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**HEALTH & WELFARE**

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November 17, 2015

The Honorable C.L. “Butch” Otter  
Governor of Idaho  
P.O. Box 83720  
Boise, ID 83720-0034

Subject: Idaho Healthcare Coalition Progress Report

Dear Governor Otter:

The Idaho Healthcare Coalition (IHC) was established in 2014 by Executive Order 2014-02. The IHC is charged with expanding on the work of the Idaho Healthcare Council by leading development of an integrated, coordinated healthcare system in Idaho that focuses on improved population health, improved individual health outcomes and cost efficiencies. On December 16, 2014, Idaho received a State Innovation Model award of \$39,683,813 over 4 years. The Model Test began February 1, 2015 with the first year focusing on the pre-implementation phase. I am providing an overview of progress during the first quarter of SFY2016 (July-September, 2015) including the following items:

- I. The report that provides an overview of Idaho’s progress addressing item No. 5, a-f, as outlined in Executive Order No. 2014-02.
- II. Current appointees of the Idaho Healthcare Coalition (IHC), including rationale for engagement (Appendix A)

These documents demonstrate the advancements made by the IHC and their commitment to the Statewide Healthcare Innovation Plan. Please let us know if you have questions or require additional information.

Sincerely,

RICHARD M. ARMSTRONG  
Director

RMA/cc

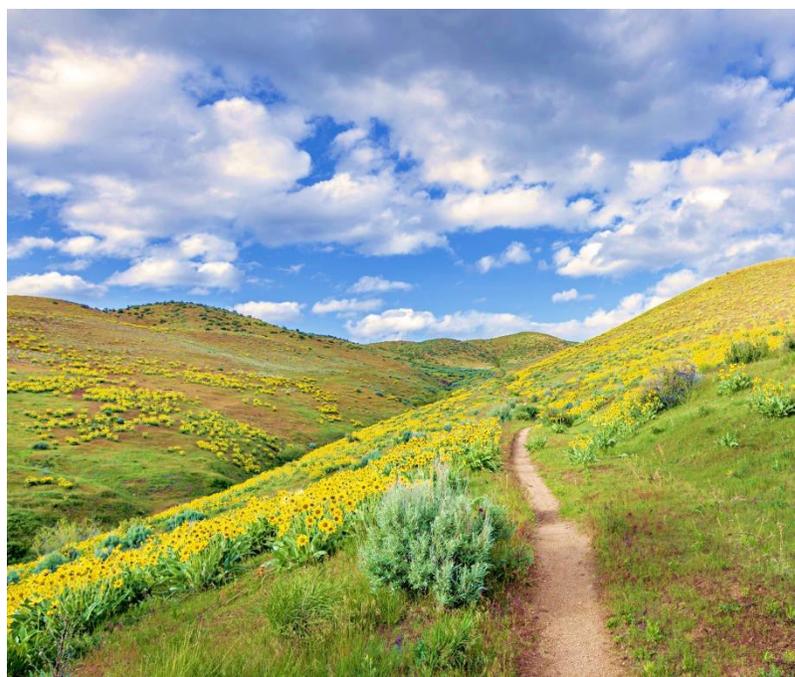
enclosures

cc: Ted Epperly, M.D.  
Denise Chuckovich  
Cynthia York



**Idaho Healthcare  
Coalition**

**Quarterly Progress Report  
SFY16 Q1**



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# INTRODUCTION

The Idaho Healthcare Coalition (IHC) was established in February of 2014 through Executive Order 2014-02 to implement state healthcare initiatives and develop a plan to effectively address healthcare delivery. In December 2014 the Idaho Department of Health and Welfare (DHW) received a state innovation model grant for \$39,683,813 from the Centers for Medicare and Medicaid Innovation (CMMI) that funds a four-year model test that began on February 1, 2015, to implement the Statewide Healthcare Innovation Plan (SHIP). SHIP is the product of a broad range of stakeholders: 1) working to establish primary care as the foundation of coordinated care delivery (through the Patient Centered Medical Home (PCMH) model) 2) that is consumer centered and 3) to evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes. In selecting initiatives and crafting our model test design, we will continue to work with stakeholders to continuously improve SHIP as an effective roadmap for achieving a healthier Idaho.

The Idaho Healthcare Coalition (IHC) includes 47 appointees. The IHC appointees include representatives from private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations, and community representatives. The IHC meets on a monthly basis via telephone conference and face to face to lead the development of an integrated, coordinated healthcare system in Idaho that focuses on improved population health, improved individual health outcomes, and cost efficiencies.

Through IHC, organizations come together for dialogue, discussion, and to develop strategies. IHC provides a forum for those groups. The group's membership has grown since June 2013 and has demonstrated remarkable consensus regarding the design and implementation plans for Idaho's Model Test.

During this quarter, five additional individuals were identified for nomination to serve on the IHC. Their names will be forwarded to The Governor's office for appointment consideration in October, 2015. Their professional affiliations include: primary care providers and behavioral health professionals.

During the SFY 2016 first quarter, the IHC, SHIP stakeholders and IHC workgroups, continued with the pre-implementation planning/processes for the SHIP model test plan. Significant achievements from July 1, 2015-September 30, 2015 included: 1) IHC and workgroup charters were completed and all workgroup(s) goals, measurables and deliverables were defined; 2) SHIP launched the <http://www.ship.idaho.gov> website to incorporate SHIP initiative content and shareholder engagement strategies; 3) two SHIP staff members were hired during this quarter for a total of seven employees and plan to add one more staff member in October; 4) contract requirements and scopes of work were developed for six contracts; 5) vendor procurement processes for two RFP's were initiated and 6) thirty stakeholder education and engagement presentations were delivered. Presentation audiences included: Ada and Canyon County Commissioners, Region 2 Behavioral Health Board, the Idaho National Association of Social Workers, Healthy, Eating, Active Living (HEAL) presentations in all 7 regions of the Public Health Districts, DHW-Division of Medicaid, Idaho Board of Nursing, Blackfoot Fire Department and Ada County Paramedics.

