



Idaho Healthcare Coalition

Meeting Agenda

Wednesday, December 9, 2015, 1:30PM – 4:30PM

JRW Building (Hall of Mirrors)

1st Floor East Conference Room

700 W State Street, Boise, Idaho

Call-In Number: 888-706-6468; Participation Code: 7989577

1:30 p.m.	Opening remarks, roll call, introduce any new members, guests, any new DHW staff, agenda review, and approval of 11/18/15 meeting notes – <i>Ted Epperly, Chair</i>
1:50 p.m.	PCMH Selection Update – <i>Kymerlee Schreiber, PCMH Project Manager, DHW, Casey Moyer, SHIP Operations Project Managers, DHW - ACTION ITEM</i>
2:20 p.m.	PCMH Contract Update – <i>Grace Chandler, PCMH Project Director, Brilljent; Pat Dennehy, Principal, Health Management Associates; Sarah Renner, Manager, Myers and Stauffer; Dan Roach, Director, Myers and Stauffer</i>
2:50 p.m.	Communication Plan Materials – <i>Katie Falls, Principal Mercer - ACTION ITEM</i>
3:10 p.m.	Website Update – <i>Casey Moyer, Operations Project Manager, DHW</i>
3:25p.m.	SHIP Operations and Advisory Group Reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup Reports – November 2015): <ul style="list-style-type: none">• Presentations, Staffing, Contract, and RFP status – <i>Cynthia York,</i>• DHW Regional Collaboratives Update – <i>Miro Barac, DHW</i>• Telehealth, Community EMS, Community Health Workers – <i>Miro Barac, DHW</i>• HIT Workgroup – <i>Casey Moyer, DHW</i>• Multi-payer Workgroup – <i>David Peterman, Primary Health and Jeff Crouch, Blue Cross of Idaho, Workgroup Chairs</i>• Quality Measures Workgroup – <i>Dr. Andrew Baron, Terry Reilly Clinics, Workgroup Chair</i>• Behavioral Health/Primary Care Integration Workgroup, <i>Ross Edmunds, Behavioral Health Division, Workgroup Co-Chair</i>• Population Health Workgroup – <i>Elke Shaw-Tulloch, Health Division, Workgroup Chair</i>• IMHC Workgroup – <i>Dr. Dunn, IMHC Workgroup Chair</i>
3:35 p.m.	Timeline/Next Steps – <i>Ted Epperly, Chair</i>
3:45 p.m.	Celebrate the Significant Accomplishments of the IHC - <i>All</i>
4:30 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) December 09, 2015 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 November 18, 2015, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried

- Action Item 2 – Next steps PCMH Cohort 1

IHC members will be asked to support the next steps for SHIP PCMH Cohort 1 transformation engagement efforts as presented by the SHIP Team:

Motion: I, _____ move that the Idaho Healthcare Coalition support the next steps for SHIP PCMH cohort 1 transformation engagement efforts as presented by the SHIP Team.

Second: _____

Motion Carried

- Action Item 3 – Communication Plan Materials

IHC members will be asked to adopt the SHIP Communications Plan materials.

Motion: I, _____ move that the Idaho Healthcare Coalition adopt the SHIP Communications Plan materials as prepared and presented by Mercer.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: Idaho Healthcare Coalition **DATE:** November 18, 2015

ATTENDEES: Dr. Ted Epperly, Denise Chuckovich, Cynthia York, Josh Bishop, Scott Carrell, Russell Duke, Ross Edmunds, Lisa Hettinger, Bruce Krosch, Deena LaJoie, Dr. David Peterman, Dr. Robert Polk, Dr. Kevin Rich, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Karen Vauk, Jennifer Wheeler

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

Teleconference: Dr. Andrew Baron, Grace Chandler, Dr. Keith Davis, Dr. Scott Dunn, Dr. Glenn Jefferson, Rene LeBlanc, Maggie Mann, Susie Pouliot, Geri Rackow, Janet Willis, Lora Whalen

Members Absent: Richard Armstrong, Melissa Christian, Jeff Crouch, Mike Dixon, Senator Lee Heider, Yvonne Ketchum, Nicole McKay, Dr. Casey Meza, Carol Moehrle, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Dr. Dave Schmitz, Dr. Boyd Southwick, Representative Fred Wood, Ann Wilde, Dr. Bill Woodhouse

DHW Staff Ann Watkins, Miro Barac, Casey Moyer, Kym Schreiber, Taylor Kaserman, Kim Thurston

Guests: Rachel Harris, Gina Pannell, Norm Varin

Mercer: Jennifer Feliciano, Maggie Wolfe

STATUS: Draft 12/01/15

Summary of Motions/Decisions:

Motion: Neva Santos moved to accept the minutes of the October 14, 2015, Idaho Healthcare Coalition (IHC) meeting as prepared.

Elke Shaw-Tulluch seconded the motion.

Motion carried.

Motion: Larry Tisdale moved that the Idaho Healthcare Coalition approve and support the SHIP Operational Plan as presented by Mercer.

Josh Bishop seconded the motion.

Motion carried.

Motion: Dr. Robert Polk moved that the Idaho Healthcare Coalition adopt the Communications Plan as presented.

Neva Santos seconded the motion.

Motion carried.

Motion: Jennifer Wheeler moved that the Idaho Healthcare Coalition adopt the CHW Training as prepared.

Neva Santos seconded the motion.

Motion carried.

Motion: Dr. David Peterman moved that the Idaho Healthcare Coalition adopt the Telehealth SHIP Charter as prepared with the exception to strike out Goal 6.

Lisa Hettinger seconded the motion.

Motion carried.

Agenda Topics:

Opening remarks: “The best time to plant a tree was **20 years ago**. The second best time is **now**.”
Chinese Proverb

- ◆ Dr. Epperly called the roll and welcomed everyone.

Agenda Topics

Operations Plan – *Maggie Wolfe, Mercer (Attachment 1):*

- ◆ Ms. Wolfe presented the updated Operational Plan to the Coalition members for their approval and support. The Operational Plan is a requirement of all State Innovation Models Initiative (SIM) Model Test states. This plan is due to the Centers for Medicare and Medicaid Services (CMMI) on December 1, 2015, and the approval of Year 2 grant funding is contingent on the approval of this plan. The benefits of the Operational Plan are listed below:

- Ensures common understanding between Idaho and CMMI.
- Management tool to help Idaho organize activities and resources.
- Monitoring document for CMMI and Idaho to keep the project on track.
- ◆ Next steps include:
 - Submit plan on December 1, 2015.
 - SHIP reports to CMMI quarterly.
 - SHIP will submit updated Operational Plan in each grant year.

