

**HI-PRAISE
Advisory Council Meeting Agenda**

Meeting Date: Monday, November 4, 2013

Meeting Start Time: 3:10 p.m. Meeting End Time: 4:15 p.m. Recorder: Robin Arndt

Advisory Council

Name	Organization	Present/Not-Present	Name	Organization	Present/Not-Present
Amanda Schaeffer	HMSA	Not-present	Kawika Liu	Molokai – Medical Director	Not-present
Andreas Cravalho	HMSA	Out of Office	Kim Click	HMSA	Present
Beth Geistling	Governor’s office	Not-present	Leslie Lam (via t/c)	American Diabetes Assoc.	Not-present
Catherine Fekete	Maui Medical Group	Not-present	Lola Irvin	DOH	Not-present
Caryn Ireland	HMSA	Not-present	Miles Nakatsu	Ululani Medical Ctr	Not-present
Charlene Fernandez	Aloha Care	Not-present	Rode Foronda	Maui Medical Group	Not-present
Christina Vocalan	Hawaii Primary Care Assoc.	Not-present	Shawn Sinnott	Aloha Care	Present
Debra Fuller	Aloha Care	Present	Shirley Tamoria	Kalihi-Palama HC	Present
Jane Pelkey	CHC representative		Valerie Ah Cook	Diabetes Prevention & Control Program	Out of Office
Jennifer Diesman	HMSA	Not-present	Wilfred (Will) Fujimoto	ADA – Kona	Present
Judy Mikami	Hawaii State Rural Health Assoc. – Kauai	Not-present			

HI-PRAISE TEAM:

Name:	Present/Not-Present	Name:	Present/Not-Present	Name:	Present/Not-Present
Becky Ozaki	Present	Ritabelle Fernandes	Present	Tim Halliday	Present
Dongmei LI	Present	Chuan Chang	Present	Tim Frankland	Present
Misha Tajima	Not-Present	Robin Arndt	Present		

	Discussion	Action/Strategy
Program Updates	1) Enrollment: Current numbers enrolled 470 HI PRAISE Participants a) KKV – 249 (395) b) Ko’olauloa – 18 (100) c) Waianae – 3 (252) d) Waikiki – 116 (121) e) Waimanalo – 86 (125) 2) Participating CHCs – KKV, Ko’olauloa, Waianae, Waikiki and Waimanalo, Kalihi-Palama and	<ul style="list-style-type: none"> • Include Target numbers for the enrolling CHCs.

	Discussion	Action/Strategy
	<p>Molokai.</p> <p>3) Lanai – implementation plan and training schedule pending.</p> <p>4) Kauai declined participation but was open to additional discussion in January 2014</p> <p>5) Kaiser Permanente – RCT approved (200/200).</p> <p>a) Kaiser is in process of assigning Principal Investigator.</p> <p>b) Anticipated start date of Jan. 2014.</p> <p>6) Lessons learned – Robin Arndt</p> <p>a) Waikiki comment: They now feel that implementation of the HIPRAISE project has become engrained within their everyday practice.</p> <p>b) Discussion on how at the beginning of implementation there were some Health Coaches who expressed concerns regarding the use of incentives. During the last project’s last Health Coach Meeting, one of the Health Coaches approached the staff and stated how they have now seen the value in using incentives.</p> <p>c) One of the newest implementing health centers commented on how this project is helping them to reevaluate their processes.</p> <p>d) Becky highlighted Waikiki’s projected enrollment is set for 121. Currently at 116, they are close to making 100% of their target.</p> <p>e) HI-PRAISE Team projected a video interview of Waikiki Health Center’s team.</p>	
<p>Online data collection system</p>	<p>7) Data Collection updates (Tim Frankland)</p> <p>a) Several updates have been made to the HI PRAISE registry and we are currently in the process of making additional updates.</p> <p>b) The number of screens (forms) that a health coach has to enter data on has decreased.</p> <p>c) Through collaboration with DHS, we are hopeful to reduce the amount of data entry for the implementing health centers.</p> <p>d) Second submitted data to IMPAC was approved.</p> <p>e) Third quarter data (July – Sept) was submitted last week (10/30).</p> <p>f) Team members met with staff at Waianae Coast Comprehensive Health Center on developing a data bridge between their EHR (NEXGEN) and the projects data registry.</p>	