The first year of the award period, February 1, 2015 through January 31, 2016 is considered a pre-implementation year. During this quarter, Mercer, our project management and financial analysis contractor has been 1) updating the SHIP Operational Plan; 2) developing a Master Project Management Plan which includes a Communication Plan and Quality Management Plan. The Operational Plan for SHIP finalizes the statewide healthcare transformation design, provides a roadmap for attaining the seven goals and develops work plans and timelines as action steps for the three years of the model test. The Master Project Management Plan serves as the framework for successful implementation of the SHIP Operational Plan. The revised operational plan is due to the Centers for Medicare and Medicaid Innovation (CMMI) by 12/01/2015.

Mercer and the SHIP team produced the first draft of the communication plan to ensure that all communication venues are fully explained and defined prior to the launch of the model test period. The final plan will be submitted to the IHC for review and adoption in November, 2015.

Collaboration metrics include:

- Face-to-face meetings
- Scheduled teleconferences between face-to-face meetings
- Promotion of the SHIP website as the vehicle for regular sharing between participants
- Co-marketing strategies to promote the SHIP brand across multiple communication platforms

Communication strategies:

- E-mail
- Web
- Newsletters
- Approved Meeting Minutes
- Power Point Presentations
- Share Point Sites
- Speaker Presentation Recap
- Teleconference
- Videoconference
- Face-to-face meetings
- Webinars

As the SHIP plan is deployed concerns have been raised by the Idaho Association of County Commissioners as to long term funding obligations for the cost of these transformations. A presentation was scheduled with county commissioners (from Idaho Public Health District Regions 3 and 4) to address their concerns, clarify design elements of the SHIP model test, explain and distinguish SHIP from other state programs delivered at the county level and to talk about next steps. The presentation reviewed SHIP's sustainability strategies. Sustainability tools (to assist in implementing the SHIP model) are illustrated, and next steps for the model were discussed. Due to the success of this presentation, others are planned throughout Idaho to address and mitigate any concerns about the counties obligations to fund SHIP and healthcare reform.

## Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs).

*Idaho will test the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system. The PCMH will focus on preventive care, keeping patients healthy and keeping patients with chronic conditions stable. Grant funding will be used to provide training, technical assistance and coaching to assist practices in this transformation.*

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.

*Idaho's proposal includes significant investment in connecting PCMHs to the Idaho Health Data Exchange (IHDE) and enhancing care coordination through improved sharing of patient information between providers.*

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.

*At the local level, Idaho's seven public health districts will convene Regional Collaboratives that will support provider practices as they transform to PCMHs.*

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.

*This goal includes training community health workers, community health emergency services workers and integrating telehealth services into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically underserved communities.*

Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.

*Grant funds will support development of a state-wide data analytics system to track, analyze and report feedback to providers and regional collaboratives. At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.*

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

*Idaho's three largest commercial insurers, Blue Cross of Idaho, Regence and PacificSource, along with Medicaid will participate in the model test. Payers have agreed to evolve their payment model from paying for volume of services to paying for improved health outcomes.*

Goal 7: Reduce overall healthcare costs

*Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by \$89M over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197% over five years.*

# MEMBERSHIP UPDATE

The current IHC roster of appointees has been included (Appendix A). The professional affiliation, expertise, and contribution to the IHC is included in the matrix. The IHC and its workgroups have identified additional nominees for consideration of appointment by the Governor.

The 2015 IHC meeting calendar includes the following meeting dates:

- I. October 14, 2015
- II. November 18, 2015
- III. December 9, 2015

# ACCOMPLISHMENTS & PROGRESS

## A. Facilitate and support the transformation of primary care practices to the PCMH model:

A cornerstone of SHIP is supporting the transformation of primary care practices to the Patient Centered Medical Home (PCMH). The PCMH model has been proven to produce better outcomes, improved access to care and reduced costs. An important benefit of the PCMH model is that patient care is coordinated and provided through a person-centered team-based approach.

Each PCMH team member is allowed to practice at the top of their license, thus creating efficiencies by delivering care at the appropriate level. Physicians are able to focus their time on clinical care requiring physician-level intervention; while other staff, such as nurses and CHWs, provides care within the appropriate scope of their practice. Given that Idaho's extreme healthcare professional workforce shortages significantly impact access to care for many Idahoans, this component of the PCMH model is critically important.

Idaho's PCMHs will be integrated into a larger Medical/Health Neighborhood of specialists, hospitals, behavioral health professionals, long-term care providers, other ancillary care services, and non-medical community-based organizations. The integration of PCMHs in the Medical/Health Neighborhood will facilitate coordinated patient care, another key objective of Idaho's model, through the entire provider community. Idaho is in the process of creating Regional Collaboratives to assist with developing Medical/Health Neighborhoods and to support the integration of PCMH practices within these innovative, multi-sector, and regional networks.

During this quarter, SHIP has laid the groundwork for the PCMH transformation efforts that will take place during the Model Test. With IHC approval, IMHC has also developed and implemented a PCMH interest application to identify practices that will seek PCMH designation in Model Test Year 1. The IMHC received over 134 responses to the application of interest, demonstrating that practices have a high level of interest in the PCMH model. The IMHC also developed Idaho-specific criteria for designating practices as PCMHs. The IHC approved the PCMH designation criteria in September 2015.

SHIP will expand the existing infrastructure to support practices in becoming a PCMH and achieving increasing levels of national PCMH recognition. The new PCMH Contractor will have primary responsibility for designating PCMHs using Idaho-specific criteria, distributing grant-funded PCMH incentive payments, and supporting practices through technical assistance, training, and mentoring. During the pre-implementation year, DHW published a request for proposals (RFP) to procure a PCMH Contractor.

In September, 2015, DHW selected Brilljent, LLC to become the PCMH Contractor for the SHIP Model Test. Brilljent will use two subcontractors to perform other PCMH-related functions. The consulting firm Health Management Associates (HMA) will serve as the PCMH Technical Assistance Subcontractor and the certified public accounting (CPA) firm Myers and Stauffer will serve as the PCMH Incentives Subcontractor. SHIP has assigned a staff Project Manager to manage Brilljent's scope of work and ensure coordination efforts with the RCs, the IHC, SHIP Workgroups, and other contractors are effective and efficient.

