Report from the 10 Year Anniversary Conference

"Journey Back to Your Island Health Care Home"

December 3 – 5, 2018 | Ko'olina, O'ahu, Hawaii

Presented through the collaboration of AAPCHO, AHARO Hawaii and the Arizona Alliance for Community Health Centers

AAPCHO
Association of Asian Pacific Community Health Organizations

AHARO Hawaii

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS

Primary Healthcare for All

Report from the 10 Year Anniversary Conference
"Journey Back to Your Island Health Care Home"
December 3 – 5, 2018
Koʻolina, Hawaii

CONFERENCE BACKGROUND

On December 3-5, 2018, the "Journey Back to Your Island Health Care Home" conference was held celebrating the 10 year anniversary of the first of six leadership conferences held from 2008 – 2013. The 2018 conference was co-hosted by the Association of Asian Pacific Community Health Organizations (AAPCHO), the Arizona Alliance for Community Health Centers and AHARO Hawaii. The conference was supported by generous sponsors including Centene Corporation, AlohaCare, HMSA, Ohana Health Plan, UnitedHealthcare, Quest Diagnostics, Azara Healthcare and the National Association of Community Health Centers (NACHC).

The focus of this conference series was to engage Federally Qualified Health Center (FQHC) consumers and other board members in the development of healthcare transformation policy. Addressing the social determinants of health (SDoH) through empowered communities was an important theme.

The conference supported the affirmation that the "Community" component of the "Community Health Center movement" will not be undervalued or replaced. Furthermore, the values represented are intended as a reminder that the Community Health Center program was created to address health disparities in underserved communities primarily through direct federal support to these engaged community boards.

This "anniversary conference" and its predecessors (from 2008 – 2013) are listed below:

Conference Date and Location	***Host***
Journey to an Island Healthcare Home December 1-3, 2008 ~ Ko Olina, Hawaii	Waianae Coast Comprehensive Health Center
The Rising Stars of Healthcare Reform (Consumer Board Members) August 23-25, 2010 ~ Imiloa Astronomy Center, Hilo, Hawaii	Bay Clinic, Inc.
The Mission: Consumer Leadership in Healthcare Transformation August 25-26, 2011 ~ San Ysidro, California	San Ysidro Health Center
The Journey Continues: Consumer Leadership in Healthcare Transformation – Finding the Value & Sharing the Savings March 19, 2012 ~ Washington, D.C.	*Conducted as a component of AAPCHO's 25th Anniversary Leadership Conference*
Journey Back to Your Island Healthcare Home November 28-30, 2012 ~ Ko Olina, Hawaii	Waianae Coast Comprehensive Health Center
Healing Spirits of Kilauea December 4-6, 2013 ~ Volcano, Hawaii	Bay Clinic, Inc.
Journey Back to Your Island Health Care Home – 10 Year Anniversary December 3 – 5, 2018 ~ Koʻolina, Oʻahu, Hawaii	AAPCHO, Arizona Alliance for Community Health Centers and AHARO Hawaii.

2018 CONFERENCE DETAILS

Agenda

The conference agenda (Appendix A) was divided into technical assistance related to the roles and responsibilities of FQHC board members, keynote presenters focusing on key healthcare transformation issues, and breakout sessions intended to engage health centers in policy development. It was developed through a collaborative effort by the Conference hosts guided by the framework established by FQHC board members.

Attendees

The success and value of these conferences is attributed to the hundreds of dedicated community health center board members and staff who, along with staff, actively participated in them over the years. Their commitment to the vision of creating a healthcare home for themselves, their families and neighbors is an example of the power that a dedicated consumer board has to make real change. That commitment clearly does not end with this conference series and will only grow stronger.

Seventy board members and 60 staff representing the following 30 community health centers (CHCs) attended the 2018 conference. An additional 50 attendees included representatives from health plans, sponsors, and primary care associations.

Community Health Centers Represented at the 2018 Conference	
Adelante Healthcare	Morris Heights Health Center
Asian Health Services	Native Health of Phoenix
Bay Clinic, Inc.	Nonstop Wellness and Community Health Ventures, Inc.
Chiricahua Community Health Center	North East Medical Services
Delaware Valley Community Health Inc.	North End Waterfront Health
Desert Senita Community Health Center	Salud Integral en la Montaña
El Rio Community Health Center	SIU Center for Family Medicine
Hamakua Health Center, Inc.	Sutter Health
Hudson River HealthCare	Wahiawa Health
International Community Health Services	Waianae Coast Comprehensive Health Center
Kalihi Palama Health Center	Waikiki Health
Kosrae Community Health Center	Waimanalo Health Center
Mariposa Community Health Center	Watts Healthcare
MHC Healthcare	Wesley Community Health Center
Molokai Community Health Center	Yakima Valley Farm Workers Clinic

Speakers and Panelists

The conference series has been fortunate to attract accomplished keynote speakers and panelists who generously shared their knowledge, experience and insights. The list includes representatives from a wide range of healthcare organizations including community health centers, national nonprofit organizations, private industry and government. Listed on the following page are the speakers and panelists who contributed to the 2018 conference. For a list of speakers and panelists from the previous conferences, see Appendix B.

Featured Speakers and Panelists – 2018 Conference *(alphabetical by first name)*
Andrew Principe, President – Starling Advisors
Anthony R. Guerrero, Jr., Board Chair – Waianae Coast Comprehensive Health Center (WCCHC)
Bill Hagan, President – UnitedHealthcare Clinical Services
Camille Rockett, MSW, LSW, Program Manager Community Connections Team – HMSA
Carlos Olivares, CEO – Yakima Valley Health Center
David Erickson, PhD, Director – Center for Community Development Investments – Federal Reserve Bank of San Francisco
Doug Spegman, MD, MSPH, FACP, Chief Clinical Officer Internal Medicine – El Rio Health Center
Fred Rachman, MD, Chief Executive Officer – Alliance Chicago
Gary Cloud, PhD, MBA, Vice President University Partnerships – A. T. Still University School of Osteopathic Medicine in Arizona
Gildas Cheung, Board Member – AAPCHO
Ginger Fuata, Board Members – WCCHC
Gloria del C. Amador Fernández, DrPHc, MHSA, CEO – Salud Integral en la Montaña, Inc. and Consumer Voices from Central Puerto Rico
Grace Lockett, JD, Chief Compliance and Ethics Officer – WCCHC
Harold Wallace, Chief Executive Officer – Bay Clinic, Inc.
Huzefa Dossaji, Vice President of Business Development – Certintell Telehealth
Jeff Brandes, President and Chief Executive Officer – Azara
Jeff Caballero, Executive Director – AAPCHO
Jim Luisi – Board Chair, NACHC
Joe Gallegos, Western Regional Senior Vice President – NACHC
John Price, Chairman of the Board – Golden Valley Health Center, Inc.
Joseph Pierle, CEO – Missouri Primary Care Association
Judy Mohr Peterson, PhD, Med-QUEST Division Administrator – Hawaii Department of Human Services / Chair – National Association of Medicaid Directors (NAMB)
Kaliko Chang, PsyD, Ka Poʻo Director of Hā Ola Village – WCCHC
Karen DeSalvo, MD, MPH, Professor *(Legacy Speaker)* – University of Texas at Austin, Dell Medical School, Department of Internal Medicine and Population Health
Kathleen Page, RN, MSN, FNP-C – WCCHC
Kathy Conner, Board President, Waimanalo Health Center
Keith Lee, Corporate Counsel – WCCHC
Leinaʻala Kanana, Director of Community Health Services - WCCHC
Makani Tabura, Alakaʻi, Lead Cultural Educator of Hā Ola Village – WCCHC
Mark Mugiishi, MD, FACS, Executive Vice President & Chief Health Officer – HMSA
Mary Oneha, PhD, Chief Executive Officer – Waimanalo Health Center
Mike Wurtsmith, HRSA Consultant
Nena Tolenoa, Executive Director – Kosrae Community Health Center
Nicole Wright, PsyD, CSAC, ICADC, Director of Malama Recovery and Hoʻokūola Hale – WCCHC
Rich Bettini, President and Chief Executive Officer – WCCHC
Stephen Bradley, MD, Chief Medical Officer – WCCHC
Vija Sehgal, MD, Pediatrician and Chief Quality Officer – WCCHC
Winslow Engel, MD, Internal Medicine and Medical/Clinical Director of Hoʻokūola Hale (Interdisciplinary Pain Management Clinic) – WCCHC
Zane Yates, Regional Vice President Business Development and Corporate Growth – Centene Corporation

