COVID-19 UPDATE

EDWARD MERSERAU, DEPUTY DIRECTOR
BEHAVIORAL HEALTH ADMINISTRATION, DEPARTMENT OF HEALTH

SCOTT MORISHIGE, GOVERNOR’S COORDINATOR ON HOMELESSNESS

HAROLD BRACKEEN III, ADMINISTRATOR
HOMELESS PROGRAMS OFFICE, DEPARTMENT OF HUMAN SERVICES

LE‘A MINTON, MSN, APRN, CNM, IBCLC
MI-HOME, UNIVERSITY HEALTH PARTNERS OF HAWAI‘I

MEREDITH NICHOLS, ASSISTANT ADMINISTRATOR/DEPUTY MEDICAL DIRECTOR
DEPARTMENT OF HUMAN SERVICES, MED-QUEST DIVISION
Presenters

- **Leʻa Minton, MSN, APRN, CNM, IBCLC**
  MI-Home, University Health Partners of Hawaiʻi

- **Meredith Nichols, Assistant Administrator/Deputy Medical Director**
  Department of Human Services, Med-QUEST Division

Note: This presentation will be recorded and posted along with a copy of the slide deck to the BHHSURG website at [http://BHHSURG.hawaii.gov](http://BHHSURG.hawaii.gov).
Leʻa Minton, MSN, APRN, CNM, IBCLC

MI-Home, University Health Partners of Hawaiʻi
MI-HOME
A UHP PROGRAM

Le‘a Minton, MSN, APRN, CNM, IBCLC
Dr. Lee & Dr. Bartholomew, MFM
Dynaka Merino, Community Health Navigator

University Health Partners of Hawai‘i
https://uhphawaii.org/index.php/obgyn/
Our Program

• We provide prenatal, postpartum, lactation, newborn, family planning and care coordination services to women on O’ahu who have difficulty accessing care.

• We provide lactation, family planning (and coming soon prenatal care) services via telemedicine to women on neighbor islands.

• In a place the patient feels comfortable.
Our Program Cont.

- Appointments are according to patient needs, often more frequent in early contact.
- Services are mobile, including all equipment; and we provide telemedicine appts.
- Goal is to connect patients to needed and desired services, help them to feel stable to enter routine care system.
- Work in partnership with Maternal Fetal Medicine providers for high-risk conditions.
MI-Home Team

Le‘a Minton, MSN, CNM, IBCLC: Midwifery provider (in the field or telemedicine, not in office); manager - developing program workflows, resources, ordering & stocking of supplies; grant writer; budget development and management; case manager collaborating with community services including food, housing, financial, utilities, medical specialists and mental health, CWS, legal/court, etc.; Patient Service Representative - registration, appointments, authorizations, HIPAA texting/communication, transportation facilitator; collection/organization and distribution of donated items to patients, reports.

Dynaka Merino: Community Health Navigator - case manager collaborating with community services including food, housing, financial, utilities, medical specialists and mental health, CWS, legal/court; coverage for Patient Service Representative.

Dr. Men-Jean Lee, MFM: management of high risk conditions during pregnancy in hospital, office, and/or telemedicine, grant writer, program supervisor, reports; on-call consultant for midwifery provider.

Dr. Lisa Bartholomew, MFM: management of high risk conditions during pregnancy including substance use disorder (SUD)/medication assisted treatment (MAT) in hospital, office, and/or telemedicine; on-call consultant for midwifery provider.

https://uhphawaii.org/index.php/obgyn/
How to Refer

Simple, No Barrier: Call, message, text or fax

Appointments: 808-476-0622
Community Health Navigator: 808-347-4755
Midwife: 808-476-0690

EPIC Message (EHR) Le'a Minton

Text: 808-707-8002 (HIPAA compliant)

E-Fax: (833) 905-0149 (HIPAA compliant)
Why Create the MI-Home Program?

1) Contribute to clinical needs
2) Reduce barriers to achieving health
3) Improve maternal and infant outcomes
Role of medical care in affecting health outcomes

National Academy of Medicine
2017
Competing Priorities are Barriers to Accessing Healthcare

1) Food
2) Shelter
3) Safety
4) Communication
5) Transportation
6) Heat
7) Cold
8) Child care
9) Pet care

L Gelberg 1997, D Maness 2017
Community-Centered Care

OVERVIEW

We are increasingly looking beyond the clinic walls to understand how social and physical environments impact health.

