



Idaho Healthcare Coalition

Meeting Agenda

Wednesday, May 10, 2017 1:30PM – 4:30PM

JRW Building (Hall of Mirrors)
First Floor, East Conference Room
700 W State Street, Boise, Idaho

Call-In Number: 1-877-820-7831; Participation Code: 302163

Attendee URL: <https://rap.dhw.idaho.gov/meeting/01978552/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=01978552&signin=rap.dhw.idaho.gov%2Fmeeting%2F&stoken=827ccb0eea8a706c4c34a16891f84e7b>

Password: 12345

1:30 p.m.	Opening remarks; roll call; introduce any new members, guests, any new IDHW staff; agenda review; and approval of 4/12/2017 meeting notes – <i>Dr. Ted Epperly, IHC Chair</i> ACTION ITEM
1:40 p.m.	Report Out from ONC TA Session – <i>Burke Jensen, SHIP HIT Project Manager, Joey Vasquez, Sr. Project Manager, Medicaid</i>
1:55 p.m.	Award Year 2 Annual Report to CMMI - <i>Maggie Wolfe, Senior Associate, Mercer</i>
2:15 p.m.	PCMH Learning Collaborative and Cohort Two Update – <i>Grace Chandler, Project Director, SHIP PCMH Transformation Team, Brilljent</i>
2:30 p.m.	Behavioral Health Update - <i>Ross Edmunds, Behavioral Health Administrator, IDHW, Gina Westcott, SW Hub Administrator Director, Division of Behavioral Health, IDHW</i>
3:00 p.m.	Break
3:15 p.m.	Payer Update – methodologies to incentivize quality outcomes – <i>Melissa Christian, Vice President of Provider Services for Idaho</i>
3:35 p.m.	vPCMH update – <i>Madeline Russell, SHIP RC Project Manager, IDHW</i>
3:40 p.m.	IHDE Update – <i>Julie Lineberger, IHDE Interim Executive Director</i>
3:55 p.m.	SHIP Operations and Advisory Group reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup reports): <ul style="list-style-type: none">• Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, IDHW</i>• Regional Collaboratives Update – <i>Mary Sheridan, IDHW</i>• Telehealth, Community EMS, Community Health Workers – <i>Mary Sheridan, IDHW</i>• Health IT Workgroup – <i>Janica Hardin, Saint Alphonsus, Workgroup Chair</i>• Clinical Quality Measure Workgroup – <i>Dr. Andrew Baron, Terry Reilly Clinics, Dr. Christine Hahn, Division of Public Health, IDHW, Workgroup Chairs</i>• Multi-Payer Workgroup – <i>Dr. David Peterman, Primary Health and Josh Bishop, PacificSource, Workgroup Chairs</i>• Behavioral Health/Primary Care Integration Workgroup – <i>Ross Edmunds, IDHW, Workgroup Co-Chair</i>• Population Health Workgroup – <i>Elke Shaw-Tulloch, IDHW, Workgroup Chair, Lora Whalen Workgroup Co-Chair</i>• IMHC Workgroup – <i>Dr. Scott Dunn, Family Health Center, IMHC Workgroup Chair</i>
4:05 p.m.	Additional business & next steps – <i>Dr. Ted Epperly, IHC Chair</i>
4:15 p.m.	Adjourn

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).

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

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

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

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

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

Goal 7: Reduce overall healthcare costs



Idaho Healthcare Coalition (IHC)
May 10, 2017
Action Items

■ Action Item 1 – Minutes

IHC members will be asked to adopt the minutes from the last IHC meeting:

Motion: I, _____ move to accept the minutes of the April 12, 2017, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC April Minutes

DATE: April 12, 2017

ATTENDEES: Dr. Andrew Baron, Josh Bishop, Kathy Brashear, Russell Duke, Ross Edmunds, Dr. Ted Epperly, Amy Mart on behalf of Katherine Hansen, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Carol Moehrle, Sandy Stevenson on behalf of Dr. David Pate, Susie Pouliot, Dr. Kevin Rich, Kevin Nielsen on behalf of Dr. Rhonda Robinson Beale, Elke Shaw-Tulloch, Larry Tisdale, Lora Whalen, George Gutierrez on behalf of Matt Wimmer, Cynthia York, Nikole Zogg

Teleconference: Michelle Anderson, Pam Catt-Oliason, Dr. Keith Davis, Dr. Scott Dunn, Rene LeBlanc, Dr. David Peterman, Geri Rackow, Neva Santos, Karen Vauk

Members Absent: Director Richard Armstrong, Melissa Christian, Janica Hardin, Senator Lee Heider, Dr. Glenn Jefferson, Dr. James Lederer, Maggie Mann, Nicole McKay, Casey Meza, Daniel Ordyna, Mary Sheridan, Dr. Boyd Southwick, Representative Fred Wood, Dr. Bill Woodhouse

IDHW Staff Emily Bennett, Jeff Crouch, Wayne Denny, Tara Fouts, Adiya Jaffari, Taylor Kaserman, Casey Moyer, Madeline Russell, Kym Schreiber, Stacey St. Amand, Joey Vasquez, Molly Volk, Ann Watkins

Guests: Dr. Richard Bell, Jenni Blendu, Elwood Cleaver, Katie Falls, Hilary Klarc, Julie Lineberger, Janice Lung, Gina Pannell, Janet Reis, Linda Rowe, Corey Surber, Norm Varin, Shenghan Xu

STATUS: Draft (5/09/2017)

LOCATION: 700 W State Street, 1st Floor East Conference Room

Summary of Motions/Decisions:

Motion:

Carol Moehrle moved that the Idaho Healthcare Coalition recommend the governor appoint Dr. Richard Bell to the IHC.
Susie Pouliot seconded the motion.

Outcome:

PASSED

Kathy Brashear moved to accept the minutes of the March 08, 2017 Idaho Healthcare Coalition (IHC) meeting as prepared.
Deena LaJoie seconded the motion.

PASSED

Elke Shaw-Tulloch moved to support the creation of the Data Quality Workgroup (DQW) with its proposed membership structure. The group was directed to create its charter. The new workgroup replaces the Health Information Technology (HIT) and Clinical Quality Measures (CQM) Workgroups.
Dr. Kevin Rich seconded the motion.

PASSED

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes – Dr. Ted Epperly, IHC Chair

- ◆ Dr. Epperly welcomed everyone to the meeting, went over the agenda items, and opened with this quote, “Genius is one percent inspiration, ninety-nine percent perspiration.” Thomas Edison. Dr. Epperly had Dr. Richard Bell and Michelle Anderson introduce themselves and give brief backgrounds.
- ◆ Michelle Anderson has her doctorate in nursing practice and currently works for Pend Oreille Health Experience Care; she has had considerable experience in nursing and is looking forward to participating on the IHC. Dr. Richard Bell is a physician with Family Health Associates in Coeur d’Alene; he is also the new co-chair for the Panhandle Health District’s Regional Collaborative.

CMMI SIM Model Test Update – Dr. Stephen Cha, Director, State Innovations Group and Chris Crider, SIM Project Officer for Idaho

- ◆ Dr. Stephen Cha spoke about the CMMI SIM Model Test Initiative and how these models are doing nationwide. He talked specifically about how Idaho is doing in comparison to other SIM states and said Idaho is making amazing progress in comparison to where it started and where it’s going. He said there are still some struggles but the amount of change, progress, and improvement being made by the state is remarkable. Idaho is often used as a model for other states and shows the opportunity other states have to make a dramatic difference in their states.
- ◆ Dr. Cha discussed what is currently happening at the federal level given the change in administrations; there are three key things going on now 1) all SIM dollars have been released and are still proceeding, 2) the new administration is focusing on the key theme that there is a need for a change in healthcare, and 3) this change will include further changes that are still unknown.
- ◆ Following his presentation Dr. Cha answered questions from IHC members. Regarding his thoughts on Medicare participation in Idaho, Dr. Cha commented that clearance for these programs needs to happen proactively. These programs are new models with more questions about how the new administration will approach these new models. Change requests for Medicare take approximately 9 to 12 months to execute since it is a national program. There isn’t

any knowledge that the SIM office is a part of the cuts being made by the new administration; if this changes the SIM office will be notified.

- ◆ Dr. Epperly thanked Dr. Cha for his participation and noted that he is welcome anytime.

Mercer Update – *Katie Falls, Mercer*

- ◆ Katie Falls presented the updated SHIP dashboard to the IHC. The dashboard reflects the annual and quarterly measures for Award Year Two. Ms. Falls walked through each of the goal measures and explained progress the measures have made and what direction they are moving in.
- ◆ Casey Moyer mentioned that a lot of these numbers are lower than their targets because of the time the data was pulled. The information on the Dashboard reflects activities leading up to January 31, 2017. Also, Goal Four has several projects that are underway but are not fully represented on the dashboard as they are not at full capacity yet. Goal Two and Five's biggest struggles are getting the data to IHDE and then onto HTS.
- ◆ Dr. Epperly mentioned that we are making progress and that we've come a long way from where Idaho started with this project.

Post Provider Follow-up – *Cynthia York, IDHW, SHIP Administrator*

- ◆ Katie Falls presented the themes that were discussed at the March IHC Provider Panel: supporting transformation, incentivizing transformation, data issues, and considerations for the future.
- ◆ Cynthia York presented the lessons learned and the follow up being done by the SHIP team in response to the comments and concerns expressed by the provider panel at the March IHC meeting.
- ◆ SHIP appreciates the input provided by the panel and feedback provided by the IHC.

Blue Sky Discussion/Sustainability – *Dr. Ted Epperly, IHC Chair and Lisa Hettinger, IHC Co-Chair and IDHW Deputy Director*

- ◆ Dr. Epperly invited the IHC to participate in an open discussion about the sustainability of SHIP beyond the four-year grant, what this would look like, and what people would need to carry transformation forward. Lisa Hettinger mentioned that the Regional Collaboratives have been doing a lot of work with regard to sustainability and would like this discussion to start at the IHC level outside of the Regional Collaboration participation. Dr. Baron said that the Southwest District Health Regional Collaborative discussed this last week and their members are committed to continuing their work past the SHIP grant. He said they realize how important the work being done is and are willing to continue without the support of the grant. He also said that to make this sustainable there needs to be a new payment method, but also there is a need to establish tangible values of the program.
- ◆ Dr. Epperly commented that it's all about the flow of money and asked if it's not financed how does it get done? How do we sustain the funding? IHC members suggested several ways to address these issues including: flexible spending from the provider perspective to cover CHW costs and other out of the box care providers; having a steady and reliable workforce; moving away from treating and managing illnesses but instead preventative actions; along with several other suggestions regarding sustainability and how to show value in the model.
- ◆ Dr. Epperly and Lisa Hettinger wrapped up the conversation commenting that sustainability will be a key topic at the June Regional Collaborative Summit.

PacificSource Update – *Hilary Klarc, Director of Provider Network, PacificSource Health Plans*

- ◆ Hilary Klarc introduced herself and gave a quick background on her work at PacificSource Health Plans. PacificSource has been in Idaho for ten years and Ms. Klarc has worked for PacificSource Idaho for that entire time. The top strategic pillar at PacificSource is investing in their provider partnerships and trying to build a collaborative type of care model.
- ◆ PacificSource has various payment models with providers that are fee-for-service or pay-for-performance; shared savings, shared risk; and full risk with providers. They are also aligning their product portfolios so that the payment methodologies and value-based reimbursement are more aligned with product designs that are guiding PacificSource's members to providers that are delivering high quality care, and are being paid accordingly. PacificSource has a couple of products in the market especially in Southwest Idaho that center around St. Luke's and Saint Alphonsus and their networks. This has given PacificSource an opportunity to work with the hospitals to get better discounts and pay for better infrastructure and shared savings so that there is incentive for providers and hospitals to change. The highest

performance seen has been from medical homes. The challenge is that PacificSource doesn't have the same rate of membership going to just one clinic within these homes.

