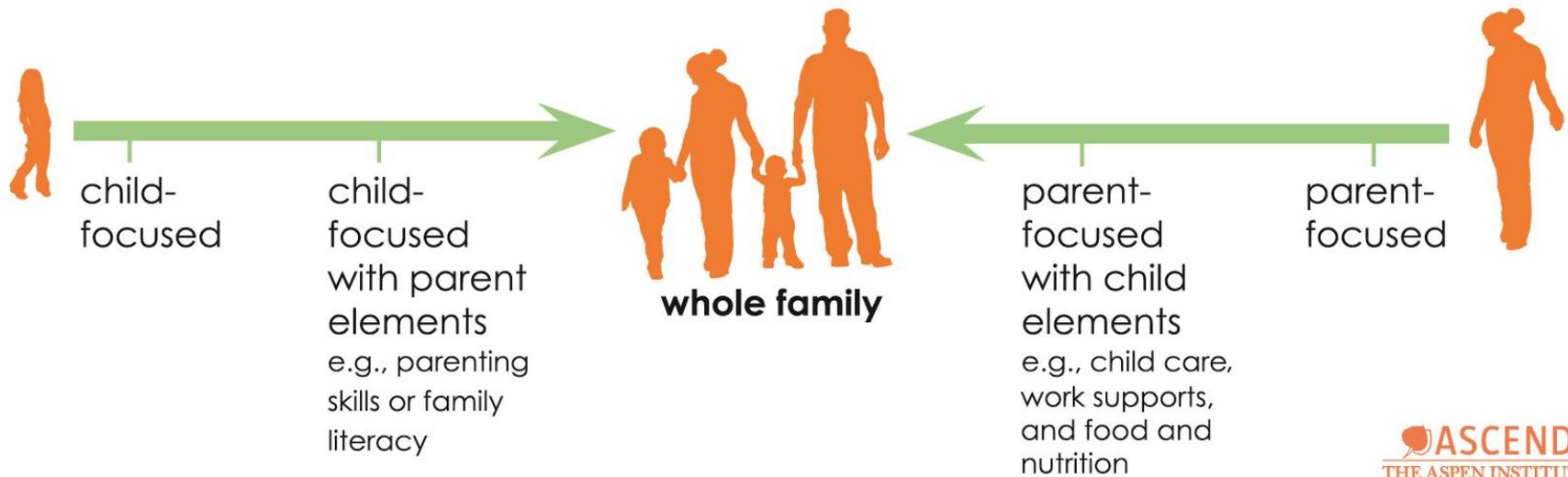
2Gen vision

WE ENVISION AN AMERICA IN WHICH A LEGACY OF ECONOMIC SECURITY AND EDUCATIONAL SUCCESS PASSES FROM ONE GENERATION TO THE NEXT.

Local vision?

WE ENVISION A HAWAIʻI IN WHICH A LEGACY OF ECONOMIC SECURITY AND EDUCATIONAL SUCCESS PASSES FROM ONE GENERATION TO THE NEXT.

Nurturing ʻohana

The Two-Generation Continuum

child-focused

child-focused with parent elements
e.g., parenting skills or family literacy

whole family

parent-focused with child elements
e.g., child care, work supports, and food and nutrition

