



# Idaho Healthcare Coalition

## Meeting Agenda

Wednesday, July 12, 2017 1:30PM – 4:30PM

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

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

**Attendee URL:** <https://rap.dhw.idaho.gov/meeting/45677360/827ccb0eea8a706c4c34a16891f84e7b>

**Attendee Smartphone URL:**

<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=45677360&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 6/7/2017 meeting notes – <i>Dr. Ted Epperly, IHC Chair</i> - <b>ACTION ITEMS (2)</b>
1:40 p.m.	Mercer Update – <i>Jennifer Feliciano, Senior Associate, Mercer</i> - <b>ACTION ITEM (1)</b>
2:00 p.m.	Idaho Medicaid-Healthy Connections Value Care – <i>Jeff Crouch, IDHW, Regional Director, and Lisa Hettinger, IDHW Deputy Director</i>
3:00 p.m.	Break
3:15 p.m.	SHIP PCMH Learning Collaborative Summary – <i>Grace Chandler, Senior Project Manager, Brilljent</i>
3:30 p.m.	Regional Collaborative Summit Summary – <i>Madeline Russell, IDHW, RC Project Manager</i>
3:45 p.m.	IHDE and Data Quality Improvement Process Update – <i>Julie Lineberger, IHDE Interim Executive Director, Ruby Cash, Data Quality Improvement Specialist</i>
4:00 p.m.	Data Governance Workgroup Charter – <i>Janica Hardin, Chair, Data Governance Workgroup</i> <b>ACTION ITEM (1)</b>
4:10 p.m.	SHIP Operations and Advisory Group reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup reports): <ul style="list-style-type: none"> <li>• Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, IDHW</i></li> <li>• Regional Collaboratives Update – <i>Madeline Russell, IDHW</i></li> <li>• Telehealth, Community EMS, Community Health Workers – <i>Madeline Russell, IDHW</i></li> <li>• Data Governance Workgroup – <i>Dr. Andrew Baron, Janica Hardin, Workgroup Chairs</i></li> <li>• Multi-Payer Workgroup – <i>Dr. David Peterman, Primary Health and Josh Bishop, PacificSource, Workgroup Chairs</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, Carol Moehrle 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)

## July 12, 2017

### Action Items

- Action Item 1 – Minutes

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

Motion: I, \_\_\_\_\_ move to accept the minutes of the June 07, 2017, Idaho Healthcare Coalition (IHC) meeting as prepared.

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

Motion Carried.

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- Action Item 2 – New Membership

IHC members will be asked to accept the candidacy of Russ Baron to replace Richard Armstrong on the IHC:

Motion: I, \_\_\_\_\_ move to accept Russ Baron onto the IHC, replacing Richard Armstrong.

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

Motion Carried.

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- Action Item 3 – Goal Charter Updates

IHC members will be asked to accept the Goal Two Charter as presented by Jenny Feliciano:

Motion: I, \_\_\_\_\_ move to accept the SHIP Goal Two Charter as presented by Jenny Feliciano.

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

Motion Carried.

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■ Action Item 4 – SHIP Data Governance Workgroup Charter

IHC members will be asked to accept the Data Governance Workgroup Charter as presented by Burke Jensen.

Motion: I, \_\_\_\_\_ move to accept the Data Governance Workgroup Charter as presented.

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

Motion Carried.



# Idaho Healthcare Coalition

## Meeting Minutes:

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**SUBJECT:** IHC June Minutes

**DATE:** June 07, 2017

**ATTENDEES:** Director Richard Armstrong, Pam Catt-Oliason, Melissa Christian, Jamie Teeter for Ross Edmunds, Dr. Ted Epperly, Amy Mart for Katherine Hansen, Matt Wimmer for Lisa Hettinger, Dr. James Lederer, Nicole McKay, Dr. Schott for Dr. David Pate, Tammy Perkins, Dr. Kevin Rich, Dr. Rhonda Robinson-Beale, Elke Shaw-Tulloch, Dieuwke Dizney-Spencer for Mary Sheridan, Larry Tisdale, Jennifer Wheeler, Meg Hall for Matt Wimmer, Cynthia York

**Teleconference:** Dr. Andrew Baron, Dr. Richard Bell, Dr. Keith Davis, Russell Duke, Dr. Scott Dunn, Janica Hardin, Deena LaJoie, Maggie Mann, Neva Santos

**Members Absent:** Michelle Anderson, Josh Bishop, Kathy Brashear, Senator Lee Heider, Dr. Glenn Jefferson, Yvonne Ketchum-Ward, Rene LeBlanc, Casey Meza, Carol Moehrle, Daniel Ordyna, Dr. David Peterman, Susie Pouliot, Geri Rackow, DR. Boyd Southwick, Karen Vauk, Lora Whalen, Representative Fred Wood, Dr. Bill Woodhouse, Nikole Zogg

**IDHW Staff** Rachel Blanton, Jeff Crouch, Wayne Denny, Melissa Dilley, Adiya Jaffari, Burke Jensen, Taylor Kaserman, Casey Moyer, Madeline Russell, Kym Schreiber, Stacey St. Amand, Joey Vasquez, Ann Watkins

**Guests:** Grace Chandler, Katie Falls, Dr. Chris Heatherton, Hilary Klarc, Elwood Kleaver, Julie Lineberger, Janice Lung, Kevin Nielsen, Judy Taylor