Idaho's PCMH transformation model recognizes the challenges that many primary care practices face in mobilizing for a value-based healthcare environment: limited infrastructure for continuous improvement, limited knowledge and skills related to new care delivery models, and insufficient expertise using HIT and gathering and analyzing data to drive improvement.

Support will be provided in multiple formats, including on-site training and coaching, virtual training and coaching and a web-based quality improvement portal. We work with all types of primary care practices, from rural solo-practitioner offices, to medium-sized practices, to large practice networks and Federally Qualified Health Centers.

### **Behavioral Health Integration (BHI)**

During the first quarter of FY2016, the BHI Workgroup plan of work has been refined by Facilitator, Marsha Bracke. Once finalized, this plan will guide BHI Workgroup efforts for the next 6-12 months.

A survey has been developed to assess the level of BHI in Idaho. Site visits are scheduled for October with the Idaho Medicaid Health Home Project Team to conduct the BHI Survey. The data provided by existing Health Homes sites will provide a good baseline to gauge BHI in primary care practices.

Mercer presented the BHI Workgroup Charter for review and feedback. The finalized BHI Workgroup Charter was submitted to the IHC for approval in September 2015.

Presentations were made to BHI Workgroup members on the following topics: 1) Medicaid's Tiered Payment Model Proposal, 2) Regulatory Barriers to BH Integration and 3) Mental Health Parity.

## **B. Develop regional collaboratives to support local practices in transformation and integration of PCMHs with the medical neighborhood that includes secondary and tertiary care consultants, hospitals, behavioral health and other community support services:**

Idaho is in the process of creating Regional Collaboratives to assist with developing Medical/Health Neighborhoods and to support the integration of PCMH practices within these innovative, multi-sector, and regional networks. By September, 2015, all seven Public Health District (PHD) SHIP Managers were hired. The Administrative Assistants for each district have been hired; the QA/QI

Specialists will all be on board by November. All Regional Collaboratives (RC) Champions (14 total, 2 per region) have been identified. The RC Champions will serve as Chair and Co-Chairs of the RCs. Weekly phone conferences are scheduled with PHD Directors and SHIP staff.

On November 5<sup>th</sup>, a SHIP RC Kick-off facilitated meeting will be held in Boise bringing together PHDs staff, PHD Directors, RC Champions, IHC leadership, DHW SHIP staff and leadership to coordinate and synchronize the RC effort. A job description for the Chair & Co-Chair positions has been drafted and is being reviewed by the District Directors and the IHC leadership. A draft of the RC structure has been developed and will be finalized prior to the RC Kick-off.

### **Telehealth Council (TELE)**

One of the four goals identified by the Telehealth Council is to support the SHIP's objective to improve rural patient access to PCMHs by developing virtual PCMHs. A SHIP telehealth expansion subcommittee was established and is chaired by Mary Sheridan and Susan Ault. Listed below are the objectives for the SHIP telehealth expansion subcommittee:

Objective 2.1 Develop a SHIP telehealth expansion plan.

- Identify state planning resources.
- Develop a roadmap to operationalize telehealth in rural PCMHs and CHEMS programs, including behavioral health and specialty services.

Objective 2.2 Provide training and technical assistance to support telehealth program development in PCMHs and CHEMS.

- Identify and provide on-site and virtual training resources for PCMH, CHEMS, and Public Health District SHIP staff.
- Identify and provide best practice resources for the delivery of telehealth services.
- Develop and implement a peer mentoring program.

Objective 2.3 Establish and expand telehealth programs to improve access to specialty care and behavioral health services in rural communities.

- Provide technical assistance to Public Health District SHIP staff, Regional Health Collaboratives, PCMHs, and CHEMS staff to implement new and expanded behavioral health and specialty services via telehealth.
- Identify behavioral health and primary care integration telehealth resources.

The Telehealth Council will meet as needed to review the recommendations of the subcommittees and will provide feedback and additional direction when needed.

## **Community Health Workers (CHW)**

The CHW Stakeholder meeting was held in Boise on July 30, 2015. Statewide assessment survey results and conclusions were presented as well as a CHW panel discussion. Questions were directed to three current CHW's regarding the types of training, tools, resources and information needed to effectively perform that role in the field. In the afternoon, two CHW committees met to discuss: 1) outreach and marketing and 2) SHIP CHW training curriculum. The training committee made great strides in identifying the training components, objectives and goals.

For the next meeting on October 15, 2015, the top objectives are to identify a CHW training model that is suitable for Idaho. The CHW Outreach/Awareness committee is collaborating with the CHW Training committee to finalize their recommendations for review/approval by the IHC. Once adopted, train the trainer will be provided and then CHW training is estimated to begin in July, 2017.

## **Community Health EMS (CHEMS)**

Contract negotiations are in progress for the 2016 paramedic training that is to be offered to 12-15 candidates starting in 2016. Agency readiness assessments will be conducted by October 2015. The CHEMS Planning committee decided to meet more frequently than once a month due to the escalation of activities. The Board of Education approved Idaho State University's certificate program starting in January. It is also anticipated that three paramedics from Blackfoot Fire Department will complete training through Hennepin Technical College by the end of 2015.

Next steps for CHEMS:

- EMS agencies selection – to be completed by January 2016 and is somewhat dependent on PCMH selection
- CHEMS Program Handbook –is to be finalized by the EMSAC taskforce meeting on October 7, 2015
- CHEMS Workgroup Charter to be finalized for inclusion in the SHIP Operation Plan by October 2015
- Conducting model test with Blackfoot Fire Department to establish CHEMS program design
- Ada County Paramedics will facilitate a CHEMS Outcome Measures Workgroup to finalize readiness assessment, to identify metrics and reporting process and to plan an outreach and marketing campaign.

C. Recognize the critical issues related to Idaho’s healthcare provider workforce shortage and work closely with the Idaho Health Professions Education Council, established by executive order in 2009, to ensure that SHIP activities align with the Council’s workforce development strategies:

For SHIP to succeed, it is essential that Idaho has a healthcare workforce of sufficient size, composition and training to carry out the plan in both the short term and long-term.

During this quarter, technical assistance requests were submitted to CMMI relating to best practices for: 1) measuring current health workforce (quality, quantity and distribution), 2) healthcare workforce needs assessments (with predictive modeling) and 3) workforce development.