CONFERENCE INPUT AND FINDINGS

In a breakout session and using a faculty of experienced health center consultants, the conference engaged community health center board members to discuss their common interests and concerns in addressing their responsibilities.

Secondly, through game format, the conference sought to provide input from attendees in three policy areas:

1. Revising or building on prior conference conclusion
2. Addressing the social determinants of health
3. Identifying and promoting the value of FQHCs

The following seeks to detail this experience.

Board Member Roundtable

Board members from community health centers met in a training session addressing health center issues identified by board members. The faculty for this breakout included the following individuals:

- Mike Wurtsmith, HRSA Consultant (Facilitator)
- Ginger Fuata, Board Member – WCCHC (Facilitator)
- Joe Gallegos, Western Regional Senior Vice President – NACHC
- Grace Lockett, JD, Chief Compliance and Ethics Officer – WCCHC
- John Price, Chairman of the Board – Golden Valley Health Center, Inc.
- Gildas Cheung, Board Member – AAPCHO
- Joseph Pierle, CEO – Missouri Primary Care Association

Key questions addressed through this process included:

1. What did you learn from your HRSA operational site visit?
2. What is your succession plan for the Board of Directors and CEO?
3. How is your health center dealing with changes in your community?
4. Is it possible to address social determinants of health with limited resources?
5. Are there effective models of CHCs collaborating with other community agencies?
6. How do we address the issue of the difficulty in recruiting board members?

Following is a summary of the findings from the Board Member Roundtable.

Discuss Notes from Consumer Caucus Roundtable Peer Discussion for Heath Center Board Members (December 4, 2018)

What did you learn from your last HRSA operational site visit (OSV) that will help others prepare for their site visit?

1. Every 2 years
2. Old way, new way, newer way
3. 18 requirements (check the box)
4. Board members want to be able to influence how HRSA does site reviews.
5. There are differences in the tech people sent. Some are more helpful to the Board.
6. Short, concise policies
7. Start now
8. Review method: more constructive, pro-active, kinder, gentler, encouraging
9. Be reassured they are on your side; they want you to succeed, willing to work with you.
10. They are impressed if all board members show up and participate
11. We have close relationship with leadership team
12. Be familiar with requirements and continuous improvement

What is our succession plan for the Board of Directors and CEO?

1. Training younger tenured board members by the senior board members on the history of the health center and on how to be leaders is essential.
2. NACHC trainings are another viable resource.
3. Being strategic on who is added to the board is key. Race, gender, age, community and employment/work industry are all key factors for who should be added to the board.
4. Who would be the interim CEO if the current CEO left without notice ("hit by bus" scenario")?
5. If the current CEO's contract will not be renewed, when to begin our next CEO search?

How is your health center dealing with gentrification—the changing demographic in your community and your patients moving further away as a result?

1. Many in our group have had no gentrification or changing demographics. Some health centers are having problems with homeless.
2. We are not sure. We copied the question and will be sending to our CEO to address at our next board meeting.
3. Many health centers have no gentrification but where we do, there is increasing housing costs and increasing homelessness. Other health centers have had no gentrification.

Is it possible for us to solve all of the SDoH with limited resources?

1. No.

Are there effective models of CHCs who are able to collaborate with other community-based organizations (CBOs) to serve their community?

1. Make it part of the Strategic Plan to collaborate.
2. Make it part of CEO job to be seen in community.
3. Choose your events, who you want to collaborate with.
4. Board members introduce the CEO to people.
5. Invite large organizations to be part of the community.
6. Help people in community groups see us as a partner—not just the CEO, also the staff.
7. Be able to heal old, bad relationships.
8. Go to retreats with other community member boards.
9. Know who you want to collaborate with and who you don't.
10. Work with schools
11. Dental services through schools
12. Four school-based sites
13. Community garden
14. School vaccination problems
15. Working with rescue mission
16. Quarterly partnership meeting in community
17. Work with other CBOs—visionary, collaborative

Problems recruiting new board members, especially consumer board members—how do you recruit and retain board members?

1. Problems recruiting board members:
    a. Greater distances
    b. Section 8
    c. Migrant
    d. Homelessness
    e. Adequately represent (retirees, M/F ratio)
2. Expand use of technology (Skype, call-in meetings)
3. Face-to-face invitation
4. For a board member to be effective:
    a. Requires a time commitment
    b. Must commute
    c. Must read and be prepared
5. Recommitment form to be signed annually (add it to the contribution form or to the confidentiality/conflict of interest forms)
6. Provide a specific, clear, job responsibility booklet.
7. Core leadership team should attend all meetings and bi-annual retreats
8. Profile (*Myers-Briggs*, personality) extremely helpful in understanding each other

9. Board acknowledges Billing and Referral teams with a lunch
10. Relationships
11. Board chairs meet to discuss statewide issues and how to advocate
12. Allow more time to orient new board members:
    a. Provide book with bylaws, 18 HRSA compliance requirements
    b. Assign new board members a mentor
    c. Get a tour of the facilities by the CEO
    d. Get the "big picture" vision
13. Favorite part of board meetings?
    a. Fellowship
    b. Positive financial statement
    c. 20-minute staff presentation (about their department)
    d. Introduce new hires with a picture
    e. Retreats to other sites
    f. Provider-board dinner, centrally located
14. How are we going to recruit new, younger people to be on our boards?
15. Boards need to be prepared for CEO transition.
16. Need to make board meetings more engaging and easier to understand.
17. Need to focus on "why" we do what we do.
18. New board members feel lost.
19. Miscellaneous comments:
    a. Need to recruit people representing the community.
    b. Need to get younger people to invest their time.
    c. Board leadership needs to be enthusiastic.
    d. Dinner or food before the meeting.
    e. Ask an ice breaker opening question to get the board to know each other.
    f. Ask what board members want to know.
    g. Get board members to tell what they want to know.
    h. Send board to NACHC trainings.
    i. Get board to do legislative advocacy.
20. Additional comments and questions:
    a. Innovative partnerships (outside the box)
    b. How do we develop strong technology that will analyze/interpret our data? Software to help us analyze data to better serve our communities?
    c. How do we get funding from DC?
    d. How do other CHCs do their community needs assessment?
    e. How can CHCs work with other first responders in times of crisis?

