



Idaho Healthcare Coalition

Meeting Agenda

Wednesday, March 8, 1:30PM – 4:30PM

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

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

Attendee URL: <https://rap.dhw.idaho.gov/meeting/40697608/827ccb0eea8a706c4c34a16891f84e7b>
 Attendee Smartphone URL:
<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=40697608&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 2/8/2017 meeting notes – <i>Dr. Ted Epperly, IHC Chair</i> ACTION ITEM(s)
1:40 p.m.	CMMI SIM Model Test Update – <i>Dr. Stephen Cha, Director, State Innovations Group and Chris Crider, SIM Project Officer for Idaho</i>
2:00 p.m.	PCMH Cohort One Best Practices and Opportunities Panel Discussion - <i>Katie Falls, Mercer, LLC, Facilitator</i> Panel Participants: <ul style="list-style-type: none"> • Saint Alphonsus Regional Medical Group (Caldwell, Eagle, Boise) – Dr. Karl Watts, PCMH Director • Payette Lakes Family Medicine (McCall) – Don McKenzie, Practice Manager • CHAS Community Health (Moscow) – Melissa Nystrom, Quality Improvement Manager • Health West, Inc. (Aberdeen, American Falls, Pocatello) – Stephanie Heaton, Director of Grants and Special Programs
3:10 p.m.	Break
3:25 p.m.	Partnering with Public Health Preparedness to support clinics and the Medical Health Neighborhood – <i>Rhonda D’Amico, MHE, SHIP Program Manager, Southeastern Public Health and Devin Hughes, Healthcare Liaison, Public Health Preparedness</i>
3:45 p.m.	IHDE Update – <i>Julie Lineberger, IHDE Interim Executive Director</i>
4:00 p.m.	SHIP Operations and Advisory Group Reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup Reports): <ul style="list-style-type: none"> • Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, IDHW</i> • Regional Collaboratives Update – <i>Mary Sheridan, IDHW</i> • Telehealth, Community EMS, Community Health Workers – <i>Mary Sheridan, IDHW</i> • HIT Workgroup – <i>Janica Hardin, St. Alphonsus, Workgroup Co-Chair</i> • Multi-Payer Workgroup – <i>Dr. David Peterman, Primary Health and Josh Bishop, PacificSource, 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, IDHW, Workgroup Co-Chair</i> • Population Health Workgroup – <i>Elke Shaw-Tulloch, IDHW, Workgroup Chair, Lora Whalen Workgroup Co-Chair</i> • IMHC Workgroup – <i>Dr. Scott Dunn, Family Health Center, IMHC Workgroup Chair</i>
4:10p.m.	Additional business & next steps – <i>Dr. Ted Epperly, IHC Chair</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)
March 08, 2017
Action Items**

■ Action Item 1 – Minutes

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

Motion: I, _____ move to accept the minutes of the February 08, 2017, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.

■ Action Item 2 – Recommendation for Appointment to IHC

IHC members will be asked to provide a recommendation to the Governor for appointment to the IHC.

Motion: I, _____ move that the Idaho Healthcare Coalition recommend the governor appoint Michelle Anderson to the IHC.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	IHC February Minutes	DATE:	February 08 th , 2017
ATTENDEES:	Director Richard Armstrong, Dr. Andrew Baron, Pam Catt-Oliason, Dr. Ted Epperly, Lisa Hettinger, Deena LaJoie, Elke Shaw-Tulloch, Mary Sheridan, Jennifer Wheeler, Matt Wimmer, Cynthia York	LOCATION:	700 W State Street, 1 st Floor West Conference Room
Teleconference:	Josh Bishop, Kathy Brashear, Dr. Scott Dunn, Kahterine Hansen, Janica Hardin, Yvonne Ketchum, Dr. James Lederer, Casey Meza, Susie Pouliot, Neva Santos, Larry Tisdale, Karen Vauk, Dr. Bill Woodhouse		
Members	Melissa Christian, Dr. Keith Davis,		
Absent:	Russell Duke, Ross Edmunds, Senator Lee Heider, Dr. Glenn Jefferson, Rene LeBlanc, Maggie Mann, Nicole McKay, Carol Moehrle, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Dr. Daivd Peterman, Geri Rackow, Dr. Kevin Rich, Dr. Rhonda Robinson-Beale, Dr. Boyd Southwick, Lora Whalen, Dr. Fred Wood, Nikole Zogg		
IDHW Staff	James Corbett, Jeff Crouch, Wayne Denny, Tara Fouts, Meg Hall, Adiya Jaffari, Burke Jensen, Taylor Kaserman, Casey Moyer, Kym Schreiber, Michael Thomas, Molly Volk, Ann Watkins, Stacey St.Amand		
Guests:	Grace Chandler, Elwood Cleaver, Pat Dennehy, Jeannet Haskell, Katie Falls, Jennifer Feliciano, Julie Lineberger, Janice Lung, Dr. Janet Reis, Sarah Renner, Catherine Schneider, Marilyn Sword, Norm Varin, Sandeep Wadwha, Maggie Wolfe, Dr. Shenghan Xu		
STATUS:	Draft (02/08/2017)		

