

REPORT ON THE FINDINGS OF THE  
*"Journey Back to Your Island Health Care Home"*  
CONFERENCE

*November 28-30, 2012 ~ Ko Olina, Hawaii*



## **Journey Back to Your Island Health Care Home Conference Findings November 28-30, 2012**

### **I. Executive Summary**

Approximately 150 health care leaders, including 50 consumer board members from 18 federally qualified Community Health Centers convened in Ko Olina Hawaii in late November 2012 to discuss issues in health care transformation. A key theme of the conference revolved around the important role health centers can play in reducing the preventable costs inherent in our health care system while improving access to primary care services.

The Conference format was designed first to listen to well informed national leaders in the healthcare industry and then to facilitate the engagement of consumers and health center leaders in proposing a set of policy objectives related to healthcare reform. To accomplish this production teams (breakout groups) were organized around eight content areas. These production teams produced individual recommendations that were compiled into this Conference Report. The conference report was then adopted unanimously by the attending consumer members who caucused separately.

The primary concerns of attendees were that those governing healthcare reform may overlook or not comprehend the contribution of health centers and that transformation may not adequately address the needs of patients at 200% of poverty level and below. With these concerns the following recommendations were made:

- Community health centers need to be recognized as “fully integrated” healthcare homes and compensated for the full scope of preventive, medical, behavioral, social and care enabling services they provide to medically and socially complex patients.
- Risk adjustment needs to be incorporated into risk pool based payment systems to account for the social determinants of health and the earlier age of onset of chronic disease in patients served by community health centers.
- Shared savings models need to be developed for community health centers successful in lowering health care costs by addressing the needs of their medically and socially complex patients.

Attendees further concluded that for shared savings to be achieved more seamless health care networks and an improved care management system must be in place. Each individual health center should seek out partners with common values and determine how much of the networking they want to facilitate and which systems they want to develop themselves. Health centers can then determine what services they will need to acquire from their health plan partners. A care coordination and HIT plan should be part of this discussion.

The attendees concluded that for an effective transformation to occur aligned incentives must be applied throughout the healthcare system and all components of the system must be held accountable for performance. This 360° evaluation should extend from government agencies to health plans to health care homes to patients themselves.

Finally it was understood that without strong advocacy coming from the community level, health care reform may mean nothing more than expanded insurance coverage and poverty related health disparities will continue to be inadequately addressed.



## II. Background

The following report presents the findings of the “Journey Back to Your Island Health Care Home” Leadership Conference held in Ko Olina, Hawaii on November 28-30, 2012. The event was the fifth in a series of conferences guided by consumer board members of Federally Qualified Health Centers (FQHCs) from across the country. The attendee list and agenda are attached. Conference PowerPoint presentations are available at [www.wcchc.com/conference](http://www.wcchc.com/conference).

There were 147 attendees at this most recent conference. Staff members and more than 50 consumer board members from the following 18 community health centers participated in the conference work groups that provided the material for this report.

Asian Health Services – Oakland, CA
Asian Human Services Family Health Center – Chicago, IL
Bay Clinic – Hilo, Hawaii
Community Health Centers of the Central Coast - Nipomo, CA
Delaware Valley Community Health Center - Philadelphia, PA
Hamakua Health Center – Hamakua, Hawaii
International Community Health Services – Seattle, WA
Kalihi-Palama Health Center – Honolulu, HI
Koolauloa Community Health and Wellness Center - Hauula, HI
Lanai Community Health Center – Lanai City, Hawaii
Lone Star Circle of Care - Georgetown, TX
North East Medical Services – San Francisco, CA
Salud Family Health Centers – Fort Lupton, CO
Wahiawa Center for Community Health – Wahiawa, HI
Waianae Coast Comprehensive Health Center – Waianae, HI
Waikiki Health Center – Waikiki, HI
Waimanalo Health Center – Waimanalo, HI
West Hawaii Community Health Center - Kailua-Kona, HI

A set of recommendations, organized around eight functional areas of health care transformation, were formally adopted by a consumer caucus of conference attendees. Patient populations below 200% of the federal poverty level are the primary focus of the following proposed interventions into preventable costs in healthcare.

## III. Addressing Preventable Costs in Healthcare

Community health centers play a major role in addressing the preventable costs of high cost complex patients. The conference attendee discussion group recognized that a focus on preventable costs is a key factor in healthcare transformation. Hospitalizations, emergency room visits and medications, diagnostic radiology and laboratory services comprise some of the highest healthcare costs. Several key areas of intervention into preventable costs were identified and the following recommendations were made by participants.

1. The most significant health care costs are associated with hospitalizations. Thus preventable costs need to address preventing hospitalizations, reducing length of stay and preventing re-hospitalizations. Health centers need to take the initiative to co-manage hospital care transitions by hiring appropriate care coordinating staff who are involved in discharge planning to the community outpatient setting. Best practices templates need to include advance health care directives.

