



**EXECUTIVE CHAMBERS  
HONOLULU**

**DAVID Y. IGE**  
GOVERNOR

**Workforce Committee Meeting  
June 25, 2015**

Committee Members Present:

Beth Giesting, Co-Chair  
Kelley Withy, Co-Chair  
Laura Reichhardt  
Jillian Yasutake  
Susan Young  
Robin Miyamoto (via teleconference)  
Gregg Kishaba

Staff Present:

Joy Soares  
Trish La Chica  
Abby Smith  
Nora Wiseman

Guests:

Sally Pestana (attending on behalf of Patricia O'Hagan)  
Peter Alexandratos (attending with Kelley Withy)

Committee Members Excused:

Catherine Sorenson  
Christopher Flanders  
Helen Aldred  
Lana Kaopua  
Deb Gardner  
Lynette Landry  
Celia Suzuki  
Aurae Beidler  
Carl Hinson  
David Sakamoto  
Dan Domizio  
Christine Sakuda  
Deb Birkmire-Peters  
Forrest Batz  
Jane Uyehara-Lock  
Josh Green  
Katherine Parker  
Mary Boland  
Nancy Johnson  
Napualani Spock  
Roseanne Harrigan  
Shunya Ku'ulei Arakaki

**Call to Order and Introductions:**

Dr. Withy thanked everyone for attending and participating in workforce planning. Members introduced themselves and stated their respective organizations of affiliation

**Hawai'i Health Care Innovation Models Project**  
**Work Force Committee Meeting**  
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**DLIR Appropriation:**

- Dr. Withy provided background information regarding the development of a central health workforce center
  - Brief mention of plans for determining what the center would do, where it would be housed, and how it would be funded
- Dr. Withy discussed the introduction of HB 696 to create a Health Workforce Advisory Board, in addition to Information Technology and Agriculture Boards
- Total monetary allocation for the collective Boards in 2016 is \$400,000
- Jillian Yasutake identified the purpose, scope, and direction for the Health Workforce Advisory Board
  - Board's imperatives include policy planning and skill panels building
  - Representatives from the Department of Labor, public health sector, UH system, Community Colleges, nursing sector, and HHC will comprise the Board
  - Subcommittees for education and training purposes could be established, and include participants from outside resources

**Project ECHO:**

- Dr. Withy discussed the Project ECHO history, based on the pilot in New Mexico
- Education and tele-monitoring offered to healthcare providers using distance for 1.5-2 hours a week on topics to be identified as most needed by rural providers. Dr. Withy will be adapting a Project ECHO program for Hawaii
  - Participants from Hawaii State Rural Health Association will be traveling to NM for a three day, funded by State Office of Primary Care and Rural Health
  - Training will be provided in the areas identified as most needed by survey of Hawaii provides and could include Hepatitis C, child health, and addiction, as well as many others.
  - Plans to survey healthcare providers in Hawaii, especially those in rural settings, to ascertain which areas of ongoing continuing education would be most helpful
  - Survey to include representation among the Department of Corrections and community health centers
  - Recruit specialists and volunteers from the pharmacy, social work, addictions, hepatology, and infectious disease fields to provide 'train the trainer' series
  - PhD student enlisted to develop the survey, into which he will build assessment measures for prospective cost savings

**State Innovation Model (SIM) Grant:** (Please see attached slides for more detail)

Co-Chair Beth Giesting provided an overview of SIM process:

- Health care innovation/transformation started with stakeholder convening in 2012
- SIM Round 1 was carried out in 2013 with stakeholder engagement, broad in administration and high level in conceptualization
- SIM Round 2 provides the opportunity to create a more finely tuned implementation plan, more narrowly focused
- All Payer Claims Database (APCD) and No Wrong Door (through the Executive Office on Aging) are also working parallel to SIM
- SIM 2 continues to focus on the Triple Aim +1 Goal: Better Health, Better Care, Cost-Effective Care, and the +1 for Hawai'i, which is to reduce health disparities
- SIM 2 Targets: behavioral health integration with primary care and oral improvement via increased access
  - Focus on Medicaid: Judy Mohr-Peterson will soon begin as the new Medicaid Administrator