**STATUS:** Draft (06/15/2017)

## Summary of Motions/Decisions:

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<b>Motion:</b>	<b>Outcome:</b>
Elke Shaw-Tulloch moved to accept the minutes of the April 12, 2017 Idaho Healthcare Coalition (IHC) meeting as prepared. Dr. Kevin Rich seconded the motion.	PASSED
Jennifer Wheeler moved to accept the minutes of the May 10, 2017 Idaho Healthcare Coalition (IHC) meeting with edits discussed. Nicole McKay seconded the motion.	PASSED
Matt Wimmer moved move to accept Amy Mart onto the IHC, replacing Katherine Hansen. Elke Shaw-Tulloch seconded the motion.	PASSED
Dr. Kevin Rich moved to accept Dr. Mark Horrocks onto the IHC, replacing Dr. William (Bill) Woodhouse. Pam Catt-Oliason seconded the motion.	PASSED
Elke Shaw-Tulloch moved to accept with SHIP Goal Charters as presented by Katie Falls. Nicole McKay seconded the motion.	PASSED
Dr. Kevin Rich moved to accept and adopt the recommendations and mentorship framework as presented. Nicole McKay seconded the motion.	PASSED
Elke Shaw-Tulloch moved to accept the updated CHEMS Charter as presented. Larry Tisdale seconded the motion.	PASSED

## Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and took role. Following role, he went over the agenda, introduced new members, and started the meeting with a quote “If you want to go fast you go alone. If you want to go far you go together.” -African Proverb.

**Idaho Healthcare Summit- *Cynthia York, IDHW SHIP Administrator***

- ◆ The Idaho Healthcare Summit was held in Boise, ID on May 15 and 16. Cynthia York presented some highlights from the two-day event. Key speakers from the summit included Idaho Representative Mike Simpson, who gave an update on the changes being made in healthcare at the federal level, what the future holds for healthcare in America, and how a middle ground between parties needs to be reached. Other speakers included Dr. Richard Carmona, the 17<sup>th</sup> Surgeon General of the United States, Tyler Norris, Merrill Hoge, and several community leaders.
- ◆ Topics covered during the two-day summit were very interesting and engaging, however much of what was discussed as needing to be done in Idaho is already being done or is being addressed by SHIP. At the conclusion of the summit a panel of fifty volunteers was created to work on some of the issues addressed at the summit. These volunteers will hold their first meeting on July 27<sup>th</sup>.

**State of Healthcare Reform in Idaho: Past, Present and Future – *Richard Armstrong, Director, Department of Health and Welfare***

- ◆ Dr. Epperly introduced Director Armstrong, thanking him for his vision and his work during his years with the department that have led to the accomplishments in healthcare that have been made in Idaho. The director will be retiring at the end of the month and Deputy Director Russ Baron will be taking over as Director.
- ◆ Director Armstrong discussed his journey with the department and the work that has been done to improve healthcare in Idaho. The federal government recognized that Idaho was in a position to really make a change and a difference in healthcare. Dr. Lederer thanked Director Armstrong for his service and asked him about the federal approach to Medicaid and Medicaid dollars. He responded that there is a desire for Congress to give states the forum to successfully manage Medicaid.
- ◆ Dr. Epperly thanked him for his service and support on the SHIP initiative, wished him well, and presented him with an award.

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

- ◆ Katie Falls acknowledged the work Director Armstrong has done for healthcare in Idaho and how, since the inception of the SHIP grant to now, he has helped Idaho emerge as a leader in healthcare transformation.
- ◆ Ms. Falls went on to present the updated goal charters for goals one, three, four, and five. The updates reflected in the goal charters include new deliverables, milestones being added and edited, and other changes that better reflect what is contained in the Operational Plan.

**PCMH Mentorship – *Dr. Scott Dunn, RC 1 Chair and Kym Schreiber, PCMH Project Manager, IDHW***

- ◆ Dr. Dunn discussed the goal one charter and the goal of the PCMH mentorship program for clinic-to-clinic mentorship, highlighting the overall plan that clinics in early cohorts will serve as mentors to clinics in later cohorts or that need more help with the transformation process.
- ◆ The IMHC convened a PCMH Subcommittee that met weekly during the month of May to develop a framework for mentorship. The subcommittee included PCMH cohort clinics, RC members, PHD staff, and other interested parties. Dr. Dunn and Kym Schreiber presented the framework (attached).
- ◆ Following the presentation of the framework, Dr. Dunn and Ms. Schreiber answered questions from IHC members. Dr. Rich commented that one of the most valuable things to be doing for PCMH transformation is mentorship and that Idaho is a pioneer among other SIM states in this regard. The success of this program will initially be based on participation of those who attend webinars and use the framework. This is a working document that will be revisited by the subcommittee in six to twelve months when participation can be addressed again.

**Payer Update: Blue Cross - *Kevin Nielsen, Provider Network Manager, Blue Cross of Idaho***

- ◆ Kevin Nielsen presented what Blue Cross of Idaho is doing to change how healthcare is delivered and paid for in Idaho. Mr. Nielsen has been with Blue Cross of Idaho for nine years, most recently becoming the provider network manager.
- ◆ Mr. Nielsen presented the business side of healthcare costs and how the United States compares to other countries. Even with cost-cutting and keeping insurance premiums down there has still been an increase in deductibles.

