



EXECUTIVE CHAMBERS

HONOLULU

David Y. Ige
GOVERNOR

Steering Committee
State Office Tower, Room 1403
June 2, 2015, 12:00 – 1:30

Proposed Agenda

- | | |
|--|---------------|
| 1. Welcome and introductions | Beth Giesting |
| 2. Review/approval of Minutes from May 5, 2015 | Beth Giesting |
| 3. Structure for Health Care Transformation | Beth Giesting |
| 4. Program Updates | Joy Soares |
| a. Bruce Goldberg/Tina Edlund June visit | |
| b. Contractor Status | |
| c. Schedule of SIM Committees | |
| d. Health Care Innovation Website | |
| 5. Other business | |
| 6. Next meeting – July 7 th , State Office Tower, Room 1403 | |
| 7. Adjournment | Beth Giesting |



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
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**Hawai'i Health Care Innovation Models Project
Steering Committee Meeting
June 2, 2015**

Committee Members Present:

Beth Giesting, Chair
Alan Johnson
Ginny Pressler
Sue Radcliffe
Christine Sakuda
Debbie Shimizu
Rachael Wong (joined via phone)
Robert Hirokawa
Scott Morishige

Staff Present:

Joy Soares
Trish La Chica
Abby Smith
Nora Wiseman

Guests:

Dailin Ye

Committee Members Absent:

Mary Boland
George Greene
Gordon Ito
Greg Payton
Kelly Stern
Roy Magnusson
Jennifer Diesman
Marya Grambs
Jill Oliveira Gray
Chris Hause

Welcome and Introductions:

Chair Giesting welcomed the group to the Steering Committee meeting and noted new member Scott Morishige from PHOCUSED. Rachael Wong participated via teleconference. Participants introduced themselves and their respective agencies.

Review/Approval of Minutes from Meeting May 5 2015:

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

Structure of Health Care Transformation, Beth Giesting

Giesting identified development of structure for on-going health care innovation, post-January, as an important timely issue for the committee. She presented an outline of some of the roles and responsibilities appropriate to continuing innovation work. Briefly, these were convening stakeholders, prioritizing approaches and initiatives, developing alignment, collecting and using data, supporting

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access, and addressing population health. The slides were sent out to Steering Committee members on June 2.

Giesting noted that consultants Goldberg and Edlund will be facilitating additional, in-depth discussion on vision, roles, and structure later in June; accordingly, the presentation was an opportunity for committee members to share some ideas. She said that our framing of the discussion includes options for the immediate term when the federal grant ends (February – June 2016), short to mid-term, and long term. Giesting reported that, for the immediate term, there are some general funds for health care innovation, but not sufficient to meet current program needs. Options for the short to mid-term include being incorporated into an existing State agency such as DHS/MedQUEST, DOH, State Health Planning & Development Agency (SHPDA), and the Hawai'i Health Authority (HHA). Giesting added the importance of also reuniting the health care innovation program with the APCD, which is currently at the Office for Information Management & Technology. In the long term, she emphasized, it is essential that there are durable relationships with any department that is involved with health care to ensure a common vision and collaborative investment and responsibility.

State Examples of Health Care Transformation:

Giesting shared examples of how five states - Connecticut, Maine, Minnesota, Oregon, and Washington - are structuring their health transformation programs. (See slides 6-10)

Key Considerations for Health Care Innovation

Giesting identified a short list of items to consider as we think about the future of Health Care Innovation:

- Legislation and legislative relationships
- Funding
 - General funds
 - Private funds, fees
 - Federal grants
 - CMS/Medicaid Match
- Exempt vs. civil service positions
- Agency buy-in

Q & A/Discussion:

The following items were raised by Steering Committee members:

- Has health care innovation thought about becoming attached to RCUH?
- There are advantages and disadvantages to becoming a part of a department agency versus continuing to represent the state as a whole in its current structure in the Governor's Office.
- Health care innovation must identify priorities post-SIM to shape thinking about which agency structure would be most appropriate. Taking a step back, it is important to confirm that there's agreement that health care innovation is a continuing need.
- Is there a possibility to get into public health research?
- Businesses have been innovative while government has not changed much. How can this group have the oversight and accountability to become a change agent while also being adaptive over time?
- DHS supports the work of health care innovation and would be willing to help fund some of the work. Medicaid must take the lead as a driving force for change.

