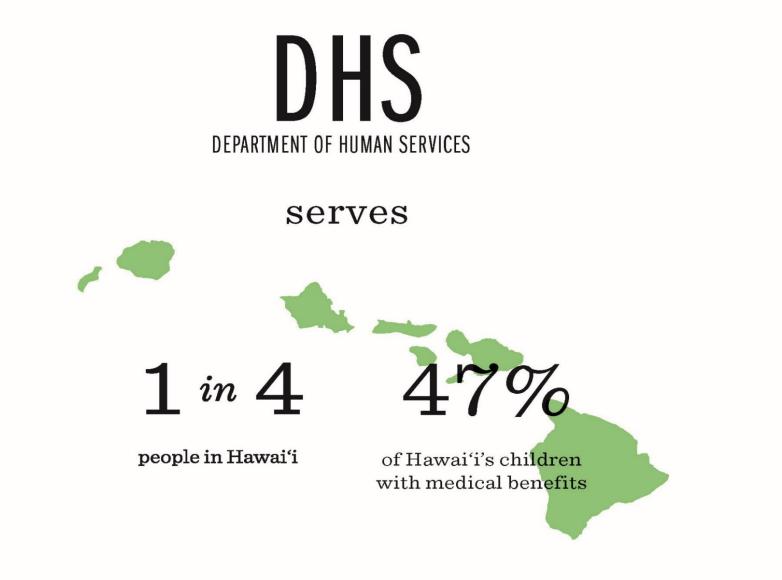
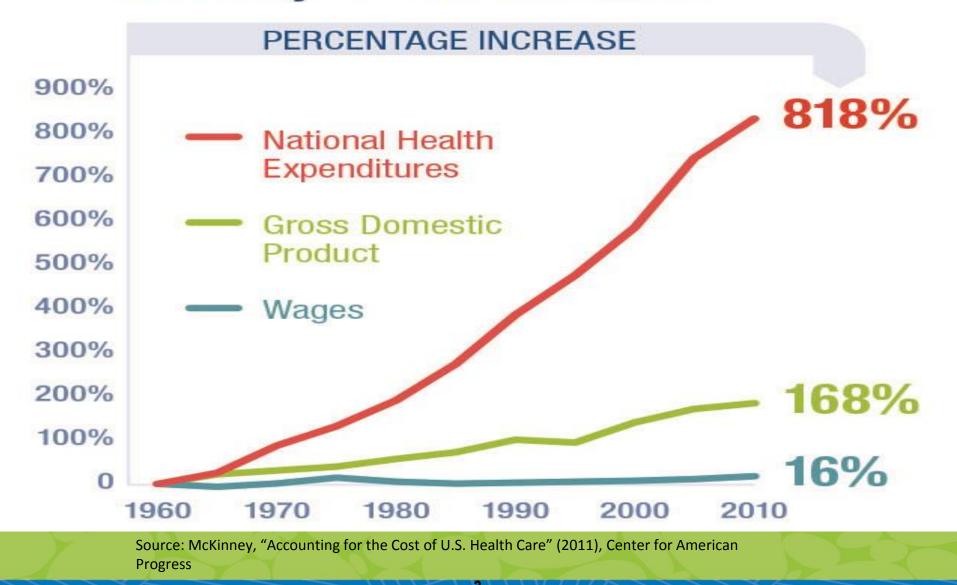
Hawai'i Medicaid – QUEST

Judy Mohr Peterson, PhD Med-QUEST Administrator March 2017





Health care spending has grown much faster than the rest of the economy in recent decades.



