



# Idaho Healthcare Coalition

## Meeting Agenda

Wednesday, December 13, 2017 1:30PM – 4:35PM

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

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

Attendee URL: <https://rap.dhw.idaho.gov/meeting/58652148/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

<pulsesecure:///method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=58652148&signin=rap.dhw.idaho.gov%2Fmeeting%2F&stoken=827ccb0eea8a706c4c34a16891f84e7b>

Password: 12345

1:30 p.m.	Opening remarks; roll call; introduce any new members, guests, any new IDHW staff; agenda review; and approval of 11/8/2017 meeting notes – <i>Ted Epperly, IHC Chair</i> <b>ACTION ITEM</b>
1:35 p.m.	Graduate Medical Education, 10 Year Strategic Plan – <i>Ted Epperly, IHC Chair</i> <b>ACTION ITEM</b>
1:45 p.m.	Introduce Cohort 3 – <i>Kym Schreiber, SHIP Project Manager</i> <b>ACTION ITEM</b>
2:00 p.m.	AY4 Ops Plan and Dashboard – <i>Katie Falls, Mercer</i>
2:40 p.m.	CQM Measures Clarification – <i>Janica Hardin, Data Governance Co-Chair</i>
2:45 p.m.	Population Health Workgroup Charter – <i>Elke Shaw-Tulloch, Population Health Workgroup Co-Chair</i> <b>ACTION ITEM</b>
2:50 p.m.	Follow up BHI Stakeholder Convening: Farley Health Policy Center – <i>Gina Westcott, SW Hub Administrative Director, Division of Behavioral Health</i>
3:00 p.m.	Break
3:10 p.m.	PHD and Regional Collaborative Updates – <i>PHD SHIP Managers</i>
4:25 p.m.	SHIP Operations and Advisory Group reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup reports): <ul style="list-style-type: none"><li>• Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, IDHW</i></li><li>• Regional Collaboratives Update – <i>Madeline Russell, IDHW</i></li><li>• Telehealth, Community EMS, Community Health Workers – <i>Madeline Russell, IDHW</i></li><li>• Data Governance Workgroup – <i>Dr. Andrew Baron, Terry Reilly and Janica Hardin, Saint Alphonsus, Workgroup Chairs</i></li><li>• Multi-Payer Workgroup – <i>Norm Varin, PacificSource, Workgroup Chair</i></li><li>• Behavioral Health/Primary Care Integration Workgroup – <i>Ross Edmunds, IDHW and Dr. Charles Novak, MD, Workgroup Co-Chairs</i></li><li>• Population Health Workgroup – <i>Elke Shaw-Tulloch, IDHW and Carol Moehrle, Public Health Idaho North Central District, Workgroup Chairs</i></li><li>• IMHC Workgroup – <i>Dr. Scott Dunn, Family Health Center and Matt Wimmer, IDHW Workgroup Chairs</i></li></ul>
4:30 p.m.	Additional business & next steps – <i>Ted Epperly, IHC Chair</i>
4:35 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 13, 2017 Action Items

- Action Item 1 – November Meeting Minutes

IHC members will be asked to adopt the minutes from the November 8, 2017 IHC meeting.

Motion: I, \_\_\_\_\_ move to accept the minutes of the November 8, 2017, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: \_\_\_\_\_

Motion Carried.

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- Action Item 2 – Graduate Medical Education 10 Year Plan

IHC members will be asked to support the Graduate Medical Education 10 Year Plan presented by Dr. Epperly. This will include the IHC becoming a formal supporting entity in the letter being sent to Governor Otter.

Motion: I, \_\_\_\_\_ move to IHC support the Graduate Medical Education 10 Year Plan presented by Dr. Epperly

Second: \_\_\_\_\_

Motion Carried.

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- Action Item 3 – Next steps PCMH Cohort Three

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

Second: \_\_\_\_\_

Motion Carried

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■ Action Item 4 – Award Year 4 SHIP Operations Plan

IHC members will be asked to support the Award Year 4 SHIP Operations Plan as presented.

Motion: I, \_\_\_\_\_ move that the Idaho Healthcare Coalition support the Award Year 4 SHIP Operations Plan as presented.

Second: \_\_\_\_\_

Motion Carried

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■ Action Item 5 – Population Health Workgroup Charter

IHC members will be asked to approve the updated Population Health Workgroup Charter as presented by Elke Shaw-Tulloch.

Motion: I, \_\_\_\_\_ move that the Idaho Healthcare Coalition approve the updated Population Health Workgroup Charter presented by Elke Shaw-Tulloch.

Second: \_\_\_\_\_

Motion Carried



# Idaho Healthcare Coalition

## Meeting Minutes:

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**SUBJECT:** IHC November Minutes      **DATE:** November 8, 2017

**ATTENDEES:** Russ Barron, Norm Varin, Kathy Brashear, Pam Catt-Oliason, Ross Edmunds, Dr. Ted Epperly, Janica Hardin, Casey Moyer in for Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Dr. James Lederer, Sandy- Stevenson in for Dr. David Pate, Dr. Kevin Rich, Dr. Rhonda Robinson-Beale, Neva Santos, Elke Shaw-Tulloch, Jennifer Wheeler, Jeff Crouch in for Matt Wimmer, Cynthia York, Nikole Zogg

**Teleconference:** Michelle Anderson, Dr. Andrew Baron, Russell Duke, Maggie Mann, Casey Meza, Carol Moehrle, Geri Rachow, Larry Vauk, Lora Whalen

**Members Absent:** Dr. Richard Bell, Melissa Christian, Dr. Keith Davis, Dr. Scott Dunn, Lee Heider, Dr. Mark Horrocks, Dr. Glenn Jefferson, Amy Mart, Nicole McKay, Daniel Ordyna, Tammy Perkins, Dr. David Peterman, Susie Pouliot, Mary Sheridan, Dr. Boyd Southwick, Karen Vauk, Dr. Fred Wood

**IDHW Staff** Ann Watkins, Burke Jensen, Kym Schrieber, Jill Cooke, Stacey St. Amand, Madeline Russell, Madeline Priest, McKenzie Hansen

**Guests:** Dr. Shale Wong, Lina Brou, MPH, Emma Gilchrist, MPH, Dr. Stephanie Gold, Stephanie Kirchner, MSPH, RD, and Jonathan Muther, PhD.

**STATUS:** Draft 11/8/17

## Summary of Motions/Decisions:

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**Motion:**

Casey Moyer moved to accept the five (5) action items presented at the September 13, 2017 meeting in which a quorum was not achieved; Dr Kevin Rich seconded the motion.

**Outcome:**

**PASSED**

Janica Hardin moved to adopt the final four clinical quality measures she presented; Elke Shaw-Tulloch seconded the motion.

**PASSED**

## Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and took role. Dr. Epperly started the meeting with a quote “If it doesn’t challenge you it won’t change you.” Gina Westcott introduced guests from the Farley Health Policy Center including Dr. Shale Wong; Lina Brou, MPH; Emma Gilchrist, MPH; Dr. Stephanie Gold; Stephanie Kirchner, MSPH, RD; and Jonathan Muther, PhD. The Farley group attended the meeting to discuss the importance of behavioral health integration. They are having an all-day conference on November 9<sup>th</sup> to go into more depth on this topic.
- ◆ Dr. Epperly presented Josh Bishop with an award to thank him for his service to the IHC.
- ◆ SHIP introduced their new administrative assistant, Jill Cooke.

**LAN Summit Update – Cynthia York, SHIP Administrator**

- ◆ Cynthia York presented a review of the LAN Summit which took place in Washington, D.C. The summit was opened by Seema Verna who made three main points:
  - Ease regulatory burdens.
  - Patients over paperwork.
  - Reinvent the agency to put the patient first.
- ◆ Ms. York spoke about the latest LAN report which stated that 29% of healthcare payments are in APM categories three and four which include APMs with shared savings and population-based payments.
- ◆ Ms. York and Mr. Moyer both attended the LAN Summit and agreed that Idaho is on the right path for better outcomes through the PCMH.

**Mercer Project Management Update – Jenny Feliciano, Mercer and Casey Moyer, SHIP Operations**

- ◆ Ms. Feliciano informed the group that there is not an Ops plan update since they are currently working with CMMI to determine if they will be granted a no cost extension. If the extension is granted, Mercer will present the group with an updated Ops plan in spring 2018.
- ◆ Mercer is using a new project management tool called Smart Sheet. This system will relieve some administrative burden and integrate work plans and create dashboards.
- ◆ Quarter three ended October 31<sup>st</sup>. Mercer is collecting metrics to present during the December meeting.

**IHC Sustainability Update– Dr. Ted Epperly, IHC Chair**

- ◆ Dr Epperly shared that they are speaking with several experts on their sustainability plans but that there is currently no update on the sustainability report until the SHIP grant comes to an end.

**Data Governance Update – Janica Harden, Co-Chair, DGW**

- ◆ Janica Harden presented on the Award Year four measures. The additional four measures being added to Award Year four will be as follows:
  1. Colorectal Cancer Screening
  2. Breast Cancer Screening
  3. Well Child Visits the first 15 months of life

4. Well Child Visits ages 3-6

- ◆ These measures align with the national level and are claim- based measures.

**Cohort Two and Cohort Three Update** – *Kym Schreiber, SHIP Operations and Nancy Kamp, HMA*

- ◆ Ms. Schreiber presented new information about Cohort Three:
  - The application for Cohort Three opened on September 18<sup>th</sup> and closed on October 20<sup>th</sup>.
  - SHIP received 58 total applications. Twenty-eight percent of applicants have never participated in a SHIP cohort before.
  - Applicants will know their status in December.
- ◆ Nancy Kamp presented a couple of PCMH success stories from Cohort Two:
  - St. Luke clinics have been working on PDSA and plan to submit for PCMH recognition in fall 2018.
  - Primary Health has received level two recognition for 12 of their clinics. All 17 Primary Health clinics are PCMH-recognized.

**Behavioral Health Integration** – *Dr. Shale Wong and team, Farley Health Policy Center*

- ◆ Gina Westcott introduced Dr. Shale Wong and her team.
  - Dr. Wong spoke to the importance of behavioral health to integrated healthcare.
  - The goal of the Farley Center is to advance healthcare policy to advance the healthcare system.
- ◆ Lina Brou presented data she collected on fee-for-service in FY16. The Affordable Care Act increased insurance coverage and CHIP enrollment.
- ◆ Emma Gilchrist presented the cost of mental and behavioral health across the nation.
- ◆ Stephanie Gold presented about the importance of payment reform for primary health and integrating behavioral health with primary care. Ms. Gold spoke about improvements in patients who have chronic illnesses and who receive behavioral health treatment versus those who do not.
- ◆ Dr. Wong closed the presentation stating that there is value in integrated health; it provides patients with greater quality of care.

**IHDE Update** – *Brad Erickson, IHDE Executive Director*

- ◆ Brad Erickson presented an update on Cohort One; 35 of 55 SHIP clinics are connected with bi-directional connections.
- ◆ For Cohort Two, 30 of 56 SHIP clinics are connected.
- ◆ IHDE is in talks with other states to work toward a more sustainable model.

**CHW Update** – *Madeline Russell, Bureau of Rural Health and Primary Care*

- ◆ Ms. Russell presented an update on the CHWs; 32 students have completed the training course.
- ◆ There is a new CWH training course scheduled for January 2018; this will be a live-online course.
- ◆ She presented the challenges clinics are facing integrating CHWs into their clinics. She would like to begin talks with payers regarding making CHWs a payable service.
- ◆ A one-page informational pamphlet on CHWs will be sent to all IHC members.