- ◆ Ms. Klarc discussed how PacificSource is always trying to listen to provide support to the different resources that are needed within medical homes to support the PacificSource population. There have been lessons learned over the years to invest in ideas or initiatives where resources were being spent elsewhere rather than on the PacificSource population focused on moving to a valued-based payment model. PacificSource is working to ensure that their resources are going to help their patients. The largest growth opportunities PacificSource has seen in value-based reimbursement have come from leveraging the coordinated care models, getting better discounts from hospitals, and guiding PacificSource members to providers who are working with PacificSource. PacificSource is committed to looking at programs that help providers and has created their own quality programs that are designed to integrate workflow for providers.
- ◆ Ms. Klarc welcomed questions from IHC members regarding the payment methodologies of PacificSource. Members asked questions about where PacificSource is going with integrated healthcare. PacificSource is intent on trying to grow toward a value-based product. PacificSource is aiming to encourage employers to purchase these insurance plans. The quality measures being looked at by PacificSource align with national measures from HEDIS.
- ◆ IHC members asked if, with the new model, the usual 15-16 percent of every dollar taken by payers would go back into healthcare. Ms. Klarc responded that it is a possibility and there have been discussions but that it hasn't been done yet.

Data Governance Workgroup Charter – *Dr. Andrew Baron, CQM Chair and Janice Hardin, HIT Co-Chair*

- ◆ Dr. Baron discussed the formation of the Data Quality Workgroup and that it is an effort to combine the HIT and CQM Workgroups into one so that work can be done more quickly and efficiently. He provided IHC members with a brief overview of why the group is being created, what the establishment of the group would entail, along with membership requirements. He also reiterated that the CQM and HIT Workgroups would be dissolved.
- ◆ Casey Moyer provided further details on the background of this workgroup and its development stemming from an ONC technical assistance site visit by Dr. Craig Jones.

IHDE Update – *Julie Lineberger, IHDE Interim Executive Director*

- ◆ Julie Lineberger provided a brief update on the current status of Cohort One and Two clinics' connections with IHDE. Of the 26 clinics that are connected from Cohort One, 11 of the 30 organizations represented are connected. 20 of 56 clinics are connected from Cohort Two, 8 of the 29 organizations represented are connected. Ms. Lineberger provided additional details on the connection statuses of clinics that have recently been connected or that are still on hold. There are 76 interfaces that IHDE was charged with building for Cohort One, 36 of which are complete

Timeline and Next Steps – *Dr. Ted Epperly, IHC Chair*

- ◆ Dr. Epperly thanked everyone for their participation and asked if members and any final thoughts.
- ◆ Ross Edmunds talked about meeting with Dr. Miller last week and possibly moving forward with BHI; more updates to come.

There being no further business Chairman adjourned the meeting at **4:15pm**



Statewide **Healthcare
Innovation** Plan

Award Year 2 Annual Report
Presentation to the IHC, May 10, 2017

CMMI Annual Reporting Overview



- The annual report describes Idaho's progress towards achieving its SHIP goals.
- The report summarizes major accomplishments, milestones, measurable outcomes achieved and any challenges, barriers or delays.





Award Year 2 Summary

Levels of Activity Across All Project Goals

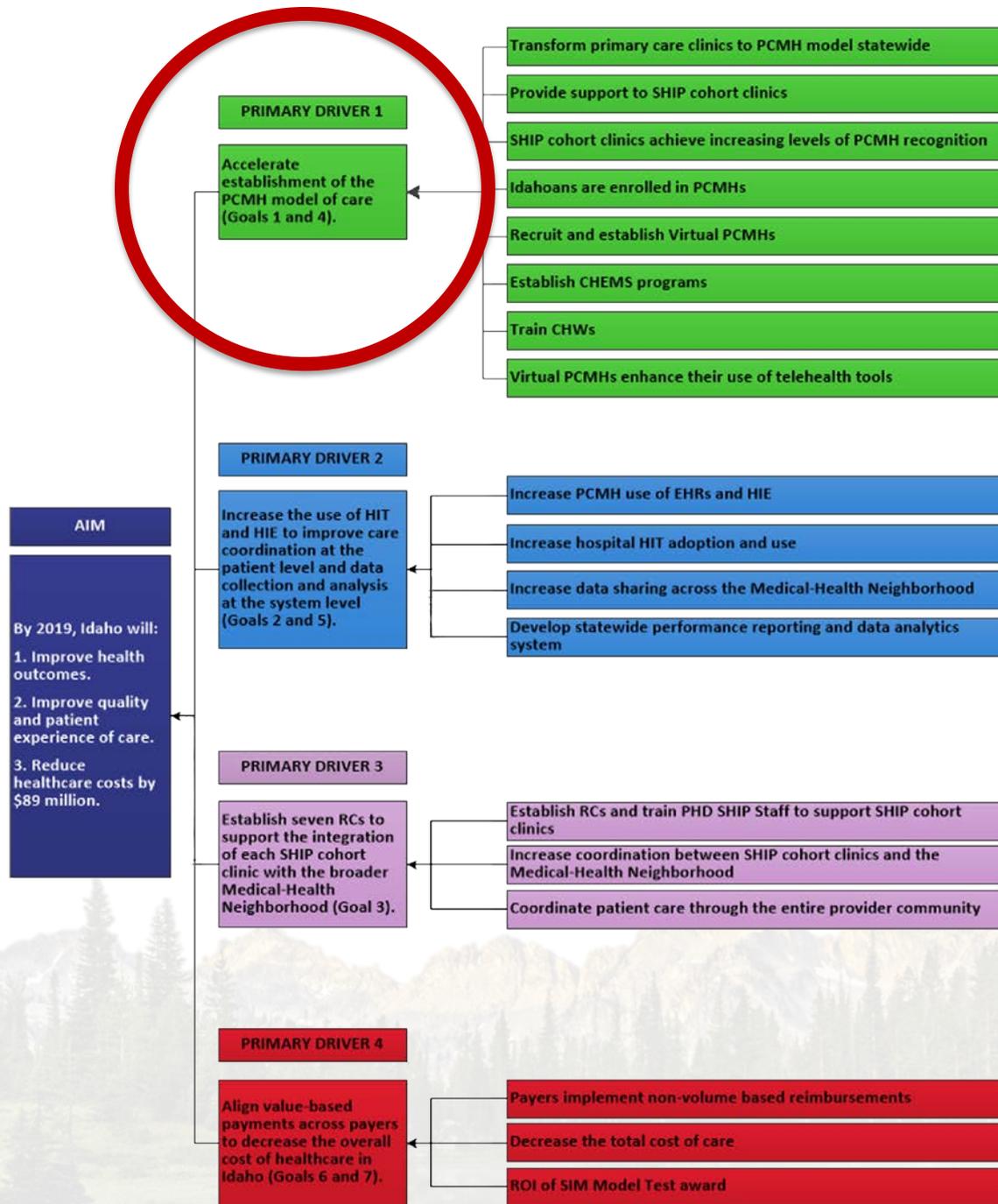




Statewide **Healthcare
Innovation** Plan

Summary of Award Year 2
Milestones Achieved







Goal 1

SHIP clinics progressed in changing how care is delivered in Idaho

All Cohort One clinics met or exceeded technical assistance benchmarks (55)

All Cohort One clinics received and retained a \$10,000 reimbursement payment (55)

60% of Cohort One clinics submitted PCMH accreditation documentation and received a \$5,000 payment

81 practices submitted an interest survey to participate in Cohort Two

- An effective PCMH coaching model was implemented and continuously improved upon.
- Clinics committed to coaching and practice transformation.
- 4 clinics became accredited during their Cohort year, 3 clinics increased their NCQA accreditation level during their Cohort year.
- PHD SHIP staff were trained and began supporting clinics in their region.
- The Idaho State Board of Medicine and the Idaho Department of Labor collaborated on a study to better understand the physician workforce in Idaho.
- The Bureau of Rural Health's Primary Care Needs Assessment was published.



Goal 4

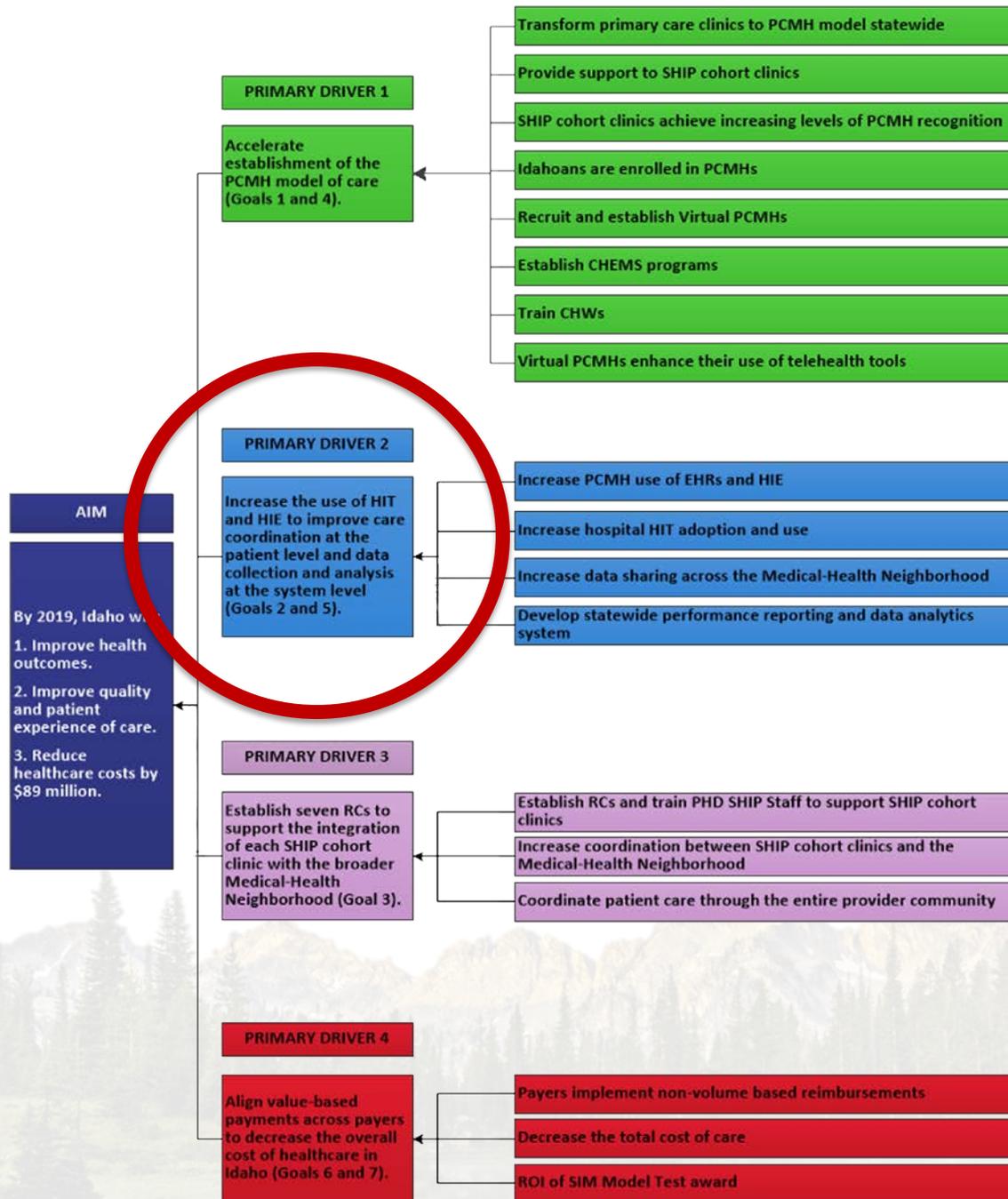
Idaho developed critical infrastructure for Virtual PCMHs

Established policies and structure of Virtual PCMH program

Established in-state training for CHEMS and CHWs

Trained CHWs and CHEMS personnel

- Developed a telehealth expansion and implementation plan.
- Procured contractors to develop curriculum and provide training for CHWs and CHEMS personnel.
- Learned about models of CHW utilization in their respective organizations, with an emphasis on measures and evaluation processes.
- SHIP sponsored a technical assistance training program for EMS agency administrators from new CHEMS programs.
- Finalized Virtual PCMH designation criteria and developed Virtual PCMH grant program.
- Developed telehealth grant program and procured a telehealth contractor to support SHIP clinics in implementing telehealth.
- Developed educational series of six webinars to support successful telehealth program development and implementation in the PCMH.