The Game Breakout Session

In a second breakout session ("The CHC Game") interdisciplinary teams were created with CHC Board members chairing mock health centers. There were 11 teams with a total 76 players, of which 43 (57%) were community health center board members. Assignments were given to staff and "consultants" were available for assistance.

Problem solving focused on furthering the policy direction. Three tasks were identified and reported by each team:

1. Revise and build on health care policy issues based on previous board conferences.
2. Discuss models for addressing the social determinants of health.
3. Suggest how we can promote and educate others on the value of CHCs.

The Game Results

GAME TASK #1
BUILD ON RECOMMENDATIONS FROM THE PRIOR CONFERENCE REPORT

Instructions Provided to Teams

The Report "Summary of the 2008-2013 Consumer Leadership Conference Series" included in your packet is now five years old. Can you help with its update?

Product A: Select 5 elements from this report that you consider of greatest value and should be a continuing Conference recommendation. In addition to identifying these 5 recommendations, write a brief statement on why your Health Center believes these recommendations are of highest importance.

Product B: Develop 3 new recommendations not included in the report and comment on why these are important.

Game Task #1 - Product A

Summary Conclusions

The following summarizes the most frequently emphasized points made by game players as they discussed and prioritized findings in the report covering the prior conferences held from 2008 – 2013. To view the detailed responses from each Team see Appendix C.

1. Health information technology will play a crucial role in enabling health centers to respond to healthcare transformation. HIT should engage a network of providers. Systems should provide quick access of useful data to both providers and care coordinators provided at point of care. Performance data should be shared with community boards.
2. Addressing the social determinants of health will require a community network. Community integration with employers, developers, service agencies and others gives us the best opportunity to use healthcare reform to promote economic development in low income communities. Health centers are well positioned to facilitate community economic development and can use non-government funding to achieve this purpose. Redundancy should be avoided as we look to the role health centers can play in coordinating services at the community level.

3. Culture is an important factor that must be considered in addressing social and healthcare needs. Providers and payers must better understand cultural issues when communicating with patients. A health home needs to consider cultural proficiency as a value-added service.
4. Integration of behavioral health is a key initiative if we are to address the needs of medically underserved populations. Providing substance abuse prevention and addiction treatment should complement behavioral health expansion. Health centers are well positioned to treat the whole patient.
5. Community health center board members are a very important resource whose role should be preserved or expanded. Board members should be engaged in developing healthcare policy, not just advocating for it. Board members should be engaged in designing and evaluating services that address social conditions as well as assisting in building community networks. Boards should require and review community needs assessments.
6. Care coordination needs to be expanded at health centers. Care coordinators will play an important role in managing the care of high cost/high risk patients and ultimately addressing avoidable cost. An investment in care coordination and in health homes that address social conditions must be designed to be sustainable.
7. The value health centers provide is sometimes understated. More effective risk adjustment needs to be made. Health centers need to be more effective in coding and identifying acuity levels in the patients they serve.

Game Task #1 <u>Product B</u>

Three New Recommendations Not Included in Prior Conference Report	
Team 1	1. Metrics for quality-based outcomes must be aligned across the whole system including UDS, HEDIS, GPRA and any regulatory mandates. 2. PPS should stay as the foundation of payments to FQHCs. Any change to value based or other APM should be on top of the base PPS rate. 3. Addressing the SDoH to include services from birth through school readiness, prevention, food disparity, legal services, and end-of-life care.
Team 2	1. Evaluation of the new health payment paradigm having the ability to demonstrate improved outcome. 2. Simplifying the explanation of the new payment system for our patients. 3. Treating the patient in holistic manner; treating the whole, not the parts.
Team 3	1. Developing emergency preparedness plan addressing different kinds of disasters in which there are barriers to access to care. 2. Utilizing telehealth/RPM technology to address high risk patients such as those with multiple chronic conditions (high costs/high needs, reduce unnecessary ER visits and utilize the shared savings toward expanding a wellness center to address nutrition, exercise and alternative medicine (acupuncture, etc.). 3. To establish metrics to value CHCs in addressing social determinants of health for a performance incentive with Medicaid payers in a comprehensive culturally sensitive manner.

Team 4	1. Support risk adjustment enhancements which includes homelessness as a risk. 2. Retention of providers: Internal loan repayment programs. Sources include 340B. 3. Telehealth development for access to specialists and between patients and their PCP/BH specialist.
Team 5	1. Health and wellness promotion using new technology platforms such as social media to reach our younger clientele. 2. Affordable housing for communities including employees that creates centralized living that is livable and sustainable. Housing will be high density, with green space, community gardens, childcare, and small businesses with essentials. 3. Proactive planning to prevent the opioid crisis from expanding to our islands because it is not as bad as on the mainland and we don't want it to increase.
Team 6	1. Require public funding streams of social services and others to link to health, in the same way that health care is required to social determinants of health. 2. Identify ways to require an information exchange platform while ensuring the protection of patients. Include mandate of requiring interoperability or platform for interoperability. 3. Require universal coverage.
Team 7	1. Community integration – collaboratively invest in systemic community change with new allies and partners. 2. Close collaboration with major health plans to invest in communities for the long term. 3. Partner with national and regional PCAs.
Team 8	1. Marketing of health center services to entire community. Also train board members to advocate for center. 2. Partner with public health, community services, small business services development, legal services, etc. to promote self-sufficiency and economic development. Provide space in the health center to offer these services. 3. Develop a customer service and employee engagement and recognition program that focuses on creating cultural values and improved patient and employee satisfaction.
Team 9	1. Breakdown the four walls and partner with community organizations with shared outcomes. 2. Increase knowledge by creating a best practice forum for potential partnerships and funders to address SDoH. 3. Create job opportunities in the health center for youth.
Team 10	1. Health Centers need appropriate coding mechanisms to document the additional services (enabling services) we are providing in order to document our value. 2. Health Centers need the expertise and tools to collect and analyze data to make business decisions and demonstrate value. The ability to identify social determinants impacting our patients and respond to them is crucial to demonstrate our impact on the community. 3. Meeting the patient where they are at rather than where we think they should be (genuine patient-centeredness).

