



**EXECUTIVE CHAMBERS
HONOLULU**

DAVID Y. IGE
GOVERNOR

**Hawai'i Health Care Innovation Models Project
Population Health Committee Meeting
July 14, 2015**

Committee Members Present:

Beth Giesting, Co-Chair
Ginny Pressler, Co-Chair
Andrew Garrett
Brigitte McKale (by phone)
Tom Matsuda (by phone)
Andrew Nichols
Linda Rosen (by phone)
Vija Sehgal
Debbie Shimizu
Kealoha Fox
Ryan Okahara
Tony Pfaltzgraff
Paige Heckathorn

Guests:

Julian Lipsher
Tercia Ku
Heidi Smith
Valerie Cook
Andrea Pederson (by phone)
Lance Ching

Committee Members Excused:

Kerrie Urosevich
Katy Akimoto
Jamie Boyd
Kelly Stern
Robert Hirokawa
Jessica Yamauchi

Staff Present:

Joy Soares
Trish La Chica
Abby Smith
Nora Wiseman

Welcome and Introductions

Co-Chair Dr. Ginny Pressler welcomed the Population Health committee members to the meeting. The members briefly introduced themselves, including those who were joining via teleconference.

Review of Minutes from June 22 Meeting

Co-Chair Beth Giesting asked for corrections of minutes from the previous meeting. Minutes were approved unanimously as no feedback was received.

Committee Updates

**Hawai'i Health Care Innovation Models Project
Population Health Committee Meeting
July 14, 2015**

The SIM Staff provided updates on each of the committees:

Steering:

- SIM presented a draft Road Map for Health Care Innovation
- Discussed Innovation Structure and Funding for Reform
- Next Steps:
 - Collect feedback and continue discussion on Hawai'i Health Care Innovation Roadmap
 - Determine whether DSRIP (Delivery System Reform Incentive Payment) is a next step for Hawai'i

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:
 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
- Committee agreed to focus on oral health for pregnant women, possibly DD population as well
- Next steps are to determine legislation strategies

Workforce

- 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

- Bruce Goldberg, Tina Edlund, and Patricia MacTaggart provided on-site June 15-17 for CMS/ONC technical assistance

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- 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

SIM Target Populations

Giesting presented SIM's updated health innovation focus: Priority for State – Nurturing Healthy Families. The focus will continue to be behavioral health integration strategies and mild to moderate conditions, but the target population has been expanded to include children as well as adults. This is part of integrating with DOH and DHS' goal of supporting families and identifying strategies that will provide services for multi-generations.

BH Links to Tobacco, Obesity, and Diabetes

Joy Soares provided an overview on the link between behavioral health conditions to physical health conditions such as tobacco use, obesity, and diabetes. A possible tool to address early intervention and identification among children is screening for Adverse Childhood Experiences (ACE). Literature points that as ACE score increases, the risk for health problems increases as well.

ACE

As ACE score increases, so does the risk of disease and social and emotional problems.

- ❖ With an ACE score of 4 or more, the likelihood of:
 - ❖ Chronic pulmonary disease increases 380%
 - ❖ Hepatitis increases 240%
 - ❖ Depression increases 460%
 - ❖ Suicide increases 1,220%

ACE and Adult Alcoholism (Substance use and misuse)

Soares further shared that higher ACE scores are also connected to higher rates of adult alcoholism, chronic depression, and smoking as an adult.

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Current Initiatives and Opportunities – Department of Health

Lola Irvin, Administrator of the Chronic Disease Prevention and Health Promotion Division at the Department of Health provided a presentation on public health initiatives that aim to address social determinants of health. Please see the attached slides. The following key points were shared by Irvin:

- Slide 2: Obesity is a national epidemic and it is getting worse.
 - National data – children are facing greater disparities, estimated at 1 in 3.
- Slide 3: This is aggregated data from 2011 to 2013 to see what’s happening across the state. Through the lens of race and ethnicity it presents greater disparities.
- Slide 4: We don’t eat enough fruits and vegetables.
- Slide 5: Less than 20% meets national physical health requirements.
- Slide 6: Over 20% of the state population is at-risk or borderline for diabetes. This shows prevalence by race and ethnicity. Japanese are at highest risk for diabetes.
- Slide 8: Diabetes self-management, less than 50% have ever taken a course when diagnosed.
- Slide 9: Children with obese parent(s) are at greater risk
- Slide 10: Obesity presents a high level of economic cost. Hawai’i spent \$470M in obesity-related medical expenditures.
- Slide 11: Tobacco many die each year due to cigarette smoking. Smoking costs MedQUEST \$117M per year.

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- Slide 12: Smoking rates from 2011-2013, HI is doing pretty well compared to national average. Men in Hawaii have considerably higher rates as well as those at/below poverty.
- Slide 13: Poor mental health days – 14 or more days bad mental health
- Slide 15: Binge and heavy drinking for current smokers: 26% and 33%, means increased risk for CD as well
- Slide 16: CVD and MI – Increased risk for those with mental illness
- Slide 17: Public Health Initiatives
- Slide 18: Socio-Ecological Framework and state and country policy-making, including school nutrition and exercise, sidewalks, community resources that make healthy habits easier.
- Sides 19-20: Rethink Your Drink Campaign – switching from sugary drinks to water
- Slide 21-22: Tobacco Cessation – Quit Line collects DSM data, when diagnosed as clinically depressed, counselors on the line are trained to provide the support.
- Slides 24-28: Community Design and Access – about the environment
- Slide 29: New Tobacco Prevention Policies, including first state to restrict sales of e-cigarettes and tobacco to adults aged 21 and older
- Slide 30: Educational Systems: DOH works closely with DOE and provides resources and funding on PE and health Ed time, and are working to keep up with national standards.
- Slide 31: Farm to school passed, as part of Dept of Agriculture – many schools have gardens
- Slide 32: Provide training to cafeteria workers so they know that they are part of the education to the youth. Part of reinforcing healthy behaviors.
- Slide 33-36: Worksite Wellness includes changes in vending, color-coding food choices to make decisions about healthy eating easier, policy on food purchased for meetings and guidelines for hotels and caterers. Looking at opportunities to help public workers have healthier habits.
- Slide 37-38: Healthcare Systems – hospitals progressing toward baby-friendly practices
- Slide 39-42: Diabetes Prevention and Control – Diabetes Self-Management DSME training to get more reimbursable programs started. This is a great step for Hawai'i proving we can help programs become sustainable.

Health in All Policies

Dr. Pressler opened the discussion to the committee on including health in all policies and associated political considerations for implementation. One focus is “Complete Streets,” which has been adopted by the State DOT. Coordination and adoption by counties is an important on-going issue.

Questions and Discussion:

The following comments and questions were raised by committee members:

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- What else can we do about social determinants, realizing the high correlation of poverty and poor health?
- For diabetes, where is the connection to healthcare system? The system is not even there in terms of diagnosis and referral to self-management. Programs out there are not 16 weeks long and do not meet CDC-standards. We need to work with the clinical side referring patients to make sure it is a reimbursable activity. It can't be an out of pocket expense for 16 weeks.
- The American Diabetes Association and the American Association of Diabetes Educators are the two organizations that provide accreditation for self-management programs. Once accredited, the services becomes reimbursable.
- Pre-diabetes needs to be addressed. Otherwise, the state will experience the tsunami effect with everyone waiting to get diabetes.
- There's a Hawai'i nutritional grant to work with Community Health Centers.
- DOH is looking at reimbursement for the Stanford 6-week course. Needs accreditation to draw down reimbursement.
- From a Federal Perspective: In HUD, there is no smoking in housing. How do we create these wins to drive the public health initiative?
- For those receiving government benefits, vouchers and rental assistance – can we implement no smoking policies?
- The DOT, EPA and HUD look at designing communities that are safe and healthy. This include routes to schools.
- Once we identify diabetes patients, as well as depression – how can we set up the infrastructure to meet their needs?
- In the primary care setting, we're almost afraid to implement surveys at the workplace because we don't have the infrastructure to take it on.
- There's a lot of value in looking at the risk-adjustment model for payment reform and CHCs
- We will find once we implement surveys that the denominator is much larger than we expected.
- There's a fear for public housing – if we take away smoking, we risk increasing homelessness. People don't like the rules in public housing.
- Banners are given out when they receive healthy schools. One School Principal cried when she received the Healthy School banner, saying that having the healthy school banner was more important than test scores.