parent-focused

ASCEND
THE ASPEN INSTITUTE

Changing the trajectory of future generations
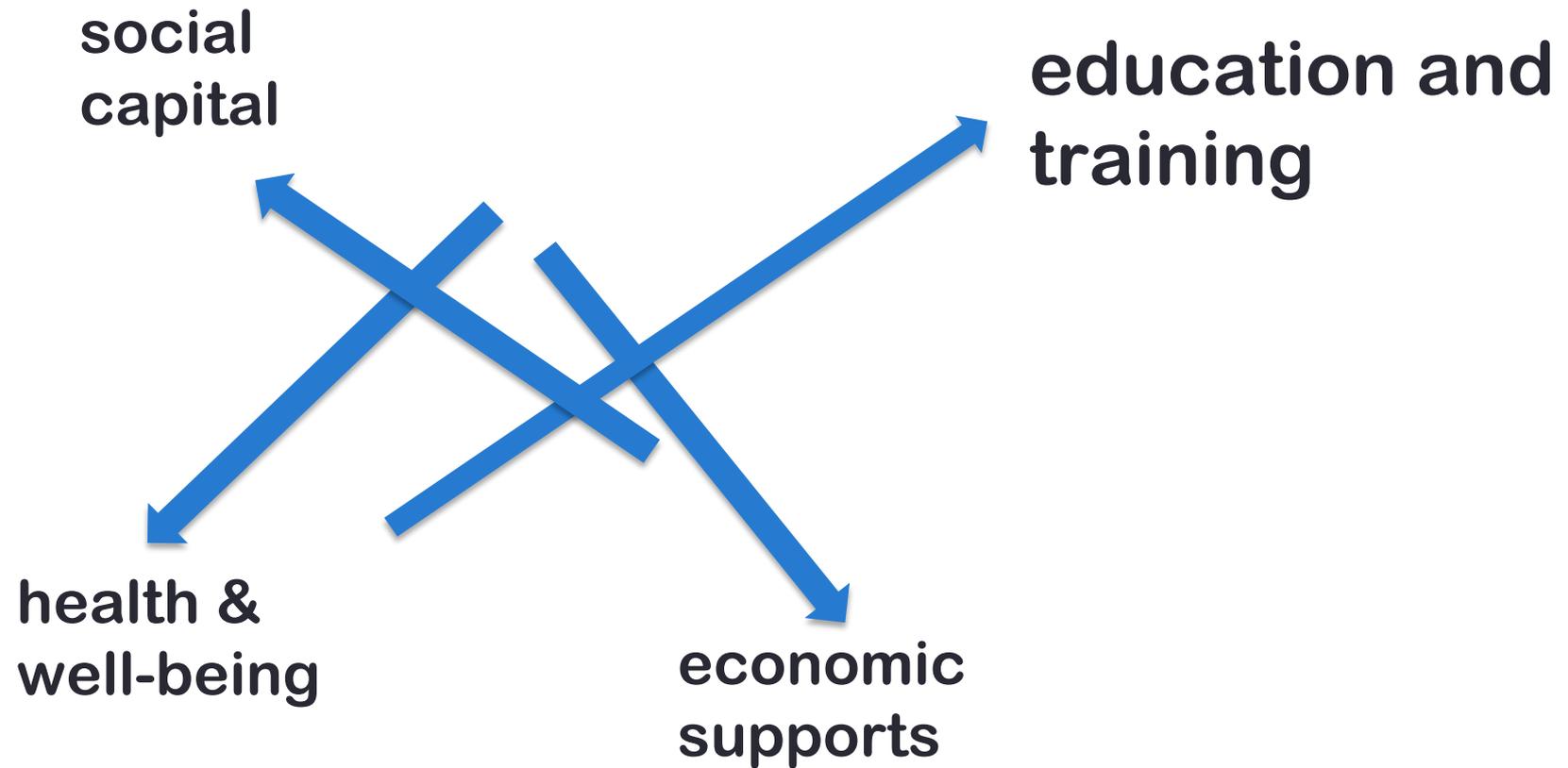
I am going to make it better. … I am going to make her life better. I will do whatever I can.
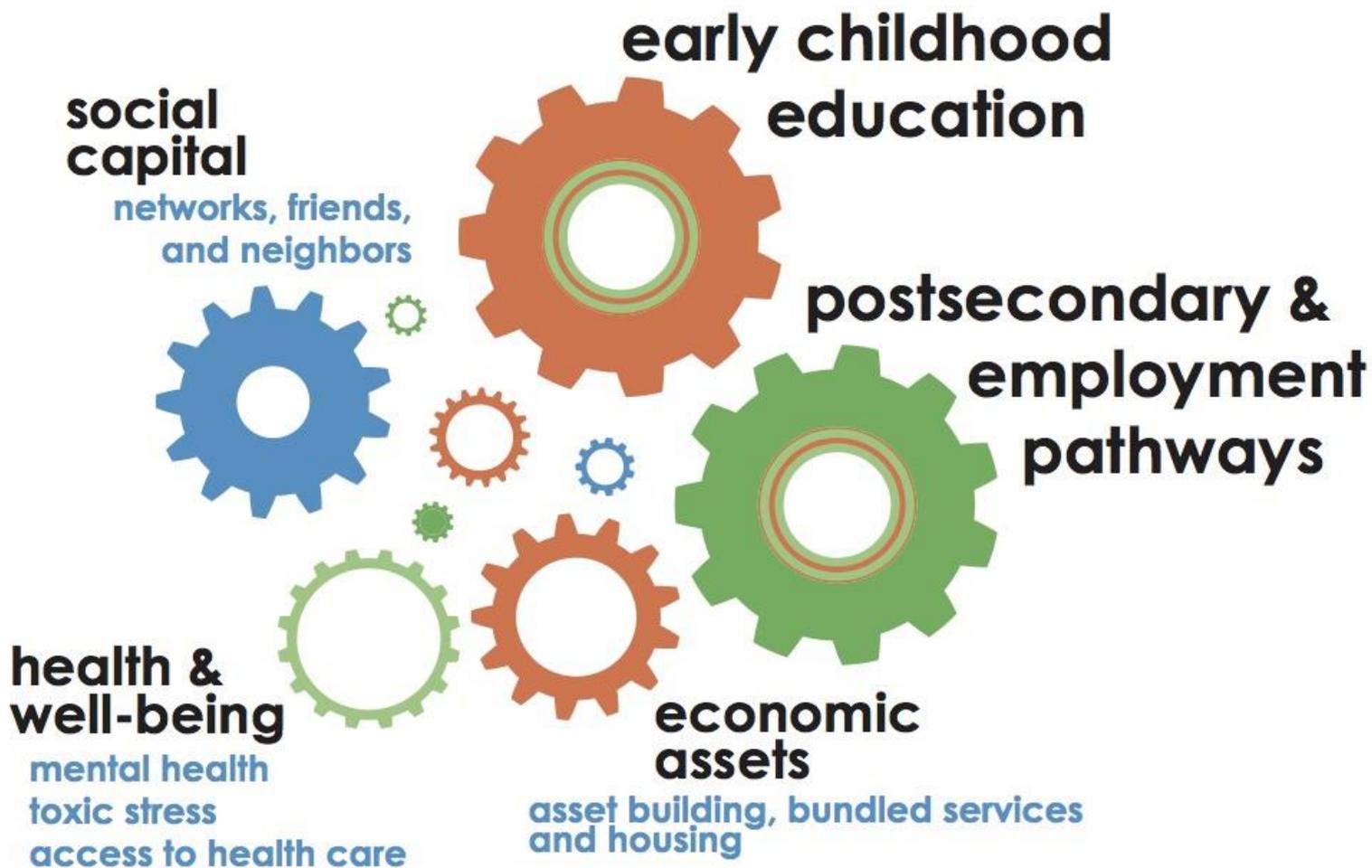
— From focus group with low-income, Latina mothers, Denver, Colorado, 2013