Payment is shifting from fee-based services reimbursed by volume to a system that rewards value and outcomes. At the same time, these changes require teamwork beyond one's own organization and an approach that addresses how non-medical factors — like food insecurity, homelessness, and transportation access — shape wellness at the individual, family, and community levels. That's why we're helping you problem solve across disciplines and develop innovative partnerships to advance community health.

Center for Care Innovations
Community-Centered Care

“Catalysts are a community of innovators who are leading strategic efforts to transform the systems that support underserved populations. Catalysts develop expansive mindsets, combine creative and analytic methods, and push projects beyond conventional thinking to new possibilities.” - Center for Care Innovations

Catalyst Innovation + Design Thinking Framework

SEE & EXPERIENCE
- Learn about your challenge through immersive experiences and listening to first-hand perspectives.
- Make sense of what you documented and learned from your research.
- Refine and focus the scope of your challenge based on key insights from your research.
- Dream up many ideas to address the challenge. Draft a plan for how you’ll test key features of your best ideas with stakeholders.
- Make quick, rough drafts of your ideas. Get the examples in front of people and incorporate their feedback – repeat!
- Communicate with people outside of your core team about your project and why it’s worth doing.

DIMENSION & DIAGRAM
- Observation
- Collaborative Cycle
- “How Might We…” Statements
- Brainstorming
- Paper Prototypes
- 7-Pitch Structure

QUESTION & REFRAME
- Collection of quotes, photos, and video from observational, shadowing, and interview research.
- Collaborative Empathy Mapping
- Analogous Examples
- Solution Mapping
- Storyboarding
- Calculating Value

IMAGINE & MODEL
- Analyze qualitative research and convey patterns using visual frameworks.
- Journey Mapping
- Articulate your challenge in a concise, focused, and optimistic way.
- Encourage people with diverse perspectives to contribute ideas.
- Present a compelling story about your challenge to organizational leadership, and propose next steps.

TEST & SHAPE
- Inclusion + Empathy
- Collaboration
- Starting Small + Learning Fast
- Making Things Tangible
- Sharing Unfinished Work Early + Often

PITCH & COMMIT
- Leadership
- Video Storytelling
- Role Play
- Make quick, rough drafts of your ideas. Get the examples in front of people and incorporate their feedback – repeat!

GOALS
- Your roadmap
- Observation
- Collaborative Cycle
- “How Might We…” Statements
- Brainstorming
- Paper Prototypes
- 7-Pitch Structure

METHODS
- What you learn
- Collection of quotes, photos, and video from observational, shadowing, and interview research.
- Collaborative Empathy Mapping
- Analogous Examples
- Solution Mapping
- Storyboarding
- Calculating Value

ACTIVITIES
- What you do
- Analyze qualitative research and convey patterns using visual frameworks.
- Journey Mapping
- Articulate your challenge in a concise, focused, and optimistic way.
- Encourage people with diverse perspectives to contribute ideas.
- Present a compelling story about your challenge to organizational leadership, and propose next steps.

MINDSETS
- Your keys to success
- Inclusion + Empathy
- Collaboration
- Starting Small + Learning Fast
- Making Things Tangible
- Sharing Unfinished Work Early + Often

Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)
## WHO recommendations on antenatal care for a positive pregnancy experience

<table>
<thead>
<tr>
<th>E.2: Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well functioning midwifery programmes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife-led continuity of care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E.4.1: The implementation of community mobilization through facilitated participatory learning and action (PLA) cycles with women’s groups is recommended to improve maternal and newborn health, particularly in rural settings with low access to health services. Participatory women’s groups represent an opportunity for women to discuss their needs during pregnancy, including barriers to reaching care, and to increase support to pregnant women.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based interventions to improve communication and support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E.4.2: Packages of interventions that include household and community mobilization and antenatal home visits are recommended to improve antenatal care utilization and perinatal health outcomes, particularly in rural settings with low access to health services.</th>
</tr>
</thead>
</table>
Increased Access To Midwifery Care Is Correlated With Improved Outcomes For Families

Increase in midwifery integration density access

- Increased breastfeeding
- Reduced interventions
- Increased vaginal delivery and VBAC
- Lower neonatal death

For more information, visit birthplacelab.org
What does the landscape look like in HI?

