



# Idaho Healthcare Coalition

## Meeting Agenda

Wednesday, February 8, 1:30PM – 4:30PM

JRW Building (Hall of Mirrors)

1<sup>st</sup> Floor **WEST** Conference Room **\*\*NOTE DIFFERENT 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/54795382/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

<pulsesecure:///method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=54795382&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 1/11/2017 meeting notes – <i>Dr. Ted Epperly, IHC Chair</i> - <b>ACTION ITEM</b>
1:40 p.m.	The Heroism of Incrementalism by Atul Gawande – <i>Dr. Ted Epperly, IHC Chair</i>
1:55 p.m.	Cohort One Transition & Cohort Two Onboarding – <i>Grace Chandler, Briljent</i>
2:25 p.m.	Medicare Value Based Payment Update – <i>Sandeep Wadwa, Noridian</i>
2:55 p.m.	Mercer Project Management Update – <i>Katie Falls, Mercer</i> - <b>ACTION ITEM</b>
3:10 p.m.	Break
3:25 p.m.	RC Granting Program Update – <i>Elke Shaw-Tulloch, Public Health Administrator</i>
3:35 p.m.	Telehealth Update – <i>Mary Sheridan, Public Health Bureau Chief</i> - <b>ACTION ITEM</b>
3:50 p.m.	IHDE Update – <i>Julie Lineberger, IHDE Interim Executive Director</i>
4:05 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>Mary Sheridan, IDHW</i></li> <li>• Telehealth, Community EMS, Community Health Workers – <i>Mary Sheridan, IDHW</i></li> <li>• HIT Workgroup – <i>Janica Hardin, St. Alphonsus, Workgroup Co-Chair</i></li> <li>• Multi-Payer Workgroup – <i>Dr. David Peterman, Primary Health and Josh Bishop, PacificSource, Workgroup Chairs</i></li> <li>• Quality Measures Workgroup – <i>Dr. Andrew Baron, Terry Reilly Clinics, Workgroup Chair</i></li> <li>• Behavioral Health/Primary Care Integration Workgroup – <i>Ross Edmunds, IDHW, Workgroup Co-Chair</i></li> <li>• Population Health Workgroup – <i>Elke Shaw-Tulloch, IDHW, Workgroup Chair, Lora Whalen Workgroup Co-Chair</i></li> <li>• IMHC Workgroup – <i>Dr. Scott Dunn, Family Health Center, IMHC Workgroup Chair</i></li> </ul>
4:20 p.m.	Additional business & next steps – <i>Dr. Ted Epperly, IHC Chair</i>
4:30 p.m.	<b>Adjourn</b>

## 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) February 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 January 11, 2017, Idaho Healthcare Coalition (IHC) meeting as prepared.

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

Motion Carried.

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### ■ Action Item 2 – SHIP Payer Financial and Enrollment Metric Report

IHC members will be asked to adopt the SHIP payer financial and enrollment metric report as presented by Katie Falls.

Motion: I, \_\_\_\_\_ move that the Idaho Healthcare Coalition adopt the SHIP payer financial and enrollment metric report as presented by Katie Falls.

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

Motion Carried.

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### ■ Action Item 3 – Telehealth Grant Application

IHC members will be asked to accept the measures and review criteria for the Telehealth grant as presented by Mary Sheridan.

Motion: I, \_\_\_\_\_ move that the Idaho Healthcare Coalition adopt measures and review criteria for the Telehealth grant as presented by Mary Sheridan.

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

Motion Carried.



# Idaho Healthcare Coalition

## Meeting Minutes:

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**SUBJECT:** IHC January Minutes

**DATE:** January 11<sup>th</sup>, 2017

**ATTENDEES:** Director Richard Armstrong, Josh Bishop, Pam Catt-Oliason, Russ Duke, Ross Edmunds, Dr. Ted Epperly, Katherine Hansen, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Susie Pouliot, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Cynthia York

**Teleconference:** Kathy Brashear, Melissa Christian, Janica Hardin, Rene LeBlanc, Dr. James Lederer, Maggie Mann, Casey Meza, Carol Moehrle, Dr. David Peterman, Geri Rackow, Lora Whalen

**Members Absent:** Dr. Keith Davis, Dr. Scott Dunn, Senator Lee Heider, Dr. Glenn Jefferson, Nicole McKay, Daniel Ordyna, Dr. David Pate, Dr. Kevin Rich, Dr. Rhonda Robinson-Beale, Dr. Boyd Southwick, Dr. Fred Wood, Dr. Bill Woodhouse, Nikole Zogg

**IDHW Staff** Taylor Kaserman, Erin McIlhany, Casey Moyer, Kym Schreiber, Michael Thomas, Molly Volk, Ann Watkins, Alexa Wilson, Stacey St.Amand

**Guests:** Rachel Blanton, Jeannet Haskell, Jennifer Feliciano, Scott Oien, Gina Pannell, Dr. Janet Reis, Dr. Sarah Toevs, Norm Varin, Dr. Shenghan Xu, Katie Falls

**STATUS:** Draft (01/11/2017)

## Summary of Motions/Decisions:

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**Motion:**

Yvonne Ketchum moved to accept the minutes of the December 14, 2016 Idaho Healthcare Coalition (IHC) meeting as prepared. Katherine Hansen Seconded this motion.

**Outcome:**

Motion Carried

Russell Duke moved that the Idaho Healthcare Coalition support the Get Healthy Idaho: *Measuring and Improving Population Health* as presented by Elke Shaw-Tulloch. Neva Santos seconded the motion.

Motion Carried

## 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 wished everyone a happy new year. Dr. Epperly started the meeting with a quote “If you want to touch the past, touch a rock. If you want to touch the present, touch a flower. If you want to touch the future, touch a life.”—Anonymous, and then called role.

**Get Healthy Idaho – Elke Shaw-Tulloch, IDHW, Division of Public Health Administrator**

- ◆ Elke Shaw-Tulloch presented the Get Healthy Idaho annual update. The key health priority areas identified in the report are: access to care, obesity, tobacco, and diabetes. This year’s report has remained relatively similar to last year’s with minor changes to better present the data and survey information. The Population Health Workgroup is asking for the IHC’s support in using the Get Healthy Idaho annual report as the population health improvement plan.
- ◆ Following her presentation Ms. Shaw-Tulloch answered questions from the IHC. Members wanted to know why access to care remained a health priority despite it not being a high priority identified in the survey. Access to care will remain a top priority as it helps the division maintain their accreditation. Members also wanted to know how behavioral health will be addressed with these identified priority areas. Behavioral health will be addressed in the access to care health priority with the ongoing behavioral health integration into primary care practices.

**Mercer Update – Katie Falls, Mercer, Principal**

- ◆ Katie Falls presented the operational plan feedback received from CMMI. The operational plan was turned in on time on December 1, 2016. CMMI’s feedback focused on three areas: they wanted to remind SHIP about the available technical assistance that is provided by CMMI; revision of the incentive payment piece for cohort clinics (this will no longer be called an incentive payment and will be restructured to become a reimbursement payment); and a few areas of editing and clarification.
- ◆ Ms. Falls answered questions from IHC members regarding whether or not clinics would be able to receive any incentive payments. Ms. Falls clarified that clinics will still be receiving the same funds, however they will now be referred to as reimbursement payments and additional documentation including a budget template are required to draw down the federal funds.
- ◆ Ms. Falls presented on plans in February to meet with the SHIP team to evaluate success and opportunities for the coming year of the grant project. Ms. Falls invited IHC members to reach out to the SHIP team with any suggestions they have for improvements that can be made by the Mercer team in their work for SHIP. Any suggestions provided will be addressed at this meeting.

**Provider Based Care Management – Director Richard Armstrong, IDHW**

- ◆ Director Armstrong presented the current plans for 2018 and the work that has been done so far to move Idaho Medicaid toward a value-based care system. In the past four years the average Medicaid participant cost have declined and Medicaid cost trends are lower than that of the state group insurance. A patient engagement approach instead of a

benefit approach will reduce provider costs and mirror the Medicaid design. The proposal for 2018 focuses on provider-based care management that will help continue the trend of using Medicaid funds in an efficient way.