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- How do we begin to frame for the legislature the need for health care innovation to guide change and collaboration, like the Oregon Health Authority?
- Part of innovation is systemic change. How do we connect both health outcomes and policy activity so that they occur together?
- The policy infrastructure for supporting health care innovation is not there yet. But that is the benefit of having a group together – we represent the public and private sector and move as a system.
- If health care innovation becomes part of a State agency, how can we ensure executive authority?
- This process takes time and we can only begin by making incremental progress.
- Health transformation is being driven by the private sector right now. There is a lot of persuading and convincing to be done to get where we need to be.
- Oregon shifted the conversation by asking the legislature for accountability for outcomes in exchange for flexibility in how to get things done.
- We need to ensure that consumers are consulted and that their input is represented.

Program Updates, Joy Soares

Program Director Joy Soares shared that Bruce Goldberg and Tina Edlund, our consultants from Oregon, will be coming back on June 15-17 for their last visit with the team. Currently, Dr. Goldberg has been doing interviews with local individuals focusing on health IT and the All Payer Claims Database. Dr. Goldberg will facilitate sessions in June for us to come to consensus on our HIT vision for the State and for SIM. The health care innovation team is also working with Patricia MacTaggart, who will be providing technical expertise on developing an actionable HIT plan and leveraging CMS dollars to implement it.

Dr. Goldberg's final summary report and recommendations will be submitted to us by July 31st and will include:

- Recommending a smaller number of BH integration models on which our contractors can focus
- HIT strategic planning
- Health care innovation vision, goals, sustainability, and structure
- Maximizing federal funding
- Plan for remainder of SIM grant and working with a new contractor

Soares announced that a contractor has been selected. Navigant Consulting, Inc. will be working with the health care innovation team, starting on about July 1st. Contract deliverables include:

- Behavioral health integration blueprint
- Cost analysis and return on investment
- Proposed outcome evaluation and reporting
- Writing our next State Health System Improvement Plan (SHIP)

Committee Schedule:

The first round of meetings have been set.

- Oral Health Committee – June 12th (2nd Fridays)
- Delivery and Payment – June 16th (3rd Tuesdays)
- Population Health Committee – June 22nd (3rd Monday but may change)
- Workforce – June 25th (4th Thursday)
- HIT – committee membership and meeting times will be determined after Goldberg's visit

**Hawaii Health Care Innovation Models Project
Steering Committee Meeting
June 2, 2015**

Health Care Innovation Website:

The Hawai'i Health Care Project site (hawaiihealthcareproject.org) is no longer being maintained. A new website will be hosted on the Governor's Office site, <http://governor.hawaii.gov>. Policy Analyst Trish La Chica will be managing content for the website, which will include program updates, agendas, minutes, and meeting materials, opportunities to provide feedback, and health care innovation reports and resources.

Next Meeting

The next Steering Committee meeting will be on July 7th, at the State Office Tower, Room 1403.

Adjournment

The meeting was adjourned at 1:09pm.

DRAFT


State Innovation Model Design 2

STEERING COMMITTEE

JUNE 2, 2015



Agenda

1. Welcome & introductions
 2. Review/approve minutes of May 5th
 3. Structure for Health Care Innovation
 4. Program Updates
 - Bruce Goldberg/Tina Edlund June Visit
 - Contractor Status
 - Schedule of SIM Committee Meetings
 - Health Care Innovation Website
 5. Other Business
 6. Next Meeting – July 7th, noon, SOT 1403
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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
 11. Scott Morishige, PHOCUSED
 12. Jill Oliveira Gray, I Ola Lahui
 13. Greg Payton, Mental Health Kokua
 14. Ginny Pressler, Dept. of Health
 15. Sue Radcliffe, SHPDA
 16. Christine Sakuda, Hawaii Health Information Exch.
 17. Debbie Shimizu, No Wrong Door
 18. Kelly Stern, Dept. of Education
 19. Rachael Wong, Dept. of Human Services
- SIM Staff: Joy Soares Trish LaChica
 Abby Smith Nora Wiseman

Minutes of May 5, 2015



Structure for Health Care Innovation

Bruce & Tina to facilitate (SIM opportunity to create future)

Continuing Innovation Work

Convening: public and private stakeholders, consumers

Prioritizing: approaches to improve health, quality, cost-effectiveness, access

Aligning: quality measures, payment approaches, priorities, policy

Collecting and using data: identifying needs and quality circles, evaluating progress, costs

Access: telehealth, workforce, linkage to clinical & social services

Population health: address the broad array of social needs that support health

Structure for Health Care Innovation

Immediate (February 2016- June 2016)

Short- to Mid-Term Be incorporated into existing State agency; re-unite with APCD

- DHS/MedQUEST
- DOH
- State Health Planning & Development Agency (SHPDA) attached to DOH
- Hawaii Health Authority (HHA) attached to B & F
- Other?