Communications Plan – *Jennifer Feliciano, Mercer (Attachment 2):*

- ◆ Ms. Feliciano informed Coalition members of the latest updates to the Communication Plan. These updates included, metrics, tracking, and processes for evaluating the messaging. She then asked the Coalition members to discuss what “toolkit priorities” they felt needed to be included in the plan. Agreed upon priorities are listed below:
 - Patients’ toolkit should include:
 - Fact sheet
 - Testimonials
 - Talking points
 - Primary Care Providers’ toolkit should include:
 - Presentation slide deck
 - Talking points
 - Medical Health Neighborhoods’ toolkit should include:
 - Talking points
 - Recruitment toolkit
 - Regional Health Collaboratives’ toolkit should include:
 - White paper
 - Presentation slide deck
 - Talking points
 - Recruitment toolkit
 - Payers’ toolkit should include:
 - Talking points
 - Policy Makers’ toolkit priorities were highlighted by Coalition members as High Priority and should include:
 - Presentation slide deck
 - Fact sheet
 - Talking points
- ◆ Ms. Feliciano then requested that the Coalition members adopt the Communication Plan as presented.

IPCA PCMH Learning Session – *Kymberlee Schreiber, PCMH Project Manager, Department of Health and Welfare (DHW) (Attachment 3):*

- ◆ The Idaho Primary Care Association (IPCA) in collaboration with DHW and the Office of Healthcare Policy Initiatives (OHPI), organized the Statewide PCMH Learning Session on November 6, 2015. There were over 175 providers and staff that attended from across the state.

PCMH Process Update – *Kymerlee Schreiber, PCMH Project Manager, DHW:*

- ◆ Ms. Schreiber gave a brief overview of the status of the PCMH final application process. SHIP received over 100 applications. We are currently in the final stages of organizing a “Selection Team” and we are still on track to select the clinics and notify them the first week in December. The selected clinics will be announced at the December 9, 2015, IHC meeting.

PCMH Contract – *Grace Chandler, PCMH Contractor Project Director, Briljent, LLC, Pat Dennehy, Training and Technical Assistance Lead, Health Management Associates (HMA) (Attachment 4):*

- ◆ Ms. Chandler described the anticipated timeline for enrolling the practices; this timeline includes training the practices and any technical assistance that will be needed. Ms. Dennehy stated that they look forward to coming to Idaho for 2 weeks of live training during the 1st year in addition to the on-line learning collaboratives and coaching sessions that will be offered by HMA to the SHIP PCMH practices.
- ◆ Ms. Chandler described the Incentive Payment Accounting System (I-Pas), a web-based module for incentive payment calculations and reporting. The PCMH Transformation team is working with the SHIP staff to develop outcome measures for the incentive calculations, payments and reporting. This model will be presented to the Coalition members at the December 09, 2015, IHC meeting.
- ◆ The PCMH Transformation team will be developing a PCMH web portal. Development will commence in December and finish sometime in January. This web portal will be for data reporting and to store training material. The PCMH portal is scheduled to link from the SHIP (www.ship.idaho.gov) portal in February.

RC Update – *Dr. Epperly, Chair, Denise Chuckovich, Deputy Director, DHW (Attachment 5):*

- ◆ Dr. Epperly gave a brief overview of the Regional Collaborative Kick-Off that was held November 5, 2015. The purpose for the workshop was to help establish a shared understanding about the RC’s role in SHIP. During the all-day session, there were three modules for participants that included; information sharing, information processing and discussion. Time was also allotted for each District’s SHIP RC Executive team and PHD SHIP staff to work on their RC Strategic Plan.

Community Health Worker (CHW) Training Committee Recommendations – *Mary Sheridan, Rural Health Supervisor, DHW (Attachment 6):*

- ◆ Ms. Sheridan reported that the CHW Committee members met and held a series of stakeholder meetings and also met with a CHW key informant group. Following that dialogue, a CHW training subcommittee was formed to determine the recommendations for a CHW training curriculum and a delivery model for Idaho. On October 15, 2015, the Committee members agreed to adopt and adapt Massachusetts’ curriculum with some modifications for the Idaho SHIP CHW training model. The Committee members also agreed that the delivery method should include, core training delivered in person, whenever possible; utilize technology to facilitate learning and optimize face-to-face classroom time, such as podcasts and online discussion boards; electives possibly offered online; and a train-the-trainer system to support local relevance and training accessibility/sustainability.
- ◆ Ms. Sheridan respectfully asked that the Coalition members approve and support the CHW training model as presented.

Telehealth Charter Approval – *Mary Sheridan, Rural Health Supervisor, DHW (Attachment 7):*

- ◆ Ms. Sheridan also presented the Telehealth SHIP Charter to the Coalition members for their approval to adopt the Charter as presented. Coalition members discussed the Charter and agreed that Goal 6 should be removed from the Workgroup Summary under SHIP Goals.

SHIP Operations and Advisory Group Reports/Updates (*Attachment 8*):

- ◆ Due to time constraints the SHIP Operations and IHC Workgroup Report was not presented to the Coalition members. The report was distributed to the Coalition members in their meeting packets. The Coalition members agreed to accept the workgroup reports as prepared.

Closing remarks and Next Steps – *Denise Chuckovich*:

- ◆ The Next IHC meeting is December 9, 2015, and will be located in the JRW Building East side conference room on the first floor.
- ◆ Any agenda items or questions can be e-mailed to Ms. York, Ms. Chuckovich, or Dr. Epperly. E-mail addresses are listed below:
 - YorkC@dhw.idaho.gov
 - ChuckovD@dhw.idaho.gov
 - Ted.Epperly@fmridaho.org

There being no further business Dr. Epperly adjourned the meeting at 4:25 p.m.



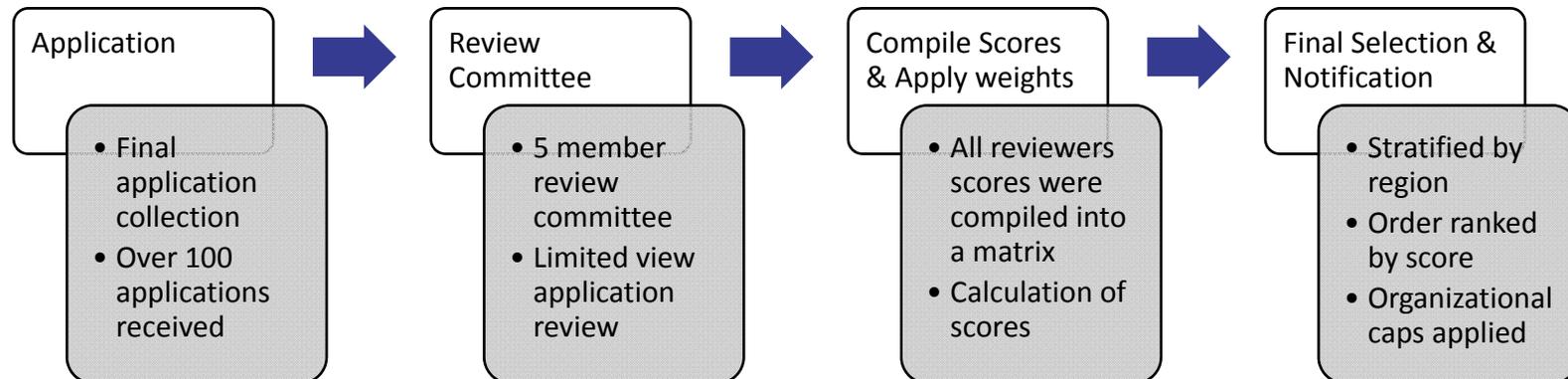
Statewide **Healthcare
Innovation** Plan