- ◆ The provider-based care management plan will continue to follow the Healthy Connections value care model. Medicaid participants will find a primary care provider who is engaged in one of the three following programs: Healthy Connections Care Network Incentive Program, Patient Centered Medical Home Program, or Healthy Connections Primary Care Program.
- ◆ Next steps for this new provider-based care management plan will be to seek input from department stakeholders and providers within the community. Providers will be receiving more information on this new plan in the next couple of months and will be involved in conversations on the initiation of this plan. Conversations are already underway with Idaho's large hospital systems. There are no major changes anticipated for this plan if Medicaid is changed to block grants, but the director still anticipates that the state will still have the freedom to spend block grant funds as they see fit.

**Legislative Update (SHIP) – Lisa Hettinger, IDHW, Deputy Director**

- ◆ Lisa Hettinger gave a presentation on the current legislative session as it relates to the SHIP budget. During the governor's state of the state address he did not focus heavily on healthcare, however he did make brief remarks on strides being made in behavioral health, addressing the gap population, and the work being done by SHIP as a success within the state's healthcare initiatives.
- ◆ Going forward, the budget process for state agencies will be different than it has been in previous years. Ms. Hettinger will be presenting this year utilizing the new process to the JFAC committee; there are a couple of line items in this year's budget that may cause confusion. The SHIP grant is compiled entirely of federal funds, and it is operated through the department out of the Office of Healthcare Policy Initiatives. In previous years the OHPI budget has only contained federal funds going toward SHIP; this year there will be two additional line items included in the OHPI budget that are state funds but that will not be used for SHIP. These two line items will be funds used to address other initiatives within the department that are supported by SHIP activities. As these items are presented there should not be too much confusion but Ms. Hettinger encouraged IHC members to let her know if there are any concerns or confusion on these budget items being expressed by legislators.

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

- ◆ Dr. Epperly introduced Julie Lineberger as the new interim executive director of the Idaho Health Data Exchange and gave a brief background on her previous experience. Ms. Lineberger provided the IHC with an update of the current activities of IHDE: presently out of the fifty-five (55) clinics in cohort one there are nine that are fully connected to IHDE. There are few different ways in which the clinics can connect to IHDE and Ms. Lineberger and the IHDE team are working diligently with the clinics to ensure that all fifty-five (55) will have connections within the next six months.
- ◆ The work being done to get cohort one clinics connected will be crucial to also helping connect cohort two clinics as several of the cohort two clinics are associated with healthcare systems in cohort one. While there is still a lot of work to do, the IHDE is making great strides toward reaching their goals.

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

- ◆ Casey Moyer gave a presentation on the recent visit by Dr. Craig Jones to the CQM and HIT Workgroups. Dr. Jones provided helpful information and feedback on the clinical quality measures that SHIP is trying to collect and how SHIP can better collect on these measures and utilize the workgroups and stakeholders that developed them. Ultimately a decision was made to try to combine the HIT Workgroup, CQM Workgroup, and the Data Element Mapping Subcommittee into one Project Data Governance Workgroup to help with the further develop and implement the measures.
- ◆ Stacey St. Amand, Communications Specialist with SHIP has developed a newsletter that will be going out next week to SHIP stakeholders. It will be published every two months.

There being no further business, Chairman Epperly adjourned the meeting at **3:58pm**.

# SHIP PAYER FINANCIAL AND ENROLLMENT METRICS FOR GOAL 6

Prepared for the Statewide Healthcare Innovation Plan January 2017

## Introduction

The State's multi-payer approach to shifting from fee-for-service (FFS) payments to value-based payment strategies is expected to achieve a long-term, sustainable impact on Idaho's healthcare system. The approach includes:

- Understanding each payer's need to design and implement alternatives to FFS payment models that they believe fits within their organization's goals and are most effective for their beneficiaries and providers.
- Recognizing that system wide transformation to value-based purchasing will only occur across Idaho payers if the leaders from those organizations are active participants in the transformation process, and when private payers have sufficient market share with providers to incentivize strategic deployment of value-based payment methodologies.
- Acknowledging that payment transformation may not occur quickly in Idaho but, through partnership with payers, new reimbursement models will emerge that have positive impact on the system statewide. Implementation of new reimbursement models that represent at least 80% of the beneficiary population is goal for the state and is underway.

To begin collecting payer data to track Idaho's progress in shifting to value-based payments, an Idaho alternative payment model framework was developed by the Multi-Payer Workgroup. The model follows the Health Care Payment Learning and Action Network model and reflects the different payment methodologies in the Idaho marketplace.

## Baseline for Improvement During the Demonstration

The overarching aim of Idaho's integrated multi-payer PCMH model is to improve quality outcomes and beneficiary experience, which is expected to lower the cost of healthcare. Transforming from a FFS reimbursement model to payment models that incentivize quality outcomes and improved beneficiary experience is a key goal to achieve this aim. Evidence of the transformation to paying for value over volume will be shown by comparing the enrollment and payment metrics from commercial, Medicare, and Medicaid payers throughout the State.

## Data Requests

To establish a baseline using calendar year 2015 data, payers were asked to provide percentages of beneficiaries and percentages of payments in the following categories:

- Category 1: FFS – no link to quality and value. Example is FFS payments.
- Category 2: FFS – link to quality and value. Examples include a) foundational payments for infrastructure and operations, b) pay for reporting, c) rewards for performance, and d) rewards and penalties for performance.
- Category 3: Value methodologies built on FFS architecture. Examples include a) methodologies with upside gainsharing and b) methodologies with upside gainsharing/downside risk.

- Category 4: Population-based payment. Examples include a) condition-specific population-based payments and b) comprehensive population-based payments.

To assist in compilation, the data request also asked for total dollars paid for Medical services in 2015.

Mercer’s Client Confidentiality Agreement was signed by commercial payers and Mercer to ensure their data was protected and kept private. It was agreed that the data would be aggregated across payers so no individual payer data is discernable.

**Data Compilation**

Upon receiving data from five of Idaho’s largest payers, including Medicare and Medicaid data, we collected comparison data from public documentation, including KFF.org and statutory filings in the National Association of Insurance Commissioners format. Data was weighted for both enrollment and payment information by payers to combine the data and protect the privacy of commercial respondents.

Table 1. Percentage of Beneficiaries Per Category for 2015

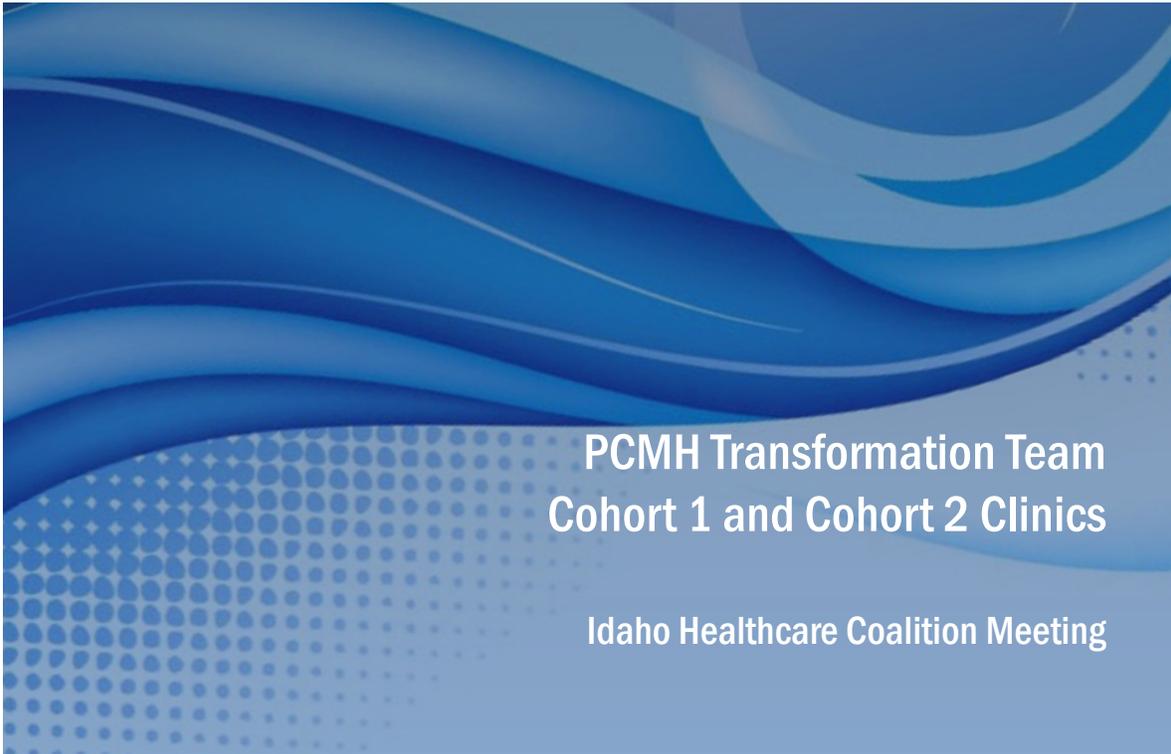
Category	Medicaid	Commercial & Medicare Adv.	Medicare	Total
Category 1: FFS – no link to quality and value. Example is FFS payments.	100%	21%	8%	42%
Category 2: FFS – link to quality and value. Examples include a) foundational payments for infrastructure and operations, b) pay for reporting, c) rewards for performance, and d) rewards and penalties for performance.	0%	73%	72%	51%
Category 3: Methodologies built on FFS architecture. Examples include a) methodologies with upside gainsharing and b) methodologies with upside gainsharing/downside risk.	0%	4%	20%	6%
Category 4: Population-based payment. Examples include a) condition-specific population-based payments and b) comprehensive population-based payments.	0%	2%	0%	1%

