



Idaho Healthcare Coalition

Meeting Agenda

Wednesday, January 11, 2017 1:30PM – 4:30PM

JRW Building (Hall of Mirrors)
1st 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/52854324/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

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Password: 12345

1:30 p.m.	Opening remarks, roll call, introduce any new members, guests, any new IDHW staff, agenda review, and approval of 12/14/2016 meeting notes – <i>Dr. Ted Epperly, IHC Chair</i> ACTION ITEM
1:40 p.m.	Get Healthy Idaho – <i>Elke Shaw-Tulloch, Public Health Administrator, IDHW</i> ACTION ITEM
2:00 p.m.	Mercer update – <i>Katie Falls, Principal, Mercer</i>
2:20 p.m.	Provider Based Care Management – <i>Richard Armstrong, Director, IDHW</i>
2:40 p.m.	Break
2:55 p.m.	Legislative Update (SHIP) – <i>Lisa Hettinger, Deputy Director, IDHW</i>
3:10p.m.	IHDE Update – <i>Julie Lineberger, Interim Executive Director, IHDE</i>
3:30 p.m.	SHIP Operations and Advisory Group Reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup Reports – 01/11/17): <ul style="list-style-type: none">• Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, IDHW</i>• Regional Collaboratives Update – <i>Erin McIlhany, IDHW</i>• Telehealth, Community Health EMS, Community Health Workers – <i>Erin McIlhany, 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>
3:45 p.m.	Additional business & next steps – <i>Dr. Ted Epperly, Chair</i>
4:00 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) January 11, 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 December 14, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.

- Action Item 2 –

IHC members will be asked to support the Get Healthy Idaho: *Measuring and Improving Population Health* document as presented by Elke Shaw-Tulloch.

Motion: I, _____ move that the Idaho Healthcare Coalition support the Get Healthy Idaho: *Measuring and Improving Population Health* document as presented by Elke Shaw-Tulloch.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	IHC December Minutes	DATE:	December 14 th , 2016
ATTENDEES:	Director Richard Armstrong, Kathy Brashear, Pam Catt- Oliason, Russ Duke, Ross Edmunds, Katherine Hansen, Lisa Hettinger, Deena LaJoie, Tammy Perkins, Susie Pouliot, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Karen Vauk, Jennifer Wheeler, Matt Wimmer, Cynthia York	LOCATION:	700 W State Street, 1 st Floor East Conference Room
Teleconference:	Dr. Andrew Baron, Dr. Keith Davis, Dr. Scott Dunn, Janica Hardin, Yvonne Ketchum, Rene LeBlanc, Maggie Mann, Dr. David Peterman, Geri Rackow, Lora Whalen, Dr. Bill Woodhouse, Nikole Zogg		
Members Absent:	Josh Bishop, Melissa Christian, Dr. Ted Epperly, Senator Lee Heider, Dr. Glenn Jefferson, Dr. James Lederer, Nicole McKay, Casey Meza, Carol Moehrle, Daniel Ordyna, Dr. David Pate, Dr. Kevin Rich, Dr. Rhonda Robinson-Beale, Dr. Boyd Southwick, Dr. Fred Wood		
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, Marilyn Sword, Senator Stephen Thayn, Dr. Sarah Toevs, Dr. Rick Turner, Norm Varin, Sandeep Wadwha, Dr. Shenghan Xu		
STATUS:	Draft (12/19/2016)		

Summary of Motions/Decisions:

Motion:

Neva Santos moved to accept the minutes of the November 09, 2016 Idaho Healthcare Coalition (IHC) meeting as prepared. Jennifer Wheeler seconded this motion.

Outcome:

Motion Carried

Katherine Hansen moved that the Idaho Healthcare Coalition support the next steps for SHIP PCMH Cohort Two transformation engagement efforts as presented by the SHIP Team. Kathy Brashear seconded the motion.

Motion Carried

Susie Pouliot moved that the Idaho Healthcare Coalition approve the Virtual PCMH application as presented by Mary Sheridan. Elke Shaw-Tulloch seconded the motion.

Motion Carried

Duke Russell moved that the Idaho Healthcare Coalition approve the updated Clinical Quality Measures Catalog as presented by Dr. Baron. Deena LaJoie seconded the motion.

Motion Carried

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes – Lisa Hettinger, Co-Chair

- ◆ Lisa Hettinger started the meeting by calling role. Cynthia York introduced Erin McIlhany who is replacing Miro Barac as the SHIP Program Manager for Virtual PCMH. Ms. Hettinger also introduced Jeff Crouch in his new capacity as a Regional Director for the Idaho Department of Health and Welfare (IDHW). No changes were suggested for the November IHC meeting minutes.

Idaho's Lifespan Family Caregiver Action Plan – Sarah Toevs, PhD. Boise State University

- ◆ Dr. Sarah Toevs gave a presentation on the Idaho Caregiver Alliance, and the three year grant it received in 2013. There are four main goals of the Idaho Caregiver Alliance containing ten objectives regarding how Idaho can better support family caregivers.
- ◆ The Idaho Caregiver Alliance operates under a grant that will end in August of 2017. At the end of their funding, the Alliance is looking for organizations to house the Alliance to continue its work in helping support Idaho caregivers.
- ◆ Following her presentation Dr. Toevs answered questions on the Idaho Caregiver Alliance. IHC members asked where similar entities in other states are housed. Dr. Toevs answered that, typically in other states the public health division of the state's department of health incorporates these organizations. She said that the Idaho Caregiver Alliance can see the alliance moving into either a private or public entity and that currently there isn't another resource similar to the Caregiver Alliance within Idaho private or public that this could roll into. Members also wanted to know what the tools provided to caregivers are. Dr. Toevs said there is a six week course for caregivers that provides resources and methods caregivers can deter fatigue and burnout and build self-reliance.