Goal 2

Idaho increased EHR and HIE inter-connectivity to drive clinical quality improvement

Nine of 55 Cohort One clinics are fully connected to IHDE

Many clinics will receive their initial clinical quality measure report this grant year

- IDHW and its partners implemented a significant planning and operational lift to begin connecting cohort 1 clinics to IHDE.
- SHIP coordinated with other HIT initiatives to leverage and align resources.
- The State of Idaho began the process of updating its statewide HIT plan.





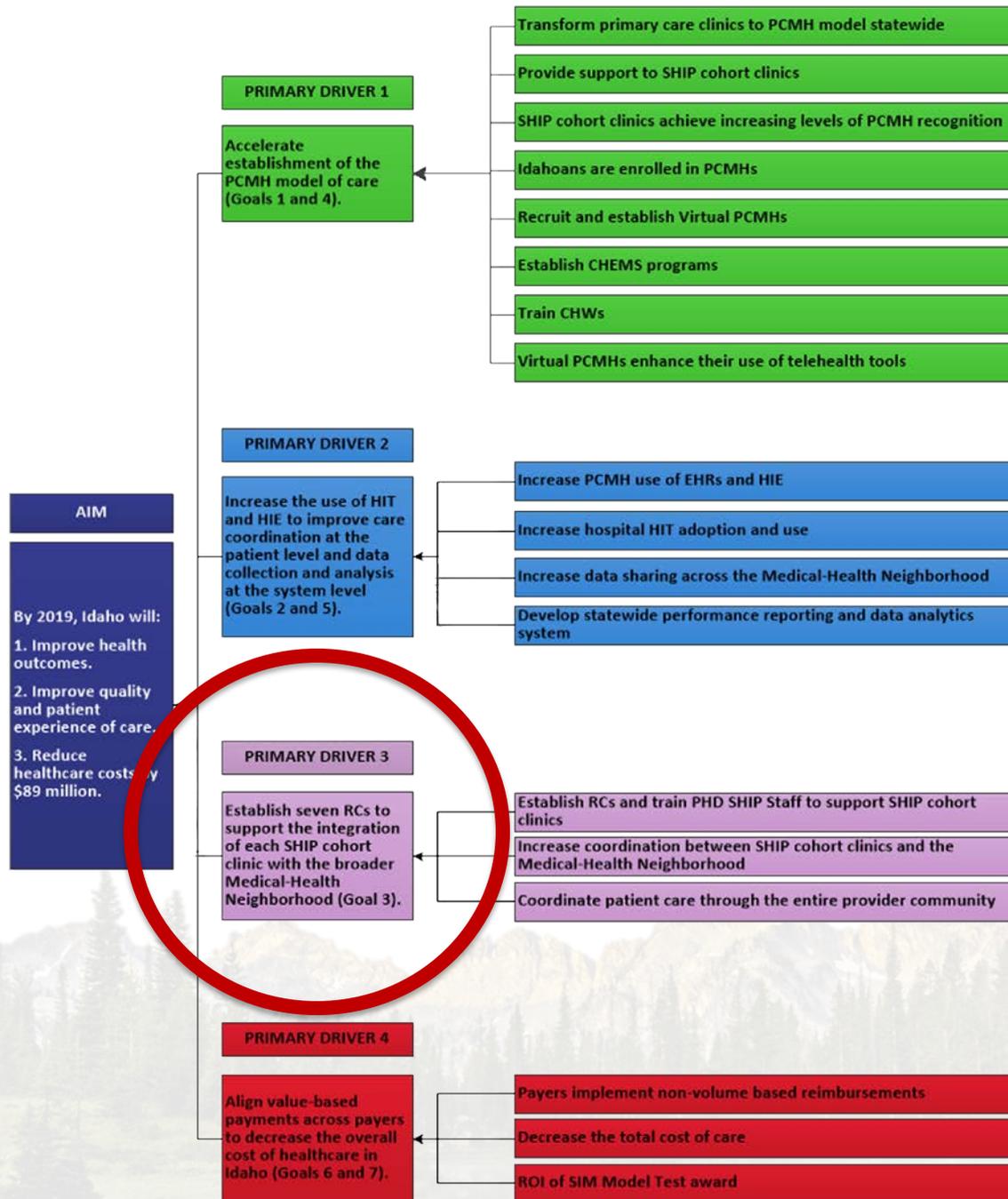
Goal 5

Idaho operationalized a statewide data analytics system and began data “push” and “pull” with clinics

Stakeholders finalized the first four clinical quality measures

Idaho finalized the data transport mechanisms between clinics and IHDE and between IHDE and HealthTech Solutions

- IDHW and its partners collaborated to operationalize the data reporting pathway, including working through privacy and security issues.
- HealthTech operationalized key data hosting, data transfer, analytics, testing and data display functions.
- IDHW, its partners, and SHIP clinics worked through data collection issues.





Goal 3

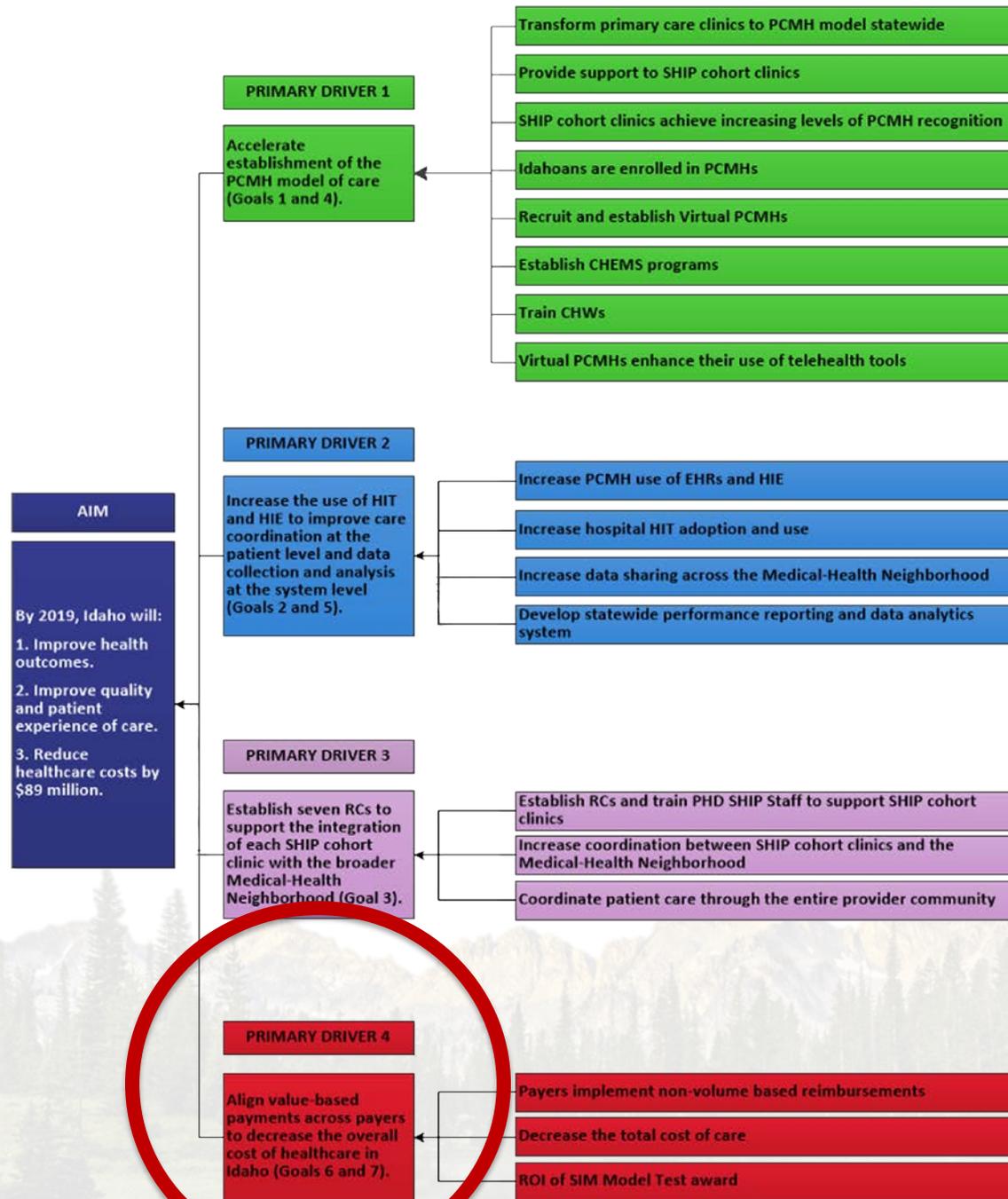
Operational RCs in all seven regions planned regional strategic initiatives

Established RCs in all seven regions

SHIP cohort clinics received assistance through regional SHIP PHD team

Regions are working to ensure patients health needs are coordinated across their local Medical-Health Neighborhood

- RCs developed strategic plans that describe the RC's roles and responsibilities in:
 - Regional quality improvement health initiatives and issues, the PCMH transformation process, and growth and development of local MHNs.
- An RC Summit was held.
- IDHW awarded four RC grants to help operationalize RC strategic goals.
- Recruited and trained PHD SHIP staff to lay the foundation to support PCMH transformation of SHIP cohort clinics.
 - Training consisted of self-study materials, webinars, learning collaboratives, and monthly coaching sessions. PHD SHIP Managers attended an NCQA PCMH Congress.
- Defined the Medical-Health Neighborhood.





Goal 6

Payers continued their active participation in moving to value-based payments

Multi-Payer Workgroup developed an alternative payment model framework

Payers reported membership and expense data by calendar year across their lines of business

Medicaid released draft plans for 2018 payment reform

- SHIP continued to seek alignment between Goals 1 – 6 to lower the cost of care in Idaho.
- SHIP supported integration among IDHW divisions to address:
 - Medicaid payment alignment with SHIP goals.
 - Collaboration with the Medicaid Healthy Connections program.
 - The integration of behavioral health in the PCMH model.
 - The symmetry of population health measures (e.g., Get Healthy Idaho) with SHIP goals.



Goal 7

Integration of all project areas will move Idaho towards more affordable care

Payers submitted data for analysis which will be released following the second quarter

- Payers continued their voluntary collaboration with SHIP.
- Mercer analyzed the data to create a SHIP baseline using calendar year 2015 data.
- Payers continued to implement alternatives to FFS payment models that fit within their organization's goals and are most effective for their beneficiaries and providers.

