

WELCOME

MAHALO FOR BEING HERE

# IMPROVING HEALTH CARE, COVERAGE, AND ACCESS

September 2015

# HEALTH CARE INNOVATION

Many opportunities in federal Affordable Care Act (“ACA” or “Obamacare”)

- Insurance coverage
- Access and Care
- Payment for quality and outcomes

# HEALTH CARE INNOVATION

Today's discussion: 3 ACA-related proposals

- ACA waiver
- Innovation to improve behavioral health
- Coordinating access to services (*seniors, people with disabilities, veterans*)

# HEALTH CARE INNOVATION

Brief summary of each; breakout groups to discuss

- ACA waiver – Beth Giesting
- Improving behavioral health – Joy Soares
- Access to care – Debbie Shimizu

# MAHALO!

More information and feedback:

<http://governor.hawaii.gov/>

# ACA WAIVER PROPOSAL

Preserving Prepaid & Adding the Best of the ACA\*

*\*The Patient Protection and Affordable Care Act or "Obamacare"*

**September 2015**

## WHAT DOES THE ACA DO?

- Access and Care
- Payment for quality and outcomes
- Insurance coverage

# ACA INSURANCE GOALS

- Everybody to be insured
- Insurance benefits cover essentials
- Employers participate
- Consumers protected  
(out-of-pocket costs, pre-existing conditions)

# ACA INSURANCE COVERAGE

## ✓ Exchange for Individuals

- Mandate that everybody has insurance
- Tax credits on exchange make coverage affordable

# ACA INSURANCE COVERAGE

- ✓ Exchange for Small Businesses (SHOP)
  - Increase transparency, competition
  - Simplify purchase
  - Enable employee choice
  - Provide tax incentives

# ACA INSURANCE BENEFITS

## ✓ 10 “Essential Health Benefits”

1. Ambulatory care

2. Emergency care

3. Hospitalization

4. Maternity and newborn care

5. Mental health, substance abuse

6. Prescription drugs

7. Rehabilitative/habilitative services

8. Laboratory services

9. Preventive and wellness services

10. Pediatric medical, dental, vision

## ACA EMPLOYER CONTRIBUTION

- ✓ Large businesses required to offer insurance
  - ACA doesn't mandate coverage by small employers but provides incentives.

*Note: Prepaid mandate prevails in Hawaii.*

## ACA CONSUMER PROTECTIONS

- ✓ No exclusions for pre-existing conditions
- ✓ No upper limit for benefit costs
- ✓ Caps out-of-pocket costs

# ACA IN HAWAII

## Hawaii Shares ACA Goals

- Near-universal coverage
- Insurance benefits cover essentials
- Employers participate via Prepaid
- Consumers protected –
  - Out-of-pocket costs
  - Pre-existing conditions

# ACA IN HAWAII

## Hawaii Health Connector Created to Comply with ACA

- Developed Individual Exchange
  - Determine eligibility (Medicaid or tax credits)
  - Support enrollment in plans
  - Manage individual tax credits and cost-share reductions
- Developed Small Business Exch. (SHOP)
  - Display employee choices
  - Support enrollment in plans
  - Aggregate premiums for employers
  - Certify eligibility for employer tax credits

# ACA IN HAWAII

## Health Connector, as it turned out

- Complex, expensive to develop and maintain
- Low volume of individuals (few uninsured)
- SHOP little used by businesses (Prepaid)

## Current status

- Individual enrollment moving to federal exchange
- Businesses purchasing directly in lieu of SHOP

# ACA IN HAWAII

Prepaid Health Care Act (since 1974) is a key to Hawaii's insurance success

- Most working people and dependents covered
- Large and small businesses participate
- Good consumer benefits and protections

Hawaii needs waiver to officially align ACA to Prepaid

## ACA WAIVERS

- Not available until 2017
- Can waive only some provisions:
  - Essential health benefits
  - Insurance Exchanges
  - Tax credits
  - Individual and employer responsibility

# ACA WAIVER FOR HAWAII

## *Hawaii Waiver Proposal:*

- ✓ Waive SHOP exchange
- ✓ Align ACA with Prepaid
  - Insurance benefits and payment
  - Employee eligibility
  - Employee choice

# ACA WAIVER FOR HAWAII

## ACA Small Employer Tax Credit

- Businesses up to 25 employees
- Average annual wage < \$50,000
- Credit up to 50%
- Available up to 2 years

## ACA WAIVER FOR HAWAII

- ✓ Request equivalent amount for Premium Supplementation Fund

Administered in Hawaii as part of Prepaid

## ACA WAIVER FOR HAWAII

Proposed waiver does not affect coverage for uninsured individuals

Will use “Supported State-Based Exchange”