**Hawai'i Health Care Innovation Models Project**  
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- Rationale for Target Populations:
  - Based on feedback from SIM 1, BH integration presented as the most important element to underscore innovation initiatives
  - Currently, BH conditions disproportionately affect the most vulnerable populations, and BH has been absent from innovations to date
  - It is worth noting that total healthcare expense estimates for those with Behavioral Health conditions cost three times more than those without BH conditions
- SIM 2 grant ends January 31, 2016

**SIM 2 Action Plan:** (Please see attached slides for more detail)

SIM Director Soares gave an overview of the current SIM Process:

- A total of six (6) committees provide guidance to SIM: Steering, Delivery & Payment, Health IT, Workforce, Population Health, and Oral Health
- The operational plan in development spans a five-year period
- At each committee meeting, members will be informed about what other committees are working on, and offered an opportunity to provide feedback

**SIM 2 Stakeholder Engagement:**

- Focus Groups:
  - Nine (9) focus groups will be led by Dr. Withy with behavioral health and primary care providers to commence in July, across all islands
- Community conversations:
  - Community meetings will take place on all islands in August or September, to solicit feedback regarding direction and plans
- Website is now active through the Governor's webpage:  
<http://governor.hawaii.gov/healthcareinnovation/>
  - This affords an opportunity to contribute feedback regarding the draft innovation plan
- SIM 2 Decision-making workflow
  - Committee members work together to achieve consensus
  - For any questions regarding membership, email Joy Soares at [joy.soares@hawaii.gov](mailto:joy.soares@hawaii.gov)

**Workforce Objectives:**

- Support "emerging" professions and expand primary care team
  - Community Health Workers
  - Community Pharmacists
- Identify strategies increase availability of behavioral health professionals
- Develop plan to support primary care practices
  - Training for primary care practices (e.g. screening tools such as SBIRT)
  - Telehealth consults for BH
  - Learning collaboratives
- Expand telehealth
  - Identify opportunities
- Interprofessional training

**Questions:**

- What is the timeline for SIM SHIP?

**Hawai'i Health Care Innovation Models Project  
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- Plan is due January 31, 2016
- SIM will share work from the other committees to keep everyone informed
- Learning collaboratives for ongoing training and education
  - Even if we equip providers with the tools, to whom do we refer for services?
    - Shortage of behavioral health providers
    - Issues of cultural competency among providers
- Roles of CHWs and community pharmacists?
  - Engage patients in compassionate care, conduct SBIRT, motivational interviewing, provide teaching, support, advocacy
- Could we convert one of the nine focus groups to a patient feedback group?
- Residency and/or internship programs to staff remote settings?

**Next Steps:**

- Continue discussion about workforce goals, strategies, and resources
  - Planning and progress toward SIM SHIP deadline
- Future meetings will continue to take place at the State Office Tower, Room 1403
- Parking passes are available for space in State lots
- Contact Nora Wiseman at [nora.c.wiseman@hawaii.gov](mailto:nora.c.wiseman@hawaii.gov) or 808-859-0674 to request passes in advance

# State Innovation Model Design 2

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WORKFORCE COMMITTEE

JUNE 25, 2015

# Welcome and Introductions

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1. Kelley Withy, AHEC (Co-Chair)
2. Beth Giesting, Office of the Governor (Co-Chair)
3. Helen Aldred, Kaiser-Permanente
4. Shunya Ku'u lei Arakaki, AHEC
5. Forrest Batz, UH School of Pharmacy
6. Deborah Birkmire-Peters, Pacific Basin Telehealth Resource Center
7. Mary Boland, UH SONDH
8. Dan Domizio, Hawaii Academy of Physicians Assts
9. Christopher D. Flanders, HMA
10. Deborah Gardner, Consultant and Advocate
11. Nancy Johnson, Maui College
12. Josh Green, Hawaii IPA, State Senate
13. Rosanne Harrigan, UH JABSOM
14. Carl Hinson, Hawaii Pacific Health
15. Lana Kaopua, UH School of Social Work
16. Gregg Kishaba, DOH
17. Lynette Landry, Hawaii Pacific University
18. Robin Miyamoto, JABSOM/UCERA
19. Patricia O'Hagan, Kapiolani CC
20. Laura Reichhardt, Center for Nursing
21. David Sakamoto, Consultant and Advocate
22. Christine Sakuda, HHIE
23. Catherine Sorensen, DOH
24. Napualani Spock, HPCA/Rural Health Association
25. Celia Suzuki, DCCA
26. Joan Takamori, Public Health Nursing
27. Jane Uyehara-Lock, UH
28. Jillian Yasutake, DLIR
29. Susan Young, UH West Oahu