**Additional business and Next Steps**, *Dr. Ted Epperly, IHC Co-Chair*

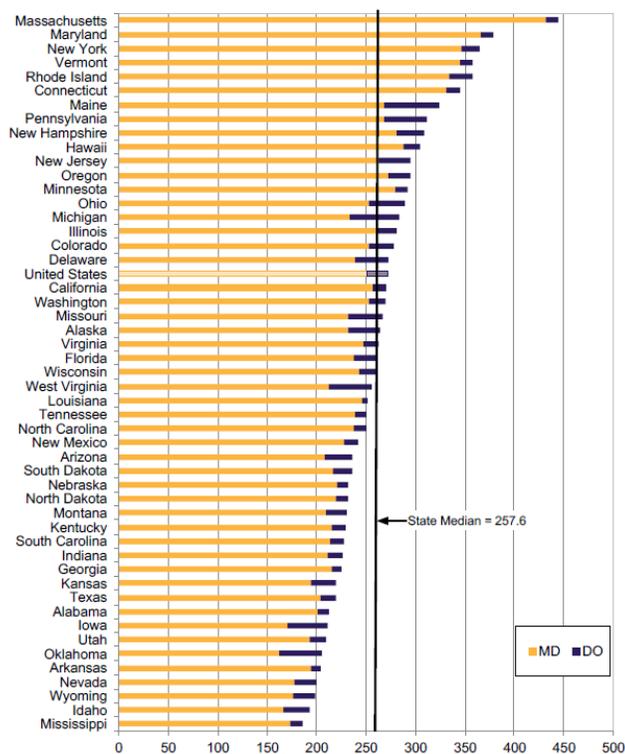
- ◆ Cynthia York informed the group that Melody Bowyer is the new director of South Central District Health. A motion for her membership approval will be set for the December meeting.
- ◆ There was no further business and the meeting was adjourned at **4:00 PM**

# Graduate Medical Education in Idaho: A Ten Year Strategic Plan

Draft 9.0 | December 1, 2017

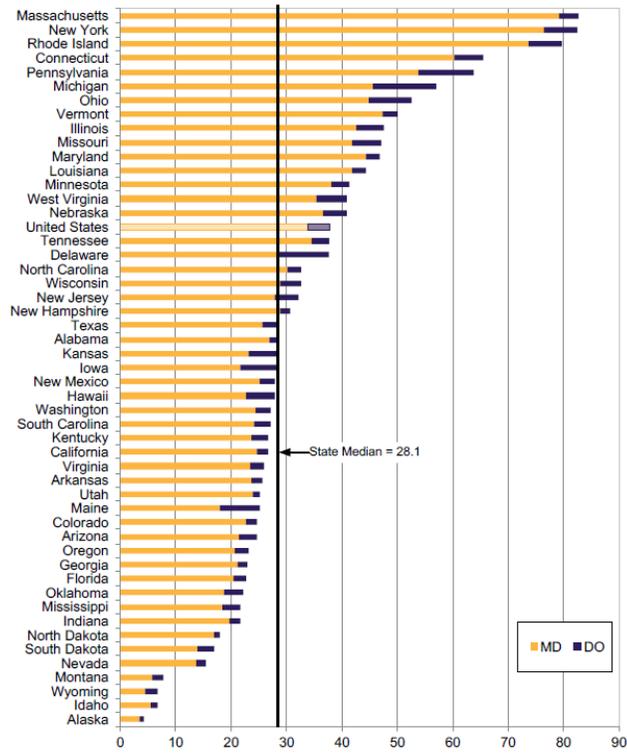
Ted Epperly, MD

Figure 1.1. Active physicians per 100,000 population by degree type, 2016.



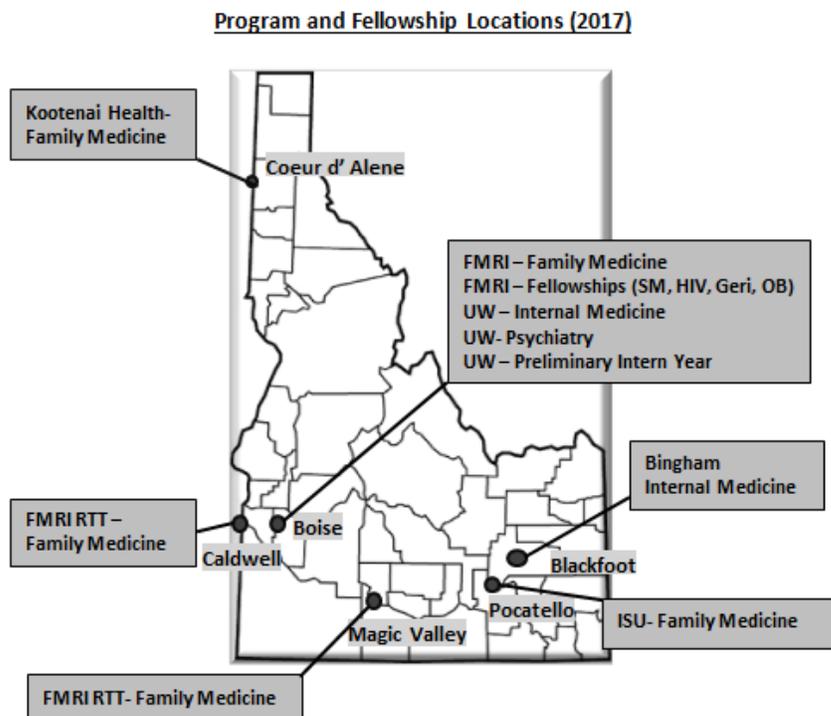
Sources: July 1, 2016, population estimates are from the U.S. Census Bureau (released December 2016). Physician data are from the 2017 AMA Physician Masterfile (December 31, 2016).  
Note: Physicians whose school type was unavailable (n = 39) are excluded.

Figure 3.1. Residents and fellows on duty as of December 31, 2016, in ACGME-accredited programs per 100,000 population by degree type.

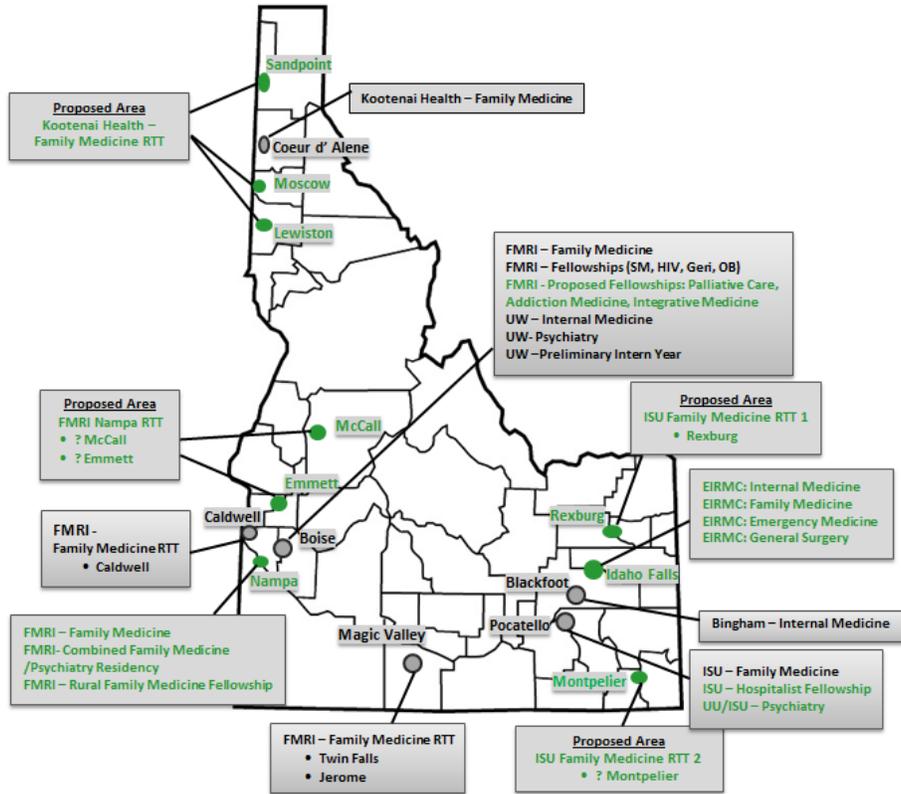


Sources: July 1, 2016, population estimates are from the U.S. Census Bureau (released December 31, 2016). Resident physician data are from the National GME Census in GME Track® as of August 2017.

Figure One – Programs Specialties and locations in Idaho.



**Figure Two – Program and Fellowship Locations (2028)**



**Table 11: Current and New Program Growth**

Program Types	2017	2028
<b>Family Medicine</b>	<p>Five Programs</p> <ul style="list-style-type: none"> <li>• FMRI-Boise</li> <li>• FMRI – RTT Caldwell</li> <li>• FMRI – RTT – Magic Valley</li> <li>• ISU – Pocatello</li> <li>• Kootenai – Coeur d' Alene</li> </ul>	<p>Twelve Programs</p> <ul style="list-style-type: none"> <li>• FMRI Boise</li> <li>• FMRI RTT Caldwell</li> <li>• FMRI Magic Valley</li> <li>• FMRI Nampa</li> <li>• FMRI Nampa RTT</li> <li>• FMRI Nampa Combined Family Medicine and Psychiatry *</li> <li>• ISU Pocatello</li> <li>• ISU Pocatello – RTT #1 (Rexburg)</li> <li>• ISU Pocatello RTT #2 (Montpellier)</li> <li>• Kootenai Coeur d' Alene</li> <li>• Kootenai Coeur d'Alene – RTT (Sandpoint, Moscow or Lewiston)</li> <li>• EIRMC Idaho Falls</li> </ul>
<b>Internal Medicine</b>	<p>Two Programs</p> <ul style="list-style-type: none"> <li>• UW- Boise</li> <li>• RVU – Bingham - Blackfoot</li> </ul>	<p>Three Programs</p> <ul style="list-style-type: none"> <li>• UW- Boise</li> <li>• RVU – Bingham – Blackfoot</li> <li>• EIRMC – Idaho Falls</li> </ul>
<b>Psychiatry</b>	<p>One Program</p> <ul style="list-style-type: none"> <li>• UW – Boise -Psychiatry</li> </ul>	<p>Three Programs</p> <ul style="list-style-type: none"> <li>• UW – Boise–Psychiatry</li> <li>• ISU/UU – Pocatello</li> <li>• FMRI Nampa – Combined Family Medicine/Psychiatry *</li> </ul>
<b>Preliminary Year Internship</b>	<p>One Program</p> <ul style="list-style-type: none"> <li>• UW- Boise</li> </ul>	<p>One Program</p> <ul style="list-style-type: none"> <li>• UW – Boise</li> </ul>
<b>Emergency Medicine</b>		<p>One Program</p> <ul style="list-style-type: none"> <li>• EIRMC – Idaho Falls</li> </ul>
<b>General Surgery</b>		<p>One Program</p> <ul style="list-style-type: none"> <li>• EIRMC – Idaho Falls</li> </ul>
<b>Total</b>	Nine Programs	<p>Twenty One Programs *</p> <p>* (The Nampa combined family medicine/psychiatry residency will produce Board certified physicians in both Family Medicine and Psychiatry)</p>

Figure 4:

10 Year GME Growth and Additional Providers Trained

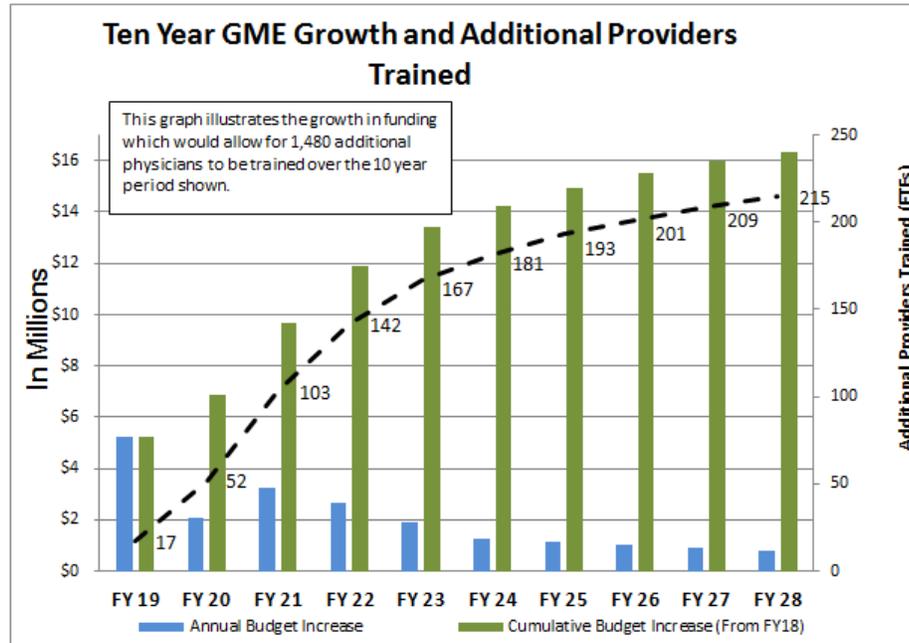


Table 23:

Ten Year Growth in Graduate Medical Education (GME) Programs, Residents and Fellows, and Cost to Idaho's Legislature

	2017	2018-2028	% Increase
GME Residency Programs	9	21*	233%
GME Fellowship Programs	4	9	225%
Residents and Fellows Training in Idaho/year	141	356	252%
Number of Graduates Each Year from Idaho's GME Programs	52	124	237%
GME Residents per 100,000 citizens in Idaho	6.7 (National Average is 28.1)	17.7 (Assuming Idaho's Population grows to 2 Million People by 2028)	276%
Cost of GME and Additional Healthcare Programs in Idaho	\$5,138,700 / year	\$16,349,000 / year	318%

\* The Nampa combined Family Medicine/Psychiatry program is being counted as both a family medicine and psychiatry program as it is producing physicians that will be Board Certified in Family Medicine and Psychiatry.

November 2017

The Honorable C.L. "Butch" Otter  
Governor, State of Idaho  
State Capitol  
700 West Jefferson Street  
Boise, ID 83702

Honorable Members of the  
Legislature of the State of Idaho  
State Capitol  
700 West Jefferson Street  
Boise, ID 83702

Re: Graduate Medical Education in Idaho – The Creation of a Ten Year Strategic Plan

The undersigned Idaho stakeholders share a common interest in ensuring the robustness of Idaho's medical education and residency training programs now and into the future and are in support of a ten-year plan for graduate medical education in Idaho. Idaho faces a significant challenge with producing and ensuring a well-trained physician workforce for the future.

### **Idaho's Current Status**

- Idaho ranks 49<sup>th</sup> in the United States for physicians per capita
- Idaho ranks 48<sup>th</sup> in the US for medical residents per capita
  - Idaho: 6.4 medical residents per 100,000 people
  - US: 27.4 medical residents per 100,000 people
- 27% of Idaho's physicians are over age 60

Thanks to the leadership and support of the Governor and Legislature, Idaho's current medical school pipeline is robust, with 40 students/year at WWAMI, 10 students/year at University of Utah, and anticipation of 150 students/year at the Idaho College of Osteopathic Medicine. The success of these programs to meet the goal of increasing our physician workforce is highly dependent on the availability of Idaho residency training programs, which is the next required phase of physician education.

### **Looking to the Future: Ten Year Strategic Plan**

Following graduation from medical school, physicians must obtain additional training through residency programs, which are also referred to as graduate medical education (GME). A Governor-appointed workgroup led by the Idaho State Board of Education (SBOE), identified expansion of GME residency programs as the next critical step in the pipeline to grow the physician workforce in our state. The location of residency programs is highly correlated with where physicians will ultimately practice medicine, with 50-75% of them staying within 100 miles of their residency training sites. Under the guidance of SBOE, a group of stakeholders from every single medical education and residency program in Idaho came together to develop a Ten Year Strategic Plan for GME Expansion. Implementation of the plan would:

- Increase the number of GME programs from 9 to 21 in all geographic regions of Idaho
- Increase the number of Residents/Fellows training in Idaho from 141 to 355
- Raise Idaho's per capita number of medical residents from 6.4 per 100,000 people to 17.7
- Over ten years cost a total of \$15.9 million
- Cost \$5.085 million in FY19, the first year of implementation

### **Benefits of Expanding GME in Idaho**

- 50-75% of trained residents will practice in Idaho based on current retention rates
- Economic impact of each practicing physician in Idaho:
  - Supports an average of 10 jobs
  - Produces \$1.3 million in direct and indirect economic output
  - Generates nearly \$50K per physician in state and local taxes

- As the largest providers of care to Medicaid and uninsured patients, residencies help Idaho address the needs of rural and underserved communities

Thank you for your dedication to Idaho and Idaho's citizens. The work you do is important, and we know you must make many difficult decisions. We sincerely appreciate your time and attention to this letter. We look forward to speaking with you about improving medical education and residency training opportunities in Idaho, and thereby improving Idahoan's access to quality health care.

A full copy or summary of the Ten Year Strategic Plan for Graduate Medical Education is available upon request.

The following organizations support the development of and funding for the  
[Ten Year Strategic Plan for GME Expansion in Idaho:](#)

Susie Pouliot, CEO  
Idaho Medical Association



# Cohort 3 PCMH Selection

Kym Schreiber | SHIP Operations  
December 13, 2017

## Objectives

- ✦ Explain evaluation and selection process
- ✦ Review selected clinics by region
- ✦ Discuss next steps – **ACTION ITEM**



# PCMH Application Evaluation

- ✳ **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.
- ✳ **EHR:** applicants were asked if they are utilizing an EHR.
- ✳ **EHR Connectivity Potential:** Ability for the clinic EHR to connect the IHDE (connectivity module); no actual connectivity was scored.
- ✳ **EHR Conversion:** applicants were asked if they had an EHR conversion planned within the next 12 months.
- ✳ **Previous PCMH Familiarity:** applicants were asked if they have participated in previous pilots or PCMH-related initiatives
- ✳ **National Accreditation:** Based on current certification level
- ✳ **Physician Champion & PCMH Team Vision:** narrative responses were scored on a 5 point Likert scale.
- ✳ **Physician Champion Commitment:** narrative responses were scored on a 5 point Likert scale.
- ✳ **Physician Champion Experience:** narrative responses were scored on a 5 point Likert scale.



from PCMH selection criteria IHC agreed upon in August 2017, in no particular order

## Evaluation Team



### Five Member Team from:

- Division of Public Health
- SHIP Operations
- Division of Behavioral Health
- Division of Medicaid
- PCMH Transformation Contractor

- ✳ Kick-off Meeting
- ✳ Independent Scoring (1 week)



### Essential Application Information :

#### SHIP PCMH Cohort 3 Application – CONFIDENTIAL REVIEWER COPY

Application # 8	Clinic Name: ██████████
County Designation: Rural	Organization Type/ Predominant Specialty: Private Practice/ Multi-Specialty
Reported PCMH Related Initiative Participation:	None
National PCMH Certification/ Type & Level, if applicable:	No
Does your clinic have an electronic health record?	Yes
Do you have an EHR conversion planned or being considered?	No
Does your EHR support Health Information Exchange (HIE) connectivity?	Yes

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 ██████████ with the ██████████. 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 ██████████ 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 ██████████ 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 Selection Process

Application	Review Committee	Compilation of Scores	Final Selection & Notification
<ul style="list-style-type: none"><li>• Final Application Collection</li><li>• 58 total applications received</li></ul>	<ul style="list-style-type: none"><li>• 5 member review committee</li><li>• Selection criteria only view</li></ul>	<ul style="list-style-type: none"><li>• All reviewers scores were compiled into a matrix</li><li>• Scores were weighted and calculated</li></ul>	<ul style="list-style-type: none"><li>• Stratified by region</li><li>• Ranked in order by weighted score</li><li>• Organizational cap suspended</li></ul>

## Reminders:

- Items scored were selection criteria the IHC agreed to in August
- Organizational capitation was suspended based on total number of applications received
- Number of clinics selected for Cohort 3 is a statewide total of 54 sites
- Reviewers only considered information provided by the clinics within their application



# Results

District 1 (10 total)	
Family Medical Care Hayden	Kootenai Clinic Family Medicine Residency Coeur d' Alene
Health Care for Women Coeur d' Alene	Kootenai Clinic Internal Medicine Coeur d' Alene
Kootenai Clinic Family Medicine Coeur d' Alene	Kootenai Clinic Internal Medicine Post Falls
Kootenai Clinic Family Medicine Hayden	Lakeside Pediatric & Adolescent Medicine Coeur d' Alene
Kootenai Clinic Family Medicine Post Falls	<i>OFFER EXTENDED BUT HAS NOT BEEN ACCEPTED</i>



# Results continued...



District 2 (4 total)
St. Mary's Clinic Craigmont
St. Mary's Clinic Nezperce
Syringa Kooskia Clinic Kooskia
Total Health Physician Group Moscow



## Results continued...

District 3 (6 total)	
All Seasons Primary Care Nampa	
Family Medicine Health Center - Pediatrics Nampa	
Southern Idaho Health Partners dba Saltzer Medical Group Nampa	
Terry Reilly Health Services Melba	
Two Rivers Medical Clinic Weiser	
Valor Health Emmett Medical Center & Urgent Care Emmett	

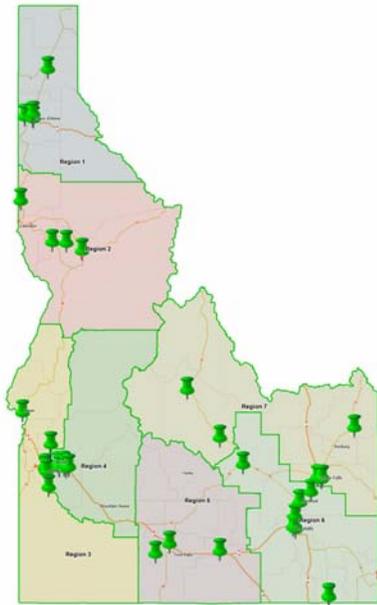


## Results continued...

District 4 (8 total)	
Ada Pediatrics Boise	Primary Health Medical Group - Downtown Boise
Erik S. Jones, D.O., Family Medicine Boise	Primary Health Medical Group – Garden City Garden City
Family Medicine Health Center - Pediatrics Meridian	Primary Health Medical Group – Orchard Boise
Meridian Family Medicine Meridian	Southern Idaho Health Partners dba Saltzer Medical Group Meridian



# Results continued...



District 5 (3 total)	
Family Health Services	Buhl
Family Health Services	Jerome
Family Health Services	Rupert