Improved health, improved healthcare, and lower cost for all Idahoans

SHIP Operations
PCMH Cohort 1 Selection
December 9, 2015



PCMH SELECTION PROCESS



Reminders:

- Items scores were those areas the IHC agreed to in August and October
- Organizational capitation was applied after rankings were completed
- Number of clinics selected for Round 1 remains 55 sites
- Reviews only considered information provided by the clinics on their application



EVALUATION TEAM



Five Member Team from:

- Division of Public Health
- SHIP Operations
- Division of Behavioral Health
- Division of Medicaid
- HMA (Briljent)

Kick-off Meeting
Independent Scoring (1 week)

Essential Information Application:

PCMH Cohort 1 Application – CONFIDENTIAL REVIEWER COPY

Application # 00000 Clinic Name: [REDACTED]

Regional Location: 4

Clinic County Designation: No

Organization Type: Private Practice Specialty: Family Medicine

Does your clinic have an EHR? Yes

Does the EHR health information exchange enabled (HIE)? Yes

Clinic reported PCMH Experience: None reported

National Certification: No Reported Type and Level: N/A

Physician Champions for PCMH transformation are foundational. Please tell us about your identified champion and the activities they supported/led in the past related to advancing patient outcomes (e.g. pilot projects, initiatives, quality improvement campaigns, etc.): My name is [REDACTED] with the [REDACTED]. Sample text of what a clinic may have included in their application. It would likely include a small history of doctor of physician experience.

Please tell us about your identified champion's vision for their clinic: The champion envisions [REDACTED] as a free standing, patient centered health home that focuses on health promotion, disease prevention and empowerment of the patients, families and communities that receive care at [REDACTED], while reducing cost of care through duplicate testing, procedures, referrals, ER visits, hospitalizations. This is also an example of text that may appear on an application completed by a clinic.



PCMH EVALUATION

- 1) Urban/Rural/Frontier:** Based on the location of clinic by county; more points were awarded to frontier clinics (< 7 people per square mile); urban has been defined by US Census & OMB designation received the fewest points, Rural was all counties in between these designations.
- 2) EHR:** Does the clinic currently have a operation EHR?
- 3) EHR Connectivity Potential:** Ability for the clinic EHR to connect the IHDE (connectivity module); no actual connectivity was scored.
- 4) PCMH Experience:** Participation in previous pilots or PCMH initiative resulted in higher points being awarded.
- 5) National Accreditation:** Based on current certification level
- 6) Physician Champion Experience:** narrative responses were scored on a 5 point Likert scale.
- 7) Physician Champion Vision:** narrative responses were scored on a 5 point Likert scale.



WEIGHTING OF FACTORS

Available Points by Factor (highest to lowest weight):

1. Physician Champion Vision
2. Physician Champion Experience
3. Electronic Health Record (EHR)
4. EHR Connectivity Potential
5. PCMH Experience
6. National Accreditation
7. Urban/Rural/Frontier

Due to subsequent cohort selection specific weights and values are not being disclosed.



PCMH GEOGRAPHIC DISTRIBUTION

Regions (Health District) were allocated the number of clinic slots based on 2014 US census population estimates:

Region	Population	Clinic Slots
Region 1	221,398	7
Region 2	107,033	5
Region 3	268,080	10
Region 4	468,980	15
Region 5*	190,496	4
Region 6	168,854	6
Region 7	209,623	8

*Two slots from Region 5 were reallocated to Regions 1 & 7



PCMH SELECTION

Regional Selection Sample

Region 1

PCMH Inc.

Docs Unlimited – CDA (1)

Rathdrum Clinic Inc.

Docs Unlimited – Hayden (2)

PCMH Family LLC

Specialty Care Inc.

Docs Unlimited – Post Falls (3)

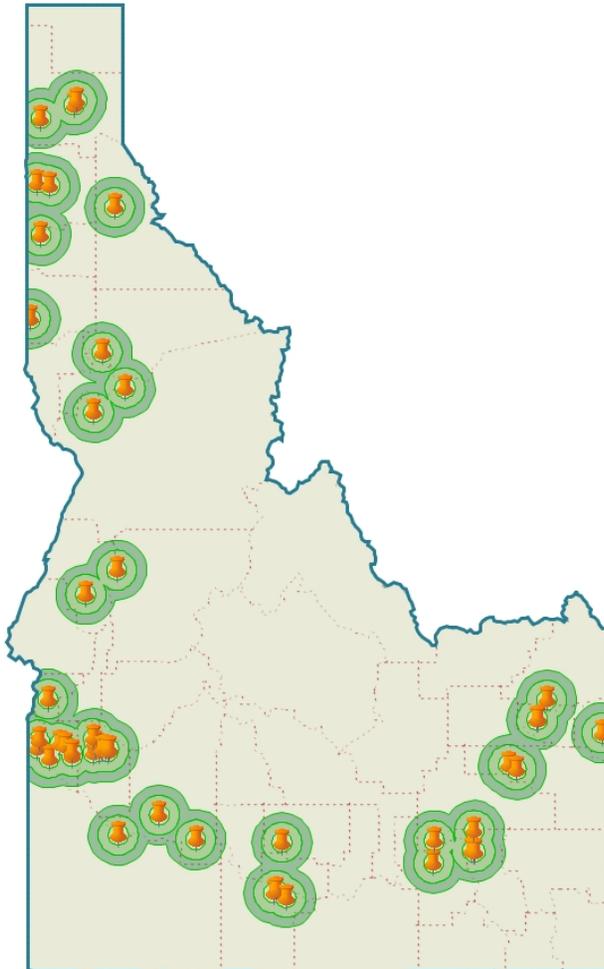
Women's Centers

Doctors & Associates Practice

- Applications were stratified by Region, no points were assigned based on regional location
- Clinics were ranked in order of points acquired after scoring and weighting was applied
- There were no tie for positions based on the number of available points
- Organizational capitation was applied after lists were compiled
- Every region has a ranked list of back-up sites that will be offered a slot if they choose to withdrawal



RESULTS*:



Region 1 (7 Clinics)	Region 2 (5 Clinics)
Benewah Medical	CHAS Latah
Heritage Health Kellogg	St. Mary's Cottonwood
Heritage Health TBD	St. Mary's Kamiah
Family Health Center	Upper Valley Community
Kaniksu - Ponderay	Orofino Health Center
Kaniksu – Sandpoint Peds	
Mountain Health Care	

