

Promoting Health Equity with Federally Qualified Health Centers

Hawai'i Primary Care Association's Umbrella Hub Organization Spotlight

October 2022



AT A GLANCE:

This program spotlight document describes the efforts of the Hawai'i Primary Care Association to support partners in expanding the National Diabetes Prevention Program (National DPP) by planning, building, and launching an umbrella hub arrangement (UHA). During their participation in the Umbrella Hub Demonstration, HPCA has worked diligently with the federally qualified health centers (FQHCs) they serve to leverage the National DPP lifestyle change program as an opportunity to address unmet health related social or economic needs.



INTRODUCTION TO HAWAI'I PRIMARY CARE ASSOCIATION

The Hawai'i Primary Care Association (HPCA) is a non-profit corporation providing technical assistance, advocacy, outreach, education, and support to 15 federally qualified health centers (FQHCs). For over 30 years, HPCA has been working on behalf of populations experiencing health-related disparities throughout the State of Hawai'i (HI), helping to establish access to primary health care services. HPCA has developed strong, productive partnerships with providers, health care organizations, lawmakers, policy officials, and other community stakeholders to improve healthcare quality and access for over 158,000 residents of Hawai'i. HPCA believes in nurturing vibrant and healthy communities that work together and is committed to the partnerships, innovation, and teamwork that will transform our health care system and improve the lives of all people of Hawai'i. HPCA primarily focuses on strengthening the primary care infrastructure within their community, particularly for individuals experiencing food and housing insecurities, financial strain, lack of transportation, and/or people traditionally underserved by the health care system.

HPCA's work supports FQHCs through training and technical assistance, policy and program implementation, and administrative assistance aligned with federal and state initiatives. Some initiatives that HPCA focuses on include practice facilitation to support patient-centered, whole-person care; development and expansion of health professions training within health centers; strategic partnership development to support the recruitment and retention of the FQHC workforce; discussions around value-based care with FQHCs, Medicaid, and other managed care organizations; and support to infuse justice, equity, diversity, and inclusion within their FQHCs and surrounding communities. Recently, HPCA's work has also expanded to meet the technical assistance needs of FQHCs during the COVID-19 pandemic. HPCA rapidly incorporated significant changes to its priorities and workflows to remain current with Hawai'i's response efforts. Efforts included developing a COVID-19 response team, whose responsibilities included organizing information channels and assisting FQHCs in prevention and mitigation strategies. The HPCA COVID response team continues to function and actively engage with Hawai'i's FQHCs, city, state, and federal government entities, and other community-based organizations (CBOs).

Type 2 diabetes disproportionately affects Native Hawaiians and Pacific Islanders throughout Hawai'i. In a 2019 study published by the Centers for Disease Control and Prevention (CDC), researchers found that Native Hawaiians, Pacific Islanders, and Filipinos had higher rates of type 2 diabetes compared with other races and ethnicities in Hawai'i. These health disparities also increased with patient age and were closely associated with income, physical activity, and obesity. The complete study is available for review [here](#).



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

LEAVITT
PARTNERS
An HMA Company

HPCA and the National DPP Lifestyle Change Program

HPCA works in three primary areas: (a) populations and health systems management, (b) workforce support, and (c) health equity and research. To support action in these areas, HPCA focuses on quality improvement, health information technology innovations, health system convenings, employee education and training, emergency preparedness training, data collection and research projects, and a variety of other administrative and technical initiatives. HPCA's involvement with the National DPP lifestyle change program began in 2015 with the CDC [DP-1422 Prevention Grant](#). The goal of the grant was to prevent obesity, type 2 diabetes, heart disease, and stroke among populations of focus as well as the general population. With grant funding, HPCA supported eight FQHCs in developing systems to screen, identify, and refer eligible patients to the National DPP lifestyle change program. This was accomplished through partnerships with the HI State Department of Health, HI Public Health Institute, University of Hawai'i Office of Public Health Studies, and local FQHCs. HPCA also built the Lifestyle Coach workforce, which provided lifestyle coaches with training in group facilitation, motivational interviewing, and health coaching. At the conclusion of the grant period, eight FQHCs had established National DPP lifestyle change program cohorts.