2. Inappropriate emergency room (ER) visits must be identified and monitored. The key to decrease inappropriate ER visits lies with improving access to primary care services. Hospital-based ER services and perhaps even hospital admissions could be reduced if primary care providers extended their hours into the late evenings, weekends and holidays. Health centers need to be incentivized to develop after-hour acute care services. Nurse advice lines could provide information to patients to prevent them from seeking high cost emergency room care. Electronic-based visits should also be explored.
3. 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 waiting for health plans to facilitate the process.
4. Patients with behavioral health needs as well as those with chronic pain diagnoses are key population groups served by community health centers. Their needs must be appropriately addressed through an integrated approach in order to avoid inappropriate emergency room utilization. Community based pain management services must be developed and supported.
5. Patient navigators, health educators and wellness coaches are key personnel in reducing preventable costs. Lifestyle education and community-based campaigns to address chronic disease prevention needs to be supported through extended health care homes. Patients can be empowered to play an active role in their own health care with home-based technology.
6. Health plans have to support investments in HIT and care coordination at the community health center and patient centered healthcare home level.
7. Medications, radiology and laboratory diagnostic services are another significant health care cost driver. Data exchange can be used to avoid duplication in these services between hospitals, emergency rooms, specialists and primary care providers. The use of clinical pharmacists for patient education in medication adherence and medication reconciliation could be incentivized. The utilization of 'lock-down' restricted recipient programs to avoid narcotic abuse would also curb costs.
8. 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.

#### **IV. Managing Care for the Aged, Blind and Disabled**

Some states, including Hawaii, are merging their basic Medicaid and Aged, Blind and Disabled Medicaid Managed Care Programs into one bid process. Participants discussed this opportunity and made the following recommendations.

1. HEDIS evaluation measures are not effective in describing the value produced by health centers in addressing preventable costs or the quality of their services, particularly those for Aged, Blind and Disabled patients. New performance metrics need to be developed.

2. FQHC care enabling services need to be clearly defined in state Medicaid bid documents and contracts with health plans. With the Aged, Blind and Disabled patients, care enabling services are extremely important in producing a positive care outcome.
3. Eligibility requirements must be aligned with patient needs and with identified high risk populations.
4. Medicaid health care home provisions need to allow the reimbursement of separate service coordination fees by health plans.

## **V. Care Coordination**

Conference attendees heard case studies of excellent health center-based care coordination projects underway in Colorado and Texas. The link between health center-based care coordination and the reduction of preventable costs was clearly established. The following recommendations were made:

1. Models of care coordination should be: a) available directly through those community health centers that choose to offer these services; b) offered by care coordinators employed directly by these health centers; and c) supported by health care plans.
2. Care coordination and related services ought to be provided through one set of community-based care coordinators. Duplication of effort including having care coordinators from all health plans at a single site must be avoided.
3. State Health Exchanges, including the Hawaii Health Connector, need to provide information on the level of care coordination services and means of delivery of such services offered by competing health plans.
4. Board of directors of community health centers should be regularly updated on the status of care coordination at the facilities they oversee. Board member advocacy for care coordination services is fundamental.
5. Standardized templates should be developed for care coordination in cooperation with hospitals that specify responsibilities and procedures assigned to each group.
6. Care coordination should be provided within a cultural context. Translation services must be provided. Patient satisfaction needs to be measured in this area.
7. A major emphasis must be placed on transitions of care from hospital to the community setting.

## **VI. School Based Health Programs**

The conference participants identified the need to move health care home activities into the schools to address some of the unique health problems of low income communities. These needs include addressing the early onset of chronic disease. The following recommendations were made:

1. There is a need to meet with payers to find ways to financially support school-based health delivery. These services are not adequately supported by current health plans.
2. Health centers should approach local school districts to gain their support for school-based health clinics. Case examples of successful models need to be presented.

3. State policy makers should be approached to include school-based health centers within the special provider designation to ensure their role in the health insurance exchange provider networks. School-based health care should be identified as a service in emerging state exchanges.
4. State funding programs for the uninsured should include components for school-based health clinics.
5. Oral health needs to be included in any school-based health strategy.
6. State and national standards should be strengthened for school-based health clinics.

## **VII. The 360 Degree Health Care Home and Payment Reform**

At the previous leadership conferences mentioned earlier in this report, participants developed criteria for supplemental health care home standards valued by consumers in low income communities. A consistent position taken by the conference participants is that health care home standards for low income communities must be distinctive and more comprehensive than those selected for “middle class” populations. The recommendations made below reaffirm earlier positions and propose adoption of criteria for evaluating health plans recognizing their effectiveness contributes to the success of their health center partners’ performance.

1. The incentives provided by the state to health plans (currently HEDIS-type measures) need to be restructured to align incentives effectively in order to fairly value the performance of health centers.
2. The role of state insurance commissioners needs to be reconsidered with some oversight on the fairness of performance metrics related to health plans. In some states elected insurance commissioners have produced more responsive results.
3. New performance incentives that flow from health care home to health plan need to be negotiated including data capability, claims processing capability and specialty network performance. The format for current evaluation of health plans adopted by one health center network is posted at [www.AHARO.net](http://www.AHARO.net) as Appendix C of the AHARO Payment Reform Model.
4. Efforts should be made to reduce the coding inconsistencies between plans. More clarity needs to be provided in how future ICD-10 coding will be accomplished.
5. The effectiveness of plan-coordinated behavioral health services needs to be more clearly monitored. Specific plan capabilities in addressing problems of substance abuse and pain management need to be measured.
6. Plan risk pools need to be more transparent and shared with health care home partners. Co-management of risk pools should be undertaken by community health centers seeking to enter this arrangement.
7. There is a need to embed value-added services into health care 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.

8. Shared savings models such as the one developed by the Accountable Healthcare Alliance of Rural Oahu (see [www.AHARO.net](http://www.AHARO.net)) should be facilitated as a part of accountable care organization (ACO) development.