Proposed Idaho Healthcare Legislation – Senator Steven Thayne, Idaho Legislator

- ◆ Senator Thayne presented a summary of draft legislation designed to implement strategies to reduce health care costs. He also shared information on a recent trip to Oklahoma which examined how the state was able to lower state employee healthcare costs. In order to accomplish this four main areas must be addressed: providing better access to primary care, changing how primary care is funded, getting funds into the hands of consumers, and price transparency.
- ◆ Senator Thayne also summarized other pieces of legislation that will be brought to the Idaho legislature this year, all relating to improving the healthcare system in Idaho.
- ◆ Following his presentation Senator Thayne answered questions regarding the proposed legislation going to the Idaho legislature in the upcoming session. Given the additional fiscal responsibilities this would place on county commissioners there is work being done with the commissioners to gain their trust and interest with these proposed changes. Sen. Thayne also said that more work is being done on how this will affect employees with varying insurance coverages throughout the state.
- ◆ A question was asked about whether or not psychiatric patients will be considered as chronic care patients in this legislation. Sen. Thayne responded that they will but that the cost of considering mental health patients as chronic care patients has not been fully researched yet. The legislation, while focusing on chronic care conditions, will have a three-year maximum on the utilization of the help it is proposing for Idahoans. It is the belief of Senator Thayne that after three years of government help (through volunteer life coaches) that those in need of assistance will pull themselves out of poverty.
- ◆ There is still a lot more research to be done on the proposed legislation regarding the exact dollar amount for the legislation, how this will best help chronic care patients, how the money for this proposal will be distributed, and how effective the three-year model of financial support and life coach help will be.

Announce Cohort Two Selection – Kym Schreiber & Casey Moyer, IDHW

- ◆ Kym Schreiber presented the selection of Cohort Two of SHIP. There were eighty-one applications received for Cohort Two and after a five-member committee reviewed each application, the fifty-five clinics that will make up Cohort Two were selected. Members of the committee came from Public Health, Behavioral Health, HMA, Medicaid, and SHIP Operations. Ms. Schreiber went over the process by which clinic applications were evaluated. The evaluation process went over each of the questions asked on the application and scored these answers on scale developed by SHIP Operations with regard to PCMH status, county designation, and several other factors.
- ◆ Casey Moyer presented on how the selection criteria was operationalized and clinics selection stratified to ensure representation of the whole state in Cohort Two.
- ◆ The Cohort Two clinics for the Idaho Statewide Healthcare Innovation Plan are:
 - District One Cohort Two Clinics
 - Coeur d’Alene Pediatrics in Coeur d’Alene, Post Falls, and Hayden
 - Heritage Health
 - Kaniksu in Bonners Ferry and Priest River
 - Family Health Associates
 - District Two
 - Pioneer Medical Clinic
 - Kooskia Medical Clinic
 - St. Mary’s Grangeville Medical Clinic
 - CHAS Lewis & Clark Health Center
 - Clearwater Medical Center
 - Syringa Primary Care Clinic
 - District Three
 - Terry Reilly in Caldwell, Nampa 16th St., and Middleton
 - Valley Family Healthcare in Payette and Emmett
 - Saint Alphonsus Medical Group in Nampa (Iowa St.) and Caldwell
 - Primary Health Medical Group Nampa
 - Saltzer Medical Group
 - District Four
 - Terry Reilly Boise Latah

- Family Medicine Health Center in Kuna, Boise (Fort St.), and Meridian Schools
- Primary Health Medical Group in Eagle, Meridian (East Fairview Ave.), and Meridian (Crossroads)
- Saint Alphonsus Medical Group in Meridian Health Plaza, Boise (Emerald St.), and Boise (Bown Crossing)
- Treasure Valley Family Medicine
- All Seasons Mental Health
- Cascade Family Practice
- Genesis Community Clinic
- District Five
 - Family Health Services
 - St. Luke's Clinic Physician Center at Twin Falls Main and Addison Ave.
- District Six
 - Health West in Downey, Pocatello, and Lava Hot Springs
 - Bear Lake Community Health Center
 - Family Practice-1st Choice
 - Cedar Creek Family Medicine
 - Idaho Physicians Clinic- Family Medicine
 - Physicians Immediate Care Center in Chubbuck and Pocatello
- District Seven
 - Bingham Memorial Family Medicine
 - Children & Family Clinic
 - The Pediatric Center
 - Southfork Healthcare
 - Seasons Medical Pediatrics and Seasons Medical Adult Medicine
 - Upper Valley Community Health Services

RC Grant Process Update – *Elke Shaw-Tulloch, IDHW, Division of Public Health Administrator*

- ◆ Elke Shaw-Tulloch presented an update of the Regional Collaborative grant process. All applications have been submitted and a rubric and review team have been established. The review team will be meeting Monday December 19th to go through the applications and do the final scoring. They will announce the grant awards on December 21st. The grant team is working hard to try and get these grants operational by February 1st, 2017.

Virtual PCMH Draft Application – *Mary Sheridan, IDHW Division of Public Health Bureau Chief*

- ◆ Mary Sheridan presented the Virtual PCMH application that will be available to SHIP clinics in both Cohorts One and Two. The application has several parts in an effort to capture the need clinics have for virtual PCMH assistance. There is the capacity for fifty clinics to participate in the virtual PCMH through the end of the grant. A lot of work is currently underway in an effort to facilitate outreach to rural and frontier clinics that would be eligible for participating in the virtual PCMH. There will be more work done on the application to make it easier for clinics to fill out, to obtain more information on how virtual PCMH is insured, and what providers allow for its use.

SHIP Dashboard – *Jennifer Feliciano, Mercer*

- ◆ Jennifer Feliciano presented the third quarter dashboard for grant year two. Ms. Feliciano covered important aspects of the updated data from quarter two, and answered questions regarding quarter three.
- ◆ Lisa Hettinger asked when the next dashboard report will be provided and if that report will look at quarterly and annual data or just quarterly data. The next dashboard report will be at the March meeting and will only cover quarterly data from quarter four of the grant year. Annual measures will be reported out at the May meeting in the first annual progress report for the Idaho SHIP.

CQM Update- Dr. Andrew Baron

- ◆ Dr. Baron went over the new clinical quality measures that were decided on for grant year three by the CQM Workgroup and the Data Element Mapping Subcommittee. These are measures five through ten of the 16 measures being collected and looked at by clinics for SHIP. Dr. Baron went into detail on each measure and why these measures

were chosen by the CQM and Data Element Mapping groups. IHC members asked questions about the selected measures and the exclusion of children from the opioid abuse measure. Dr. Baron answered that children are not typically those who abuse the opioids. He also talked about the possibility of engaging with the Multi-Payer Workgroup for ideas on how to collect data on the access to care measure.