2Gen components

social
capital

education and
training

health &
well-being

economic
supports

Transforming components into systems

Examples

| ECONOMIC SUPPORTS	EDUCATION	SOCIAL CAPITAL
• Housing • Transportation • Financial Education & Asset Building • Tax Credits • Child Care Subsidies • Student Financial Aid/Pell Grants • Health Insurance/Medicaid • Food Assistance/SNAP	• Postsecondary Education & Workforce Development • K-12 Education • Early Childhood Education	• Peer Support • Family, Friends, Neighbors • Community & Faith-Based Organizations • School & Workplace • Leadership & Empowerment • Case Managers/Coaches • Cohort Models & Learning Communities • Mental Health

A comprehensive approach
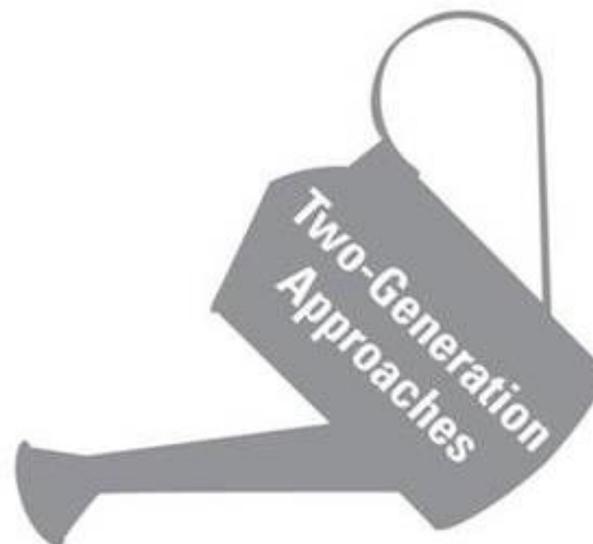
Research shows support of 2Gen

Americans overwhelmingly believe a two-generation approach is most effective.

Federal/State Programs to Help People Get Out of Poverty: Which is Most Effective?

- Programs targeted to PARENTS to help them get the skills and education necessary to get a good paying job
- Programs targeted to CHILDREN to help them get a quality education that prepares them for the job market
- Programs targeted to BOTH PARENTS AND CHILDREN to help each get the education and training they need
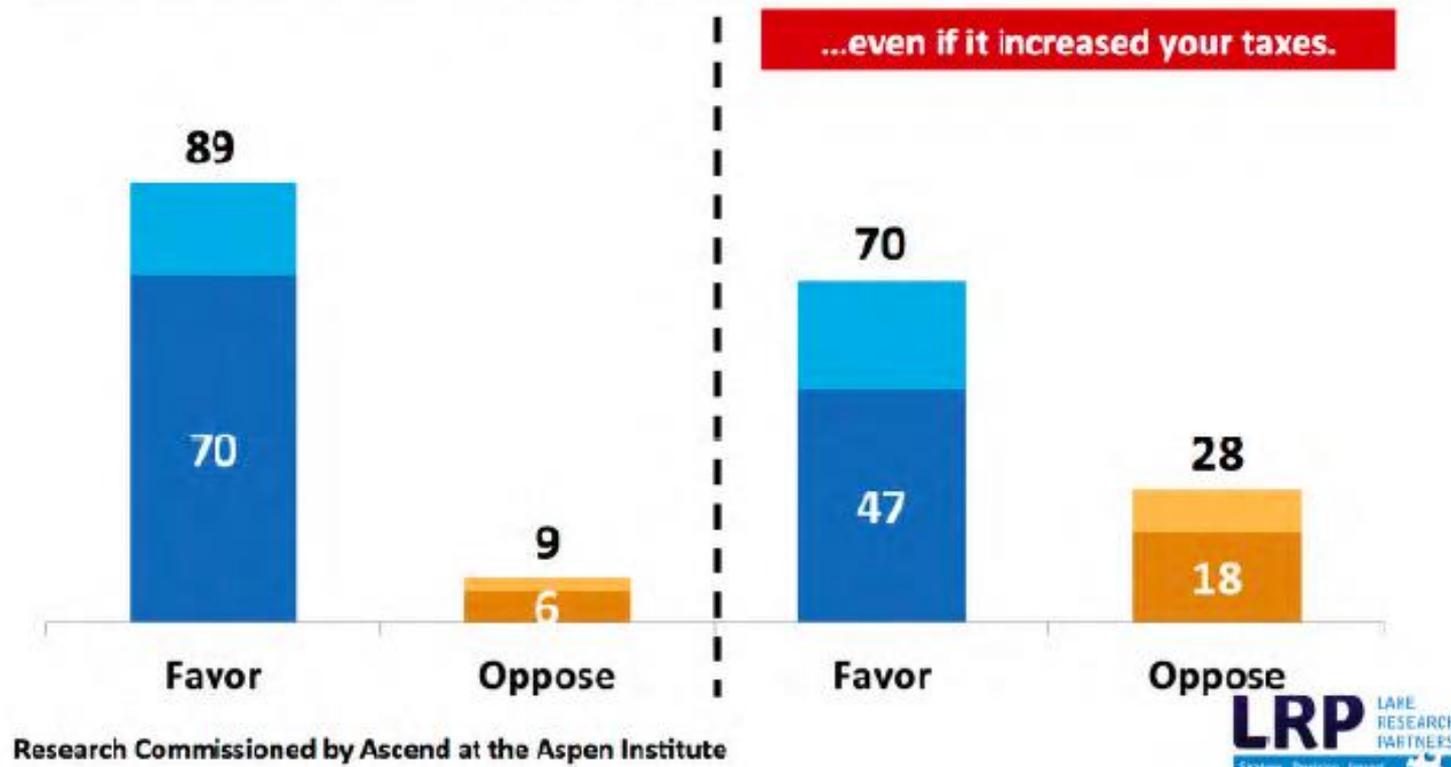- We do not need any more programs
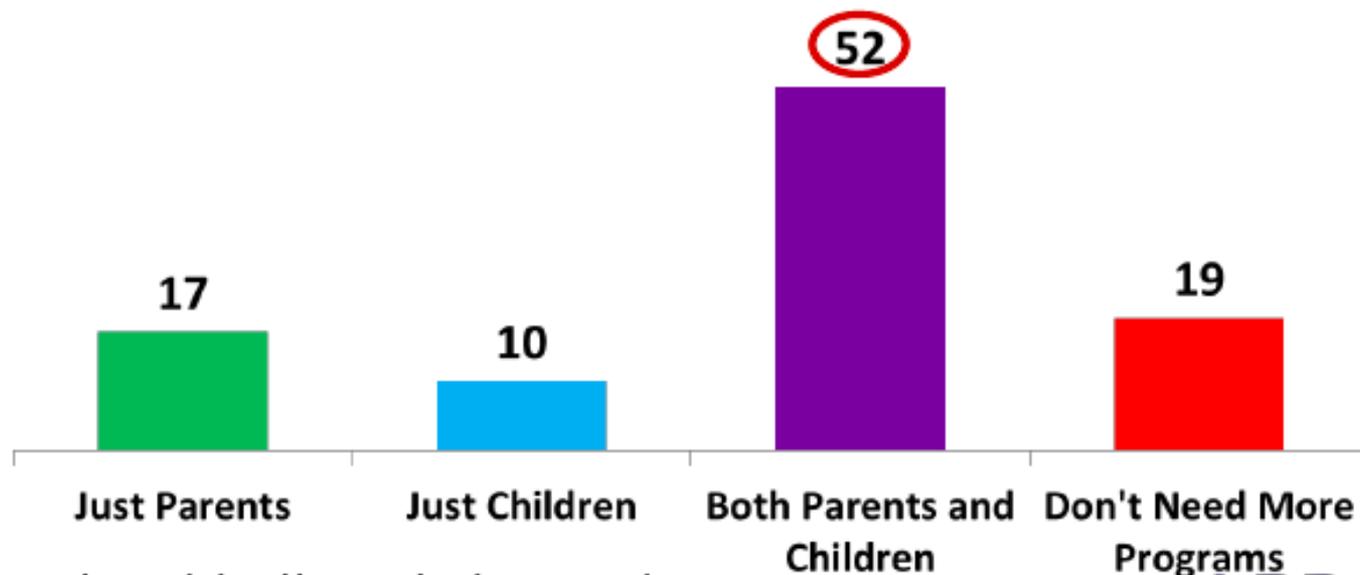
Research Commissioned by Ascend at the Aspen Institute

