EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

Hawai'i Health Care Innovation Models Project
Steering Committee Meeting
State Office Tower, Room 1403
July 7, 2015, 12:00 – 1:30

Committee Members Present:
Beth Giesting, Chair
Judy Mohr Peterson
Kelly Stern
Alan Johnson
Sue Radcliffe
Debbie Shimizu
Robert Hirokawa
Jill Oliveira Gray
Jennifer Diesman
Mary Boland (by phone)
George Greene
Ginny Pressler
Christine Sakuda

Guests:
Dailin Ye
Catherine Sreckovich, Navigant (by phone)
Andrea Pederson, Navigant (by phone)

Committee Members Excused:
Roy Magnusson
Marya Grambs
Chris Hause
Rachael Wong
Gordon Ito
Greg Payton
Scott Morishige

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

Welcome and introductions

Chair Beth Giesting welcomed the group to the Steering Committee meeting and noted Navigant consultants who were participating via teleconference. Giesting introduced new member Judy Mohr Peterson, who will be serving as the new Med-QUEST Division Administrator. Dr. Mohr Peterson was the Medicaid Director for 6 years in Oregon and led the State's SIM efforts. She has a long history of working with state, budget management, health care reform, delivery system and payment reform, Medicaid financing, and human services.

Chair Giesting introduced Navigant consultants Catherine Sreckovich and Andrea Pederson, who will be working on SIM and the State Health Systems Innovation Plan. Navigant has worked on SIM grants in other states as well as consulting on managed care, behavioral health carve outs, calculating return on investment, and evaluating waivers submitted to CMS. Navigant has a dedicated practice in Medicaid system design. Their work on the provider side has included developing medical homes and behavioral health integration. Andrea will be our project lead and works in the Seattle office. Her experience includes work in the areas of payment reform and reimbursements. Navigant will have several subcontractors: the Community Care Network of North Carolina, Optimus, and JEN Associates.

SIM 2 Updates

The HCI Policy Analysts provided updates on each of the SIM subcommittees, which have all met as group for the month of June.

- Delivery and Payment:
    - Dr. Bruce Goldberg presented framework and approaches to behavioral health integration
    - Next steps: decide on target population, discuss possible integration strategies (e.g. screening), leverage expertise from Navigant
- Oral Health:
    - Committee agreed on goals:
        - Identify strategies that improve access to and utilization of dental health care and address prevention of dental caries
        - Review current practice restrictions on applying sealants/varnishes for underserved children and the settings in which the practice would be permitted
        - Identify strategies to provide dental coverage to low-income adults
    - Committee agreed on strategies to achieve goals
        - Scope of practice issues
        - School-based services
        - Coverage for Medicaid adults
        - Value-based purchasing
    - Next steps: discuss legislative strategies for Medicaid dental coverage for adults, collect data/information to inform committee, work with CMMI and CDC technical assistance team
- Workforce Committee
    - Priorities:
        - Support "emerging" professions and expand primary care team (e.g., Community Health Workers, Community Pharmacists)
        - Identify strategies to increase the availability of behavioral health professionals
        - Develop plan to support primary care practices
            - Training for primary care practices (e.g. tools such as SBIRT)
            - Telehealth consults for BH
            - Learning collaboratives
        - Identify opportunities to expand telehealth
        - Plan inter-professional training opportunities
    - Next Steps: Develop workplan for SIM Workforce Committee
- Health Information Technology

  - No formal committee yet but SIM has met with HIT leadership to talk about priorities and planning for HIT
  - Bruce Goldberg, Tina Edlund, and Patricia MacTaggart, Senior Advisor, at the Office of Care Transformation, Office of the National Coordinator for Health Information Technology, provided on-site CMS/ONC technical assistance
  - Comprehensive 'roadmap' planning session with staff from SIM, DHS, and DOH
  - SIM team met with HIE to explore next steps for SIM-related work
  - Discussion about IAPD as an ongoing process
  - Next steps: Determine specific Committee work and membership
- Population Health Information Technology
  - Shared the CDC framework for developing a plan for population health:
    - Bucket 1: Traditional Clinical Approaches
    - Bucket 2: Innovative Patient-Centered Care
    - Bucket 3: Community-Wide Health
  - Agreed on target populations
    - Adults with behavioral health conditions
    - Adults who have diabetes
    - Adults who use tobacco
    - Adults who are obese
  - HAH 2016 Community Health Needs Assessment: top issues were access to care and lack of accessible BH services
  - Next steps:
    - Share draft of SIM Population Health Assessment with the committee for review, feedback
    - Continue to identify population health strategies, activities to be included in the SIM SHIP

Draft Road Map for Health Care Innovation

Chair Giesting shared directions for health innovation for Hawaii as proposed by Dr. Goldberg and Tina Edlund during their June visit. This led to a discussion about an Innovation Road Map (the draft is included as a separate attachment). Chair Giesting noted that this is an opportunity to change our framework and look at SIM as a tool for innovation. This involves looking at opportunities to fund reform, such as DSRIP (Delivery Systems Reform Innovation Payment, read more here).