### **VIII. Health Information Technology**

1. Health Information Technology (HIT) should be considered an essential component of health care transformation for every community health center. An HIT plan needs to be developed by each health center and presented to their boards.
2. Key components 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. Data exchange should occur at the point of care and be linked to care coordination programs at the health center level.
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.
6. Health center-owned management services organizations could be developed to help health centers develop self-sufficient HIT capability.
7. HIT system development should be based on collaboration; however when health center networks have advanced HIT capabilities, their efforts should be built upon by state HIT system developers in order to avoid duplication.

### **IX. Diabetes Prevention (As a Model for Community Engagement)**

As originally conceptualized, health care homes were not medical models, rather, they extended care into areas of prevention beyond the walls of a medical clinic. By viewing intervention models addressing the early onset of chronic disease, the conference attendees made the following recommendations on methodologies for community engagement in a disease prevention program:

1. Strong advocacy is needed to gain recognition from policymakers that community groups can play an important role in disease prevention at the community level.
2. Each community health center should establish a community network and development committee to focus on broader community issues that affect health outcomes of the people in their community.
3. Specific legislation is needed now to reshape the environment in low-income communities including a soda tax, safe bike paths, and reestablishing physical education programs for children.
4. Health centers should pursue large well-funded foundations to support specific community-based activities.

5. Health plans should build into their payment systems incentives for community health centers to implement continuous quality improvement in areas of community response to health concerns.
6. For health centers serving certain cultural groups, such as Native Hawaiians, there needs to be a cultural basis for addressing health issues.

## **X. Health Care Transformation in Hawaii**

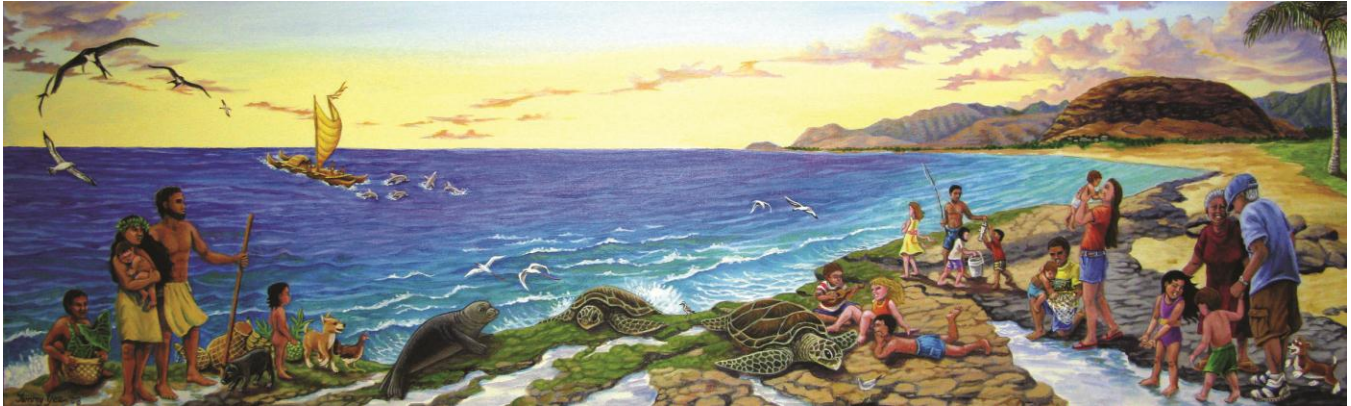
Given the large number of attendees from Hawaii, one conference focus group emphasized health care transformation in their home state. Concerns were raised that those often empowered in the current health care delivery system will control health care reform with potential lack of community and consumer input. The following recommendations were made:

1. The gap group between 133% and 200% of the federal poverty level is an important group in health care transformation. A decision on a benefit package for this population should be established only after an analysis of their needs is reviewed. In Hawaii, this gap group shares many of the same economic and care enabling needs of the poverty level population.
2. The Prospective Payment System (PPS) must be employed for patients in the gap group categories as many of them seek the full set of services provided by community health centers.
3. Health centers and the Hawaii Primary Care Association should present data-supported justification for the service delivery needs and payment system utilized for the gap group.
4. Incentives need to be built into the Hawaii delivery system that support addressing preventable costs in health care. Incentives must be fair and aligned correctly along the entire continuum of the health care delivery system.
5. Risk adjustment between the State of Hawaii and health plans needs to be discussed transparently and in depth. State adjustment of health plans with high risk patients including those with behavioral conditions and those with early onset of chronic disease is essential. Social determinants of health including census tract-based risk adjustment should also be considered.
6. It should be recognized that health centers are the entry point into the Medicaid QUEST plan for many high risk/high cost patients and for patients that migrate between uninsured status and Medicaid coverage.
7. HEDIS measures are not an accurate means to determine the effectiveness of a health plan in addressing poverty level patients. An alternative to HEDIS needs to be explored.
8. The auto assignment of QUEST patients to health plans needs to be reconsidered. It should be noted that at least one third of QUEST patients are auto assigned and this is a huge incentive to health plans. Value-added services offered by health plans should be important criteria in determining auto assignment. This may include supplemental health care home payments and levels of reinvestment back into the communities they serve.