	Discussion	Action/Strategy
	<p>i) First phase includes WCCHC conducting a data download of their outcomes data, which will then be uploaded into the HI PRAISE Data Registry. Promising conversation that if successful, will have a large impact on all implementing agencies, reducing the burden of data entry.</p> <p>8) Becky commented that we are still pursuing conversation with KPHC on doing a similar data download/upload.</p> <p>9) Ritabelle stated that they are looking at the Diabetes Flow Sheets as the starting place for looking for the data.</p> <p>10) Dr. Tamoria included that there are predefined reports that may be of use as well in looking for the requested data.</p>	
Upcoming Training	<p>11) Health Coaches Semi-Annual Training</p> <p>a) Scheduled for Nov. 20 at Manoa Grand Ballrooms at Japanese Cultural Center</p>	
BRFSS	<p>12) BRFSS full proposal – approved</p> <p>a) The project will receive the 2011 and 2012 data</p> <p>b) This will help determine the percentage of patients diagnosed with diabetes on Medicaid.</p> <p>c) The diabetes subset due to a lack of funding is now being administered every other year. Thus there are questions that are specific to diabetes but they will be administered during 2013 and 2015.</p> <p>d) The project is trying to add a question to the Hawaii Health Survey.</p>	Madi will provide a list of the current participants to each respective health plan.
Highlights of HI-PRAISE Project Data	<p>13) Tim Frankland provided an overview of the preliminary data.</p>	
Team Work	<p>14) Update from Madi, DHS</p> <p>a) Trying to define our reports and determine how much data we can get out of our warehouse.</p> <p>b) Goal is to pull from that as much as possible.</p> <p>c) We will provide the list of participants and ask for some data points as comparison.</p> <p>d) If we are able to pull down everything that we need, we won't ask for too much information.</p>	Madi will provide a request of information to the Health Plans for data by the end of November.

	Discussion	Action/Strategy
	<p>e) The first report to the project is due end of January. With any luck we will have this finalized by the end of next.</p> <p>f) We hope to have a request out to you soon. Hopefully by the end of the month.</p> <p>g) That will give you a month to pull the data.</p> <p>h) We are going to send out a letter for the control group. We want to get closer to the final count before we ask for the data. There is a possibility we may be able to get the information out of the data warehouse, in which case we won't have to ask you for much.</p> <p>i) Becky: The evaluators for the entire project have target deadlines for reports that they must submit. We are trying to be as responsive to them since they have to report to congress. This can impact funding and potential for expansion. So if we get it sooner, we can hopefully get it to them sooner to help them.</p> <p>j) Ritabelle: We know that there is a lag in claims data, so we want to give them the most current and accurate data.</p> <p>k) Discussion:</p> <p>i) AlohaCare: How do we know what patients are participating in terms of our members at AlohaCare? They believe the care coordinators would benefit from knowing the participants to provide consistency and further collaboration.</p> <p>ii) Madi: DHS will be issuing a list to each health plan with their member's names so that we can get some of the data specific to the project needs. This way the health plans will know the names of the members that will be part of the treatment group</p> <p>iii) Ritabelle – The issue around the health plans making direct contact with the members about the study is that the many CHCs don't have the capacity to enroll everybody. For example Waianae had an initial target of 1,000 patients but they don't have the capability to enroll at all of their clinics, so right now they are targeting to enroll 252. So it is far better for Madi to provide the list rather than you go to the CHCs or to your members directly.</p> <p>iv) Madi: As much encouragement as possible to any of the CHCs would be very helpful. They really want to get as many of them participating as soon as possible.</p> <p>15) Working with RTI to define data needed for utilization, ER and hospitalizations.</p> <p>16) Neighbor Island Recruitment</p>	

	Discussion	Action/Strategy
	<p>a) Becky: We have been recruiting Neighbor Island FQHCs. Robin mentioned that the FQHCS have reported multiple projects and priorities through the end of 2013. We will focus on enrollment of CHCs at the beginning in 2014.</p> <p>b) Ritabelle: We need help with our neighbor island recruitment. So if anyone knows of any strategies or contacts.</p> <p>c) Kim: There are so many provider incentive programs that are tied to the measurements and outcomes that you are trying to impact. There is a letter that is sent out to every provider; maybe a letter describing what the program is would be helpful.</p> <p>d) Kim: Mentioned contact with Irene Carpenter at Hamakua. Bay Clinic has also gone through some changes recently. West Hawaii is doing First Vitals, so if they are able to register the same people, that might be an in.</p> <p>e) Dr. Tamoria: Did you go through HPCA and ask to speak the NCQA group? I know some of them have received recognition. Dr. Tamoria will email Jasmine at West Hawaii.</p>	
Discussions/Suggestions from Advisory Council to HI-PRAISE team	No additional items.	
Other items	<p>17)MIPCD Conference in Baltimore, MD on November 7-8</p> <p>a) Will be leaving tomorrow for the meeting.</p> <p>b) Provides us an opportunity to network with the evaluators and other program sites.</p> <p>c) Tim Frankland will be presenting the preliminary data that you saw today.</p> <p>18)Evaluation Council – December 2, 2013</p> <p>a) We’ve put together a small group of people to assist in looking at the evaluation.</p> <p>b) Dongmei and Tim are creating the agenda and coordinating the meeting.</p> <p>19)Working on website development</p> <p>a) Would like to request bios and pictures from everyone for the website.</p>	Follow-up with pictures and bios for the next meeting.