- ◆ The current fee-for-service payment model is keeping costs up, however Blue Cross is trying to bend the trend and work toward value-based programs in an effort to align reimbursements, empower providers with data, focus on overall health, and have shared decision-making between patients and their physicians.
- ◆ The value-based reimbursement trend has been evolving in recent years. CMS has four different categories for value-based initiatives that Blue Cross of Idaho is looking at as an opportunity to improve value.
- ◆ Blue Cross of Idaho's payment innovation goal is to maximize the proportion of provider revenue and earnings that are subject to outcomes-based payment through a mix of population-based payments, episode-based payments, and enhanced P4P fee-for-service. They hope to create infrastructure to support provider partners to be successful in new payment arrangements and align payment systems with benefits, network design, and consumer engagement.
- ◆ Following his presentation Mr. Nielsen answered questions from IHC members.

**CHEMS Charter Update** – *Wayne Denny, EMS Bureau Chief, IDHW*

- ◆ Wayne Denny presented the updated CHEMS Workgroup charter for IHC approval. As the CHEMS project has moved forward, language, measurements, and milestones were updated and edited as needed.
- ◆ Following the presentation of the updated CHEMS Workgroup charter, Wayne Denny answered questions from IHC members. Members wanted to know what work has been done on getting payer reimbursement for CHEMS services. Blue Cross and Regence are considering ways to introduce payment for CHEMS services in Idaho.

**IHDE and Data Quality Improvement Process Update** – *Julie Lineberger, IHDE Interim Executive Director*

- ◆ Julie Lineberger presented updates on IHDE clinics and the status of the connections that IHDE is currently working on. Ms. Lineberger gave a brief update on these connections highlighting clinics recently connected as well as clinics that have been delayed and what strategies IHDE is implementing to resolve these delays.
- ◆ Ms. Lineberger added that there aren't any EMR/EHRs in the state that will absolutely not participate with IHDE but there have been some that are more difficult to work with.

**Timeline and Next Steps** –

- ◆ Elke Shaw-Tulloch shared that the West States Conference on Suicide will be held in Boise June 23<sup>rd</sup> and 24<sup>th</sup>. Everyone is welcome to attend. Having no further agenda items, Dr. Epperly concluded the meeting by thanking the IDHW SHIP team for all their work and all the IHC members for the time they dedicate to this work.

**Timeline and Next Steps** –

There being no further business Dr. Epperly adjourned the meeting at **4:25pm**



# PROJECT CHARTER

**GOAL 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections to share clinical information among PCMHs and across the Medical-Health Neighborhood.**

Version: Award Year 3.0 (AY3.0)

## Summary

<b>SHIP Lead</b>	Burke Jensen
<b>Mercer Lead</b>	Janet Flynn
<b>Key Participants</b>	Data Governance Workgroup (DGW), Public Health Districts (PHDs), Regional Collaboratives (RCs), Idaho Healthcare Coalition (IHC), Idaho Health Data Exchange (IHDE), Idaho Department of Health and Welfare (IDHW), Patient Centered Medical Homes (PCMHs), Hospitals, EHR Vendors, HealthTech Solutions (HTS)
<b>IHC Charge</b>	Improve care coordination using electronic health records (EHRs) and health data connections to share clinical information among PCMHs and across the Medical-Health Neighborhood.

## Success Measures

Success Measures	SHIP Desired Outcomes	Measurement	AYR	Q1	Q2	Q3	Q4
1.	Increased use of EHRs by PCMHs.	<ul style="list-style-type: none"> <li>Cumulative (CUM) # (%) of primary care practices selected for a SHIP cohort with EHR systems that support HIE connectivity. <i>Model Test Target: 165 PCMHs.</i></li> <li>Numerator: Number of primary care practices selected for a SHIP cohort with an EHR capable of connecting to the HIE.</li> <li>Denominator: Total number of primary care practices targeted to transform to PCMHs.</li> </ul>					
			1	-	-	-	-
			2	55	55	55	55
			3	75	85	95	110
			4	130	140	150	165

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

GOAL 2 PROJECT CHARTER

Success Measures	SHIP Desired Outcomes	Measurement																									
2.	Increased number of Idahoans who have a PCMH and an EHR.	<ul style="list-style-type: none"> <li>Cumulative # (%) of Idahoans who enroll in a primary care practice selected for a SHIP cohort that have an EHR that is connected to HIE (each practice estimated to have 5 providers, each with panel of 1,000). <i>Model Test Target: 825,000 (50.4% of Idahoans).</i></li> <li>Numerator: Idahoans enrolled in a primary care practice selected for a SHIP cohort with an EHR that is connected to the HIE.</li> <li>Denominator: Total number of members targeted to enroll in 165 PCMHs.</li> </ul> <table border="1"> <thead> <tr> <th>AYR</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>2</td> <td>275,000</td> <td>275,000</td> <td>275,000</td> <td>275,000</td> </tr> <tr> <td>3</td> <td>375,000</td> <td>425,000</td> <td>475,000</td> <td>550,000</td> </tr> <tr> <td>4</td> <td>650,000</td> <td>700,000</td> <td>750,000</td> <td>825,000</td> </tr> </tbody> </table>	AYR	Q1	Q2	Q3	Q4	1	-	-	-	-	2	275,000	275,000	275,000	275,000	3	375,000	425,000	475,000	550,000	4	650,000	700,000	750,000	825,000
AYR	Q1	Q2	Q3	Q4																							
1	-	-	-	-																							
2	275,000	275,000	275,000	275,000																							
3	375,000	425,000	475,000	550,000																							
4	650,000	700,000	750,000	825,000																							
3.	Increased PCMH use of EHRs and health data connections to improve care coordination.	<ul style="list-style-type: none"> <li>Cumulative # (%) of primary care practices selected for a SHIP cohort with an active connection to the HIE and sharing/receiving HIE transactions for care coordination. <i>Model Test Target: 165 PCMHs.</i></li> <li>Numerator: Number of primary care practices selected for a SHIP cohort that sent/received HIE transactions for the purpose of care coordination.</li> <li>Denominator: Total number of primary care practices targeted to transform to PCMHs.</li> </ul> <table border="1"> <thead> <tr> <th>AYR</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>-</td> </tr> <tr> <td>2</td> <td>55</td> </tr> <tr> <td>3</td> <td>110</td> </tr> <tr> <td>4</td> <td>165</td> </tr> </tbody> </table>	AYR	Q4	1	-	2	55	3	110	4	165															
AYR	Q4																										
1	-																										
2	55																										
3	110																										
4	165																										
4.	Increased number of hospitals that are sharing data across the	<ul style="list-style-type: none"> <li>CUM # (%) of hospitals connected to the HIE and sharing data for care coordination. <i>Model Test Target: 21.</i></li> </ul> <table border="1"> <thead> <tr> <th>AYR</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	AYR	Q1	Q2	Q3	Q4	1	-	-	-	-															
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1	-	-	-	-																							