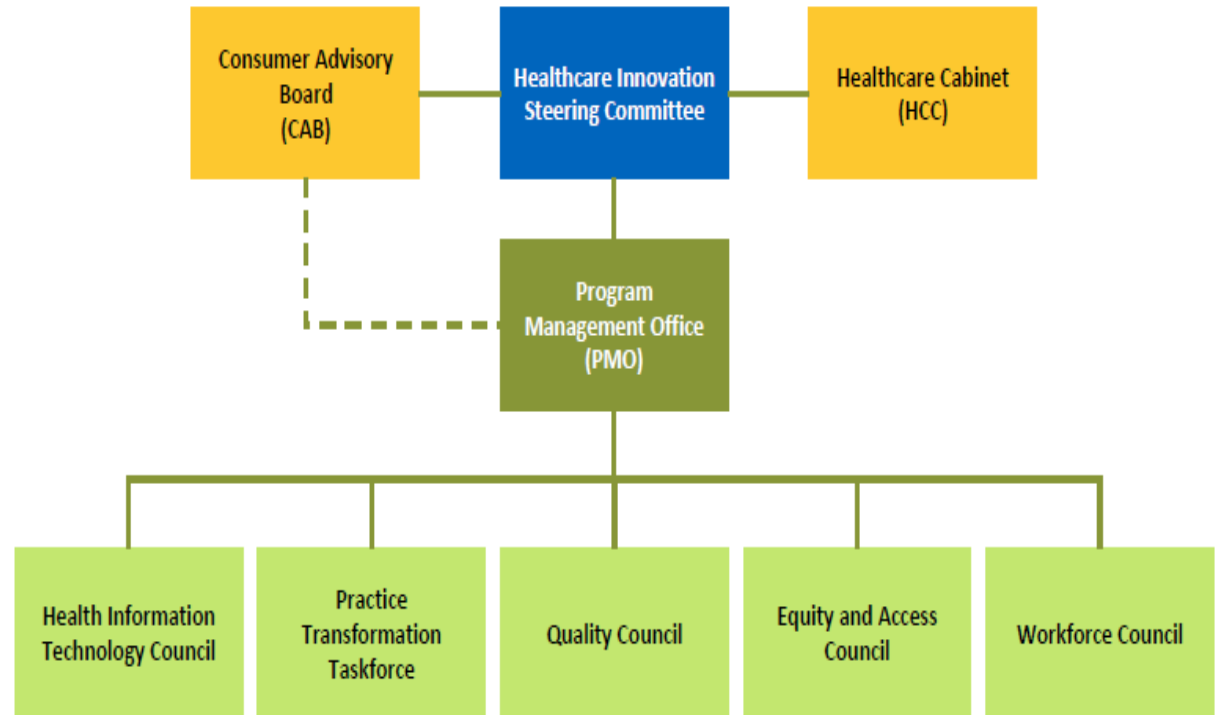
Long-term

- Durable relationships with MQD, DOH, EUTF, Insurance Division (possibly a “health cabinet”)
- New structure, division, agency

Structure for Health Care Innovation

Connecticut (Medicaid Shared Savings, Integration of BH & OH)

- In Office of Healthcare Advocate
- Chaired by Lt. Gov. Includes State agencies:
 - Comptroller
 - Public Health
 - Medicaid
 - Behavioral Health
 - APCD
 - Child Welfare
 - Insurance Exchange



Structure for Health Care Innovation

Maine (PCMH, Com. Care Teams, Medicaid ACO)

- In Dept. of Health & Human Services
- Leadership Team created by Governor includes:
 - Legislators
 - Other Admin. Agencies
 - Medicaid Medical Director
 - Tribal Representatives