9. Consumers need to be more actively educated and engaged in the current state planning efforts towards health care transformation. Currently there is only token engagement and no effective process of community-based education.
10. In Hawaii, Native Hawaiians experience a much earlier onset of chronic disease than the overall Medicaid population yet there is no chronic disease risk adjustment for health plans serving Native Hawaiians. At a minimum this must be addressed through some form of chronic disease adjustment. This adjustment should flow through to the service level.

# *Journey Back to Your Island Health Care Home*



**November 28-30, 2012  
Ihilani Resort and Spa  
Ko Olina, Hawaii**

## ***Mahalo to our Sponsors:***

**ALOHACARE**

**ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS**

**HAWAII PRIMARY CARE ASSOCIATION**

**NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS**

**UNITEDHEALTHCARE HAWAII**

**WAIANAE COAST COMPREHENSIVE HEALTH CENTER**

**and the**

**ACCOUNTABLE HEALTHCARE ALLIANCE OF RURAL OAHU:**

*Koolauloa Community Health and Wellness Center,  
Waimanalo Health Center and Waianae Coast Comprehensive Health Center*

## ***Mahalo to our Systems Demonstrators:***

**Altruista Health**

**First Vitals**

**Ho`okele Health**

**Pacific Innovation Collaboration**

**Journey Back to Your Island Health Care Home  
Conference Agenda  
November 28-30, 2012**

**November 28, 2012 – Ihilani Resort and Spa – Hokulani Ballroom**

7:30– 8:30 am	<b>BREAKFAST – Hokulani 3</b>	
<b>GENERAL SESSION - Hokulani 1&amp; 2</b>		
8:30- 8:45 am	<b>Opening Blessing</b>	Kahu Kamaki Kanahele, Director, Waianae Coast Comprehensive Health Center, Native Hawaiian Healing Center
	<b>Welcoming Remarks</b>	Anthony R. Guerrero, Jr., Chair, Waianae Coast Comprehensive Health Center, Board of Directors
8:45- 9:15 am	<b>The Consumer Leadership Conference: -History and Products of Previous Conferences -Goals of our 2012 Conference</b>	Rich Bettini, President and CEO, Waianae Coast Comprehensive Health Center
9:15 - 10:00 am	<b>Towards Community/Demonstrating Health Plan Partnerships In Health Care Transformation</b>	Facilitator: Rich Bettini, President and CEO, Waianae Coast Comprehensive Health Center
		<b>Panel:</b>
	<b>What role can health centers play in healthcare transformation? Can they become part of the solution in addressing preventable costs?</b>	John McComas, Chief Executive Officer, AlohaCare
		Bill Hagan, Regional President, West Region/Senior VP, National Accountable Care Operations, UnitedHealth Care
		Dr. Ashish Abraham, President and Co-Founder, Altruista Health
<b>BREAKOUT SESSION</b>		
10:00 am - noon	<b>Breakout Session A: NACHC Consumer Board Boot Camp</b> <b>Trainers:</b> - Julie Bodén Schmidt, Associate Vice President, Training and Technical Assistance Dept., National Association of Community Health Centers -Gervean Williams, Director, Community Health Center Finance and Operations, Training and Technical Assistance, National Association of Community Health Centers -Marcie Zakheim, Partner, Feldesman Tucker Leifer Fidell	<b>Hokulani 4</b>
10:00 am - noon	<b>Breakout Session B: Healthcare Professionals:</b>	<b>Hokulani 1 &amp; 2</b>
10:00 – 11:00 am	<b>B1: Risk Adjustment and Social Determinants of Health</b>	Todd Gilmer, Ph.D., Professor and Acting Chief, Division of Health Policy, University of California, San Diego
11:00 am - noon	<b>B2: Roundtable Discussion: Responding to Healthcare Transformation: Reports from Health Centers</b>	Facilitator: Jeff Caballero, Executive Director, Association of Asian Pacific Community Health Organizations
Noon	<b>LUNCH- Hokulani 3</b>	
<b>GENERAL SESSION – Hokulani 1&amp; 2</b>		
1:00 – 2:00 pm	<b>Case Studies in Community Best Practices – Care Coordination for Complex Patients</b> <b>Panel:</b>	Facilitator: Dr. Vija Sehgal, Chief Quality Officer, Waianae Coast Comprehensive Health Center
	<b>Older Adult Care: Where We Need to Go in Transforming their Care</b>	Dr. Warren Wong, Geriatrician and Consultant Physician for the Medicare Transformation Team, Kaiser Permanente, Hawaii