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GOAL 2 PROJECT CHARTER

Success Measures	SHIP Desired Outcomes	Measurement					
	Medical-Health Neighborhood.	<ul style="list-style-type: none"> <li>Numerator: Number of hospitals sending transactions via the IHDE.</li> <li>Denominator: Total number of hospitals targeted to connect to the HIE.</li> </ul>	2	-	-	-	15
			3	15	15	15	18
			4	18	18	18	21



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GOAL 2 PROJECT CHARTER

**Planned Scope**

<b>Deliverable 1</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	Functioning SHIP Data Governance Workgroup (DGW)	Form a new workgroup that will establish processes for data quality and governance.	DGW IDHW	PCMHs IHC IHDE HTS PHD/RCs
<b>Est. Timeframe</b>	<b>Start:</b> 02/17/2017			<b>End:</b> 7/12/2017
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	Develop structure and membership for the SHIP DGW.			Complete
	Identify members for the SHIP DGW.			Complete
	DGW begins meeting regularly.			Complete
	Develop workgroup charter.			Complete
	IHC review and approval of charter.			07/12/2017
<b>Deliverable 2</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	Completed Readiness Assessments (RA)	PCMHs sign agreements with IHDE who provides training and conducts the readiness assessment.	IHDE PCMHs EHR vendors	HTS IHDE PCMHs IDHW EHR vendors
<b>Est. Timeframe</b>	<b>Start:</b> 05/26/2016			<b>End:</b> 11/30/2018
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	SHIP Applications Review – Readiness Assessment Prep – Cohort One.			Complete
	Develop Training Plan			Complete
	Training – Cohort One – Phase 1 (by end of Award Year 2).			Complete
	Complete Readiness Assessments – Cohort One – Phase 1 (by end of Award Year 2).			Complete
	SHIP Applications Review – Readiness Assessment Prep – Cohort Two.			Complete
	Training – Cohort One – Phase 2 (within Award Year 3)			Complete



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GOAL 2 PROJECT CHARTER

Modify training plan.	07/30/2017
Complete Readiness Assessments – Cohort One – Phase 2. (within Award Year 3)	07/30/2017
Training – Cohort Two.	09/30/2017
Complete Readiness Assessments – Cohort Two.	09/30/2017
SHIP Applications Review – Readiness Assessment Prep – Cohort Three.	02/02/2018
Training – Cohort Three.	10/01/2018
Complete Readiness Assessments – Cohort Three.	10/01/2018
Training – Clinics pending EHR conversions (All Cohorts).	11/30/2018
Readiness Assessments – clinics pending EHR conversions (All Cohorts).	11/30/2018

<b>Deliverable 3</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	PCMHs connected to the HIE	Establish connections to IHDE for each cohort.	IHDE PCMHs EHR vendors	HTS IDHW PCMHs IHDE EHR vendors PHD SHIP Staff
<b>Est. Timeframe</b>	<b>Start:</b> 01/31/2017			<b>End:</b> 12/31/2018
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	Build connections – Cohort One Clinics – Phase 1.			Complete
	Build connections – Cohort One Clinics – Phase 2.			11/30/2017
	Build connections – Cohort Two.			11/30/2017
	Build connections – Cohort Three.			10/31/2018
	Connection builds – clinics pending EHR conversions.			12/31/2018
<b>Deliverable 4</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	Processed IHDE licensing fees and EHR vendor fees.	Administer payment of IHDE licensing fees and EHR vendor fees.	IDHW EHR vendors IHDE	EHR vendors IHDE PCMHs IDHW