Summary of Motions/Decisions:

Motion:

Elke Shaw- Tulloch moved to accept the minutes of the January 11, 2017 Idaho Healthcare Coalition (IHC) meeting as prepared. Kathy Brashear seconded this motion.

Outcome:

Motion Carried

Dr. Andrew Baron moved that the Idaho Healthcare Coalition adopt the SHIP payer financial and enrollment metric report as presented by Katie Falls. Jennifer Wheeler seconded the motion.

Motion Carried

Matt Wimmer moved that the Idaho Healthcare Coalition adopt measures and review criteria for the telehealth grant as presented by Mary Sheridan. Jennifer Wheeler seconded the motion.

Motion Carried

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and went over the agenda items. Cynthia York introduced the new graduate assistants working with SHIP: Adiya Jaffari is a graduate of Boise State University and a Fullbright Scholar currently working toward applying to medical school. Miss Jaffari will be working on goals two and five with SHIP. Tara Fouts is earning her master in Health Promotion at Boise State University; she is currently working as a health educator in the Central District Health office and is conducting an independent study on women in retirement. She will be assisting the State Evaluator team in their work with SHIP. Dr. Epperly started the meeting with a quote from Albert Einstein “If I had an hour to solve a problem I'd spend 55 minutes thinking about the problem and 5 minutes thinking about solutions.” Dr. Epperly asked if there were any amendments or changes to meeting minutes from January; there being none, the minutes were approved.

The Heroism of Incrementalism by Atul Gawande – Dr. Ted Epperly, IHC Chair

- ◆ Dr. Epperly introduced Dr. Gawande's *New Yorker* article on the importance of incremental healthcare and the significance of helping individuals on a daily basis through primary health care. Dr. Gawande is a surgeon and public health researcher at Brigham and Women's Hospital in Boston, Massachusetts.
- ◆ Dr. Baron commented that this was a great article for primary care providers who can see the impact of consistent care in a patient.

Cohort One Transition & Cohort Two Onboarding – Grace Chandler, Briljent

- ◆ Grace Chandler presented the current status of SHIP Cohort One clinics and the progress being made by SHIP Cohort Two clinics. Briljent has begun to send out renewal agreements to allow Cohort One clinics that have not yet achieved PCMH recognition to continue their work toward PCMH recognition and to receive reimbursement payments. Fifty-six Cohort Two clinics were sent their agreements with Briljent which are due back to Briljent by February 21st 2017.
- ◆ Ms. Chandler went over the Cohort One program evaluation survey results conducted by Briljent. Briljent received 46 responses; however because the surveys were completely anonymous they may not necessarily be representative of 46 clinics out of the 55. Ms. Chandler went over the results of these surveys highlighting key results and open-ended comments.
- ◆ Following her presentation Ms. Chandler answered questions from IHC members about whether there is a way to raise the percentage of clinics that are satisfied with their coaching experience and what the granularity of these results was. Ms. Chandler answered that they are looking at the number of satisfied clinics on the coaching side and Briljent is working to provide a more refined report. A second survey will be done at the June Learning Collaborative to get a

better understanding of where clinics are. Meg Hall commented that there has been a lot of progress in getting clinics recognized as PCMHs.

- ◆ Sarah Renner presented information on the reimbursement rate of Cohort One clinics: all fifty-five clinics have received the reimbursement payment for measure two by submitting a completed application and executed contract. Sixty percent of clinics received reimbursement payment for measure two by also submitting PCMH accreditation. Ms. Renner also went over the dashboard elements of Cohort One participation.
- ◆ Pat Dennehy presented the on-going work with Cohort One: there are still twenty-two clinics that need to complete PCMH transformation. Ms. Dennehy reviewed the achievements of Cohort One clinics that were successful in obtaining PCMH status within the Cohort One year. She also went over what activities worked well for Cohort One and which ones didn't; Ms. Dennehy said that these lessons learned will be implemented for Cohort Two.