DEVELOPMENT OF THE HPCA UHA

HPCA joined the Umbrella Hub Demonstration in 2020 to increase access to the National DPP lifestyle change program and address Hawai'i's disproportionately high rates of type 2 diabetes. The Umbrella Hub Demonstration is funded by CDC to assist three organizations in operationalizing an umbrella hub arrangement (UHA). The UHA connects CDC-recognized CBOs with health care payment systems to pursue sustainable reimbursement for the National DPP lifestyle change program. The umbrella hub organization (UHO) provides administrative support and oversees claims submission on behalf of participating CBOs (also known as subsidiary organizations within the UHA model) to expand access and availability to the National DPP lifestyle change program within their community. More information on UHAs can be found on the National DPP Coverage Toolkit [UHA page](#).

Effectively addressing type 2 diabetes in Hawai'i requires an in-depth knowledge of the population and a strong foundation of trust among community members. HPCA began development of their UHA through identification of internal and external partners that shared a vision of improving health outcomes in Hawai'i and were committed to working with local populations. As a part of their UHA development process, HPCA's project team dedicated resources to defining team/partner roles and responsibilities.

HPCA also spent time outlining key decision points at each step in the partner engagement process. The project diagrams and workflows developed during planning sessions helped the team monitor progress on achieving UHA development milestones. Some of these milestones included:

- Developing a system for billing and claims capable of receiving reimbursement from the Centers for Medicare and Medicaid Services (CMS) for the Medicare Diabetes Prevention Program (MDPP) and other payers on behalf of participating subsidiary organizations delivering the National DPP lifestyle change program (*achieved through partnership with Welld Health*),
- Engaging and supporting health center subsidiary organizations in the delivery of the National DPP lifestyle change program,
- Establishing necessary privacy and security policies and procedures that adhere to regulatory standards, and
- Developing a plan to sustain the UHA beyond the demonstration period.

After intensive partner education and project planning, HPCA initiated processes to operationalize their UHA, including contracting with Welld Health, a technology vendor selected to assist with the Umbrella Hub Demonstration, to support their Diabetes Prevention Recognition Program (DPRP) data aggregation and claims submission efforts.

Umbrella Hub Demonstration Project Team

The team responsible for work on developing the UHA includes:

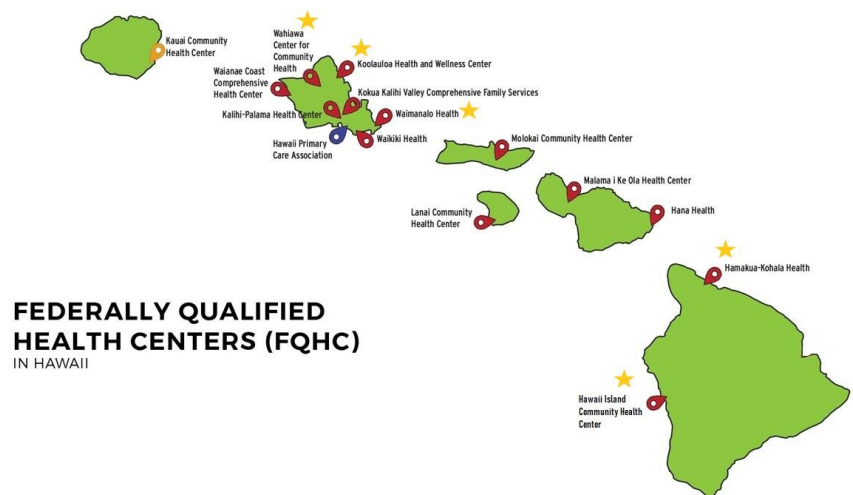
- Robert Hirokawa, Chief Executive Officer
- Tricia Siarot, Chief Financial Officer
- Kathy Suzuki-Kitagawa, Chief Operating Officer
- Cristina Vocalan, Chief Strategy Officer
- Jermy Domingo, Program Manager, Health Equity & Research
- Navya Karkada, Program Manager, Population & Health Systems Improvement
- Marichie Barbaso, Programs Coordinator for Training and Technical Assistance
- Daphne Henion, Contracts Manager
- *Previous team members: Bryan Juan, Program Manager & Ron Shimabuku, Director of Programs*

A key step in operationalizing the UHA relied on working with internal and external partners to complete and submit the application to become a Medicare Diabetes Prevention Program (MDPP) supplier. By achieving MDPP supplier status, HPCA can submit claims on behalf of each participating subsidiary organization within the UHA. This eliminated the need for subsidiary organizations to complete their own MDPP applications. Though they faced challenges throughout the process, described in further detail in the table below, HPCA successfully submitted their MDPP supplier application on February 9, 2022, and was approved as an MDPP supplier. For more information on submitting the MDPP supplier application as a UHO, review the [UHO MDPP Supplier Enrollment Guide](#).