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GOAL 2 PROJECT CHARTER

<b>Est. Timeframe</b>	<b>Start:</b> 10/31/2016			<b>End:</b> 10/31/2018
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	Administer Payments of IHDE Licensing Fees – Cohort One – Phase 1.			Complete
	Administer Payments of EHR vendor Fees – Cohort One – Phase 1.			Complete
	Administer Payments of IHDE Licensing Fees – Cohort One – Phase 2.			11/30/2017
	Administer Payments of EHR vendor Fees – Cohort One – Phase 2.			11/30/2017
	Administer payments of IHDE licensing fees – Cohort Two.			11/30/2017
	Administer payments of EHR vendor fees – Cohort Two.			11/30/2017
	Administer payments of IHDE licensing fees – Cohort Three.			10/31/2018
	Administer payments of EHR vendor fees – Cohort Three.			10/31/2018
	Administer payments of IHDE licensing fees – clinics pending EHR conversions.			12/31/2018
	Administer payments of EHR vendor fees – clinics pending EHR conversions.			12/31/2018
<b>Deliverable 5</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	HIE Feasibility Studies	Studies to determine feasibility of enhancing technology solutions (i.e., payer database and HIE interoperability).	IHDE IDHW	PCMHs IHDE IDHW
<b>Est. Timeframe</b>	<b>Start:</b> 12/29/2016			<b>End:</b> 07/28/2017
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	IHDE submits payer database feasibility study.			Complete
	IDHW responds to payer database feasibility study.			Complete
	IHDE submits final payer database feasibility study.			Complete
	IHDE submits feasibility study for connecting to another region/state HIE.			Complete
	IDHW responds to feasibility study for connecting to another region/state HIE.			07/14/2017
	IHDE submits final feasibility study for connecting to another region/state HIE.			07/28/2017

GOAL 2 PROJECT CHARTER

<b>Deliverable 6</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	Reliable and secure HIE data	Execute agreements and plans for protecting data and ensuring accuracy and reliability.	IHDE	HTS PCMHS IDHW IHDE
<b>Est. Timeframe</b>	<b>Start:</b> 06/20/2016			<b>End:</b> 04/08/2018
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	IHDE develops initial Quality Assurance Plan.			Complete
	IHDE develops/updates IHDE participation agreements for AY2.			Complete
	IDHW reviews and approves the Quality Assurance Plan for AY2.			Complete
	IHDE reviews and updates its participation agreements with clinics for AY3.			Complete
	IDHW reviews and approves IHDE’s participating agreements with clinics for AY3.			Complete
	IHDE reviews and updates the Quality Assurance Plan for AY3.			07/31/2017
	IDHW reviews and approves the Quality Assurance Plan for AY3.			08/07/2017
	IHDE reviews and updates the Quality Assurance Plan for AY4.			04/01/2018
	IHDE reviews and updates its participation agreements for AY4			04/012018
	IDHW reviews and approves the Quality Assurance Plan for AY4.			04/08/2018
	IDHW review and approves IHDE participation agreements for AY4.			04/08/2018
<b>Deliverable 7</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	CQM data specifications and requirements	Identify CQM and specifications for reporting of each measure.	IDHW DGW IHDE HTS	PCMHS HTS IHDE IHC IDHW DGW
<b>Est. Timeframe</b>	<b>Start:</b> 08/31/2016			<b>End:</b> 07/30/2018
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	Develop CQM Specs AY2.			Complete



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

GOAL 2 PROJECT CHARTER

Define data extraction process – AY2.	Complete
Develop CQM Specs AY3.	Complete
Define data extraction process – AY3.	11/30/2017
Develop CQM Specs AY4.	12/31/2017
Define data extraction process – AY4.	07/30/2018

<b>Deliverable 8</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	Behavioral health (BH) data solution	Define how behavioral health data will be handled when sending data to IHDE and implement solution.	IHDE IDHW	PCMHs HTS IHDE IHC IDHW DGW
<b>Est. Timeframe</b>	<b>Start:</b> 01/31/2017			<b>End:</b> 12/31/2018
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	Identify clinics impacts.			Complete
	IDHW, IHDE and Division of BH participate in Behavioral Health Policy committee and develop / finalize policies related to BH data.			09/21/2017
	Work with clinics to implement BH policy for AY3.			11/30/2017
	Include BH policy in future connection process for AY4.			12/31/2018
<b>Deliverable 9</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	Hospitals connected to the HIE	By AY4, Q4, 21 hospitals have contracts with IHDE to enable data exchange with PCMHs.	IHDE Hospitals	PCMHs RCs PHD SHIP Staff
<b>Est. Timeframe</b>	<b>Start:</b> 01/01/2016			<b>End:</b> 12/31/2019
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	IHDE identify long term strategy for connection with hospitals.			12/31/2017
	IHDE implement strategy for establishing connections with hospitals independent of SHIP funding.			12/31/2018



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

GOAL 2 PROJECT CHARTER

**Project Risks, Assumptions, and Dependencies**

<b>Risk Identification</b>	See most current version of the risk log.
<b>Assumptions</b>	Adequate funding is available to support this project. Supportive business, clinical, cultural, and regulatory environments are achieved. ONC will deliver national standards for interoperability. Project governance will be in place to guide adoption of technical standards and/or resolve roadblocks. Core technical standards to support interoperability will be adopted statewide. PCMHs and hospitals will attain adequate technical advice and training to support implementation of EHRs. EHRs will be certified to assure connectivity and interoperability.
<b>Dependencies and Constraints</b>	Dependencies: Goal 1: Transform primary care practices across the state into PCMHs. Goal 5: Build a statewide system for collecting, analyzing, and reporting quality and outcome data at the PCMH, regional, and state levels.  Constraints: Funding. Availability of TA Contractor time. Willingness and speed at which PCMHs and hospitals adopt and use certified EHRs. Ability to resolve significant technology standardization to support interoperability.

**Project Reporting and Scope Changes**

Changes to scope must be reflected at the Workgroup Charter level as approved by the IHC after review by SHIP team.