Population Health Assessment – Initial Draft

Trish La Chica reminded committee members that the initial draft for the Population Health Assessment was sent on July 7th. Members are asked to review the information in the Assessment and provide feedback and tracked changes by August 14, 2015. Members may send their comments to: trish.lachica@hawaii.gov

Adjournment

The committee was adjourned at 3:28pm. The next meeting is on September 8th from 2:00-3:30 at the Department of Health (Kinau Hale, 1st floor board room)

Current Public Health Prevention Initiatives

Hawaii State Department of Health
Chronic Disease Prevention and Health Promotion Division

Lola Irvin, M.Ed.

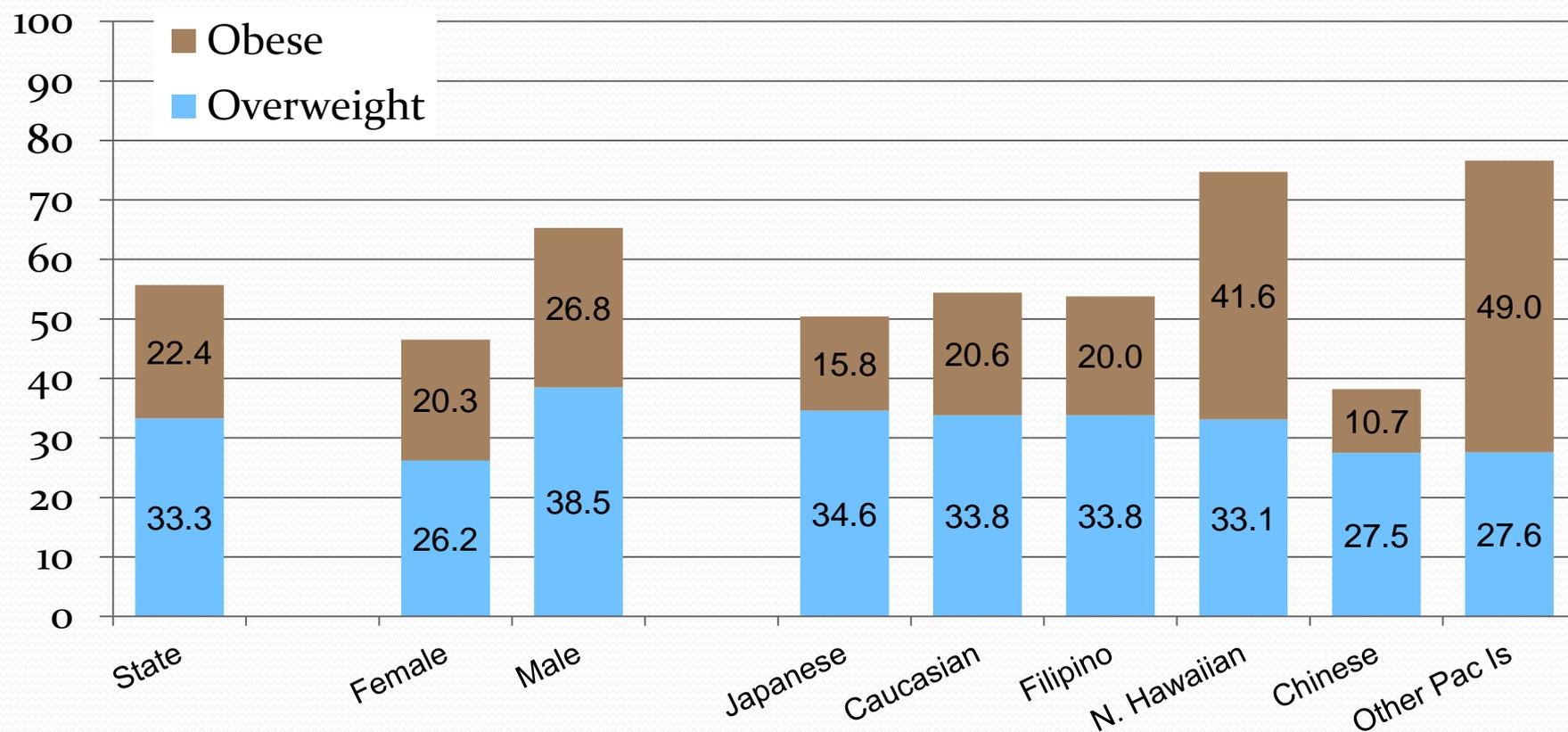


It's Getting Worse

- Obesity is a national epidemic, causing higher medical costs and lower quality of life.
- Adult obesity increased 113% from 1995-2010 (10.5%-23.1%)¹
- Approximately 1 in 3 children born after the year 2000 are at risk for developing type 2 diabetes ²
- Obese children and adolescents are likely to be obese as adults and are more at risk for health problems like diabetes, heart disease, cancer and stroke³