Medicare Value-Based Payment Update – *Sandeep Wadhwa, Noridian*

- ◆ Sandeep Wadhwa presented the potential ways in which Noridian and the IHC could collaborate in the future for data sharing. Dr. Wadhwa went over what events on the payer side of healthcare led to this potential. There are four areas in addition to IHC support: 1) annual payer reporting for SHIP 2) SHIP clinical quality measure reporting 3) provider outreach and education on chronic care management and preventive services, and 4) facilitation of an Idaho equity plan. Dr. Wadhwa went into a little more detail on what these areas of support mean and how they could work in SHIP.
- ◆ Dr. Wadhwa gave a presentation that went over CMS and Medicare and their take on this issue.

Mercer Project Management Update – *Katie Falls, Mercer*

- ◆ Katie Falls presented a payer financial report and its relation to goal six. Goal six is related to moving from a volume-based system of care to a value-based one. There are four categories related to data requests:
 - Category One: No link to quality and value
 - Category Two: Link to quality and value
 - Category Three: Value methodologies built on FFS architecture
 - Category Four: Population-based payment
- ◆ Ms. Falls went over this report and the details from the 2015 study conducted at the beginning of the SHIP project.
- ◆ IHC members asked questions about the payer financial report regarding why Medicaid was at 100% in category one even though Medicaid is quality driven. This was because Medicaid is not quality driven at the provider level.

RC Granting Program Update – *Elke Shaw-Tulloch, Division Administrator*

- ◆ Elke Shaw-Tulloch provided the IHC with an update on the Regional Collaborative grant process. There were seven grant proposals received: Districts One, Three, Four, Five, and Six each submitted one grant proposal; District Seven did not submit a proposal as they did not think they had the bandwidth to take on a grant project; and District Two submitted two proposals. Currently District Six's grant proposal is the only one that looks like it will be funded shortly. District Five's proposal was not selected, and only one of District Two's proposals was selected but they declined the offer.

Telehealth Update – *Mary Sheridan, Bureau Chief Office of Rural and Primary Care*

- ◆ Mary Sheridan presented the concepts and criteria proposed for the telehealth application and funding as a part of goal four. Ms. Sheridan went over the timeline for this application, the measures that will be looked at, and the review criteria in selecting clinics to receive this funding.
- ◆ There will be eight areas of review criteria that will be scored on the applications: executive summary, project description, project targets and measurable indicators, scale, innovation and design, budget, letters of support, and demand analysis and/or readiness assessment.
- ◆ Following her presentation Ms. Sheridan answered questions from IHC members on sustainability and how involved payers have been in determining readiness to provide coverage of some of the proposed components. Medicaid is already providing reimbursement for telehealth and tele-psychiatry, however if other insurance companies do not provide reimbursement it becomes difficult for providers to track.

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

- ◆ Julie Lineberger provided the IHC with an update of the current IHDE activities. Ms. Lineberger provided updated statistics on the progress of clinics becoming connected. There is still a lot of work to do. However the IHDE is making great strides toward reaching their goal of connecting all SHIP clinics to IHDE.

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

- ◆ Casey Moyer reviewed the recent visit by Dr. Craig Jones to the CQM Workgroup and what outcomes were achieved. A decision was made to combine the HIT Workgroup, CQM Workgroup, and the Data Element Mapping Subcommittee into one group to further development of measures and eliminate duplication of efforts.
- ◆ SHIP has developed a newsletter that will be going out every two months to SHIP stakeholders. The second issue will be going out the week of March 13th.

There being no further business, Chairman Epperly adjourned the meeting at **4:27pm**.

CMS EMERGENCY PREPAREDNESS RULES WORKSHOP: PARTNERING FOR RESILIENT COMMUNITIES

Southeastern Idaho Public Health

Southeastern Idaho Healthcare Coalition (PHP)

Southeastern Healthcare Collaborative (SHIP)

Information reported in this event is supported by the Centers of Disease Control and Prevention and the Assistant Secretary for Preparedness and Response of the Department of Health and Human Services under the award number 5U90TP000517-05.

Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.

Objectives

- Describe the linkages between Public Health Preparedness, PCMH clinics, local coalitions, and the Medical Health Neighborhood
- Provide updates on disaster preparedness planning within the new CMS rules
- Introduce Hazard Vulnerability Assessments
- Discuss opportunity to replicate training throughout Idaho



Background

- Public health agencies across the nation have responsibility to assist regions with disaster planning – in preparation, response, and recovery
- Specific responsibility to work with healthcare systems to coordinate efforts for sharing information and assets (supplies, staff, expertise)
- Activities: Planning, training, exercises
- Healthcare entities are required to have plans in place



New Rules

The Centers for Medicare and Medicaid Services (CMS) published an emergency preparedness rule that contains **Conditions of Participation (CoPs)** that 17 healthcare provider and supplier types will be required to comply with.