Table 2. Percentage of Payments (Paid or Accrued) Per Category for 2015

Category	Medicaid	Commercial & Medicare Adv.	Medicare	Total
Category 1: FFS – no link to quality and value. Example is FFS payments.	100%	71%	43%	76%
Category 2: FFS – link to quality and value. Examples include a) foundational payments for infrastructure and operations, b) pay for reporting, c) rewards for performance, and d) rewards and penalties for performance.	0%	19%	37%	15%
Category 3: Methodologies built on FFS architecture. Examples include a) methodologies with upside gainsharing and b) methodologies with upside gainsharing/downside risk.	0%	7%	20%	7%
Category 4: Population-based payment. Examples include a) condition-specific population-based payments and b) comprehensive population-based payments.	0%	4%	0%	2%

**Analysis**

In 2015, commercial and Medicare payers began to assign beneficiaries to value-based payment arrangements with incentives for providers based on quality and value. Gain-sharing, risk-sharing, and population-based payments were just getting introduced in the Medicare and commercial settings. While the beneficiaries were assigned, payments were still primarily FFS. Anecdotal evidence suggests that payers and providers were hesitant to accept quality-based payments with risk due to the lack of beneficiaries assigned to each provider. Some payers required minimum levels of beneficiaries, such as 1000 beneficiaries, before quality or risk-based payment arrangements replaced FFS.



# PCMH Transformation Team Cohort 1 and Cohort 2 Clinics

Idaho Healthcare Coalition Meeting

February 8, 2017



## PCMH TEAM UPDATE

- Cohort 1
  - Brilljent Agreement Amendments
  - Evaluation of PCMH Coaches by clinics
  - Report on Cohort 1 Clinic Progress
  - Training and Technical Assistance
  
- Cohort 2
  - Brilljent Agreements
  - Training and Technical Assistance
  
- PHD SHIP QI Staff Training – Year 2



## CLINIC AGREEMENTS & RENEWALS

**Cohort 1 Clinics** - Briljent Agreement Amendments sent to 54 clinics to renew for another year with SHIP.

Renewing allows for:

- PCMH recognition reimbursement payment
- Virtual PCMH reimbursement payment, if approved by the Department

**Cohort 2 Clinics** - Agreements sent to 56 clinics

- Clinics already signing and returning Agreements

February 21 – Clinic Agreements due

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**PCMH**  
TRANSFORMATION TEAM

## PCMH COACHING EVALUATIONS

- Briljent oversight of PCMH Team activities
- PCMH Coaching Evaluations sent to Clinics and PHD SHIP staff
- 55 clinics received the survey and 46 clinic responses were received

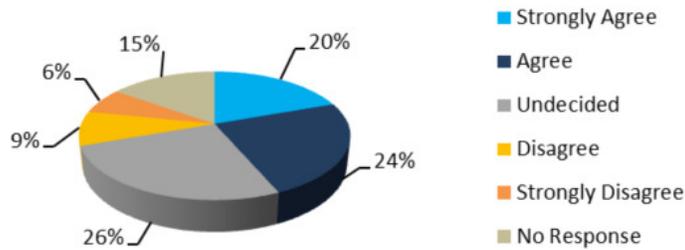
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**PCMH**  
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## PCMH COACHES EVALUATION BY CLINICS

My Coach has assisted me as I implement my transformation efforts.



*"My coach had great ideas and experience. She had encountered many of our problems during her career and have good solutions."*

*"My Coach's expertise and guidance was critical in my clinic's transformation."*

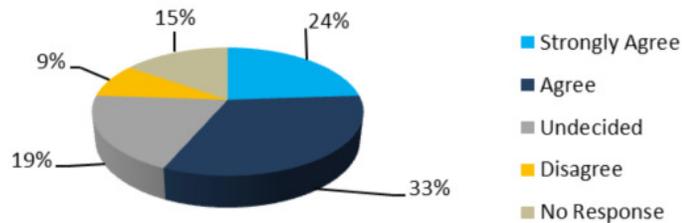
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## PCMH COACHES EVALUATION BY CLINICS

My Coach helps me identify solutions to problems.



*"My coach is a very knowledgeable person. While her suggestions were not always realistic for us, she did push us to think outside the box."*

*"...suggested using students from the local university to assist us in meeting our quality goals."*

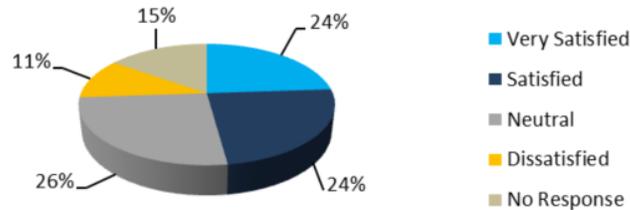
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## PCMH COACHES EVALUATION BY CLINICS

How would you rate your overall satisfaction with your PCMH Coach?



*“A great working relationship”*

*“She has sent some valuable PCMH resources”*

*“I have valued and learned from her PCMH and NCQA expertise”*

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## PCMH COACHES EVALUATION BY CLINICS

**Question - How would you improve coaching?**

- *“Have coaches visit clinics during the first few months they begin working together.....build relationships.”*
- *“Using the transformation plan as an agenda has worked with the clinic we share.”*
- *“The transformation plan was detrimental to the direction of an already recognized clinic.”*
- *“Have the coach share more ideas from clinics who have made the PCMH transformation.”*
- *“A reminder email could be sent out, or it could be updated in the outlook invitation to help the clinic and coach better prepare for the upcoming coaching call.”*
- *“My experience with my coach could not be improved. She dedicated 110% to my clinic and gave me the direction to help facilitate transformation between the coaching calls.”*

Next: Achievement of Cohort 1 Clinics

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**PCMH**  
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## PCMH Transformation Reimbursement Payment Measures Attained

- 100% of Cohort 1 Clinics attained Reimbursement Payment\* Measure 1 by submitting a completed application and executed contract
  - \$550,000 reimbursed to practices (\$10,000 each)
- 60% of Cohort 1 Clinics attained Reimbursement Payment Measure 2 by submitting PCMH accreditation certification documentation
  - \$165,000 reimbursed to practices (\$5,000 each)

\* Reimbursement Payment originally called Incentive Payment

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## PCMH Transformation Progress Measures Attained

All Cohort 1 Clinics:

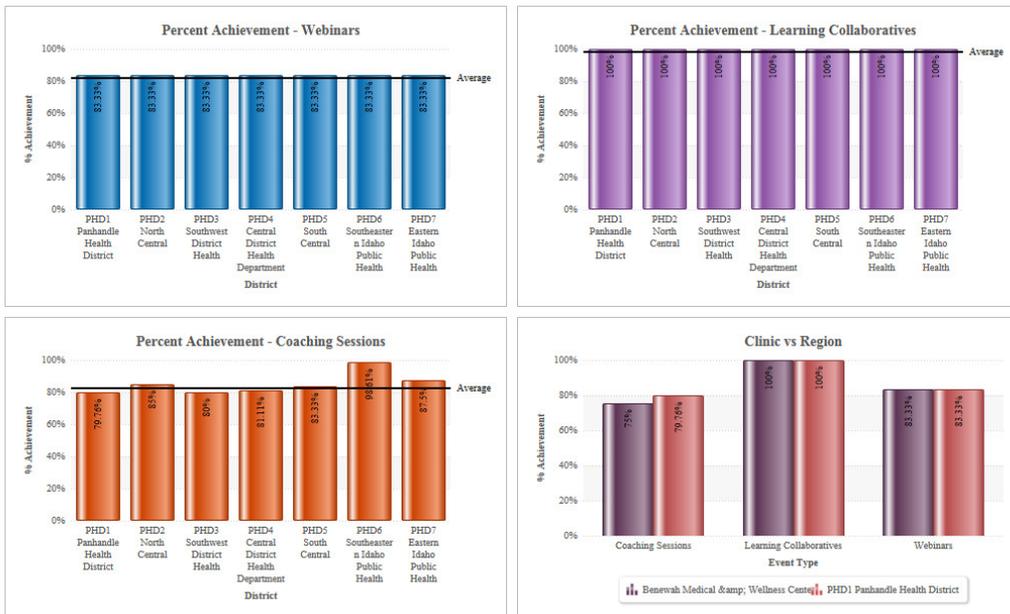
- Exceeded the Webinar Benchmark of 70% participation. All practices attained 5 of 6 or 83% completion in attending webinars.
- Attained the Learning Collaborative Benchmark of 100% participation in attending 2 sessions.
- Attained the Coaching Call Benchmark of 75% participation. All practices attended at least 9 of 12 coaching sessions.

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## PCMH Cohort 1 Clinic Transformation Progress Measures on Portal Dashboard



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## COHORT 1 UPDATES

22 clinics continue to work towards PCMH transformation with the support of PHD SHIP QI Staff, following a transformation roadmap developed by the PCMH Coach and PHD SHIP QI Staff

Successes and lessons learned include:

- Most successful teams had regularly scheduled meetings with planning and agenda setting prior to the coaching calls. Work plans for the period between calls were clear and calls were a time to review opportunities and barriers to real change and successful applications.
- Most successful teams had a strong working relationship between the PHD SHIP QI staff and PCMH Coaches.
- Clinics who have both engaged clinical leadership and staff can make the most successful transitions.
- Clinics who were realistic about their first assessment could create effective and well timed transition plans.

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## **COHORT 1 UPDATES** *(CONTINUED)*

- Idaho has 2 distinct cultures - rural and urban - need to leverage resources and work closely with PHD SHIP QI staff on solutions and challenges based on the location of the practice.
- PCMH Coaches learned a lot from the clinics who had site visits in cohort 1, and we look forward to the visits in April & May 2017.
- Changing schedules makes for irregular participation. HMA coaches are committed to regular bimonthly scheduled coaching calls in cohort 2. We will encourage clinics to commit to this model as well.
- The learning collaborative environment allowed for clinics to share ideas and best practices, and we intend to build on that this year in the single collaborative in June.

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**PCMH**  
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## **PCMH TRANSFORMATION COHORT 2 CLINICS - TRAINING & TECHNICAL ASSISTANCE**

### Goals:

1. Build knowledge and action plans for the 6 standards of the NCQA PCMH program as a means to reach PCMH transformation through approved NCQA recognition or other certification programs
2. For clinics just starting the process, our team will focus on the “must pass elements” and “critical factors” for recognition
3. For clinics that have already reached PCMH recognition, the team will focus on enhancing those clinics/practices for best practices

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## **PCMH TRANSFORMATION COHORT 2 CLINICS - TRAINING & TECHNICAL ASSISTANCE**

Plan:

- Kick Off Webinar with SHIP on 2/1 – Getting Clinics started
- Webinar #1 Session(of 6) on 2/15 – 2017 NCQA PCMH Redesign: Mapping the changes from 2014
- PCMH self-assessment and introduction to PCMH coaches and PHD SHIP QI Staff
- Transformation Plans – goals and actions
- Six coaching sessions beginning in March
- Site visits in April and May
- Six content-specific webinars
- Learning Collaborative in Boise – 6/27 & 6/28
- Document progress towards PCMH transformation

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**PCMH**  
TRANSFORMATION TEAM

## **PHD SHIP QI STAFF TRAINING – YEAR 2**

Goal – PHD SHIP QI Staff will receive ongoing training and support to enhance their skills towards becoming PCMH Coaches

- Three webinars to support practice interventions for Cohort 1 clinics (March, May, July)
- Learning Session for PHD SHIP QI staff – 6/27
- Learning Collaborative for Clinic Teams, including PHD SHIP QI Staff – 6/27 & 6/28
- Transformation Plans – working with clinics on goals and action plans
- Six coaching sessions – along with PCMH Coaching Team
- Content-specific webinars every other month

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*Thank you from the  
PCMH Transformation Team*

Questions/Comments?

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**PCMH**  
TRANSFORMATION TEAM



# IDAHO DEPARTMENT OF HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

CYNTHIA L. YORK – Administrator  
OFFICE OF HEALTHCARE POLICY INITIATIVES  
450 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE 208-334-0600

January 20, 2017

Dear SHIP Cohort One Participant,

As January 31st swiftly approaches, SHIP would like to thank all of our Cohort One participating clinics, their staff, HMA coaches, and PHD staff on your leadership, innovation, and commitment to advancing healthcare in your communities and throughout the state.

February 2017 will begin a transition phase for all Cohort One clinics from a primarily PCMH focused year to a more community oriented and data gathering focus. Clinics will make connections through their local Regional Collaborative and development in their Medical-Health Neighborhood.

The Memorandum of Understanding (MOU) that was signed by your clinic and IDHW at the beginning of your cohort year will remain in effect until January 31, 2019. As a reminder, a few continued expectations of your clinic include: act in a legitimate business capacity and maintain all necessary licensing and insurance, coordinate and work with PHD SHIP staff in Cohort Year 2 and Cohort Year 3 to continue transformation, maintain willingness to accept mentoring and to mentor others, maintain effective communication with regional collaborative, participate in the Medical-Health Neighborhood, work with CHEMS agencies if approached and conduct stakeholder outreach, work with IDHW to arrange for the collection of outcome measures if participating in CHW or CHEMS programs, agree to cooperate with the Department and its evaluators and provide reasonable data requests for the three year project term.

As for your electronic health record (EHR) connections with Idaho Health Data Exchange (IHDE), these connections will be continued to be developed. Some of you have had your connections to IHDE completed, while several others are still being built. We would like to note that even though this upcoming grant year is focused on Cohort Two, Cohort One clinics will be given precedence for connection building to IHDE. Once your IDHE connection has been established, your clinic will be trained in and given access to the SHIP data analytics solution (through HealthTech Solutions).



Per the MOU, your clinic is expected to continue its relationship with IHDE after this grant year and through the duration of the SHIP grant (January 31, 2019). This includes supplying relevant data, maintaining the IHDE license agreements, and paying the related EHR maintenance fees.

The application for the virtual PCMH designation will open in February 2017 for all Cohort One clinics who have added one or a combination of telehealth, Community Health Worker (CHW), or Community Health Emergency Medical Services (CHEMS) programs within their clinic. The virtual PCMH is designed to improve the reach and capacity of primary care in rural and underserved communities. The designation provides \$2,500 reimbursement to SHIP clinics to support CHW, CHEMS, or telehealth program development. Additionally, a new SHIP grant funding opportunity for cohort one clinics to apply for resources to develop and implement a telehealth program will be available in March 2017. There are a number of EMS agencies implementing CHEMS programs and these efforts provide great opportunities to establish new or expanded partnerships for these services. Information about these opportunities will be emailed to cohort clinics as they become available.

Thank you again for a successful and rewarding year. We look forward to your continued commitment and collaboration through 2017. If you have any questions, please do not hesitate to contact the Office of Healthcare Policy Initiatives at (208) 334-0600.

Sincerely,



KYMBERLEE SCHREIBER  
Project Manager



# SHIP Telehealth Grant Application

## Mary Sheridan

Chief, Bureau of Rural Health and Primary Care, Division of Public Health, IDHW

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(208) 334-0669

Presented at the Idaho Healthcare Coalition on February 8, 2017



IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF PUBLIC HEALTH



## Funding Opportunity

- Support Cohort 1 clinics to **establish or expand** telehealth program: scale and type of telehealth services open for the applicant sites to define according to their organizational and patient population needs.
- Increase access to behavioral health and specialty care
- Restrictions: telehealth equipment is **not** an allowable cost.