The proposed 4-year goals are:

- Improve behavioral health for adults in Hawai'i
- Improve oral health
- Bend the cost curve for state-supported health programs
- Create a sustainable culture of health innovation for Hawai'i

Chair Giesting noted that this roadmap needs steering committee review and concurrence, leadership alignment, and support. We must continue moving away from siloes and work across agencies, with agency staff seeing health reform as part of their work. HCI staff will support work across agencies and departments. There is no perfect structure. But there is leadership and accountability in carrying out an agenda for health care transformation.

Options, as proposed by Dr. Goldberg, were:

Option 1:

Short term

- Move HCI to SHPDA; establish SHPDA as lead for reform; use its funding to staff reform efforts.
- Coordinate with DHS, DOH on health planning
- Create cross agency work streams
- Formalize a link to EUTF – review contracts, etc.
- Repurpose Hawai'i Health Authority to provide policy direction and allow for public vetting of ideas, staffed by SHPDA – or sunset Hawai'i Health Authority

Medium term

Do political work to ensure long term structure, work on legislation to support it

Long term

Consolidate all or some of State health purchasing and programs into a single agency

Pros:

- Creates a clear sense of "health for Hawaii" rather than programmatic focus
- Better allows State to leverage its significant purchasing power to enhance reform
- Creates leadership and accountability
- Aligns all health activities
- Economy of scale
- Unified data
- Clear point of accountability for stakeholders and legislature
- No mixed messages

Cons:

- Takes time
- Politics will be difficult
- Need real strategy for legislators and stakeholders
- Energy spent on realigning "deck chairs" can be seen as a bureaucratic exercise
- There will be tremendous opposition inside and outside

Option 2:

- Create a coordinated virtual structure
- Establish commission, board, or "health cabinet" that coordinates all State health activities
  - Should have delegated authority through Governor or direct authority through statute
  - Requires clear leadership and accountability
  - Requires a clear charter
- Can be a step toward long-term structural change

Pros:

- Easy, quick, no need for statute, etc.

Cons:

- Dependent on political will and leadership
- Can merely be coordination on paper and nothing gets done
- Can have limited accountability
- Not durable
- Requires a lot of discipline!

Option 3 – "Hybrid":

Short term

- Governor creates "health cabinet" with explicit purpose (charter)
- Move HCI to SHPDA
  - Establish SHPDA as lead for reform;
  - Use its funding to staff cabinet and reform efforts
- Create cross-agency work streams
- Formalize link with EUTF – contract review, etc.
- Consider long term options: Health Authority, long-term structure

Medium term

- Do political work to ensure long term structure, work on legislation to support it

Long term

- Consolidate some/all of State health purchasing and programs as determined by short-term work

Pros and Cons: Same as Option #1

Funding for Reform

Chair Giesting also presented different options to consider in funding the Health Care Innovation work:

- Maximize Medicaid administrative match for HCI, other DHS, DOH functions
- Maximize Medicaid IT match
- Look at functions/personnel to repurpose and consolidate
- Establish new relationship with legislature regarding funding – enhanced match helps in long run to finance reform

Key Issue: who will be responsible for assuring funding, organizing the work, holding people accountable?

Question and Discussion

The following items were raised by Steering Committee members:

- What has the Governor said?
  - Giesting: The Governor relies on his Department Directors so any direct follow-up with the Governor would be through Directors Wong and Pressler.
- Are we only talking about reform on the delivery side with the responsibilities of the healthcare cabinet? Does it include broader change such as addressing social determinants of health?
- Does the Roadmap include promoting a culture of reform?
- The private sector is already taking off with innovation. The work that needs to be done is with DHS, DOH and EUTF.
- HMSA is working with DHS and EUTF. Some challenges include data sharing and management.
- TED talk – Government is not effective. Reforming complex systems needs really bold action and power. Only government can reform government. It will take momentum to build. We have the will and have good ideas. The hardest part is keeping the momentum going, we have had pockets of reform but we've never sustained it.
- The innovation comes from the private sector but it is directed toward commercial populations. It is the responsibility of the State to respond as a purchaser and provider of healthcare for the public.
- DHS and DOH integration on health care priorities also pertains to community and social services.