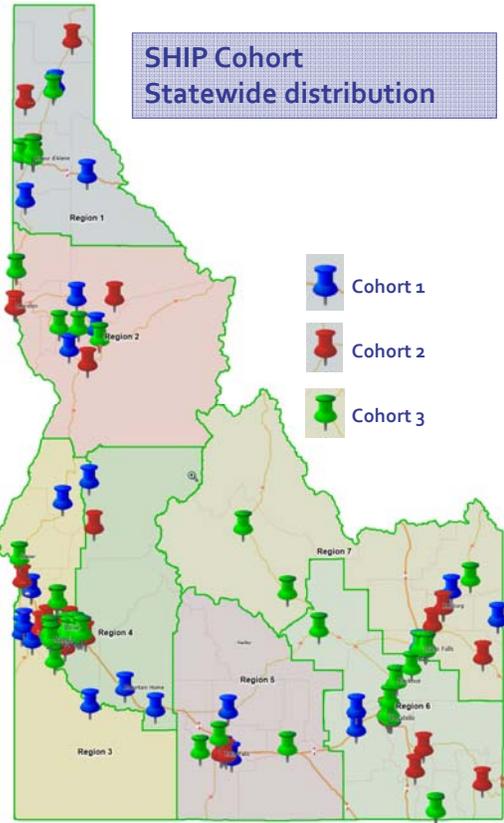
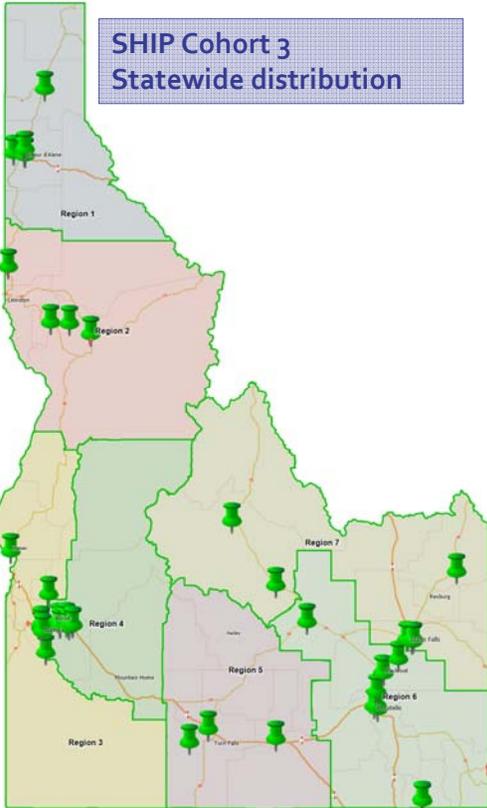
# Results continued...

District 6 (11 total)	
Bingham Memorial Family Medicine Blackfoot	Health West Preston
Blackfoot Medical Center Blackfoot	Idaho Physicians Clinic – Internal Medicine Blackfoot
Family Practice Group, P.A. dba InterMountain Medical Clinic Pocatello	Lost Rivers Rural Health Clinic Arco
Firth Medical Center Firth	Primary Care Specialists Pocatello
Health West Chubbuck	Shoshone-Bannock Community Health Center Fort Hall
	Willow Valley Family Medicine & Obstetrics Preston

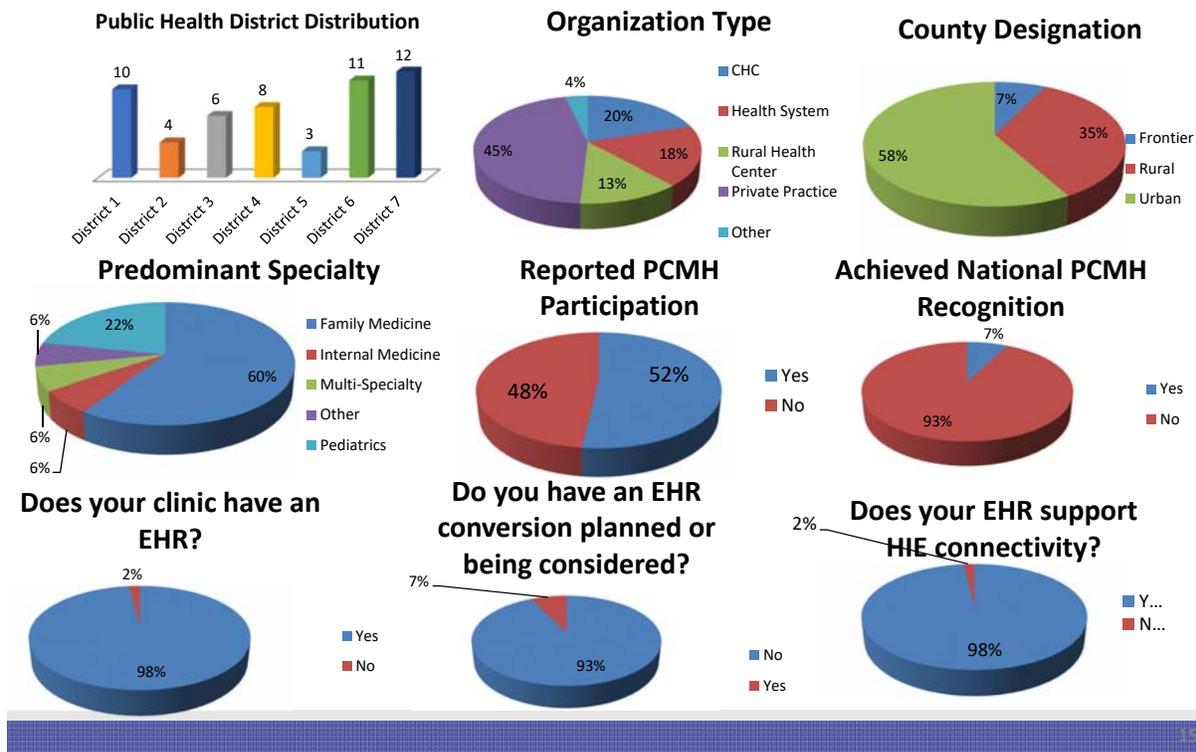


# Results continued...

District 7 (12 total)	
<i>OFFER EXTENDED BUT HAS NOT BEEN ACCEPTED</i>	Medical Center for Children & Adolescents, PA dba The Pediatric Center Idaho Falls
Challis Area Health Center, Inc. Challis	RHS Family Medical Clinic Ammon
Community Family Clinic Idaho Falls	Rindfleisch Family Practice Idaho Falls
Idaho Falls Pediatrics - Coronado Idaho Falls	Primary Care Specialists Pocatello
Idaho Falls Pediatrics - Pancheri Idaho Falls	Sandcreek Family Practice Idaho Falls
Mackay Health Clinic Mackay	Southeast Idaho Family Practice Idaho Falls
	Total Family Medicine Idaho Falls



# Cohort 3 Selected Clinic Data



## Next Steps

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

### Proposed Next Steps: - *ACTION ITEM* -

- ✦ Briljent will conduct Readiness assessment  
December 2017 & January 2018
- ✦ Briljent Clinic Agreement initiation with Cohort 3  
January 2018
- ✦ Project MOU between Cohort 3 and IDHW  
January 2018
- ✦ IHDE Agreement Initiation  
February 2018
- ✦ Cohort 3 Kick-Off Webinar  
February 1, 2018
- ✦ Cohort 3 Learning Collaborative  
June 27 & 28, 2018





## Operational Plan Overview and Purpose

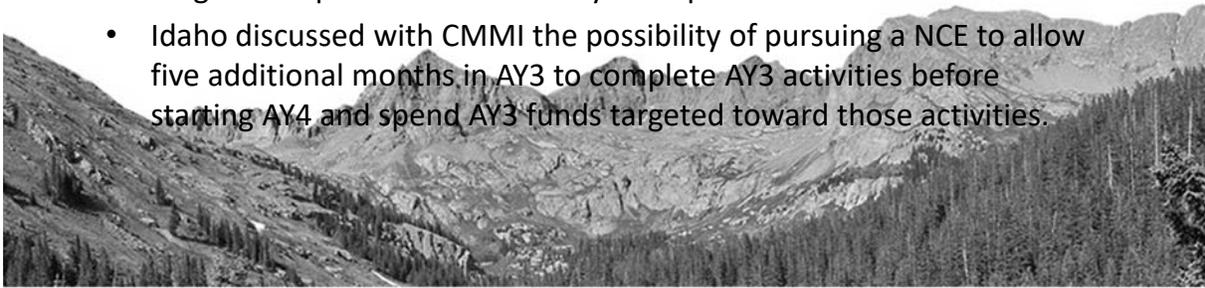
- Operational Plan Requirements:
  - Annual requirement of all State Innovation Model (SIM) Test states.
  - Must comply with Award Year 4 (AY4) Updated CMMI Guidance on Operational Plan requirements.
  - Operational Plan due to CMMI on December 1, 2017.
  - Idaho received an extension to January 1, 2017 due to a no-cost extension application.
- Approval:
  - CMMI approval of AY4 grant funding is contingent on approval of Operational Plan.





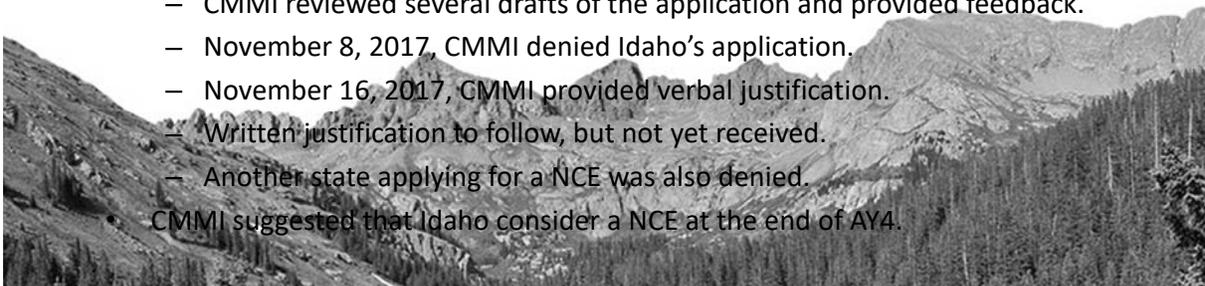
## Idaho's Exploration of a No-Cost Extension

- CMMI provides two mechanisms that SIM grantees may use to adjustments at the end of a grant year.
  - Carryover funding: Allows a grantee to carry unused grant year funds into the following year.
  - No-cost extension (NCE): Allows a grantee to extend the grant year period to provide the state additional time (not more money) to complete activities and spend grant funds.
- Due to a variety of factors, some of Idaho's key activities have taken longer to implement than initially anticipated.
- Idaho discussed with CMMI the possibility of pursuing a NCE to allow five additional months in AY3 to complete AY3 activities before starting AY4 and spend AY3 funds targeted toward those activities.



## Idaho's No – Cost Extension Application

- NCE Application Requirements:
  - Development and submission of multiple documents, including significant revisions to the AY3 Operational Plan, and updated master timeline, and a revised budget.
  - Multiple levels of review and approval within CMMI of the NCE application.
  - If approved, postpones submission of the AY4 Operational Plan until April 30, 2017.
- CMMI Decision:
  - CMMI reviewed several drafts of the application and provided feedback.
  - November 8, 2017, CMMI denied Idaho's application.
  - November 16, 2017, CMMI provided verbal justification.
  - Written justification to follow, but not yet received.
  - Another state applying for a NCE was also denied.
- CMMI suggested that Idaho consider a NCE at the end of AY4.





## Development of Idaho's AY4 Operational Plan

- NCE denial occurred two weeks before the Operational Plan due date of December 1, 2017.
- Extension granted to January 1, 2017.
- CMMI does not expect the later submission to create a delay in release of Idaho's AY4 grant funds on February 1, 2017.
- SHIP Team and Mercer have been working to draft the Operational Plan with a goal of submitting to CMMI by December 22, 2017.