Research shows support of 2Gen

Even in these tax sensitive times, Americans favor a two generation approach to bring people out of poverty.

One program designed to help people who are living in poverty get out of poverty targets both parents and their children, so that parents get education and skills training to get a better job and at the same time their children get a good start with head start, early education, and quality schools...

...even if it increased your taxes.

89
70

9
6

70
47

28
18

Favor   Oppose   Favor   Oppose

Research Commissioned by Ascend at the Aspen Institute

LRP LAKE RESEARCH PARTNERS

2Gen Principles

1. *Measure and account for outcomes for both children and their parents.*
2. *Engage and listen to the voices of families.*
3. *Foster innovation and evidence together.*
4. *Align and link systems and funding streams.*
5. *Prioritize intentional implementation.*
6. *Ensure equity.*

2Gen Top 10 Policies

- Help Head Start and Early Head Start fulfill their two-generation missions by strengthening family supports and increasing the emphasis on parents, not only in their role as mothers and fathers but also as breadwinners. [DOH, DHS]

- Reform the Child Care Development Block Grant to increase access to and quality of early childhood settings for children and to ensure greater access to job training and education for parents. [GOV-Early Childhood Dev't, DHS]

2Gen Top 10 Policies

- Increase efforts to support economic security outcomes in home visiting programs. [DOH, DHS]

- Promote cross-system collaboration and partnership among human services agencies and institutions of higher education, especially community colleges, to increase bundled services and access to benefits for low-income students, many of whom are parents. [UH, DHS]

2Gen Top 10 Policies

- Increase postsecondary education access and completion through institutional financial aid reform and policies that more accurately reflect the needs of enrolled student parents, a growing national demographic. [UH, DoTax, DHS]

- Use the 2014 Workforce Innovation and Opportunity Act (WIOA) to allow for state and local changes that enable two-generation support. [DLIR, DOE, DHS, DBEDT]

2Gen Top 10 Policies

- Redesign Temporary Assistance for Needy Families (TANF) for 21st century families—mothers or fathers, married or single. [DHS]

- Strengthen family connections through support and promotion of work opportunities for noncustodial parents. [DLIR, DBEDT, DHS]

2Gen Top 10 Policies

- Leverage provisions of the Affordable Care Act (ACA) to improve economic security and family health and well-being. [GOV-Healthcare Transformation, DOH, DOE, PSD, DHS]

- Maximize opportunities for whole-family diagnosis and treatment for mental health. [DOH, DOE, PSD, DHS]

2Gen Top 10 Policies

- Leverage provisions of the Affordable Care Act (ACA) to improve economic security and family health and well-being. [GOV-Healthcare Transformation, DOH, DOE, PSD, DHS]

- Maximize opportunities for whole-family diagnosis and treatment for mental health. [DOH, DOE, PSD, DHS]

We can do this!