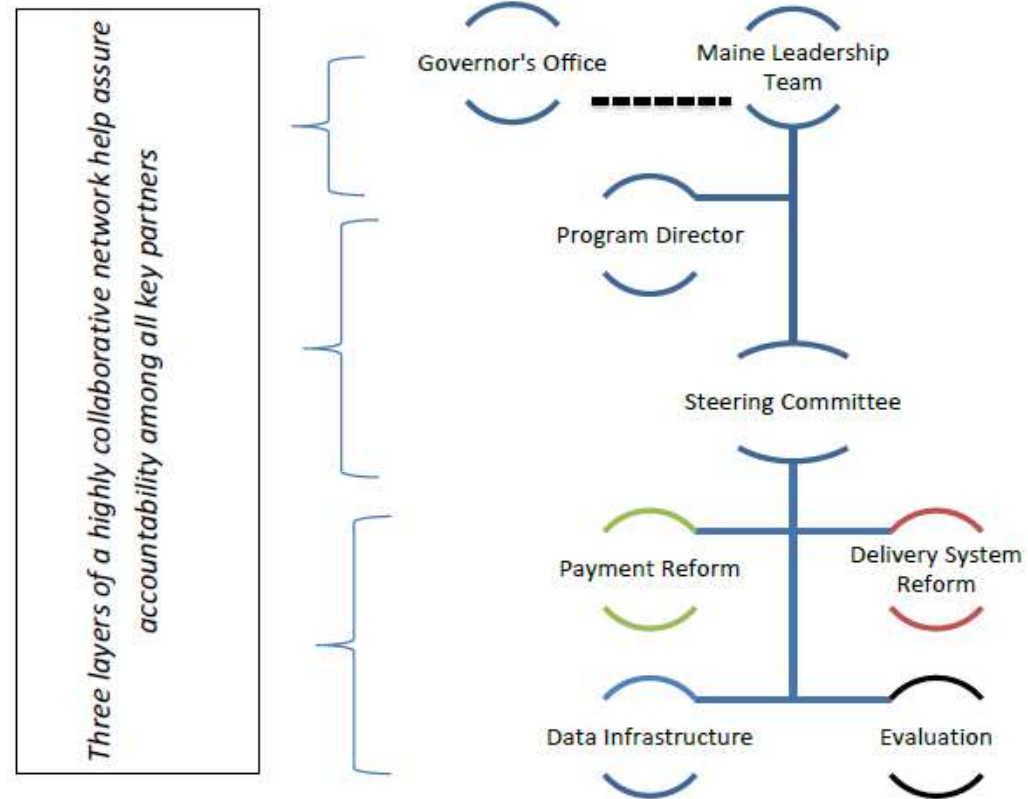
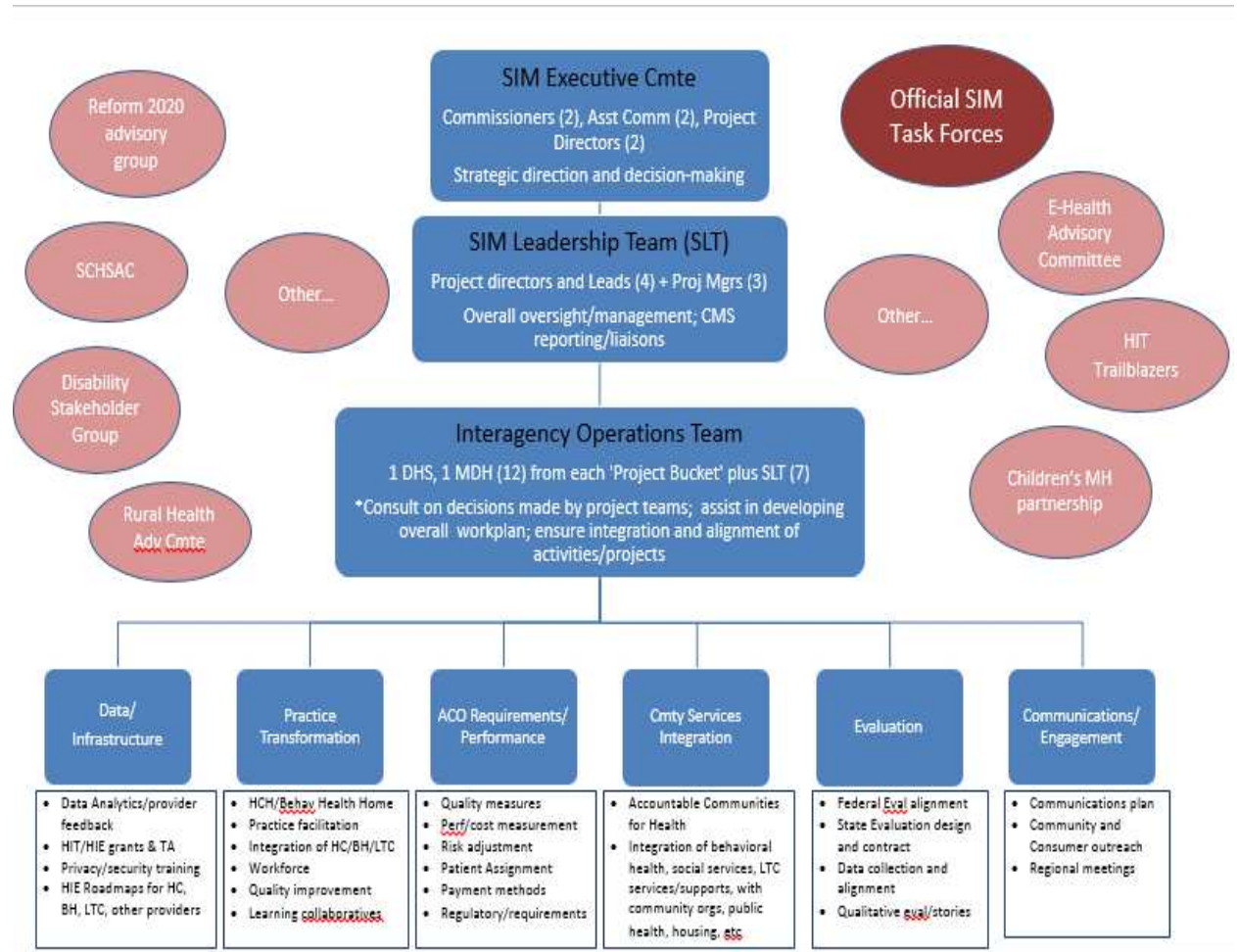