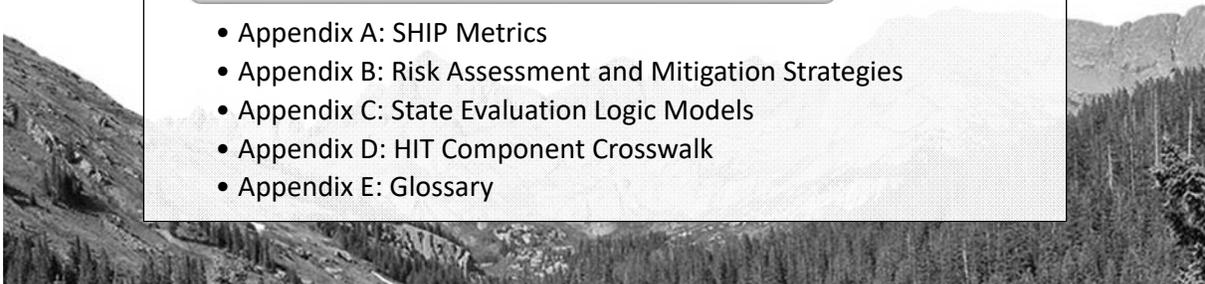
## AY4 Operational Plan Content and Structure Table of Contents

### Main Sections

- 1: Executive Summary
- 2: Policy and Operational Areas
- 3: Detailed Operational Plans by Goal/Driver
- 4: Program Monitoring and Evaluation
- 5: Sustainability Plan

### Appendices

- Appendix A: SHIP Metrics
- Appendix B: Risk Assessment and Mitigation Strategies
- Appendix C: State Evaluation Logic Models
- Appendix D: HIT Component Crosswalk
- Appendix E: Glossary

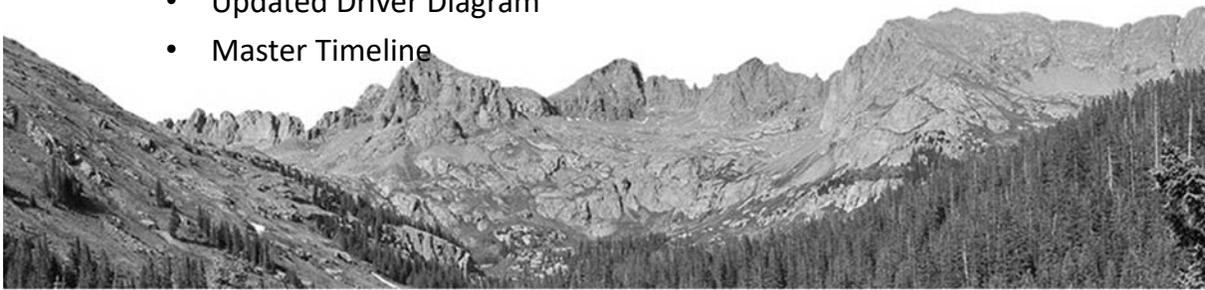




# Executive Summary

## Section 1

- Summary of Model Test:
  - A brief narrative highlighting Idaho’s overall SHIP vision, goals, and objectives.
  - High-level description of progress to date, including AY3 highlights, achievements, and challenges.
  - A high level overview of AY4 goals and objectives, which will be thoroughly detailed later in the document.
- End State Vision
- Updated Driver Diagram
- Master Timeline



# Summary of Model Test

## Executive Summary





## Highlights and Challenges of AY3

Transform primary care practices across the State into PCMHs

110 SHIP Cohort  
clinics

Technical  
assistance

### Goal 1

Clinic-to-clinic  
mentorship

Sustainability  
planning



## Key Activities in AY4

Transform primary care practices across the State into PCMHs

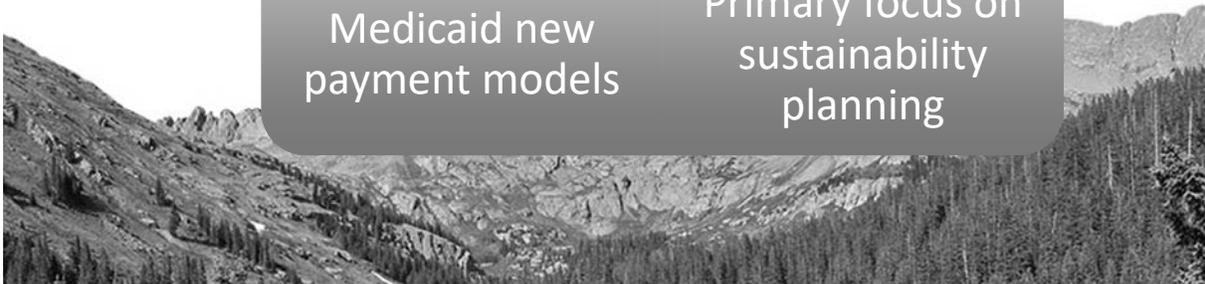
165 SHIP Cohort  
clinics

Diversified  
technical  
assistance

### Goal 1

Medicaid new  
payment models

Primary focus on  
sustainability  
planning





## Highlights and Challenges of AY3

Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the Medical-Health Neighborhood

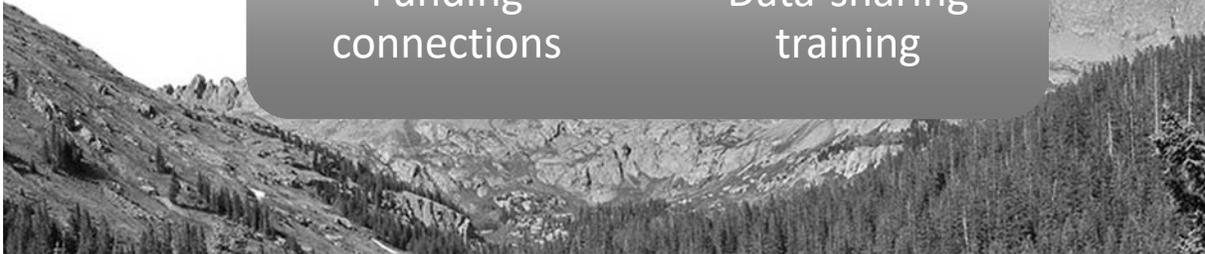
Increasing IHDE capacity

Bi-Directional connections  
74 SHIP Clinics

### Goal 2

Funding connections

Data-sharing training



## Highlights and Challenges of AY3

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

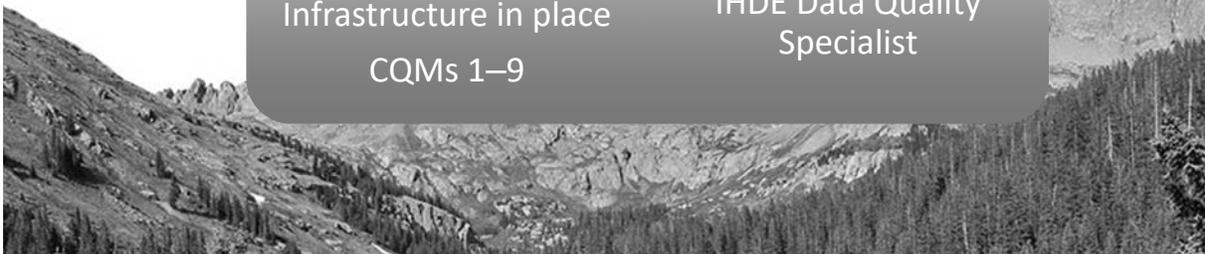
SHIP Data Governance Workgroup

16 CQMs

### Goal 5

Analytic and reporting Infrastructure in place  
CQMs 1–9

IHDE Data Quality Specialist





## Key Activities in AY4

Statewide HIT  
Leadership Group

Increased IDHE  
capacity &  
enhanced clinic  
trainings

**Goals 2  
and 5**

Data platform

Sustainability  
planning



## Highlights and Challenges of AY3

Establish seven Regional Collaboratives to support the integration of each PCMH with the broader Medical-Health Neighborhood

Implementation of  
Strategic Plans  
initiated

RC Grants awarded

**Goal 3**

Regional population  
health & quality  
improvement  
initiatives identified

Sustainability  
planning





## Key Activities of AY4

Establish seven Regional Collaboratives to support the integration of each PCMH with the broader Medical-Health Neighborhood

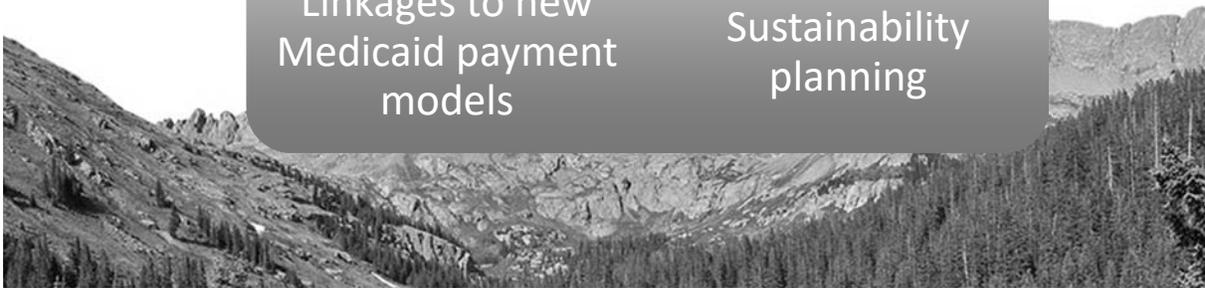
Strategic Plans implemented

Analytic solutions output initiated

Goal 3

Linkages to new Medicaid payment models

Sustainability planning



## Highlights and Challenges of AY3

Improve rural patient access to PCMHs by developing virtual PCMHs

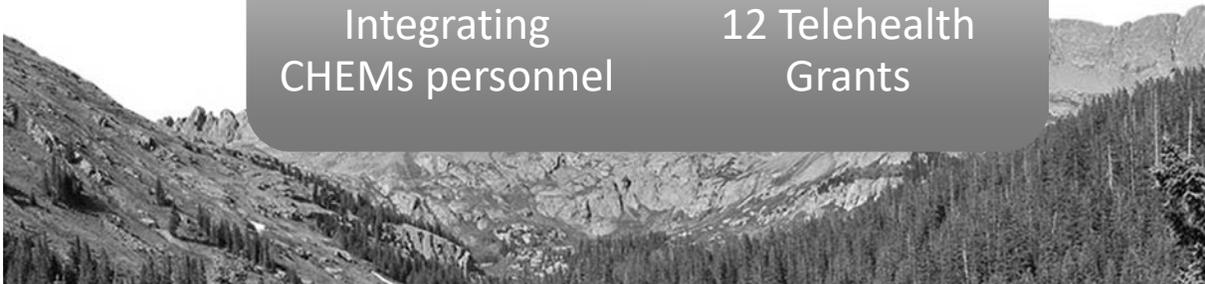
27 Virtual PCMH Designations

Trained CHWs

Goal 4

Integrating CHEMs personnel

12 Telehealth Grants





## Key Activities of AY4

Improve rural patient access to PCMHs by developing virtual PCMHs

Virtual PCMH  
Designation for  
SHIP Cohort Three

Integration of  
CHWs and CHEMs  
in delivery system

Goal 4

Project ECHO

Sustainability  
planning



## Highlights and Challenges of AY3

Align payment mechanisms across payers to transform payment methodology from volume to value