Idaho PCMH Transformation Update

Idaho Healthcare Coalition Meeting
May 10, 2017

Grace Chandler
Nancy Jaeckels Kamp

PCMH Transformation Update

- Clinics – Where We Are Now....
- Training and Technical Assistance
- PCMH Team Update

CLINICS – WHERE WE ARE NOW.....

Cohort 2 Clinics

- PCMH Transformation Plans – clinics have met with their PCMH Coaches and have started their plans
- 56 clinics submitted budget templates to SHIP and are approved to receive a PCMH reimbursement payment of up to \$10,000
- Reimbursement payment #2 for PCMH recognition – 7 clinics have submitted for this up to \$5,000 payment

Cohort 1 Clinics

- 37 clinics in Cohort 1 now have achieved PCMH recognition

PCMH TRAINING AND TECHNICAL ASSISTANCE FOR COHORT 2 CLINICS

- **Webinars – 6 content-specific webinars every other month**
- **Clinic site visits / coaching calls - April, May, June - clinic staff, PHD SHIP QI staff, and PCMH Coach**
(Medicaid Healthy Connections staff invited to attend site visits)
- **Learning Session – at PHD SHIP QI staff - June 27 (am)**
- **Learning Collaborative - Clinic teams and PHD SHIP QI staff – June 27 (pm) and 28 (am)**

LEARNING COLLABORATIVE SPONSORS

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PCMH TEAM UPDATE

- Team incorporated feedback from evaluations and provider panel interviews held in an IHC meeting
 - PCMH Coaches conducting site visits earlier in year
- Coaching divided by region
- PCMH Coach - transition
 - Dr. Pat Dennehy transitioned off the project – end of April
 - Dr. Tom Denberg – replaced Pat as PCMH Coach
 - General internal medicine primary care provider
 - Background in quality improvement, health services research, and PCMH redesign

Thank you!
Questions/Comments?

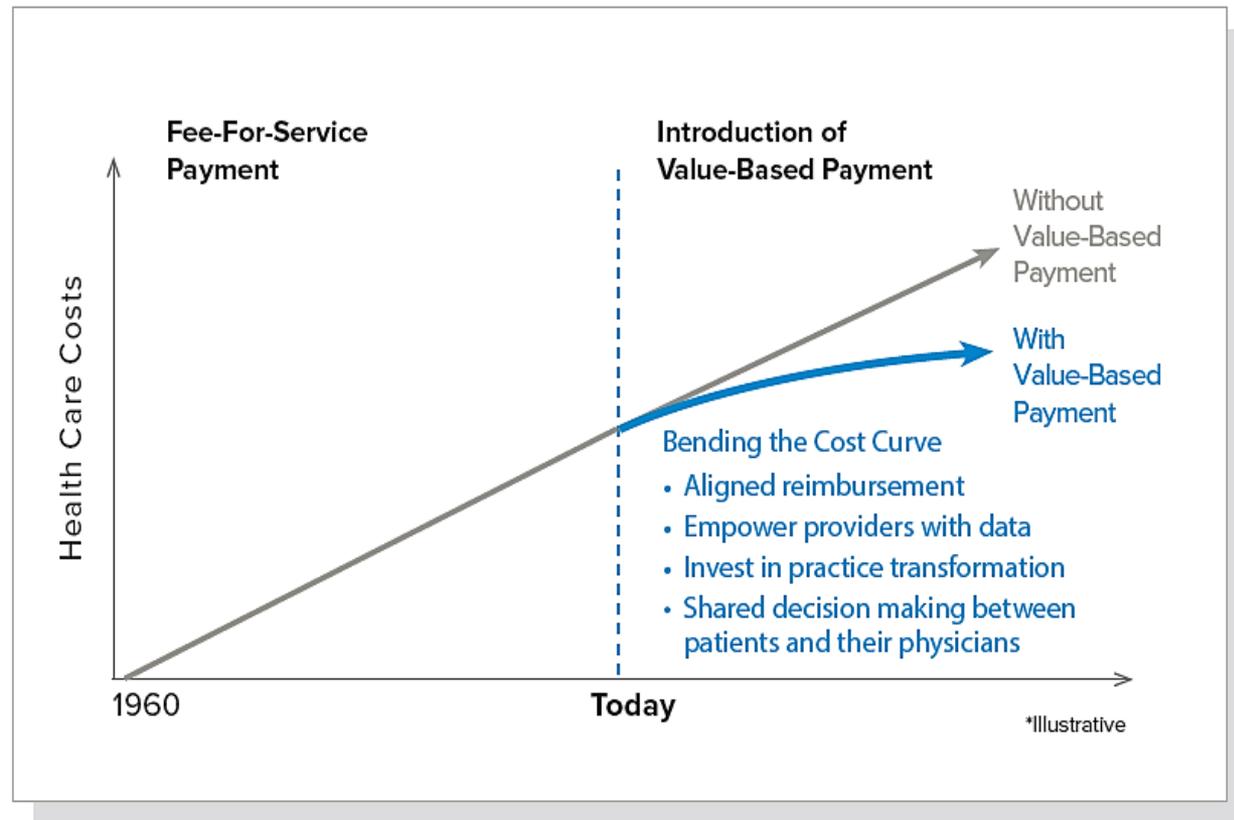


VALUE-BASED NETWORKS

Fee for **volume**



Fee for **value**



Melissa Christian, Vice President
Network Management

HOSPITALS: Pay for *Improved Performance*

- ▶ Three-Year Program
- ▶ CMS Safety and Patient Satisfaction Measures
- ▶ Year One: Minimum Increase
- ▶ Years 2 & 3: increase in reimbursement tied to improved performance

= Network Stability

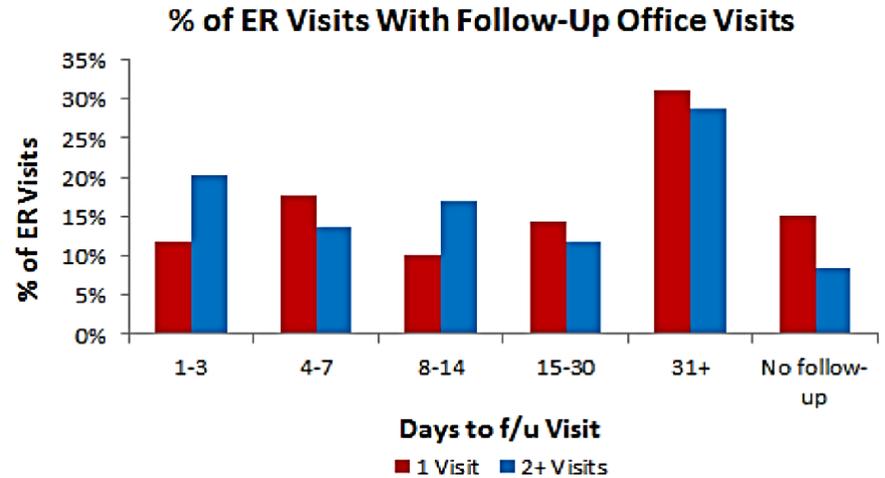
= Budget Control

PHYSICIANS: Total Cost of Care

- PPO Network
- **Shares claims data & provides analytic support for unmatched transparency**
- Challenges physicians as medical managers to beat cost trend of the market = shared savings for medical group
- Sets quality targets
- Shared savings payout tied to quality performance, which often evolves to risk-based reimbursement

IDENTIFY COST DRIVERS = ACTIONABLE ITEMS

	# of Members	Medical PMPM
No ER Visits	1,605	\$239
1 ER Visit	119	\$971
2+ ER Visits	24	\$3,766
Total	1,748	\$363

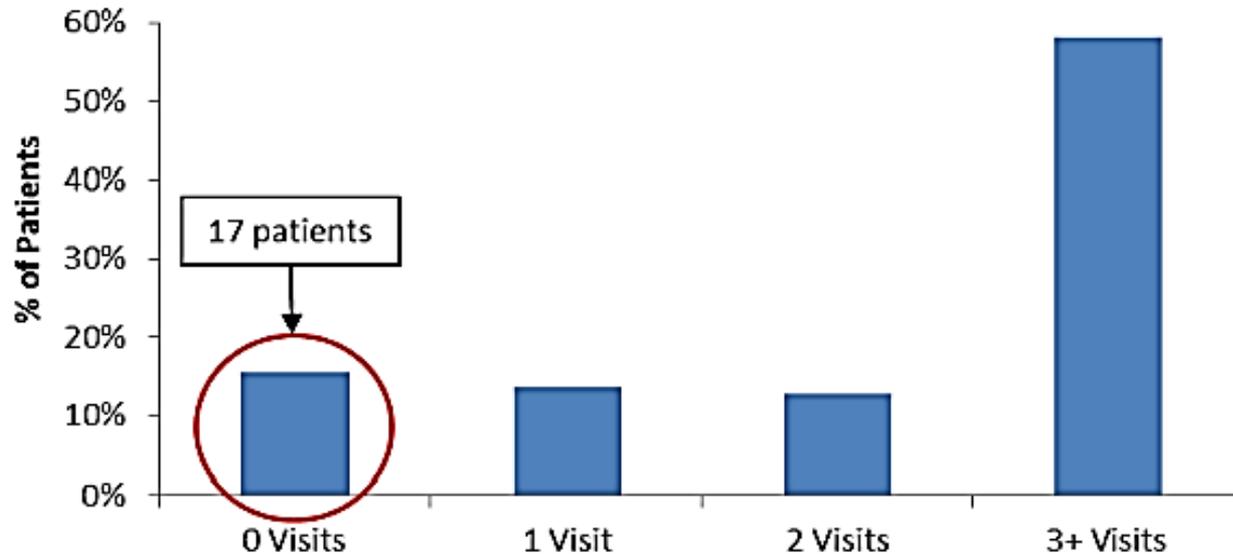


2+ ER Visits	24	\$3,766
Total	1,748	\$363

IDENTIFY CARE GAPS = ACTIONABLE ITEMS

Regence analysis reviews utilization trends. Note 15% of the insulin-dependent diabetics in this population have not had any physician visit in a 12-month period.

of Follow-Up Visits for Patients Prescribed an Insulin Analog



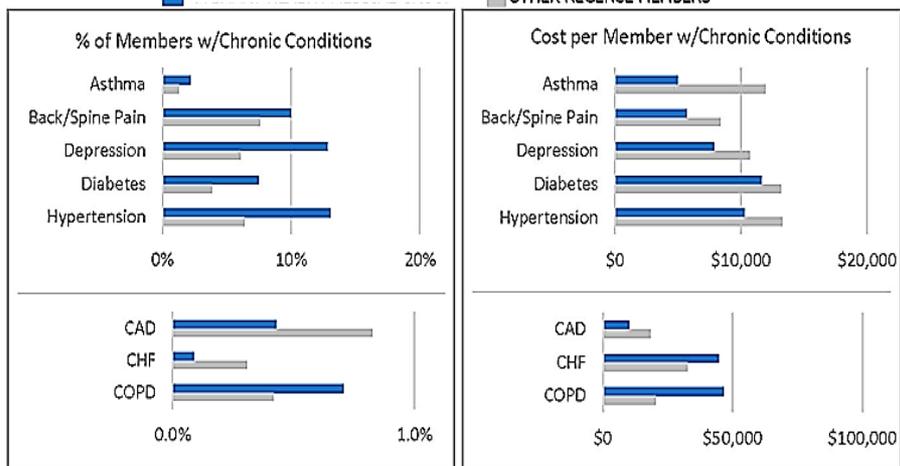
15% of 110 patients using an insulin analog did not have a follow-up visit in this calendar year.