Team 11	1. A transformational change towards including social determinants of health. It's important because social environment factors determine 60% of one's health. 2. Journey Back CHC will initiate the journey back to become a level 3 educational CHC. 3. JBCHC will initiate culturally sensitive healthcare.

GAME TASK #2
DISCUSS MODELS FOR ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

Instructions Provided to Teams
Addressing the social determinants of health (SDoH) has been discussed throughout this Conference. Your State Medicaid Agency is considering supporting SDoH (food, housing, economic development). Produce a statement that discusses your support for this effort and how it should be implemented. Consider what method should be used to pay for improving social conditions. REMINDER: Your State allows for payments to health centers beyond the prospective payment system (PPS) if they can be linked to performance improvement and enhanced value.

Game Task #2 Product

(See Appendix D for responses submitted by each Team)

Generalizations / Conclusions		***# of Teams Reporting***
1.	Addressing the SDoH of health is an important function of community health centers and can have a positive impact on both quality of care and reduction of preventable costs (such as low acuity ER visits). When incorporated into the patient record, related data can assist their provider in developing a wellness plan.	9
2.	Sufficient resources should be provided to community health centers to support the development of systems that address social needs. The payment methodology should be supplemental to prospective payment system (PPS) revenues. Health centers and other nonprofits may be well positioned to match Medicaid and health plan support with private sector fundraising. Recouped State savings from health plan capitation could help fund these services.	7
3.	Addressing SDoH can be community driven by utilizing culturally proficient, standardized patient assessment tools such as PRAPARE. Emerging technologies can help build community service networks and empower patients to access these integrated networks, introducing networking technologies linking payments with health centers and social service providers.	5
4.	Community health centers are positioned to facilitate community driven and led solutions and may link health care to community economic development.	3

GAME TASK 3
PROMOTING THE VALUE OF COMMUNITY HEALTH CENTERS

Instructions Provided to the Teams
You have been asked by your state or Regional Primary Care Association to promote the value of community health centers. Your State legislature is about to meet and funding is tight. In 30 words or less describe why health center services are a wise investment and should be supported and list 3 approaches you will use to get your message out.

Game Task #3 Product

For the purpose of more clearly capturing each Team's insight, the value perceptions and suggestions for promoting awareness of these values are listed below from each Team.

Why Health Center Services are a Wise Investment	
Team 1	Provides high quality/cost effective primary health care to all residents of our community regardless of their ability to pay.
Team 2	CHCs build and sustain healthy communities through community-based outreach, partnerships and education, promoting community reinvestment and reducing overall health costs.
Team 3	Health centers are a grassroots movement based on community needs assessment and understand the unique challenges and gaps in care for a particular community.
Team 4	Community health centers are the most appropriate resource for the medical and dental care of medically underserved and underinsured. We are best prepared because of our infrastructure to address the treatment of the whole person, coordinated care, food insecurity, housing, and with our partners—job creation.
Team 5	We invest in our community; we take care of our own. We invest in them and build up and stabilize our communities.
Team 6	CHCs are the silo-less center of the community. We provide access to care for the underserved. As an economic driver, we provide quality care, reduce cost, and prioritize cultural competence.
Team 7	They lower health care cost, provide medical care for the uninsured, underinsured, low income and special populations and help prevent communicable disease, provide direct connections to community.
Team 8	Health Centers are community owned and operated. We are best equipped to meet the healthcare, cultural and linguistic needs of the communities we serve and represent.
Team 9	Health centers are a unique wise investment as they are community owned and led, are major employers and economic engines for their communities and represent successful public/private partnerships.
Team 10	Health centers serve, employ, support, organize, and empower the entire community, providing services in response to community needs. Our services are cost-effective and extend beyond healthcare.
Team 11	The need for health services is to establish the community health center to provide preventable care.

List three approaches you will use to get your message out.	
Team 1	1. Outreach/Case Management Services 2. Political Advocacy 3. Social Media
Team 2	1. Use of outcomes data. Consultant to provide overall cost savings for the healthcare system. 2. Use patients, leadership and advisory groups to convey the message. 3. Create a media campaign that includes videos and patient stories.
Team 3	1. Advocacy with local, state and national policymakers 2. Utilizing public broadcasting 3. Social media
Team 4	1. Multimedia visual presentation, video with real patients. 2. Personal story of an actual patient 3. Campaign for patients to co tact their representative.
Team 5	1. Social Media 2. Story Telling 3. Cloud messaging
Team 6	1. Visit and educate legislators 2. Engaging consumers to advocate with elected officials (civic engagement). 3. Use social media to influence the public and legislators (direct action).
Team 7	1. Letters to the editors in the community newspaper. 2. Develop an advocacy group to spread the word locally, nationally and statewide. 3. Send emails to all elected officials
Team 8	1. Consumer and member voices to meet with legislators and elected officials. Provide data packages to tell a compelling story. 2. Comprehensive marketing plan with multiple forms of media (social media, television, print, etc.) 3. Comprehensive community engagement plan to communicate value of health center through civic, social, religious, and residential organizations.
Team 9	1. Testimony of community groups, agencies and leaders 2. Mobilizing health center staff to attend a legislative rally to show magnitude of workforce and community engagement/ impact. 3. Commission an economic impact statement including the match of health center generated resources to public investment.

Team 10	1. Marketing should be part of our strategic plan and needs to be budgeted. 2. Community meetings 3. Story banking
Team 11	1. Community marketing through open houses 2. Social media 3. Networking through social events

CONCLUSION

While a formal evaluation of the conference is not yet completed, the general consensus of attendees was that it was highly useful to community board members that often have limited access to training opportunities. Allowing board members to participate in the planning of their training programs and the opportunity for peer breakout sessions was highly valued. Many attendees proposed these conferences be continued and primary sponsoring agencies will reconvene to consider future conference dates, sites, and program planning. A December 2020 conference may be considered with a return to the Big Island of Hawaii.