RACE AND ETHNICITY IN HAWAII: LIVE BIRTHS AND PRETERM BIRTHS

This data fact sheet describes the nuances of the racial and ethnic makeup of mothers in Hawaii using detailed race and ethnicity categories. Information for live births and preterm births is presented to highlight groups who account for large proportions of live births and also experience an increased risk of premature birth.

**Live births**

- Hispanic, 1.6
- Native Hawaiian, 26.4
- Caucasian, 22.9
- Japanese, 8.1
- Pacific Islander, 7.8
- Other Asian, 3.8
- Black, 3.9
- Other race, 1.8
- Samoan, 2.2
- Filipino, 16.2

**Percentage Of Live Births By Mother’s Race And Ethnicity**

- In 2018, more than 17,000 babies were born in Hawaii.
- Native Hawaiian mothers account for 26.4% of live births (about 4,500) in Hawaii — that’s 1 in 4 births.
- Births to Filipino mothers account for 16% (about 2,700) of live births.
- Births to Native Hawaiian, Caucasian, and Filipino mothers combined represent more than 65% of live births.
What does the landscape look like in HI?

**HAWAII**

**PREMATURITY GRADE**

C-

**PRETERM BIRTH RATE**

10.3%

**PRETERM BIRTH RATE BY RACE AND ETHNICITY**

The March of Dimes disparity rate measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

**Diversity Ratio:**

1.50

**Change from Baseline:**

No Improvement

In Hawaii, the preterm birth rate among black women is 27% higher than the rate among all other women.

**PRETERM BIRTH RATES BY COUNTIES AND CITY**

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>GRADE</th>
<th>PRETERM BIRTH RATE</th>
<th>CHANGE IN RATE FROM LAST YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaii</td>
<td>D</td>
<td>10.5%</td>
<td>Improved</td>
</tr>
<tr>
<td>Honolulu</td>
<td>D</td>
<td>10.7%</td>
<td>Worrisomed</td>
</tr>
<tr>
<td>Kauai</td>
<td>C</td>
<td>10.1%</td>
<td>Worrisomed</td>
</tr>
<tr>
<td>Maui</td>
<td>B</td>
<td>9.1%</td>
<td>Improved</td>
</tr>
</tbody>
</table>

How are our moms doing?

Maternal drug-related death and suicide are leading causes of postpartum death in California

Sidra Goldman-Mellor, PhD  Claire E. Margerison, PhD

Published: June 04, 2019  DOI: https://doi.org/10.1016/j.ajog.2019.05.045

National Center for Health Statistics, CDC 2019.
Goldman-Mellor, S. & Margerison, C. 2019. AJOG

Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)
How are our moms doing?

2018 MATERNAL MORTALITY STATISTICS HIGHLIGHT WIDE RACIAL AND ETHNIC GAPS

Death rate (per 100,000 live births)

- **37.1** Non-Hispanic black women
- **14.7** Non-Hispanic white women
- **11.8** Hispanic women


National Center for Health Statistics, CDC 2019
Community Outreach

- Adventist Health Castle
- ALEA Bridge
- AlohaCare
- Child Welfare Services
- Convoy Of Hope
- H4
- Haleiwa Health Center
- Hale Mauiola Navigation Center
- Hawaii Health And Harm Reduction
- Hawaii Section Of ACOG Annual Conference
- HMSA
- HONU Project
- Joint Outreach Center
- Kahuku Medical Center
- Kapiolani Medical Center for Women and Children
- Kohala Valley Health Center
- Ko‘olauloa Health Center
- Mary Jane Shelter
- Mental Health Kokua
- Ohana Health Plan
- Partners In Care
- Queens Medical Center & Queen Emma Clinic
- Ryse Shelter
- UHC
- Wahiawa Health Center
- Wakekii Health Center
- Waimanalo Health Center
- Zero To Three Court Program
Program Overview

Patients are referred to MI-Home by community outreach workers, emergency shelters, Federally Qualified Health Centers, community health providers, police officers, hospital staff, insurance companies, child welfare services, current or previous patients, University Health Partners providers, residents, Hawaii H.O.M.E Project, and others.
Program Overview

Started: 7/8/2019
Currently served 240+ patients (O‘ahu, Maui, Hawai‘i) since 7/2019.
Referred but not seen: 20

-Initial Funding: AlohaCare Community Innovation Investment Program “Waiwai Ola”