Evidence + **Stories** + **Relationships** = **Powerful Change for Children and Families**

Source: Paula Sammons, Family Economic Security, W.K. Kellogg Foundation

State Innovation Model Design 2

STEERING COMMITTEE

AUGUST 4, 2015

Today's Agenda

Welcome, introductions, and minutes	Beth Giesting
SIM 2 Updates	SIM Staff / Beth Giesting
Presentation: Healthy Families – 'Ohana Approach • Group Discussion: Comments and feedback on the 'Ohana approach?	Rachael Wong
Presentation: Behavioral Health Integration - North Carolina Community Care Network • Group Discussion	Dr. Mike Lancaster
Navigant Updates • Deliverables and Timeline • Stakeholder Engagement • Monitoring and Evaluation	Andrea Pederson
Proposed All-Committee/Navigant Meeting	Beth Giesting

SIM Updates

- Welcome and introductions

- Review and approval of minutes from July 7, 2015

- SIM Committee Updates

Oral Health

- Committee agreed to explore getting at least pregnant women and the developmentally disabled covered for preventive care by Medicaid during the next session

- Next steps are to determine legislation strategies and work with Medicaid to determine if this is feesible

Delivery & Payment

- Hasn't met since last Steering Committee meeting

- Next steps: discuss possible delivery and value-based payment integration strategies

Population Health

- Updated Health Innovation Focus: Nurturing Healthy Families

- Next steps:
  - Committee will review the SIM Population Health Assessment initial draft and provide feedback
  - Continue to look at community-wide approaches to health

Workforce

Workforce Targets and Strategies:

To incorporate CHW and consulting pharmacists in workforce expansion plans, as part of the overall coordinated care team approach to addressing behavioral health among children, adults, and families within the primary care setting.

Next steps:
- Discussion about the recently expanded privileges and responsibilities for APRNs in Hawaii
- Update about the Longview Conference (National Workforce for Nursing)
- Continue discussion about workforce goals, strategies, and resources

Health Information Technology

- 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

Next Steps:

- Continue discussion about practitioner adoption of the EHR, and the secure messaging and referral features of the current HHIE

SIM Updates

- Neighbor Island Visits - September

- Navigant Site Visit – October

- Navigating Privacy and Security Issues in Behavioral Health

- SIM New Direction – Healthy Families

Focusing on Families

RACHAEL WONG, DrPH

DIRECTOR, DEPARTMENT OF HUMAN SERVICES

Why Proceed with Integration?

- No wrong door
- Expand limited resources
  - Breakdown silos
  - Address isolation of small practices
- Provide BH integration support to providers who are seeing and treating these patients
- Shared decision making supports engagement and brings consumers into the health workforce
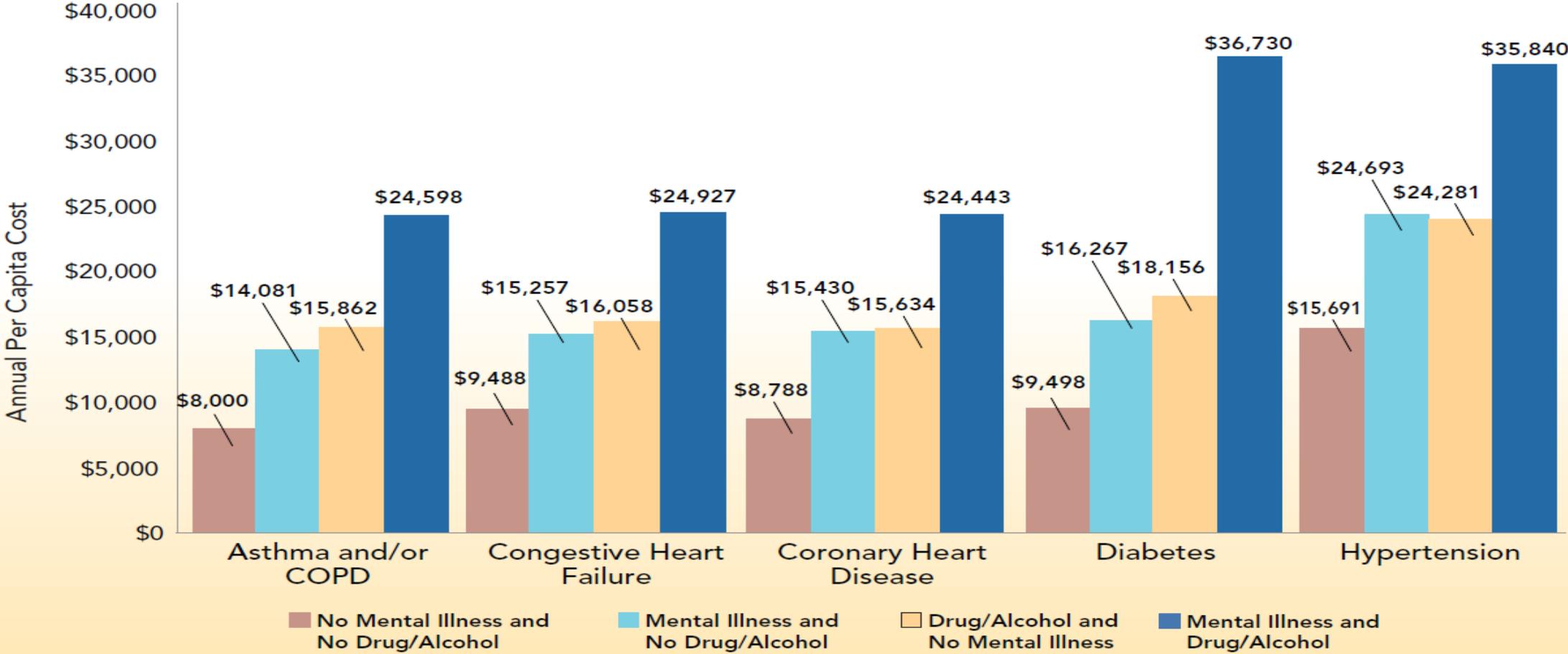
Provider Perspective