*In no specific order

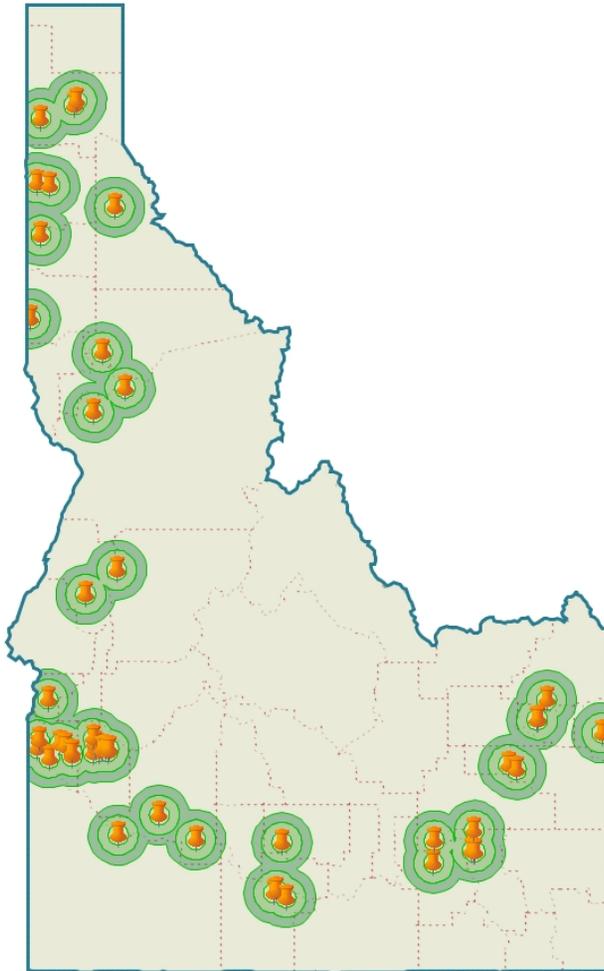


RESULTS:

Region 3 (10 Clinics)	Region 4 (15 Clinics)	Region 5 (4 Clinics)
Adam County Health	Desert Sage Health	Crosspointe Family Services
Primary Health Medical Group (Nampa, Caldwell)	FMRI (Raymond, Meridian, Emerald.)	Family Health Services (Kimberly)
Valley Health	Glens Ferry Health	Family Health Services (Twin Falls)
Valley Family HC	Primary Health (Overland, Peds, West Boise)	Shoshone Family Medical
St. Lukes (Nampa Greenhearst)	SAMG (Eagle, McMillan, TBD)	
SAMG - Elm	St Lukes (Cloverdale, Payette Lakes)	
Terry Reilly (Homedale, Marsing, Nampa)	Sonshine Family Health	
	Terry Reilly (Boise 23 rd St)	



RESULTS:



Region 6 (6 Clinics)	Region 7 (8 Total)
HealthWest (TBD x 3)	Complete Family Care
Not-tsoo Gah-nee IHC	Driggs Health
Pocatello Children's	Family First Medial
Portneuf Primary Care	Tueller Counseling
	Rocky Mountain Diabetes
	Madison Memorial Rexburg
	Victor Health Clinic
	Upper Valley Community



NEXT STEPS

All applicants have been notified of their status via phone and email

Proposed Next Steps: - *ACTION ITEM* -

- Briljent will conduct Readiness assessment & GAP analysis (December & January)
- Briljent Contract Initiation with PCMH (January)
- Project MOU between PCMH and DHW (February)
- PCMH Portal Launch (February)
- First PCMH Learning Collaborative (February/March)
- Educational Webinars (March)

PCMH Transformation

Incentive Payment Accounting System (I-PAS) Incentive Payment and Progress Measures

December 9, 2015

PCMH TEAM
TRANSFORMATION

PCMH TRANSFORMATION PLAN

- **The PCMH Transformation Team consists of:**
 - Briljent, the prime from the PCMH Team, Health Management Associates (HMA), and Myers and Stauffer (MSLC)
- **December** - HMA, will develop assessment tools for completion to assist in planning training and coaching curriculum, and learning collaborative activities.
- **December** - the PCMH Team will meet with the 7 Idaho Public Health Districts (PHD) SHIP staff and assess the training needs of the PHD staff for this project
 - SHIP staff will be trained and prepared to meet regularly with practices throughout the contract year.
- **January** - Briljent, will execute an annual contract with each practice to run from February 1, 2016 – January 31, 2017 of the next year.

PCMH TRANSFORMATION PLAN

- **January** - The Team will attend the IHC meeting to complete plans for the first Learning Collaborative.
- **February** - SHIP portal's PCMH section will be used to connect users to the PCMH Transformation Team portal for educational session information and tracking system.
- **February** - First Learning Collaborative to be held in Boise. Second Learning Collaborative will be in Quarter 3 in a different location.
- **March** - Practice coaching calls and educational webinars begin.



PCMH Transformation Web Portal



Transforming Idaho's Healthcare System

Login



Username

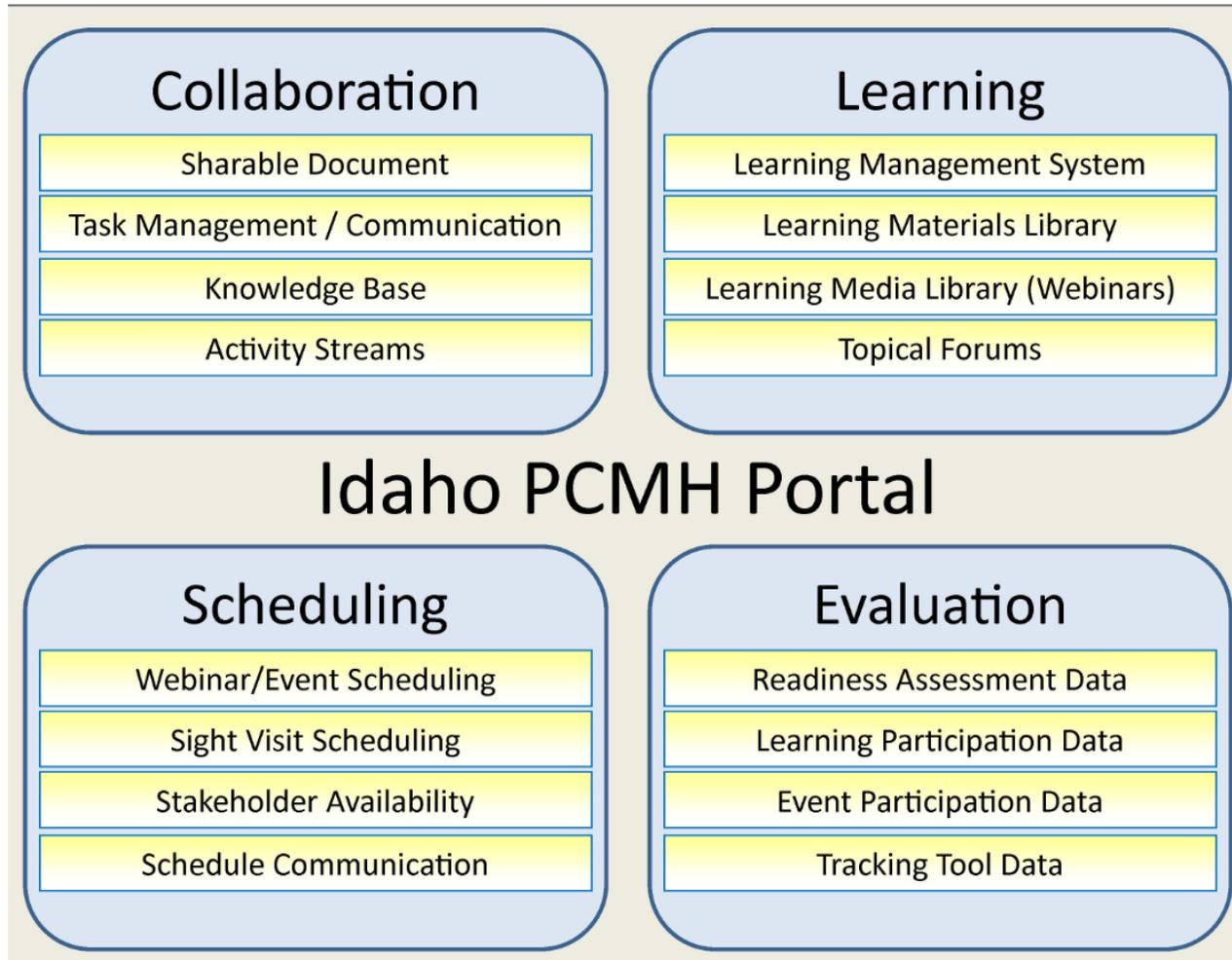
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remember me | [forgot password?](#)