APPENDIX A

AGENDA
10-Year Anniversary Conference
Journey Back to Your Island Health Care Home
December 3 – 5, 2018

APPENDIX A

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Four Seasons Resort | Ko Olina | Oahu, Hawaii

Hosted by AHARO Hawaii | Association of Asian and Pacific Community Health Centers | Arizona Alliance for Community Health Center

DAY 1: Monday, December 3 – Four Seasons Resort

7:15 – 8:30 am	**BREAKFAST** (Noe/Ocean Foyer)	
8:45 – 9:15 am	**OPENING PULE AND INTRODUCTIONS** (Ocean Ballroom)	
	Blessing (Pule) and Welcoming Comments	Kahu Kamaki Kanahele, Director of Native Hawaiian Traditional Healing Center– Waianae Coast Comprehensive Health Center (WCCHC)
	Introductions and Conference Overview	Virginia "Ginger" Fuata, Consumer Board Representative – National Association of Community Health Centers (NACHC) Board of Directors
9:15 – 10:00 am	**OUR LEGACY SPEAKER: LOOKING FORWARD ON HEALTHCARE TRANSFORMATION** Karen DeSalvo, MD, MPH, Professor – University of Texas at Austin, Dell Medical School, Department of Internal Medicine and Population Health (via teleconference)	
10:00 – 10:15 am	**IMPORTANCE OF THE CONSUMER VOICE IN HEALTHCARE TRANSFORMATION** Jim Luisi, Board Chairman – NACHC	
10:15 – 10:30 am	**BREAK** (Ocean Foyer)	
10:30 – 11:00 am	**MORNING KEYNOTE SPEAKER:** David Erickson, PhD, Director, Center for Community Development Investments – Federal Reserve Bank of San Francisco	
11:00 – 12:00 pm	**PANEL: VIEWS ON THE SOCIAL "DETERMINANTS" OF HEALTH** Facilitator: Vija Sehgal, MD, Pediatrician and Chief Quality Officer – WCCHC	
	CHC Network	Fred Rachman, MD, Chief Executive Officer – Alliance Chicago
	Hawaii PCA Perspective	Mary Oneha, PhD, Chief Executive Officer – Waimanalo Health Center
	PRAPARE Project Staff Perspective	Leina'ala Kanana, Director of Community Health Services – WCCHC
12:00 – 1:30 pm	**NETWORKING LUNCH** (Ocean Ballroom)	
1:30 – 2:30 pm	**PANEL: COMMUNITY HEALTH HOMES ADDRESSING WORKFORCE ISSUES** (Ocean Ballroom) Facilitator: Stephen Bradley, MD, Chief Medical Officer – WCCHC	
	The Teaching Health Center	Doug Spegman, MD, MSPH, FACP, Chief Clinical Officer Internal Medicine – El Rio Health Center
	Community Health Centers, Inc. Nurse Practitioner Residency Program (Connecticut)	Kathleen Page, RN, MSN, FNP-C – WCCHC
	The A.T. Still Community-based Partnership	Gary Cloud, PhD, MBA, Vice President University Partnerships – A.T. Still University School of Osteopathic Medicine in Arizona
2:30 – 4:30 pm	**BOARD MEMBER BREAKOUT** (Ocean Ballroom)	**NON-BOARD MEMBER BREAKOUT** (Lurline)
	BOARD MEMBER WORKSHOP – BREAKOUT Facilitators: Mike Wurtsmith & Ginger Fuata	**(2:30 – 3:00 PM)** **INTEGRATIVE CARE AND ADDICTION TREATMENT** **Recognized Pain Management Program** WCCHC in Partnership with Hawaii Medical Service Association (HMSA)
	• **Welcome & Overview of FQHC Model** Mike Wurtsmith, HRSA Consultant	Winslow Engel, MD, Internal Medicine – WCCHC
	• **Needs Assessment/Strategic Planning** Joe Gallegos, Western Region Senior Vice President – NACHC	Nicole Wright, PsyD, CSAC, ICADC, Director of Malama Recovery – WCCHC
		Kaliko Chang, PsyD, Ka Po'o Director of Hā Ola Village – WCCHC
	• **Board Authority** Grace Lockett, JD, Chief Compliance and Ethics Officer – WCCHC	Makani Tabura, Alaka'i, Lead Cultural Educator of Hā Ola Village – WCCHC
		Camille Rockett, MSW, LSW, Program Manager Community Connections Team – HMSA

(continued next page)

	• **Board Composition** John Price, Chairman of the Board – Golden Valley Health Center, Inc. • **Cultural Compliance** Gildas Cheung, Board Member – AAPCHO • **State/National Perspective of Health Centers** Joseph Pierle, CEO – Missouri Primary Care Association	**(3:15 – 4:30 PM)** **PAYMENT REFORM PANEL INNOVATORS & LEADERS BREAKOUT** Facilitator: Irene Carpenter, Chief Executive Officer – Hamakua Health Center **Payment Reform** • **Opportunities and Preparation** Andrew Principe, President – Starling Advisors • **Taking Risk/Alternative Incentives** Diana Kawasaki-Yee, Chief Operations Officer – North East Medical Services • **Incentives and CHC Partnerships** Laura Esslinger, Chief Executive Officer – AlohaCare • **Assignments and Attribution Issues** James Chen, Chief Financial Officer – WCCHC
5:30 – 7:30 pm	***Aloha Grand Pā'ina*** *Live Music, DJ, Sunset, Open Bar, Heavy Appetizers* (Ocean Lawn)	

DAY 2: Tuesday, December 4 – Four Seasons Resort

7:15 – 8:30 am	**BREAKFAST** (Noe/Ocean Foyer)	
8:30 – 8:45 am	**OVERVIEW - CONFERENCE DAY 2** (Ocean Ballroom) Harold Wallace, Chief Executive Officer – Bay Clinic, Inc.	
8:45 – 10:00 am	**NATIONAL LEADERS TRANSFORMING HEALTHCARE**	
	Bill Hagan, President – UnitedHealthcare Clinical Services (Introduction by Jeff Caballero, Executive Director – AAPCHO)	
	Zane Yates – Regional Vice President Business Development and Corporate Growth – Centene Corporation (Introduction by Carlos Olivares, CEO – Yakima Valley Health Center)	
	Mark Mugiishi, MD, FACS, Executive Vice President & Chief Health Officer – HMSA (Introduction by Keith Lee, Corporate Counsel – WCCHC)	
10:00 – 10:15 am	**BREAK** (Ocean Foyer)	
10:15 – 11:15 am	**VIEW FROM THE ISLANDS – 3 CASE STUDIES SPANNING 14,000 MILES**	
	"Kīnā'ole" – Do the Right Thing	Anthony R. Guerrero, Jr., Board Chair – WCCHC
	Eye of the Storm	Gloria del C. Amador Fernández, DrPHc, MHSA, CEO – Salud Integral en la Montaña, Inc. and Consumer Voices from Central Puerto Rico
	Center of Excellence - Micronesia	Nena Tolenoa, Executive Director – Kosrae Community Health Center
11:15 – 12 pm	**PANEL: TECHNOLOGY – NEW OPPORTUNITIES OPENING COMMENTS** Introductory Comments and Facilitator: Andrew Principe, President – Starling Advisors	
	The Virtual Visit – A Patient's Choice	Huzefa Dossaji, Vice President of Business Development – Certintell Telehealth
	Empowering Community Through Transparent Data	Jeff Brandes, President and Chief Executive Officer – Azara
12:00 – 1:30 pm	**LUNCH – 12:00** (Ocean Ballroom)	
	LUNCH SPEAKER – 12:30pm: Judy Mohr Peterson, PhD, Med-QUEST Division Administrator – Hawaii Department of Human Services / Chair – National Association of Medicaid Directors (NAMB)	
1:30 – 2:00 pm	**AHARO HAWAII – "FROM CLINICAL INTEGRATION TO PAYMENT REFORM - EMPOWERING COMMUNITY TO DRIVE HEALTHCARE TRANSFORMATION** Introductory Comments: Kathy Conner, Board President, Waimanalo Health Center	
	From Consumer Input to Payment Reform Contracts	Keith Lee, Corporate Counsel – WCCHC (Panel Facilitator)
	Hawaii's PPS Plus	Rich Bettini, President and Chief Executive Officer – WCCHC
2:00 – 3:00 pm	**THE HEALTH CENTER GAME** Interdisciplinary Team Problem Solving	
3:00 – 3:30 pm	**COMMENTS BY TEAMS ABOUT THEIR GAME PRODUCTS**	