CHRONIC CONDITIONS MANAGEMENT

TCC Commercial

8/17/2016

Chronic Condition Summary



Cost per patient by condition

Condition	Members	Cost per Member	Comparison Cost	Cost Difference	Opportunity
Asthma	26	\$4,991	\$11,943	-\$6,952 ▾	
Back/Spine	116	\$5,705	\$8,409	-\$2,704 ▾	
Depression	151	\$7,868	\$10,720	-\$2,852 ▾	
Diabetes	88	\$11,617	\$13,150	-\$1,533 ▾	
Hypertension	154	\$10,312	\$13,291	-\$2,978 ▾	
CAD	5	\$10,193	\$18,505	-\$8,312 ▾	
CHF	1	\$44,676	\$32,591	\$12,085 ▲	\$12,085
COPD	8	\$46,525	\$20,420	\$26,105 ▲	\$208,841

Cost and utilization per patient by type of service

Condition	Inpatient	Outpatient	Professional	Ancillary	Pharmacy	Inpatient V/K	ER V/K	PCP V/K
Asthma	\$1,933 ▾	\$612 ▾	\$1,669 ▾	\$23 ▾	\$753 ▾	81 ▾	111 ▾	4,081
Back/Spine	\$422 ▾	\$1,407 ▾	\$2,241 ▾	\$466 ▾	\$1,169 ▾	35 ▾	219	3,035
Depression	\$1,738	\$2,017	\$2,004 ▾	\$523 ▾	\$1,585 ▾	145 ▲	305	3,148
Diabetes	\$2,853	\$2,136 ▾	\$2,307	\$902 ▾	\$3,418 ▾	178 ▲	344 ▲	3,998 ▲
Hypertension	\$1,669 ▾	\$2,450 ▾	\$2,063 ▾	\$2,733 ▲	\$1,397 ▾	74 ▾	299	4,046 ▲
CAD	\$0 ▾	\$8,198 ▲	\$1,527 ▾	\$166 ▾	\$302 ▾	0 ▾	414 ▲	3,517 ▲
CHF	\$14,017	\$9,028 ▲	\$5,959 ▲	\$911 ▾	\$14,760 ▲	1000 ▲	1,000 ▲	9,000 ▲
COPD	\$19,240 ▲	\$5,614 ▲	\$5,183 ▲	\$4,748 ▲	\$11,740 ▲	1000 ▲	750 ▲	6,666 ▲

03/2015-02/2016 data for members attributed as of May 2016

- ▶ Member cost = total yearly cost per member with each condition and may not be specific to the condition
- ▶ Comparison cost = yearly cost per member for the comparative population, OTHER REGENCE MEMBERS
- ▶ ▲ denotes variance from comparative population > 20%; ▾ denotes variance from comparative population < (20%)
- ▶ 'Cost' is yearly cost per member, 'V/K' is utilization per 1,000 members and is not risk-adjusted

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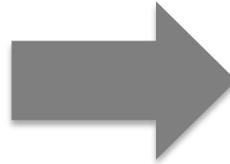
TCC RESULT



TCC EVOLUTION

2015 successfully lowered cost and improved quality for participants

- \$20 pmpm reduction in cost of care
- 15% better management of chronic conditions
- 8% fewer avoidable ER visits



2017 TCC Expansion

- Added Comm Healthcare Center Network
- Co pay differential for TCC providers
- Continued data transparency and analytic support

2018 = Accountable Health Network



Designated Virtual PCMH Clinics

- Region 1 Sandpoint Family Health Center
- Region 2 Orofino Health Center
St. Mary's Cottonwood Clinic
St. Mary's Kamiah Clinic
Valley Medical Center
- Region 5 Shoshone Family Health Center

Idaho Healthcare Coalition

May 10, 2017



Julie Lineberger, Interim Executive Director

Organizations with Bidirectional Connections by end of May

Cohort 1

- 28 of 53 Clinics connected
- 12 of 28 Organizations connected
- 37 of 70 Interfaces complete

Complete through end of May

- Adams County Health Center (1 Clinic)
- Complete Family Care (1 Clinic)
- Family Health Center (1 Clinic)
- Family Health Services (2 Clinics)
- Family Medicine Health Center (FMRI) (3 Clinics)
- Heritage Health (3 Clinics)
- Kaniksu Health Services (2 Clinics)
- Primary Health Medical Group (5 Clinics)
- St. Luke's (3 Clinics)
- Saint Alphonsus (4 Clinics)

To be complete by end of May

- Valley Family Health Care (1 Clinic)
- Valley Medical Center (1 Clinic + remaining Healthy Connection Clinics)

Cohort 2

- 20 of 56 Clinics connected
- 9 of 29 Organizations connected
- 60+ Additional Health Connection Clinics connected

April 2017

- Coeur d'Alene Pediatrics (3 Clinics)
- Family Medicine Health Center (FMRI) (3 Clinics)
- Family Health Services (1 Clinic + 5 Healthy Connection Clinics)
- Heritage Health (1 Clinic)
- Kaniksu Health Services (2 Clinics)
- Primary Health Medical Group (4 Clinics + 8 Healthy Connection)
- St. Luke's (2 Clinics + 47 Healthy Connection Clinics)
- St. Al's (5 Clinics + remaining Healthy Connection Clinics)

May 2017

- Valley Family Health Care (2 Clinics + remaining Healthy Connection Clinics)

Cohort 1 & 2 – Project Strategy - Outreach

Group	Grouping Reasoning	Approach	Participants
Group 1	<ul style="list-style-type: none"> Participants require PA to be signed/approved New EMR Vendors to IHDE 	<ul style="list-style-type: none"> Welcome email w/PA & BAA sent by Marketing Discovery/EMR email w/RA & PQ sent following PA welcome email Scheduling of discovery call w/EMR vendor within 2-3 weeks of discovery email requested Scheduling of RA call w/participant anticipated within 2 weeks of discovery call <p>Goal: Streamline process of obtaining information (concurrent to PA request) and prepare for interface connectivity/builds in order to reduce timeline and engage EMR vendor and participants early on in the process to alleviate concerns and answer questions. Note: No builds will take place until PA and RA are approved.</p>	<ul style="list-style-type: none"> All Seasons Bear Lake Community Health Centers Children & Family Clinic Physicians Immediate Care Center Southfork HealthCare
Group 2	<ul style="list-style-type: none"> Participants require PA to be signed/approved EMR Vendor familiar to IHDE 	<ul style="list-style-type: none"> Welcome email w/PA & BAA sent by Marketing RA email (RA & PQ included in email) sent following PA welcome email Scheduling of RA call w/participant anticipated within 2 - 3 weeks of RA email <p>Goal: Streamline process of obtaining information (concurrent to PA request) and prepare for interface connectivity/builds in order to reduce timeline and engage participants early on in the process to alleviate concerns and answer questions. Note: No builds will take place until PA and RA are approved.</p>	<ul style="list-style-type: none"> Cascade Medical Center Genesis Community Health, Inc. Seasons Medical Sonshine Syringa Hospital & Clinics The Pediatric Center Treasure Valley Family Medicine
Group 3	<ul style="list-style-type: none"> Participants don't require PA (already exists) EMR Vendor familiar to IHDE 	<ul style="list-style-type: none"> Readiness Assessment welcome email (with applicable documents: RA, PQ, MFA, Specs, VPN/TLS, Interface Overview, etc.) sent to participant (5/2/17) Scheduling of RA call w/participant anticipated within 2 - 3 weeks of RA email <p>Goal: Streamline process of obtaining information prior to RA call and prepare for interface connectivity/builds in order to reduce timeline and engage participants early on in the process to alleviate concerns and answer questions. Note: No builds will take place until RA is approved.</p>	<ul style="list-style-type: none"> Bingham Memorial Hospital Clearwater Medical Clinic Family Health Associates Saltzer Medical Group

Con't....

Group	Grouping Reasoning	Approach	Participants
Group 4	<ul style="list-style-type: none"> Interfaces remaining are dependent upon eCW decision 	Pending decision from Management on direction for interface builds; once determined and approach to handle eCW participants for inbound interfaces (CCDA and/or TRN) will be developed and communicated.	<ul style="list-style-type: none"> Complete Family Care Family First Medical Center PHMG Rocky Mountain Diab. & Ost. Shoshone Family Medical Center UVCHS (Grandpeaks)
Group 5	<ul style="list-style-type: none"> Interfaces remaining are dependent upon Athena connection completion 	Athena Hub build scheduled to be complete at end of May – Awaiting EMR resources to complete bidirectional feeds	<ul style="list-style-type: none"> CHAS Community Health Unified Healthcare of Idaho (Tueller) Sonshine Family Health HealthWest
Group 6	<ul style="list-style-type: none"> Participant interface in progress 	IHDE will continue forward with the existing project plans based on the participant – no change to current strategy	<ul style="list-style-type: none"> BMWC CHAS CDA Peds Madison Memorial Rexburg Medical Clinic Pocatello Children’s Clinic SAMG SLHS SMH_CVH Hospital & Clinics Terry Reilly Tueller Valley Family Health Care Valley Medical Center
Group 7	<ul style="list-style-type: none"> Participants unable to proceed due to limitations (e.g. BH, EMR Vendor Changes, etc.) 	Until a resolution to the limitations is identified, no action will be taken by the interface team for these participants.	<ul style="list-style-type: none"> Glenns Ferry – Behavior Health filtering challenge HealthWest – EMR Change Driggs & Victor – EMR Change Not-tsoo Gah-nee – Pending Legal review
Group 8	<ul style="list-style-type: none"> Participants Completed and/or Withdrawn - No further interfaces required. 		<ul style="list-style-type: none"> Adams County Crosspointe Family Services –Withdrawn Family Health Center – SandPoint Family Health Services FMRI Heritage Health Kaniksu Health Services Portneuf - Withdrawn

Projected Cohort 1 Connections – May/June

Note: IB = Clinic to IHDE; OB = IHDE to Clinic

Interface Summary

- Total to build – 70
- Currently complete – 36
- In Progress - 18
- On hold - 16

Overview – Original Cohort 1

- 28 SHIP Organizations
- 53 Clinics

IB TRN:

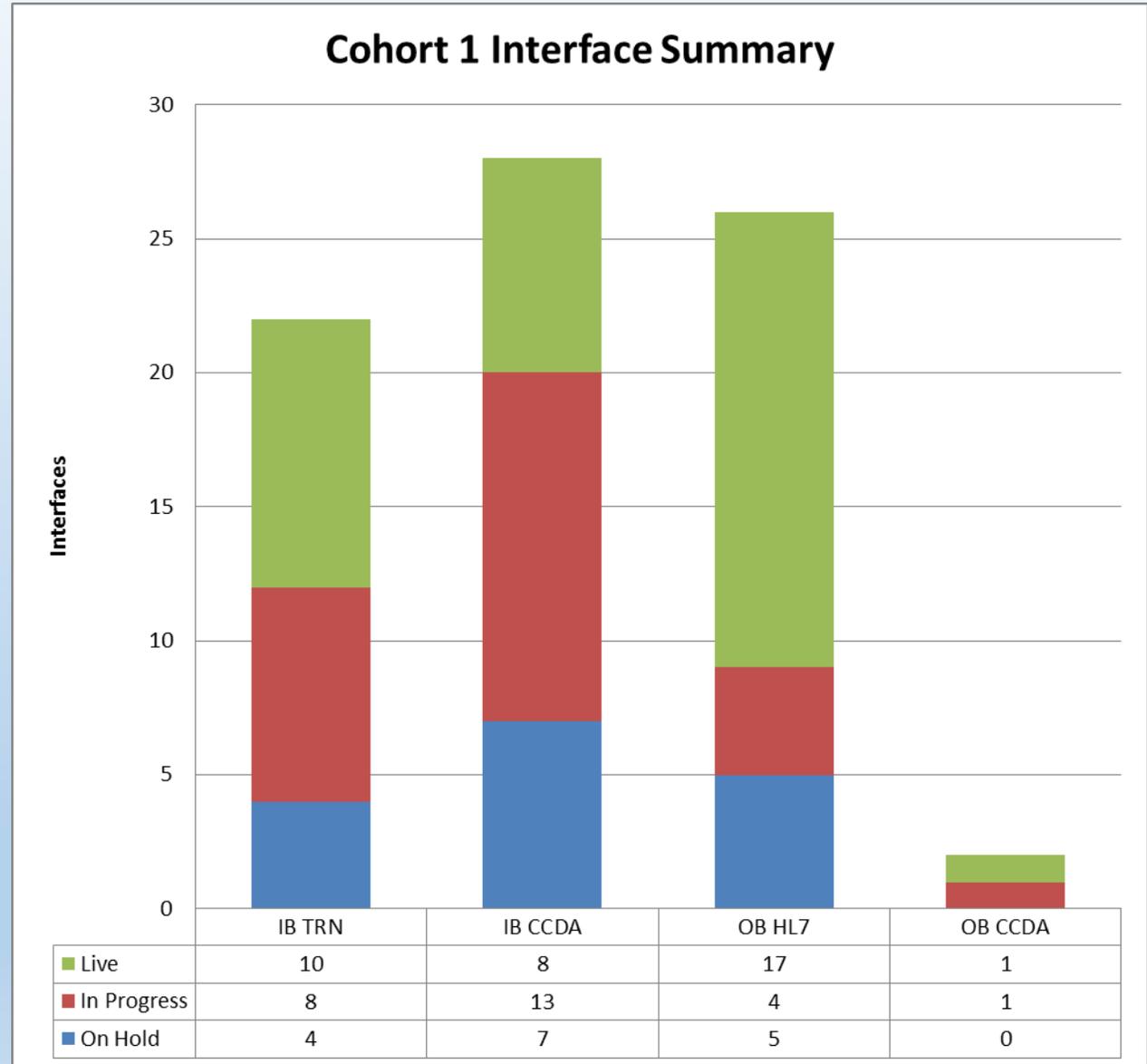
- BMWC → Go-Live ETA 5/25/17

IB CCDA:

- Tueller Counselling → Go-Live ETA 5/11/17
- BMWC → Go-Live ETA 5/17/17
- VMC → Go-Live ETA 6/8/17
- SAMG: IB CCDA– Live effective 4/26/17 (Finalized 5/2/17)

OB LAB/RAB/TRN:

- Valley Family Health Care → Go-Live ETA 6/1/17
- BMWC → Go-Live ETA 5/25/17



Microsoft Excel
Worksheet

Projected Cohort 2 Connections – May/June

Note: IB = Clinic to IHDE; OB = IHDE to Clinic

Interface Summary

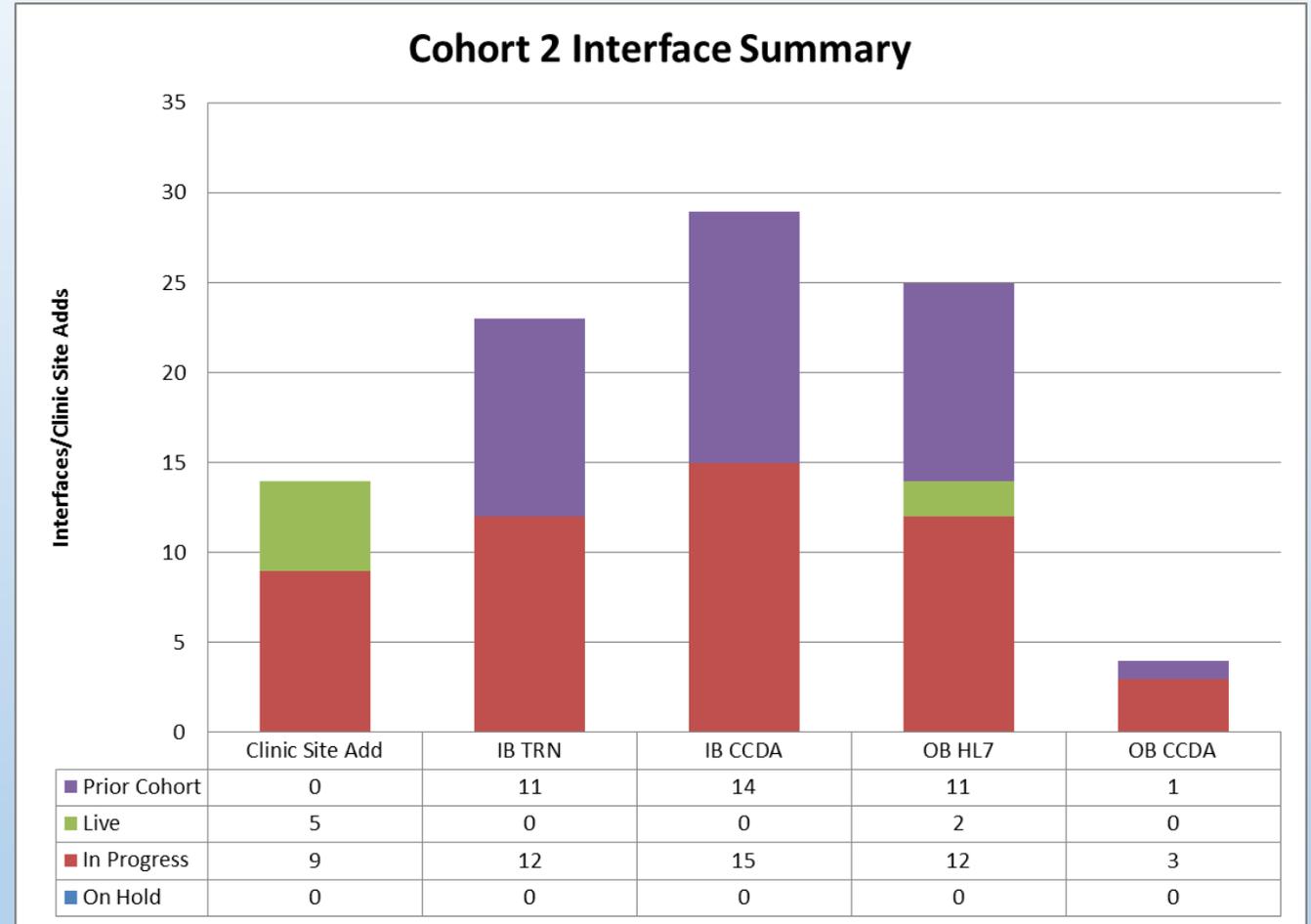
- Total to build – 78
- Currently Live – 25
- In Progress - 0
- On hold/Not Started - 53

Overview – Cohort 2

- 29 SHIP Organizations
 - 14 Organizations (included in Cohort 1)
 - 15 New Organization Builds
- 56 Clinics

Clinic Site Add(s):

- CDA PEDS → Live effective 4/28/17 (Finalized 5/1/17)
- SLHS → Go-Live ETA 5/22/17

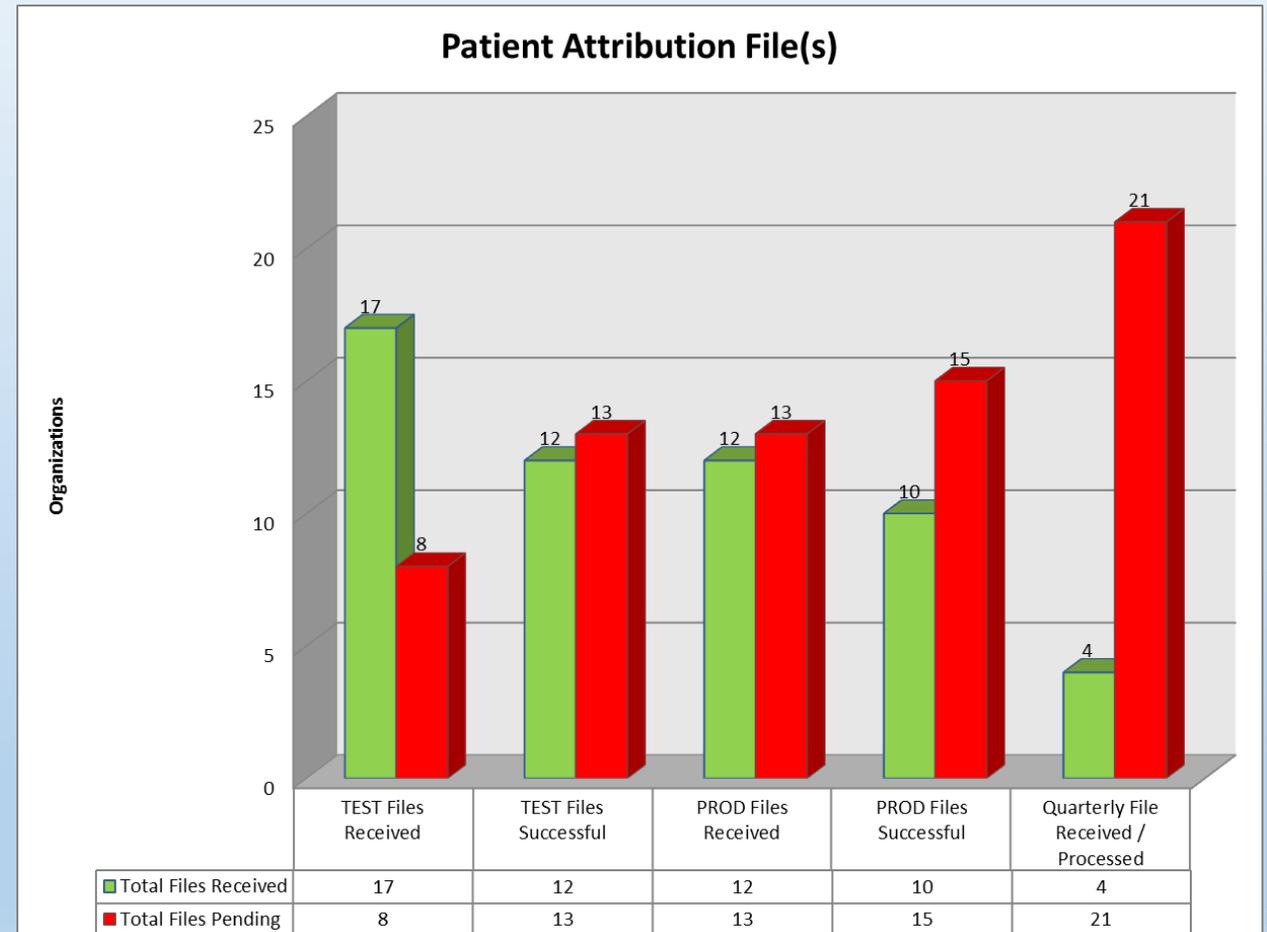


Microsoft Excel
Worksheet

Patient Attribution File(s)

Clinic	# or Patient Records	TEST Files Received	TEST Files Successful	PROD Files Received	PROD Files Successful	Quarterly File Received / Processed
Adams County	628	Yes	Yes	Yes	Yes	Yes
BMWC						
CHAS - Latah		Yes				
Coeur d'Alene Peds	3,377	Yes	Yes	Yes	Yes	
Complete Family Care						
Crosspointe (Excluded from status - Participant closed)						
Family First Medical Center						
Family Health Center - Sandpoint	6,604	Yes	Yes	Yes	Yes	Yes
Family Health Services	11,317	Yes	Yes	Yes	Yes	
Family Medicine Health Center (FMRI)	19,311	Yes	Yes	Yes	Yes	
HealthWest						
Heritage Health	399,995	Yes	Yes	Yes	Yes	
Kaniksu Health Services		Yes				
Pocatello Childrens Clinic						
Primary Health Medical Group	34,806	Yes	Yes	Yes	Yes	
Rocky Mountain Diabetes and Osteoporosis Center, PA	12,679	Yes	Yes	Yes		
SAMG	58,846	Yes	Yes	Yes	Yes	Yes
Shoshone Family Medical Center						
SLHS						
SMH_CVH Hospital Clinics		Yes				
Sonshine Family Health Clinic, LLC		Yes				
Terry Reilly	40,757	Yes	Yes	Yes	Yes	Yes
Tueller Counseling Services (Unified HealthCare)	428	Yes	Yes	Yes		
Upper Valley Community Health Svcs (Grand Peaks)		Yes				
Valley Family HealthCare, Inc	1,592	Yes	Yes	Yes	Yes	
Valley Medical Center						
Total Files(s) Received:		17	12	12	10	4
Total Files(s) Pending:		8	13	13	15	21
% of Files Received:		68%	48%	48%	40%	16%

Note: Items in Yellow are on hold pending CCDA interface completion.