MDPP SUPPLIER APPLICATION CHALLENGES	CHALLENGE RESOLUTIONS
The COVID-19 pandemic started shortly after the Umbrella Hub Demonstration began. The pandemic created communication challenges, diverted staff time to other areas, and brought existing health inequities to the forefront of health care.	HPCA and its subsidiary organizations continued to work through challenges presented by the ongoing COVID-19 pandemic. Where possible, they adapted processes, communication channels, and support strategies to fit the changing needs of their networks and communities.
Completing the MDPP supplier application required coordination between departments within HPCA, including legal, information technology, accounting, and executive leadership. Challenges included obtaining and transmitting confidential information from board members and lifestyle coaches and conducting analyses to determine the level of risk they were willing to take on to meet their obligations as a UHO.	HPCA underwent multiple coordination and education efforts internally to understand MDPP supplier application requirements and align understandings of the various partners. Additionally, HPCA continued to discuss the vision of the project and how its participation as a UHO could help improve health outcomes in Hawai'i, and address inequities within the health care system.
CMS completes an unannounced site visit to all subsidiary organizations before approving the MDPP supplier application. Unfortunately, pandemic-related office closures and miscommunication led to HPCA's site visit not being completed, which delayed the application. (Note: Missed site visits can also lead to denial of an application in some circumstances.)	Due to HPCA's vigilance in contacting their Medicare Administrative Contractor, they were approved to receive a second site visit. HPCA's CEO was able to serve as the point person and coordinate with the CMS representative conducting the site visits. Due to the COVID-19 pandemic, the site visits were conducted virtually for HPCA and its subsidiary organizations.

IMPROVING PUBLIC HEALTH INFRASTRUCTURE: LEVERAGING FQHCs TO ADDRESS HEALTH EQUITY

To operationalize their UHA, HPCA recruited subsidiary organizations. Through their existing relationships with the FQHCs they serve, HPCA was able to quickly move through this process. Recruitment efforts were expedited through HPCA's ability to understand the needs and challenges the FQHCs experience. This contributed added value to their current workflow. Additional services HPCA is currently providing and/or plans to provide to their subsidiary organizations are described in the box below. Over time, HPCA has successfully performed outreach to FQHCs throughout Hawai'i, resulting in five current subsidiary organizations within the islands of O'ahu and Hawai'i. These subsidiaries include Wahiawā Center for Community Health, Ko'olauloa Health Center, and Waimānalo Health Center on Oahu, and Hawai'i Island Community Health Center and Hāmākua-Kohala Health on the big island of Hawai'i (as shown on the map below). HPCA works to maintain consistent communication and share relevant resources with their subsidiary organizations. The UHO has recently launched a website dedicated to their UHA, where subsidiary organizations can access information on the UHA, National DPP lifestyle change program cohorts, MDPP requirements, data collection resources, and additional tools for lifestyle coaches. To view the HPCA UHA site, click [here](#).



HPCA understands that developing pathways to address [social determinants of health \(SDOH\)](#) and achieving health equity within their community is key to improving health outcomes. They acknowledge that FQHCs are positioned to implement these changes. FQHC physicians can screen, identify, and refer patients to the National DPP lifestyle change program during ongoing primary care services. With assistance from HPCA, the FQHCs participating in the UHA can also implement recruitment and retention strategies that align with the needs of the communities they serve. These communities may include individuals of multicultural backgrounds, displaced persons, those living below the federal poverty level, and uninsured persons. For example, in addition to delivering the National DPP lifestyle change program, FQHCs participating in the UHA provide the following services to their patients, which include:

- One-on-one education and assistance from community health workers and health professionals
- Safe environments to obtain health education and assistance
- Access to food pantries and assistance with Supplemental Nutrition Assistance Program applications
- Food preparation demonstrations
- Consultations with registered dietitians
- Transportation services to attend classes
- Referrals to concurrent services, including mental health counseling, hypertension programs, and tobacco cessation programs
- Local, [culturally competent](#) exercise activities

Through participation in the UHA, HPCA assists subsidiary organizations in their efforts by:

- Convening FQHCs to share best practices, provide education, and brainstorm solutions
- Assisting with National DPP lifestyle change program challenges, such as lifestyle coach training/retention and participant recruitment/retention
- Maintaining DPRP recognition through UHA data aggregation
- Supporting DPRP data collection and submission
- Providing support for claims submission and reimbursement distribution

This support promotes an environment where FQHCs within Hawai'i can focus on program delivery and reduce type 2 diabetes prevalence within their community. Prevention and health equity are core values for FQHCs in Hawai'i. Since 2016, HPCA's seasoned lifestyle coaches have provided culturally responsive, linguistically appropriate, whole-person care to their National DPP lifestyle change program participants.