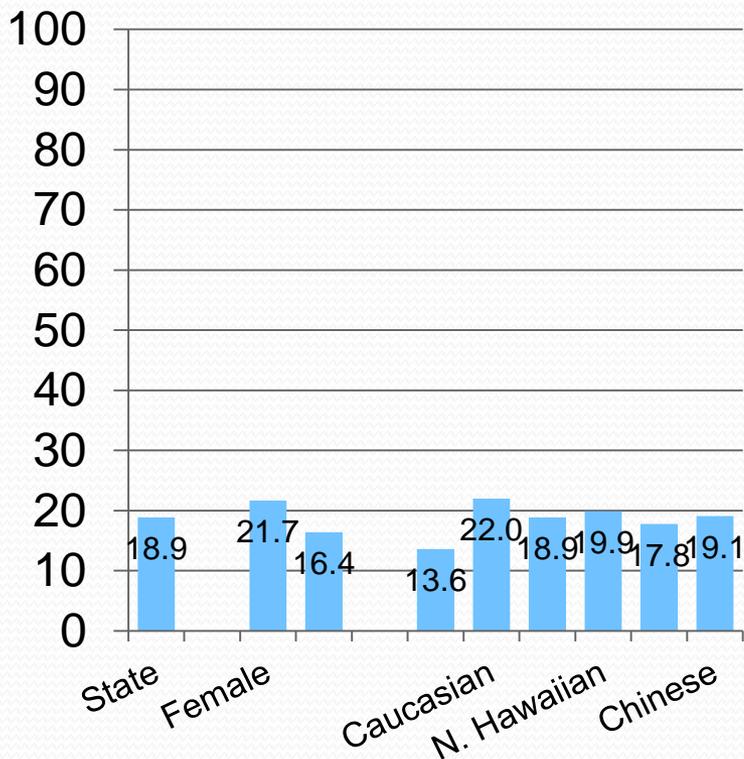
Adult Overweight & Obesity



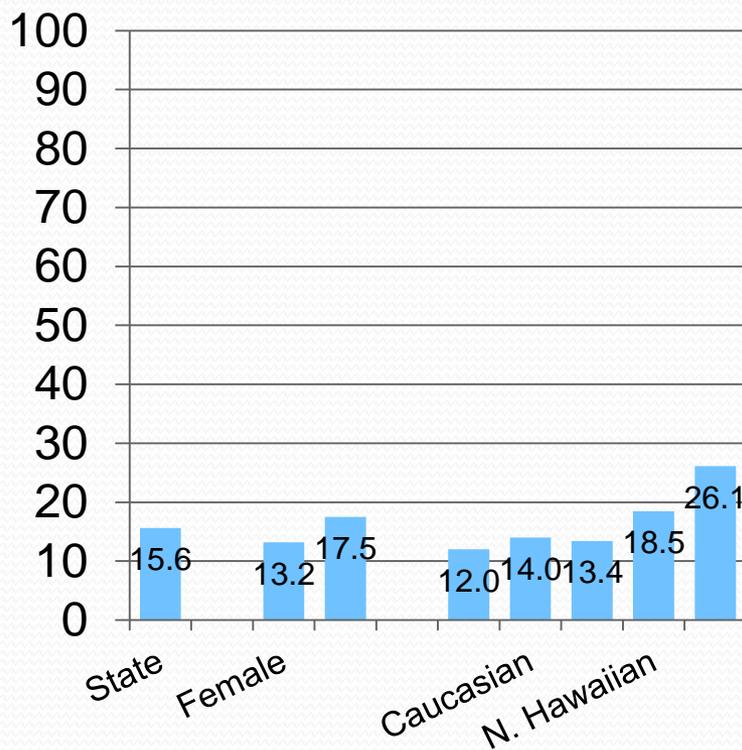
Source: HHDW, BRFSS 2011-2013

Fruit & Vegetable Consumption

Adults Eating Fruits & Vegetables 5+ Times per Day

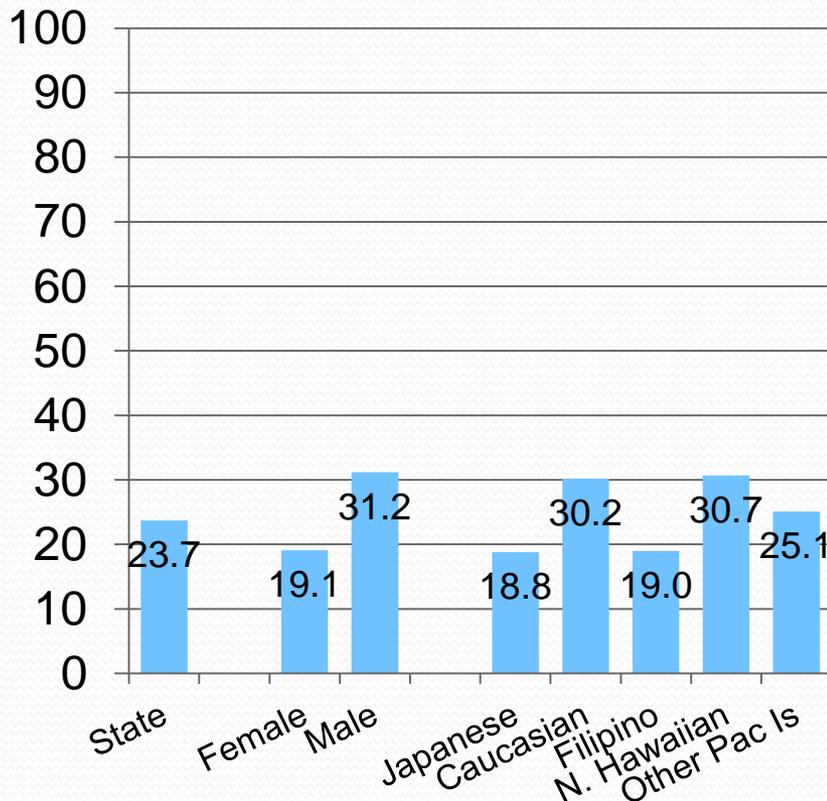


High School Students Eating Fruits & Vegetables 5+ Times per Day

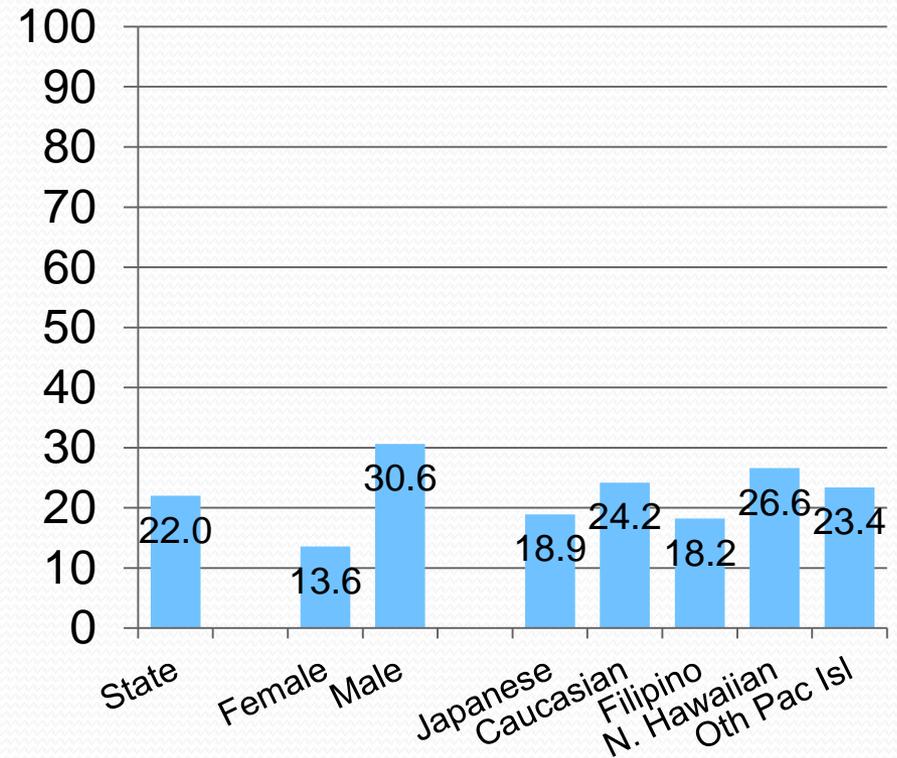


Physical Activity