IHDE Update – Dr. Rick Turner

- ◆ Dr. Turner provided a status report on the current activities of IHDE including the work going on with SHIP. IHDE has been working to get Cohort One clinics connected and will begin working on connecting Cohort Two clinics following the announcement of their selection.

Timeline and Next Steps – *Lisa Hettinger, Co-Chair*

- ◆ Mary Sheridan reminded the IHC that the CHW Cohort Two will be starting on January 10th. There are twenty-five slots for this course and there are already roughly thirteen students registered for the course.
- ◆ Cynthia York announced that at the January IHC meeting there will be a report of success stories of Cohort One clinics.
- ◆ Lisa Hettinger thanked everyone for attending.

There being no further business, Chairman Hettinger adjourned the meeting at **3:55pm**.



Get Healthy Idaho Annual Update

Idaho Healthcare Coalition
January 2017



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Updated *GHI* Report

- Progress report on Population Health Improvement efforts
- Updated “Plan to Improve Population Health”
 - i.e., strategies, objectives, and measures
- Updated Population Health Assessment
- Updated data & maps
- Updated Narrative (demographics, priority area challenges and opportunities, etc.)



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Health Priority Areas

- Access to care
- Diabetes
- Tobacco
- Obesity



Plan to Improve Population Health

Progress report on 2015-16 strategies implemented to Improve Population Health (i.e., objectives, strategies, measures, and work completed to date).

Health Priority: Access to Care
Five Year Goal: Increase access to healthcare services
SMART Objective: Reduce three efforts to identify or address barriers facing Idaho's underserved areas and populations by December 2016.

Strategy 1: Review and revise health insurance strategies	Measure 1: Number of designated areas qualifying as rural, rural, primary care health professional shortage areas	Met (Y/N)	Baseline	Target	Actual
		Met	0 (2015)	70	59
		Met	0	54	54
		Met	0 (2015)	54	54

Progress Report for 2015 Strategies and Measures

Introduction
This section is an update on the status of strategies and measures selected for Get Healthy Idaho: measuring tobacco and obesity. Over the next year and a half, focus on those strategies covered multiple measures and discuss within the Department of Health and Welfare and involve participation from outside of the Department.

The 2017 tier health plan strategies and measures were presented to the Population Health Work Group for review and input in October 2016. They were finalized in December 2016. In some instances, the measures and strategies are not forward in 2017 as the work was limited to one year. Finally, some measures were replaced with more relevant measures.

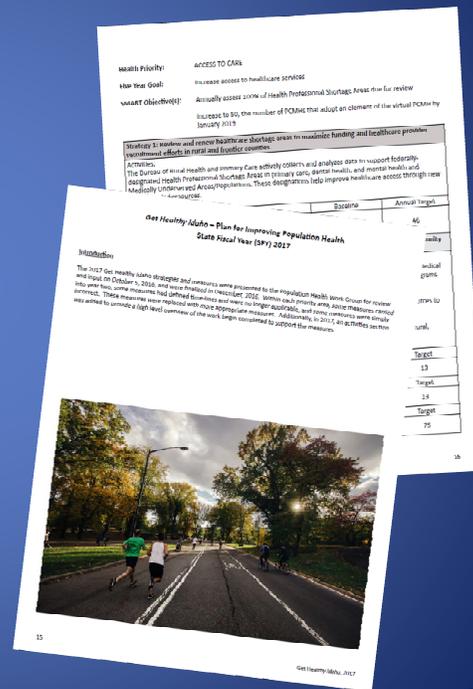
Get Healthy Idaho 2017

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Plan to Improve Population Health

New for 2017:

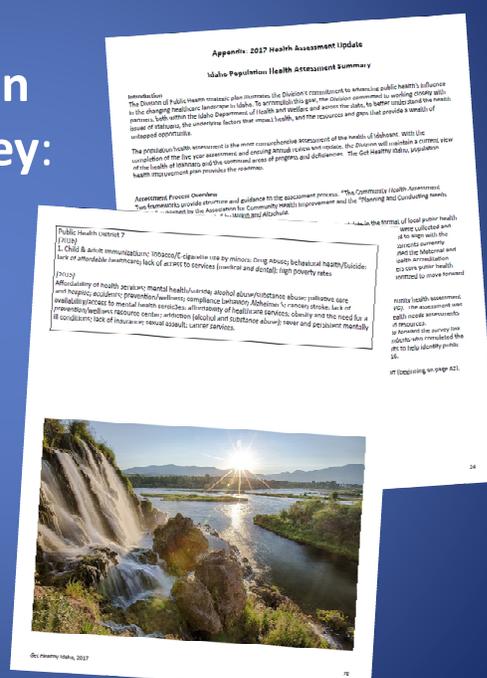
- Health priority areas remained the same.
- Updates were made to objectives, strategies, activities, measures, challenges and opportunities.



Population Health Assessment

Results of the population health assessment survey:

- priority health issues rank
- health assessment methods
- health assessment survey responses



Population Health Assessment

18 health assessment surveys were completed by members of statewide Population Health Work Group (PHWG)

Top 5 priority health areas:

1. Obesity
2. Diabetes
3. (tied) Mental Health/Behavioral Health
(tied) Tobacco Use
4. Suicide
5. Physical Activity

Community Health Assessment Summaries

These responses will be offered CI in the form of a public health director. Over 200 survey responses from organizations or agencies which have not yet submitted a CHA or have not updated a CHA within the previous 5 years.

Priority Health Issues

Priority health issues are assessed metrics by topic and include responses categorized by area of the state (north, south, east, west, central). Each area of the organization and agencies who responded to the CHA survey were ranked by the number of public health issues identified. The following priority health issues were identified among all of the responses (highest priority listed at the top with number of responses in 2024 and 2023 combined).

- Obesity (17)
- Diabetes (15)
- Mental health/Behavioral health (13)
- Substance use (13)
- Smoking (12)
- Healthcare delivery (12)

Additional Considerations

- **Demographic and Socioeconomic Indicators:** These provide an overview of demographic and other factors that impact health.
- **Leading Causes of Death:** The leading causes of death section presents the leading causes of death for the state and then by sex and age. Data on rates of mortality are also presented.
- **Health-Related Quality Indicators:** The health-related quality indicators, developed by the Centers for Disease Control and Prevention, are used to assess the health of the state and to identify areas for improvement. The 2022 assessment highlights the state's performance on these indicators.
- **Health Professional Shortage Area Maps:** These maps focus on the areas of the state with health professional shortages for primary care, mental health, and dental health. A population density map is also included.