<http://bparati.com/CMS-Emergency-Preparedness-Rule-for-Medicare-and-Medicaid-Participating-Providers-and-Suppliers>

Disclaimer:

- Information on this presentation is designed to give a summary of new CMS regulations and is not intended to take the place of the written law or regulations. We encourage you to review full rule and regulations for a complete and accurate account of their contents.

17 Providers Affected



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Inpatient	Outpatient
Critical Access Hospitals (CAHs)	Ambulatory Surgical Centers (ASCs)
Hospices	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
Hospitals	Community Mental Health Centers (CMHCs)
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Comprehensive Outpatient Rehabilitation Facilities (CORFs)
Long Term Care (LTC)	End-Stage Renal Disease (ESRD) Facilities
Psychiatric Residential Treatment Facilities (PRTFs)	Home Health Agencies (HHAs)
Religious Nonmedical Health Care Institutions (RNHCIs)	Hospices
Transplant Centers	Organ Procurement Organizations (OPOs)
	Programs of All Inclusive Care for the Elderly (PACE)
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Four Core Elements

- Risk Assessment and Emergency Plan
 - Risk assessment completed using an “all-hazards” approach
 - Emergency plan based on your risk assessment
 - Updated annually
- Policies and Procedures
 - Support emergency plan and risk assessment
 - Includes both staff and patients/residents: Evacuation, shelter-in-place, subsistence needs, tracking system, medical records.
- Communication Plan
 - Complies with federal, state, and local laws
 - Coordinate patient care with your facility and healthcare providers. Contact information within your agency and other agencies.
 - Updated annually
- Training and Testing Program
 - Facility training and testing program
 - Conduct drills and exercises to test plan.
 - Full-scale exercise

Other requirements

- **Emergency and Standby Power**
 - Hospitals, CAH, and LTC have additional requirements
 - Generator location must be in accordance with National Fire Protection Association (NFPA) guidelines
 - Generator testing, inspection, and maintenance in accordance with NFPA guidelines
 - Maintain sufficient fuel for power during an event
- **Evacuation**
 - Home health agencies and hospices must inform officials of patients in need of evacuation
- **Emergency Plans**
 - LTC and psychiatric residential treatment facilities must share information from their emergency plans with patients/residents and their family members or representatives

Timeline

- December 2013- CMS proposed new regulations
- September 15, 2016- Final rule published
- November 15, 2016- Rule goes into effect
- Spring 2017- Interpretive Guidelines
- November 15, 2017- Rule Implementation Date

Hazard Vulnerability Analysis

- Efficient approach to identify hazards that may impact your facility
- Conducted using an “all-hazards” approach
- Four sections to a Hazard Vulnerability Analysis (HVA):
 - Hazards
 - Probability
 - Severity
 - Risk

$$\text{Risk} = \left\{ \frac{\textit{Probability}}{3} \right\} \times \left\{ \frac{\textit{Severity}}{18} \right\}$$

Kaiser Permanente HVA Template

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS



EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectiveness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Tidal Wave								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								0%
Volcano								0%
Epidemic								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

$$\text{RISK} = \text{PROBABILITY} * \text{SEVERITY}$$

0.00 0.00 0.00

Southeastern Idaho Healthcare Coalition (SIHC)

Activities and Exercises

- Quarterly Healthcare Coalition Meetings
- Annual conference (R³)
- Annual exercise (Spring Thing)

www.seidahohc.org



Regional
Readiness
Rendezvous

Hosted by
Southeastern Idaho
Healthcare Coalition
&
Eastern Idaho
Healthcare Coalition

REGISTER HERE

April 10 & 11, 2017
University Place, Benion Student Union Bldg.
1784 Science Center Drive, Idaho Falls

Questions

Devin Hughes

Healthcare Liaison, Public Health Preparedness

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**Southeastern
Idaho Public Health**

Idaho Healthcare Coalition

March 8, 2017



Julie Lineberger, Interim Executive Director

1

Clinic Connection Status

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

Accomplishments :