	<b>Reducing Re-hospitalizations Using Non Medical Personnel</b>	Rachel Wolf, Transitions of Care Program Manager, Salud Family Health Centers, Colorado
	<b>Patient Navigation</b>	Lindsey A. Tyra, VP of Corporate Services, Lone Star Circle of Care, Texas
<b>BREAKOUT SESSION</b>		
2:15 – 4:15pm	<b>Breakout Session A: NACHC Consumer Board Boot Camp</b> <b>Trainers:</b> -Julie Bodén Schmidt, Associate Vice President, Training and Technical Assistance Dept., National Association of Community Health Centers -Gervean Williams, Director, Community Health Center Finance and Operations, Training and Technical Assistance, National Association of Community Health Centers -Marcie Zakheim, Partner, Feldesman Tucker Leifer Fidell	<b>Hokulani 4</b>
	<b>Breakout Session B: Healthcare Professionals</b>	<b>Hokulani 1 &amp; 2</b>
	<b>B1: Technology Partnerships</b> <b>Panel:</b> <b>The Pacific Innovation Collaborative: Using a Dashboard to Improve Patient Health in Hawaii and Washington States</b> <b>Management Services Organizations</b> <b>Hawaii Health Information Exchange (HHIE)</b>	Facilitator: Robert Hirokawa, Chief Executive Officer, Hawaii Primary Care Association Heather Law, Research Associate, Association of Asian Pacific Community Health Organizations Ken Welch, Chief Executive Officer, MediSense Consultants Christine Sakuda, CEO, Hawaii Health Information Exchange
	<b>B2: Technology and Innovation</b> <b>Panel:</b> <b>First Vitals Health and Wellness</b> <b>Ho’okele Health</b> <b>Altruista</b>	Facilitator: John McComas, Chief Executive Officer, AlohaCare Dr. David Goodman, Chief Medical Officer, First Vitals Health and Wellness Dew-Anne Langcaon, Co-founder and CEO, Ho’okele Health Dr. Ashish Abraham, President and Co-Founder, Altruista Health
<b>GENERAL SESSION (FOR THOSE INTERESTED) - Hokulani 1 &amp; 2</b>		
4:15 – 5:00 pm	<b>Systems Demonstrations:</b> First Vitals, Ho’okele Health, Pacific Innovation Collaboration (PIC) and Altruista	
 <b>EVENING EVENT: FOR CONFERENCE ATTENDEES AND THEIR GUESTS</b>  <b>5:30 – 8:30 pm</b>  <b>COCKTAILS   DINNER LUAU   ENTERTAINMENT</b>  <b>At the Private Estate of LANIKUHONUA - “Where Heaven Meets the Earth”</b>  <i>Event site is next to conference hotel -</i> <i>Enter parking lot of Lanikuhonua thru steps by walkway fronting Hokulani conference area</i> <i>Dress is casual – A sweater/jacket is suggested since this is an outdoor venue.</i>		

November 29, 2012 – Ihilani Resort and Spa – Hokulani Ballroom		
7:30– 8:30 am	BREAKFAST – Hokulani 3	
GENERAL SESSION – Hokulani 1 & 2		
8:30- 9:20 am	Morning Wake Up Session: A Community Approach to Preventing the Early Onset of Diabetes Panel:	Facilitator: Dr. Steve Bradley, Chief Medical Officer, Waianae Coast Comprehensive Health Center
	Dr. May Okihiro, Pediatrician, Waianae Coast Comprehensive Health Center	
	Anthony Guerrero, Jr., Chair, Waianae Coast Comprehensive Health Center, Board of Directors	
BREAKOUT SESSION		
9:30- 11:30 am	Breakout Session A: NACHC Consumer Board Boot Camp Trainers: -Julie Bod�n Schmidt, Associate Vice President, Training and Technical Assistance Dept., National Association of Community Health Centers -Gervean Williams, Director, Community Health Center Finance and Operations, Training and Technical Assistance, National Association of Community Health Centers -Marcie Zakheim, Partner, Feldesman Tucker Leifer Fidell	Hokulani 4
	Breakout Session B: Healthcare Professionals	
	B1: Complex Panel Management Panel:	Facilitator: Dr. Vija Sehgal, Chief Quality Officer, Waianae Coast Comprehensive Health Center
	Pain Management at Waianae Coast Comprehensive Health Center: Progress and Challenges	Dr. Winslow Engle, Internal Medicine Physician, Malama Ola Clinic, Waianae Coast Comprehensive Health Center
	Data-Driven Care Coordination: How Predictive Analytics is Changing our Approach to Complex Care Management.	Dr. Ashish Abraham, President and Co-Founder, Altruista Health
	Care Coordination for Complex Patients	Denise Esper, Chief Revenue Officer, Lone Star Circle of Care
	Managing Chronic Pain in the Medicaid Population	Todd Gilmer, Professor and Acting Chief, Division of Health Policy, University of California, San Diego
	Care Coordination of Complex Patients – the Waianae Coast Experience	Mike Ortiz, Adult Medicine Services Coordinator, Waianae Coast Comprehensive Health Center
11:30am – 12:45pm	LUNCH - Hokulani 3	
GENERAL SESSION - Hokulani 1 & 2		
1:00 – 5:00 pm	Production Teams and Conference Report: Engaging Consumers in the Design of the New Healthcare System	
	<p>The series of past Leadership Conferences has produced recommendations that have been applied to meaningful healthcare reform in our state(s). This afternoon session has been designed to engage all attendees in a process to promote consumer-guided health policy. The process of producing a conference report will follow these steps:</p> <ul style="list-style-type: none"><li>◇ Eight topic areas will be covered in a 1 hour “quality circle” and repeated in the next hour session so that everyone will be able to participate in two topic areas.</li><li>◇ A facilitator for each topic will compile recommendations made through their two sessions.</li><li>◇ The facilitator will present a 5-minute report of compiled recommendations during a one hour verbal report period which will be followed by conference-wide discussion.</li><li>◇ Community health center board members will convene in the last hour to draft a conference report and any conference communications based on the recommendations discussed.</li></ul>	