D. Establish quality outcome measures and methods to collect and analyze individual patient and population health outcomes:

The Clinical Quality Measures Workgroup finalized the catalog of clinical quality measures for SHIP. The group also determined which measures could be extracted from the EHR, and if not from the EHR where and how the data will be obtained. This information will help inform IHDE and HIT data analytics as they develop processes to capture, assess and analyze data. Their efforts and contributions are instrumental in facilitating the process leading to the sharing and collaborative use of high quality data (pooled from diverse public and private sources) in order to support robust clinical, epidemiologic and economic analytic approaches.

**Population Health (PHWG)**

In August 2015 the PHWG completed the review of the Get Healthy Idaho: Measuring and Improving Population Health. This document meets the deliverable for the SHIP grant and the accreditation requirements of the Division of Public Health. It has been posted on the IDHW website at: [http://healthandwelfare.idaho.gov/Portals/0/Health/Get\\_Healthy\\_Idaho\\_Final.pdf](http://healthandwelfare.idaho.gov/Portals/0/Health/Get_Healthy_Idaho_Final.pdf)

During this quarter, the SHIP Clinical Quality Measures catalog was reviewed by the PHWG to identify appropriate population health measures for SHIP. An overview of the regional health collaboratives, medical/health neighborhoods concept paper, and the draft PHWG charter was also presented. The PHWG will review these documents and provide comments to staff or chairs prior to the next PHWG meeting.

E. Advance primary care payment methods that align with the PCMH model, encouraging public and private payers to reimburse for improved health outcomes rather than volume of visits:

**Multi-Payer (MPW)**

As part of the Triple Aim, to lower overall medical costs, Idaho will move from a FFS payment model that rewards volume of service to a new model, aligned across payers, which includes a combination of per member per month (PMPM) payment, quality incentive to ensure evidence-based practices, and at-risk incentives for primary care practices. The payment system will include a performance and shared savings model that will incentivize beneficiary attribution to a medical home, meeting State and regional quality measures, serving patients with complex conditions, and incentivizing the value of care rather than the volume. The model employs strategies to maximize the efficient use of its current workforce, and measure and reward quality care that leads to improved health outcomes. The model is expected to lower the cost of healthcare through reductions in high-cost care through patient management, including lowering ED utilization, hospital admissions, and re-admissions, reduce neo natal intensive care use, and increase use of generic prescription medication. To achieve the goal, 80% of payments to providers from all payers are expected to be in FFS alternatives that link payment to value.

During this quarter, the matrix of the different payer's payment models has been updated to reflect the changes suggested at the July 2015 workgroup meeting. These payers include the four largest commercial payers, Medicaid, and Medicare. The final MPW Workgroup proposal and proposal Idaho and Idaho Multi-Payer Payment Transformation summary was presented to the IHC and approved at the September 2015 meeting. Mercer continues to work with MPW payers regarding collection of baseline financial data reports required by CMMI. Data collection is anticipated to start in September.

F. Provide guidance to expand health information technology (HIT) at the practice level, enhancing PCMHs' use of electronic health records (EHRs), enabling the coordination of care and redundancies found in the current healthcare delivery system and, at the state level compiling population health data for quality measurement and improvement:

**Health Information Technology (HIT)**

HIT plays a central and supporting role in every element of our proposed healthcare reforms. It is the means by which we measure our progress, manage continuous improvement, inform our care decisions, and communicate across individuals, providers, and systems.

Our SHIP plan defines a health information technology strategy that is based on:

- 1) Payer and provider analytic capabilities to support improvements in care delivery and health, with advancements in health information exchange.
- 2) Standardized approach to clinical information exchange to accelerate providers' use of a comprehensive, statewide, health information exchange.

Improving care coordination through use of HIT contributes to Idaho's ability to achieve the Triple Aim:

- Health outcomes improve by ensuring that key providers have real-time access to clinical information and up-to-date information on the patient's status (e.g., admissions, discharges, transfers, emergency department (ED) visits, etc.). As a result, treatment and supports can be efficiently and effectively coordinated and deployed.
- The quality and experience of patient care improves through efficient identification of the individual patient's health status and ongoing clinical and social support needs, and the system's streamlined ability to respond to those needs within the patient's Medical/Health Neighborhood. The individual's experience of the healthcare system is enhanced by the ability to access health information (e.g., test results, medication lists, discharge instructions, treatment reminders, etc.) in a timely way that supports individual involvement in and management of one's own regional healthcare.
- Healthcare costs decline through elimination of delays and inaccurate/outdated clinical data that may result in a lack of or inappropriate treatment and elimination of redundant collection of clinical information or diagnostic testing. Outcomes data can be leveraged to improve care quality, safety, accountability, and efficiency, as well as to support opportunities to develop value-based purchasing strategies.

During this quarter further refinement of the deliverables associated with HIT Goal 2 were completed and includes:

- Provider access to financial incentives to improve the interoperable exchange of health data through use of EHRs.
- Building a business, clinical, cultural, and regulatory environment in Idaho that encourages interoperability, individual empowerment in care management, and strengthening opportunities to deliver high-value care.
- Adoption of shared governance and standards to support interoperability for care coordination, with a vision for statewide HIE.
- Establishment of core technical standards and functions among EHR and HIE users, with a vision toward future national standards and interoperability.
- Adherence to privacy and security protections for health information.
- Access to technical assistance and training to implement and expand the use of EHRs.
- Certification of EHR systems to ensure interoperability.
- Ability to track the expansion and status of EHR systems and the number of individuals for whom EHRs exist.
- Ability to track the expansion of IHDE participation.
- Ability to collect and analyze the quality of IHDE transactions.

- Establishment of HIT infrastructure milestones to promote and monitor data aggregation and analysis capabilities.

Over the three-year Model Test period, IHDE will engage 165 PCMH designated clinic sites and 21 hospitals to adopt and use EHR technology, and to connect to the IHDE to share health information to support care coordination. Approximately 825,000 Idahoans (50.5% of the population) will belong to a PCMH and have an EHR.