Login



PCMH Transformation Web Portal



Incentive Payment Accounting System (I-PAS)

Myers and Stauffer has primary responsibility for the Incentive Payment Accounting System (I-PAS).

- A web-based module for incentive payment calculations and reporting.
- Establishes and maintains a reliable financial accounting system.



PCMH Transformation Incentive Payment Measures

Incentive Payment Measure 1: PCMH Practice Transformation Incentive

- \$10,000 incentive payment will be paid in one installment to practices with completion of a readiness assessment and a fully executed contract with Briljent.



PCMH Transformation Incentive Payment Measures

Incentive Payment Measure 2: PCMH Recognition or Accreditation Program

- Up to \$5,000 will be paid based on successful enrollment in any PCMH Recognition or Accreditation Program.
- Applicable practice expenses may include:
 - Cost for recognition application.
 - Cost for add-on or conversion recognition application.
- The payment will be a one-time payment made during Q4 of the contract period.



PCMH Transformation Incentive Payment Measures

Incentive Payment Measure 3: Virtual PCMH

- An optional payment for some practices who add a virtual PCMH component of one or a combination of Telehealth, Community Health Worker (CHW), or Community Health Emergency Medical Services (CHEMS).
- The payment will be a one-time payment of \$2,500 made during the contract period.



PCMH Transformation Incentive Progress Measures

Progress Measures: Transformation Participation and Training

Monthly and quarterly reports will be provided so that practices are aware of their success attainment.

- Count learning collaborative participation (2);
Benchmark is 100%
- Count webinar participation (6);
Benchmark is 70%
- Count coaching session participation (12);
Benchmark is 75%

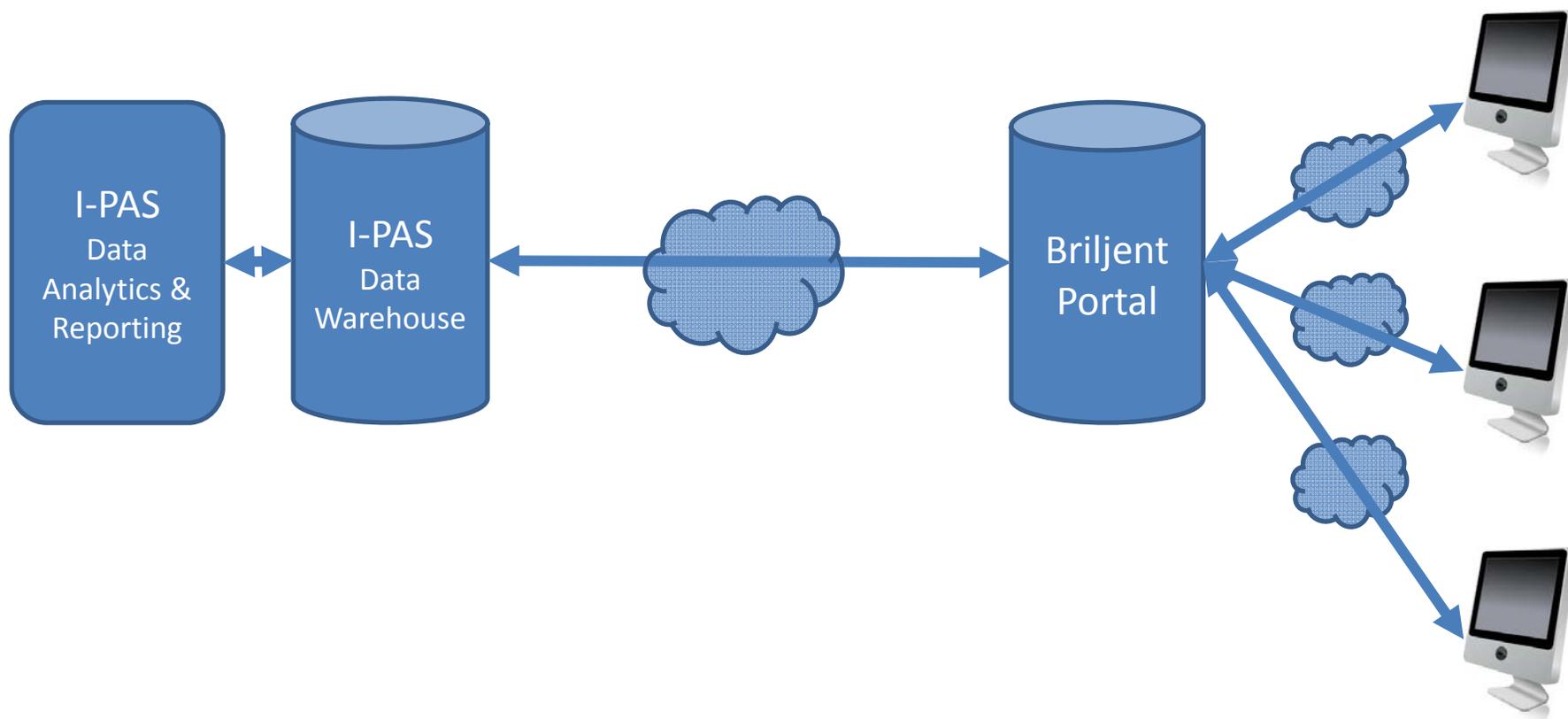


I-PAS Data Flow

- Brilljent collects data through portal or other mechanisms.
- Web services interface between Brilljent portal and I-PAS.
- Analytics and reporting done within I-PAS.
- Results passed back to portal through web services interface.



I-PAS Data Flow



Thank you

Questions?