1:00 – 2:00 pm	<b>Pairing #1: Building a Better Healthcare Home</b>	
	<b>A. Healthcare Transformation in Hawaii – Policy Issues</b>	Robert Hirokawa, Chief Executive Officer, Hawaii Primary Care Association
	<b>B. The 360 Health Care Home- Patient Performance/Plan Performance/ Government Performance/Risk Adjustment</b>	Dr. Steve Bradley, Chief Medical Officer, Waianae Coast Comprehensive Health Center
	<b>Pairing #2: Building a Care Coordination and HIT Work Plan</b>	
	<b>A. Care Coordination</b>	Mary Oneha, Chief Executive Officer, Waimanalo Health Center
	<b>B. Health Information Technology</b>	John Williams, Chief Information Officer, Waianae Coast Comprehensive Health Center
	<b>Pairing #3: Community Engagement</b>	
	<b>A. School Based Health Programs</b>	Ben Pettus, Chief Executive Officer, Koolauloa Health and Wellness Center
	<b>B. Community-Directed Diabetes Program Plan</b>	Joyce O'Brien, Associate Executive Officer, Waianae Coast Comprehensive Health Center
	<b>Pairing #4: Healthcare Transformation</b>	
	<b>A. Addressing Preventable Costs</b>	Dr. Vija Sehgal, Chief Quality Officer, Waianae Coast Comprehensive Health Center
	<b>B. The Aged, Blind and Disabled</b>	Nolan Namba, Director of Strategic and Business Development, AlohaCare
2:00 – 3:00 pm	<b>Production Teams: Round 2 (Repeat of Above)</b>	
3:00 – 4:00 pm	<b>Production Team Reports</b>	Facilitator: Rich Bettini, President and CEO, Waianae Coast Comprehensive Health
4:00 – 5:00 pm	<b>Board Consumer Roundtable: Recommendations for Consumer Report to National Association of Community Health Centers and Others</b>	Facilitator: Mike Wurtsmith, Health Center Board Member Representative, National Association of Community Health Centers
<b>November 30, 2012 – Waianae Coast Comprehensive Health Center</b>		
8:30 – 9:30 am	<b>Morning Walk on the Trails of the Health Center: Meet at the Ka'aha'aina Cafe</b> <i>Come enjoy a morning walk on the trails at our Health Center, all with breathtaking scenery.</i>	
9:30 - 11:00 am	<b>The Walking Trails Team Game: Meet at the Greenhouse Conference Room</b> <i>A game has been developed for teams of players to walk the trails to discover answers to the game questions. The winning team will receive a special gift to be presented during the 40<sup>th</sup> anniversary Kickoff Ceremony</i>	
9:30 - 11:00 am	<b>ROUNDTABLE AND TRAINING: CARE COORDINATION: Administration Conference Room</b> <i>Pre-registration required. Check at the Conference Registration Table for available seats.</i>	
11:30 am	<b>Package Lunch for Purchase: \$5 (sandwich, fruit, veggies, granola bar, drink)</b> <i>Pick up lunch at our Ka'aha'aina Café and enjoy a picnic on the grounds of our Health Center before the start of our 40<sup>th</sup> Anniversary festivities at 1:30 pm. (If you want to order a package lunch, please inform registration staff)</i>	
1:30 – 5:00pm	<b><u>Waianae Coast Comprehensive Health Center 40<sup>th</sup> Anniversary Celebration</u></b> <b>40<sup>th</sup> Anniversary Ceremony - Blessing of Legacy Trail</b> <b>Ceremony Recognizing 25+ year Employees and Leadership Award Recipients</b> <b>Health Fair - Department Displays - Entertainment - Refreshments</b> <b>1:30 pm Kickoff Ceremony under the tent at the Ka'aha'aina Café Parking Lot</b>	

**ATTENDEES LIST: Journey Back to Your Island Health Care Home - November 28 - 30, 2012 - Ko Olina, Hawaii**

Last Name	First Name	Title	Organization	CHC Board Member
Starcher	Sheri	Compliance Officer	AlohaCare	N
Catalan	Stella	Sr. Director Clinical Operations	AlohaCare	N
Namba	Nolan	Sr. Director, Business Development	AlohaCare	N
Okamoto	Gary	Chief Medical Officer	AlohaCare	N
McComas	John	Chief Executive Officer	AlohaCare	N
Arcena	Paula	Director of Public Policy	AlohaCare	N
Abraham	Ashish	President and Co-Founder	Altruista Health	N
Hirota	Sherry	Chief Executive Officer	Asian Health Services	N
Chang	Connie	Board Member	Asian Health Services	Y
Chan	Carl	Board Member	Asian Health Services	Y
Tran	Sherilyn	Board Member	Asian Health Services	Y
Paracha	Muhammad	Clinic Director	Asian Human Services Family Health Center	N
Berts	Ellen	Board Member	Asian Services in Action	Y
Caballero	Jeff	Executive Director	Association of Asian Pacific Community Health Organizations	N
Jones	Andrew		Association of Asian Pacific Community Health Organizations	N
Agbayani	Nina	Director of Programs	Association of Asian Pacific Community Health Organizations	N
Law	Heather	Research Associate	Association of Asian Pacific Community Health Organizations	N
Kim	June	Program Director of Technical Assistance	Association of Asian Pacific Community Health Organizations	N
Wallace, Jr.	Harold	Interim CEO	Bay Clinic Inc.	N
Dundas	C. Glenn	Medical Director	Bay Clinic Inc.	N
Lukson	Michael	Chief Financial Officer	Bay Clinic Inc.	N
Aynessazian	Tanya	Board Member	Bay Clinic Inc.	Y
Doughty	Barbara	Board Member	Bay Clinic Inc.	Y
Enriques	Lynne	Board Member	Bay Clinic Inc.	Y
Dye	Kaipo	Board Member	Bay Clinic Inc.	Y
Okinaka	Alan	Board Member	Bay Clinic Inc.	Y
Hawkins	Dawn	Board Member	Bay Clinic Inc.	Y
Sosa	Sophia	Chief Operations Officer	Community Health Centers of the Central Coast, Inc.	N
Allen	Barbara	Billing Manager	Community Health Centers of the Central Coast, Inc.	N
Deitch	Patti	Chief Executive Officer	Delaware Valley Community Health, Inc.	N
Zakheim	Marcie	Partner	Feldesman Tucker Leifer Fidell	N
Lee	Ernie	CEO/Chief Marketing Officer	First Vitals Health and Wellness Inc.	N
Goodman	David	Chief Medical Officer	First Vitals Health and Wellness Inc.	N
Fess	Ed	Medical Director	First Vitals Health and Wellness Inc.	N
Wong	Norine	Director of Integrated Care Coordination	First Vitals Health and Wellness Inc.	N
Ku	Michelle	Director	Hamakua Health Center	N
Andrews	Coral	Executive Director	Hawaii Health Connector	N
Owen	Nadine	Health IT Consultant	Hawaii Health Information Exchange	N
Sakuda	Christine	Chief Executive Officer	Hawaii Health Information Exchange	N
Okahata	Matt	HIT Director	Hawaii Primary Care Association	N