HPCA envisions the UHA as the first step in the development of a chronic disease prevention network. HPCA will apply the concepts and approaches learned during the Umbrella Hub Demonstration project to the implementation of other evidence-based interventions for chronic disease prevention and management within Hawai'i's FQHC communities.

Federally Qualified Health Centers

FQHCs are comprehensive, community-based primary care providers that receive grant funding from the federal government to offer affordable care in areas with high unmet need for health care. Though they are primarily providers of clinical care, FQHCs also provide a variety of education and support services to address unmet needs in the populations they serve. Support services, might include screening and referrals for unmet needs, providing language interpretation, and providing transportation assistance to help facilitate better health outcomes for the service population. By selecting and training staff to provide culturally sensitive and relevant care, FQHCs increase the likelihood of improved engagement with patients.

Their locations within the heart of communities makes FQHCs unique candidates to increase referrals, and improve access to, and strengthen the impact of the National DPP lifestyle change program. FQHCs delivering the National DPP lifestyle change program within Hawai'i have an in-depth understanding of the challenges faced by the people of Hawai'i. and tailor the program to fit those needs. For example, several of HPCA's subsidiary organizations have existing processes to screen new patients for needed prevention services when they perform intake for primary care services. Prevention programs include the National DPP lifestyle change program, hypertension reduction, and tobacco cessation. FQHCs also connect participants in their prevention program with primary care services as needed. Their position as a primary care provider promotes patient retention in programs and identification of additional housing, nutrition, or transportation needs as they arise. More information about engaging FQHCs in the National DPP lifestyle change program can be found [here](#).

ADDITIONAL CONSIDERATIONS FOR UHA SUSTAINABILITY

In addition to their partnership with their subsidiary organizations, HPCA also meets with the Hawai'i State Department of Health monthly to review the current National DPP landscape and provide updates on UHA progress. They are working with the state Medicaid agency to discuss and promote a sustainable path to reimbursement for the National DPP lifestyle change program for Medicaid beneficiaries within Hawai'i. Though conversations with HI Medicaid are still ongoing, HPCA has continued to advocate for the case for Medicaid coverage of the National DPP lifestyle change program and work through barriers to Medicaid reimbursement with their state partners.

HPCA is continually looking to ensure sustainability of the UHA following the Umbrella Hub Demonstration. They are exploring financial strategies that will allow them to serve their community through minimal costs to their subsidiary organizations, which offer

hope to achieve this is by achieving economies of scale, which include recruiting additional subsidiary organizations, signing additional payer contracts, and potentially including administrative and billing support for other evidence-based initiatives in addition to the National DPP lifestyle change program. They also plan to implement evaluation processes which assess UHA and National DPP lifestyle change program metrics to perform quality improvements and achieve long-term sustainability.



Primary Care Associations (PCAs), like HPCA, are well positioned to serve as UHOs due to their established relationships with local organizations that provide primary care, the State Department of Health, state Medicaid agency, and other local health leaders. The mission of PCAs aligns with federal initiatives to address social needs and provide quality, whole-person care. In addition to the relationships, PCAs also offer a state-level perspective on the reimbursement landscape of the areas they serve and can advocate for cost effective strategies to improve health outcomes.

To learn more about the experience of the other participants in the Umbrella Hub Demonstration, see the UHO Spotlight on Health Promotion Council, focused on achieving sustainability by becoming an MDPP supplier, and the UHO Spotlight on Marshall University, focused on interdepartmental partnerships and the UHA. For more information on UHAs and the Umbrella Hub Demonstration, visit the National Diabetes Prevention Program Coverage Toolkit [Umbrella Hub Arrangement](#) pages.

Special thank you to Hawai'i Primary Care Association for content contribution.



The “Building the Delivery Infrastructure for the National DPP Through Strategic Partner Convenings” project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$900,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.