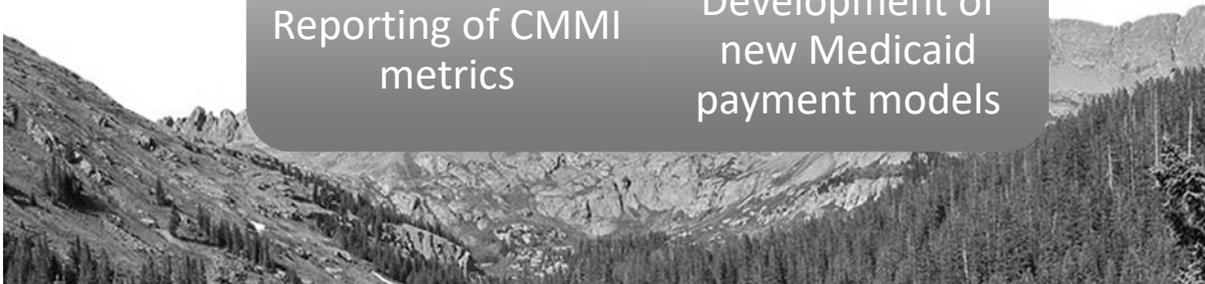
Multi-Payer  
Workgroup

Financial analysis

Goal 6

Reporting of CMMI  
metrics

Development of  
new Medicaid  
payment models





## Key Activities of AY4

Align payment mechanisms across payers to transform payment methodology from volume to value

Financial analysis

Reporting of CMMI metrics

Goal 6

Implementation of new Medicaid payment models

Sustainability planning



## Highlights and Challenges of AY3

Reduce overall healthcare costs

Data collection and analysis

Cost Avoidance Financial Analysis Report

Goal 7





## Key Activities of AY4

Reduce overall healthcare costs

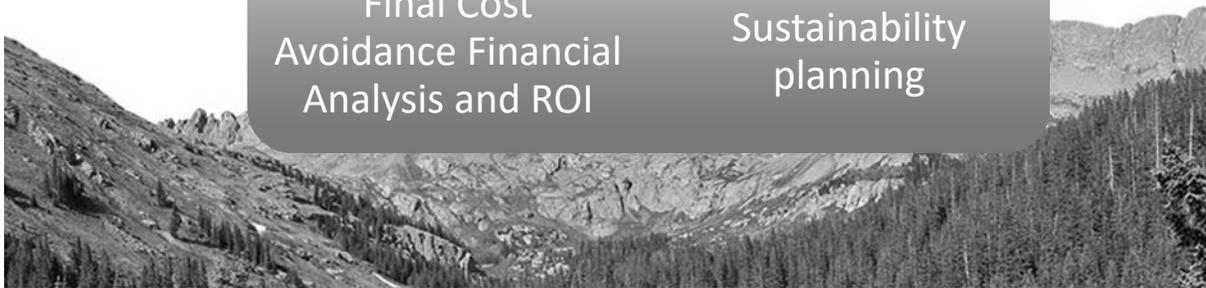
Two Data collection  
and analysis cycles

Cost Avoidance  
Financial Analysis  
Report

Goal 7

Final Cost  
Avoidance Financial  
Analysis and ROI

Sustainability  
planning



## Sustainability Plan Part 1 Deliverable

### End State Vision, State Accomplishments, and Changes in Environment

Detail the End State Vision

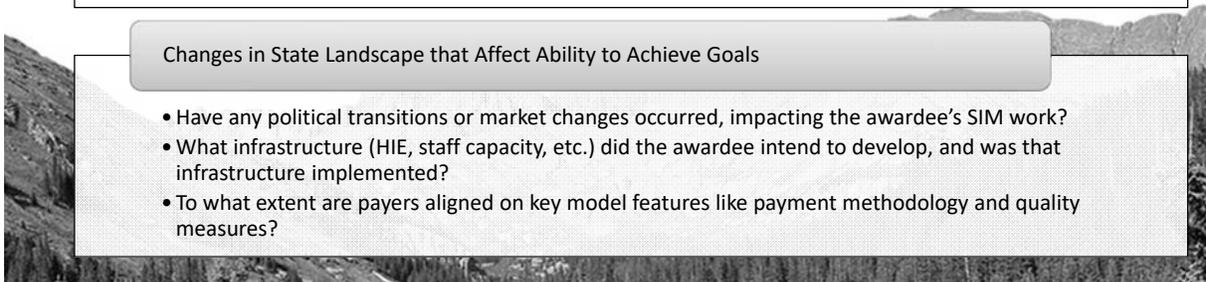
How has SIM advanced the awardee's goals for payment and delivery system reform?  
What are Idaho's population health goals?

Describe Idaho's Accomplishments to Achieve SIM Goals/End State Vision to Date

- What activities were originally proposed?
- What is the status of those activities?
- Were new activities added to support the model?

Changes in State Landscape that Affect Ability to Achieve Goals

- Have any political transitions or market changes occurred, impacting the awardee's SIM work?
- What infrastructure (HIE, staff capacity, etc.) did the awardee intend to develop, and was that infrastructure implemented?
- To what extent are payers aligned on key model features like payment methodology and quality measures?





# Sustainability Plan

## Part 2 Deliverable

**Assess the status of key elements of Idaho's model and prepare a detailed plan for sustaining its major SHIP investments to achieve its End State Vision**

By primary driver and secondary driver, inventory the activities/investments that will require sustained resources:

Detail the necessary resources (funding, staffing, technical assistance, etc.)?  
What are the potential funding sources for these activities post-SIM?

Analyze the strengths and weaknesses of the model as implemented:

- How will the awardee build upon those strengths as a foundation for longer term transformation?
- How will the awardee address weaknesses?

Assess what scaling will need to occur to sustain SIM initiatives:

- Identify the payers and providers targeted for scaling.
- Present a timeline/work plan, if available.



## Questions and Discussion





# SHIP Project Management Dashboard

Prepared for the Idaho Healthcare Coalition

Award Year 3, Quarter 3

August 1, 2017 – October 31, 2017

The SHIP Project Management Dashboard is an interim tool prepared for the Idaho Healthcare Coalition on a quarterly basis to monitor the SHIP success measures.

## Project Implementation Updates

- 231 interest applications were received from clinics for SHIP participation in Cohort Three.
- Added 42,144 individuals enrolled in a SHIP PCMH (via attribution file).
- Significant increase in Virtual PCMHs established in rural communities following assessment of need – added 19 Virtual PCMHs since AY<sub>3</sub>Q<sub>2</sub> and surpassed target of 15, with 26 total Virtual PCMHs.

## SHIP Success Measures

Goal 1	86%↓	96%↓	100%		100%		100%	76%	76%↓		66%↑
	QT = 270	QT = 110	QT = 110	CMMI	AT = 550	CMMI	AT = 55	AT = 55	QT = 75	CMMI	QT = 550k
Goal 2	100%		63%↑		25%		53%				
	QT = 95		QT = 475k		AT = 55		QT = 15				
Goal 3	100%		100%		RETIRED		100%				
	AT = 7		AT = 55		RETIRED		QT = 275k				
Goal 4	100%↑	63%↓	63%	64%		0%					
	QT = 15	SAT = 11	AT = 16	SAT = 50	AT = 0	AT = 12					
Goal 5					0%						
	AT = 0		AT = 0		QT = 2						
Goal 6	ND		ND		ND						
	AT = 4		AT = 275k		AT = 20%						
Goal 7	ND				ND						
	AT = TBD				AT = 0%						

- SHIP success measure is not reported
- SHIP success measure is slightly off target (between 75% and 89% of target)
- SHIP success measure is on target (≥90% of target)
- SHIP success measure is not on target (<75% of target)

QT = Quarterly Target (Q1=Apr 30, Q2=July 31, Q3=Oct 31, Q4=Jan 31)

AT = Annual Target (Jan 31)

CMMI = Federally defined and reported metric

SAT = Semiannual Target (Q2=July 31, Q4=Jan 31)

ND = No Data

Please refer to the SHIP Operational Plan and goal charters for details regarding quarterly, semiannual, and annual targets.

## SHIP Success Measures by Goal

### Goal 1 Measurements: PCMH Transformation

1	Q	Cumulative # (%) of primary care clinics that submit an interest survey to participate in a SHIP cohort. Model Test Target: 270.
2	Q	Cumulative # (%) of primary care clinics selected for a SHIP cohort that have completed a PCMH readiness assessment and a Transformation Plan. Model Test Target: 165.
3	Q	Cumulative # (%) of targeted primary care clinics selected for a SHIP cohort. Model Test Target: 165.
4	Q	CMMI Metric: Cumulative # (%) of primary care clinics selected for a SHIP cohort, of the total primary care clinics in Idaho.
5	A	Cumulative # (%) of targeted providers participating in primary care clinics selected for a SHIP cohort. Model Test Target: 1,650.
6	A	CMMI Metric: Cumulative # (%) of providers in primary care clinics selected for a SHIP cohort, of the total number of primary care providers in Idaho. Model Test Target: 1,650.
7	A	Cumulative # (%) of primary care clinics selected for a SHIP cohort receiving an initial transformation reimbursement payment and achieving technical support benchmarks for retaining the payment. Model Test Target: 165.
8	A	Cumulative # (%) of primary care clinics selected for a SHIP cohort that achieve their transformation goals as specified in their Transformation Plan. Model Test Target: 165.
9	Q	Cumulative # (%) of primary care clinics selected for a SHIP cohort that achieve national PCMH recognition/ accreditation. Model Test Target: 165.
10	Q	CMMI Metric: Cumulative # (%) of Idahoans who enroll in a primary care clinic selected for a SHIP cohort (of total state population). Model Test Target: 825,000.
11	Q	Cumulative # (%) of Idahoans who enroll in a primary care clinic selected for a SHIP cohort (of target population). Model Test Target: 825,000.

### Goal 2 Measurements: Electronic Health Records (EHRs)

1	Q	Cumulative # (%) of primary care practices selected for a SHIP cohort with EHR systems that support HIE connectivity. Model Test Target: 165.
2	Q	Cumulative # (%) of Idahoans who enroll in a primary care practice selected for a SHIP cohort that have an EHR that is connected to HIE. Model Test Target: 825,000.
3	A	Cumulative # (%) of primary care practices selected for a SHIP cohort with an active connection to the HIE and sharing/receiving HIE transactions for care coordination. Model Test Target: 165.
4	Q	Cumulative # (%) of hospitals connected to the HIE and sharing data for care coordination. Model Test Target: 21.

### Goal 3 Measurements: Regional Collaboratives (RCs)

1	A	Cumulative # of RCs established and providing regional quality improvement guidance and working with PHDs to integrate the Medical-Health Neighborhood. Model Test Target: 7.
2	A	Cumulative # of primary care practices selected for a SHIP cohort that receive assistance through regional SHIP PHD team. Model Test Target: 165.
3	R	Cumulative # of primary care practices selected for a SHIP cohort who have established protocols for referrals and follow-up communications with service providers in their Medical-Health Neighborhood. Model Test Target: 165.
4	Q	Cumulative # of patients enrolled in a primary care practice selected for a SHIP cohort whose health needs are coordinated across their local Medical-Health Neighborhood, as needed. Model Test Target: 825,000.

### Goal 4 Measurements: Virtual PCMHs

1	Q	Cumulative # (%) of Virtual PCMHs established in rural communities following assessment of need. Model Test Target: 50.
2	SA	Cumulative # (%) of regional CHEMS programs established. Model Test Target: 13.
3	A	Cumulative # (%) of CHEMS program personnel trained for Virtual PCMH coordination. Model Test Target: 35.
4	SA	Cumulative # (%) of new community health workers trained for Virtual PCMH coordination. Model Test Target: 125.
5	A	Cumulative # (%) of conferences held for CHW and CHEMS Virtual PCMH staff. Model Test Target: 2.
6	A	Cumulative # of designated Virtual PCMH practices that routinely use telehealth tools to provide specialty and behavioral services to rural patients. Model Test Target: 12.