Talking Points for Policy Makers

SHIP Communications – December 2015 v1.0



Primary Audience: Legislative and Executive Branch

Secondary Audience: County Commissioners, Community Leaders, and Patients

For use by: Legislative and Governor's Office representatives of the Idaho Healthcare Coalition (IHC), IHC co-chairs, and Idaho Department of Health and Welfare (IDHW) leadership.

Version: 1.0 (12/2015) **DRAFT**

SECTION 1: SOCO (Single Overriding Communications Objective)

The SHIP Model is expected to reduce healthcare costs by changing the way care is delivered.

- The SHIP Model is built off of the experience Idaho gleaned from the two-year patient-centered medical home (PCMH) pilot under the Idaho's Medical Home Collaborative (IMHC); which transformed 36 primary care practices into PCMHs that served 9,000 patients with chronic conditions.
- Idaho anticipates that implementing the SHIP Model will save overall Idaho's healthcare system, including both public and private payers, up to \$89 million over three years by reducing high-cost services, such as inappropriate emergency department use and avoidable hospital admissions, and providing better coordinated care to Idaho's population through PCMHs.

Supporting Facts: The PCMH pilot that began in January 2013 was found to produce savings of \$2.4 million for Idaho's Medicaid program each year of the project.

SECTION 2: Additional Messages

1. The SHIP Model is not Medicaid expansion.

- The grant funds received by Idaho and the SHIP Model being implemented are not related to the issue of Medicaid expansion.
- The SHIP Model is based on public and private collaboration that aims to improve the health of **all** Idahoans and to reduce care costs through the PCMH model.
- Idaho chose the PCMH model because the State has already piloted this model through the IMHC and found it to provide better healthcare and reduce healthcare costs.

2. A primary aim of SHIP Model is to produce better care for your constituents.

- Our target is for roughly half of Idaho's population to receive better care that is available through the PCMH model by the end of the four-year grant period, also known as the "model test" period (February 2015–January 2019).



Talking Points for Policy Makers

SHIP Communications – December 2015 v1.0

- PCMHs will provide more coordinated, higher quality care for their patients through the use of coordinated care teams. PCMHs also have the capacity to better engage patients in activities to improve their health.
- The SHIP Model also takes into account the unique healthcare system needs of Idaho's rural communities. "Virtual PCMHs" will be established in rural communities that will use additional tools such as: a) telehealth, b) community health workers (CHWs), and c) community health emergency medical services (CHEMS) to enhance access to care and provide more coordinated care for residents living in rural areas.

3. The SHIP Model supports Idaho's goal of transitioning from volume-based services to value-based compensation for healthcare.

- Medicaid and Idaho's three largest private payers are working together to adopt strategies to transition from volume-based to value-based payments to providers.
- Payers support multiple payment models that adapt to each practice's current level of transformation readiness.
- New payment models will incentivize and reward healthcare providers who provide high-quality care and achieve better health outcomes for their patients.

4. The SHIP Model is expected to improve Idaho's population and community health throughout the State.

- The SHIP Model also includes an important focus on communities' unique health needs and the goal of improving the overall health of Idaho's population.
- IDHW has worked with Idaho's seven regional public health districts to establish Regional Health Collaboratives (RCs), which will bring together stakeholders in each region to examine local healthcare needs and develop and implement plans to improve community and regional health. The community and regional health plans developed by the RCs will roll-up to form a statewide plan to improve the health of the population across the State.
- The RCs will also support provider practices at the local level as they transform from a traditional primary care practice to the PCMH model.
- Lastly, using their knowledge of local health needs, RCs will help mount population health campaigns focused on community-specific health issues (diabetes control, childhood immunizations, etc.), as well as campaigns focused on statewide personal health issues like healthy diet and exercise.

SECTION 3: Background

- With the help of legislative and executive policymakers, our State has been working for several years to move from Idaho's volume-based healthcare system to a value-based payment system that incentivizes and rewards quality healthcare. In April 2013, IDHW was awarded a State Innovation Model (SIM) federal grant to further support this effort. Supported by the SIM grant, healthcare providers, private health insurers, Medicaid, public health, advocates, and other stakeholders worked to design a new approach to healthcare delivery and payment models.

Talking Points for Policy Makers

SHIP Communications – December 2015 v1.0

- The Idaho Healthcare Coalition (IHC) was formed in 2013 to oversee the development of the model. The IHC is comprised of stakeholders, including legislative representatives, and includes primary care doctors from around the State, specialty providers, Idaho's largest private health insurers, Medicaid, advocates, and public health district staff. The IHC established two overarching goals for the designed SHIP Model to achieve:
 - 1) Improve Idahoan's health by strengthening primary and preventive care through the patient centered medical home, and
 - 2) Evolve from a fee-for-service, volume-based payment system of care to a value-based payment system of care to a value-based payment system that rewards improved health outcomes.
- After six months of planning and statewide input from stakeholders, the IHC outlined the newly designed healthcare model in the State Healthcare Innovation Plan (SHIP). Known as the SHIP Model, the model uses PCMHs to provide comprehensive, coordinated care that focuses on the patient's total health and wellness needs. By strengthening coordinated primary care services, Idaho expects to reduce the use of high-cost healthcare services, such as inappropriate emergency department use, and improve the health of Idahoans through quality, coordinated care. Idaho submitted our SHIP Model to the federal Centers for Medicare and Medicaid Services (CMS) and applied for additional grant funds to implement the model.
- In December 2014, Idaho was one of 11 states to receive a four-year grant to implement the model designed. Idaho's grant totaled nearly \$40 million. In 2015, Idaho started preparing for the implementation of the model, which will begin in February 2016. The SHIP grant is sponsored by Governor Otter and managed by IDHW. The IHC meets monthly and oversees the implementation of the SHIP Model.



Talking Points for Regional Health Collaboratives

SHIP Communications – V1.0

Primary Audience: Potential Regional Health Collaborative (RC) Members and patient-centered medical home (PCMH) Clinics

Secondary Audience: Stakeholders, Medical/Health Neighborhood Providers, Consumers

For use by: Regional Health Collaborative Executive Leadership Committee (RCE), Idaho Healthcare Coalition (IHC) co-chairs, regionally-specific IHC members, and Idaho Department of Health and Welfare (IDHW) State Healthcare Innovation Plan (SHIP) Team.

Version: 1.0 (12/2015) **DRAFT**

SECTION 1: SOCO (Single Overriding Communications Objective)

RCs will have a critical role in supporting health system transformation.

- The IHC is establishing seven RCs to provide local support for the health system transformation and create a regional structure to monitor and improve population health.
- Through the RCs, stakeholders in each region will be brought together to bring local area expertise to ensure that the SHIP Model is responsive to community and regional needs and characteristics.
- The RC will play an important role in recruiting and supporting primary care practices as they transform to a PCMH. The RC will also play a crucial role in developing improved coordination between primary care and the Medical/Health Neighborhoods, which is a lynchpin of the SHIP Model. Peer support and linkages to community resources provided by RCs will help support recruitment and retention of providers, and ultimately assist practices as they transform into PCMHs.
- The RCs will receive assistance and resources from a team of local Public Health District (PHD) SHIP staff, IDHW SHIP staff, its subcontractors, and the statewide IHC to help the RC carry out its work. For example, technical assistance will be available from a contractor that can provide an assessment of a practice's needs, learning collaboratives and best practices in transforming to the PCMH model, and other assistance identified as needed by the RCs and the practices.
- As a member or participant of the RC you will make a major contribution to improving the health of your community and State by helping practices transform, supporting the development of the Medical/Health Neighborhood, and by assessing community health needs and identifying strategies and best practices to improve care.