Last Name	First Name	Title	Organization	CHC Board Member
Montgomery	David	Public Health Prevention Service Fellow-CDC	Hawaii Primary Care Association	N
van der Aa	Monique	HCCN Director	Hawaii Primary Care Association	N
Blair	Charlene	Quality Improvement Coordinator	Hawaii Primary Care Association	N
Nagato	Matthew	Communications Director	Hawaii Primary Care Association	N
Hirokawa	Robert	Chief Executive Officer	Hawaii Primary Care Association	N
Vocalan	Cristina	Quality Improvement Director	Hawaii Primary Care Association	N
Suzuki-Kitagawa	Kathy	Chief Operations Officer	Hawaii Primary Care Association	N
Stevens	Dustin	Senior Policy Analyst	Hawaii Primary Care Association	N
Medeiros	Nani	Policy & Public Affairs Director	Hawaii Primary Care Association	N
Langcaon	Dew-Anne	Chief Executive Officer	Ho'okele Health	N
Batayola	Teresita	Chief Executive Officer	International Community Health Services	N
Krisologo-Elliott	Cris	Board Member	International Community Health Services	Y
Cheung	Gildas	Board Member	International Community Health Services	Y
Fisher	Jan Ko	Board Director	International Community Health Services	Y
Wong	Warren	Geriatrician/Medicare Transformation Team	Kaiser Permanente	N
Sato	Darrin	Chief Operations Officer	Kalihi-Palama Health Center	N
Tamoria	Shirley	Site Director	Kalihi-Palama Health Center	N
Renda	Gloria	Project Mgr., Center for Health Research	Kalihi-Palama Health Center	N
Kintu	Emmanuel	Executive Director	Kalihi-Palama Health Center	N
Domingo	Narelle	Chronic Care Coordinator	Kalihi-Palama Health Center	N
Bacani	Ruby	Care Coordinator	Kalihi-Palama Health Center	N
Derauf	David	Executive Director	Kokua Kalihi Valley Comprehensive Family Services	N
Pettus	Benjamin	Chief Executive Officer	Koolauloa Community Health & Wellness Center	N
Gary	Mike	Facilities Manager	Koolauloa Community Health & Wellness Center	N
Tupola	Oreta	Chief Operations Officer	Koolauloa Community Health & Wellness Center	N
De Jesus	Mary Joy	Chief Financial Officer	Koolauloa Community Health & Wellness Center	N
Carpenter	Irene	Board Member	Koolauloa Community Health & Wellness Center	Y
Fomin	Judy Hall	Board Member	Koolauloa Community Health & Wellness Center	Y
Pacheco	Maria	Board Member	Koolauloa Community Health & Wellness Center	Y
Oliva	Parsha	Board Member	Koolauloa Community Health & Wellness Center	Y
Jimenez-McMillan	Ann	Board of Directors	Koolauloa Community Health & Wellness Center	Y
Francl	Mary	Medical Director	Lanai Community Health Center	N
Zigmond	Beverly	Board Director	Lanai Community Health Center	Y
Tajiri	Simon	Board Director	Lanai Community Health Center	Y
Esper	Denise	Chief Revenue Officer	Lone Star Circle of Care	N
Tyra	Lindsey	VP of Corporate Services	Lone Star Circle of Care	N
Welch	Ken	Chief Executive Officer	MediSense Consultants	N
Boden Schmidt	Julie	Associate VP Training/Technical Assistance	National Association of Community Health Centers	N
Williams	Gervean	Director of Finance and Operations	National Association of Community Health Centers	N
Wurtsmith	Michael	Consumer/Board Rep	National Association of Community Health Centers	Y
Chan	Eddie	Chief Executive Officer	North East Medical Services	N