Adults Meeting Aerobic & Strengthening Physical Activity Recommendations

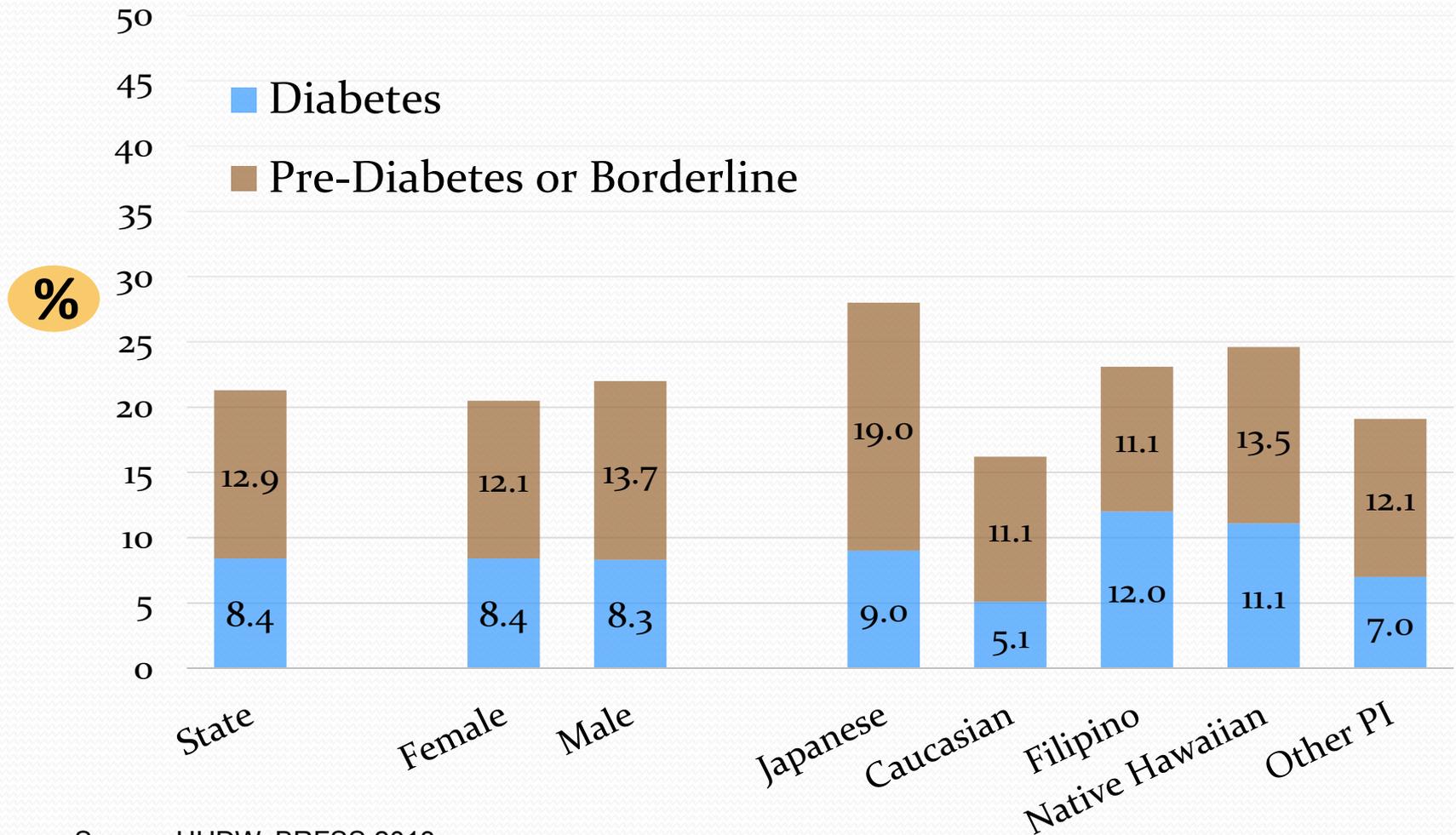


High School Students Meeting Aerobic Physical Activity Recommendations



Source: HHDW, BRFSS 2011, 2013 & YRBS 2013.

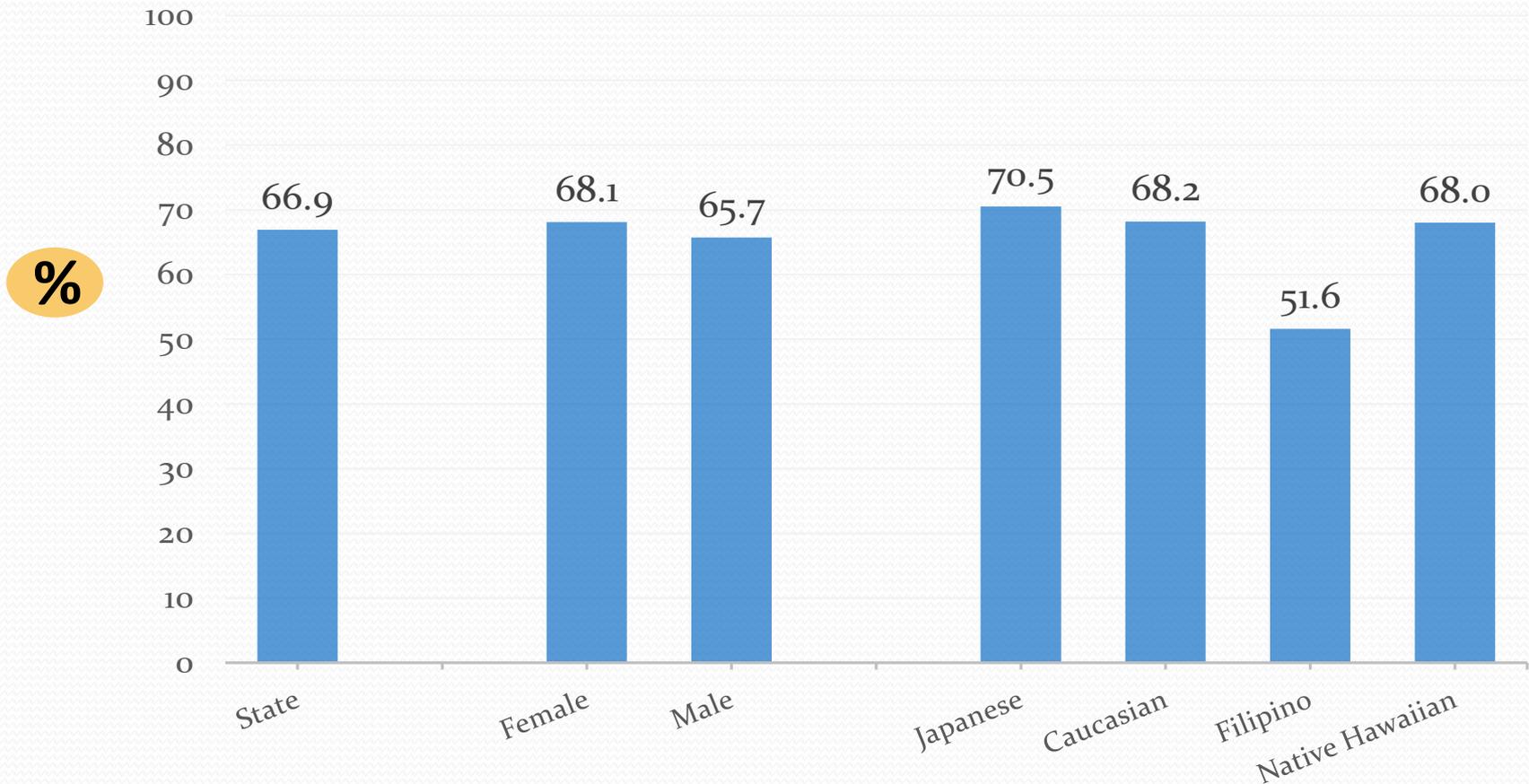
Diabetes



Source: HHDW, BRFSS 2013

Diabetes Screening

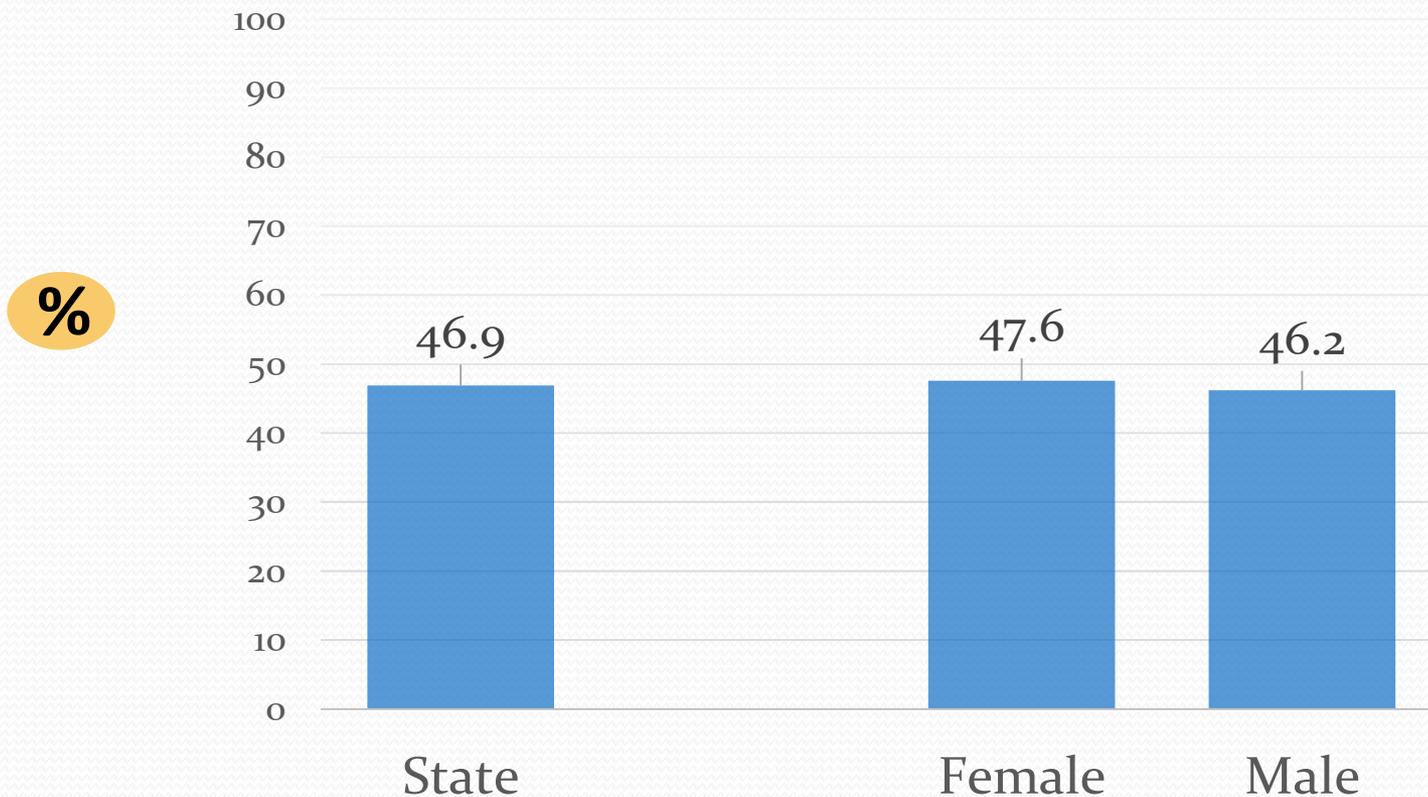
Had blood sugar tested in last 3 years, among those w/out diabetes aged 45+ years