### Goal 5 Measurements: Data Analytics

1	A	Cumulative # (%) of primary care practices selected for a SHIP cohort with access to the analytics system and dashboard reporting. Model Test Target: 165 by 2020.
2	A	Cumulative # (%) of primary care practices selected for a SHIP cohort that are meeting the clinical quality reporting requirements for their cohort. Model Test Target: 165.
3	Q	Cumulative # (%) of RCs provided a report of PCMH clinic CQM performance data. Model Test Target: 7.

### Goal 6 Measurements: Alternative Payment Reimbursement Models

1	A	Count of payers representing at least 80% of the beneficiary population that adopt new reimbursement models. Model Test Target: 4.
2	A	Count of beneficiaries attributed to all providers for purposes of alternative reimbursement payments from SHIP participating payers. Model Test Target: 825,000.
3	A	Percentage of payments made in non-fee-for-service arrangements compared to the total payments made by SHIP participating payers. Model Test Target: 80%.

### Goal 7 Measurements: Lower Costs

1	A	Total population-based PMPM index, defined as the total cost of care divided by the population risk score. Model Test Target: TBD.
2	A	Annual financial analysis indicates cost savings and positive ROI. Model Test Target: 197%.



# PROJECT CHARTER

## Population Health Workgroup

Version AY3.0 – December 2017

### Workgroup Summary

<b>Chair/Co-Chair</b>	Elke Shaw-Tulloch (Chair), Carol Moehrle (Co-Chair)
<b>Mercer Lead</b>	Jennifer Feliciano
<b>SHIP Staff</b>	Madeline Russell
<b>IHC Charge</b>	<ul style="list-style-type: none"> <li>▪ Advise the Idaho Healthcare Coalition (IHC) and the Regional Health Collaboratives (RHCs) on population health, defined as the health outcomes of all Idahoans and the distribution of such outcomes within people living in Idaho.</li> <li>▪ Provide guidance for both the patient-centered medical home (PCMH) and the medical-health neighborhoods (MHN) aimed at optimizing health outcomes for the broader population.</li> <li>▪ Advise other IHC workgroups on population health as requested.</li> </ul>
<b>SHIP Goals</b>	<ul style="list-style-type: none"> <li>▪ Goal 2: Improve care coordination by using electronic health records (EHRs) and health data connections among PCMHs and across the MHN.</li> <li>▪ Goal 3: Establish seven regional health collaboratives to support the integration of each PCMH with the broader MHN.</li> <li>▪ Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.</li> <li>▪ Goal 7: Reduce healthcare costs.</li> </ul>

### Business Alignment

<b>Business Need</b>	<ul style="list-style-type: none"> <li>▪ Support the seven regional health collaboratives as they transform primary care practices into PCMHs and address regional population health issues</li> </ul>
----------------------	--

<b>Success Measures</b>	<b>SHIP Desired Outcomes</b>	<b>Measurement</b>	<b>Workgroup's Role</b>
	<ul style="list-style-type: none"> <li>• Improve the health of Idahoans through coordinated care.</li> </ul>	<ul style="list-style-type: none"> <li>• CUM # (%) of patients enrolled in a designated or recognized PCMH whose health needs are coordinated across their local MHN as needed.</li> <li>• Quantifiable improvements in population health measures compared to baselines.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify opportunities for public health and primary care integration within the regions that can positively impact SHIP success.</li> <li>• Develop population health measures and baseline values.</li> </ul>

**Planned Scope**

<b>Deliverable 1</b>	<p><b>Result, Product or Service</b></p> <ul style="list-style-type: none"> <li>SHIP Model Test Grant required population health improvement plan.</li> </ul>	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>Assist the Division of Public Health in the creation of the SHIP Model Test Grant required population health improvement plan. The plan must include, at a minimum, the three priority areas of:                         <ul style="list-style-type: none"> <li>Diabetes</li> <li>Obesity in Children</li> <li>Tobacco</li> </ul> </li> <li>The requirement is fulfilled through the document called <i>Get Healthy Idaho: Measuring and Improving Population Health</i>, created by the Division of Public Health.</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> 2/1/2015	<b>End:</b> 6/30/2019
<b>Milestones</b>	<p><b>Event</b></p> <ul style="list-style-type: none"> <li>Complete the population health assessment.</li> <li>Complete the SHIP population health improvement plan called <i>Get Healthy Idaho: Measuring and Improving Population Health</i>.</li> <li>Complete annual population health assessment</li> <li>Complete annual Get Healthy Idaho: Measuring and Improving Population Health</li> <li>Complete the annual population health assessment</li> <li>Complete the annual <i>Get Healthy Idaho: Measuring and Improving Population Health</i></li> </ul>	<p><b>Target Date</b></p> <ul style="list-style-type: none"> <li>4/30/2015</li> <li>7/31/2015</li> <li>Fall 2016 (Completed)</li> <li>1312017 (Completed)</li> <li>1/31/2018</li> <li>6/30/2018</li> </ul>
<b>Deliverable 2</b>	<p><b>Result, Product or Service</b></p> <ul style="list-style-type: none"> <li>Review and provide feedback on measures and program development components for the Community Health Worker (CHW), Community Health EMS (CHEMS), telehealth and Project ECHO components of SHIP.</li> </ul>	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>Assist in the development of the CHW, CHEMS, telehealth and Project ECHO components of the SHIP.</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> 6/1/2015	<b>End:</b> 1/31/2018

POPULATION HEALTH WORKGROUP (PHWG) PROJECT CHARTER

<b>Milestones</b>	<b>Event</b>	<b>Target Date</b>
	<ul style="list-style-type: none"> <li>Recommend curriculum and delivery methods for CHWs to IHC.</li> <li>Develop a draft of CHEMS measures to recommend to IHC.</li> <li>Convene a Telehealth Council SHIP subcommittee meeting to develop a telehealth expansion plan.</li> <li>Explore opportunities with the Multi Payer Workgroup to support CHW, CHEMS, and telehealth, and Project ECHO sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>11/11/2015 (Completed)</li> <li>11/11/2015 (Completed)</li> <li>12/31/2015 (Completed)</li> <li>1/31/2018</li> </ul>
<b>Deliverable 3</b>	<b>Result, Product or Service</b>	<b>Description</b>
	<ul style="list-style-type: none"> <li>Population health measures and the sources of those measures.</li> </ul>	<ul style="list-style-type: none"> <li>Propose ongoing population health measures for consideration to the IHC.</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> 6/1/2015	<b>End:</b> 1/31/2019
<b>Milestones</b>	<b>Event</b>	<b>Target Date</b>
	<ul style="list-style-type: none"> <li>Review <i>Get Healthy Idaho: Measuring and Improving Population Health</i>.</li> <li>Review the clinical/quality measures catalog of SHIP.</li> <li>Develop leading health indicators.</li> <li>Determine ongoing population health values with data visualization that is reviewed and updated regularly.</li> <li>Collaborate with other workgroups to identify population health measures for recommendations to the IHC.</li> </ul>	<ul style="list-style-type: none"> <li>7/23/2015 (Completed)</li> <li>7/23/2015 (Completed)</li> <li>9/30/2015 (Completed)</li> <li>7/2015, 1/2017, 1/2018</li> <li>1/31/2019</li> </ul>
<b>Deliverable 4</b>	<b>Result, Product or Service</b>	<b>Description</b>
	<ul style="list-style-type: none"> <li>List of opportunities for public health, primary care, and community supports integration within the regions.</li> </ul>	<ul style="list-style-type: none"> <li>Identify opportunities for public health and primary care integration within the regional health collaboratives that can positively impact SHIP success.</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> 6/1/2015	<b>End:</b> 1/31/2019
<b>Milestones</b>	<b>Event</b>	<b>Target Date</b>
	<ul style="list-style-type: none"> <li>Develop working definition for public health versus population health.</li> </ul>	<ul style="list-style-type: none"> <li>10/31/2015 (Completed)</li> </ul>

- Develop working definition for MHN. • 9/30/2015 (Completed)
- Convene monthly Population Health Workgroup meetings. • 1/31/2019
- Support an annual Regional Health Collaborative summit. • 1/31/2019
- Create and maintain a clinic inventory list depicting myriad activities occurring in clinics across the state. • 1/31/2019

### Project Risks, Assumptions, and Dependencies

Risk Identification	Event	H – M – L	Potential Mitigation	Potential Contingency
	<ul style="list-style-type: none"> <li>• Lack of population health data, lack of aggregate clinical data to inform population health measures.</li> </ul>	H	Identify alternative data sources.	Propose alternative measures
	<ul style="list-style-type: none"> <li>• Data analytics contractor not providing population health measures back to the regional health collaboratives in their dashboards.</li> </ul>	H	Display alternative population health measures.	Public Health collects alternative measures at the population health level (not clinical).
	<ul style="list-style-type: none"> <li>• Funding for BRFSS rapidly diminishing.</li> </ul>	H	Find permanent funding for BRFSS	Continue to provide stop-gap support through existing public health division funding.
	<ul style="list-style-type: none"> <li>• Convene PHWG meetings and keeping members engaged with relevant workgroup activities.</li> </ul>	L	PHWG executive committee members and Division of Public Health staff create necessary documents for the group to which to respond.	Limit scope of PHWG.
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• The group will transform over time as the SHIP grant unfolds.</li> <li>• The group may expand and change over time as it tackles different initiatives.</li> </ul>			
<b>Dependencies and Constraints</b>	<ul style="list-style-type: none"> <li>• Dependency on data analytics and IHDE contractors and providers to collect population health measures and analyze them.</li> <li>• Dependency on Regional Health Collaboratives.</li> <li>• Connection to Multi-payer Workgroup for CHW, CHEMS, telehealth and Project ECHO incorporation.</li> </ul>			

### Project Reporting and Scope Changes

Changes to scope must be approved by the IHC after review by SHIP team.

### Version Information

<b>Author</b>	Elke Shaw-Tulloch	<b>Date</b>	November 3, 2017
<b>Reviewer</b>	Carol Moehrle	<b>Date</b>	November 3, 2017

### Charter Approval Signatures

Approval by the Workgroup on: 12/4/17.

### Final Acceptance

<b>Name / signature</b>	<b>Title</b>	<b>Date</b>	<b>Approved via email</b>
Elke Shaw-Tulloch	Chair	12/4/2017	<input checked="" type="checkbox"/>
Carol Moehrle	Co-Chair	12/4/2017	<input checked="" type="checkbox"/>
Cynthia York	SHIP Administrator	MM/DD/YYYY	<input type="checkbox"/>
Katie Falls	Mercer Lead	MM/DD/YYYY	<input type="checkbox"/>



# SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition December 13, 2017

## **SHIP OPERATIONS:**

### **SHIP Contracting/Request for Proposal (RFP) Status:**

- **Report Items:**
  - CMMI requests for release of funds were approved for: 1) two requests related to the CHEMS Learning Collaborative; 2) telehealth grant applications for: a) Driggs Health Clinic; b) Payette County Paramedics CHEMS Agency; c) Shoshone Family Medical Center; d) Terry Reilly Clinics; e) Southfork Medical Center; f) Coeur d'Alene Pediatrics (3 requests); and g) Family Medicine Residency of Idaho; and 3) travel request for two OHPI staff to attend ONC West Coast meeting.
  - CMMI requests for release of Award Year Two carryover and Award Year Three funds were submitted for: 1) IHDE customer satisfaction survey; 2) PHD4 release of funds for RC4 sub-grant speaker fees; and 3) travel request for two OHPI staff to attend ONC West Coast meeting.
  - A request to repurpose Award Year Two carryover funds for Award Year Three grant activities was submitted to CMMI on December 5, 2017.