3:30 – 4:30 pm	**CONSUMER & BOARD MEMBER CAUCUS** (Ocean Ballroom)	**HEALTH CENTER STAFF LEADERS MEETING** (Lurline Room)	**GAME JUDGES MEETING** (Mariposa Room)
5:30 – 7:00 pm	***CHC Board Member Reception & Networking Event*** *Hawaiian Music, Sunset, Open Bar, Heavy Appetizers* (Lurline Lawn)		

DAY 3: Wednesday, December 5 – Four Seasons Resort

7:15 – 8:30 am	**BREAKFAST** (Noe/Ocean Foyer)
9:00 – 11:00 am	**ANNOUNCEMENT OF WINNING GAME TEAM AND PRIZE PRESENTATION** (Ocean Ballroom)
	CONSUMER CAUCUS ROUNDTABLE PEER DISCUSSION – HEALTH CENTER BOARD MEMBERS
	ADMINISTRATIVE ROUNDTABLE
	NOTE: *Roundtables will be developed by CHC Board Members. Staff Resources will be provided on request. Issues such as policy development, training needs and future conference activity will be discussed.*
11:00 – 12:00 pm	**CLOSING SESSION AND ALOHA**

APPENDIX B

Speakers and Panelist
Past Leadership Conferences
(2008 – 2013)

APPENDIX B

Speakers and Panelist from Past Leadership Conferences (2008 – 2013)

Featured Speakers *(partial list)*
Ashish Abraham, MD – President and Co-Founder, Altruista Health
Melinda Abrams, MS – Assistant Vice President, The Commonwealth Fund
Bill Hagan, Chief Growth Officer – UnitedHealth Group (*Former President, UnitedHealthcare West Region & Senior VP National Clinic Operations, Community and State)*
Calvin C. J. Sia, MD, FAAP – Retired Pediatrician and Clinical Professor of Pediatrics at University of Hawaii School of Medicine *(Considered the "grandfather" of the medical home concept of care.)*
Douglas Jutte, MD – Assistant Adjunct Professor - Division of Community Health and Human Development, School of Public Health, University of California, Berkeley
Herb Schultz, Regional Director, Office of Governmental Affairs, U.S. Department of Health and Human Services
Joe Gallegos – Regional Coordinator, NACHC
Kauila Clark – Chair of the National Association of Community Health Services (2011-2013) 2nd Vice Chair – Waianae Coast Comprehensive Health Center Board of Directors
Karen DeSalvo, MD, MPH, MSc – *Current Acting Assistant Secretary for Health and National Coordinator for Health Information Technology,* U.S. Department of Health and Human Services *(Former City of New Orleans Health Commissioner and Senior Health Policy Advisor and Associate Dean – Tulane University Medical School)*
Marcie Zakheim – Partner, Feldesman Tucker Leifer Fidell
Robert Tagalicod – Director, Office of E-Health Standards – Centers for Medicare and Medicaid Services (CMS)
Todd Gilmore, PhD – Professor, University of California at San Diego / Director, Masters of Advanced Studies, Leadership in Health Care Organizations, Acting Chief - Division of Health Policy
Sarah Scholle, DrPH, MPH – Assistant Vice President for Research and Analysis, National Committee for Quality Assurance (NCQA)
Tom Tsang, MD, MPH – Medical Director, Meaningful Use Division, Office of Provider Adoption Support, Office of the National Coordinator for Health Information Technology

Featured Panelists *(partial list)*		
Anita Monoian	Past Chair	NACHC
Anthony R. Guerrero, Jr.	Board Chair	Waianae Coast Comprehensive Health Center *(Retired First Hawaiian Bank Vice Chair)*
Ben Pettus	CEO	Ko'olauloa Community Health and Wellness Center
C. Glenn Dudas, MD	Medical Director	Bay Clinic, Inc.
Christina Lee, MD	Medical Director	Waimanalo Health Center
Christine Sakuda	CEO (former)	Hawaii Health Information Exchange
David Goodman, MD	Chief Medical Officer	First Vitals Health and Wellness
Denise Esper	Chief Revenue Officer	Lone Star Circle of Care
Dew-Anne langcaon	Co-founder and CEO	Ho'okele Health
Ed Martinez	CEO	San Ysidro Health Center
Ed Phippen	Consultant	Robert Wood Johnson Foundation
Emmanuel Kintu	Board Chair	Hawaii Primary Care Association
Fred Fortin, MD	Senior Vice President	HMSA
Gary Cloud	Assistant Provost, Associate Dean for Financial Resources	A.T. Still University
Gervean Williams	Director	NACHC Community Health Center Finance and Operations, Training / Technical Assistance Dept.
Harold Wallace	CEO	Bay Clinic, Inc.

APPENDIX B

Featured Panelists *(partial list)*		
Heather Law	Research Association	AAPCHO
Hiroshi Nakano	Board President	International Community Health Services
James W. Hunt, Jr.	President and CEO	Massachusetts League of Community Health Centers
Jeff Caballero	Executive Director	AAPCHO
John McComas	CEO	AlohaCare
John Williams	Chief Information Officer	Waianae Coast Comprehensive Health Center
Joyce O'Brien	Executive Vice President	Waianae Coast Comprehensive Health Center
Julie Bodën Schmidt	Associate Vice President	NACHC – Training & Technical Assistance Dept.
Ken Welch	CEO	MediSense
Lyndsey A. Tyra	VP of Corporate Services	Lone Star Circle of Care
Mary Oneha	CEO	Waimanalo Health Center
Mike Schnake	Partner, Consultant	BKD, LLP
Mike Wurtsmith	Chair	NACHC Consumer Committee
Nolan Namba	Director of Strategic and Business Development	AlohaCare
Pamela Byrnes	Senior Consultant	John Snow, Inc. (former Director of Health Center Growth and Development Program
Rachel Wolfe	Transitions of Care Program Mgr.	Salud Family Health Centers
Richard Bettini	CEO	Waianae Coast Comprehensive Health Center
Richard Taffe	Executive Director	West Hawaii Community Health Center
Robert Hirokawa	CEO	Hawaii Primary Care Association
Rosy Chang-Weir	Director of Research	AAPCHO
Roy LaCroix	CEO	PTSA of Washington
Samir Patel, MD	HIT Developer	Kaiser Permanente
Sherry Hirota	CEO	Asian Health Services
Stephen Bradley, MD	Medical Director	Waianae Coast Comprehensive Health Center
Susan Hunt	CEO	Hamakua Health Center
Vija Sehgal, MD	Chief Quality Officer	Waianae Coast Comprehensive Health Center
Warren Wong, MD	Geriatrician and Consultant	Kaiser Medicare Transformation Team
Winston F. Wong, MD	Medical Director	Kaiser Permanente
William Shanks	CEO	Hawaii Patient Accounting Services

APPENDIX C

GAME RESPONSES TO TASK #1, PRODUCT A

Select 5 Elements from 2008-2013 Conference Report of Greatest Importance to Continue

TASK 1: BUILD ON RECOMMENDATIONS FROM THE PRIOR CONFERENCE REPORT

The Report "Summary of the 2008-2013 Consumer Leadership Conference Series" included in your packet is now five years old. Can you help with its update?