- PCPs provide 60-70% of psychiatric care for mild to moderate conditions
- PCPs are the initial provider for 40-60% of patients with a diagnosis of depression
- 80% of anti-depressants are prescribed by PCPs
- Up to 70% of PCP visits have a psychosocial component

Common Medical Illnesses and Depression
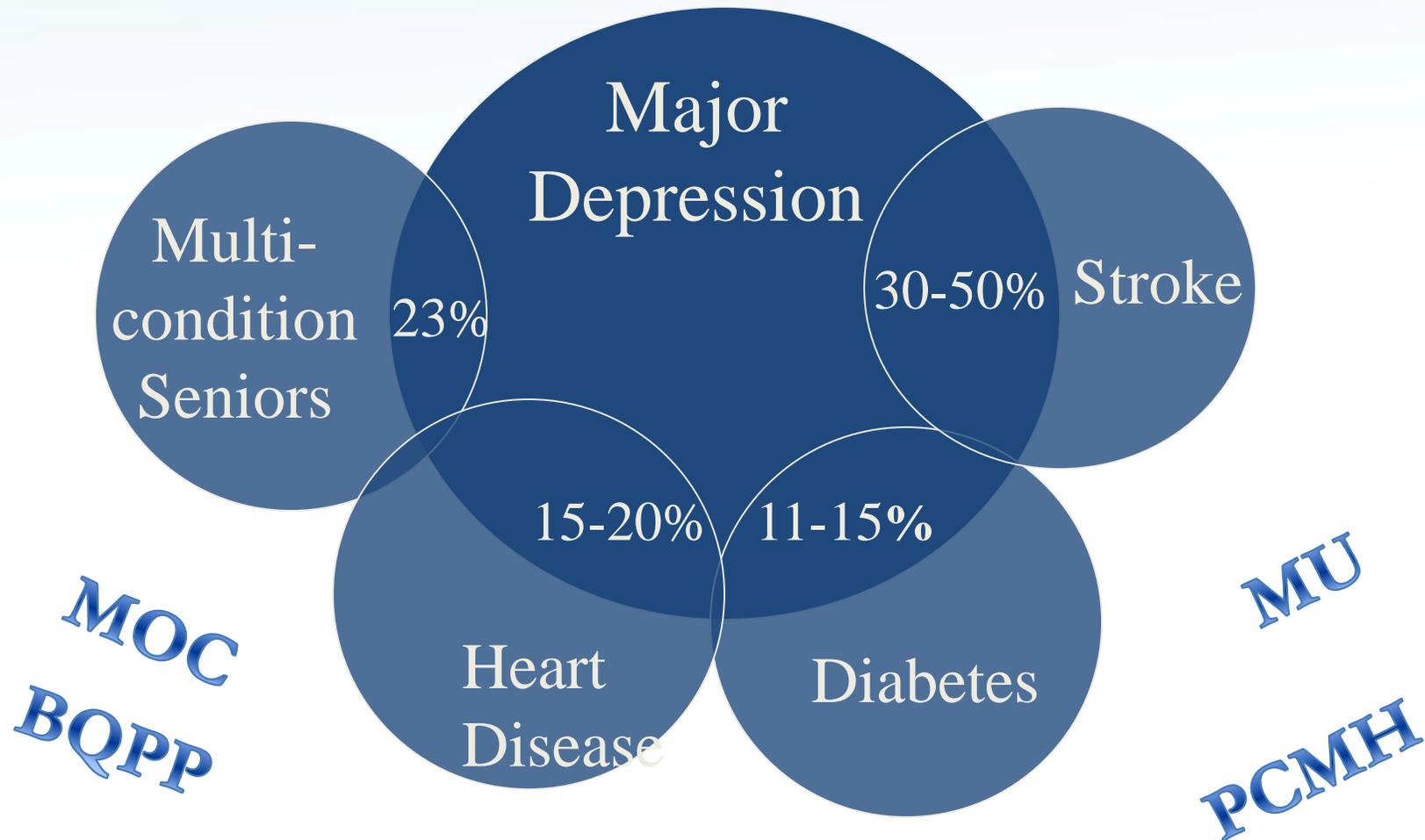
Co-Morbidities Cost

Goals of the BHI Models

- Create models of integrated care applicable to both urban and rural settings

- Increase coordination of services for BH/PCP integration through use of Evidence Based Practices (EBPs)

- Training across the state via use of developing resources- e.g. Project ECHO

- Enhance use of tele-psychiatry/medicine to address workforce issues and provide support to PCPs

Cont. Goals of the BHI Models

- Training across the state via use of developing resources- e.g. Project ECHO
- Expand workforce to involve Advance Practice Providers (APPs) and Community Health Workers
- Expand health workforce by engaging consumers in their own care; shared decision making
- Other goals from Steering Committee?

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.

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.

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.