Source: HHDW, BRFSS 2013

Diabetes Self Management

Adult ever taken a course to manage diabetes



Source: HHDW, BRFSS 2013

Family Risk Factors

During early puberty having:

- **1 obese parent increased risk 3X**
- **2 obese parents increased risk 13X**

Pediatric Overweight: A Review of the Literature

The Center for Weight and Health College of Natural Resources
University of California, Berkeley

http://www.cnr.berkeley.edu/cwh/PDFs/Full_COPI_secure.pdf

Economic Cost of Obesity

- Those who are obese have **\$1,429 higher medical costs** per year than those of a normal weight ⁴
- Obesity-related medical expenditures in Hawaii in 2009 **≈ \$470 million**⁵
 - \$770 million on diabetes related medical costs
- People who are severely obese have a **reduced length of life** by 5 to 20 years ⁵
- A **1% reduction** in predicted BMI in the USA could **prevent 2.4 million cases of type 2 diabetes** ⁶
- Chronically overweight are 50 percent more likely to be **unemployed, on welfare and single** ⁷

Tobacco Use in Hawaii

**SMOKING
PROHIBITED
BY LAW**

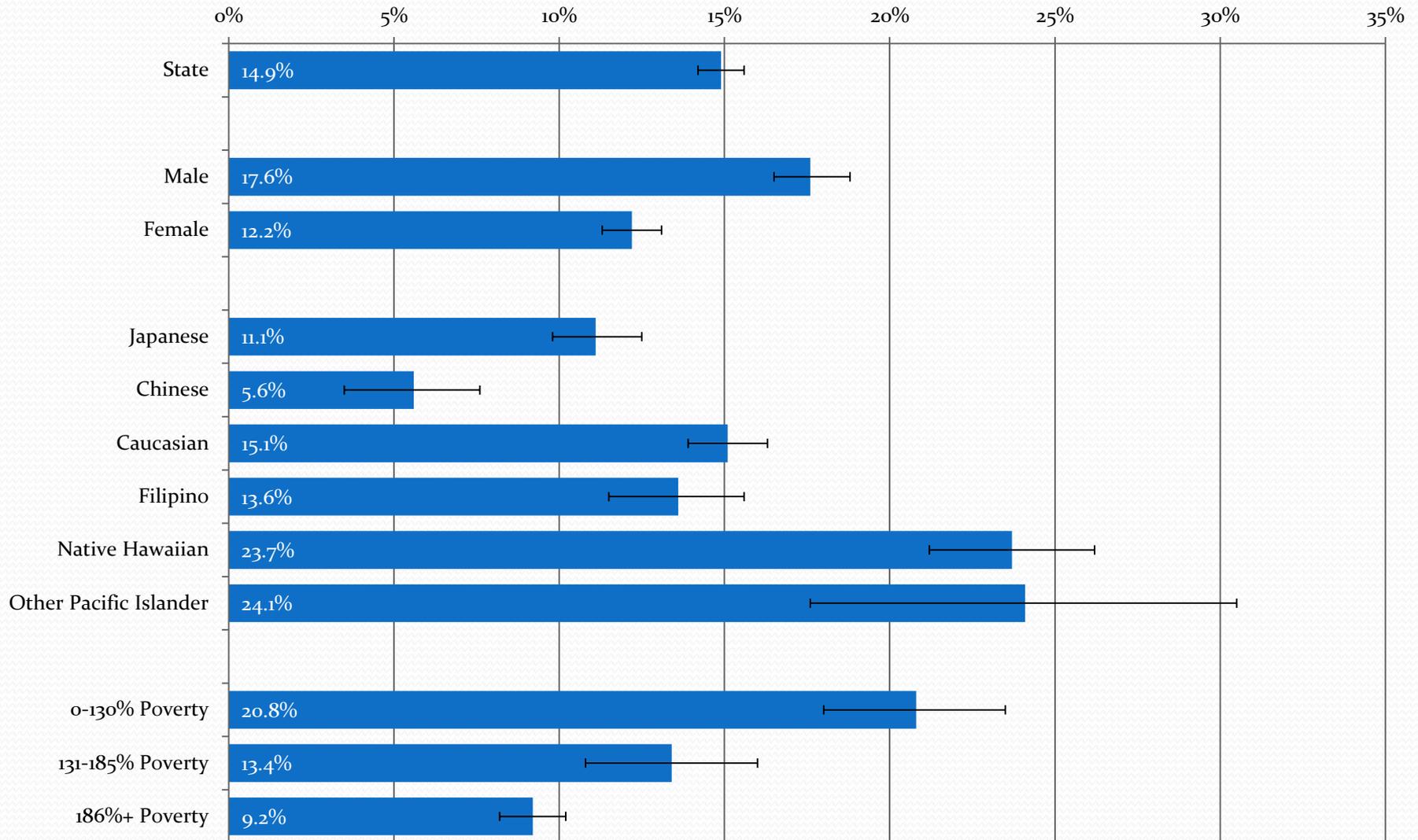


**Including E-cigarettes
And all Other
Electronic Smoking Devices**

Chapter 328J, Hawaii Revised Statutes

- 143,000 Hawaii adults* currently smoke cigarettes
- 1,200 people die each year due to cigarette smoking
- Smoking costs the Hawaii \$526 million annually in medical costs
- Lost productivity costs \$320 million and Medicaid costs \$117 million a year

Current Cigarette Smoking in Hawaii Adults by Gender, Ethnicity and Federal Poverty Level 2011-2013 BRFSS



HI Smokers: Frequent Mental Distress By Gender (2013)

GENDER	Smoking Status	2013		
		SAMPLE	Estimated # of Adults	PERCENT
Men	Current smoker	85	10,937	26.5
	Former smoker	97	11,944	28.9
	Never smoke	115	18,397	44.6
Total Men		297	41,278	100.0
Women	Current smoker	92	10,156	22.4
	Former smoker	107	11,847	26.2
	Never smoke	172	23,277	51.4
Total Women		371	45,281	100.0

Frequent Mental Distress: Having 14+ days with bad mental health in the past 30 days.

Smoking Status Among Adults Who Were Diagnosed with Depressive Disorder by Gender (2013)

GENDER	Smoking Status	2013		
		SAMPLE	Estimated # of Adults	PERCENT
Men	Current smoker	103	12,170	26.0
	Former smoker	139	17,288	36.9
	Never smoke	132	17,379	37.1
Total Men		374	46,837	100.0
Women	Current smoker	121	14,757	19.6
	Former smoker	209	22,019	29.2
	Never smoke	302	38,546	51.2
Total Women		632	75,323	100.0

Source: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System, 2013 (BRFSS)

Binge and Heavy Drinking in Current Smokers (2013)

	Current Smokers
Binge Drinking	26%
Heavy Drinking	33%

Binge drinking at least once in the past 30 days (men having five or more drinks on one occasion, women having four or more drinks on one occasion).

Heavy drinking at least once in the past 30 days (men having more than two drinks per day and women having more than one drink per day).