Figure 4: Maine SIM Governance Structure

Structure for Health Care Innovation

Minnesota (Medicaid Integrated Partnerships/ACO and Accountable Health Communities)

- Joint project of Depts. of Health & of Human Services
- Directs/coordinates work across agencies
- Has Team for federally-funded SIM grant and one that provides subject-matter expertise from inside and outside government.

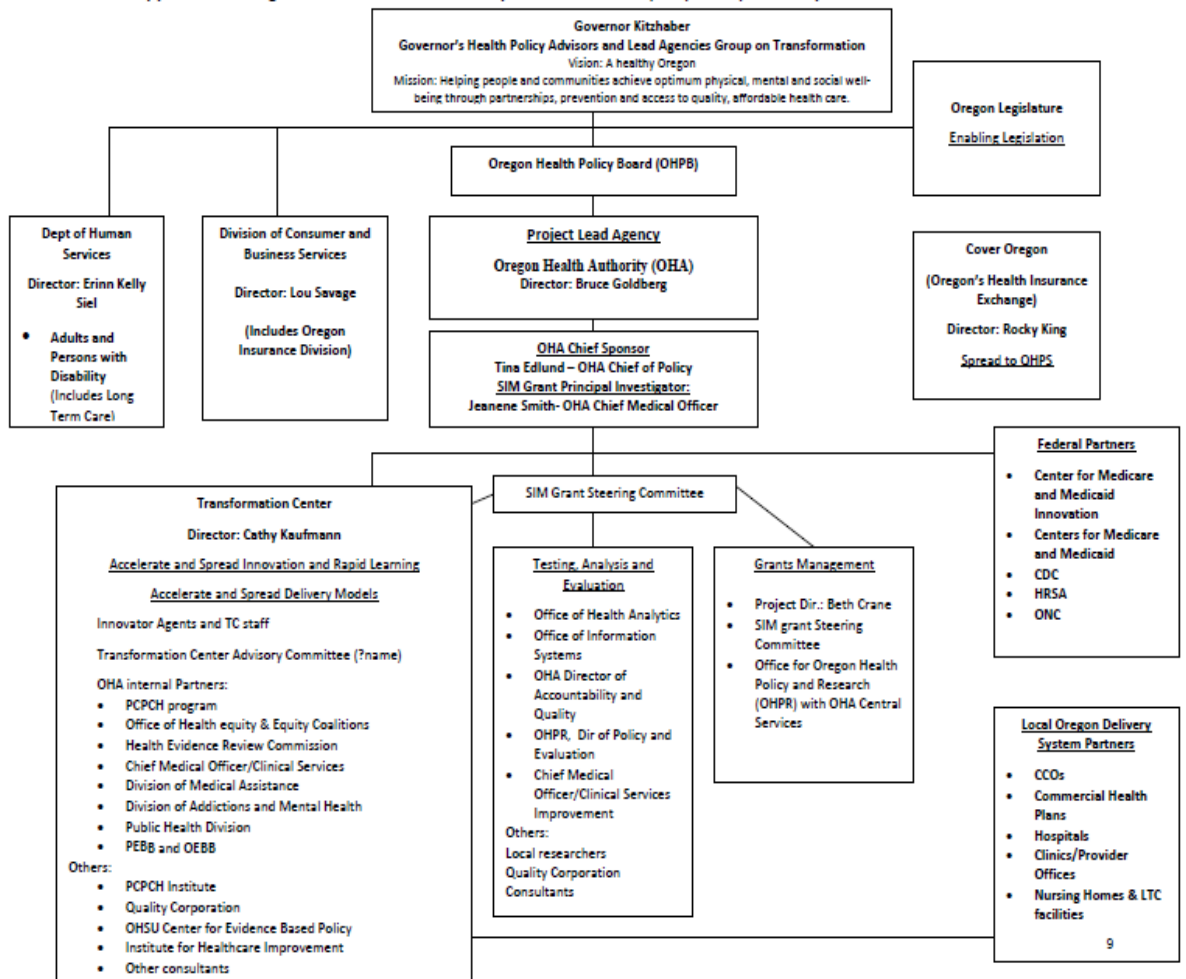


Structure for Health Care Innovation

Oregon (Collaborative Care Organizations managing Medicaid with global budgets)

- Health policy board established by legislature and accountable to Governor oversees Oregon Health Authority (OHA),
 - OHA purchases health services
 - OHA manages SIM grant and Transformation Center, which coordinates and spreads model and supports communities to learn to be successful

Appendix C - Oregon's Governance of State Improvement Model (SIM) Grant/Health System Transformation Activities