-Omidyar ‘Ohana Fund at Hawai‘i Community Foundation

-DOH for remote BP monitoring project

-Joseph and Vera Long Foundation

Funds projected to end: April 2021
Program Overview - Visit & Support Services

- Initial Visit: 2-3 Hours
- Follow Up Visit: 1-1.5 Hour
- Care Plan Management Services:
  MedQUEST, SNAP, TANF, SS card, ID, Phone, WIC Applications, SUD treatment, Housing

Approximate breakdown
- OB Patients: 18%
- PP, BP checks & NST: 14%
- LARC, FP, Well-Woman, Acute: 15%
- Newborn: 1%
- Lactation: 52%
Program Overview:
MI-Home Demographics

MI-Home Demographics

- Native American: 2.0%
- Black: 3.0%
- Filipino: 7.0%
- Other Pacific Islander: 9.0%
- Hispanic: 11.0%
- Asian: 17.0%
- Native Hawaiian: 18.0%
- White: 33.0%
Program Overview: OB Demographics

OB Demographics

- Hispanic: 7.1%
- Asian: 7.1%
- Alaska Native: 7.1%
- White: 14.1%
- Black: 14.1%
- Native Hawaiian: 25.3%
- Filipino: 25.3%
Program Overview Insurance Coverage

Insurance coverage

- Commercial: 60.00%
- Medicaid: 40.00%
- Government: Military, IHS, Medicare
- Uninsured

Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)
Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)
Pregnant Person

- Child/Elder Care
- Fetus/Infant
- Family & Spouse/Partner
- Interpersonal Violence
- Transportation
- Housing
- Food
- Medical
- SUD Treatment Facility
- Legal
- Finances
- ID
- CWS
FIRST PATIENT - TRANSFER OF CARE
CONTINUITY OF CARE PATIENT
QUARANTINE
Community Care

Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)

COVID-19 UPDATE
Service Systems That Require Additional Navigation

- Dual Diagnosis Of Behavioral Health Disorders
- Access To Behavioral Health Providers
- Access to 1157 form being completed for CCS
- Housing
- ER Utilization
- Medical Insurance
- Establishing PCP
- Transportation
- Citizenship Status
- Nutrition
- Financial Support
- Prenatal Education & Support
- Access to Needed Services During COVID19
What We’re Curious About

How can we streamline the connection to behavioral health?

How can we help patients connect for long term relationships regarding therapy?

How can we more easily address the different needs within each case? Some require 4 different types of behavioral health counseling.

How can we get 1157 forms completed on a more routine basis?

What services are still provided in person for those having difficulty with remote connections?

How else can we serve our community and connect with you?
Current Maternal Telehealth

1) HIPAA compliant texting
2) Remote BP monitoring
3) Remote maternal & fetal vitals
4) Remote ultrasound teleguidance
COVID-19 Implementation: HIPAA compliant texting

Klara’s end-to-end virtual care platform helps practices stay connected with their patients.
COVID-19 Implementation:
Remote monitoring

Ensure this is activated

Click here when done

Full name*
Required

ID*
CD02/27/81

Gender*
Required

Date of Birth*
Required

Sync & save health data
Blood Pressure Threshold
Systolic
135
Diastolic
85

Sync data with Apple Health
Introducing Connected Pregnancy Care

Nuvo has received FDA clearance for INVU™, a remote monitoring platform. INVU enables providers to conduct virtual well-being checks with expectant moms from anywhere, keeping patients and doctors connected at a time when it is needed most.

LEARN MORE
COVID-19 Implementation:
Remote ultrasound with teleguidance
Up Next

- Continue To Update Community Resources & Collaborate
- Develop workflow for behavioral health connection for patients
- Continue with remote BP monitoring
- Pilot remote fetal heart tones
- Join Partners In Care
- Partner with DHS for MedQuest application entry
- Work towards billing of services with insurance companies
Collaboration

We provide clinical coordination of the healthcare system, and look to collaborate with organizations for case management.
MI-Home

How to Refer

Simple, No Barrier: Call, message, text or fax

Appointments: 808-476-0622
Community Health Navigator: 808-347-4755
Midwife: 808-476-0690

EPIC Message (EHR) Le‘a Minton

Text: 808-707-8002 (HIPAA compliant)

E-Fax: (833) 905-0149 (HIPAA compliant)
QUESTIONS?
Leʻa Minton, MSN, APRN, CNM, IBCLC
(808) 476-0690
lminton@ucera.org