Product A:

Select 5 elements from this report that you consider of greatest value and should be a continuing Conference recommendation. In addition to identifying these 5 recommendations, write a brief statement on why your Health Center believes these recommendations are of highest importance.

****

TEAM 1

1. Community integration and partnerships should include partnerships with employers, developers, and other community based organization to invest in wellness and economic development, and JOBS.
2. HIT development should include the FQHC, hospital, state HIE and other sources to provide care coordination.
3. Health center providers need quick access to care management information from both the health payer and health center HIT systems.
4. Incentives need to be built into the delivery system that support addressing preventable costs in healthcare. Incentives must be fair and aligned correctly along the entire continuum of the healthcare delivery systems.
5. Care coordination should be provided within a cultural context. Translation services must be provided. Patient satisfaction needs to be a measured in this area

Why are they of highest importance?

These are the basics in providing good health for a person and the foundations of maintaining a health community in a sustainable community driven manner.

TEAM 2

1. Payment reform can be a catalyst for economic development in our communities. Shared savings and economic development as a standard for an MUA healthcare home can be factors.
2. To address cultural issues, we must better understand cultural issues such as language and values that affect access to care. Communications is the key in culturally diverse areas. Word-of-mouth (referred to as "the coconut wireless" in Hawaii) plays a very important role in the communication process.
3. Health information technology should evolve to be able to track social determinants of health so these conditions can be incorporated into risk adjustment and care coordination.
4. To effectively address preventable costs associated with highly complex patients, community health centers must develop new strategies for integrating behavioral health and primary care services. Improved methods for diagnosing the Serious Mentally Ill (SMI) populations and the assignment of these patients to the appropriate level of care need to be developed.
5. Health center providers need quick access to care management information from both the health payer and health center HIT systems.

Why are they of highest importance? (No response provided.)

TEAM 3

1. Continuation of BHI into not only primary care but also other areas such as HIV care. Care coordination should continue to include behavioral health and adding substance abuse treatment with the advent of the opioid epidemic.
2. HIT continuing to track social determinants of health with incorporation into risk adjustment and care coordination.
3. Address social determinants of health by working with new funding structures and especially working with payers to develop value-based payment models.
4. Avoid redundancy in the community and build on existing health center services and capability.
5. Consumer health center boards should be partners in developing healthcare policy.

Why are they of highest importance?
They address recommendations that are still of value today.

TEAM 4

1. Vertical integration with integrated health systems and plans while maintaining health center independence
2. Enhancing care coordination for behavioral health services and primary care.
3. HIT and data analytics for both care coordination and practice management.
4. Documentation and coding improvements for revenue optimization.
5. Community integration with employers, developers, and banks to invest in a wellness environment.

Why are they of highest importance?
The greatest (inpatient) costs are acute admissions, long term care, and pharmacy. Outpatient costs include physical therapy and imaging. Integrated systems allow hospitals, clinics, and health plans to avoid high cost, low reimbursement and least effective (on population health) events. Care coordination is the single most effective clinic based resource, placing emphasis on the highest risk group of patients (the 20/80). Increasing attention to behavioral health will help both behavioral and physical risk management.

TEAM 5

1. Payment reform
2. Workforce Development and Economic Improvement
3. Technology Integration
4. New Funding Structures
5. Build Social Support Network

Why are they of highest importance?
Funding is essential to pay for the services we must provide for our patients. The current payment system is inadequate for keeping up with the costs of salaries, medical supplies and hardware. There is a critical shortage of providers and the shortage will continue to grow worse as years go on. In order to ensure we are able to make decisions about the efficacy of our work we need to look at data and use the data to improve what we do. We know that social determinants impact our ability to help our patients have health. In order to be less reactive we need to address these determinants by helping with housing, economics, jobs, food, and education. We cannot do these things alone so we need to build partnerships with our community to provide these things.

TEAM 6

1. Identify sustainable source of revenue.
2. Invest in all sorts of partnerships.
3. Identifying high-risk populations to reduce hospitalizations, and finding appropriate ways to reduce costly hospitalization.
4. Create data systems to get information at point-of-care to have at provider's fingertips. Take care of highest-risk patients (homeless, multiple-diagnoses). Link up different data systems that allow provider to push information out to care team to address social determinants of health before patient leaves the visit (real-time). IT system infrastructure.
5. Leveraging power and expertise of consumer health center board members and making sure they have a seat at the table.

Why are they of highest importance?
Sustainability of funding to allow us to continue to serve our patients. Seamlessness for partnerships and data integration.

TEAM 7

1. Mandate HIT system development that supports the following initiatives.
2. Assessing for complexity of patient need in intake – shaping risk adjustments systems that are more accurate.
3. Improve care coordination
4. Identify preventable costs as reducing preventable hospitalizations, readmissions, inappropriate ER visits, etc.
5. Address SDoH by working with new funding structures such as community banks, the Federal Reserve, and tax credit programs.

Why are they of highest importance?
Advanced data collection through HIT systems is and will be the foundation for advancements in assessing needs and delivering care.

TEAM 8

1. To best understand what a community needs, conduct a community needs assessment that includes focus groups comprised of community organizations and consumers.
2. Payment reform can be a catalyst for economic development in our communities. Shared savings and economic development as a standard for an MUA healthcare home can be factors.
3. Performance data needs to be shared with FQHC governing boards with true meaningful engagement of community and community members.
4. Community integration should include partnerships with employers and developers that may want to invest in a wellness environment and community economic development. Workforce development fairs and job counseling should be brought to health center sites. Embed value-added services into healthcare homes such as engaging community, cultural proficiency, workforce and job training, and care enabling services. Plans that deliver these should be incentivized by the state.
5. Risk adjustment systems identifying medical complexity and social determinants need to be improved and adopted throughout the delivery system in order to make performance-based incentives fair.

Why are they of highest importance?
These recommendations are focused on improving the health of the community and overcoming adverse social determinants of health. These recommendations improve the health of the community and create an organization that is community driven.