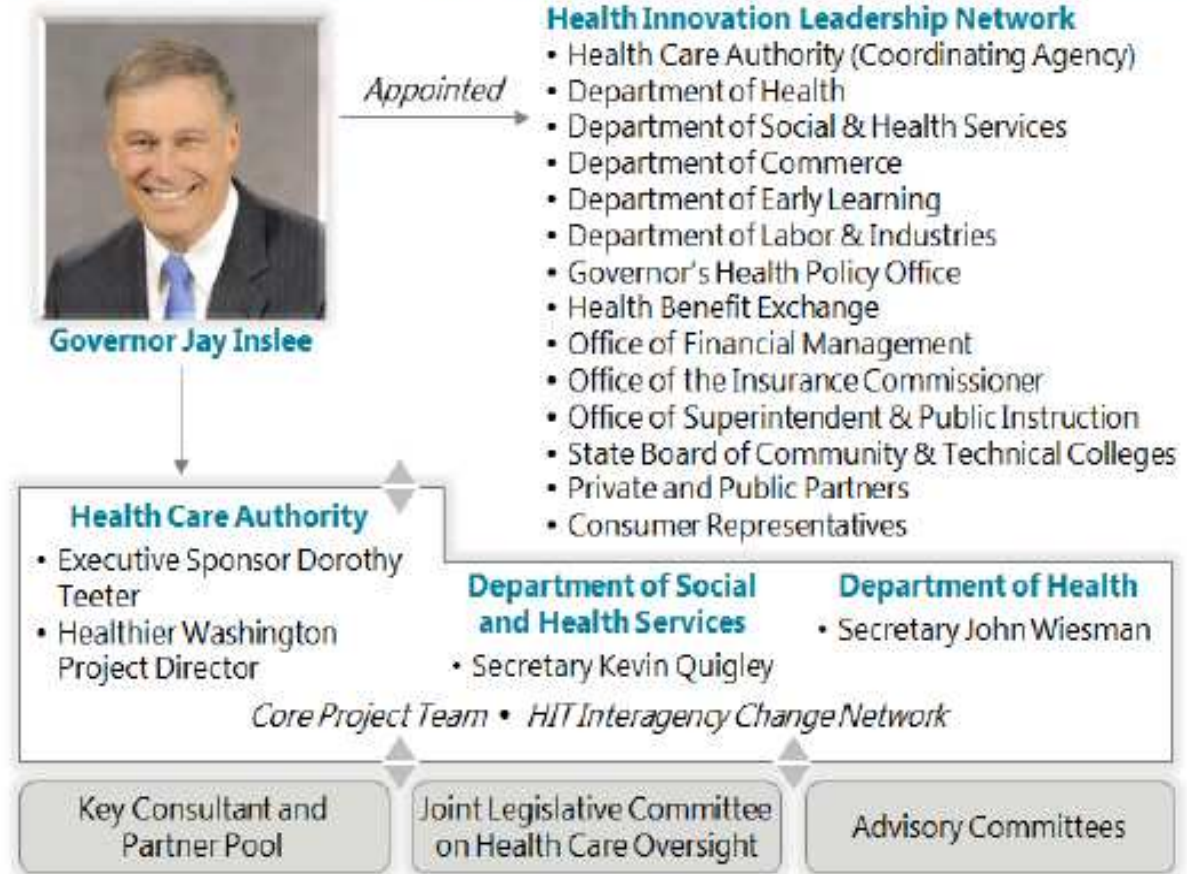


Structure for Health Care Innovation

Washington (Integrated BH, Accountable Care pilot, Communities of Health)

- Health Care Authority accountable to Governor
 - Oversees Medicaid and public worker coverage in conjunction with Dept. of Social and Health Services and Dept. of Health
- Governor's advisory Health Innovation Leadership Network brings in other public agencies and private sector

FIGURE 2. Healthier Washington Innovation Model Governance Structure



Structure for Health Care Innovation

Some key considerations

- Legislation and legislative relationships
- Funding
 - General funds
 - Private funds, fees
 - Federal grants
 - CMS/Medicaid match
- Exempt vs. civil service positions
- Agency buy-in

Structure for Health Care Innovation

State Health Planning & Development Agency, Chapter 323D

Purpose: “to promote accessibility for all the people of the State to quality health care services at reasonable cost”

- Created in 1970s
- Attached to DOH
- Can conduct studies, compel data, charge fees, make rules
- Has consumer councils, special fund, staff, space

http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0323D/HRS_0323D-.htm

Hawaii Health Authority, Chapter 322H-1

Purpose: “responsible for overall health planning for the State and shall be responsible for determining future capacity needs for health providers, facilities, equipment, and support services providers”

- Created in 2011
- Attached to B & F (sister to EUTF)
- Can conduct studies, make rules, determine what waivers are needed
- Has board, no staff, funds, or space


http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0322H/HRS_0322H-.htm

Bruce Goldberg Visit – June 15, 16, 17