Dynaka Merino, CHN
(808) 347-4755
dmerino@ucera.org

E-Fax: (833) 905-0149

*email addresses are not shared with patients. Phone/text/fax only please.
Meredith Nichols
Assistant Administrator/Deputy Medical Director
Department of Human Services, Med-QUEST Division
State of Hawai‘i
Department of Human Services

Open Enrollment Presentation for the BHH Providers and Stakeholders
Meredith Nichols
11/16/2020
Increase in applications by County for the thirty-six week period from the first week in March through Saturday, November 7, 2020 (2019 vs 2020)

<table>
<thead>
<tr>
<th>Count</th>
<th>2019</th>
<th>2020</th>
<th>Percentage Increase in Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honolulu</td>
<td>30,898</td>
<td>39,690</td>
<td>28%</td>
</tr>
<tr>
<td>Maui</td>
<td>6,857</td>
<td>10,567</td>
<td>54%</td>
</tr>
<tr>
<td>Hawaiʻi</td>
<td>9,176</td>
<td>10,169</td>
<td>11%</td>
</tr>
<tr>
<td>Kauaʻi</td>
<td>3,073</td>
<td>4,589</td>
<td>49%</td>
</tr>
<tr>
<td>Statewide</td>
<td>50,004</td>
<td>65,015</td>
<td>30%</td>
</tr>
</tbody>
</table>
Application increase in most recent weeks reflects the Marketplace Open Enrollment activity that begins 11/1 and will go through 12/15
Hawai‘i Medicaid Monthly Enrollment: 2019 vs 2020
57,245 New Enrollments since 3/4/2020
17.5% Increase in enrollments in 35.5 weeks

Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)
## Increase In Enrollment By County (11/08/2019 vs. 11/09/2020)

<table>
<thead>
<tr>
<th>County</th>
<th>2019</th>
<th>2020</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honolulu</td>
<td>198,375</td>
<td>232,234</td>
<td>17.07%</td>
</tr>
<tr>
<td>Maui</td>
<td>40,303</td>
<td>48,793</td>
<td>21.07%</td>
</tr>
<tr>
<td>Hawai‘i</td>
<td>70,371</td>
<td>80,081</td>
<td>13.80%</td>
</tr>
<tr>
<td>Kaua‘i</td>
<td>19,420</td>
<td>23,256</td>
<td>19.75%</td>
</tr>
<tr>
<td>Statewide</td>
<td>328,469</td>
<td>384,364</td>
<td>17.02%</td>
</tr>
</tbody>
</table>
Federal Marketplace Open Enrollment Period Begins Nov. 1 and continues until Dec. 15
Posted on October 30, 2020

The Med-QUEST Division of the Hawai‘i Department of Human Services is sharing an important deadline - residents who need affordable health insurance and who do not qualify for Medicaid coverage have 45 days to enroll in an affordable health plan through the health insurance marketplace at the federal website www.healthcare.gov.

The open enrollment period is from Nov. 1 to Dec. 15 for health coverage that begins January 2021. Applicants are able to create an account at www.healthcare.gov to determine their eligibility for coverage for health plans and subsidies that help make the plans more affordable.
The following chart provides income guidelines to applicants to determine if they are qualified for federally subsidized health insurance from the federal marketplace at www.healthcare.gov.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>138% Medicaid Limit</th>
<th>Marketplace Subsidy Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,689</td>
<td>$4,896</td>
</tr>
<tr>
<td>2</td>
<td>$2,281</td>
<td>$6,612</td>
</tr>
<tr>
<td>3</td>
<td>$2,873</td>
<td>$8,328</td>
</tr>
<tr>
<td>4</td>
<td>$3,465</td>
<td>$10,044</td>
</tr>
<tr>
<td>5</td>
<td>$4,058</td>
<td>$11,760</td>
</tr>
</tbody>
</table>

In addition to the website, interested applicants can apply over the phone by calling 1-800-318-2596.

If you have health coverage through the marketplace now, you may review and update your application at www.healthcare.gov and report any life changes.

To speak with an interpreter, applicants may call 1-800-318-2596 and say “Agent” or press “0.” Once an agent is on the line, say the name of the language you need. TTY users may call 1-855-889-4325.
For those who are not eligible for Medicaid, NOW is the time to get covered on HealthCare.Gov
1-800-318-2596 for more information
TTY users can call 1-855-889-4325

Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)
COVID-19 UPDATE
MAHALO!
Questions?
Mahalo