### **SHIP Administrative Reporting:**

- **Report Items:**
  - Virtual PCMH applications solicitation (third round) for Cohort One and Cohort Two clinics was opened this month.
  - Award Year Four budget has been prepared for submission to CMMI.
  - Award Year Four planning by OHPI staff was a high priority for this past month. Activities included: 1) revisions to the AY4 operational plan; 2) development of AY4 contracts/sub-grants; and 3) AY4 launch planning.

### **Regional Collaboratives (RC):**

- **Report Items:**
  - **District 1:** 10/4/17 a IIBHN meeting was held at the Panhandle Health District offices in Hayden with some Region 2 providers attending by phone. 10/18/17 a PCMH meeting was held at Panhandle Health District offices in Sandpoint. 10/25/17 RC meeting held at Panhandle Health District offices in Hayden.
  - **District 2:** 9/19/17: RC2 meeting occurred. Presentation from Pfizer of shared medical appointment and implementing these group visits. No RC Meeting occurred in October. RC Chair meeting occurred where discussion of Cohort Three occurred.
  - **District 3:** SWHC: The SWHC met on 10/3. Agenda items included an update from QI Specialist, Amber Aberasturi on Cohorts One and Two clinic progress, an update from IDHW on the Medicaid redesign effort, a demo of the care coordination website, and workgroup status reports; Behavioral health integration: the BHI Workgroup met on

9/23 and the IIBHN has a scheduled meeting for 11/8. The BHI Workgroup is currently pursuing the Let's Talk strategy to promote information sharing between PCPs and BH providers. This includes working with primary care clinics to support the development of care compacts between clinics and behavioral health referral partners. The group is also working with Nampa Schools to evaluate a strategy of embedding behavioral health providers. The IIBHN (convened by SWDH and CDHD), discussed the strategic plan for the network at the last meeting. Oral health integration: the Oral Health Workgroup met on 9/14 and reviewed data on the lack of PC attribution among an adult dental patient population. Optometry: Rachel Blanton and Amber Aberasturi are working with local provider networks to promote a campaign with vision care providers to enhance record sharing on diabetic eye exams. The PHD3 vision care champion is actively working with the provider network to stand up DM clinics and outreach peers regarding the importance of documentation for DM eye exams. CHEMS: The PHD3 SHIP team is working with Canyon County Paramedics to schedule speaking opportunities at local PC clinics to promote CHEMS services and resources to develop a PCP notification system. ED Utilization: the ED Utilization Workgroup is working on a plan to message appropriate ED use among MHN partners (including BH, case management, etc.) to reduce the burden on primary care.

- **District 4:** CHC Meeting - 10.3.17  
Executive Leadership Meeting - 10.18.17
- **District 5:** The SCHC met on 10/20/17.
- **District 6:** 10/11/2017: Executive Committee meeting. The primary purpose of this meeting was to discuss the Medicaid Healthy Connections white paper as a potential for sustainability. No decisions were made because committee members want to have a strategic planning meeting first. This will occur at the next scheduled EC meeting.
- **District 7:** RC meeting held 10/12/17.

- **Action Items:**

- **District 1:** None
- **District 2:** None
- **District 3:** Legislative forum
- **District 4:** None
- **District 5:** Submitted a request on October 31 to add the new District Director, Melody Bowyer, as a member of the IHC.
- **District 6:** Clarity about the future role of the Idaho Healthcare Coalition as it relates to RC sustainability. Will the IHC exist following SHIP? If so, what role will they have with the RCs? How will they govern RCs across the state given that the regions may not have the same sustainability plan? Are there plans to fund ongoing RC work for regions that do not participate in the Healthy Connection RCOs?
- **District 7:** Sustainability Plan-To help coordinate potential sustainability of local RCs.

## **ADVISORY GROUP REPORTS:**



### **Telehealth SHIP Subcommittee:**

- **Report Items:**

- Eight SHIP cohort clinics and one CHEMS agency were selected to participate in round two funding for the telehealth pilot project. The SHIP cohort clinics are: Teton Valley Health Care – Driggs Clinic, Family Medicine Residency of Idaho, Shoshone Family Medical Center, Southfork Healthcare, Terry Reilly Health Services, and three clinics are still pending sub-grant approval and signature. The CHEMS agency that was selected is Payette County Paramedics. These sub-grants were established at the beginning of December and will close by June 30, 2018.
- As discussed in the August IHC meeting, we are repurposing telehealth funds from Goal 4 to establish Project ECHO hubs in the WWAMI program through the University of Idaho.
- University of Idaho’s first Project ECHO clinic will cover the Opioid crisis in Idaho. WWAMI hired Dr. Todd Palmer to help with the curriculum development; he is going through curriculum collected from the University of New Mexico and adding Idaho-specific material.
- University of Idaho is still actively seeking to fill the project manager position. Once this is done, they will begin meeting with an advisory group with members identified by IDHW and UofI.
- Since the Project ECHO hub has been delayed by the hiring of a project manager, they have pushed the hub start date to March 7, 2018. They still anticipate having weekly clinic sessions as well as having 25 spokes participate in the first ECHO clinic, with the intent to grow.



### **Community Health Workers:**

- **Report Items:**
- CHW fall 2017 CHW live-online class ended November 15, 2017. Four extra weeks were provided to students so they could complete the additional health specific modules (HSM). Seventeen students have completed the core curriculum successfully and there is still one student who needs to complete the additional HSMs prior to receiving their certificate.
- IDHW and Idaho State University (ISU) agreed to postpone the CHW fall 2017 in-person course due to low enrollment. They are considering another in-person course starting in March and are exploring logistics for course delivery and location.
- ISU identified Rhonda D’Amico (District 6 SHIP manager) and Veronica Conway to be instructors for the spring 2018 live-online course. This will be starting Thursday, January 11, 2018 and go for 13-weeks with additional time for HSMs. Registration for this course was opened the beginning of November.
- The following 12 HSMs have been created:

Behavioral Health/Substance Abuse	Oral Health
Breast Health and Breast Cancer Screening	Prediabetes and Diabetes
Cervical Cancer and Cervical Cancer Screening	Family Caregiving

Colorectal Health and Colorectal Cancer Screening	Tobacco Cessation
Cardiovascular Health and Screening	COPD
Heart Failure	Medication Adherence

## **WORKGROUP REPORTS:**



### **Community Health EMS:**

- **Report Items:**
- The statewide CHEMS Workgroup met on 10/29/17.
- The December meeting has been cancelled and the next statewide CHEMS workgroup meeting is scheduled for January 24, 2018.
- EMT/AEMT certificate program on online curriculum delivery:
  - Delivery of online curriculum is set for after the new year.
  - The following agencies will participate in the first cohort: Albion QRU, Payette County Paramedics, Clearwater Ambulance, Meadows Valley EMS, Prairie QRU, Pine EMS, and Kuna Rural Fire District.
- ISU Community Paramedic Certificate Program:
  - The third and final cohort is full.
- Approved CMMI Tiered Funding Requests:
  - Agencies: Boundary County EMS, Bonner County EMS, Shoshone County EMS, Payette County Paramedics, Canyon County EMS, and Idaho Falls Fire.
  - Invoices are due by January 31, 2018
- Learning Collaborative:
  - Learning Collaborative is scheduled for 1/17/18
  - Agenda: statewide update, economic models, regional care organizations, medical direction, what's next for the future of CHEMS, regional mentorship, and a panel discussion on building a CHEMS program.
- Webinar:
  - Transitional Care Webinar:
    - Webinar objectives: why transitions of care are important in overall healthcare and healthcare delivery, available resources and partnerships throughout the state, thoughts on how CHEMS programs could be a part of transitional care, how to safely implement transitions of care into a CHEMS program, and to remember liability and the importance of partnering with nurses/midlevel clinicians, etc.
- Data Collection:
  - Requests for patient care reports and workbooks are being sent out.
  - 3<sup>rd</sup> quarter data is due December 31, 2017.
  - Many agencies expect their CHEMS program development to take off after the first of the year once they begin to see CHEMS patients; they expect to begin seeing more meaningful data at that time.



### **Idaho Medical Home Collaborative:**

- **Report Item:**
  - The Idaho Medical Home Collaborative did not meet this month.



### **Data Governance:**

- **Report Item:**
- The Data Governance Workgroup met on 11/13/17.
  - Workgroup members discussed the IHC passing vote to implement the following measures in Award Year 4:
    - NQF 34: *Colorectal Cancer Screening*;
    - NQF 2372: *Breast Cancer Screening*;
    - NQF 1392 *Well Child Visits (>5) in First 15 Months*; and
    - NQF 1516: *Well Child Visits Age 3 to 6*.
  - The workgroup discussed the technical assistance received from Center for Medicare & Medicaid Innovation (CMMI) on *CMS 155: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents*. It was determined that if a clinic could supply height, weight, age, and gender, then a BMI percentile was not needed in the data stream.
  - Idaho Health Data Exchange (IHDE) gave an operations update. A survey was recently sent out to all IHDE participants to gather feedback on challenges and future improvements. They are in the process of reviewing their findings to identify solutions.
  - IHDE also discussed the data quality improvement process being done by the Data Quality Specialist and provided an overview of the current data gaps and efforts to fill those data gaps to increase data quality.
  - HealthTech Solutions (HTS) gave an update on the data analytics. In October, HTS launched its eighth CQM: *Documentation of Signed Opioid Treatment Agreement*. In addition, HTS updated its measure logic for three measures based on discovery from the data quality improvement process.



### **Multi-Payer:**

- **Report Item:**
  - The SHIP Administrator presented a SHIP update to the State Employee Group Insurance and Benefits Legislative Interim Committee on November 8<sup>th</sup>.
  - Mercer requested SHIP metrics for financial progress toward paying for value from Idaho's commercial payers, Medicaid, and Medicare. This information is a requirement for the CMMI grant. Mercer expects to deliver a completed report to the IHC at the January meeting.
  - The SHIP Administrator and co-chairs developed an agenda for the next MPW meeting.

#### **Next Steps:**

- The next SHIP MPW meeting is scheduled for January 9, 2018 from 3:00 to 4:30 in room 3A at the Department of Health and Welfare – 450 W State Street, Boise.

**BHI****Behavioral Health:****• Report Item:**

On 11/9/17, the Division of Behavioral Health, in collaboration with the Eugene S. Farley, Jr. Health Policy Center at the University of Colorado School of Medicine, convened over 50 stakeholders to participate in an important conversation about Idaho's vision for the future of behavioral health integration. The goal of the convening was to help stakeholders understand what is happening in Idaho, its challenges, gaps, and to facilitate discussion about ways to better integrate behavioral health into the health care system. Time was also spent defining a common vision for behavioral health integration in Idaho. Farley shared data and survey information gathered prior to the meeting to help stakeholders understand current practices and initiatives across the state to integrate behavioral health. At the end of the meeting assets and barriers to integrating behavioral health were identified and strategies for next steps were developed that will be rolled out over the next year. The Farley team will be delivering a draft report in mid- to late-December.

- The IIBHN will complete its strategic planning goals by the end of December. The IIBHN is working on the development of a spring (late April) Behavioral Health Integration conference. In January and February, the IIBHN will be speaking with the OPTUM provider network on the topic of specialty behavioral health working collaboratively with PCP.

**PHW****Population Health:****• Report Item:**

The Population Health did not meet this month