Last Name	First Name	Title	Organization	CHC Board Member
An	Tien	Board Member	North East Medical Services	Y
Brandon	Anne	Board Member	North East Medical Services	Y
Huang	Nancy	Board Member	North East Medical Services	Y
Wolf	Rachel	Transitions of Care Program Manager	Salud Family Health Centers	N
Hagan	Bill	President	UnitedHealthcare - West Region	N
Guptall	Bill	Plan President	UnitedHealthcare Community Plan	N
Gilmer	Todd	Professor & Acting Chief, Dept. of Family & Preventive Medicine	University of California San Diego	N
Roy	Garry	MD,MHA	Wahiawa Center for Community Health	N
Harbin	Bev	Director of Development	Wahiawa Center for Community Health	N
Pascua	Roslynn	Community Health Specialist	Wahiawa Center for Community Health	N
Wilkinson	Tiana	Director of Preventive Health	Wahiawa Center for Community Health	N
Talon	Mary	Board Member	Wahiawa Center for Community Health	Y
Harada	Scott	Board Member	Wahiawa Center for Community Health	Y
Wiebenga	Rev. Frances	Board Member	Wahiawa Center for Community Health	Y
McCaffery	Bonnie	Board Member	Wahiawa Center for Community Health	Y
Emwalu	Deacon Dino	Board Member	Wahiawa Center for Community Health	Y
Ishikawa	Jeanne	Board Member	Wahiawa Center for Community Health	Y
Warman	Danna	Board Member	Wahiawa Center for Community Health	Y
Ikea	Hernit	Board Member	Wahiawa Center for Community Health	Y
Pascua	Bruce	Board Member	Wahiawa Center for Community Health	Y
Ortiz	Michael	Adult Medical Services Coordinator	Waianae Coast Comprehensive Health Center	N
Bettini	Richard	President & Chief Executive Officer	Waianae Coast Comprehensive Health Center	N
Bradley	Stephen	Medical Director	Waianae Coast Comprehensive Health Center	N
Sehgal	Vija	Chief Quality Officer	Waianae Coast Comprehensive Health Center	N
Gonsalves	Teresa	Director of Care Enabling Services	Waianae Coast Comprehensive Health Center	N
Kanana	Leinaala	Director of Community Health Services	Waianae Coast Comprehensive Health Center	N
Lee	Keith	Corporate Counsel	Waianae Coast Comprehensive Health Center	N
Huempfnr	Milo	Chief Compliance Officer & Ethics Officer	Waianae Coast Comprehensive Health Center	N
Navares	Yvette	Team Office Manager	Waianae Coast Comprehensive Health Center	N
Canionero	Kristy	Intake Coordinator	Waianae Coast Comprehensive Health Center	N
Mokiao	Loretta	Clinic Manager	Waianae Coast Comprehensive Health Center	N
Riel	Jennifer	Team Manager	Waianae Coast Comprehensive Health Center	N
Treinen-Aea	Amanda	Director of Performance Improvement	Waianae Coast Comprehensive Health Center	N
Long	Bob	Associate Chief Information Officer	Waianae Coast Comprehensive Health Center	N
Fujii	Dan	Dental Director	Waianae Coast Comprehensive Health Center	N
Custodio	Richard	Director of Training and Communications	Waianae Coast Comprehensive Health Center	N
O'Brien	Joyce	Associate Executive Officer	Waianae Coast Comprehensive Health Center	N
Okiihiro	May	Peditrician	Waianae Coast Comprehensive Health Center	N
Kealoha	Sheila	Manager - HIT	Waianae Coast Comprehensive Health Center	N
Wojack	Brant	Senior Program Analyst	Waianae Coast Comprehensive Health Center	N
Williams	John	Chief Information Officer	Waianae Coast Comprehensive Health Center	N

Last Name	First Name	Title	Organization	CHC Board Member
Chen	James	Chief Financial Officer	Waianae Coast Comprehensive Health Center	N
Rego	Renee	Board Member	Waianae Coast Comprehensive Health Center	Y
Magnusson	Roy	Board Member	Waianae Coast Comprehensive Health Center	Y
Aipoalani	Merrie	Board Member	Waianae Coast Comprehensive Health Center	Y
Fuata	Ginger	Board Member	Waianae Coast Comprehensive Health Center	Y
Lloyd	Keola	First Vice Chair-Board of Directors	Waianae Coast Comprehensive Health Center	Y
Gomes	Dan	Board Member	Waianae Coast Comprehensive Health Center	Y
Aipoalani	Merrie	Board Member	Waianae Coast Comprehensive Health Center	Y
Chawenson	Jeff	Chief Financial Officer	Waikiki Health Center	N
Turner	Michelle	Board Member	Waikiki Health Center	Y
Lee	Howard	Board member	Waikiki Health Center	Y
Oneha	Mary	Chief Executive Officer	Waimanalo Health Center	N
Glassman	Raquel	Care Coordinator	Waimanalo Health Center	N
Martinez	Elizabeth	Board Director	Waimanalo Health Center	Y
Conner	Kathy	Board Director	Waimanalo Health Center	Y
Smith	Deborah	Board Director	Waimanalo Health Center	Y
Galeai	Johnene Noe	Board Director	Waimanalo Health Center	Y
Pourjalali	Hamid	Board Director	Waimanalo Health Center	Y
Sato	Catherine	Board Director	Waimanalo Health Center	Y
Taaffe	Richard	Executive Director	West Hawaii Community Health Center	N
Bieraugel	Vern	Board Member	West Hawaii Community Health Center	Y
Schick	Elizabeth	Board Member	West Hawaii Community Health Center	Y
Toki	Terri	Board Member	West Hawaii Community Health Center	Y
Kunz	Kevin	Board Member	West Hawaii Community Health Center	Y