Leading Health Indicators

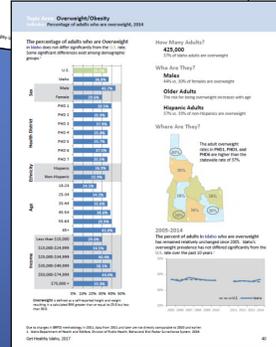
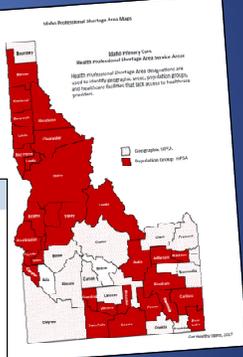
Updated to include current data, new charts, population estimates, most at-risk populations and local public health district maps.

Leading causes of death and health professional shortage area maps were updated with most current data.

Leading Causes of Death

Statewide - All Ages (All Races and Ethnicities)

Rank	ICD-10 Code	ICD-10 Description	2022	2021	2020	2019	2018
1	I10	Ischaemic heart disease	2,048	2,024	2,074	2,117	2,184
2	E11	Diabetes mellitus	1,412	1,378	1,428	1,489	1,553
3	I20-I25	Ischaemic cardiomyopathy	1,102	1,078	1,128	1,189	1,253
4	I62	Stroke	886	872	902	919	942
5	I48	Arrhythmias	806	792	822	839	862
6	I26	Pulmonary embolism	406	392	402	419	432
7	I49	Cardiomyopathy	386	372	382	399	412
8	I40	Coronary artery disease	366	352	362	379	392
9	I41	Valvular and congenital heart diseases	346	332	342	359	372
10	I42	Myocarditis	326	312	322	339	352
11	I43	Cardiomyopathy, hypertensive & post-infarct	306	292	302	319	332
12	I44	Cardiomyopathy, alcoholic & post-infarct	286	272	282	299	312
13	I45	Cardiomyopathy, non-specified	266	252	262	279	292
14	I46	Cardiomyopathy, unspecified	246	232	242	259	272
15	I47	Cardiomyopathy, unspecified	226	212	222	239	252
16	I48	Cardiomyopathy, unspecified	206	192	202	219	232
17	I49	Cardiomyopathy, unspecified	186	172	182	199	212
18	I50	Heart failure	166	152	162	179	192
19	I51	Heart failure, unspecified	146	132	142	159	172
20	I52	Heart failure, unspecified	126	112	122	139	152
21	I53	Heart failure, unspecified	106	92	102	119	132
22	I54	Heart failure, unspecified	86	72	82	99	112
23	I55	Heart failure, unspecified	66	52	62	79	92
24	I56	Heart failure, unspecified	46	32	42	59	72
25	I57	Heart failure, unspecified	26	12	22	39	52
26	I58	Heart failure, unspecified	6	2	12	29	42
27	I59	Heart failure, unspecified	2	2	2	2	2
28	I60	Stroke, unspecified	2,766	2,742	2,792	2,839	2,892



Recommendation

Population Health Work Group recommends the Idaho Healthcare Coalition adopts *Get Healthy Idaho: Measuring and Improving Population Health* (2017) as the population health improvement plan required by the Statewide Healthcare Innovation Plan (SHIP) grant.

2018 Medicaid Moving from Volume to Value

Healthy Connections Value Care

A community based solution for
Improved Health Outcomes and Lower Cost

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Idaho Medicaid Progress To Date

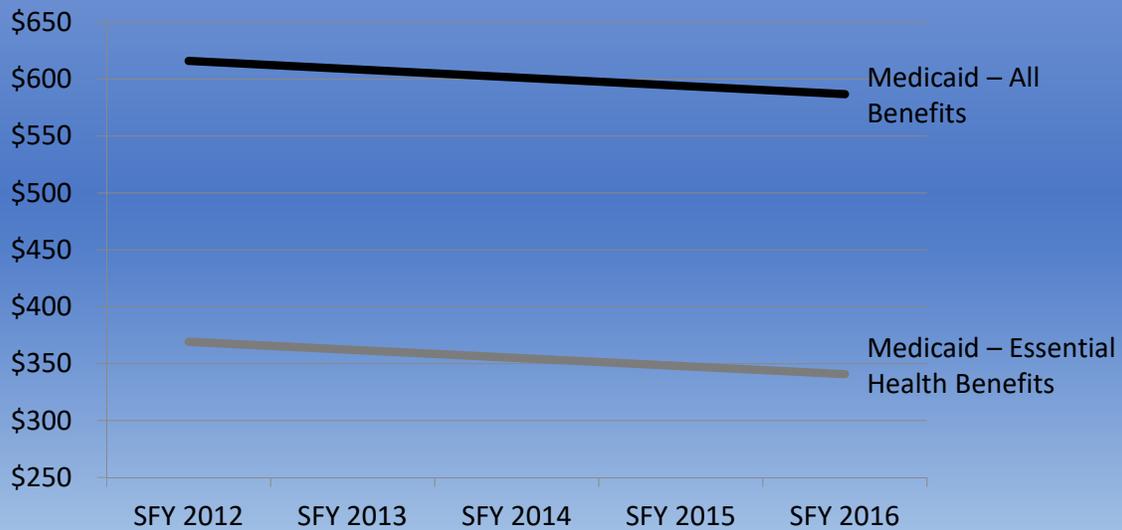
- New authorities for cost containment – HB260
 - Capitation for outpatient behavioral health
 - Capitation for non-emergent medical transportation
 - Capitation for dental expanded
- Better controls over FFS
 - More accurate claims processing system
 - Improved program oversight through new analytics
 - Moved pharmacy reimbursement to AAC
 - Promoted and incentivized preventative care

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Idaho Medicaid Four Year Performance