Cardiovascular Disease (CVD) Risk Factors (RR) & Mental Illness

Modifiable Risk Factors	Estimated Prevalence and Relative Risk (RR)	
	Schizophrenia	Bipolar Disorder
Smoking	50-80%, 2-3X RR[2]	55%[6]
Obesity	45-55%, 1.5-2X RR[1]	26%[5]
Diabetes	10-14%, 2X RR[3]	10%[7]
Hypertension	≥18% [4]	15%[5]
Dyslipidemia	Up to 5X RR[8]	

Source: 1. Davidson S, et al. *Aust N Z J Psychiatry*. 2001;35:196-202. 2. Allison DB, et al. *J Clin Psychiatry*. 1999; 60:215-220. 3. Dixon L, et al. *J Nerv Ment Dis*. 1999;187:496-502. 4. Herrán A, et al. *Schizophr Res*. 2000;41:373-381. 5. McElroy SL, et al. *J Clin Psychiatry*. 2002;63:207-213. 6. Ussak A, et al. *Psychiatry Clin Neurosci*. 2004;58:434-437. 7. Cassidy F, et al. *AM J Psychiatry*. 1999; 156:1417-1420. 8. Allebeck. *Schizophr Bull*. 1999;15(1):81-89.

Public Health Initiatives

Chronic disease and obesity costs the country billions of health care dollars each year . This complex problem must be addressed through multifaceted strategies.

Socio-Ecological Framework

- Where we live, learn, work, and play





Media

Informing and educating through paid and earned media outlets

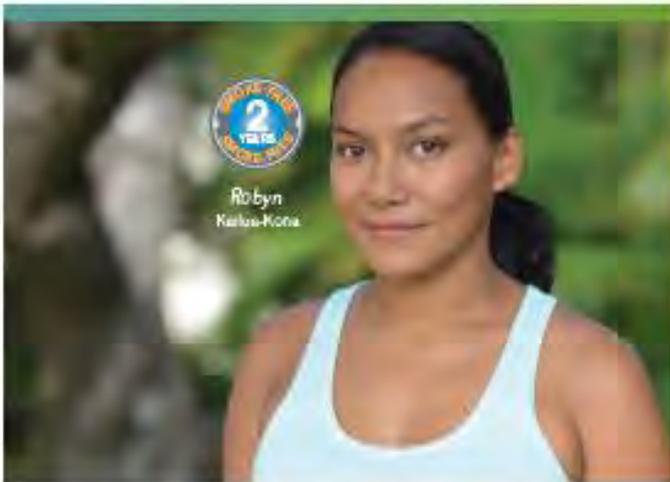
The *Rethink Your Drink* Campaign

- Encourages 12-18 year olds to drink water, <1% milk and 100% juice instead of sugary drinks
- TV & radio PSAs, malls statewide, social media, & web elements
- *Rethink Your Drink* won 3 national awards for Public Health Communications
- 54% of the teens recalled seeing at least one of the ads
- 60% of teens reported drinking fewer sugary drinks as a result of seeing the ads



Tobacco Cessation

HAWAII TOBACCO QUITLINE
1-800 QUIT-NOW



FREE Coaching & Patches
FREE Personalized Quit Plan
Quit by Phone or Online **HIW**

1-800-784-8669 **24/7** | HawaiiQuitline.org

[@hawaiquitline](https://twitter.com/hawaiquitline) [f/hawaiquitline](https://facebook.com/hawaiquitline)

Hawaii Tobacco Quitline is a Certified Tobacco Free Program. ©2015 Hawaii Tobacco Quitline

HAWAII TOBACCO QUITLINE
1-800 QUIT-NOW

Referring Patients to the Quitline is Easy!

Physician referrals greatly improve quit rates. Smokers who use the Quitline are **"14x more likely to quit!"**

FREE Coaching & Patches
FREE Personalized Quit Plan
Now Quit E-Cigs Too **NEW**

Elizabeth K. Tim, M.D.
University of Hawaii John A. Burns School of Medicine

As a physician, you can use the Quitline's Fax Referral Form and a Quit Coach® will proactively call your patients. Also, refer your patients to call 24/7 or visit our website to enroll. If you want FREE Quitline materials for your office visit us online today.

1-800-784-8669 **24/7** | HawaiiQuitline.org

[@hawaiquitline](https://twitter.com/hawaiquitline) [f/hawaiquitline](https://facebook.com/hawaiquitline)

Tobacco Prevention Messaging

SILENT KILLER



DEATH HAS YOU IN THE CROSSHAIRS.

YOU SMOKE.
YOU DIE.

GAME
OVER.



IF
TOBACCO
COMPANIES
HAD
THEIR WAY

THEY'D STOP AT NOTHING
TO GET YOU HOOKED.