- CDA PEDS:
 - IB CCDA – Live effective 2/27/17.
- Complete Family Care:
 - OB LAB/RAD/TRN (HL7) – Live effective 3/1/17
- Family Health Services:
 - OB LAB/RAD/TRN (HL7) – Live effective 3/17/17
- Heritage Health:
 - OB LAB/RAD/TRN (HL7) – Live effective 2/28/17
 - IB TRN (HL7) – Live effective 2/28/17
 - IB CCDA – Live effective 2/28/17
- Kaniksu Health Services:
 - OB LAB/RAD/TRN (HL7) – Live effective 2/28/17
 - IB TRN (HL7) – Live effective 2/28/17
 - IB CCDA – Live effective 2/28/17

Delays:

- CDA PEDS – OB HL7 TRN
 - OB HL7 TRN – Go-Live delayed due to PROD connectivity issues – resolved on 3/1/17; currently pending training and final UAT.
- Pending EMR Vendor Technical Resources:
 - Pocatello Children's Clinic
 - SMH_CVH
 - Terry Reilly
- Clinics On Hold:
 - Driggs & Victor (No PA Agreement/Possible EMR Change)
 - Glens Ferry – (BH Filtering Issue)
 - Health West, Inc. (EMR Vendor change)
 - Madison Memorial (Pending EMR Quotes)
 - Not-tsoo Gah-nee (PA Under legal review)
 - Portneuf (No PA Agreement/EMR Vendor change)
- Cohort 2 Participants/Projects
 - Initial outreach and start of interfaces pending Participation Agreement and Readiness Assessment finalization.

Clinic Connection Status

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

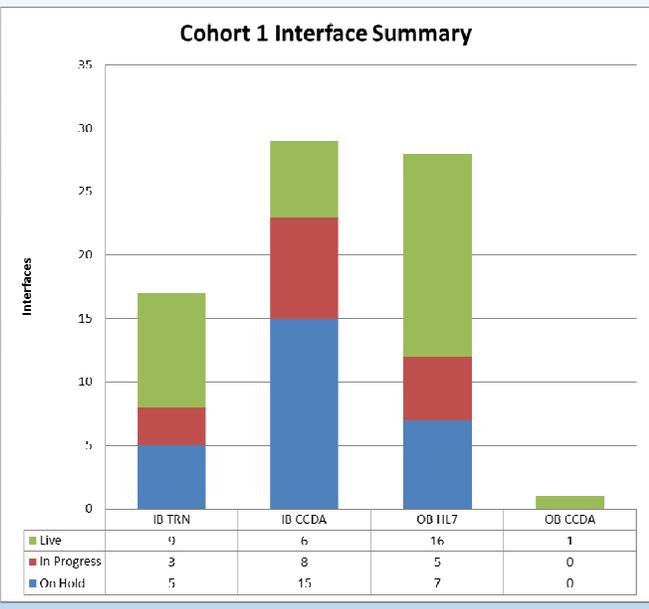
- Clinic Partially Completed waiting for next steps :
- EMR limitations due to eCW inability to deliver IB HL7 and IB CCDA:
 - Family First Medical– OB HL7 Live effective 12/2/2016
 - Complete Family Care- OB HL7 Live effective 2/22/2017
 - Primary Health- Bidirectional Live-Live 9/25/16
 - Rocky Mountain Diabetes & Osteo Ctr – OB HL7 Live 11/3/16
 - Shosone Family– OB HL7 Live effective 4/2/13
 - Upper Valley (Grand Peaks) – OB HL7 Live effective 11/3/16
 - Athena Hub build in process, when complete the following clinics will go live shortly thereafter:
 - CHAS Community Health
 - Unified Healthcare of Idaho (Tueller)
 - Sonshone Family Health
 - HealthWest

- In progress Clinics:
- Benewah – Kickoff call 3/2/17 est. Live 6/8/17
 - Pocatello Children’s Clinic – Handoff on 2/24/17 est. Live 6/8/17
 - SAMG – IB HL7 Live Est. 3/29/17 IB CCDA Live Est. 4/12/17
 - SLHS –IB HL7 & OB CCDA Live; IB CCDA pending EMR quote
 - St Mary’s CVH Hospital Clinics – EMR Vendor Quote received and ready to start
 - Terry Reilly – LIVE ADT Feed & IB CCDA not started and IB HL7 on hold
 - Valley Family Health Care – OB HL7 Live on 3/31/17 & IB HL7 est Live on 4/18/17
 - Valley Family Medical (Catalyst) – IB HL7 and OB HL7 Live and IBCCDA due to be completed on 6/8/17