**Version Information**

<b>Version AY 2.0</b>	<b>Author</b>	Janet Flynn	<b>Date</b>	12/11/2015
	<b>Reviewer</b>	Burke Jensen	<b>Date</b>	12/15/2015

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

GOAL 2 PROJECT CHARTER

<b>Version AY 3.0</b>	<b>Authors</b>	Janet Flynn and Burke Jensen	<b>Date</b>	2/1/2017
	<b>Reviewer</b>	Jenny Feliciano and Casey Moyer	<b>Date</b>	2/2/2017
<b>Version AY 4.0</b>	<b>Author</b>		<b>Date</b>	
	<b>Reviewer</b>		<b>Date</b>	

**Final Acceptance**

<b>Version</b>	<b>Name/Signature</b>	<b>Title</b>	<b>Date</b>	<b>Approved via Email</b>
<b>Version AY 2.0</b>	Cynthia York	SHIP Administrator	12/18/2015	<input checked="" type="checkbox"/>
	Katie Falls	Mercer Lead	12/18/2015	<input checked="" type="checkbox"/>
<b>Version AY 3.0</b>	Cynthia York	SHIP Administrator	7/7/2017	<input checked="" type="checkbox"/>
	Katie Falls	Mercer Lead	7/10/2017	<input checked="" type="checkbox"/>
<b>Version AY 4.0</b>				<input type="checkbox"/>
				<input type="checkbox"/>



# SHIP Project Management Dashboard

Prepared for the Idaho Healthcare Coalition

Award Year 3 Quarter 1

February 1, 2017 – April 30, 2017

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

## Project Implementation Updates

- SHIP successfully enrolled 56 clinics in Cohort Two.
- Almost 65,000 Idahoans have an EHR that is connected to HIE (Goal 2, Measure 2).
- The annual Goal 4, Measure 2 has been corrected, to count CHEMS programs that were established outside of the letter of notation process.
- Goal 4, Measure 6 is at 17% this quarter, although the measure is reported annually and appears as 0%.

## SHIP Success Measures

Goal 1	98%	100%	100%		100%		100%	76%	100%		26%
	QT = 200	QT = 110	QT = 110	CMMI	AT = 550	CMMI	AT = 55	AT = 55	QT = 45	CMMI	QT = 550k
Goal 2	100%		17%		25%		53%				
	QT = 75		QT = 375k		AT = 55		QT = 15				
Goal 3	100%		100%		RETIRED		51%				
	AT = 7		AT = 55		RETIRED		QT = 275k				
Goal 4	40%	67%	63%	48%		0%					
	QT = 15	SAT = 6	AT = 16	SAT = 25	AT = 0	AT = 12					
Goal 5											
	AT = 0		AT = 0		QT = 0						
Goal 6	ND		ND		ND						
	AT = 4		AT = 275k		AT = 20%						
Goal 7	ND				ND						
	AT = TBD				AT = TBD						

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

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

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

AT = Annual Target (Jan 31)

ND = No Data

CMMI = Federally defined and reported metric

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

## SHIP Success Measures by Goal

### Goal 1 Measurements: PCMH Transformation

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

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

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

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

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

### Goal 4 Measurements: Virtual PCMHs

1	Q	Cumulative # (%) of Virtual PCMHs established in rural communities following assessment of need. Model Test Target: 50.
2	SA	Cumulative # (%) of regional CHEMS programs established. Model Test Target: 13.
3	A	Cumulative # (%) of CHEMS program personnel trained for Virtual PCMH coordination. Model Test Target: 35.
4	SA	Cumulative # (%) of new community health workers trained for Virtual PCMH coordination. Model Test Target: 125.
5	A	Cumulative # (%) of conferences held for CHW and CHEMS Virtual PCMH staff. Model Test Target: 2.
6	A	Cumulative # of designated Virtual PCMH practices that routinely use telehealth tools to provide specialty and behavioral services to rural patients. Model Test Target: 36.

### Goal 5 Measurements: Data Analytics

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

### Goal 6 Measurements: Alternative Payment Reimbursement Models

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

### Goal 7 Measurements: Lower Costs

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



# SHIP Project Management Dashboard

Prepared for the Idaho Healthcare Coalition

Award Year 2 | February 1, 2016 – January 31, 2017

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

## Project Implementation Updates

- Approximately 31,000 Idahoans have an EHR that is connected to HIE (Goal 2, Measure 2). This represents 8 clinics and is expected to increase as connections are completed.
- Virtual PCMH application was sent to Cohort One clinics on February 28, 2017 (Goal 4, Measure 1) and the due date is April 11, 2017. Virtual designation announcement planned for May 1, 2017.
- Second round of training for CEMS and CHW are underway.
- Telehealth program application deadline is April 27, 2017. Anticipated award date is May 23, 2017.

## SHIP Success Measures

Goal 1	98%	96%	100%		100%		100%	76%	100%		12%
	QT = 200	QT = 55	QT = 55	CMMI	AT = 550	CMMI	AT = 55	AT = 55	QT = 30	CMMI	QT = 275k
Goal 2	100%		12%		25%		53%				
	QT = 55		QT = 275k		AT = 55		QT = 15				
Goal 3	100%		100%		53%		12%				
	AT = 7		AT = 55		QT = 55		QT = 275k				
Goal 4	0%	0%	63%	48%		0%					
	QT = 15	AT = 6	AT = 16	SAT = 25	QT = 0	QT = 12					
Goal 5			0%								
	AT = 0		AT = 55		QT = 0						
Goal 6	ND		ND		ND						
	AT = 4		AT = 275k		AT = 20%						
Goal 7	ND				ND						
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**SHIP PCMH Transformation Team**  
Grace Chandler, Project Director  
Nancy Jaeckels Kamp, Technical Director  
July 12, 2017

**2017 PCMH Cohort 2 Learning Collaborative  
Evaluations Summary**



Idaho Healthcare Coalition Presentation  
July 12, 2017



## PCMH Learning Collaborative



- June 27 and 28, 2017
- All 56 Cohort 2 clinics attended the PCMH Learning Collaborative
- Total attendance - 168
  - Clinics' PCMH teams and Clinical Champions
  - Staff from Public Health Department (PHD) SHIP; State Evaluators; Medicaid Healthy Connections; Idaho Health Data Exchange (IHDE); Idaho Department of Health and Welfare (IDHW), SHIP; and the PCMH Team
- Sponsors
  - Boise State University
  - Blue Cross of Idaho
  - PacificSource Health Plan
  - IDHW, Division of Behavioral Health

Thank you 2017 Learning Collaborative Sponsors!