Note: Files unable to be processed IF inbound interface associated with facilityID is not in the stage environment. As a result, IHDE will be requesting PA files from participants ONLY when inbound interfaces enter stage environment and requesting PROD files ONLY when IB interface is live to ensure that the facilityID is present.

Appendix

SHIP/Medicaid Cohort Interface Status

Cohort	Bi-Direct.	# Ship Clinics	# MED. Clinics	Organization	Status	Interfaces				
						Phase Clinic Add	Phase (IB-HL7)	Phase (IB-CCDA)	Phase (OB-HL7)	Phase (OB-CCDA)
Cohort 1	Yes	1	0	Adams County Health Center, Inc.	Fully Live		8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	N/A
Cohort 2	No	1		All Seasons	Not Live	N/A	0-INCEPTION	0-INCEPTION	0-INCEPTION	N/A
Cohort 2	No	1		Bear Lake Community Health Centers	Not Live	N/A	0-INCEPTION	0-INCEPTION	0-INCEPTION	N/A
Cohort 1	No	1	0	Benewah Medical & Wellness Center	Not Live		6-UAT (Test/Validation)	6-UAT (Test/Validation)	6-UAT (Test/Validation)	N/A
Cohort 2	No	4	14	Bingham Memorial Hospital	Not Live	N/A	0-INCEPTION	0-INCEPTION	0-INCEPTION	N/A
Cohort 2	No	1		Cascade Medical Center	Not Live	N/A	N/A	0-INCEPTION	0-INCEPTION	N/A
Cohort 1	No	1	6	CHAS Community Health	Partially Live		N/A	4-POST KICK-OFF	8-GO-LIVE (PROD)	N/A
Cohort 2	No	1	6	CHAS Community Health	Partially Live	0-INCEPTION	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 2	No	1		Children and Family Clinic	Not Live	N/A	0-INCEPTION	0-INCEPTION	0-INCEPTION	N/A
Cohort 2	No	1		Clearwater Medical Clinic	Partially Live	N/A	0-INCEPTION	0-INCEPTION	8-GO-LIVE (PROD)	N/A
Cohort 2	Yes	3	0	Coeur d'Alene Pediatrics	Partially Live	8-GO-LIVE (PROD)	N/A	Z-PRIOR COHORT	1-READINESS ASSESSMENT	1-READINESS ASSESSMENT
Cohort 1	No	1	0	Complete Family Care	Partially Live		0-INCEPTION	0-INCEPTION	8-GO-LIVE (PROD)	N/A
Cohort 1	No	1	0	Crosspointe Family Services	Withdrawn		N/A	N/A	8-GO-LIVE (PROD)	N/A
Cohort 1	No	2	0	Driggs & Victor Health Clinics	Not Live		9-ON HOLD	9-ON HOLD	9-ON HOLD	N/A
Cohort 1	No	1	0	Family First Medical Center	Partially Live		0-INCEPTION	0-INCEPTION	8-GO-LIVE (PROD)	N/A
Cohort 2	No	1	1	Family Health Associates	Partially Live	N/A	0-INCEPTION	0-INCEPTION	8-GO-LIVE (PROD)	N/A
Cohort 1	Yes	1	0	Family Health Center (SandPoint)	Fully Live		8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	N/A
Cohort 1	Yes	2	0	Family Health Services	Fully Live		8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	N/A
Cohort 2	Yes	1	5	Family Health Services	Fully Live	8-GO-LIVE (PROD)	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 1	Yes	3	0	Family Medicine Health Center (FMRI)	Fully Live		8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	N/A
Cohort 2	Yes	3	0	Family Medicine Health Center (FMRI)	Fully Live	8-GO-LIVE (PROD)	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 2	No	1	0	Genesis Community Health, Inc.	Not Live	N/A	N/A	0-INCEPTION	0-INCEPTION	N/A
Cohort 1	No	3	0	Glenns Ferry	Partially Live		9-ON HOLD	9-ON HOLD	8-GO-LIVE (PROD)	N/A
Cohort 1	No	3	8	HealthWest	Not Live		N/A	9-ON HOLD	9-ON HOLD	N/A
Cohort 2	No	3	8	HealthWest	Not Live	0-INCEPTION	N/A	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 1	Yes	3	0	Heritage Health	Fully Live		8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	N/A
Cohort 2	Yes	1	0	Heritage Health	Fully Live	8-GO-LIVE (PROD)	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 1	Yes	2	0	Kaniksu Health Services	Fully Live		8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	N/A
Cohort 2	Yes	2	0	Kaniksu Health Services	Fully Live	8-GO-LIVE (PROD)	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 1	No	1		Madison Memorial Rexburg Medical Clinic	Not Live		0-INCEPTION	0-INCEPTION	N/A	0-INCEPTION

Con't....

Cohort	Bi-Direct.	# Ship Clinics	# MED. Clinics	Organization	Status	Interfaces				
						Phase Clinic Add	Phase (IB-HL7)	Phase (IB-CCDA)	Phase (OB-HL7)	Phase (OB-CCDA)
Cohort 1	No	1		Not-tsoo Gah-nee Indian Health Center	Not Live		9-ON HOLD	9-ON HOLD	9-ON HOLD	N/A
Cohort 2	No	2	2	Physicians Immediate Care Center	Not Live	N/A	0-INCEPTION	0-INCEPTION	0-INCEPTION	N/A
Cohort 1	No	1	0	Pocatello Childrens Clinic	Not Live		N/A	4-POST KICK-OFF	4-POST KICK-OFF	N/A
Cohort 1	No	1	0	Portneuf Primary Care Clinic	Withdrawn		N/A	N/A	N/A	N/A
Cohort 1	Yes	5	0	Primary Health Medical Group	Partially Live		8-GO-LIVE (PROD)	9-ON HOLD	8-GO-LIVE (PROD)	N/A
Cohort 2	Yes	4	8	Primary Health Medical Group	Partially Live	0-INCEPTION	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 1	No	1	0	Rocky Mountain Diabetes and Osteoporosis Center, PA	Partially Live		0-INCEPTION	9-ON HOLD	8-GO-LIVE (PROD)	N/A
Cohort 2	No	1		Saltzer Medical Group	Not Live	N/A	0-INCEPTION	0-INCEPTION	0-INCEPTION	N/A
Cohort 1	No	4	27	SAMG	Partially Live		8-GO-LIVE (PROD)	8-GO-LIVE (PROD)	N/A	N/A
Cohort 2	No	5	27	SAMG	Partially Live	0-INCEPTION	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A	N/A
Cohort 2	No	3	4	Season's Medical	Not Live	N/A	0-INCEPTION	0-INCEPTION	N/A	0-INCEPTION
Cohort 1	No	1		Shoshone Family Medical Center	Partially Live		0-INCEPTION	0-INCEPTION	8-GO-LIVE (PROD)	N/A
Cohort 1	Yes	3	0	SLHS	Partially Live		8-GO-LIVE (PROD)	1-READINESS ASSESSMENT	N/A	8-GO-LIVE (PROD)
Cohort 2	Yes	2	49	SLHS	Partially Live	1-CLINIC SITE ADD	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A	Z-PRIOR COHORT
Cohort 1	No	3	7	SMH_CVH Hospital Clinics	Not Live		3-KICK-OFF	3-KICK-OFF	3-KICK-OFF	N/A
Cohort 2	No	3	7	SMH_CVH Hospital Clinics	Not Live	0-INCEPTION	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 1	No	1		Sonshine Family Health Clinic, LLC	Not Live		N/A	9-ON HOLD	9-ON HOLD	N/A
Cohort 2	No	1		Southfork HealthCare	Not Live	N/A	0-INCEPTION	0-INCEPTION	0-INCEPTION	N/A
Cohort 2	No	1	2	Syringa Hospital & Clinics	Not Live	N/A	0-INCEPTION	0-INCEPTION	N/A	0-INCEPTION
Cohort 1	No	4	9	Terry Reilly Health Services	Partially Live		9-ON HOLD	3-KICK-OFF	8-GO-LIVE (PROD)	N/A
Cohort 2	No	4	9	Terry Reilly Health Services	Partially Live	0-INCEPTION	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 2	No	1		The Pediatric Center	Not Live	N/A	0-INCEPTION	0-INCEPTION	0-INCEPTION	N/A
Cohort 2	No	1	1	Treasure Valley Family Medicine	Not Live	N/A	N/A	1-READINESS ASSESSMENT	1-READINESS ASSESSMENT	N/A
Cohort 1	No	1		Unified Healthcare of Idaho (Tueller)	Not Live		N/A	6-UAT (Test/Validation)	9-ON HOLD	N/A
Cohort 1	No	1	0	Upper Valley Community Health Svcs (GrandPeaks)	Partially Live		0-INCEPTION	0-INCEPTION	8-GO-LIVE (PROD)	N/A
Cohort 2	No	1		Upper Valley Community Health Svcs (Grandpeaks)	Partially Live	0-INCEPTION	Z-PRIOR COHORT	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 1	No	1	6	Valley Family Health Care, Inc	Partially Live		N/A	8-GO-LIVE (PROD)	5-BUILD (DEV)	N/A
Cohort 2	No	2	6	Valley Family Health Care, Inc	Partially Live	2-PREP	N/A	Z-PRIOR COHORT	Z-PRIOR COHORT	N/A
Cohort 1	Yes	1	0	Valley Medical Center, PLLC	Partially Live		8-GO-LIVE (PROD)	5-BUILD (DEV)	8-GO-LIVE (PROD)	N/A



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition May 10, 2017

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**
 - CMMI requests for release of funding were approved for: 1) PHD SHIP staff PCMH training; 2) Out of State Travel to attend ONC Technical Assistance Meeting; and 3) Idaho Healthcare Summit participation.
 - CMMI requests for release of funds were submitted for: 1) In State Travel Request, 2) Regional Collaborative Summit Meeting Facilitation and 3) the CHEMS Agency request for Canyon County Ambulance District EMS.
 - RFP for Telehealth Technical Assistance Contractor is in the blackout period.
 - AY2 Annual Report was submitted to CMMI on May 1, 2017.
 - Virtual PCMH applications were reviewed and scored on 4/28/2017.