Projected Connection Completion

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

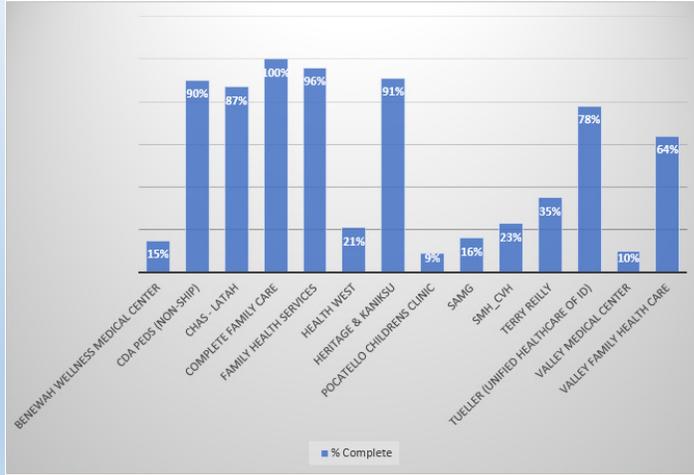
- Planned to Complete in March / April:
- IB TRN:
- SAHS / SAMG → Go-Live ETA 3/24/17
- IB CCDA:
- Tueller Counselling → Go-Live ETA 3/31/17
 - SAHS / SAMG → Go-Live ETA 4/12/17
 - Valley Family Health Care → Go-Live ETA 4/18/17
- OB LAB/RAB/TRN:
- CDA Pediatrics* → Go-Live ETA 3/14/17
 - CHAS (Latah) → Go-Live ETA 3/15/17
 - Complete Family Care → Live effective 3/1/17
 - Family Health Services → Live effective 3/1/17
 - Valley Family Health Care → Go-Live ETA 3/15/17



*Non-SHIP Cohort 1 interface

Master Dashboard

Project Status - Cohort 1



Overview – Cohort 1:

- 30 SHIP Organizations
- 55 Clinics
- 76 Interfaces:
 - ✓ 9 Organization builds in progress, representing:
 - IB TRN = 4 (1 on HOLD)
 - IB CCDA = 11 (4 on HOLD)
 - OB LAB/RAD/TRN = 7 (2 on HOLD)
 - ✓ 10 Organization builds completed (full or partial):
 - IB TRN = 7
 - IB CCDA = 11 (5 on HOLD)
 - OB LAB/RAD/TRN = 12
 - ✓ 6 Organization builds on HOLD:
 - IB TRN = 4
 - IB CCDA = 6
 - OB LAB/RAD/TRN = 5

Note: This ONLY include SHIP Organizations for Cohort 1

Cohort 2 Overview:

- 29 SHIP Organizations
 - 14 organizations included in Cohort 1
 - 15 new builds
- 56 Clinics
- 79 Interfaces

Note: This list to expand as the project unfolds



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition March 08, 2017

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**
 - All clinic agreements for Cohort Two clinics have been received by the SHIP PCMH Contractor. The Memorandums of Understanding for the Cohort Two clinics are being returned to IDHW as well as budget templates for the Technical Assistance Budget Plan reimbursements.
 - The following contracts or sub grants were executed for Award Year Three (AY3): Sub Grant for PHD6 RC Grant; Idaho Health Data Exchange contract and an amendment to the PCMH Contract. The Sub Grant for PHD3 RC Grant is being developed.
 - Close out of the Award Year Two (AY2) grant is underway as well as development of the AY2 Annual Report due to CMMI on April 30, 2017.

SHIP Administrative Reporting:

- **Report Items:**
 - Initial interviews for RC Project Manager position have been conducted.
 - SHIP staff have been relocated to new offices on the 3rd floor of 450 W State Street.
 - A planning meeting for SHIP staff to discuss Award Year Three SHIP activities was facilitated by the Mercer team on February 9 and 10, 2017.

Regional Collaboratives (RC):

- **Report Items:**
 - District 1:
 - No report.
 - District 2:
 - No report.
 - District 3:
 - PHD3 team hosted a SWHC on 2/7/17 where project updates, letters of support, and SHIP clinics were discussed. Additional workgroup meetings included the Oral Health Workgroup (2/2), Wellness Workgroup (2/14), PCMH Workgroup (2/17), ED Utilization (2/23), and BHI (2/27). Issues, topics, and details will be provided in the April report to IHC.
 - District 4:
 - No report.
 - District 5:
 - SCHC convened on 2/24/17. Potential presentation topics and resources for cohort clinics were discussed. Additional details will be provided in April IHC report.
 - District 6:
 - No report.
 - District 7:

- No report.
- **Action Items:**
 - District 3:
 - Consideration of CHW and CHEMS reimbursement as a future agenda item. Consideration of hosting a legislative summit/luncheon for legislators.
 - District 4:
 - Guidance from the IHC regarding ideas being generated for sustainability.
 - Feedback and information from the IHC regarding the status of payers in reimbursing practices in ways that support behavioral health and primary care co-management.
 - IHC support to seek additional funds to expand this year's RC grant (amend a current project) or develop new RC projects, and create an opportunity for RC grants next year.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
 - The Telehealth grant application to provide SHIP Cohort One clinics and Community Health Emergency Medical Services (CHEMS) agencies with an opportunity to develop and implement Telehealth programs is finalized and was approved by the IHC on February 8th. The application will be released March 13, 2017, and a technical assistance webinar for interested applicants is tentatively scheduled for March 23, 2017.
 - The Telehealth grant review committee is currently being established with a meeting scheduled for May 18th. The review committee will convene in-person in Boise to review Telehealth grant applications and finalize award decisions.
 - The Bureau of Rural Health & Primary Care is currently working with IDHW Contracts and Procurement Services (CAPS) to develop a Request for Proposal (RFP) to provide Telehealth technical assistance to SHIP cohort clinics and CHEMS agencies funded through the Telehealth grant application opportunity described above.
- **Next Steps:**
 - Release the Telehealth grant application for Cohort One clinics and CHEMS agencies on March 13, 2017.
 - Conduct technical assistance webinar for interested clinics and agencies on March 23, 2017.
 - Confirm participants for the Telehealth grant application review committee and begin meeting planning.
 - Finalize the RFP with CAPS to secure a Telehealth technical assistance contractor.



Community Health Workers:

- **Report Items:**
 - Idaho State University (ISU) first cohort of the CHW training is complete.
 - There are twenty-two (22) trainees in the spring training course that started on January 10th.
 - ISU and IDHW staff have evaluated the results of the Fall 2016 CHW training evaluation and received positive feedback.
 - The CHW Advisory Workgroup is working with ISU to develop four and host up to eight asynchronous educational modules.

- The CHW measure collection tool has been developed with support from the Boise State University (BSU) research assistant student and will be deployed near the end of the first quarter.
- SHIP staff have been collaborating with the IDHW Diabetes, Heart Disease, and Stroke Program in developing a marketing strategy and materials to promote the adoption of CHWs in Idaho. Two short videos have been produced and a CHW public webpage is currently in design with an IDHW contractor. Two short videos have been produced and a CHW public webpage is currently in design with Davies Moore.
- **Next Steps:**
 - ISU and the CHW Advisory Workgroup to continue to work to find a suitable template and information for optional educational modules.

WORKGROUP REPORTS:



Community Health EMS:

- **Report Items:**
 - The statewide CHEMS workgroup met February 22, 2017.
 - The next statewide CHEMS Workgroup meeting will be held March 22, 2017.
 - The 2nd cohort for the ISU Community Paramedic Certificate Program is currently underway.
 - Payette County Paramedics, Boundary Volunteer Ambulance, and possibly Canyon County Paramedics would like to receive the following trainings:
 - CHEMS Outreach, CHEMS Agency, and CHEMS Admin.
 - Training date is tentatively set for April 10-11, 2017.
 - Mary Sheridan has received support from Jason Creamer (Bonner County EMS) in completing a budget template to pilot the next attempt in seeking funds from CMMI to support agencies in developing a CHEMS program.
 - February 22nd, Bruce Cheeseman, Xenya Poole, and Marta Tanikuni met with Boise State University (Michelle Arnett and Dr. Toevs) to discuss potential target areas for the CHEMS sustainability pilot study/project.
 - The following counties were identified: Valley, Washington, Cassia, and Minidoka.
 - Data concerning licensure level and volunteer status from agencies within the mentioned counties was requested by BSU.
 - Data has been sent.
 - The development and delivery of the BLS/ILS curriculum is still underway.
 - Central District Health Department and the Central Health Collaborative are currently seeking Regional Collaborative funds for caregivers and connecting them to resource agencies.
 - CHEMS agencies are limited to those in Ada, Valley, and Elmore counties.
 - Funds total \$4,000 for two CHEMS agencies (\$2,000 per agency).
- **Next Steps:**
 - Data collection tools – determine Patient Experience Survey and Patient Care and Data Tracking Workbook distribution and synopsis timeline.
 - Provide training or assistance for providers/agencies for data tracking tools.
 - Update/revise SHIP/CHEMS Project Charter.
 - The workgroup has decided to return to monthly meetings.
 - The internal CHEMS Workgroup continues to meet every Monday.