Evidence Based Care to Providers and Practices

- Describe models to practices – three EBPs
- Practice will identify EBP model that best fits their patient population and practice
- Practices that want to change/enhance their practice will be identified as early adopters
- Training and support for individual practices described in the model blueprint to maximize success of implementation

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?
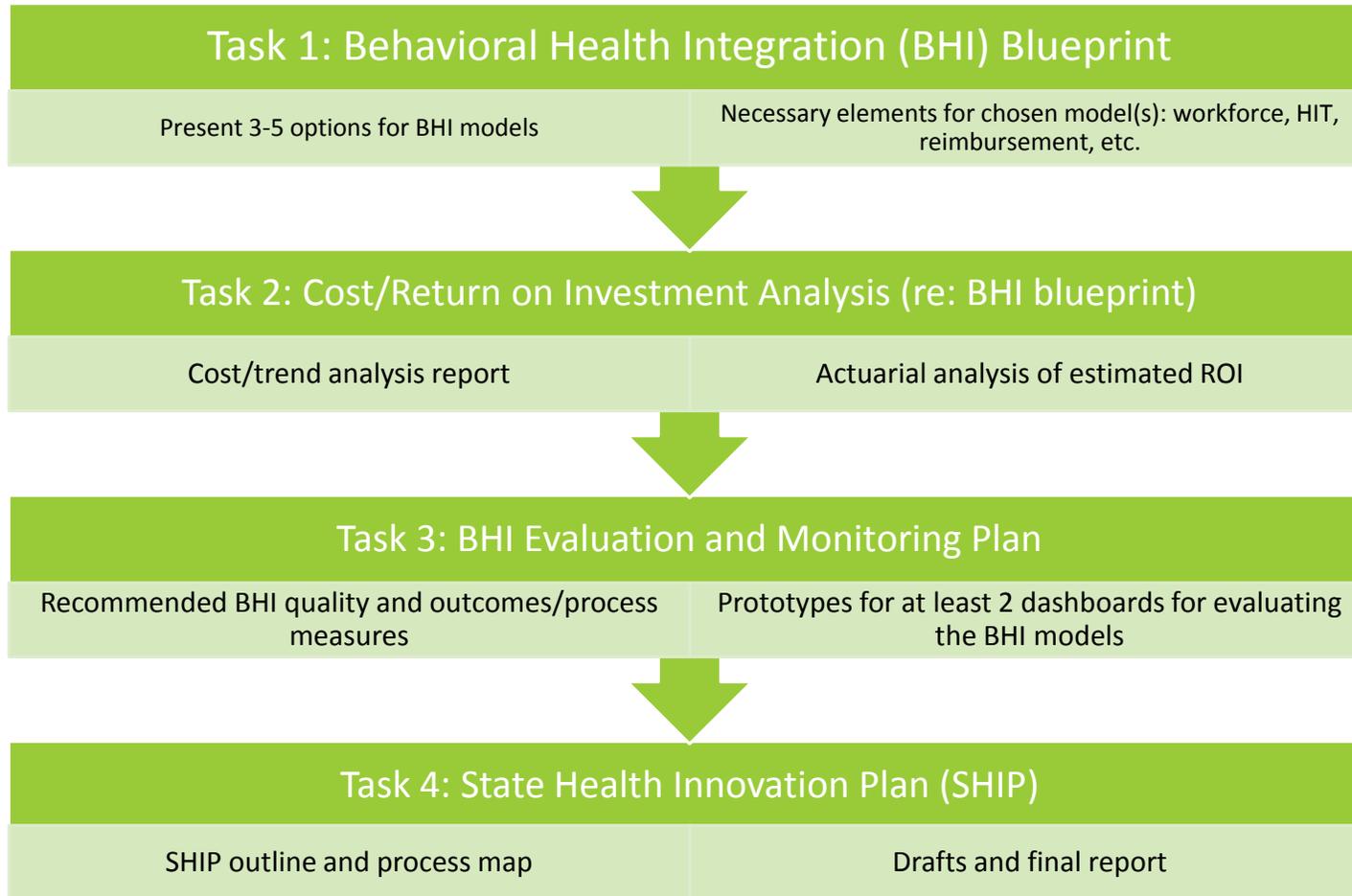
Questions?

Navigant Updates

ANDREA PEDERSON & LAURA BROGAN

Navigant Updates – Deliverables and Timelines

Task 1: Behavioral Health Integration (BHI) Blueprint

| Present 3-5 options for BHI models | Necessary elements for chosen model(s): workforce, HIT, reimbursement, etc. |

Task 2: Cost/Return on Investment Analysis (re: BHI blueprint)

| Cost/trend analysis report | Actuarial analysis of estimated ROI |

Task 3: BHI Evaluation and Monitoring Plan

| Recommended BHI quality and outcomes/process measures | Prototypes for at least 2 dashboards for evaluating the BHI models |

Task 4: State Health Innovation Plan (SHIP)