Commonwealth Fund: Select Population Health Outcomes and Risk Factors

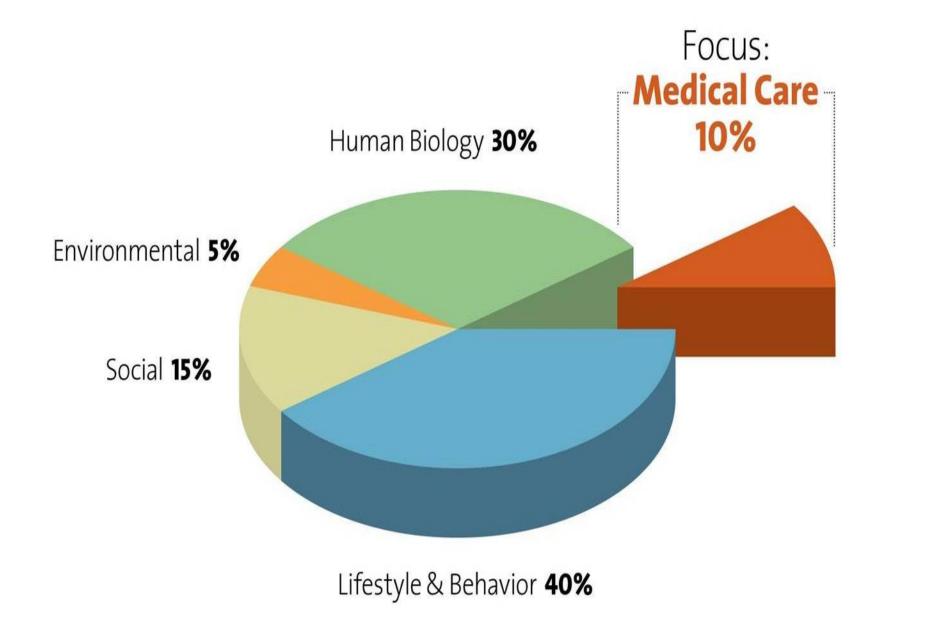
Life exp. at birth, 2013ª	Infant mortality, per 1,000 live births, 2013 ^a	Percent of pop. age 65+ with two or more chronic conditions, 2014 ^b	Obesity rate (BMI>30), 2013 ^{a,c}	Percent of pop. (age 15+) who are daily smokers, 2013ª	Percent of pop. age 65+
82.2	3.6	54	28.3 ^e	12.8	14.4
81.5 ^e	4.8 ^e	56	25.8	14.9	15.2
80.4	3.5		14.2	17.0	17.8
82.3	3.6	43	14.5 ^d	24.1 ^d	17.7
80.9	3.3	49	23.6	20.9	21.1
83.4	2.1		3.7	19.3	25.1
81.4	3.8	46	11.8	18.5	16.8
81.4	5.2 ^e	37	30.6	15.5	14.2
81.8	2.4	43	10.0 ^d	15.0	15.6
82.0	2.7	42	11.7	10.7	19.0
82.9	3.9	44	10.3 ^d	20.4 ^d	17.3
81.1	3.8	33	24.9	20.0 ^d	17.1
78.8	6.1 ^e	68	35.3 ^d	13.7	14.1
81.2	3.5	-	28.3	18.9	17.0
	birth, 2013ª 82.2 81.5e 80.4 82.3 80.9 83.4 81.4 81.4 81.4 81.8 82.0 82.9 81.1 78.8	Life exp. at birth, 2013a1,000 live births, 2013a82.23.681.5e4.8e80.43.582.33.680.93.383.42.181.43.881.45.2e81.82.482.02.782.93.981.13.878.86.1e	Life exp. at birth, 2013aInfant mortality, per 1,000 live births, 2013a65+ with two or more chronic conditions, 2014b82.23.65481.5e4.8e5680.43.582.33.64380.93.34983.42.181.43.84681.45.2e3781.82.44382.93.94481.13.83378.86.1e68	Life exp. at birth, 2013 ^a Infant mortality, per 1,000 live births, 2013 ^a 65+ with two or more chronic conditions, 2014 ^b Obesity rate (BMI>30), 2013 ^{a,c} 82.23.65428.3 ^e 81.5 ^e 4.8 ^e 5625.880.43.5-14.282.33.64314.5 ^d 80.93.34923.683.42.1-3.781.43.84611.881.45.2 ^e 3730.681.82.44310.0 ^d 82.93.94410.3 ^d 81.13.83324.978.86.1 ^e 6835.3 ^d	Life exp. at birth, 2013aInfant mortality, per (1,000 live births, 2013a65+ with two or more chronic conditions, 2013a.Obesity rate ((BMI>30), 2013a.Percent of pop. (age 15+) who are daily smokers, 2013a.82.23.65428.3e12.881.5e4.8e5625.814.980.43.514.217.082.33.64314.5d24.1d80.93.34923.620.983.42.13.719.381.43.84611.818.581.45.2e3730.615.581.82.44310.0d15.082.93.94410.3d20.4d81.13.83324.920.0d78.86.1e6835.3d13.7

^a Source: OECD Health Data 2015.

^b Includes: hypertension or high blood pressure, heart disease, diabetes, lung problems, mental health problems, cancer, and joint pain/arthritis. Source: Commonwealth Fund International Health Policy Survey of Older Adults, 2014.

^c DEN, FR, NETH, NOR, SWE, and SWIZ based on self-reported data; all other countries based on measured data.

^d 2012. ^e 2011.



Hawai'i health focus

Health

•Whole Person, Whole Family, Whole Community

•Invest in young children and their families early and concurrently 'Ohana Nui

•Where we live, work, play and learn

The Vision of the model Ultimately Extends Beyond the Clinic Walls:



Source: Public Health Institute

Med-QUEST Investments& Initiatives

Access to health care & insurance

Children and family health

Chronic Homelessness & behavioral health

Major transitions – New administration

- There will be major upcoming changes to Medicaid, and health care.
- Medicaid Expansion:
 - 110,000 individuals nearly 1/3 of our Medicaid population
 - Move from Enhanced to base federal matching rate: \$230M
 - Population with significant health needs
- "Flexibilities" Coverage/benefits, cost share, eligibility, payment/rates, administration

Pay for health & care differently – Re-align incentives

- Alternative Payment models FQHCs
- Managed Care: Value Based Payments: Payment reform
 - Require that increasing proportion are value based payments
 - Primary care medical home tiered payments
 - Hospitals away from per diems, value based
 - Vertically integrated shared savings
 - Yr 1: 50%;
 Yr 2: 65%;
 Yr 3: 80%
- Accountability & Transparency

Delivery system – Work together differently

Better care

- Integrated (mental health, substance use, preventive, primary, acute)
- Coordinated
- Person-centered & whole family centered

Beyond clinic walls – recognition and connections to social determinants of health. New partnerships and collaborations

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- All Health care is local community
- But economies of scale when needed

Expand Workforce & capacity

- Workforce Support system to enable adoption in primary care
 - Improved care coordination for primary care Coordinated Care teams
 - Co-located
 - Mobile teams
 - Virtual supports
 - Can be ACO, PCO, Health Plan, or State contracted
 - Provider to provider consults
 - Tele-psychiatry & Tele-health (expand)
 - Training and support
 - Expand and Enhance primary care via members of primary care team
 - Community Health Workers (Peer support)
 - BH professionals

Infrastructure to support initiatives:

Data <u>Information!</u>

- Clinical Data (outcomes/reporting; data for providers for integrated care)
- Data & Analytics
 - Policy development
 - Operational tactical
- Technical infrastructure
 - Health Information technology/Health records exchange
 - Tele-health

As leaders, we need to ask:

- What do we want our communities and our health care delivery system to look like?
- What do we want to invest in?
- What do we value, as a community?

Health is everyone's "kuleana"!

QUESTIONS?

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