## G. Develop a long-range plan for sustainability and growth of Idaho's transformed healthcare system:

The goal of achieving \$89 million in cost savings, and a return on investment of 197% are contingent on the successful implementation of all other goals. By implementing the PCMH model, or a similar primary-care model, Idaho expects to save \$89 million through reductions in ED utilization for non-emergent episodes, inpatient admissions, inpatient re-admissions, admissions to the neo-natal intensive care unit (NICU), and through increases in the generic fill rate for prescribed pharmaceuticals.

This goal includes the need to measure overall costs to determine a true cost savings. Therefore, the primary deliverable for this goal is to project the overall cost savings by implementing the Idaho State Innovation Model and compare actual results to the projected savings. The actuarially certified projection creates a cost savings estimate to compare to actual results during the model test period. It contributes to the triple aim by creating financial goals to lower overall costs.

Historical data is projected forward using trend information to determine overall medical costs without implementing the model. Cost-saving assumptions are used to offset additional costs needed to implement the model to determine the overall medical costs with implementation of the model. The difference between the projections is the cost savings. Annually, payers will report summarized costs to compare to the projections to measure progress. Data from Idaho Medicaid, Medicare FFS, Medicare Advantage, and commercial payers will be summarized to calculate the total cost with and without model intervention.

# APPENDICES

## Appendix A – Idaho Healthcare Coalition Appointees

# Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
<b>IHC Leadership</b>				
<b>Ted Epperly, MD President and CEO Family Medicine Residency of Idaho</b>	<i>Dr. Epperly is a nationally-respected healthcare system transformation leader and has led Idaho's efforts in transformation over the past two years during Idaho's model design phase and now will lead our model test as chair of the Idaho Healthcare Coalition.</i>	May 2013-Present	<b>Governor Appointed, Chair, Idaho Healthcare Coalition</b>	<i>Family Medicine Residency of Idaho 777 N. Raymond St. Boise, ID 83704 <a href="mailto:Ted.epperly@fmridaho.org">Ted.epperly@fmridaho.org</a></i>
Denise Chuckovich, Deputy Director, Department of Health and Welfare	Ms. Chuckovich serves as Co-Chair of the IHC and DHW lead on Idaho MTP implementation. As the state agency responsible for MTP implementation. DHW leadership is critical to the success of Idaho's efforts.	September 2012-Present	DHW lead on MTP and IHC co-chair	Department of Health & Welfare 450 W State St., 3 <sup>rd</sup> Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5500 <a href="mailto:ChuckovD@dhw.idaho.gov">ChuckovD@dhw.idaho.gov</a>
<b>State Leadership</b>				
Richard Armstrong, Director, Department of Health & Welfare	Mr. Armstrong is the director of the Idaho Dept. of Health and Welfare and provides critical cabinet level leadership. He has identified the MTP as a high priority IDHW strategic initiative.	September 2012-Present	Mr. Armstrong provides highest level leadership within DHW and Idaho state government officials. He participates in monthly IHC meetings and provides strong liaison relationships with other cabinet members, Governor's Office, legislators.	Department of Health & Welfare 450 W State St., 3 <sup>rd</sup> Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5500 <a href="mailto:ArmstrongR@dhw.idaho.gov">ArmstrongR@dhw.idaho.gov</a>
Scott Carrell, Executive Director, Idaho Health Data Exchange Chair, HIT Work Group	Mr. Carrell represents the Idaho Health Data Exchange which will play a key role in data sharing and analytics in Idaho's MTP.	June 2013-Present	Mr. Carrell represents the Idaho Health Data Exchange, a critical element of Idaho's model test. The IHDE will provide connectivity for PCMHs participating in the model test.	Idaho Health Data Exchange 450 W State St P.O. Box 6978 Boise, ID 83707 <a href="mailto:scarrell@idahohde.org">scarrell@idahohde.org</a>

# Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Ross Edmunds, Behavioral Health Division Administrator, Department of Health and Welfare	Mr. Edmunds is the state Behavioral Health Authority and provides focus on BH integration with primary care.	September 2014 - Present	Mr. Edmunds brings the behavioral health community perspective to the IHC and is leading Idaho's work in BH System transformation.	Behavioral Health Division Department of Health & Welfare 450 W State St., 3 <sup>rd</sup> Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5726 <a href="mailto:EdmundsR@dhw.idaho.gov">EdmundsR@dhw.idaho.gov</a>
Lisa Hettinger, Medicaid Division Administrator, Department of Health and Welfare	Ms. Hettinger represents Idaho's Medicaid program.	May 2014 – Present	Ms. Hettinger represents of Idaho's public payer who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Medicaid Division Department of Health & Welfare 3232 Elder St Boise, ID 83705 208-364-1804 <a href="mailto:HettingL@dhw.idaho.gov">HettingL@dhw.idaho.gov</a>
Nicole McKay, Deputy Attorney General	Represents Idaho's Attorney General	January 2015. Previous DAG in role since 10/13	State Deputy Attorney General provides legal guidance to IDHW and IHC, particularly in the areas of anti-trust, conflict of interest, and contracting.	State Deputy Attorney General Department of Health & Welfare 450 W State St., 10 <sup>th</sup> Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5540 <a href="mailto:McKayN@dhw.idaho.gov">McKayN@dhw.idaho.gov</a>
Tammy Perkins Sr. Special Assistant for Health and Social Svcs Office of the Governor	Ms. Perkins represents the Governor's office on the IHC. Governor Otter has been a strong supporter of healthcare system transformation since he took office in 2007.	June 2013-Present	Represents governor's office, communicates key policy direction from governor, and serves a conduit back to governor re IHC policy recommendations.	Office of the Governor State Capitol P.O. Box 83720 Boise, ID 83720 <a href="mailto:tperkins@gov.idaho.gov">tperkins@gov.idaho.gov</a>

# Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Elke Shaw-Tulloch, Public Health Division Administrator, Department of Health and Welfare	Ms. Tulloch represents the state Health Division within the Dept. of Health and Welfare	August 2013 - Present	Ms. Tulloch represents the state level public health division perspective	Public Health Division Department of Health & Welfare 450 W State St., 4 <sup>th</sup> Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-6996 <a href="mailto:ShawE@dhw.idaho.gov">ShawE@dhw.idaho.gov</a>
Mary Sheridan, Bureau Chief, Bureau of Primary and Rural Health Care, DHW Health Division	Represents state level rural health and primary care office.	September 2012	Ms. Sheridan provides a focus on rural healthcare delivery that is critical to Idaho's model test initiative.	Public Health Division Department of Health & Welfare 450 W State St., 4 <sup>th</sup> Fl. P.O. Box 83720 Boise, ID 83720-0036 208-332-7212 <a href="mailto:SheridaM@dhw.idaho.gov">SheridaM@dhw.idaho.gov</a>
Cynthia York, Program Administrator, Office of Healthcare Policy Initiatives	Provides leadership for the initiative within IDHW.	March 2014	Ms. York is responsible for the day to day operations of the Office of Healthcare Policy Initiatives which will be responsible for Idaho's Model test implementation.	Office of Healthcare Policy Initiatives Department of Health & Welfare 450 W State St., 3 <sup>rd</sup> Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5574 <a href="mailto:YorkC@dhw.idaho.gov">YorkC@dhw.idaho.gov</a>
<b>Legislative Leadership</b>				
Lee Heider, Senator, Idaho Legislature Chair, Senate Health and Welfare Committee	Senator Heider provides legislative perspective and support to Idaho's healthcare transformation plan. He has been an unfailing supporter of the SHIP and instrumental in developing Senate support for the plan.	July 2013-Present	Senator Heider, as chair of the Idaho Senate Health and Welfare Committee, provide senate level leadership and connectivity for Idaho SHIP. He speaks regularly in support of the SHIP in senate hearings, and healthcare discussions.	Idaho Legislature 1631 Richmond Dr. Twin Falls, ID 83301 <a href="mailto:lheider@senate.idaho.gov">lheider@senate.idaho.gov</a>

# Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Fred Wood, MD, Representative Idaho Legislature Chair, House Health and Welfare Committee	Representative Wood provides legislative perspective and support to Idaho's healthcare transformation plan. He has been an unfailing supporter of the SHIP and instrumental in developing House support for the plan. Rep Wood is also a physician, so brings that invaluable perspective to discussions as well.	July 2013-Present	Representative Wood, as chair of the Idaho House Health and Welfare Committee, provide house level leadership and connectivity for Idaho SHIP.	Idaho Legislature P.O. Box 1207 Burley, ID 83318-0828 <a href="mailto:fwood@house.idaho.gov">fwood@house.idaho.gov</a>
<b>Physicians</b>				
Andrew Baron, MD, Medical Director Terry Reilly Health Services  Chair, Quality Work Group  Chair, District 3 Regional Health Collaborative	Dr. Barron is medical director at Terry Reilly Health Services, a FQHC, serving large numbers of uninsured Idahoans.	July 2013-Present	Dr. Barron represents a community health center perspective, serving many low-income and uninsured patients.	Terry Reilly Administrative Office 211 16 <sup>th</sup> Avenue, North Nampa, ID 89687 <a href="mailto:abaron@trhs.org">abaron@trhs.org</a> <a href="mailto:andrew.baron.md@gmail.com">andrew.baron.md@gmail.com</a>
Keith Davis, MD, Independent Physician President, Idaho Medical Association Board of Trustees  Chair, District 5 Regional Health Collaborative	Dr. Davis is an independent family physician practicing in a large rural area. He is the only physician in his county and represents the views of rural physicians.	June 2013-Present	Represents small rural practice perspective. Also in leadership role at Idaho Medical Association.	Shoshone Family Medical Center NCQA Level 3 PCMH 113 S. Apple St. Shoshone, ID 83352 <a href="mailto:docdavis@shashone.net">docdavis@shashone.net</a>

# Idaho Healthcare Coalition (IHC) Appointees

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<p>Scott Dunn, MD, Idaho Academy of Family Physicians</p> <p>Co-Chair, Idaho Medical Home Collaborative</p> <p>Chair, District 1 Regional Health Collaborative</p>	<p>Dr. Dunn is an independent family physician practicing in a small Idaho community.</p>	<p>June 2013-Present</p>	<p>Dr. Dunn represents small rural physician practice that has fully implemented PCMH and achieved NCQA level 3 recognition.</p>	<p>Family Health Center 606 N. 3<sup>rd</sup> Ave. #101 Sandpoint, ID 83864 <a href="mailto:dunn6@juno.com">dunn6@juno.com</a></p>
<p>David Peterman, MD, President Primary Health Co-Chair, Multi-Payer Work Group</p>	<p>Dr. Peterman is a pediatrician and represents a large primary care organization.</p>	<p>June 2013-Present</p>	<p>Dr. Peterman brings the perspective of both a pediatrician and president of an independent multi-clinic family practice.</p>	<p>Primary Health Medical Group 6348 Emerald St. Boise, ID 83704 <a href="mailto:david.peterman@primaryhealth.com">david.peterman@primaryhealth.com</a></p>
<p>Dave Schmitz, MD Family Medicine Residency of Idaho,</p> <p>Chair of Idaho Health Professions Education Council</p>	<p>Dr. Schmitz works with family medicine residents who are practicing in rural Idaho communities.</p>	<p>July 2014-Present</p>	<p>Dr. Schmitz represents Idaho Health Professions Education Council, and Idaho workforce issues.</p>	<p>Family Medicine Residency of Idaho 777 N. Raymond St. Boise, ID 83704-9251 <a href="mailto:dave.schmitz@fmidaho.org">dave.schmitz@fmidaho.org</a></p>
<b>Provider Membership Associations</b>				
<p>Tom Fronk, Executive Director Idaho Primary Care Association</p>	<p>Mr. Fronk represents the membership association for Idaho's 13 community health centers. The CHCs have clinic sites in 40 locations across the state, including many rural communities.</p>	<p>June 2013-Present</p>	<p>Mr. Fronk represents Idaho's 13 CHCs which provide primary care, dental and BH services to 10% of Idaho's population.</p>	<p>Idaho Primary Care Association 1087 W River St, Sui. 160 Boise, ID 83702 <a href="mailto:tfronk@idahopca.org">tfronk@idahopca.org</a></p>