Average Participant Cost are Declining

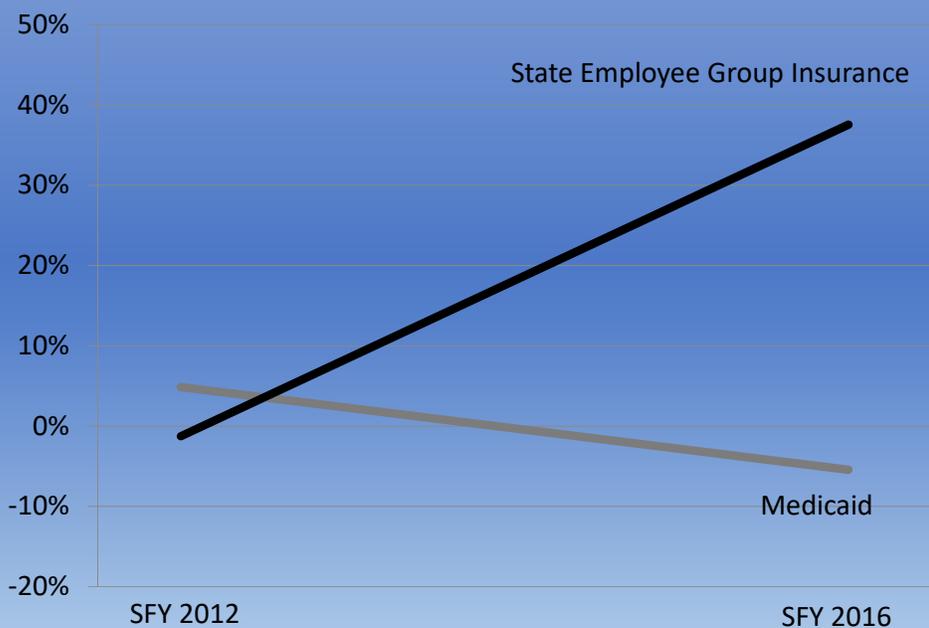
(Per Member Per Month)



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Idaho Medicaid Cost Trends

Lower Than Idaho State Group Insurance



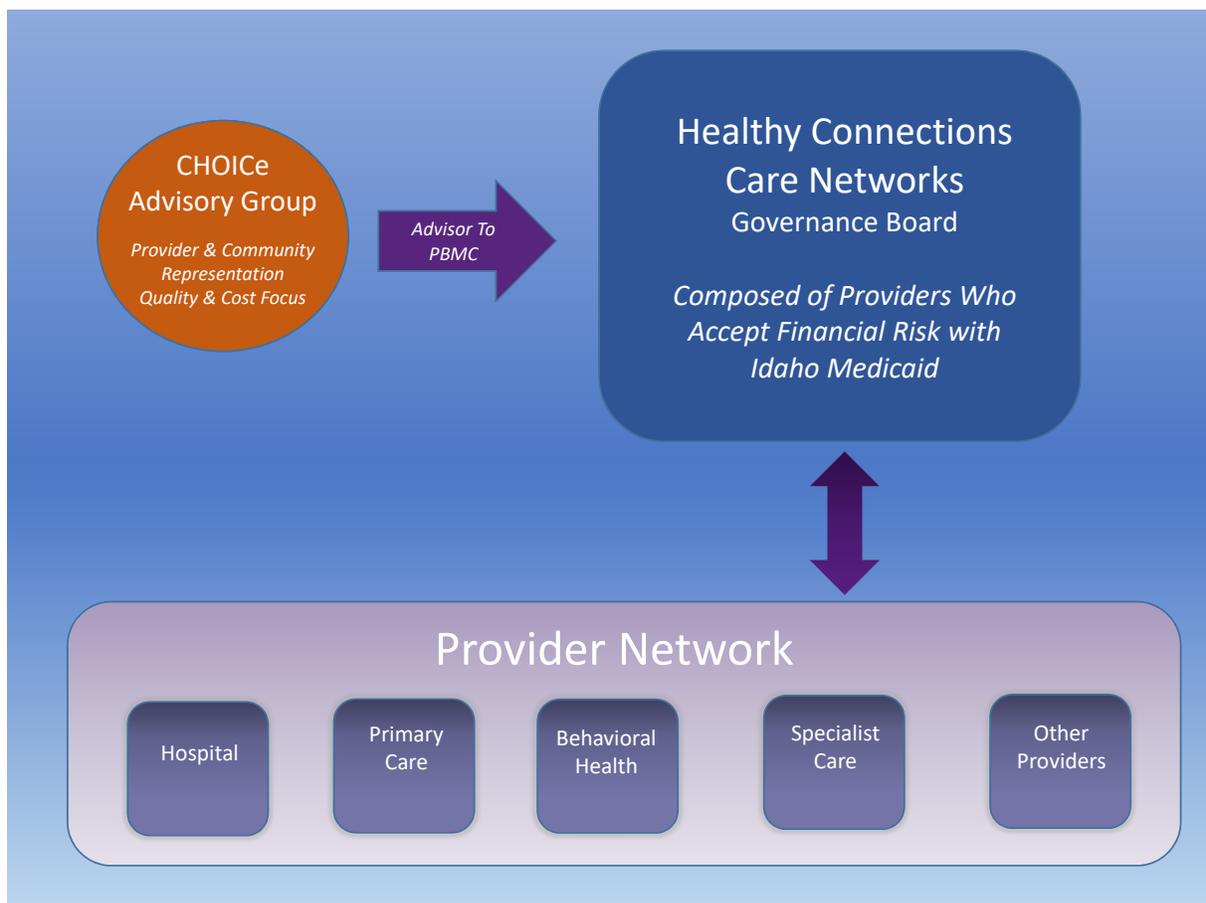
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2018 Proposal: Provider Based Care Management

Healthy Connections Value Care

- Patient centered
- Highly coordinated
- Lower total cost
- Local governance
- Reformed payment systems
- Low administrative costs
- Community involvement through a Community Health Outcome Improvement Coalition (CHOICE) advisory committee

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Healthy Connections Value Care Basic Framework For Discussion

- Medicaid participant selects a PCP or is assigned one via attribution
- PCP elects participation in one of three program tracks:
 - 1. Healthy Connections Care Network Incentive Program**
Primary Care, Hospital, and other providers join together to create a system of care to take on risk and receive rewards for delivering better health
 - 2. Patient Centered Medical Home Incentive Program**
A PCP group with demonstrated patient centered medical home capability contracts directly with Idaho Medicaid to take on risk and achieve rewards for improved patient health
 - 3. Healthy Connections Primary Care Program**
A primary care program that helps providers build patient centered medical homes

