



EXECUTIVE CHAMBERS

HONOLULU

David Y. Ige  
GOVERNOR

**Steering Committee**  
**State Office Tower, Room 1403**  
**May 5, 2015, 12:00 – 1:30**

**Proposed Agenda**

- |  |                                   |
|--|-----------------------------------|
| 1. Welcome and introductions                         | Beth Giesting                     |
| 2. Review/approval of Minutes from March 31, 2015    | Beth Giesting                     |
| 3. State Innovation Models                           | Bruce Goldberg and<br>Tina Edlund |
| A. Challenges and opportunities for Hawaii           |                                   |
| B. Behavioral health integration models for Medicaid |                                   |
| i. Delivery system innovations                       |                                   |
| ii. Payment reform                                   |                                   |
| iii. Population health                               |                                   |
| C. Maximizing federal funds                          |                                   |
| • Health IT  |                                   |
| • Other  |                                   |
| D. Health Care Innovation                            |                                   |
| • Structure  |                                   |
| • Sustainability                                     |                                   |
| E. Role of Steering Committee members in SIM         |                                   |
| F. Role of Legislature in SIM                        |                                   |
| 4. Next steps  | Joy Soares                        |
| A. Continued work with Dr. Bruce Goldberg            |                                   |
| B. Committee meetings will start in June             |                                   |
| C. Large contractor starting July 1st                |                                   |
| 5. Other business                                    |                                   |
| 6. Adjournment                                       | Beth Giesting                     |



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**Hawaii Health Care Innovation Models Project  
Steering Committee Meeting  
May 5, 2015**

Committee Members Present:

Beth Giesting, Chair  
Jennifer Diesman  
Marya Grambs  
Jill Oliveira Gray  
Chris Hause  
Alan Johnson  
Roy Magnusson  
Ginny Pressler  
Sue Radcliffe  
Christine Sakuda  
Debbie Shimizu  
Rachael Wong

Staff Present:

Joy Soares  
Alfred Herrera  
Trish La Chica  
Abby Smith  
Nora Wiseman

Guests:

Tina Edlund  
Bruce Goldberg  
Arlene Ige  
Dailin Ye

Committee Members Absent:

Mary Boland  
George Greene  
Robert Hirokawa  
Gordon Ito  
Scott Morishige  
Greg Payton  
Kelly Stern

Welcome and Introductions:

Chair Giesting welcomed the group to the State Health Care Innovation Models (SIM) Design 2 steering committee meeting. She reminded everyone of the kick-off to follow, from 2-4 pm at the Queen's Conference Center. Participants introduced themselves and their respective agencies, and Chair Giesting welcomed consultants, Dr. Bruce Goldberg and Ms. Tina Edlund.

Review/Approval of Minutes from Meeting 31 March 2015:

Chair Giesting briefly reviewed discussion from the first steering committee meeting. The previous meeting's minutes were approved unanimously.

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Contextual Information:

Dr. Goldberg began with an overview of the process for healthcare transformation in Oregon. He noted that the ACA has been a federal investment in overall Medicaid expansion, to the ends of improving quality, increasing access, and ensuring positive outcomes for services rendered. He explained that SIM has been part of this multi-billion dollar investment, to help change the delivery system within each state, and across the country. He suggested that this Hawaii healthcare transformation team create a vision for the implementation of service delivery throughout the islands for the next several years, leveraging the two SIM grants awarded for design and planning, with a focus on ensuring sustainability.

Q & A/Discussion:

**What are best practices to integrate behavioral health into mainstream medicine?**

Dr. Goldberg suggested that Hawaii begin with a common vision: creating the structure for local health care delivery, payment methodologies, data/information collection/sharing (special mention of 42CFR), and mental health/substance abuse intervention with primary physical health care practice. Dr. Goldberg further indicated that Hawaii should establish clear metrics to define the process and outcomes for transformation. He discussed monetary incentives to inspire changes accompanied by direct resources to support communities to enable them to learn, plan, implement, and evaluate innovative practices and become accountable for the results.