SIM Staff: Joy Soares  
Abby Smith

Trish LaChica  
Nora Wiseman

# Review: 2012 - 2014

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# SIM Goals

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## Triple Aim + 1

- Better health
- Reliably good quality care
- Cost-effective care
- + Reducing disparities in health status and access to care



# SIM Initiative

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SIM is based on the premise that state-led innovation, supported by broad stakeholder input and engagement, will accelerate health care delivery system transformation to provide better health and better care at a lower cost.

SIM encourages public and private sector collaboration to design and test multi-payer models to transform the health care systems in the state.

# SIM2 Targets

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Behavioral health integration with primary care – effective awareness, diagnosis and treatment

- ❖ Adults with behavioral health needs
- ❖ Adults with chronic conditions in combination with behavioral health conditions

Oral health improvement via increased access to timely and preventive services

- ❖ Access for children and increase dental sealants and fluoride varnishes
- ❖ Strategies to increase coverage for low-income adults

**FOCUS IS ON MEDICAID**

# Rationale for Target Populations

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- ❖ Feedback from stakeholders, providers, community.
- ❖ BH conditions disproportionately affect the most vulnerable populations.
- ❖ While transformation in Hawaii is progressing, BH has largely been left out of innovations.
- ❖ CHNA identified mental illness as number one preventable cause of hospitalization in 2012.
- ❖ SIM Round 1 actuarial analysis showed the average total cost for individuals with a BH diagnosis was three times the average total cost for individuals without a BH diagnosis.

# Rationale for Target Populations

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- ❖ Mental illness is a co-existing condition for 34% of potentially preventable hospitalizations and almost 10% of hospital readmissions (*SIM HHIC analysis*)
- ❖ Total annual costs associated with potentially avoidable stays/visits (*SIM HHIC analysis*):
  - ER: \$93 million (charges)
  - Preventable hospitalizations: \$159 million (estimated cost)
  - Readmissions: \$103 million (estimated cost)

# SIM 2: Developing a Plan of Action

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## Committees

- ❖ Steering
- ❖ Delivery & Payment
- ❖ Health IT
- ❖ Work Force
- ❖ Population Health
- ❖ Oral Health