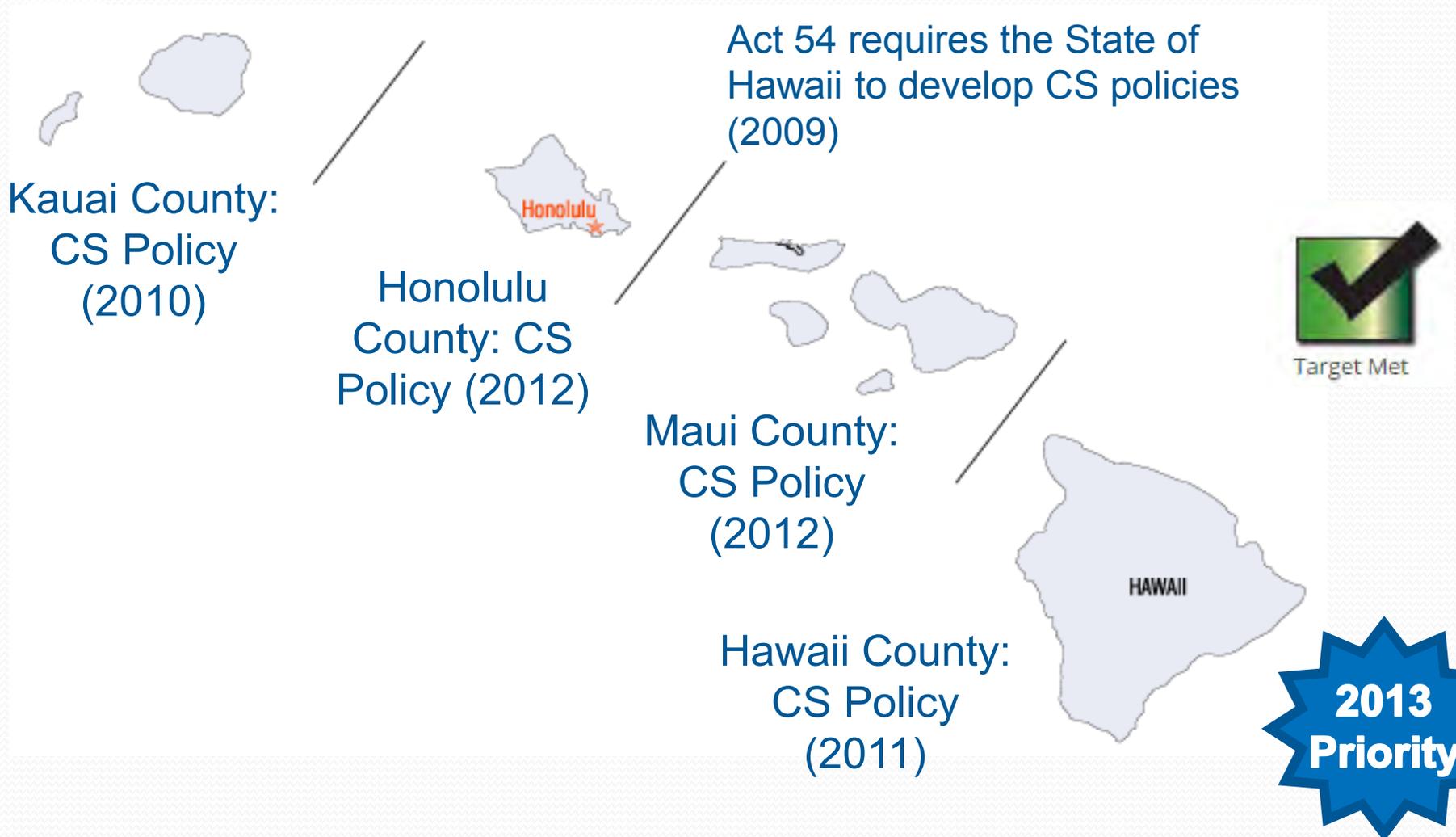




Community Design & Access

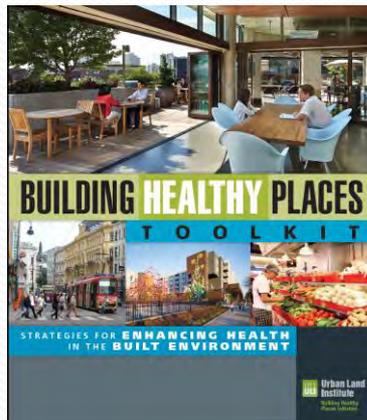
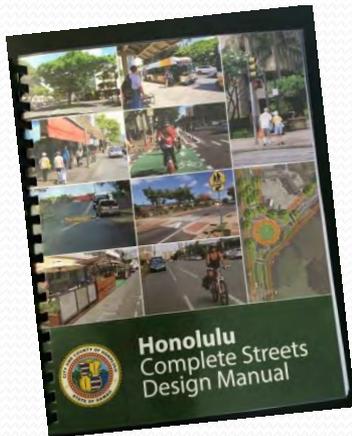
Improving the built environment
choices and opportunities

All counties & the State have Complete Street policies



Physical Activity Highlights: Honolulu County

- King Street Protected Bike Lane (Cycle Track)
- Draft Honolulu Complete Streets Design Guidelines
- Bikeshare Hawaii releases RFP for initial Honolulu launch



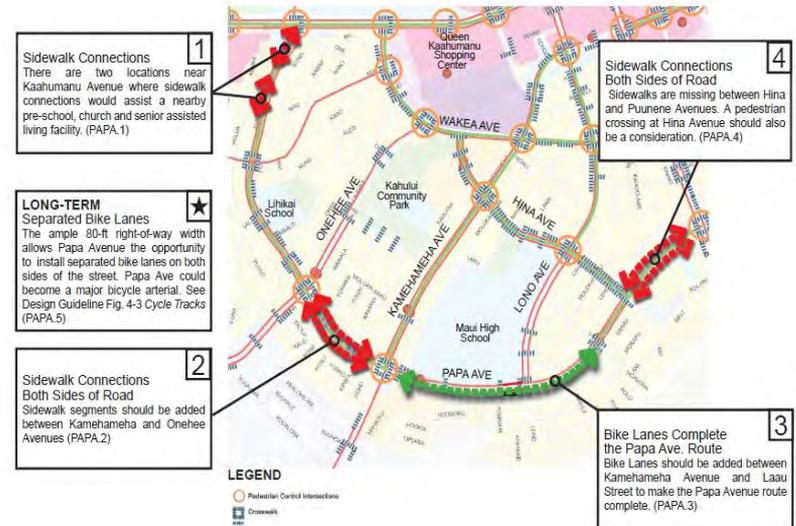
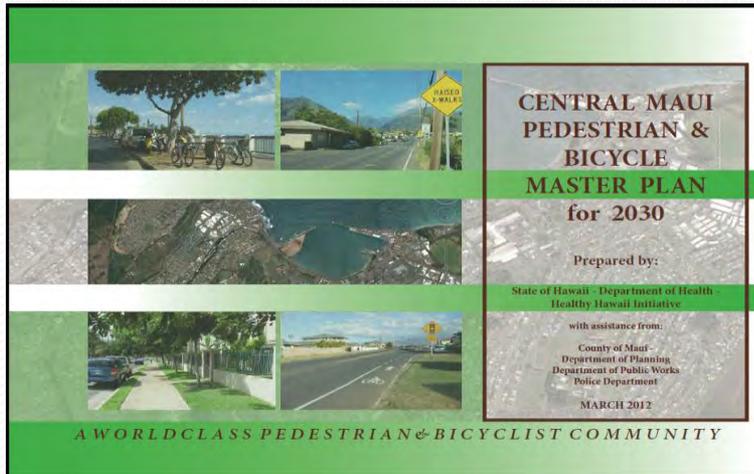
Physical Activity Highlights: Hawaii County

- Hilo Downtown Mobility Plan
- Complete Streets Plan
- “Green Bike Lanes” – applying to all bike lane conflict areas island wide



Physical Activity Highlights: Maui County

- Working on passing a Complete Streets ordinance
- Central Maui Bicycle & Pedestrian Master Plan – Resolution with Funding for pilot projects:
 - Papa Avenue, Wailale Drive



Physical Activity Highlights: Kauai County

- Complete Streets Implementation
- Hardy Street improvement project using Complete Streets concepts including:
 - New sidewalks
 - Plans for a roundabout



New Tobacco Prevention Policies



Chapter 328J, Hawaii Revised Statutes

- Age 21 sales to minors, Act 122, HSL 2015, §321-, 701- , HRS
- Retail placement of other tobacco products, Act 227, HSL 2013, §328J-18, HRS
- E-Cig in clean air laws, Act 19, HSL 2015, §328J-1, HRS
- Tob Free State parks, Act 123, HSL 2015, §184- , HRS



Educational Systems

Coordinating prevention policies and practices through the school system

Policies

DOE Wellness Guidelines

- Nutrition standards
- Recommended hours for PE and HE & Nutri Ed
- Professional development for teachers, faculty, and other school employees to support guidelines

- Farm to school, Act 218, 2015 HSL, §141-, HRS Creates Hawaii Farm to School Program & 1 Coordinator Position in DoA effective 7/01/15
- Schools met an average of 79% of the wellness guidelines in 2013-2014

Educational Systems Highlights

- 400 Health & PE Professional Development events offered in 2013-2014 - 701 unique teachers & staff trained
- 431 Cafeteria workers trained
- First ever Hawaii Farm to School Conference held in October 2014
- 2015 YRBS data opt-out consent process is helping to increase data
- Early Childhood Health & Wellness Guidelines were drafted



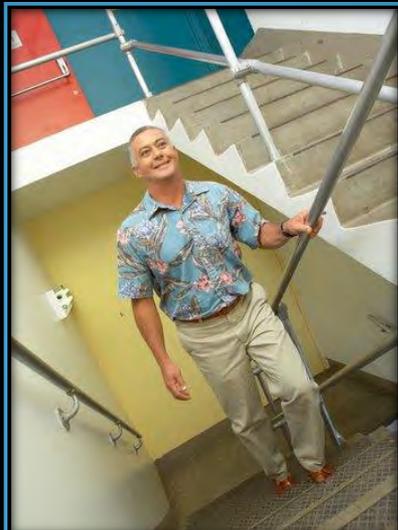
EAT YOUR VEGGIES!

Veggie Groups

- Red & Orange
- Starchy
- Dark Green**
- Legumes
- Other

DARK GREEN VEGGIES include:
Romaine lettuce, broccoli, bok choy, lu'au leaves, kale, spinach, watercress, and parsley.

- Dark green veggies are delicious in pasta and salads; steamed, blended, or raw with dressing.
- At least 1/2 cup of dark green veggies or 1 cup of leafy greens are served in school meals each week.
- Dark green veggies get rid of toxins, build red blood cells, prevent cancer, keep skin healthy, and promote good vision.
- Lettuce is one of the top-producing veggies in Hawai'i with more than 4 million pounds harvested last year.



Worksite, Industry, Business

Creating workplace policies and environments that support wellness

Choose Healthy Now!