# ACA WAIVER FOR HAWAII

✓ Proposed waiver: Align with Prepaid

1. No SHOP exchange
2. No co-op or multi-state insurers
3. No benefit plans inferior to Prepaid
4. Employer decides which plans are available to employees
5. Small employer tax credit administered in Hawaii

**Also under discussion: differences in Prepaid vs. ACA benefits**

**MAHALO!**

More information and feedback:

<http://governor.hawaii.gov/>

# STATE INNOVATION MODEL

Contributing to Healthy Families and Communities

September 2015

# STATE'S GOALS FOR HEALTH & CARE

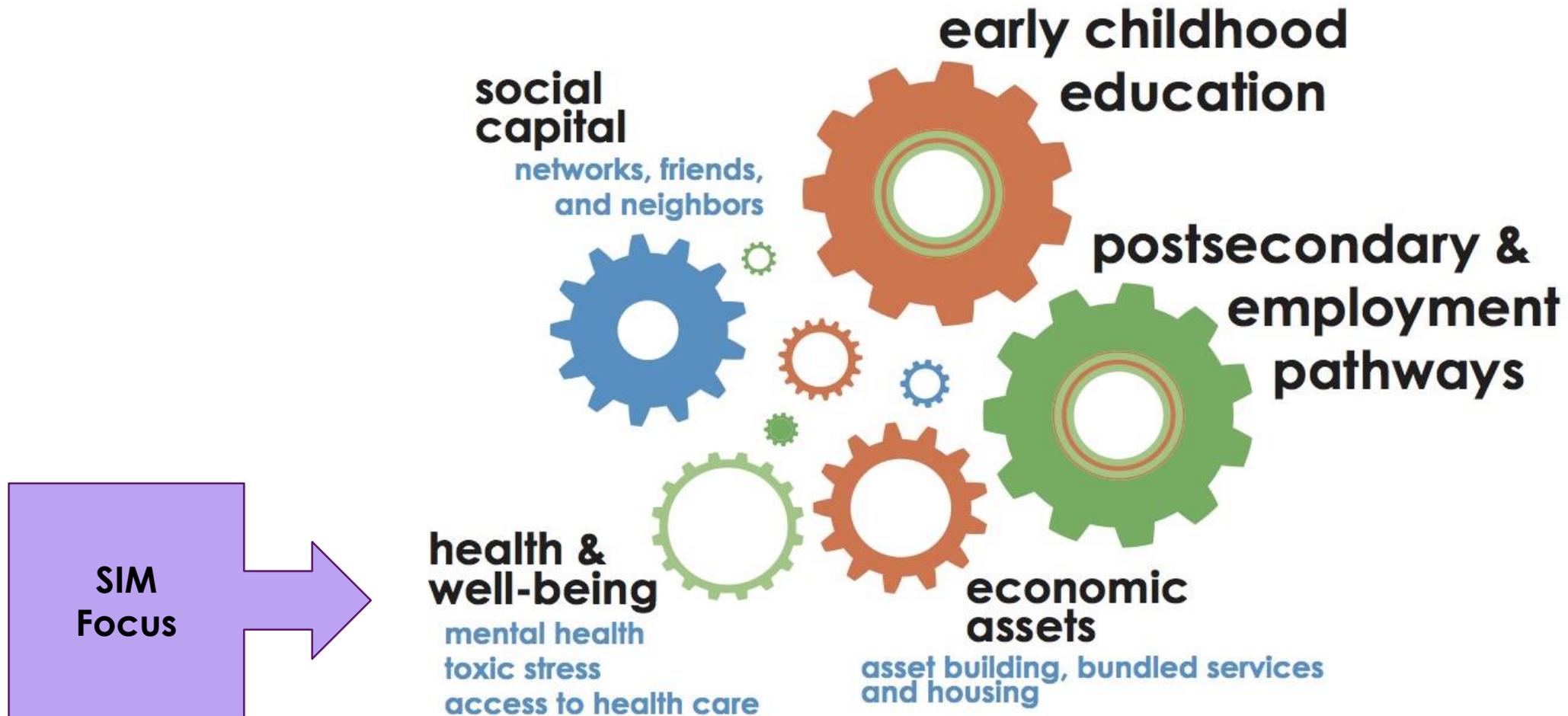
## Healthy Families/Healthy Communities

- Social determinants of health
- Racial/ethnic, geographic, economic health equity
- Triple Aim: Quality, Health, Costs

# NURTURING HEALTHY FAMILIES & COMMUNITIES

- ❖ Coordinating systems, programs, and services
  - Support families and communities
  - Address Social Determinants
  