# SIM 2: Stakeholder Engagement

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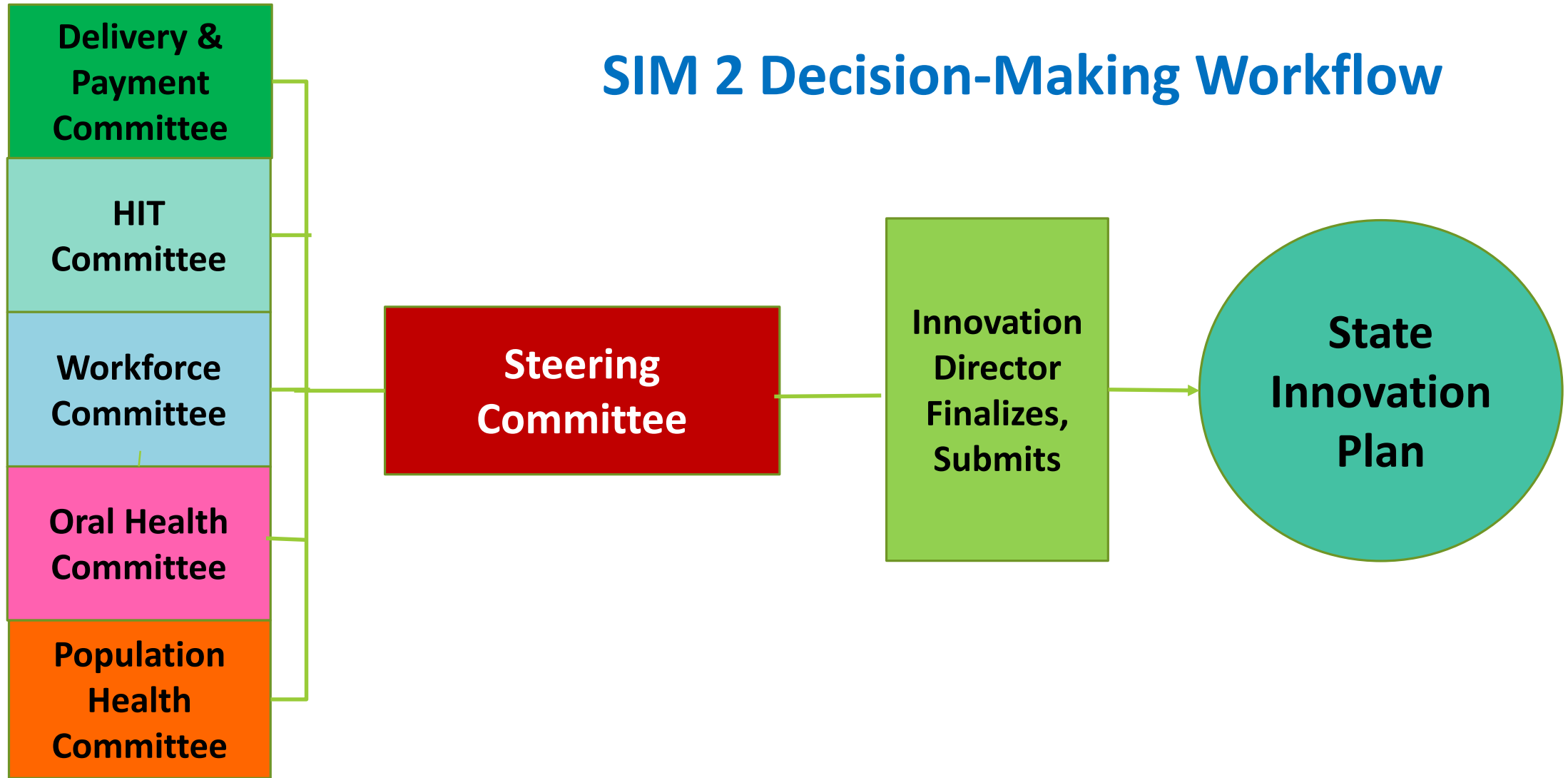
- ❖ Provider focus groups – facilitated by Dr. Kelley Withy
  - ❖ Focus groups on all islands
  - ❖ Final report submitted by September 30<sup>th</sup>
  
- ❖ Community conversations
  - ❖ Meetings on all islands
  - ❖ Report completed by October 31st

# HCI Website

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- The Hawaii Health Care Project ([hawaiihealthcareproject.org](http://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

# SIM 2 Decision-Making Workflow



Support by  
Health Innovation Program Staff, Governor's Office



# SIM 2: Developing a Plan of Action

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## All-Committee Meetings

- ❖ SIM Kick-Off with Bruce Goldberg - May
- ❖ Initial SHIP Draft and Committee Check-In - September
- ❖ Structure & Sustainability Plans - November
- ❖ Final SHIP Celebration and Next Steps - January

# CHW Training Program Update

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- ❖ SIM team meet with Patricia O'Hagen and CC staff to discuss training curriculum

## Next Steps

- ❖ Beth Giesting will ask Judy Mohr Peterson, the new Medicaid Administrator, for a meeting to discuss CHW reimbursement options
- ❖ Stakeholders will meet with Judy to discuss CHW training program and reimbursement options
- ❖ SIM team and Patricia O'Hagen's team will identify key decision points and timeline, and solicit feedback WF Committee

# Workforce Committee Goals/Targets

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- ❖ Support “emerging” professions and expand primary care team
  - ❖ Community Health Workers
  - ❖ Community Pharmacists
- ❖ Develop plan to support primary care practices
  - ❖ Training for primary care practices (e.g. screening tools such as SBIRT)
  - ❖ Telehealth consults for BH
  - ❖ Learning collaboratives
- ❖ Expand telehealth
  - ❖ Identify opportunities
- ❖ Interprofessional training

# Next Meeting

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Thursday, July 23<sup>rd</sup> from 3:00-4:30pm – location TBD