Supporting Facts: Idaho's Medical Home Collaborative (IMHC) two year PCMH pilot began in January 2013 and transformed 36 primary care practices into PCMHs that served 9,000 patients with chronic conditions. The pilot was found to produce savings of \$2.4 million for Idaho's Medicaid program each year of the project.



Talking Points for Regional Health Collaboratives

SHIP Communications – December 2015

SECTION 2: Additional Messages

- 1. During this past “pre-implementation” year, IDHW and the PHDs have laid the foundation for establishing the RCs.**
 - As of July 1, 2015, contracts have signed with each PHD, and SHIP staff have been hired in each PHD to support the RCs.
 - RCEs have been established and convened for initial meetings in each region.
 - Your RC will be led by co-chairs that will represent your region on the statewide IHC, the group that is charged with overseeing Idaho’s healthcare transformation. Most importantly, your regional healthcare needs and your recommendations on ways to improve the healthcare system and the population’s health will help the IHC guide the implementation in a way that is responsive to the unique needs of the regions.

- 2. Idaho’s model transformation will benefit both providers and patients, but the process of change will be challenging at times.**
 - Change can be difficult, particularly when the current demands of a practice leave little time and resources to plan and implement changes needed to transform to a PCMH. RCs will provide assistance and help alleviate concerns for practices through peer support and will exchange lessons learned on successes and challenges with RCs in other areas.
 - As noted previously, RCs will get help in supporting practices through these changes from the PHD SHIP Team, IDHW, contractors, and the IHC.

- 3. A goal of the SHIP Model test is to expand 165 primary care practices to PCMHs by 2018 and to offer the benefits of this model to all patients, not just those with chronic medical conditions.**
 - The SHIP Model is being implemented based on positive outcomes of the IMHC PCMH pilot.
 - Through the PCMH model, team-based care will be offered to patients in order to address the patient’s total health needs, coordinate their care, and engage the individual as an active participant in improving their own health.
 - Central to the PCMH model is an understanding that many factors impact an individual’s total health: medical services, lifestyle, culture, nutrition, and socio-economic factors, to name a few. To address a person’s total health needs, the medical/health neighborhood services will be linked and coordinated with primary care through the PCMH to establish and maintain a “complete picture” of the individual’s health status and care across all service providers. Examples of those who comprise the medical/health neighborhood are specialty medical services, behavioral health, public health, hospitals, and community services and services.
 - The goal is to increase the number of PCMHs and primary care practices participating as a PCMH from 55 in model test year one to 110 sites in year two and 165 sites in year three.

Talking Points for Regional Health Collaboratives

SHIP Communications – December 2015

4. The SHIP Model is expected to improve Idaho's population and community health throughout the State.

- The SHIP Model also includes an important focus on community and regional-specific unique healthcare system needs and the goal of improving the overall health of Idaho's population.
- At the community, regional, and state level, information will be shared and analyzed to expand understanding of the health needs of Idaho's communities and residents. Information will come from a number of data sources, such as community health assessments, the PHDs, and the Behavioral Health Risk Factor Surveillance System (BRFSS) survey, to develop community-specific plans for improving population health.
- The RCs will use their experience and expertise of local health issues to develop strategies to improve health at the local level and, in doing so, help the State improve the overall health of the population.

SECTION 3: Background

- The State Innovation Models (SIM) Initiative is a federal program operated by the Center for Medicare and Medicaid Innovation (CMMI), under the Centers for Medicare and Medicaid Services (CMS). The SIM Initiative provides grants to states to design, then test new payment and service delivery models to achieve broad, statewide health system transformation that improves healthcare outcomes and reduces costs.
- In April 2013, CMMI awarded the IDHW with a "model design" grant to develop a SHIP. Idaho used the grant to design a SHIP Model that will transform the State's healthcare system from volume to value, driven by improved health outcomes through PCMHs. A PCMH model of care focuses on comprehensive care, patient-centeredness, coordinated care, accessible services, quality and safety.
- The IHC was formed in 2013 to oversee the development of the SHIP Model. The IHC is comprised of stakeholders from across the State, and includes primary care doctors, specialty providers, Medicaid, Idaho's largest private payers, advocates, and PHD staff. The IHC established two overarching goals for the designed SHIP Model to achieve:
 - 1) Improve Idahoan's health by strengthening primary and preventive care through the patient centered medical home, and
 - 2) Evolve from a fee-for-service, volume-based payment system of care to a value-based payment system of care to a value-based payment system that rewards improved health outcomes.
- In December 2014, Idaho was one of 11 states to receive a four-year "model test" grant to implement the model design. Idaho's grant totaled nearly \$40 million. In 2015, Idaho started preparing for the "model test" implementation, which will begin in February 2016. The SHIP grant is sponsored by Governor Otter, and managed by IDHW. The IHC continues to meet monthly to oversee the implementation of the model and transformation of Idaho's healthcare system.



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition December 09, 2015

SHIP OPERATIONS:

SHIP Staffing:

- **Report Items:**
 - We are currently conducting interviews for the HIT/Payer Project Manager position.

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**
 - The Data Analytics RFPs have been received and we are in the blackout phase so no discussion of the RFP process can take place.
 - The State Evaluator Application packets have been sent out to the three major Idaho universities with a revised return date of January 13, 2016.
 - The following items were submitted to the Center of Medicare and Medicaid Innovation (CMMI) on December 1, 2015:
 1. The Non-Competing Continuation Application for Year 2 State Innovation Models Initiative (SIM) Grant Funds.
 2. The SHIP Operations Plan.
 3. A preliminary carry over application to request carryover of unobligated pre-implementation funds to Year 2.

Regional Collaboratives (RC):

- **Report Items:**
 - The RCs continue to develop and grow, and are currently coordinating efforts with the PCMH contractor.
 - Standing meetings with the PHD staff are scheduled every Friday at 10:00 a.m.
- **Next Steps:**
 - DHW is developing a collaboration platform that will be used by the Public Health District (PHD) staff and the SHIP team.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
 - The ITC goal 2 subcommittee met for a facilitated day-long planning meeting on November 10, 2015. Detailed notes about the planning session are available and high-level summary observations include the following:
 - Developing and implementing a telehealth readiness assessment for PCMHs will help identify opportunities and barriers for establishing or expanding telehealth programs.
 - Providing training, coaching, mentoring, best practice resources, and billing education are needed to support program development in the PCMH.

