Important Content Note:

This technical assistance resource was developed prior to the August 2017 release of the Health Center Compliance Manual by the Health Resources and Services Administration’s (HRSA) Bureau of Primary Health Care (BPHC). The BPHC Compliance Manual, issued August 2017, indicates where PINS, PALs and other program guidance are now superseded or subsumed by the BPHC Compliance Manual.

Successful Practices in Accountable Care: Waianae Coast Comprehensive Health Center

Health Center Profile

Health Center: Waianae Coast Comprehensive Health Center
Location: Waianae, HI
Number of Unique Patients Served: Over 36,000
Number of Sites: 7
Services Offered: Comprehensive primary care, dental care, emergency medicine, family practice, general practice, pediatrics, pharmacy, women’s health
Unique Feature: Largest Native Hawaiian Provider

Payer mix (approximate): 57% Medicaid, 11% Medicare, 23% commercial, 9% Uninsured


A Historic Perspective

Rich Bettini, President and Chief Executive Officer of Waianae Coast Comprehensive Health Center (Waianae), believes that everyone has a role to play in managing the patient’s total cost of care. In 1994, when a waiver was approved in Hawaii that allowed organizations to demonstrate the efficacy of a managed care approach to state funded health care services, Waianae, along with the other Hawaii Health Centers, came together to create AlohaCare. AlohaCare is a health plan that provides coverages for approximately 70,000 Medicare and Medicaid beneficiaries in Hawaii. In participating in AlohaCare, Waianae took the first step towards accountable care.

However, as the national landscape began to change, Waianae saw that participating in AlohaCare simply would not be enough. At the National Pay for Performance Summit in 2006, Waianae noted that there was a movement towards quality improvement with the need to control the rise in health care costs. In response, Waianae brought together the Centers for Medicare & Medicaid Services (CMS), the National Quality Center (NQF), the Commonwealth Fund, and 75 consumer board members from more than 30 health centers. At that conference, the National Committee for Quality Assurance (NCQA) presented on the concept of the health home. The reaction from attendees was that health home standards being proposed by NCQA were too narrow when applied to the high-need population served by health centers in Hawaii. Over the following five years, Waianae continued to convene national conferences with at least 50% consumer board member participation in order to answer two key questions (1) who will develop performance measures and (2) who will share in the savings. Having an emphasis on consumer board members allowed Waianae to develop community based answers to the questions, keeping the mission of health centers at heart. Based on the

Total Cost of Care (TCOC) - Total cost of care accounts for 100 percent of the care provided to a patient for a specific period of time (ex. 12 months). Services that contribute to the TCOC include inpatient, outpatient, clinic, ancillary, pharmacy, behavioral health, vision, dental, lab, radiology, etc.
input and feedback from the community they were able to understand how best to operationalize the necessary changes and they saw less resistance to change. They used the lessons learned from running AlohaCare (an emphasis on reducing preventable costs, the need to address social determinants of health, and the importance of investing in health information technology) in responding to those key questions and developing a new accountable system.

Key Lessons Learned:
1. Health centers must address preventable costs
2. Networks must consider social determinants of health in their standards and measurements
3. Health information technology is a key driver of change
4. Consulting the community is essential

Engaging the Consumer

By engaging and putting an emphasis on the feedback from the consumer board members, Waianae developed four supplemental standards relevant to health homes in underserved communities and reflective of the population served. The standards are integrated and comprehensive and measure how healthcare homes provide care in high-poverty communities. The four standards are care enabling services, cultural proficiency, community involvement, and workforce and economic development. These standards reflect the unique challenges of health centers, their strength as compared with other primary care providers, and the hidden value that health centers provide in addressing social determinants of health. Waianae was able to build a case for provider participation on the wisdom of the community.

Supplemental Health Home Standards
- Community Engagement
- Workforce and Economic Development
- Cultural Proficiency
- Care Enabling Services

Utilizing these standards as the basis, Waianae, along with Koolauloa Community Health and Wellness Center and Waimanalo Health Center, formed the Accountable Health Care Alliance of Rural Oahu (AHARO). AHARO is a “virtual accountable care organization” meaning that they are consolidated through health information technology and analysis towards the goals of accountable care, quality care and reduced costs - due primarily because of geographical constraints. Waianae, and their partners, realized technology was going to lead to more precise measurements of the relative value health centers offer. With the more precise measurement of value, the health centers wanted to ensure they were being valued fairly, taking into account the unique challenges, costs, and payments. The implementation of Electronic Health Records (EHR) allowed for better cost analysis and was the impetus to change.

Engaging The Plans

Waianae worked with four Medicaid plans to identify preventable costs (that do no harm when controlled) and align incentive based contracts to address them. One of the first measures they attempted to address was low acuity emergency room visits (ex. abdominal pain, cold symptoms, fever/chills, dizzy spells, congestion, etc.). They created an accountable care dashboard to measure trends and determine if reducing low acuity emergency room visits would impact the total cost of care. Using hospital discharge summaries Waianae was able to follow up with the patients and determine the reason why the patient went to the emergency room instead of their primary care provider. In their study they found that the majority of patients went to the emergency room for primary care between 5 pm and midnight because the health center was closed. As a result, Waianae opened two urgent care sites and measured the impact on the total cost of care utilizing plan data. They determined that health centers are best positioned to expand their volume in order to reduce hospital emergency room visits for medically complex patients which reduces the total cost of care. By engaging the Medicaid plans from the start, they were able to align their actions around common goals and negotiate a share in the savings.
With the amount saved on the total cost of care, AHARO reached out to their community board members once more to determine how best to reinvest the shared savings. Community boards selected preventative projects such as school based outreach, workforce programs, and cultural proficiency training which are all related to the supplemental health home standards they identified at the beginning of Waianae’s journey.

### Engaging Their Partners in the Process

As a virtual ACO, AHARO is based on partnerships. In addition to working with the health plans to determine what the preventable costs are, they also work to determine what entity or partnership of organizations are best positions to address those costs while also improving quality. AHARO is selective in their partnerships. They look for entities they can have an open and honest discussion with and they look for partners willing to find common objectives. Engaging, first, their community board members, and then, the health plans, has served them well so far. AHARO will continue to engage community partners to maximize their strength and reach the goal of a comprehensive system of population-based accountable care.