- The State pays for the safety net. Health care is just one part of the picture when maintaining it is concerned, it encompasses social determinants of health and without it, we won't have much success.
- The current structure among health plans and providers is complex
- Review HHA legislation and authority
- Question on Roadmap 4-year goals. Why are we not including children?
- Will children be included state-supported health programs? CAMHD, DOE?
- Do we have an understanding or an environmental scan of which states serve children? Where the programs are, who they benefit, how they impact?
- Current challenges: How do we address billing?
- DOE received a 5-year grant $2.6M to provide mental health services for children. Setting up the systems and practices to move the initiative forward. We want to move to a place where we are either partnered, co-located, or telehealth. And also keeping in mind the readiness of DOH to roll out the initiative.
- Challenge: how do we become more family-oriented in our approach? And service delivery? Sometimes, parents and children are on different plans because of the current structure. This involves broader scale reform.
- This is a reflection of a fragmented infrastructure. Opportunities to build infrastructure is often bypassed.
- We spend so much time on figuring out the solutions. But we need to own the problem first. How brave are we going to be as a group? We're in a solutions-based discussion, but we gloss over the real issues.
- We need to really look at impending issues that affect our health care. We need to go through the process of identifying the challenges, what's working well,
- We have not read the Draft Roadmap yet and will need time to review.
- The 4 goals look like independent goals. But going beyond SIM – what does this look like?
- In order to have buy in and get everyone part of being action-oriented, we need to discuss current issues and challenges
- Eligibility, nursing facilities and hospitals face a number of issues
- Reimbursement issues
- SIM grant expires January 31st but that's not where the vision ends. And how do we develop a plan that will help get us there.
- Is the roadmap still part of the SIM process?
- SIM is paying for the process to help us determine what our plan will look like in the next 4 years
- For the roadmap conversation – it really is about what Hawai'i wants to do
- Goal 1: can we incorporate behavioral health to include all and not just adults
- Goal 3: Bend the cost curve for state health and human services. What about the rest of the sector?
- How do we include the growing senior population?
- How do we link up diabetes, tobacco use, and obesity?
- We can develop broad overall goals and include sub-goals
- What is our vision? Improving the overall health and well-being of Hawai'i
- The actuarial analysis will involve looking at total cost of care and return on investment for the state to leverage
- Are we going to get Hawai'i examples of BH integration to share the work that's going on?

<u>Stakeholder Engagement Plans</u>

Chair Giesting provided a brief update on SIM's stakeholder engagement plans which include focusing on providers as well as one consumer group. Community meetings are targeted for September and may combine with public hearings that are required for the development of the ACA waiver.

Discussion and Next Steps

The following are agreed upon next steps for the Steering Committee:

- ☐ Committee will review the draft roadmap and send suggested amendments, edits, and feedback to Trish La Chica: trish.lachica@hawaii.gov
- ☐ Committee will continue discussion on Hawai'i Roadmap in the next SC meeting
- ☐ Create a subcommittee to continue discussion and make recommendations on HCI Structure and Sustainability:
    - The following members were identified to be a part of this subcommittee: George Greene, Jennifer Diesman, Sue Radcliffe, Ginny Pressler, Rachael Wong, Judy Mohr Peterson
- ☐ The Committee will report on structure recommendations by August 4th
- ☐ Decide whether DSRIP is a go/no go for Hawai'i

Next Meeting

The next Steering Committee meeting will be on August 4th at the State Office Tower, Room 1403 from 12:00pm – 1:30pm. For those needing parking passes, please email Trish at: trish.lachica@hawaii.gov

Adjournment

The meeting was adjourned at 1:39pm.

State Innovation Model Design 2

STEERING COMMITTEE

JULY 7, 2015

1. Welcome and Introductions

1. Beth Giesting, Chair
2. Mary Boland, UH Sch. of Nursing & Dental Hygiene
3. Jennifer Diesman, HMSA
4. Marya Grambs, Mental Health America
5. George Greene, Healthcare Assoc. of Hawaii
6. Robert Hirokawa, Hawaii Primary Care Assoc.
7. Christine Hause, Kaiser Permanente
8. Gordon Ito, Insurance Commissioner
9. Alan Johnson, Hina Mauka
10. Roy Magnusson, John A. Burns School of Medicine

SIM Staff:

- Joy Soares
- Trish LaChica
- Abby Smith
- Nora Wiseman

11. Judy Mohr-Peterson, MedQUEST
12. Scott Morishige, PHOCUSED
13. Jill Oliveira Gray, I Ola Lahui
14. Greg Payton, Mental Health Kokua
15. Ginny Pressler, Dept. of Health
16. Sue Radcliffe, SHPDA
17. Christine Sakuda, Hawaii Health Information Exch.
18. Debbie Shimizu, No Wrong Door
19. Kelly Stern, Dept. of Education
20. Rachael Wong, Dept. of Human Services

2. Review/Approve Minutes: June 2, 2015

Introducing

MedQUEST Administrator: Judy Mohr-Peterson

Navigant Contract Leads: Catherine Sreckovich and Andrea Pederson

June SIM Committee Updates

Delivery and Payment:

- Dr. Bruce Goldberg presented framework and approaches to behavioral health integration
- Next steps: decide on target population, discuss possible integration strategies (e.g. screening), leverage expertise from Navigant

June SIM Committee Updates

Oral Health:

- Committee agreed on goals:
  1. Identify strategies that improve access to and utilization of dental health care and address prevention of dental caries
  2. Review current practice restrictions on applying sealants/varnishes for underserved children and the settings in which the practice would be permitted
  3. Identify strategies to provide dental coverage to low-income adults
- Committee agreed on strategies to achieve goals
  1. Scope of practice issues
  2. School-based services
  3. Coverage for Medicaid adults
  4. Value-based purchasing
- Next steps: discuss legislative strategies for Medicaid dental coverage for adults, collect data/information to inform committee, work with CMMI and CDC technical assistance team

June SIM Committee Updates

Workforce Committee

- Priorities:
  - Support “emerging” professions and expand primary care team (e.g., Community Health Workers, Community Pharmacists)
  - Identify strategies to increase the availability of behavioral health professionals
  - Develop plan to support primary care practices
    - Training for primary care practices (e.g. tools such as SBIRT)
    - Telehealth consults for BH
    - Learning collaboratives
  - Identify opportunities to expand telehealth
  - Plan inter-professional training opportunities

Next Steps: Develop workplan for SIM Workforce Committee

June SIM Committee Updates

Health Information Technology

- Bruce Goldberg, Tina Edlund, and Patricia MacTaggart provided on-site June 15-17 for CMS/ONC technical assistance
  - Comprehensive 'roadmap' planning session with staff from SIM, DHS, and DOH
- SIM team met with HIE to explore next steps for SIM-related work
  - Discussion about IAPD as an ongoing process

Next steps: Determine specific Committee work and membership

June SIM Committee Updates

Population Health Information Technology

- Shared the CDC framework for developing a plan for population health:
  - Bucket 1: Traditional Clinical Approaches
  - Bucket 2: Innovative Patient-Centered Care
  - Bucket 3: Community-Wide Health
- Agreed on target populations
  - Adults with behavioral health conditions
  - Adults who have diabetes
  - Adults who use tobacco
  - Adults who are obese
- HAH 2016 Community Health Needs Assessment: top issues were access to care and lack of accessible BH services

Next steps:

- Share draft of SIM Population Health Assessment with the committee for review, feedback
- Continue to identify population health strategies, activities to be included in the SIM SHIP

Innovation Road Map

Goldberg/Edlund Site Visit Agenda June 15-17

- Goals
- Structure
- Funding

Innovation Road Map*

- SIM grant a tool, not the end point
- Need to look at opportunities to fund reform e.g. DSRIP
- Must have leadership commitment to goals and deliverables, discipline in the work and communication – **this needs to be your work**!
  - Agencies' work is prioritized to meet long term goals
  - Agency staff need to see health reform as their work and where and how they fit into it
  - HCI staff coordinate and support agencies/staff
- Public/private roles
  - Private sector provides care
  - State purchases, convenes, leads reform to maximize value

**Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015*

Innovation Road Map*

Goals

- “Innovation”, “transformation”, “reform” need further definition
- What do you want to accomplish in next 4 years? What will be different? How will you measure it?
- All the pieces of reforms should tie to long term vision
- Everything needs a developed strategy, tactics, timeline and accountabilities

**Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015*

Innovation Structure*

- There is no perfect structure
- Leadership and accountability are critical
- Need to develop short, medium and long term plans
- Build on what you have and where you want to go
  - If your goal is Medicaid reform structure may be different than if goal is State-procured health programs or overall health system reform

**Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015*

Innovation Structure*

Option 1:

Short term

- Move HCI to SHPDA; establish SHPDA as lead for reform; use its funding to staff reform efforts.
- Coordinate with DHS, DOH on health planning
- Create cross agency work streams
- Formalize a link to EUTF – review contracts, etc.
- Repurpose Hawai‘i Health Authority to provide policy direction and allow for public vetting of ideas, staffed by SHPDA – or sunset Hawai‘i Health Authority

Medium term

Do political work to ensure long term structure, work on legislation to support it

Long term

Consolidate all or some of State health purchasing and programs into a single agency

**Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015*

Innovation Structure*

Pros –

- **Creates a clear sense of "health for Hawaii" rather than programmatic focus**
- **Better allows State to leverage its significant purchasing power to enhance reform**
- **Creates leadership and accountability**
- **Aligns all health activities**
- **Economy of scale**
- **Unified data**
- **Clear point of accountability for stakeholders and legislature**
- **No mixed messages**

Cons –

- **Takes time**
- **Politics will be difficult**
- **Need real strategy for legislators and stakeholders**
- **Energy spent on realigning "deck chairs" can be seen as a bureaucratic exercise**
- **There will be tremendous opposition inside and outside**

*Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015

Innovation Structure*

Option 2:

- Create a coordinated virtual structure
- Establish commission, board, or "health cabinet" that coordinates all State health activities
  - Should have delegated authority through Governor or direct authority through statute
  - Requires clear leadership and accountability
  - Requires a clear charter
- Can be a step toward long-term structural change

**Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015*

Innovation Structure*

Pros –

Easy, quick, no need for statute, etc.	

Cons –

• **Dependent on political will and leadership** • **Can merely be coordination on paper and nothing gets done** • **Can have limited accountability** • **Not durable**	**Requires a lot of discipline!**

*Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015

Innovation Structure*

Option 3 – "Hybrid":

Short term

- Governor creates "health cabinet" with explicit purpose (charter)
- Move HCI to SHPDA
  - Establish SHPDA as lead for reform;
  - Use its funding to staff cabinet and reform efforts
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- Formalize link with EUTF – contract review, etc.
- Consider long term options: Health Authority, long-term structure

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Do political work to ensure long term structure, work on legislation to support it

Long term

Consolidate some/all of State health purchasing and programs as determined by short-term work

**Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015*

Funding for Reform*

NOW –

- Maximize Medicaid administrative match for HCI, other DHS, DOH functions
- Maximize Medicaid IT match, e.g. IT coordinator, immunization registry, HIE functions
- Look at functions/personnel to repurpose and consolidate
- Establish new relationship with legislature re funding – enhanced match helps in long run to finance reform

KEY ISSUE – who will be responsible for assuring funding, organizing the work, holding people accountable?

NEXT

- DSRIP/DSHP
- Provider assessment

**Notes from Bruce Goldberg/Tina Edlund visit, June 15-17, 2015*

Discussion and Next Steps

Hawai‘i Roadmap

Proposed 4-year goals

- **Improve behavioral health for adults in Hawai‘i**
- **Improve oral health**
- **Bend the cost curve for state-supported health programs**
- **Create a sustainable culture of health innovation for Hawai‘i**

Proposed next step:

- Committee review draft roadmap; send suggested amendments to Trish
- Amend/endorse 4-year goals by August 4th meeting
- Continue to develop, detail, modify workplan throughout SIM process

Discussion and Next Steps

Innovation Structure

- Option 1: Move HCI and responsibilities to SHPDA. Continue to work on mid- and long-term responsibilities and appropriate structure
- Option 2: Create "virtual" structure through Governor or statute to coordinate and support agency work (not clear where staff are)
- Option 2: Hybrid where HCI moves to SHPDA and Governor creates "health cabinet"

Proposed next step:

- Create subcommittee to discuss, make recommendations: Ginny, Rachael, Judy, Sue – others?
- Steering Committee endorse structure recommendation by August 4th

Discussion and Next Steps

Funding

- Maximize CMS/Medicaid match for certain functions
- Maximize CMS/Medicaid funds for HIT
- Identify new opportunities, e.g., DSRIP, DSHP
- Work with Legislature on funding issues for innovation

Proposed next steps:

- Decide whether DSRIP is a go/no go for Hawai‘i
- Convene state inter-agency group to identify opportunities for Medicaid maximization

Stakeholder Engagement

- Providers
  - AHEC provider focus groups. Considering 1 consumer group, too.
- Community meetings
  - Targeting September.
  - Combine with public hearings for ACA Waiver

SIM Steering Committee

Other business?

Questions, comments, feedback?

Contact:

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