- ❖ Investing early in keiki and their young parents in multi-generation approach

# COMPONENTS TRANSFORMED INTO SYSTEMS



# SIM FOCUS: HEALTH & WELL-BEING

## Health care areas that support 'Ohana

Contributing to positive **behavioral health** through integration with **primary care**

- Adults and children
- In primary care and OB/GYN settings
- Mild to moderate behavioral health conditions (depression, anxiety, substance use)

STARTING WITH MEDICAID

# WHY BEHAVIORAL HEALTH?

- Behavioral health (BH) affects ability to **learn, work**, and be part of **healthy families** and **communities**.
- **YOU** chose BH during SIM round one as the top priority. So did hospital **Community Health Needs Assessment**.
- BH disproportionately affects the most **vulnerable populations**.
- **Access** to BH services is challenging, especially for the Medicaid population.

# DATA ON BEHAVIORAL HEALTH

- Hawaii data showed the average cost for individuals with a BH condition was **three times the average total cost** for individuals without a BH diagnosis.
- Mental illness was identified as the number one **preventable** hospitalization in 2012 (Community Health Needs Assessment).
- In 2013, more than one in every 4 adults (27%) in Hawai'i reported having **poor mental health**.<sup>1</sup>

1. Kaiser Family Foundation (2013). Perfect of adults reporting poor mental health by race/ethnicity:  
<http://kff.org/other/state-indicator/poor-mental-health-by-re/>

# DATA ON BEHAVIORAL HEALTH

- The number of **suicides** for youth ages 15 to 24 more than doubled from 2007 to 2011.

## Disparities:

- More than one in ten (11.9%) of Native Hawaii/Pacific Islander high school students attempted suicide one or more times in the past year, the highest proportion among all racial groups in the US.<sup>1</sup>
- Native Hawaii and Pacific Islanders ages 12 and older are abusing or dependent upon substances at rates much higher rates (11.3%) than blacks (7.4%), whites (8.4%), and Hispanics (8.6%).

1. Asian & Pacific Islander American Health Forum. (2010). Health disparities. [http://www.apiahf.org/sites/default/files/NHPI\\_Report08a\\_2010.pdf](http://www.apiahf.org/sites/default/files/NHPI_Report08a_2010.pdf)
2. US Department of Health and Human Services (2014). Results from the 2013 national survey on drug use and health: <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

# WHY MILD TO MODERATE CONDITIONS?

- Potential **return on investment**: co-morbidity costs in Hawaii
  - A mental health condition was a co-existing diagnosis in 34% of hospitalizations
- National behavioral health integration initiatives have **demonstrated improved outcomes** and a strong return on investment for patients with mild to moderate behavioral health conditions.

# WHY FOCUS ON PRIMARY CARE?

- PCPs provide **60-70% of BH care** for mild to moderate conditions.
- Feedback from Hawaii stakeholders suggest that many PCPs are not screening because of the **lack of BH training and resources** needed to provide those services at the primary care level.
- Data on behavioral health integration pilots in Hawaii are not available yet, but anecdotally providers report they think their **patients are receiving better care.**

# AUDIENCE PARTICIPATION



# PROPOSED MODELS

- **SBIRT** - Screening, Brief Intervention, Referral for Treatment; to help address the hidden issues with substance misuse in primary care offices
- **Screening and Treatment of Depression and Anxiety** - based on IMPACT model to identify and treat depression in primary care settings
- **Motivational Interviewing** – is a client-centered method used to educate, engage, empower consumers to be part of their health

# PROPOSED MODELS

- **Voluntary!**
- Chose model(s) that meets the need of the community
- Develop training program
- Learning collaboratives
- Develop provider to provider consultation model
- Expand members of primary care team
  - Community Health Workers
  - Clinical pharmacists

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More information and feedback:

<http://governor.hawaii.gov/>

# NO WRONG DOOR

40

A System of Access to Long Term Services and Supports  
for All Populations and Payers



September 2015

# THIS PRESENTATION

## **BACKGROUND**

**WHAT** is the No Wrong Door?

**WHO** Is involved?

**WHY** do we need the NWD system?

**HOW** are we going to do this?

## BACKGROUND

- In 2014, the US Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS) and the Veterans Health Administration (VHA) provided grants to states to plan a “No Wrong Door” (NWD) system that would help individuals stay at home as long as possible.
- Purpose:
  - Make it easier for people of all ages, disabilities and income levels to **learn about** and have **access** to the services and supports they need to **keep them in their homes**
  - **Break down silos** to better **coordinate** and **integrate** the multiple state administered programs
  - Offer people **choices** and develop a plan for what they want (**person-centered**)
  - Develop a **3-year plan** to include a detailed strategy and work plan