## Available Funding

- Anticipated available funding: \$212,000
- Anticipated number of awards: 8-10
- Maximum: \$25,000 per clinic
- *Plan to provide supplemental technical assistance to grantees through contracted consultative services via RFP process.*



## Key Dates (Tentative)

	Date
Funding Release Date	March 1, 2017
Optional Technical Assistance Call	March 8, 2017
Application Deadline	April 6, 2017
Notification of Award	April 27, 2017
Project Start Date (estimate)	June 1, 2017
Final Date for Project Funds to be Expended	January 31, 2018
Project End Date	August 1, 2018





# Measures

- Required for all grantees:
  - Access to care: # of unique patients and # of telehealth visits
- Required to select at least one additional measure:
  - No-show rates (telehealth vs. traditional appt)
  - Patient satisfaction survey
  - Primary care clinician satisfaction survey



# Review Criteria

## Executive Summary (10%)

- Project goals, target population, project services
- Experience with similar projects

## Project Description (25%)

- Activities and timelines, anticipated outcomes
- Team roles and responsibilities
- Collaboration with partners
- Equipment needs and procurement plans





## Review Criteria Cont.

### Project Targets and Measureable Indicators (25%)

- Minimum of two metrics required
- Data collection process and baseline, as available

### Scale, Innovation and Design (25%)

- Approaches to improving access
- Describes replicability, scalability
- Reasonable sustainability plan



## Review Criteria Cont.

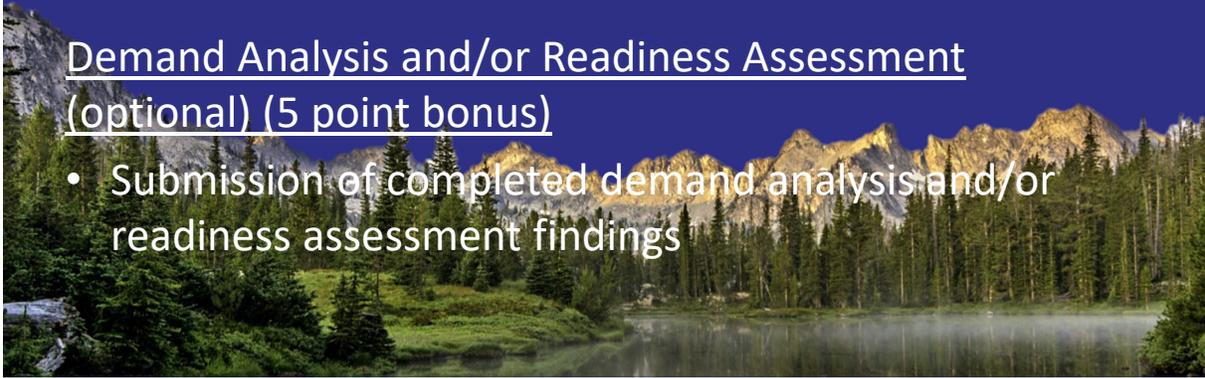
### Budget (15%)

- Reasonable budget aligned with project goals and CMMI restrictions

### Letters of Support

### Demand Analysis and/or Readiness Assessment (optional) (5 point bonus)

- Submission of completed demand analysis and/or readiness assessment findings





# Questions?

- Seeking feedback and support for the grant application outline
- Need grant review team



# Clinic Connection Status

## Accomplishments:

- Kaniksu / Heritage Health:
  - OB HL7 scheduled to go-live 2/14/17
  - IB HL7 tentatively scheduled to go-live 2/14/17
  - IB CCDA tentatively scheduled to go-live 2/14/17
- CDA PEDS:
  - OB CCDA resolved filtering issue – UAT continues

## Delays and Risks:

- Pending EMR Vendor Technical Resources:
  - Benewah Med. & Wellness Center
  - Pocatello Children's Clinic
  - SMH\_CVH
- CDA PEDS:
  - OB HL7 pending paperwork from clinic to EMR vendor for configuration completion.
  - IB CCDA – Pending resolution by EMR Vendor for “Show Stopper” truncation of free form text
- Health West, Inc. – EMR vendor changing to Athena as a result interfaces put on HOLD until further notice
- Clinics On Hold:
  - Driggs & Victor (No PA Agreement/Possible EMR Change)
  - Glens Ferry – (BH Filtering Issue)
  - New** • Health West, Inc. (EMR Vendor change)
  - Madison Memorial (Pending EMR Quotes)
  - Not-tsoo Gah-nee (HIS forms requested by participant/under legal review)
  - Portneuf (No PA Agreement)

# Projected Connection Completion

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



## Planned to Complete in January/February:

### IB TRN:

- Family Health Services → Live 1/25/17
- Heritage Health → Go-Live ETA 2/14/17
- Kaniksu Health Serv. → Go-Live ETA 2/14/17

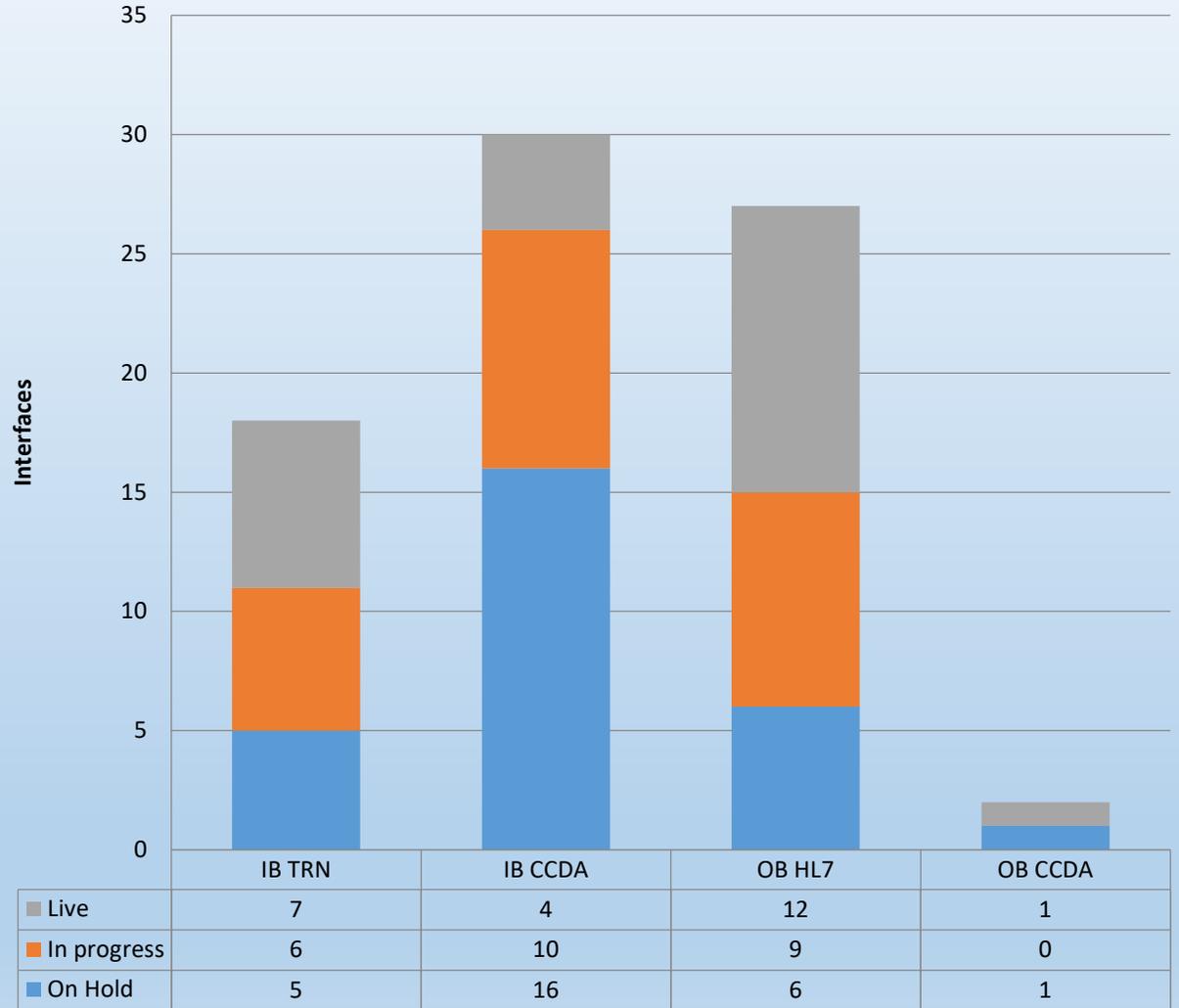
### IB CCDA:

- Family Health Services → Live as of 1/9/17
- Heritage Health → Go-Live ETA 2/14/17
- Kaniksu Health Serv. → Go-Live ETA 2/14/17

### OB LAB/RAB/TRN:

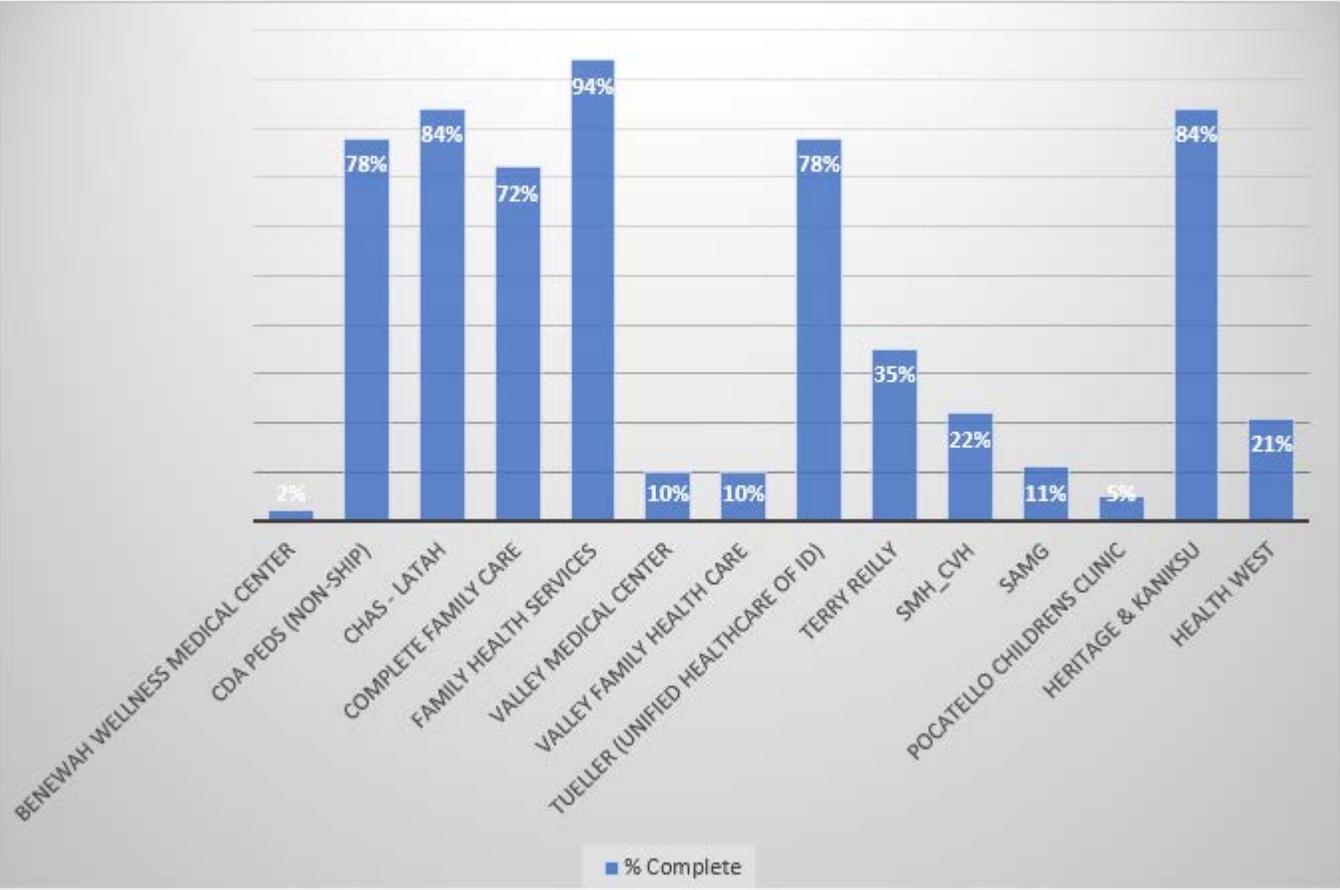
- Heritage Health → Go-Live ETA 2/8/17
- Kaniksu Health Serv. → Go-Live ETA 2/8/17
- CHAS (Latah) → Go-Live ETA 2/8/17

## Cohort 1 Interface Summary



# Master Dashboard

Project Status - Cohort 1



## Overview – Cohort 1:

- 30 SHIP Organizations
- 55 Clinics
- 77 Interfaces:
  - ✓ 15 Organization builds in progress, representing:
    - IB TRN = 7
    - IB CCDA = 20 (11-pending decision)
    - OB LAB/RAD/TRN = 11 (2-pending decision)
  - ✓ 10 Organization builds completed:
    - IB TRN = 7
    - IB CCDA = 4
    - OB LAB/RAD/TRN = 12
    - OB CCDA = 1
  - ✓ 6 Organization builds on HOLD:
    - IB TRN = 4
    - IB CCDA = 6
    - OB LAB/RAD/TRN = 4
    - OB CCDA = 1

*Note: This ONLY include SHIP Organizations for Cohort 1*

## Cohort 2 Overview:

- 29 SHIP Organizations
  - 14 are 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 February 08, 2017

## **SHIP OPERATIONS:**

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

- **Report Items:**
  - The Notice of Award for Year 3 (AY3) for the time period 2/1/2017- 1/31/2018 was received on 1/30/2017. The AY3 budget in the amount of \$11,994,802.00 was approved effective 2/1/2017.
  - The following contracts or sub grants were executed for AY3: Project Management and Financial Analysis (Mercer, LLC), PCMH transformation and technical assistance (Briljent, LLC), PCMH transformation support, Regional Collaborative and Medical-Health Neighborhood development (Public Health District Sub grants for Districts 1-7) and data analytics and reporting (Healthtech Solutions, LLC, KMP/Verinovum and Viann Electronics) and Community Health Worker Training (ISU). Other contracts are still in development for scopes of work relating to Goals 2, 3, and 4.
  - The Office of Healthcare Policy Initiatives presented their budget for State Fiscal Year 2018 (SFY2018) to the Joint Finance and Appropriations Committee (JFAC) on Tuesday, January 31, 2017.

### **SHIP Administrative Reporting:**

- **Report Items:**
  - Two Boise State University Graduate Assistants (Tara Fouts and Adiya Jaffari) joined the SHIP Team in January (for one semester) to assist with SHIP related projects.
  - The RC Project Manager position is being re-advertised due to the departure of Erin McIlhany on January 27, 2017. It is anticipated that the position will be filled within 6-8 weeks.
  - The first issue of the OHPI electronic newsletter was launched in January. This communication will go out every over month to SHIP stakeholders.

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

- **Report Items:**
  - District 1:
    - The Regional Collaborative met on January 25 in a joint meeting with Cohort One and Cohort Two clinics to discuss:
      - What the Regional Collaborative is and its function. The Medical-Health Neighborhood and what it is.
      - Introduction of Cohort One clinics and their successes. Introduction of Cohort Two clinics and their goals.
      - Clinical quality measures and regional QI projects.
      - Virtual PCMH update.
      - Bonner County CHEMS pilot.
      - IHDE update.
      - Healthy Connections and regional successes with SHIP.