SHIP Administrative Reporting:

- **Report Items:**
 - Invoices for PCMH reimbursement payments for Technical Assistance and National Recognition have been submitted for payment.
 - Virtual PCMH applications were approved for six SHIP Cohort One clinics; budget templates have been distributed to those clinics for completion.

Regional Collaboratives (RC):

- **Report Items:**
 - District 1:
 - 3/16/17 PCMH Meeting held with RC, cohort 1 & 2 clinics.
 - This meeting featured an overview of the diabetes training and the roll out timeline of the Regional Diabetes QI program
 - 3/22/17 Regional Collaborative meeting was held. - This meeting featured time for each member to give an update in their area.
 - District 2:
 - March 9th, 2017 - RC2 Kick-off Meeting with Cohort Two Clinics.
 - District 3:
 - 3/27/2017 BHI workgroup – activity planning
 - 3/20/2017 ED Utilization Workgroup – enhanced PCP communication with patients.
 - District 4:
 - 3/7/2017 – CHC Meeting
 - 3/22/2017 – Exec leadership meeting.
 - District 5:
 - Our next scheduled meeting is April 21

- Meetings generally consist of updates regarding the SHIP project, status of our cohort clinics transformation efforts, and a presenter from the MHN or a direct PCMH resource that provides brief training or informational material for cohort 1 and 2 clinics.
 - To date the SCHC has convened 16 times.
 - District 6:
 - 3/8/17 Southeastern Healthcare Collaborative Executive Committee Meeting.
 - 3/30/17 Southeastern Healthcare Collaborative Medical Health Neighborhood Meeting.
 - District 7:
 - Their RC meeting will be held quarterly. Next RC meeting scheduled for April 13th.
- **Action Items:**
 - District 3:
 - Host legislative luncheon or consider policy statement.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
 - The telehealth grant application closed April 28, 2017, and the review committee is scheduled to meet on May 18 for review and decision-making. The final award decisions will be made by May 23, 2017.
 - The Bureau of Rural Health & Primary Care is currently working with IDHW Contracts and Procurement Services (CAPS) regarding a Request for Proposal (RFP) to provide telehealth technical assistance to SHIP cohort clinics and CHEMS agencies funded through the Telehealth grant application. Any interested vendor is encouraged to email Bev Berends at Beverly.Berends@dhw.idaho.gov. The RFP will close May 22, 2017 and the contract term is not anticipated to exceed twenty months.
- **Next Steps:**
 - Conduct telehealth grant review May 18, 2017 and notify applicants on May 23.
 - Initiate planning of telehealth grant application process for cohort two clinics.
 - Complete RFP process to secure a telehealth technical assistance contractor.



Community Health Workers:

- **Report Items:**
 - Idaho State University (ISU) first cohort of the CHW training is complete.
 - As of May 2nd, 2017, twenty-two (22) trainees have completed the spring 2017 CHW training
 - ISU and IDHW staff have evaluated the results spring midterm CHW training evaluation and feedback. IDHW expects the spring final evaluation to be completed and compiled by June 2017.
 - The CHW Advisory Workgroup is working with ISU to develop four (4) and host up to eight (8) asynchronous educational modules.
 - The CHW measure collection tool has been deployed to the fall training cohort for quarter one and the data collection tool will close mid-May.

- SHIP staff has been collaborating with the IDHW Diabetes, Heart Disease and Stroke Program in developing a marketing strategy and materials to promote the adoption of CHWs in Idaho. Two short videos have been produced and a CHW public webpage is currently in design with an IDHW contractor.
- **Next Steps:**
 - ISU and CHW Advisory Workgroup to continue to work to find a suitable template and information for optional educational modules.
 - IDHW staff will begin outreach for the fall 2017 training cohort.

WORKGROUP REPORTS:



Community Health EMS:

- **Report Items:**
 - The statewide CHEMS workgroup met April 26, 2017 from 10:00-11:00 AM MST.
 - The next statewide CHEMS workgroup meeting will be held May 25, 2017 from 10:00 to 11:00 AM MST
 - Recruitment for the 3rd ISU CP cohort has begun. Albion Quick Response, Emergency Response Ambulance, and Clearwater County Ambulance have expressed interest in sending individuals, totaling 8 students.
 - Bonner County has been approved for CMMI funding. Boundary County has submitted their request. There is funding for a total of 10 agencies.
 - BLS/ILS curriculum development – our initial meeting with CWI determined the typical length of time associated with content development, approximate instructor costs, student fees, tuition, and enrollment. Additional costs may include stakeholder review committees and statewide marketing/communication regarding program availability. Grant money may be available to assist in funding.
 - The webinar for the Patient Experience Survey and the Patient Care and Data Tracking Workbook has been developed for agencies involved with the 1st and 2nd ISU CP cohorts
 - Boise State University and members of the Bureau met with Dr. Keith Davis and others in Lincoln County. Dr. Davis express great interest in participating in the pilot project and the implementation of data collection and data sharing methods
 - Revisions to the Project Charter were presented to the workgroup, additional revisions need to be made before submission to the IHC for approval
 - Both the CHEMS internal and statewide workgroup have begun discussions on how to develop and sustain CHEMS through a learning collaborative and mentorship.
- **Next Steps:**
 - The webinar for the Patient Experience Survey and the Patient Care and Data Tracking workbook will take place on 5/9/2017 at 2:00pm MST
 - Final revisions to the SHIP/CHEMS Project Charter will take place 5/8/2017. These revisions will be presented to the IHC at the next meeting for approval
 - Wayne, Bruce, Xenya, and Marta will meet with CWI on 5/11/2017 to further discussions on curriculum development
 - Continue to recruit agencies for the 3rd and final ISU CP cohort
 - The internal CHEMS workgroup continues to meet every Monday.



Idaho Medical Home Collaborative:

- **Report Item:**
 - A charter has been developed for the PCMH Mentorship Subcommittee which convened April 28, 2017.
 - The IMHC Workgroup will meet Wednesday, May 31, 2017 at 12:30 PM MST.
- **Next Steps:**
 - The IMHC would like to present the PCMH Mentorship Framework and the SHIP Cohort Three Recruitment Plan to the IHC at the June meeting.



Health Information Technology:

- **Report Item:**
 - The Health Information Technology (HIT) Workgroup met on April 20, 2017. This meeting marks the final HIT Workgroup meeting.
 - The co-chairs from the HIT Workgroup, CQM Workgroup and Data Element Mapping Subcommittee have met multiple times in efforts to prepare for the first convening of the new SHIP Data Governance Workgroup. The IHC approved the proposed membership structure during its last meeting.
 - IHDE continues to build clinic connections. There are 76 interfaces to be completed with cohort one. Currently 36 interfaces are complete, 15 are in progress, 25 interfaces are on hold for various reasons.
 - HealthTech Solutions provided a demonstration of the data analytics tool in the production environment using a state login. The demonstration included aggregate measure reports and the data gap analysis reports.
- **Next Steps:**
 - IHDE and HealthTech will continue to make progress on connection building and reporting of the CQMs.
 - The first SHIP Data Analytics Workgroup meeting is expected to take place in May.



Multi-Payer:

- **Report Item:**
 - As reported last month, CMMI requires information to monitor financial progress for the SHIP grant. Mercer sent a template to Commercial Payers, Medicaid and Medicare asking the template be completed by March 31st. Mercer has received the data requested and is in the process of compiling. A final report should be ready by mid-May.
 - A representative from each commercial payer, Medicare and Medicaid were asked to provide updates to the IHC about the methodologies they are using to incentivize quality outcomes. At the April 12th IHC meeting Hilary Klarc from PacificSource provided information on how PacificSource is developing their product portfolios so that payment methodologies and value-based reimbursement are more aligned with product designs. Those design changes help guide PacificSource's members to providers that are delivering high quality care, and those providers

are being paid accordingly. She discussed the importance of listening to providers to learn about the different resources that are needed within the medical home model to support the PacificSource population. She also stated that the largest growth opportunities PacificSource has seen in value-based reimbursement have come from leveraging the coordinated care models and that the highest performance has been from medical homes.

- Presentation to the Employer's Health Coalition of Idaho (EHCI) - Jeff Crouch, Department of Health and Welfare Regional Director presented information about Medicaid's 2018 plan to implement payment for value through their provider-based program for Healthy Connections. Cynthia York, SHIP Administrator answered questions about SHIP progress. The EHCI members were very interested in learning more about the primary care clinics that were incorporating the PCMH model in their practices.

- **Next Steps:**

- Mercer anticipates presenting the financial report to the IHC at the June 7th meeting.
- Regence Blue Shield will present information on their value-based reimbursement strategies at the May IHC meeting.

CQM Clinical/Quality Measures Workgroup:

- **Report Item:**

- The Clinical Quality Measures (CQM) Workgroup did not meet in March.
- The co-chairs from the HIT Workgroup, CQM Workgroup and Data Element Mapping Subcommittee have met multiple times in efforts to prepare for the first convening of the new SHIP Data Governance Workgroup.
- A membership structure and a workgroup charter have been drafted and the IHC approved the Membership structure in its last meeting.

- **Next Steps:**

- The first SHIP Data Analytics Workgroup meeting is expected to take place in May.

BHI Behavioral Health:

- **Report Item:**

- The BHI Sub-Committee met on April 4, 2017, next meeting will be on June 13th.
- The focus of the meeting was to generate discussion around the next steps for the BHI Sub-Committee and to begin developing focus areas and action items for the next 24 months of the SHIP grant.
- Dr. Ben Miller with the Farley Policy Center held a discussion with the committee about behavioral health integration in the state of Idaho, barriers, goals and potential areas for TA assistance.

- **Next Steps:**

- The BHI Sub-Committee will review the current charter and incorporate updates over the next 2-4 months.
- BHI Sub-Committee will review current membership and make recommendations for additional members before June 13, 2017.

- A BHI survey will be initiated for the PCMH Cohort 1 using the Integrated Practice Assessment Tool and interview questions. The survey will be conducted beginning in May and ending in August. Results of the survey will be shared in September.
- Dr. Ben Miller met with DA's from DBH, Medicaid and SHIP to explore the possibility of Idaho working with the Farley Policy Center to further behavioral health integration efforts. No decisions were made, but conversations will continue in May.
- The next BHI Sub-Committee will be held on June 13, 2017 from 9:00 to 11:00.



Population Health:

- **Report Item:**

- The Population Health Workgroup met May 3rd, 2017.
 - Received an overview of the Division of Public Health's statewide Maternal, Infant and Early Childhood Home Visiting Program (MIECHV). Workgroup members learned how families are enrolled into the home visiting program and about the different home visiting programs such as Nurse -Family Partnership; Parents and Teachers and Early Head Start-Home Based programming. In 2016, the Idaho MIECHV program served 639 families with 6,664 home visits. The program improves children's school readiness, supports family healthy development, promotes economic self-sufficiency, keeps communities safe, and utilizes public resources efficiently and is cost-effective.
 - Received an overview of the Division of Public Health's Maternal Child Health (MCH) Medical Home demonstration that originated with the Medicaid Children's Healthcare Improvement Collaborative (CHIC). The program provides a medical home coordinator located within the local public health agency and originally supported for quality improvement coaching through CHIC. Then the CHIC project ended the MCH program agreed to continue funding and technical assistance. The demonstration is only currently in Eastern Idaho Public health district. The current medical home coordinator services 12 clinics in both urban and rural settings.
 - The group also received updates on the prescription drug grant, the work being done for virtual PCMH, CHEMS CHW, telehealth, RCs and what members of the workgroup are doing.

- **Next Steps:**

- The next Population Health Workgroup meeting will be held August 2nd 2017 from 3:00-4:30pm MST.