Focus of the visit will be on:

- Strategic planning focusing HIT vision and goals
- Governance and sustainability of APCD
- Patricia Mactaggart from ONC will provide onsite technical assistance on how to leverage the SMHP and IAPD (waiting for approval from CMMI on Patricia's visit)
- HCI sustainability and structure

Final summary report and recommendations submitted by 07/31/15

- BH integration models
 - HIT strategic planning
 - HCI sustainability and structure
 - Maximizing federal funding
 - Plan for remainder of SIM grant – transition to new contractor
- 

SIM Contractor – Navigant

- HCI awarded Navigant a \$675,900 contract on June 1st
- Contract begins July 1st
- Contract includes 4 tasks:
 - Behavioral health integration blueprint
 - Cost analysis and return on investment
 - Proposed process of outcome evaluation and reporting
 - Write SHIP
- Next steps:
 - Write and sign contract by July 1st
 - Debrief with offerors by June 5th
 - Negotiate specifics of workplan by July 15th

Committee Schedule

Oral Health Committee – June 12th (2nd Fridays)

Delivery and Payment – June 16th (3rd Tuesdays)

Population Health Committee – June 22nd (3rd Monday but may change)

Workforce – June 25th (4th Thursday)

HIT – committee membership and meeting times will be determined after Goldberg's visit

HCI Website

- The Hawaii Health Care Project (hawaiihealthcareproject.org) is no longer being updated
- Governor's Office to host HCI content (<http://governor.hawaii.gov/>)
 - Program updates
 - Agendas, minutes, meeting materials
 - Opportunity to provide feedback
 - Resources and reports

Next Meeting

Tuesday, July 7th, noon – 1:30 pm

State Office Tower, Leiopapa a Kamehameha, Room 1403