Dr. Goldberg also discussed the ideas of co-location and coordination of medical/behavioral health services and described several models for integration:

- Aetna instituted a program for PCPs to screen patients, followed by the utilization of a package of tools to coordinate services and refer for treatment those identified with issues. This program resulted in a reduction in health care cost of 10-20% and improved health status for the patients enrolled.
- A program in Pennsylvania integrates behavioral health care into primary physical care for the SMI/SPMI population using an enhanced workforce focused on trained CHWs and peer counselors who conducted home visits and provided follow-up services.
- Oregon's Central City Concern program combines mental health, substance abuse, physical health, alternative care, housing, and community support services into one holistic community model, set in the framework of a PCMH that employs social workers and care coordinators to perform services across the continuum.
- Utah's Inter-Mountain Health Care System coordinates mental health, physical health, and advanced HIT to focus on the high-utilizing population. This has resulted in a savings of 25% and average decrease in PMPM costs of \$400.

**What's the recommend approach for putting SIM innovations into practice?**

Dr. Goldberg and Ms. Edlund recommended working through MedQUEST as the pilot, followed by commercial plans, and eventually Medicare (if possible).

- The legislature and administration wants to see savings in Medicaid. As its budget continues to grow, it reduces public resources for other priorities, like education.
- The larger vision is multi-payer so the pilot should be developed with plans to scale beyond the initial Medicaid focus.
- Providers and plans should be brought in to help formulate the design and strategies at the outset, so that they would be more likely to participate in later stages.
- The State must move away from regulation, and toward collaboration.

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- Reimbursement and incentive mechanisms in Medicaid must support care coordination.

**What federal funding opportunities, beyond SIM, can support health care innovation?**

Ms. Edlund and Dr. Goldberg elaborated on the opportunities for greater federal investment in Hawaii to support healthcare transformation, including the following.

- The goal of increasing federal match dollars should be to change the healthcare delivery system, and not to pay more for what is currently being done.
- Hawaii has options for up-front investment from the federal government, using state funded programs already in place. Match funds can free up and add to general fund dollars. Some examples offered were adult foster care and the state hospital system.
- The Delivery System Reform Incentive Payment Program (DSRIP) is part of an overall Medicaid waiver that allows for up-front investment to moderate cost-trends, improve quality of services, and ensure sustainability, the last of which is achieved through re-investing the savings in healthcare and human services.
- CMS will require the state to maintain general funding to match federal dollars; however, the pay-off for by the state and federal government is the reduced costs in future years that results from the investment in improving the system.
- In order to achieve these transformation goals, support will be needed from key staff in the administration, actuarial and other experts, the legislature, and CMS.
- The All Payer Claims Database (APCD), the Hawaii Health Information Exchange (HHIE), workforce change, and payment reform will all be integral components to the plan.
- Ensuring commitment, input, and collaboration from participants, and identifying a single point of accountability, such as the Medicaid director, are key factors in the success of any undertaking.

Chair Giesting informed the committee that, at a recent national SIM meeting, CMMI indicated that it is unlikely to issue a third round of SIM grants; that is, we can't count on a large SIM implementation grant at the end of this year's planning efforts. She noted that CMMI does plan to continue to invest in innovation and technical assistance in other ways and expressed optimism for using SIM as a vehicle to create a Hawaii-focused innovation plan and program. Our ability to maximize Medicaid for the short- and long-term will be key.

**Should Medicaid services for SMI/SPMI be a carve-out?**

This should be considered in the overall agenda of health care innovation. Ms. Soares noted the current focus for behavioral health integration to primary care for the identified sub-population with mild-to-moderate mental health and substance abuse issues, alongside co-existing diagnoses for obesity, diabetes, tobacco use, and in cases of pregnancy.

**Structure and phases of innovation.**

Dr. Goldberg identified the four ideal phases Oregon conceptualized to roll out health care changes:

- 1) Public employees;
- 2) Insurance exchange;
- 3) The commercial market;
- 4) Medicare.

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He recalled that Oregon restructured DHS to house mental health/addictions, physical health, aging/elderly care, public employee health, social resources (e.g. housing, food security) within the Oregon Health Authority (OHA).

He added that the OHA provides for a transformation center to develop learning collaboratives, set standards of practice, train workforce professionals, and offer technical assistance to communities.

**Moving forward.**

Committee members' comments:

- The announcement of the new Medicaid Administrator is expected in the next week or two.
- Hawaii has the necessary components, willingness, collective vision, and expertise to make a social contract with all entities in order to move this effort forward.
- We are five years post-ACA, and stand ready to accept changes to the system.
- Integrating behavioral health services for the mild-to-moderate population will help de-stigmatize mental health issues.

Adjournment:

The meeting was adjourned at 1:28pm.