- The CHEMS Workgroup is seeking technical assistance from CMMI regarding HIPAA privacy, security, and compliance issues and considerations regarding the use of telehealth equipment by CHEMS agencies and the submission of CHEMS patient care data.



Idaho Medical Home Collaborative:

- **Report Item:**
 - The IMHC Workgroup did not meet this month.
- **Next Steps:**
 - The IMHC Workgroup will continue an ad hoc schedule through the rest of the year.



Health Information Technology:

- **Report Item:**
 - The Health Information Technology (HIT) Workgroup met on February 16, 2017.
 - The workgroup reviewed the selection of the next set of clinical quality measures (CQMs).
 - The Idaho Health Data Exchange (IHDE) has implemented a solution to identify errors during the processing of the patient attribution files. This will cut back significantly on staff time and help clinics understand what changes need to be made to the files so they can process without any errors.
 - The SHIP Operations team is working closely with IHDE and HealthTech to develop a data quality improvement process. This process includes working one-on-one with clinics to identify and fill data gaps so the measure reports are as accurate as possible.
 - The workgroup heard progress updates from both the IHDE and HealthTech Solutions.
 - The connection building process continues for Cohort One, with several now with live data feeds.
 - HealthTech is starting to develop work on the next set of measures and plans to release reports on the 5th CQM by April.
 - Data Governance Workgroup planning meetings were held on Feb 13, 2017 and Feb 27, 2017 with the leadership of the HIT Workgroup, CQM Workgroup, and Data Element Mapping Subcommittee. During these meeting, the leadership developed a draft charter and discussed a membership structure for the new workgroup.
- **Next Steps:**
 - There will be a HIT workgroup meeting on March 16, 2017.
 - The SHIP Operations team will continue to work with IHDE and HealthTech to develop and release the data quality improvement initiative.
 - IHDE and HealthTech will continue to make progress on connection building and reporting of the CQMs.
 - The leadership of the HIT Workgroup, CQM Workgroup, and Data Element Mapping Subcommittee will meet in March to finalize the charter and identify members for the new Data Governance Workgroup.



Multi-Payer:

- **Report Item:**
 - SHIP Payer Financial and Enrollment Metrics for Goal Six report was sent to CMMI Project Officer on Tuesday 2/28/17.
- **Next Steps:**
 - SHIP Administrator will work with MPW Chair to facilitate individual presentations by payers in upcoming IHC meetings to talk about the methodologies they are using to incentivize quality outcomes.
 - SHIP Administrator will work with MPW Chair and the IHC self-funded representative to develop a plan to present information to Human Resource Associations and Employers Health Coalition on SHIP's role in healthcare transformation.



Clinical/Quality Measures Workgroup:

- **Report Item:**
 - The Clinical Quality Measures (CQM) Workgroup did not meet in February.
 - A Data Governance Workgroup planning meeting was held on Feb 13, 2017 with the leadership of the HIT Workgroup, CQM Workgroup, and Data Element Mapping Subcommittee. During this meeting, the leadership developed a draft charter and discussed desired organizations to be represented in the new workgroup.
- **Next Steps:**
 - The leadership of the HIT Workgroup, CQM Workgroup, and Data Element Mapping Subcommittee will meet in March to finalize the charter and identify members for the new Data Governance Workgroup.



Behavioral Health:

- **Report Item:**
 - The workgroup did not meet this month.
- **Next Steps:**
 - Next meeting is scheduled for Tuesday, April 4th, 2017 from 9:00am-11:00am at 1720 Westgate Drive, Suite A, Room 131.
 - During this meeting the workgroup will update their charter and discuss goals for the next 24 months.



Population Health:

- **Report Item:**
 - The PHW met March 1.
 - Discussion on the Clinical Inventory List, including who the audience is and where the best location on the website may be for ease of access. Cohort Two clinics have been added with some minor formatting still to be done.

- The Virtual PCMH application process was reviewed. The application was released on 2/28/17 for Cohort One clinics. Completed applications are due April 11, 2017.
- Cohort Two of the CHW training is underway with 22 students. A timeline and process is under development to collect quarterly data from the CHW graduates.
- The Telehealth application will be released on 3/13 and will accommodate the inclusion of CHEMS agencies as eligible applicants.
- Regional Health Collaborative Three presented their Oral Health Project.
- **Next Steps:**
 - The next meeting of the PHW is April 5, 2017 from 3:00 – 4:00.