TEAM 9

1. As a component of the healthcare home, build institutional partnerships within your community, including relationships with schools.
2. Key component of an HIT plan for health centers must include practice management, electronic health records, patient and care management systems, data exchange software, a patient portal and predictive analytics identifying families with potential preventable costs.
3. Customized HIT systems that some health centers should consider include backend patient navigation software, patient engagement and utilization software, public and private kiosks to engage patients and patient information on encrypted devices.
4. There is a need to embed value-added services into healthcare homes such as engaging community, cultural proficiency, workforce and job training, and care enabling services. Plans that deliver these services should be incentivized by the state.
5. Consumer health center boards should be partners in developing healthcare policy and not only advocates of policies developed by others.

Why are they of highest importance?

#1: This is an upstream service the health center is providing that will result in preventative care and more importantly, building trust with the children at an early age with the provider team.

#2: If you can't measure it, you can't improve it. It is important for the health center to implement a HIT that spans across all practices and services provided to the patient so that we can begin to develop a personalized medicine/health improvement plan for the patient.

#3: Each health center should expand current processes and technology to include a customer-focused experience and can better communicate to the new generation of new patients

#4: Each health center should continue to identify and demonstrate value-added processes that we do for our patients. This value-add is through the demand of treating the whole person and social determinants. Most of all, we need to continue to advocate for payment from the health plans and state for this work.

#5: Health centers are patient driven and they will continue to be a critical part of the community voice and reflection of the needs.

TEAM 10

1. 360 Evaluation of health plans. We want to hold health plans accountable as we work collaboratively. We would like a win-win partnership with the health plans.
2. There must be standards for the level of community engagement healthcare homes afford their consumers and the level to which they engage a network of agencies within their community. This is critical and is part of empowering the community. The community should be dictating how we move forward.
3. It is important to evaluate the shared savings model and how that model is implemented in payment reform. This evaluation should be conducted in partnership with health plans, as we want to ensure the stability of future incentives.

4. As healthcare homes in high-poverty communities are often one of the largest employers, they must be accountable to the community they are active in, creating job opportunities and providing job training for its service area residents. In addition to providers, other types of staff, especially those with expertise in IT, data analytics, and the tools that support health center data gathering and analytics are crucial.
5. It is important that the state and health plans invest in the software, hardware, data analytics, and staffing.

Why are they of highest importance?
These five elements are the foundation of what health centers have been trying to accomplish, and they have stayed relevant over the past 10 years. They are key to providing the quality of care that we provide and demonstrating our value.

TEAM 11

1. To address cultural issues, we must better understand cultural issues such as language and values that affect access to care. Communication is the key to culturally diverse areas. Word-of-mouth plays a very important role in the communication process.
2. Immediate, accurate data exchange between hospitals and community health centers is fundamental in the reduction of preventable costs. Community health centers ought to initiate the development of direct relationships with hospitals, not with waiting for health plans to facilitate the process.
3. Health information technology should evolve to be able to track social determinants of health so these conditions can be incorporated into risk adjustment and care coordination.
4. Incentives need to be built into the Hawaii delivery system that support addressing preventable costs in healthcare. Incentives must be fair and aligned correctly along the entire continuum of the healthcare delivery system.
5. Consumers need to be more actively educated and engaged in the current state planning efforts towards healthcare transformation. Currently there is only token engagement.

Why are they of highest importance?
They address the current triple aim.

APPENDIX D

GAME RESPONSES TO TASK #2

Discuss models for addressing the social determinants of health.

GAME TASK #2 RESULTS SUBMITTED – SOCIAL DETERMINANTS OF HEALTH

TEAM 1
FQHCs acknowledge the importance and need for its programs and services to include consideration of the SDoH. In the continuum which leads to a healthy community, resources need to be delegated to these important matters. We propose the provision of incentives (on top of PPS rates) to pay for the program services at FQHCs to pay for SDoH.

TEAM 2
Perform a needs assessment. Develop partnerships and meaningful referrals. Create a comprehensive and integrated system to address SDoH. Funds to support this should come from a combination of public, private, and federal dollars.

TEAM 3
Addressing the unnecessary ER visits and reducing hospitalization and re-admission rates by utilizing preventative healthcare services like telehealth and APM that increases access and alternative touches with the patients to improve clinical outcomes.

TEAM 4
We support the efforts of the state Medicaid agency addressing the social determinants of health. We see the effects of SDoH on both patients and staff, to the detriment of the quality and quantity of care we deliver. Payment by reinvestment of state portion of 340B savings and shared savings.

TEAM 5
Accounting for social determinants creates a different alignment between the risks of the population and the payment amount. That payment better reflects the health and wellbeing of the population in their likely healthcare and social service needs. We have to reallocate our resources to better meet these needs today for future savings.

TEAM 6
Invest in collecting social determinants of health screening data that can be used by providers while also integrated into payment models (such as risk adjustment that includes social determinants of health or pay-for-value).

TEAM 7
Collect data on our patients to refine the more generalized UDS needs assessment information. Use standardized PRAPARE tool to identify relevant trends & clusters within the population we actually serve. By using the standardized coding of social determinants (PRAPARE) not listed in traditional billing codes we can provide evidence-based outcomes to negotiate potential cost savings with health plans that will enable us to begin addressing patients' determinants to necessary health care.

TEAM 8
The state should fund community health centers to develop and run comprehensive, community driven social determinants of health resource centers. These centers will have metrics based on community needs and produce savings in lower Medicaid dollars spent on healthcare services that the state can then reinvest in additional social determinants of health efforts (housing, food access, legal services, etc.)

TEAM 9

We support the State Medicaid Agency's desire to address the social determinants of health. Partner to leverage community investment dollars to match to State payments for social determinant resources to create entrepreneurial, income generating, multipurpose community centers that include housing, social gathering space, food venues, supermarkets and healthy food cafés and other businesses. These would both provide services aimed at improving conditions and employment opportunities in the community. The health center will contribute resources by sharing incentive dollars from achieving quality/outcome targets back to the community. The methods used to pay for improving social conditions will be securing grants, through shared savings, through funding from our health plans with deliverables, private donors, and through addressing factors that drive up costs for our center.

TEAM 10

We strongly believes that the State Medicaid Agency would make a wise investment in supporting social determinants of health. Our organization collects social determinants of health data through PRAPARE and has been able to use Azara as a tool to aggregate that data and stratify the data based on performance. Our health center has been able to provide that data to the State Medicaid Agency to demonstrate the need for additional funding beyond the PPS rate to address the myriad chronic conditions and underlying social determinants of health that our patients face. With this data, we believe we could effectively negotiate a PMPM on top of our PPS rate that would allow us leeway to better address social determinants of health impacting our patients.

TEAM 11

We support the State Medicaid Agency's interest in supporting SDoH because by providing food, housing, and economic development, we are providing a safety net in preventing people from falling through the cracks. The stakes are high for our people and our nation.