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Healthy Connections Value Care Additional Details

- Multiple incentive programs may be available in some regions
- Healthy Connections Care Networks will work with a CHOICE community advisory group for their network
- Incentives will be contingent on meeting quality benchmarks developed in collaboration with the community advisory group and Idaho Medicaid
- IDHW will work with the risk-taking entities to define acceptable levels of risk and incentives
- Risk continuum ranges from upside only to comprehensive risk

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Healthy Connections Value Care Data and Reporting

- Sharing of data and information is critical to success
- Participation with the Idaho Health Data Exchange is required for incentives and higher level patient centered medical home reimbursement
- Idaho Medicaid will supply claims data as a complement to clinical data in the IHDE
- Idaho Medicaid will leverage existing reporting infrastructure in concert with provider capabilities

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Healthy Connections Value Care Next Steps

- Idaho Department of Health & Welfare wants your input
- Meetings with providers to be scheduled
- Work continues for PCMH enhancements
- Work commencing for a comprehensive approach to quality management and metrics

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Idaho Healthcare Coalition

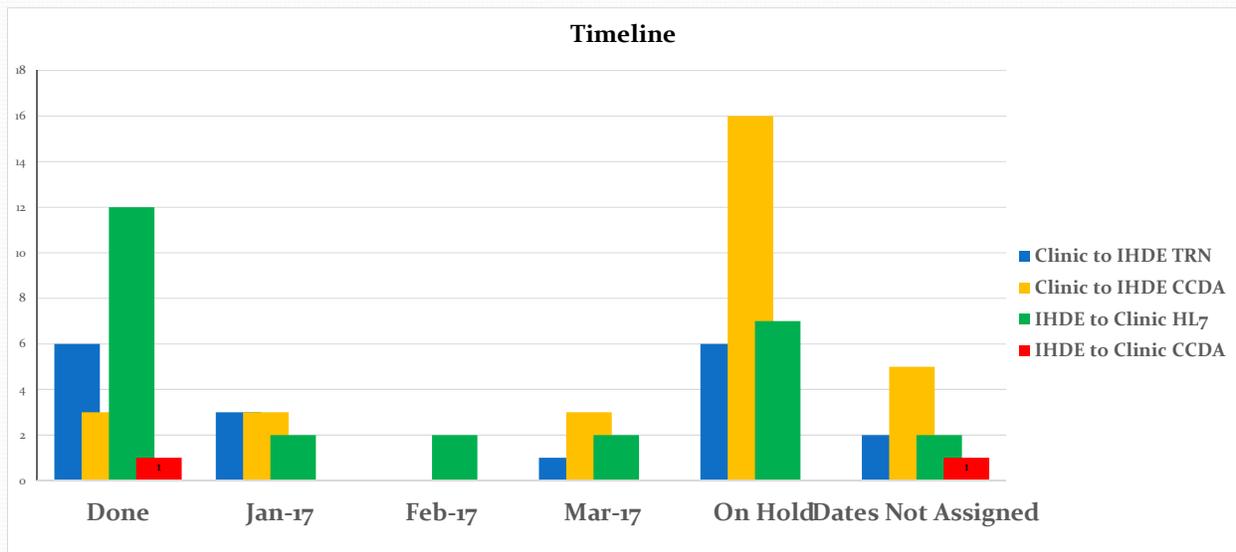
January 11, 2017

Presented by: Julie Lineberger

Cohort 1 Status

Connection Type	Total	Connections	Completed	Notes
Clinic to IHDE Transcription	30	18	9	<ul style="list-style-type: none">• 12 clinics unable to send transcription due to EHR vendor issues• 9 completed by 1/31/2017• 9 clinics in testing, in progress, approval received to build and/or administrative approval;
Clinic to IHDE CCDA	30	30	6	<ul style="list-style-type: none">• 6 complete• 8 clinics in progress• 16 clinics awaiting solution from EHR vendors and/or administrative delays
IHDE to Clinic HL7	30	25	14	<ul style="list-style-type: none">• 5 clinics have EHR compatibility issues - unable to build• 14 complete• 11 clinics IHDE is addressing behavioral health and/or administrative delays
IHDE to Clinic CCDA	30	2	1	<ul style="list-style-type: none">• 28 clinics unable to accept CCDA due EHR capabilities• 1 complete as 1/31/2017• 1 clinic in progress

Cohort 1 Status



Connection Completion Status

Completed December 2016:

IHDE to Clinic (OB) HL7:

- Family First Medical Center

Clinic to IHDE (IB) CCDA:

- Adams County
- Family Health Center (SandPoint)
- FMRI

Anticipated Completion January 2017:

Clinic to IHDE (IB) TRN:

- Family Health Services
- Heritage Health
- Kaniksu Health Services

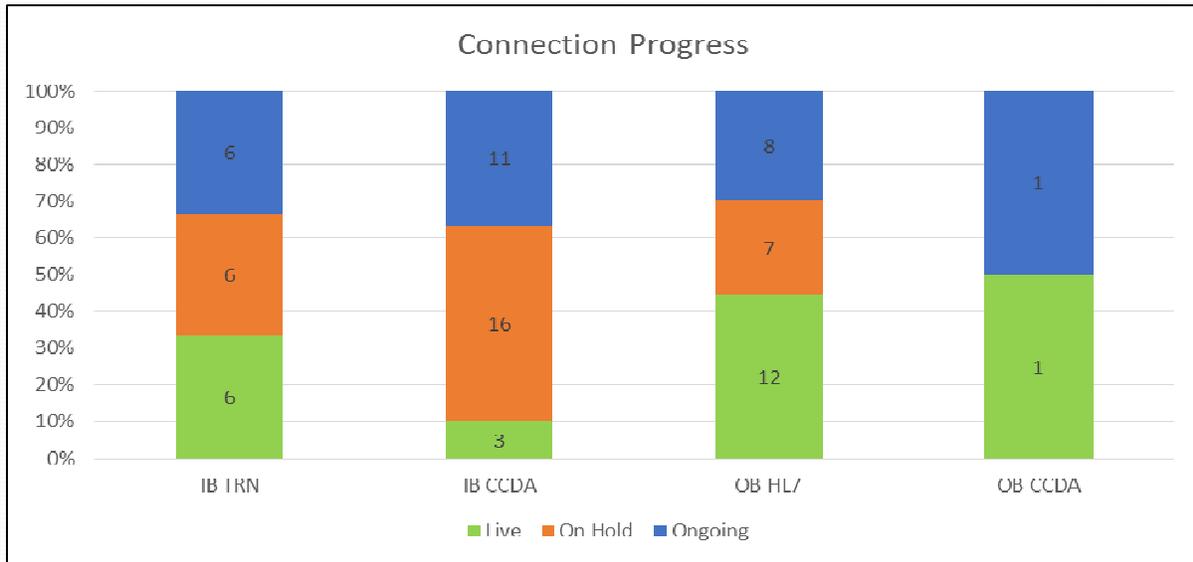
Clinic to IHDE (IB) CCDA:

- Family Health Services
- Heritage Health
- Kaniksu Health Services

IHDE to Clinic (OB) HL7:

- Heritage Health
- Kaniksu Health Services

Cohort 1 Status



Cohort 2 Update

- 29 Medical Practices
 - 55 different clinics
- 14 Medical Practices participated in Cohort 1
- 15 Medical Practices are new relationships



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition January 11, 2017

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**
 - The Legislative Audit for SHIP is nearing completion and it is expected a final report will be released by the end of the first quarter of 2017.
 - A Legislative Report for SHIP activities was submitted on December 31, 2016.

SHIP Administrative Reporting:

- **Report Items:**
 - The following items were submitted to the Center of Medicare and Medicaid Innovation (CMMI) on January 3, 2017: Revisions to the Non-Competing Continuation Application for Award Year 3 (AY3) State Innovation Models Initiative (SIM) Grant Funds and the SHIP Operations Plan.
 - Ten requests for release of funds for AY3 contracts and subgrants were submitted to CMMI/OAGM on January 6, 2017.
 - There are eleven additional requests for release of CMMI funds for AY3 that are under development along with the related IDHW contracts and subgrants that relate to the launch of the grant year.

Regional Collaboratives (RC):

- **Report Items:**
 - District 1:
 - The Regional Collaborative met on December 7th to discuss:
 - Regional Collaborative project grant
 - January 25th joint clinic RC meeting
 - The Regional Collaborative's next meeting is scheduled for 1/25/17.
 - District 2:
 - December 1st: RC2 informal meeting to discuss RC grant application
 - December 8th: RC2 grant application submission to the state
 - District 3:
 - SWHC-1/3
 - Review of workgroup activities and RC grant
 - ED utilization workgroup guidance
 - Provider engagement panel guidance
 - Pfizer PopHealth next steps
 - Policy role discussion (continued).
 - Region 3 BHI Group-no meeting for Dec.
 - Circulating proposal for school-based services
 - Wellness Group-12/13

- Support workflows that default encounters to wellness visits for 4-19 yo (include pediatricians)
 - Explore options for school-based services
 - ED Utilization Group-12/19
 - With guidance from SWHC selection of project to target falls
- District 4:
 - The CHC met on Dec 6. Agenda topics were as follows:
 - Medical-Health Neighborhood – an infographic was presented that was modified from the Agency of Healthcare Research and Quality. Input was received and routed to the Population Health Workgroup as a recommendation for the marketing and resource tools for the MHN.
 - RC Grant Project Options – Three projects were reviewed: caregivers, refugees, and Medical-Health Neighborhood coordinated care compacts. The caregiver project was unanimously selected as the most feasible project when considering efforts for implementation and potential impact.
- District 5:
 - Our collaborative decided to cancel the December meeting due to conflicts in schedules and the holiday season. The next SCHC meeting is scheduled for January 20 where topics of discussion will include the selection of Cohort Two clinics, Cohort One transformation update, RC grant initiative results, and next steps for the RC.
- District 6:
 - Last Meeting:
 - SHC Executive Committee: November 30, 2016
 - SHC Clinic Committee: September 1, 2016
 - SHC Medical-Health Neighborhood: November 9, 2016
 - Next Meeting:
 - SHC Executive Committee: January 11, 2017
 - SHC Clinic Committee: February, 2017
 - SHC Medical-Health Neighborhood: February, 2017
- District 7:
 - EHC Executive Committee: November 30th, 2016 (1st Wednesday of Every Month). Moved in December to accommodate schedules.
 - Regional Collaborative Summit discussed. Geri, Corinne, and James provided overview of path that other RC's across the state are taking to help fulfill requirements. The group thought the four goals outlined in the vision, mission, and infographic of the Eastern Health Collaborative (EHC) put us in ideal position going forward. EHC meeting for December will be canceled due to time constraints of providers, clinics, and other personnel. 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.
 - Eastern Health Collaborative (EHC) Meeting: December, 2016. No meeting held.
 - Next Meeting: Baseline data will again be visited and PCMH efforts in region discussed. As always, identification of resources that clinics need in PCMH transformation effort. How to best integrate Cohort Two clinics of SHIP to aid with PCMH efforts.