## WHAT IS THE NO WRONG DOOR SYSTEM?

NWD is a **single statewide system of access to long term services and supports (LTSS)\*** for all populations and all payers

**\*LTSS= Long Term Services and Supports** means:

- Assistance with activities of daily living (ADL) such as bathing, dressing, toileting, eating or
- Assistance with Instrumental activities of daily living (IADL) such as cooking, driving, shopping, help with finances or
- Cannot perform ADLs or IADLs due to a physical, cognitive, or chronic health condition that is expected to continue for an extended period of time, typically 90 days or more

## WHAT DOES IT MEAN???

The NWD System **functions** include:

- **Public Outreach and Coordination with Key Referral Sources**
  - A coordinated system
  - Not just one entity. Built upon existing resources and places known to individuals
- **Person-Centered Counseling**
  - Based on what YOU want
- **Streamlined Access to LTSS Programs**
  - Tell your story only once
  - Standard process with common protocols
  - Easier for the consumer
- **State Governance and Administration**
  - Advisory committee including partners and stakeholders



**WHO** is involved and **WHO** is it for?



## FOA Requirements

12-month Planning process to generate a 3-year implementation plan to transform the state LTSS access function into a No Wrong Door System for all populations and all payers.

Required Full Partners	Required Agencies/Stakeholders
<ul style="list-style-type: none"> <li>• State Medicaid Agency</li> <li>• State Unit on Aging</li> <li>• State agencies that serve or represent the interests of the physically disabled population</li> <li>• State agencies that serve or represent the interests of the I/DD population</li> <li>• State authorities administering mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Consumers and their advocates</li> <li>• Area Agencies on Aging</li> <li>• Centers for Independent Living</li> <li>• Local Medicaid agencies</li> <li>• Local organizations that serve or represent the interests of the physically disabled population</li> <li>• Local organizations that serve or represent the interests of the I/DD population</li> <li>• Local organizations that serve or represent the interests of individuals with mental/behavioral health needs</li> <li>• Veteran Service Organizations</li> <li>• Service providers</li> </ul>

\* Funding Opportunity Announcement

## HOW ARE WE GOING TO DO THIS?

### The Hawaii Plan- Our Vision

The Aging and Disability Resource Center (ADRC) is the mechanism that we are using to build the No Wrong Door system.

**1) Develop the current Aging and Disability Resource Center (ADRC)** into a fully coordinated, integrated and person-centered system of long term services and supports (LTSS) for individuals of all ages, all disabilities and all payers

- Currently ADRCs are at the County Area Agencies on Aging
- ADRCs are designed by the county and are different in each county
- Future- We want to build a network around ADRC

**2) Integrate with the Office of Healthcare Transformation Innovation plan**



# Aging and Disability Resource Centers (ADRC)

## Information and Referral

- ADRCs provide information and referrals to community service providers, such as adult day care, transportation, adult crisis intervention, home delivered meals

## Intake and Assessment

- ADRC specialists listen to the individual's needs and conduct an assessment over the phone or may meet them in person

## Person-centered counseling

- ADRC specialists provide individuals and their families with choices and options about long term services and supports based on what the individual and their family want

## Support Plan

- ADRC specialists assist the individual and their family develop a plan based on what is important to them

## WHY DO WE NEED A NO WRONG DOOR SYSTEM?

- Strengthen the “D” in ADRC (Aging and Disability Resource Center)
  - Current ADRC is primarily focused on the Aging population  
We need to strengthen the system for individuals with disabilities and veterans.
  - Build a network (ADRCs and pool of providers) to provide counseling and supports for all participants and populations
- Improve coordination and streamline referral protocols between Doors in the network so we can provide services more efficiently
- Reduce duplication through data sharing
- Meet Federal requirements in managed care rules and Affordable Care Act guidance for person-centered counseling
- Need for sustainable funding
  - Diversify funding (Medicaid, Veterans, health plans)



# 3-YEAR PLAN



**GOAL:** Support all individuals with LTSS needs make informed choices about their supports so they can lead meaningful lives

## OBJECTIVES:

- Develop the current publicly funded LTSS access points (Doors) into an integrated, coordinated network
- Expand the capacity of the network to support all populations (Include other providers)
- Develop infrastructure for training on person-centered counseling
- Establish diversified and sustainable funding

## NO WRONG DOOR BLOG

<http://hinwd.blogspot.com/>

- Meeting information
- Notes from stakeholder meetings
- Links to important documents
- Comments

# Mahalo !