## Idaho Healthcare Coalition (IHC) Appointees

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Deena LaJoie, Idaho Academy of Nutrition & Dietetics	Dieticians will play a critical role in individual and population health.	March 2015 - Present	Ms. LaJoie represents the state's dieticians and can provide the important perspective of the role of diet and nutrition in maintaining personal and population health.	716 N. Troutner Way Boise, ID 83712-7545 208-284-2674 <a href="mailto:deenal@gmail.com">deenal@gmail.com</a>
Susie Pouliot, Chief Executive Officer Idaho Medical Association	Ms. Pouliot represents the Idaho membership association for Idaho physicians.	June 2013-Present	Ms. Pouliot represents Idaho's physician community, including primary care and specialty care.	Idaho Medical Association 305 W. Jefferson St. Boise, ID 83702 <a href="mailto:susie@idmed.org">susie@idmed.org</a>
Neva Santos, Executive Director Idaho Academy of Family Physicians	Ms. Santos represents the Idaho membership association for Idaho family physicians.	June 2013-Present	Ms. Santos represents Idaho's family practice physician community.	Idaho Academy of Family Physicians 777 N. Raymond St. Boise, ID 83704 <a href="mailto:idahoafp@aol.com">idahoafp@aol.com</a>
Larry Tisdale, CFO Idaho Hospital Association	Mr. Tisdale represents the membership association for Idaho's hospitals.	June 2013-Present	Mr. Tisdale represents Idaho's hospitals including large hospital systems as well as many small critical access hospitals.	Idaho Hospital Association 615 N. 7th St. Boise, ID 83702 <a href="mailto:ltisdale@teamiha.org">ltisdale@teamiha.org</a>
Jennifer Wheeler, Idaho Oral Health Alliance (IOHA) (move to provider associations section of plan)	Ms. Wheeler represents the oral health provider community	June 2015-Present	IOHA represents a consortium of oral health providers who bring needed expertise regarding the integration of oral health with physical health	IOHA PO Box 2039 Boise, ID 83701 <a href="mailto:jwheeler@idahooralhealth.org">jwheeler@idahooralhealth.org</a>

## Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
<b>Healthcare Systems</b>				
Mike Dixon, MD, Executive Director, North Idaho Health Network	Dr. Dixon represents a network of physicians in N. Idaho.	June 2013-Present	Dr. Dixon represents views of physician networks.	1250 W. Ironwood Dr. Ste. 201 Coeur d'Alene, ID 83814 <a href="mailto:mdixon@nihn.net">mdixon@nihn.net</a>
Casey Meza, Executive Director, Affiliated Health Services Kootenai Health	Ms. Meza represents a large healthcare system in N. Idaho.	December 2014-Present	Ms. Meza brings the perspective of a large healthcare delivery system in N Idaho.	Kootenai Health 2003 Kootenai Health Way Coeur d'Alene, ID 83814 <a href="mailto:CMeza@kh.org">CMeza@kh.org</a>
Daniel Ordyna, CEO Portneuf Medical Center	Mr. Ordyna represents a large healthcare system in S.E. Idaho.	March 2015 - Present	Mr. Ordyna brings the perspective of a large healthcare delivery system in SE Idaho.	Portneuf Medical Center 777 Hospital Way Pocatello, ID 83201 <a href="mailto:Daniel.ordyna@portmed.org">Daniel.ordyna@portmed.org</a>
David Pate, MD, President and CEO St. Luke's Health System	Dr. Pate represents a large Idaho healthcare system with multiple sites in S. Idaho.	June 2013-Present	Dr. Pate brings the perspective of a large healthcare delivery system in S. Idaho.	St. Luke's Health System 190 E. Bannock St. Boise, ID 83712 <a href="mailto:pated@slhs.org">pated@slhs.org</a>
Robert Polk, MD, Vice President & Chief Quality Officer, St. Alphonsus Health System	Dr. Polk represents a large Idaho healthcare system, with multiple sites in the Boise area.	September 2014-Present	Dr. Polk brings the perspective of a large healthcare delivery system in S. Idaho.	St. Alphonsus Health System 1055 N. Curtis Road Boise, ID 83706 <a href="mailto:irobpolk@sarmc.org">irobpolk@sarmc.org</a>
Janet Willis, Assistance Director, Nursing Education VA Medical Center	Ms. Willis is a RN at the Idaho VA medical Center with particular expertise with the patient centered medical home.	September 2014-Present	Ms. Willis represents the nursing perspective in development of the PCMH and also bring the perspective of the Veterans Administration (VA)	VA Medical Center 500 W. Fort St. Boise, ID 83702 <a href="mailto:Janet.willis@va.gov">Janet.willis@va.gov</a>

# Idaho Healthcare Coalition (IHC) Appointees

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<b>Payers</b>				
Josh Bishop, Vice President & Regional Idaho Director, PacificSource	Mr. Bishop represents a large private payer in Idaho	June 2015-Present  Pacific Source reps have been participating in SHIP discussions since 2013.	Josh Bishop represents one of Idaho's largest private insurers who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	PacificSource 408 E Parkcenter Boulevard, Suite 100 Boise, ID 83706 <a href="mailto:Josh.bishop@pacificsource.com">Josh.bishop@pacificsource.com</a>
Melissa Christian, Vice President, Network Management Regence Blue Shield of Idaho	Ms. Christian represents a large private payer in Idaho.	This payer has been participating in multi-payer discussions in Idaho since 2010.	Ms. Christian represents one of Idaho's largest private insurers who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Regence Blue Shield of Idaho 1211 W. Myrtle St. #110 Boise, ID 83702 <a href="mailto:Melissa.christian@regence.com">Melissa.christian@regence.com</a>
Jeff Crouch, Vice President Provider Services, Blue Cross of Idaho Co-Chair, Multi-payer workgroup	Mr. Crouch represents a large private payer in Idaho.	July 2013-Pesent	Mr. Crouch represents one of Idaho's largest private insurers who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	3000 E. Pine Ave. Meridian, ID 83642 <a href="mailto:jcrouch@bcidaho.com">jcrouch@bcidaho.com</a>
Lisa Hettinger, Medicaid Division Administrator, Department of Health and Welfare	Ms. Hettinger represents Idaho's Medicaid program.	May 2014 – Present	Ms. Hettinger represents of Idaho's public payer who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Medicaid Division Department of Health & Welfare 3232 Elder St Boise, ID 83705 208-364-1804 <a href="mailto:HettingL@dhw.idaho.gov">HettingL@dhw.idaho.gov</a>