- Networking and collaboration time among clinics and RC.
  - The Regional Collaborative’s next meeting is scheduled for 2/22/17.
- District 2:
  - January 5th: Regional Collaborative Two Meeting to discuss:
    - Kick-off meeting for the addition of Cohort Two clinics.
    - Likely clinical quality measures for this coming year.
    - Potential trainings to be held for RC2 members.
    - Medical-Health Neighborhood collaboration.
- District 3:
  - SWHC-1/3
    - Review of workgroup activities and RC grant.
    - ED utilization workgroup guidance.
    - Provider engagement panel guidance.
    - Pfizer Population Health next steps.
    - Policy role discussion (continued).
  - Region 3 BHI Group-1/23
    - Funding approved for “Let’s Talk” (partnership with CHC).
    - Funding approved for school-based BH services demonstration.
  - Wellness Group-1/10
    - Support workflows that default encounters with 4-19 year-olds to wellness visits (includes pediatricians).
    - Explore options for school-based services.
  - ED Utilization Group-1/20
    - Will create and circulate form letter from PCP for high utilizers.
    - Will also develop tools for CHWs to target high utilizers.
  - Senior Group-1/31
    - Will develop call list for senior resources to be used by EMS agencies.
  - Senior Group-1/13
    - Discussed PCMH CE recognition.
- District 4:
  - The CHC did not meet in January.
  - The CHC Executive Leadership met on January 25th. Topics included identifying a process for creating position statements, CHC involvement with new clinics, Pfizer PopData tool, and St. Luke’s Community Health Improvement Fund grant opportunity.
- District 5:
  - The SCHC convened on January 20. We were able to introduce and welcome some representatives from our Cohort Two clinics, explain the purpose of the Regional Collaborative, and offer support from our current Cohort One clinics. Other topics of discussion included a recap of the December and January IHC meetings. We discussed our Cohort One transformation efforts and progress, results of the RC grant initiative, future presentations that will be provided by members of our Medical-Health Neighborhood, PCMH transformation topics, and other QI resources.
- District 6:
  - District 6 has reviewed and revised its strategic plan. The Executive Committee approved the changes and it has been submitted to IDHW.

- An Idaho State University Health Education intern will be working with the PHD6 SHIP team this academic semester. She will be supporting RC grant activities and will support clinic quality improvement activities as needed and desired.
- The SHIP Manager presented the RC grant suicide prevention program to the Regional Behavioral Health Board. They will determine how they can support the project at a future meeting and the Chair will be our main point of contact for this effort.
- Last Meeting:
  - SHC Executive Committee: January 18, 2017
  - SHC Clinic Committee: September 1, 2016
  - SHC Medical-Health Neighborhood: November 9, 2016
- Next Meeting:
  - SHC Executive Committee: February 15, 2017
  - SHC Clinic Committee: February 16, 2017
  - SHC Medical-Health Neighborhood: March 16, 2017
- District 7:
  - EHC Executive Committee: Jan 4<sup>th</sup> 2017 (1<sup>st</sup> Wednesday of every month). Canceled in February.
    - Eastern Health Collaborative agenda finalized and approved. Presented information on Community Health Worker (CHW) initiative. CHW program will be discussed further with clinics but as most clinics hired care coordinators, EHC executive team thought it was unlikely that any clinic would want to do the program. Clinical quality measure discussion held on regional collaborative baseline data from clinics. Executive team wants to ensure that correct data is being reported from clinics so that the EHC may best help them with PCMH transformation. Progress of each clinic toward recognition was discussed and how to best help clinics continue to transform as year one ends. The addition of Cohort Two clinics was discussed and item will be brought up at EHC meeting in January for entire EHC to decide future changes.
  - Eastern Health Collaborative (EHC) Meeting: January, 2017.
    - Eastern Health Collaborative (EHC) held in January. Agenda for Regional Collaborative focused on Medical-Health Neighborhood, PCMH transformation, and health outcomes. Discussion focused on PCMH transformation over the last year. Reflection on best practices developed and what went right. Also discussed at EHC meeting were lessons learned in the last year and what should be implemented for the next cohort of clinics and improvements across EHC that would be beneficial to all clinics. Medical-Health Neighborhood item was pediatric mental health resources. Large portion of EHC meeting was dedicated to health outcomes/population health and utilizing clinical quality measures in both PCMH transformation, Medicaid Tiers, and NCQA recognition process. Clinics will continue to work on collecting data to establish best practices and to identify gaps in care. Meeting schedule was finalized with EHC meetings moving to quarterly but extending the time to 90 minutes.
  - Next Meeting: Baseline data will again be revisited as will PCMH efforts in region, identification of resources that clinics need in PCMH transformation effort, and how to best integrate Cohort Two clinics to aid with PCMH efforts.

- **Next Steps:**

- District 1:
  - Motion to accept Dr. Richard Bell, Co-Chair of Panhandle Regional Collaborative as a member of the IHC.
  - Work on Regional Collaborative Grant Project.
  - Continue to develop Medical-Health Neighborhood and work with clinics on communication standards among partners.
- District 2:
  - End of February/early March: Next meeting to include members of Cohort Two clinics.
- District 3:
  - Consideration of CHW reimbursement as a future agenda item. Consideration of hosting a legislative summit/luncheon for legislators.
  - The SWHC will host an orientation session for Cohort Two clinics in February in partnership with PHD4 to continue to align activities with PCMH support. In addition, the group will meet with key stakeholders to inform the design of a care coordination network in Regions 3 and 4 after providing a free training on 2/9, a Medical-Health Neighborhood activity, as well as PCMH support activity as it was requested by Cohort One clinics. We have also asked the IHC to take two items (CHW reimbursement and legislative summit) into consideration based on the guidance of the SWHC. This supports the SWHC role in communication and advocacy for Region 3.
- District 4:
  - The next CHC meeting is scheduled for February 7, 2017 to discuss items listed above.
- District 5:
  - We have an upcoming presentation from a SCPHD Health Educator and the resources she has available for clinics regarding diabetes education, hypertension, and stroke. We have also reached out to the regional Office on Aging representative to present at our April meeting. A goal for the next year is to have at least one presentation at each meeting that could provide information about resources to aid in clinic PCMH transformation efforts, other QI efforts, and to build relationships with organizations in our Medical-Health Neighborhood.
- District 6:
  - Planning for Cohort One to Cohort Two transition process.
  - Follow-up on Transitions of Care opportunities for the Medical-Health Neighborhood.
  - Plan Medical-Health Neighborhood meeting agenda for March 2017 which will focus on heart health.
  - Begin promotion of Project ChildSafe with Karlie, ISU Health Education intern.
  - Plan for SHIP update at February 16 Board of Health Meeting.
  - Identify opportunities for Regional Suicide Symposium CEUs.
  - Continue to attend multiple stakeholder group meetings.
- District 7:
  - Continue to facilitate communication between healthcare services for possible solutions for referral management and HIE connection.
  - QI Specialist continues to support PCMH transformation efforts of Cohort One clinics and look forward to Cohort Two clinics starting PCMH efforts.
  - Meet with Cohort Two clinics to initiate PCMH transformation efforts.
  - Contact primary care clinics for Cohort Three recruitment and other PCMH transformation opportunities.
  - Increase utilization of Medical-Health Neighborhood by PCMH clinics.

## ADVISORY GROUP REPORTS:



### Telehealth SHIP Subcommittee:

- **Report Items:**

- ‘SHIP Telehealth’ webinar number 6 of 6 (final in the series) was held on January 10, 2017 and was attended by 22 participants. The webinar focused on Telehealth program evaluation and monitoring. All six (6) webinars are recorded and publicly available on the SHIP website: <http://ship.idaho.gov/WorkGroups/TelehealthCouncil/tabid/3059/Default.aspx>.
  - Demand Analysis
  - Readiness Self-Assessment
  - Reimbursement, Billing, and Coding
  - Equipment Selection
  - Program Development
  - Evaluation and Monitoring
- The Telehealth grant application to provide SHIP Cohort One clinics with an opportunity to develop and implement a Telehealth program is finalized. The grant application concepts will be presented to the IHC on February 8 for their consideration and support. Telehealth equipment is not an allowable cost in this funding opportunity. Additionally, IDHW is planning to develop a Request for Proposal (RFP) to provide Telehealth technical assistance to SHIP cohort clinics funded through this opportunity.
- Grant application components for IHC consideration include the following:

<b>Executive Summary (Limit 1 page)</b>	<b>Maximum: 10 points</b>
Goal(s), identified population and intervention or service to be offered.	
Description of organization, history, and capacity to undertake this project.	
<b>Project Description (Limit 3 pages)</b>	<b>Maximum: 25 points</b>
Includes detailed activities and associated timelines.	
Describes and relates outcomes to project and SIM goals.	
Includes roles and responsibilities of project team.	
Addresses potential equipment needs and procurement plans.	
Identifies potential risks and how they will be addressed.	
<b>Project Targets and Measurable Indicators (Attachment)</b>	<b>Maximum: 25 points</b>
Includes a minimum of 2 metrics.	
Outlines data collection process and includes baseline data, as available.	
<b>Scale, Innovation, and Design (Limit 2 pages)</b>	<b>Maximum: 25 points</b>
Program design includes concepts or approaches to improve access to care.	
Demonstrates unique and innovative approach in the community.	
Describes how project is replicable or scalable in other environments.	
Proposes reasonable sustainability plan.	
<b>Budget</b>	<b>Maximum: 15 points</b>
Includes reasonable budget that aligns with project activities and goals.	
Demonstrates compliance with funding requirements and restrictions.	
<b>Letters of support if applicable</b>	<b>N/A</b>
Includes associated letters of support to demonstrate partner collaboration.	
<b>Demand Analysis and Readiness Assessment</b>	<b>Bonus: 5 points</b>
Includes completed Demand Analysis tool and findings.	
Includes completed Readiness Assessment tool and findings.	