Karen Hill, PCMH Coach and Trainer



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## Suggestions from Cohort 1 (2016) We Listened for Cohort 2 (2017)

- *“Desire to hear clinic success stories.”*
  - ✓ In the 2017 LC we included 3 presentations from Idaho PCMH clinics who are successful at what they are doing
- *“Activities that mix up clinic staff and promote collaborating and engaging with staff from other clinics during the day.”*
  - ✓ In the 2017 LC we held the World Café session where clinics interacted with other clinics, PHD staff, and the PCMH Team on specific topics at individual round tables
  - ✓ We also conducted small break out sessions to allow clinics to send staff to multiple sessions and cover more topic areas for learning and sharing

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## Clinic Presentation: Coeur D'Alene Pediatrics

Dr. Neff and the clinic PCMH Team

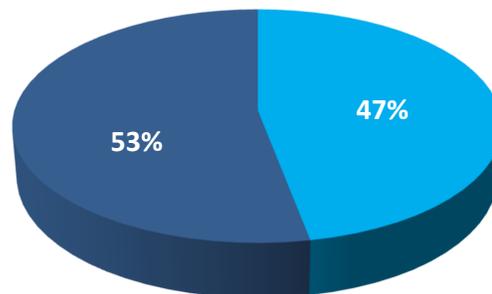


*"Stories of success from clinics. Loved Dr. Neff's presentation."*

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## Overall Satisfaction

### Satisfaction with the LC



Satisfied

Very Satisfied

6

## Evaluation Comments

### Positive Feedback

- **Speakers**
  - *“Dr. Ted Epperly was a great speaker. His message was spot on and a great way to start this collaborative.”*
- **Training**
  - *“Great networking; awesome speeches. Very helpful!”*

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## PCMH Team Presenter

Nancy Jaeckels Kamp, PCMH Coach and Trainer, PCMH Team Technical Lead



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## Evaluation Comments

### Positive Feedback

- **Breakout Sessions were well-received.**
  - *"The break out sessions and world café were especially beneficial."*
  - *"I like how we separated and received training based on where we are in the PCMH process."*
  - *"Clinic stories - good idea to break out into basic PCMH and advanced PCMH."*
- **Many liked collaboration and conversation between participants.**
  - *"Whether you're new to PCMH or you are in the middle of your journey, it is ALWAYS helpful to know the challenges of those that came before you. It's a scary jump, so to receive confirmation that your fears or anxieties are warranted is a good feeling. On the other hand, to know that success is attainable is comforting."*
  - *"Listening to the PCMH and success stories was great."*
  - *"Connecting and networking with other SHIP clinics to help solve problems."*
  - *"Appreciate the time to hear from other clinics in the round table discussion."*

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## World Café Group Discussions



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### Opportunities for Improvement

- *"Provide more time for the smaller problem focused discussions."*
- *" Not all clinics are going through accreditation right now, so focus topics that are relevant to clinics."*
- *"Breakout topic was valuable; need more time for breakout session."*
- *"Need concrete examples and assistance; I already have enthusiasm."*
- *" Found all of it interesting - a little overwhelming."*
- *"Would like time to debrief with our clinic."*
- *"More time sharing stories of clinics implementation."*
- *"More networking opportunities."*

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## World Café Group Discussions



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### Takeaways from LC

- *"I go to the conference to take away ideas I can apply to my practice - and this fulfilled this need."*
- *"Helpful tips and hints, and words of encouragement. Good to know it's a long, long journey."*
- *"I will determine who the change leaders are in my clinic and establish a team."*
- *"Taking back ideas to discuss with our team and clinic."*
- *"Provider/staff buy in. Need to work as a team."*
- *"We need to regroup and focus on provider engagement."*
- *"Lots! It will be a week of planning for sure!"*
- *"Revamp huddles; pre-visit planning."*

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## Future Webinar Suggestions

### Future Training

- *"Huddles 101."*
- *"Integrating Community Health Workers (CHWs); relationship between CHWs and Care Coordinators."*
- *"Answers to World Café discussion items; successes/challenges."*
- *"How to get stakeholders and staff to 'buy in' to PCMH."*
- *"How to effectively use EHRs."*
- *"Social determinants of health in health care practice."*

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## Comments/Discussion/Questions

**SHIP PCMH Transformation Team**  
[PCMHID.Team@briljent.com](mailto:PCMHID.Team@briljent.com)



# Idaho Healthcare Coalition

July 12, 2017



Julie Lineberger, Interim Executive Director

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## Organizations with Bidirectional Connections by end of August

### Cohort 1

- 33 of 53 Clinics connected (2 Clinics withdrew)
- 16 of 28 Organizations connected (2 Organizations withdrew)