- **Next Steps:**

- District 1:
 - Replace Dr. Dixon as Co-Chair
 - Prepare and hold joint meeting with Regional Collaborative and Cohorts One & Two
 - Work on specifics of Regional Collaborative Grant Project.
- District 2:
 - January 5th: Next RC2 meeting to discuss grant application outcome, inclusion of Cohort Two clinics into the group, when to host Cohort Two kickoff meeting.
- District 3: 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 focus significant energy on the planning and development of the care coordinator and care manager network to enhance Medical-Health Neighborhood connectivity. 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 January 3, 2017 to discuss and identify RC project overview, implementation, and evaluation as well as review the other RC projects across the state.
- District 5: None reported at this time.
- District 6:
 - Planning for Cohort One to Cohort Two transition process.
 - Follow up on Transitions of Care opportunities for the Medical-Health Neighborhood.
 - Strategic plan updates approval.
 - Schedule quarterly meetings.
 - Meet with Regional Suicide Prevention Symposium planning partners to continue to develop project plans and next steps.
 - Identify CMS preparedness requirements for primary care and urgent care agencies. If relevant to SHIP clinics, attend the PHP workshop at SIPH planned for January 12th.
 - Orient practicum student to SIPH policies, procedures, and organizational values. Oversee her work with SHIP clinics.
- District 7:
 - Planning for Cohort One to Cohort Two transition process.
 - Follow up on Transitions of Care opportunities for the Medical-Health Neighborhood.
 - Strategic plan updates approval.
 - Schedule quarterly meetings.
 - Meet with Regional Suicide Prevention Symposium planning partners to continue to develop project plans and next steps.
 - Identify CMS preparedness requirements for primary care and urgent care agencies. If relevant to SHIP clinics, attend the PHP workshop at SIPH planned for January 12th.
 - Orient practicum student to SIPH policies, procedures, and organizational values. Oversee her work with SHIP clinics.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
 - Fifth in the series of six ‘SHIP Telehealth’ webinars was held on December 14, 2016, and attended by 21 participants. The webinar focused on Telehealth program development. Webinars are recorded and publicly available on the SHIP website.
- **Next Steps:**
 - Telehealth webinars schedule*:
 1. Sep 28, 2016 Demand Analysis
 2. Oct 11, 2016 Readiness Self-Assessment
 3. Nov 2, 2016 Reimbursement, Billing, and Coding
 4. Nov 8, 2016 Equipment Selection
 5. Dec 14, 2016 Program Development
 6. Jan 10, 2017 Evaluation and Monitoring
 - *Past webinars are recorded and available on the SHIP website.
 - The Bureau of Rural Health & Primary Care staff is working on developing a grant application that will provide an opportunity for SHIP PCMH Cohort One clinics to apply for funding to develop and implement a Telehealth program.



Community Health Workers:

- **Report Items:**
 - Idaho State University (ISU) first cohort of the CHW training is complete
 - IDHW is currently recruiting for the next training cohort to begin January 10, 2017; currently there are twenty-three (23) approved trainees for the upcoming training course
 - 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:**
 - The CHW Advisory Workgroup will continue evaluating and accepting applications for the Spring 2017 training to start in January of 2017
 - ISU to deploy the evaluation tool to the Fall 2016 CHW Training Cohort, and report back to IDHW with results
 - ISU and CHW Advisory Workgroup to continue 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.
- The BLS/ILS Sub Workgroup has fulfilled its commitments and will no longer meet
- The development of the BLS/ILS curriculum is underway.
 - Members of the internal CHEMS Workgroup compared existing curricula and conducted a gap analysis.
 - The gap analysis and BLS/ILS Workgroup member input concluded the existence of overlap in a few areas.
 - The original BLS/ILS curriculum needs (program development, resources, clinical core, and additional modules) have been modified.
- The internal workgroup met with data analytics to discuss patient data collection methods and best practices.
- The 2nd cohort for the ISU CP program is full (funded by the Bureau) and will commence in 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 which academic institution will draft the BLS/ILS curriculum.
- Determine who will fund curriculum development efforts.
- Create patient data collection tool.
- Additional trainings for agencies are in the process of being developed for 2017.



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 in joint meeting with the Data Element Mapping Subcommittee and the Clinical Quality Measure (CQM) Workgroup on December 20, 2016.

- The combined membership discussed the formation of the Data Governance Workgroup and was the result of the SHIP Operations technical assistance request with the Office of the National Coordinator for Health Information Technology (ONC).
 - The meeting was facilitated by Dr. Craig Jones, a representative from the ONC.
 - The vision for this new Data Governance Workgroup group is to have the combined perspectives from CQM Workgroup, HIT Workgroup, and payers to create increased efficiency and reduce duplication.
 - Dr. Jones presented the reasons why a data governance group is important to the SHIP project, as well as the best practices and recommendations for forming a group like this in Idaho, considering our current workgroup structure.
- **Next Steps:**
 - The leadership from the CQM Workgroup, HIT Workgroup and Data Element Mapping Subcommittee will meet to discuss the roles and responsibilities of the new Data Governance Workgroup as well as membership.
 - This new Data Governance Workgroup will replace the current CQM Workgroup, HIT Workgroup and Data Element Subcommittee.
 - Once the roles and responsibilities and the membership are selected, the new Data Governance Workgroup will meet to select the workgroup leadership.

MPW Multi-Payer:

- **Report Item:**
 - Mercer submitted a draft of the CMMI SHIP metrics – financial progress toward paying for value (January 1 – December 31, 2015 – baseline data) to SHIP Administrator 1/6/17.
- **Next Steps:**
 - The SHIP Administrator will review the report with the SHIP and Mercer teams.
 - Submission of the report is due to CMMI by 2/1/17.
 - The SHIP Administrator will work with the SHIP MPW chair regarding future meetings.

CQM Clinical/Quality Measures Workgroup:

- **Report Item:**
 - The Health Information Technology (HIT) Workgroup met in jointly with the Data Element Mapping Subcommittee and the Clinical Quality Measure (CQM) Workgroup on December 20, 2016.
 - The combined membership discussed the formation of the Data Governance Workgroup and was the result of the SHIP Operations technical assistance request with the Office of the National Coordinator for Health Information Technology (ONC).
 - The meeting was facilitated by Dr. Craig Jones, a representative from the ONC.
 - The vision for this new Data Governance Workgroup group is to have the combined perspectives from CQM Workgroup, HIT Workgroup, and payers to create increased efficiency and reduce duplication.

- **Next Steps:**
 - The leadership from the CQM Workgroup, HIT Workgroup, and Data Element Mapping Subcommittee will meet to discuss the roles and responsibilities of the new Data Governance Workgroup as well as membership.
 - This new Data Governance Workgroup will replace the current CQM Workgroup, HIT Workgroup and Data Element Subcommittee.
 - Once the roles and responsibilities and the membership are selected, the new Data Governance Workgroup will meet to select the workgroup leadership.

BHI

Behavioral Health:

- **Report Item:**
 - The workgroup did not meet this month.
- **Next Steps:**
 - Next meeting is scheduled for Tuesday, February 14th, 2017 from 9:00am-11:00am at 1720 Westgate Drive, Suite A, Room 131.

PHW

Population Health:

- **Report Item:**
 - The Population Health Workgroup did not meet in January due to inclement weather.
- **Next Steps:**
 - The next meeting of the PHW is February 1st from 3:00 – 4:30.