ADVISORY GROUP REPORTS (Continued):

TeleC

Telehealth SHIP Subcommittee (Continued):

- Establishing telehealth in Community Health Emergency Medical Services (CHEMS) programs will require additional research, training, and resource development.

CHW

Community Health Workers:

- **Report Items:**
 - The workgroup has not met since last report.
- **Next Steps:**
 - CHW Workgroup has an upcoming meeting scheduled for December 11, 2015.

CHEMS

Community Health EMS:

- **Report Items:**
 - The workgroup has not met since last report.
 - We are still in contact with Idaho State University (ISU).
 - Ada County Paramedics are currently working with agencies on readiness assessments.
- **Next Steps:**
 - January 22, 2016, the Measures Design Workgroup will meet with 20 statewide stakeholders and subject matter expert, Matt Zavadsky from MedStar.

OHA

Oral Health Alliance:

- **Report Items:**
 - The last OHA meeting was November 20, 2015.
 - The Oral Health Advisory (OHA) Group has secured a representative for the Panhandle Health Collaborative and is finalizing candidate names for Southwest, Central, and South Central. We stand ready to assist the IHC and SHIP with names of vetted and interested potential oral health candidates. Interested RC chairs can contact Jennifer Wheeler, executive director of the Idaho Oral Health Alliance, jwheeler@idahooralhealth.org.
 - The OHA continues to create its infrastructure and has adopted mission statements that support the longevity of the committee both within and beyond the SHIP.
 - **Mission:** We ensure that oral health is an integral part of the evolving healthcare delivery model in Idaho.
 - **Vision:** Oral Health is incorporated as a critical component of patient-centered care.
- **Next Steps:**
 - The OHA Group continues research in order to develop recommendations relating to SHIP and the integration of oral health into the Medical Health Neighborhoods and PCMH model of care.

WORKGROUP REPORTS:



IMHC:

- **Report Item:**
 - The workgroup has not met since last report. There is not another meeting scheduled at this time.



Health Information Technology:

- **Report Item:**
 - HIT continues to monitor the progress on the Data Analytics RFP process; the application period has closed and the review team is currently reviewing proposals for selection scheduled in January 2016.
 - Idaho Health Data Exchange (IHDE) provided the HIT workgroup with a demonstration of the current portal hosted by Orion. Using a test environment, Matt McGraw, shared with the group the various platform functionalities including secure messaging, master patient index, lab and imaging results interface, and the registry management function.
- **Next Steps:**
 - Discussion about data element mapping in anticipation of an analytics vendor coming on board.
 - Ongoing monitoring of the Data Analytics RFP process until an award is made by the Department.



Multi-Payer:

- **Report Item:**
 - The workgroup has not met since last report. There is not another meeting scheduled at this time.



Clinical/Quality Measures Quality Measures Workgroup:

- **Report Item:**
 - The workgroup has not met since last report. There is not another meeting scheduled at this time.



Behavioral Health:

- **Report Item:**
 - The workgroup has not met since last report.
- **Next Steps:**
 - Next BHI Subcommittee meeting is January 5, 2016.

WORKGROUP REPORTS (Continued):

PHW

Population Health:

- **Report Item:**
 - PHW did not meet in November.
 - PHW met December 2, 2015. Meeting highlights are listed below:
 - Presentation on Population Health Measures and Network of Care Platform.
 - Presentation on Idaho mortality trends.
 - Discussion on working definition of Population Health
- **Next Steps:**
 - Next PHW meeting is scheduled for January 6, 2015.



IDAHO DEPARTMENT OF
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 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 PCMHs 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 Health 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 5th, 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 (TeleC)

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 (CQM) 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

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 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:

Payer and provider analytic capabilities to support improvements in care delivery and health, with advancements in health information exchange.

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:

1. Provider access to financial incentives to improve the interoperable exchange of health data through use of EHRs.
2. 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.
3. Adoption of shared governance and standards to support interoperability for care coordination, with a vision for statewide HIE.
4. Establishment of core technical standards and functions among EHR and HIE users, with a vision toward future national standards and interoperability.
5. Adherence to privacy and security protections for health information.
6. Access to technical assistance and training to implement and expand the use of EHRs.
7. Certification of EHR systems to ensure interoperability.
8. Ability to track the expansion and status of EHR systems and the number of individuals for whom EHRs exist.
9. Ability to track the expansion of IHDE participation.

10. Ability to collect and analyze the quality of IHDE transactions.
11. 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
IHC Leadership				
Ted Epperly, MD President and CEO Family Medicine Residency of Idaho	<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	Governor Appointed, Chair, Idaho Healthcare Coalition	<i>Family Medicine Residency of Idaho 777 N. Raymond St. Boise, ID 83704 Ted.epperly@fmridaho.org</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 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5500 ChuckovD@dhw.idaho.gov
State Leadership				
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 DHW 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 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5500 ArmstrongR@dhw.idaho.gov
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 scarrell@idahohde.org

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 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5726 EdmundsR@dhw.idaho.gov
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 HettingL@dhw.idaho.gov
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 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5540 McKayN@dhw.idaho.gov
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 tperkins@gov.idaho.gov

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 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-6996 ShawE@dhw.idaho.gov
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 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-332-7212 SheridaM@dhw.idaho.gov
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 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5574 YorkC@dhw.idaho.gov
Legislative Leadership				
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 lheber@senate.idaho.gov

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 fwood@house.idaho.gov
Physicians				
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 th Avenue, North Nampa, ID 89687 abaron@trhs.org andrew.baron.md@gmail.com
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 docdavis@shashone.net

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
<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. 3rd Ave. #101 Sandpoint, ID 83864 dunn6@juno.com</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 david.peterman@primaryhealth.com</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 dave.schmitz@fmidaho.org</p>
Provider Membership Associations				
<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 tfronk@idahopca.org</p>

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
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 deenal@gmail.com
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 susie@idmed.org
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 idahoafp@aol.com
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 ltisdale@teamiha.org
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 jwheeler@idahooralhealth.org

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Healthcare Systems				
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 mdixon@nihn.net
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 CMeza@kh.org
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 Daniel.ordyna@portmed.org
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 pated@slhs.org
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 irobpolk@sarmc.org
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 Janet.willis@va.gov

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Payers				
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 Josh.bishop@pacificsource.com
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 Melissa.christian@regence.com
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 jcrouch@bcidaho.com
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 HettingL@dhw.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
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 annebwilde@gmail.com
Regional Public Health Districts				
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 lwhalen@phd1.idaho.gov
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 cmoehrle@phd2.idaho.gov
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 Bruce.Krosch@phd3.idaho.gov
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 rduke@cdhd.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
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 rleblanc@phd5.idaho.gov
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 MMann@siph.idaho.gov
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 grackow@eiph.idaho.gov
Regional Collaboratives				
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 th Street Lewiston, ID 83501 208-746-1383 GJefferson@ValleyMedicalCenter.com
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 Kevin.Rich@FMRIdaho.org

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
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 WDHouse@fmed.ISU.edu
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 BSouthw@FamilyFirstIF.com
Community Stakeholders				
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 kvauk@idahofoodbank.org