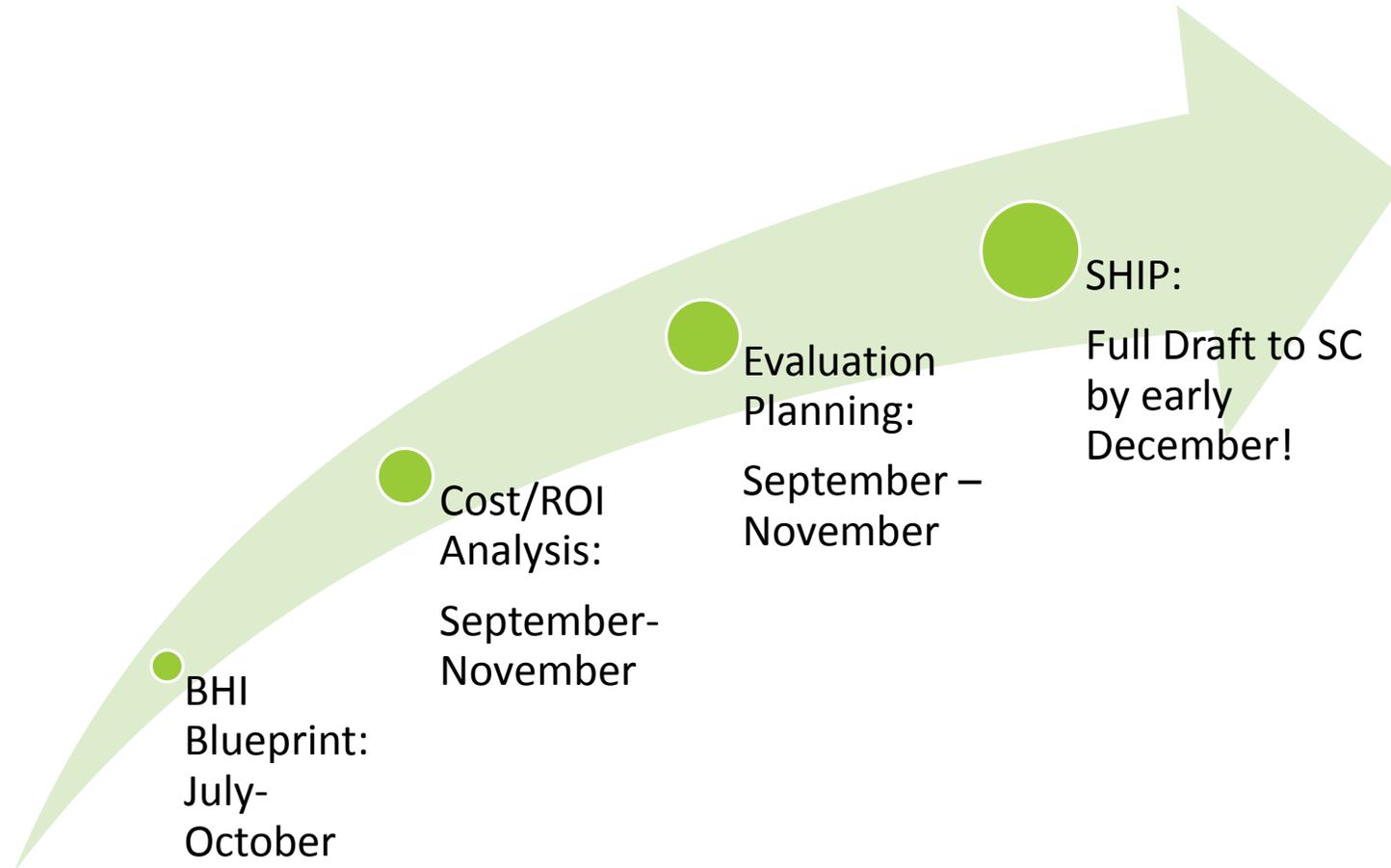| SHIP outline and process map | Drafts and final report |

Navigant Updates – Deliverables and Timelines

Navigant is the lead contractor, along with the three subcontractors:

1. **Community Care of North Carolina (CCNC)** to develop the BHI blueprint (Task 1)

2. **Optumas LLC** to conduct the actuarial / ROI analysis (Task 2)

3. **JEN Associates** to assist with data analysis in support of the ROI analysis (Task 2)

Navigant will lead the BHI evaluation plan work (Task 3) and the SHIP development (Task 4)

Navigant Updates – Deliverables and Timelines

BHI Blueprint: July-October

Cost/ROI Analysis: September-November

Evaluation Planning: September – November

SHIP: Full Draft to SC by early December!

Navigant Updates – Stakeholder Engagement

- We will attend Steering Committee and Subcommittee Meetings

- Present at committee meetings:
  - Behavioral Health Integration Options, and for each:
    - Characteristics
    - Potential benefits
    - Needed community resources
    - Best practices and experiences from other states
    - Potential challenges and risks
  - Results of research and data analysis
  - Draft materials (e.g., Integrated Behavioral Health blueprint)

- Facilitate discussions to collect input and feedback

Navigant Updates – Stakeholder Engagement

- Additional stakeholder engagement outside of committee meetings, as needed:
  - Separate conference calls with key providers, MCOs, associations, Hawaii officials, etc. for a "deeper dive" as needed
  - Document and data requests from key stakeholders
  - Review of focus group comments
  - Other input forums as needed

- Onsite in Honolulu for face-to-face meetings
  - Tentatively the week of October 12
  - Schedule TBD

Navigant Updates – Monitoring and Evaluation

- Our charge: Develop Behavioral Health Integration Evaluation Plan and Dashboard

- Steps to Develop an Evaluation Plan :
  - Assess currently available data sources for calculating quality/outcomes measures (e.g., administrative claims, paper/electronic medical records, surveys)
  - Identify gaps and limitations in current data availability vis a vis the potential measures
  - Determine the most feasible subset of quality and outcomes measures
  - Develop data collection/reporting strategy to enable selected quality/outcomes measures
  - Develop a data submission plan

- Steps to Develop a Dashboard:
  - Develop dashboard prototypes
  - Identify key players who will be responsible for data collection and validation, analytics and report development

SIM: Other Business

- Proposed All-Committee/Navigant Meeting

- Other Business/Next Steps

- **Next Meeting**: September 1, 2015 at 12pm, State Office Tower 1403