Healthy Vending Project

- Collaboration between Department of Health and Department of Human Services Ho'opono Program
- Six Vendors participating in government building snack shops, with more being added
- Development of Toolkit for Public and Private Vending
- Plans to expand to hospitals, corner stores and other retail food outlets



Gov't Worksite Wellness Efforts

- Government Worksite Wellness (WSW) Policies & Procedures
October 2014, DHRD Policy No. 800-001
- Nutrition Guidelines Policy DOH, Intra-Dept'l Directive 15-001
 - Healthy food at meetings, conferences, common areas
- Government WSW demonstration program
 - Develop replicable and scalable State WSW program



Neighbor Island Highlights

- Get Fit Kauai – Nutrition and Physical Activity Coalition (NPAC) Worksite Wellness Challenge 2014
 - 25 Teams of Kauai employers
- 2014 & 2015 Maui NPAC WSW Conference
- Hawaii Island Mayor's Active Living Advisory Council – WSW Efforts





Healthcare systems

Creating community-clinical linkages so people can follow through from clinic to kitchen

Healthcare Systems Highlights

- **North Hawaii Community Hospital** to be designated as Baby-Friendly in 2015
- Training for community-based cessation providers
- HTQL collects DSM data and can provide appropriate counseling for those diagnosed
- Added a question to 2015 BRFSS that will give a baseline on % of overweight and obese adults asked about their weight by their healthcare provider

Diabetes Prevention and Control

- Conducting assessment of resources available and identifying strengths and gaps in the system of care for diabetes self-management and prevention
- Provided June 2015 Diabetes Self-Management Education (DSME) training to help get more reimbursable programs started
- Identifying partners to increase the availability of CDC recognized Diabetes Prevention Programs (DPP)

Diabetes Self-Management Education

- DSME Overall Objectives
 - Informed decision-making
 - Self-care behaviors
 - Problem-solving and active collaboration with health care team
- 7 Self-Care Behaviors
 - Healthy eating
 - Being active
 - Monitoring
 - Taking medication
 - Problem solving
 - Healthy coping
 - Reducing risks

DSME Hawaii Policy

§431:10A-121, HRS Coverage for diabetes. Each policy of accident and health or sickness insurance providing coverage for health care, other than an accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit health insurance policy, that is issued or renewed in this State, **shall provide coverage for outpatient diabetes self-management training, education, equipment, and supplies, if:**

(1) **The equipment, supplies, training, and education are medically necessary; and**

(2) **The equipment, supplies, training, and education are prescribed by a health care professional authorized to prescribe.** [L 2000, c 243, §2; am L 2002, c 155, §59]

§432:1-612, HRS Diabetes coverage. All group health care contracts under this chapter shall provide, to the extent provided under section 431:10A-121, coverage for outpatient diabetes self-management training, education, equipment, and supplies. [L 2000, c 243, §3]

Diabetes Prevention Program

- CDC Recognition Program Standards and Operating Procedures
 - Participation eligibility
 - Safety & data privacy
 - Location
 - Staffing
 - Required 16 week curriculum content
 - 11 Recognition Standards & Req'ts
- Hawaii has one CDC recognized program: FirstVitals Health and Wellness Inc.
- DPP not currently available
- Not mandated benefit
- Not available to most

State Innovation Model Design 2

POPULATION HEALTH COMMITTEE

JULY 14, 2015

Welcome and Introductions

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

SIM Staff: Joy Soares
Abby Smith

Trish LaChica
Nora Wiseman

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

Minutes from June 22, 2015 Meeting

June SIM Committee Updates – Steering Committee

Steering:

- SIM presented a draft Road Map for Health Care Innovation
- Discussed Innovation Structure and Funding for Reform

Next Steps:

- Collect feedback and continue discussion on Hawai'i Health Care Innovation Roadmap
- Determine whether DSRIP (Delivery System Reform Incentive Payment) is a next step for Hawai'i

June SIM Committee Updates – Delivery & Payment

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 Committee Updates – Oral Health

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

■ Committee agreed to focus on oral health for pregnant women, possibly DD population as well

■ Next steps are to determine legislation strategies

June SIM Committee Updates - Workforce

Workforce

- 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 - HIT

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

Updated Health Innovation Focus

Priority for State: Nurturing Healthy Families

How this shapes SIM Priorities:

- Behavioral health integration strategies because of implications for health, functionality, system cost
- Focus on mild to moderate conditions to better intervene early and prevent more serious conditions
- Include children and adults as part of 2-generation approach

BH and Tobacco, Obesity, Diabetes

Link between BH conditions and tobacco use, obesity and diabetes

❖ Adverse Childhood Experiences (ACE) –childhood abuse, neglect, and exposure to other traumatic stressors

❖ ACE score is the total count of number of ACEs reported

❖ As the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion.

Alcoholism and alcohol abuse

Illicit drug use

Early initiation of smoking

Smoking

Depression

Health-related quality of life

Diabetes

Obesity

Unintended pregnancy

Fetal death

Heart disease

Fractures

ACE

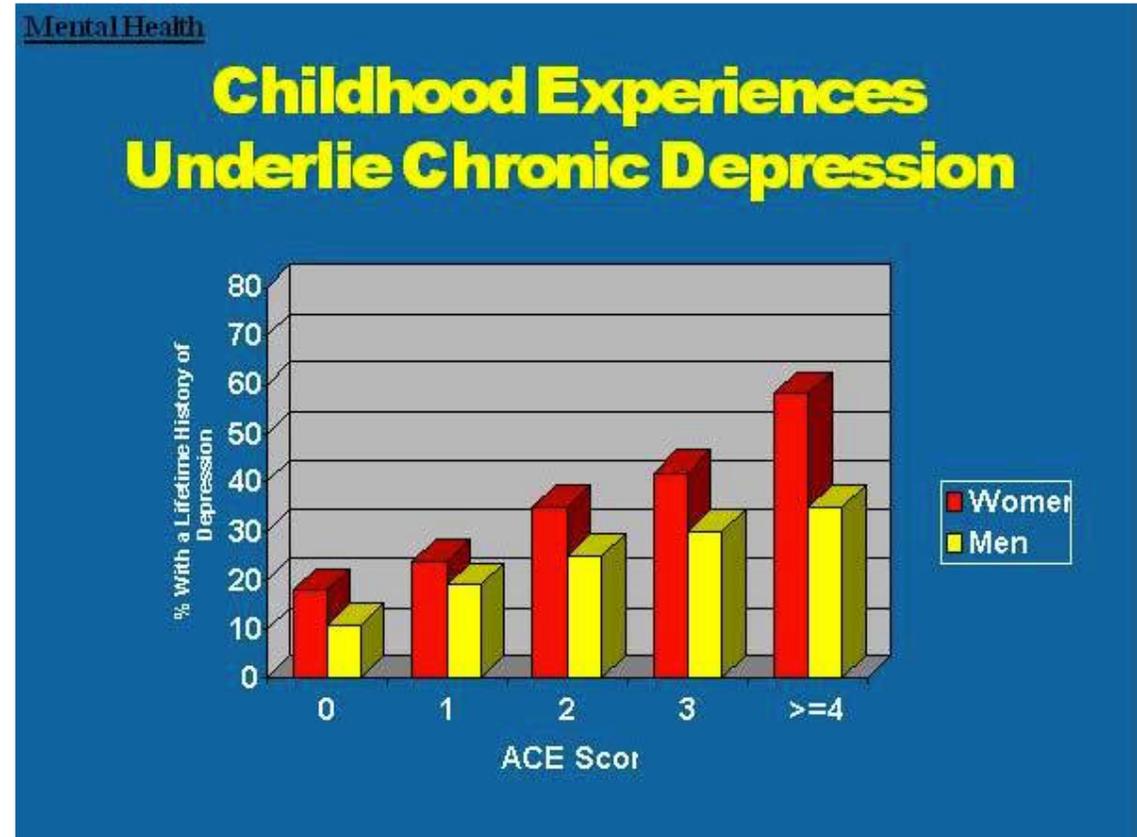
As ACE score increases, so does the risk of disease and social and emotional problems.

- ❖ With an ACE score of 4 or more, the likelihood of:
 - ❖ Chronic pulmonary disease increases 380%
 - ❖ Hepatitis increases 240%
 - ❖ Depression increases 460%
 - ❖ Suicide increases 1,220%

ACE and Adult Alcoholism



ACE and Chronic Depression



ACE and Smoking

