

**7 KEY QUESTIONS FOR COMMUNITY DISCUSSION
HAWAII QUEST 1115 WAIVER**

1. What are the Best Practices models for system integration and community engagement that might be best suited for Hawaii? Waiver renewal discussions do not address transformation initiatives that have successfully emerged from Hawaii's Medically Underserved Communities (MCO). The "HOPE" project discussion references "Blue Communities" and not "AHARO Hawaii" or, "Accountable Communities" over the "PRAPARE" project. No reference to other stellar programs like the bicycle program in Kalihi Valley. Yet, the "HOPE" project paper speaks to community empowerment.
2. What are the healthcare workforce issues in Hawaii? Are we developing and supporting the correct training models to address the population health needs referenced in the QUEST document? How does the system need to change even within current available resources? How does it relate to recruitment and retention?
3. Does the evaluation option for the proposed QUEST transformation include a 360° evaluation by empowered communities to measure the effectiveness of Health Plans? Are all Health Plans equally effective in making total cost of care data available to those expected to manage cost? Can Health Centers use market forces to pick and choose what Health Plans to contract with?
4. Does the LAN model truly reflect the best roadmap for healthcare payment transformation in Hawaii? Who designed the LAN model? Is assumption of risk, the true test of "having skin in the game"? Where is population risk adjustment in this process? In any LAN model application to Hawaii, what are the strengths and weaknesses of each entity in the proposed vertically integrated system (State, MCO, Provider, and Community)?
5. How does Hawaii address population health and community engagement issues given that only a third of Hawaii's Medicaid patients receive their primary care at Community Health Centers – and some Medicaid patients are mobile and not identified with a specific community? What incentives and initiatives would encourage a whole system of care?
6. When discussing increased funding for primary care, what is the value proposition for the FQHC Prospective Payment System (PPS) and what value-added services does it enable? Does the PPS system contribute or hinder the goals of payment transformation in Hawaii? Will the 1115 Waiver provide a PPS or APM only option, or an integrated option for Health Centers to build on the strength of both models?
7. For Hawaii's Community Health Centers, are volume payments for primary care visits really a poor value proposition? What controls exist on inappropriate visits or "churning" under the Health Center model? What additional controls should be developed? Can healthcare transformation achieve its goals while Community Health Center volume payments continue?

STRATEGIC AREAS FOR QUEST 1115 WAIVER

| PRIORITY INITIATIVES AND SECONDARY DRIVERS | PROPOSED INTERVENTIONS | AHARO HAWAII RESPONSE | DISCUSSION |
|---|---|-----------------------|------------|
| Build Capacity To Improve Access To Primary Care | <ul style="list-style-type: none"> • Increase Proportionate Funding for Primary Care | | |
| Integrate Behavioral Health and Support Children’s BH | <ul style="list-style-type: none"> • Cover Services that Promote BH • Support Home Visiting | | |
| Promote Oral Health | <ul style="list-style-type: none"> • Restore Adult Dental Benefit | | |
| Target High-cost, High-risk Individuals | <ul style="list-style-type: none"> • Apply Value-based Strategies • Address Social Determinants and Health Disparities | | |
| Integrated Care Model/ System Integration | <ul style="list-style-type: none"> • Evolve Plan Contracts • Focus on Communities | | |
| Increase Value-based Payments | <ul style="list-style-type: none"> • Use Insurance Payments to Achieve Goals | | |
| Data-driven Transformation | <ul style="list-style-type: none"> • Facilitate Data Aggregation • Project Evaluation—Develop Performance Metrics | | |
| Use of Care Teams | <ul style="list-style-type: none"> • Provide Team-based Care | | |
| Community-based Investments | <ul style="list-style-type: none"> • Supporting Community Initiatives from Local Level → Top | | |
| Respond to Workforce Issues | <ul style="list-style-type: none"> • Support Community Health Workers • Develop Residency Programs • Address Recruitment and Retention | | |

NOTE: Primary initiatives and secondary drivers addressed through alternative payment models, LAN processes, and other options once identified (ACOs, etc.).

MedQuest Vision for Healthcare Transformation

I. Executive Summary - The Mission and Vision

- Innovative program that supports healthy families and communities (Goal)
- Five-year initiative (a blueprint)
- Vision—People will embrace health and wellness through healthcare programs with Aloha

II. Problem Statement

- Problem: Current Medicaid cost increases not sustainable
- Lack of system integration
- Behavioral health, homeless issues, teen pregnancy, and diabetes rates are major cost drivers

III. Framework

- Assuring access to health care and health insurance
- Emphasis on whole person and whole lifecycle
- Address social determinants of health
- Emphasis on primary care and prevention
- Leverage and support community initiatives

IV. Four Strategic Areas

- Invest in primary care, prevention, and health promotion
- Improve outcomes for high-risk, high-cost individuals
- Advance payment reform
- Support community-driven initiatives on population health

V. Three Building Blocks

- Health information and technology
- Workforce capacity and flexibility
- Performance management and evaluation

VI. Payment Transformation

- Alternative payment models (including for FQHCs)
- Follow LAN process
- Consider alternatives, including ACOs