

State Innovation Model – Round 2
Delivery and Payment Committee
Goals and Milestones

Overview

An actuarial study of Hawai'i health care costs for 2012 revealed that the average total health care cost for people with a behavioral health diagnosis is three times that of people without such a diagnosis. During the SIM Round 1 process, stakeholders identified behavioral health as the number one priority, and identified targeted populations and strategies to achieve the Triple Aim. The targeted populations include: (1) Adults in primary care settings with mild to moderate behavioral health conditions; and (2) Adults with chronic conditions in combination with behavioral health conditions. Some of the strategies identified include integrating primary care with behavioral health, increasing resources and training offered to primary care providers, increasing utilization of behavioral health consultation services provided via telehealth, and developing training programs and reimbursement methodologies for community health workers.

The Delivery and Payment Committee will build on the work completed during the SIM Round 1 process and is charged with developing delivery and payment innovations that will be included in a detailed implementation plan. Additionally, the committee will recommend metrics and an evaluation strategy which will be provided to the Steering Committee.

Goals

- ✓ **Identify delivery and payment models that address improving early detections, diagnosis, and treatment of behavioral health conditions in primary care settings.**
- ✓ **Identify a plan to increase the use of appropriate standard screening tools in primary care settings.**
- ✓ **Improve the capacity of primary care providers to address behavioral health issues on a primary care level and/or integrate behavioral health specialty services in primary care practices.**
- ✓ **Identify a plan to increase access to behavioral health services.**
- ✓ **Improve the care coordination of patients with behavioral health conditions and linkage with treatment and community support services.**

Guiding Principles

The recommendations in the innovation project plan shall reflect the following:

- ✓ Shall be patient-centered, i.e., related to patient needs and preferences.
- ✓ Shall focus on overcoming access barriers by being more convenient, affordable, and integrated into routine primary and preventive services.
- ✓ Shall address the needs of patients with co-occurring disorders.
- ✓ Shall emphasize improving care or health status while bending the cost curve.
- ✓ Shall be amenable to standardized metrics and appropriate and achievable outcomes.
- ✓ Shall be linked to Patient-Centered Medical Homes (PCMH), Medicaid Health Homes, and Community Care Networks (CCN).

- ✓ Shall be culturally appropriate and effective, improve health equity, and reduce health and geographic disparities.
- ✓ Shall increase patient awareness and understanding of the social determinants of health.
- ✓ Shall include an evaluation plan to measure the impact of intervention in terms of better health, quality of care, and cost.
- ✓ Shall include recommendations to streamline administrative functions and reduce waste and duplicative services.

Action Plan

Mtg	Action	Due Date
1	Agree on project purpose, goals, and guiding principles. Determine if other stakeholders are missing and need to be involved. Discuss role of consultants and proposed timeline. Agree on target population and behavioral health integration framework. Discuss approaches for screening for mild to moderate behavioral health conditions using validated tools.	Jun 16
2	Discuss population health management approaches and tools, and how approaches will address the needs of consumers seeking care in small primary care offices, community health centers, and large practices. Also discuss approaches to manage consumers with complex care needs (also known as “super utilizers”).	Jul 21
3	Continue to discuss delivery models with team-based care with non-physician staff to support PCPs and co-managed treatment. Discuss role of community health workers, clinical pharmacists, and others. Identify standardized use of evidence-based guidelines and plan for systematic review of measures.	Aug18
4	Discuss and provide feedback on delivery model draft proposal and discuss payment models that support the delivery model.	Sept 15
5	Review public input: focus groups, community meetings, legislature, and relevant professional associations. Review and refine draft plan.	Oct 20
6	Continue to review and refine final draft plan.	Nov 17
7	Celebrate!	Dec 15

Membership

1. Rachael Wong, Dept of Human Services, Co-Chair
2. Joy Soares, Office of the Governor, Co-Chair
3. Mark Fridovich, Dept of Health
4. Marya Grambs, Mental Health America
5. Chris Hause, Kaiser Permanente
6. Sid Hermosura, Waimanalo Health Center
7. David Herndon, HMSA
8. Dave Heywood, UnitedHealth Care
9. Robert Hirokawa, Hawaii Primary Care Association
10. Alan Johnson, Hina Mauka
11. Chad Koyanagi, IHS
12. Karen Krahn, Dept of Health
13. Sondra Leiggi, Castle Medical Center
14. Anna Loengard, Queen’s CIPN
15. Kristine McCoy, Hilo Family Practice Residency
16. Wendy Moriarty, `Ohana Health Plan
17. Gary Okamoto, AlohaCare
18. John Pang, Pharmacist
19. Karen Pellegrin, UH Hilo College of Pharmacy
20. Bill Watts, Queen’s Medical Center
21. Kelley Withy, AHEC
22. Paul Young, HAH

Meeting Schedule: 3rd Tuesday of every month starting June 16th, 11:00 – 12:30. Place TBD.