# Idaho Healthcare Coalition (IHC) Appointees

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Anne Wilde, JD, Representative Employers Health Coalition of Idaho	Ms. Wilde represents large employers' interests in improving Idaho's healthcare system.	May 2014-Present	Ms. Wilde represents Idaho's large employers whose understanding and support of PCMH and shifting reimbursement models will be critical to payer support of PCMH reimbursement.	Employers Health Coalition of Idaho P.O. Box 6230 Boise, ID 83707-6230 <a href="mailto:annebwilde@gmail.com">annebwilde@gmail.com</a>
<b>Regional Public Health Districts</b>				
Lora Whalen, District Director, Idaho Public Health District 1 (Panhandle)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Panhandle Health, 8500 N Atlas Hayden, Idaho 83835 208-415-5102 <a href="mailto:lwhalen@phd1.idaho.gov">lwhalen@phd1.idaho.gov</a>
Carol Moehrle, District Director, Idaho Public Health District 2 (North Central)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Public Health Idaho North Central 215 10th Street Lewiston, Idaho 83501 208-799-3100 <a href="mailto:cmoehrle@phd2.idaho.gov">cmoehrle@phd2.idaho.gov</a>
Bruce Krosch, District Director, Idaho Public Health District 3 (Southwest)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Southwest District Health, 13307 Miami Lane Caldwell, Idaho 83607 208-455-5315 <a href="mailto:Bruce.Krosch@phd3.idaho.gov">Bruce.Krosch@phd3.idaho.gov</a>
Russell Duke, District Director, Idaho Public Health District 4 (Central)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Central District Health, 707 N. Armstrong Place Boise, Idaho 83704 208-375-5211 <a href="mailto:rduke@cdhd.idaho.gov">rduke@cdhd.idaho.gov</a>

# Idaho Healthcare Coalition (IHC) Appointees

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Rene LeBlanc, District Director, Idaho Public Health District 5 (South Central)	Represents one of Idaho's 7 public health districts.	February 2015- Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	South Central 1020 Washington Street North Twin Falls, Idaho 83301 208-737-5902 <a href="mailto:rleblanc@phd5.idaho.gov">rleblanc@phd5.idaho.gov</a>
Maggie Mann, District Director, Idaho Public Health District 6 (Southeastern)	Represents one of Idaho's 7 public health districts	February 2015- Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Southeastern Idaho Public Health 101 Alvin Ricken Drive Pocatello, Idaho 83201 208-233-9080 <a href="mailto:MMann@siph.idaho.gov">MMann@siph.idaho.gov</a>
Geri Rackow, District Director, Idaho Public Health District 7 (Eastern)	Represents one of Idaho's 7 public health districts	February 2015- Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Eastern Idaho Public Health 1250 Hollipark Drive Idaho Falls, ID 83401 208-533-3163 <a href="mailto:grackow@eiph.idaho.gov">grackow@eiph.idaho.gov</a>
<b>Regional Collaboratives</b>				
Glenn Jefferson, MD, Valley Medical Center	Dr. Jefferson is the chair of the North Central Health Collaborative (PH District 2)	September 2015 - Present	As a voting member of the IHC, appointee will assume the role of a liaison between the IHC and the North Central Health Collaborative, providing expertise to, and soliciting feedback from the IHC in regard to organizing, operationalizing and sustaining the health neighborhood.	Valley Medical Center 2315 8 <sup>th</sup> Street Lewiston, ID 83501 208-746-1383 <a href="mailto:GJefferson@ValleyMedicalCenter.com">GJefferson@ValleyMedicalCenter.com</a>
Kevin Rich, MD, Family Medicine Residency of Idaho	Dr. Rich is the chair of the Central Health Collaborative (PH District 4)	September 2015 - Present	As a voting member of the IHC, appointee will assume the role of a liaison between the IHC and the Central Health Collaborative, providing expertise to, and soliciting feedback from the IHC in regard to organizing, operationalizing and sustaining the health neighborhood.	Family Medicine Residency of Idaho 777 N Raymond Street Boise, ID 83704 <a href="mailto:Kevin.Rich@FMRIdaho.org">Kevin.Rich@FMRIdaho.org</a>

# Idaho Healthcare Coalition (IHC) Appointees

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William Woodhouse, MD, Family Medicine ISU	Dr. Woodhouse is the chair of the Southeastern Health Collaborative (PH District 6)	September 2015 - Present	As a voting member of the IHC, appointee will assume the role of a liaison between the IHC and the Southeastern Health Collaborative, providing expertise to, and soliciting feedback from the IHC in regard to organizing, operationalizing and sustaining the health neighborhood.	465 Memorial Drive Pocatello, ID 83201 <a href="mailto:WDHouse@fmed.ISU.edu">WDHouse@fmed.ISU.edu</a>
Boyd Southwick, MD, Family First Medical Center	Dr. Southwick is the chair of the Eastern Health Collaborative (PH District 7)	September 2015 - Present	As a voting member of the IHC, appointee will assume the role of a liaison between the IHC and the Eastern Health Collaborative, providing expertise to, and soliciting feedback from the IHC in regard to organizing, operationalizing and sustaining the health neighborhood.	Family First Medical Center 3614 Washington Street Idaho Falls, ID 83401 <a href="mailto:BSouthw@FamilyFirstIF.com">BSouthw@FamilyFirstIF.com</a>
<b>Community Stakeholders</b>				
Karen Vauk, President & CEO Idaho Foodbank	Ms. Vauk represents the Idaho Foodbank, and serves on the IHC as a community partner representative.	August 2014- Present	Ms. Vauk represents a key community partner. Food insecurity for low income Idahoans can greatly impact health outcomes.	The Idaho Foodbank 3562 South TK Avenue Boise ID 83705-5278 208-336-9643 ext. 2693 <a href="mailto:kvauk@idahofoodbank.org">kvauk@idahofoodbank.org</a>