- **Next Steps:**

- Pending IHC feedback and support for the telehealth grant application for Cohort One clinics, Bureau of Rural Health & Primary Care staff will finalize the application and SHIP will submit to Centers for Medicare and Medicaid Innovation (CMMI) for final approval prior to release.
- Following CMMI approval, the RFP to secure a telehealth technical assistance contractor will be developed.



### Community Health Workers:

- **Report Items:**

- Idaho State University (ISU) first cohort of the CHW training is complete
- Currently there are twenty-two (22) trainees in the spring training course that started on January 10<sup>th</sup>.
- 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 created with support from the Boise State University (BSU) research student and will be deployed to CHWs near the end of the first quarter
- SHIP staff has been collaborating with the IDHW Diabetes, Heart Disease, and Stroke Program in developing a marketing strategy and materials to promote the adoption of CHWs in Idaho. Two short videos have been produced and a CHW public webpage is currently in design with Davies Moore.

- **Next Steps:**

- ISU and 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 next statewide CHEMS Workgroup meeting is tentatively scheduled for February 22, 2017 from 10:00 AM to 11:00 AM MST.
- The internal CHEMS Workgroup continues to meet every Monday.
- Funding requests for education and agencies interested in CHEMS have been denied by CMMI.
- The internal CHEMS Workgroup met with Boise State University and received an update on the development of the sustainability model and pilot study.
- The development of the BLS/ILS curriculum is still underway.
  - Funding for the curriculum is uncertain.
  - The internal workgroup is currently trying to develop a solution to create and deliver this curriculum.
- The data collection tool for agencies has been developed.
- The data collection tool and patient experience survey is ready to be distributed to agencies.
- Eight out of 10 ISU CP Certificate Program students graduated from the 1st cohort.

- The 2nd cohort for the ISU CP program began January 2017.
  - Agency representation: Boundary County, Donnelly Rural Fire District, Canyon County Paramedics, Ada County Paramedics, Shoshone County EMS, Payette County Paramedics, and Idaho Falls.
- Additional agencies attending but funded through SHIP: Donnelly Rural Fire District, Boundary County Ambulance, and Bonner EMS.
- **Next Steps:**
  - Determine who will fund curriculum development efforts or determine other means.
  - Determine who will fund curriculum development efforts.
  - Additional trainings for agencies are in the process of being developed for 2017
  - Call with Gina Pannell (Central District Health Department) for more information on the SHIP grants application to aide caregivers, the identification of caregivers, how to properly work with them, and to connect them to resources, etc.



### **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 did not meet in January.
  - Coordination meetings were held between IHDE, HealthTech, and SHIP Operations.
    - IHDE is continuing its work of connecting clinics. With the new cohort year coming up, clinics from Cohort One will be given preference for data connections over Cohort Two clinics.
- **Next Steps:**
  - A Data Governance Workgroup planning meeting will be held on Feb 13, 2017 with the leadership of the HIT Workgroup, CQM Workgroup, and Data Element Mapping Subcommittee. During this meeting, the leadership will develop a draft charter and membership structure for the new workgroup.



### **Multi-Payer:**

- **Report Item:**
  - IDHW reviewed the draft of the CMMI SHIP metrics – financial progress toward paying for value (January 1 – December 31, 2015 – baseline data).
  - Noridian met with SHIP Administration and Dr. Epperly to discuss the following:
    - Annual payer reporting for the Statewide Healthcare Innovation Plan (SHIP)
    - SHIP clinical quality measure reporting.

- Provider outreach and education on chronic care management and preventive services.
  - Facilitation of an Idaho Medicare Health Equity Plan.
- **Next Steps:**
  - The SHIP Administrator is finalizing the CMMI SHIP metrics report and will submit to the MPW by February 10, 2017.
  - Noridian will present Medicare Value Based Payment update at the 2/8/17 IHC meeting.
  - The SHIP Administrator will work with the SHIP MPW co-chairs regarding future meetings.

## CQM

### Clinical/Quality Measures Workgroup:

- **Report Item:**
  - The Clinical Quality Measures (CQM) Workgroup did not meet in January.
- **Next Steps:**
  - A Data Governance Workgroup planning meeting will be held on Feb 13, 2017 with the leadership of the HIT Workgroup, CQM Workgroup, and Data Element Mapping Subcommittee. During this meeting, the leadership will develop a draft charter and membership structure for the new workgroup.

## BHI

### Behavioral Health:

- **Report Item:**
  - The workgroup did not meet this month.
- **Next Steps:**
  - Next meeting is scheduled for Tuesday, April 4<sup>th</sup>, 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.

## PHW

### Population Health:

- **Report Item:**
  - The PHW met Feb 1 from 3:00 – 4:30.
  - Reviewed the final Get Healthy Idaho: Measuring and Improving Population Health and discussed its approval by the IHC. Also reviewed the data visualization site that contains GHI, population health data, links to the Regional Collaborative websites and other resources. The website is ([www.gethealthy.dhw.idaho.gov](http://www.gethealthy.dhw.idaho.gov))
  - Elke Shaw-Tulloch presented on Environmental Strategies for Regional Health Collaboratives. The presentation focused on social determinants of health, the factors that affect health, best practices to address health at the clinical level (bucket 1), innovative clinical level (bucket 2), and community level (bucket 3). This was done through the illustration of the “cliff of good health.” It reviewed resources developed by CDC. The first is called the 6|18 Initiative which includes 6 areas of health and 18 best practice interventions that make a difference in buckets 1 and 2. The second is called the Hi-5 Initiative that highlights non-clinical, community-wide approaches that have evidence reporting positive health impacts, results within 5 years, and cost

effectiveness or cost savings over the lifetime of the population or earlier. The slides will be formatted so that all PHWG and other IHC members who want to use them for the basis of discussion can modify them to fit their needs.

- Robert Graff presented on the CDC and Robert Wood Johnson 500 Cities Project. This is a project to provide city and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive service use for the largest 500 cities in the US. The only Idaho cities in this project are Boise, Meridian and Nampa.
- Gina Pannell reviewed a schematic she adopted from the Agency for Healthcare Research and Quality that describes a framework for coordinating care and intersecting with the Medical-Health Neighborhood. This framework can be used by all of the RCs and health districts to put context to the communication that needs to occur between the PCMH and the rest of the neighborhood.
- Elke Shaw-Tulloch provided a brief overview of the status of the RC grants. She will provide the IHC with an overview at the February 8 meeting.
- Mary Sheridan reviewed the draft virtual PCMH application and requested feedback. The application is a simple Survey Monkey format and will be available to Cohort One clinics initially. Cohort One clinics will have the opportunity to submit an application to identify their shortage area designations and describe how they have implemented Telehealth, CHW, or CHEMS programs. Clinics receiving the virtual PCMH designation are eligible to apply for \$2,500 reimbursement for their virtual PCMH activities.
- Mary presented on the status of the Telehealth and CHW workgroups and Wayne Denny presented on the status of the CHEMS workgroups. Mary will provide an overview of the Telehealth grant application for Cohort One clinics to the IHC on February 8 and seek their support. Additionally, Mary shared information from CMMI that Telehealth equipment will not be an allowable purchase. The Cohort Two CHW course and CHEMS programs are enrolled and training is underway. More information on the status of these workgroups can be found in their individual reports to the IHC or the PHWG meeting minutes.

- **Next Steps:**

- The next meeting of the PHW is March 1 from 3:00 – 4:30.