#### Complete

- Adams County Health Center (1 Clinic)
- Benewah Medical & Wellness Center (1 Clinic)
- Family Health Center (1 Clinic)
- Family Health Services (2 Clinics)
- Family Medicine Health Center (FMRI) (3 Clinics)
- Heritage Health (3 Clinics)
- Kaniksu Health Services (2 Clinics)
- Primary Health Medical Group (5 Clinics)
- St. Luke's (3 Clinics)
- Saint Alphonsus (4 Clinics no outbound interface)

#### Expected by August

- Unified Healthcare of Idaho – Tueller (1 Clinic)
- Valley Medical Center (1 Clinic) IB CCDA
- Pocatello Children's (1 Clinic)
- SMH\_CVH Hospital Clinics (3 Clinics)
- Madison Memorial Rexburg Medical Clinic (1 Clinic)
- Valley Family Health Care (1 Clinic)

### Cohort 2

- 35 of 55 Clinics connected (1 Clinic withdrew)
- 12 of 29 Organizations connected (1 Organization withdrew)

#### Complete

- Family Medicine Health Center (FMRI) (3 Clinics)
- Family Health Services (1 Clinic + 5 Healthy Connection Clinics)
- Heritage Health (1 Clinic)
- Kaniksu Health Services (2 Clinics)
- Primary Health Medical Group (4 Clinics + 8 Healthy Connection)
- St. Luke's (2 Clinics)
- St. Al's (5 Clinics)

#### Expected by August

- Coeur d'Alene Pediatrics (3 Clinics)
- Seasons (3 Clinics)
- SMH\_CVH Hospital Clinics (3 Clinics)
- Treasure Valley Family Medicine (1 Clinic)
- Valley Family Health Care (2 Clinics + remaining Healthy Connection Clinics)

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

# 25 Organizations Pending (45 Clinics)

- Organization(s) Waiting on Next Steps from Clinic/EMR Vendor:

- All Seasons (1 Clinic)
- Bear Lake Community Health Centers (1 Clinic)
- Cascade Medical Center (1 Clinic)
- Clearwater Medical Clinic (1 Clinic)
- The Pediatric Center (1 Clinic)
- TRHS (8 Clinics)
- HealthWest (6 Clinics)

- Organizations

- Bingham Memorial Hospital (4 Clinics)
- Children and Family Clinic (1 Clinic)
- Family Health Associates (1 Clinic)
- Genesis Community Health (1 Clinic)
- Physicians Immediate Care Center (2 Clinics)

- Organization(s)– Pending PA/BAA:

- Sonshine Family Health Clinic (1 Clinic)
- Syringa Primary Care (1 Clinic)

- Organization(s) On Hold – BH Filtering:

- Glenns Ferry (3 Clinics)
- CHAS (IB CCDA) (2 Clinics)
- Southfork (1 Clinic)

- Organization(s) On Hold – PA “Modified” Agreements:

- Driggs & Victor (PA Agreement Pending – 2 Clinics)
- Not-tsoo Gah-nee (Pending IHS legal/ PA – 1 Clinic)

- Organization(s) On Hold – eCW Decision (IB HL7 and/or IB CCDA):

- Complete Family Care (1 Clinic)
- Family First Medical Group (1 Clinic)
- Primary Health Medical Group (Excludes IB HL7 – Live)
- Rocky Mountain Diabetes and Osteoporosis Center (1 Clinic)
- Shoshone Family Medical Center (1 Clinic)
- Upper Valley Community Health Services (GrandPeaks) (2 Clinics)

- Organization(s) Pending Withdrawn Confirmation:

- Portneuf (1 Clinic)
- Crosspointe (1 Clinic)
- Saltzer Medical Group (1 Clinic)

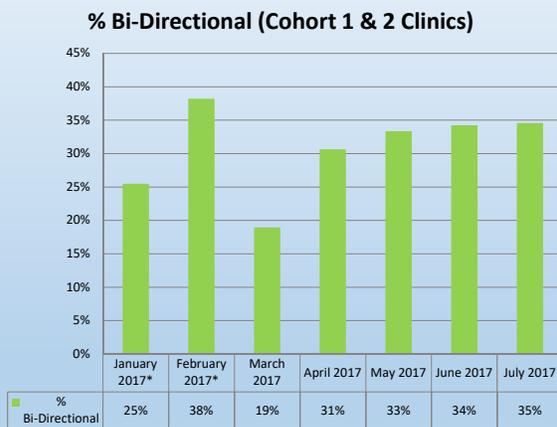
## Interface Projections

Projected Interfaces 2017

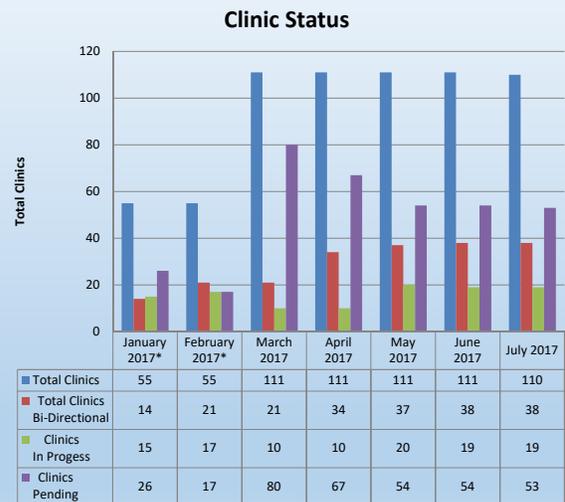


# Appendix Graphs as of 7-7-17

## Bi-Directional Status – By Clinic



\* Cohort 1 clinics only.



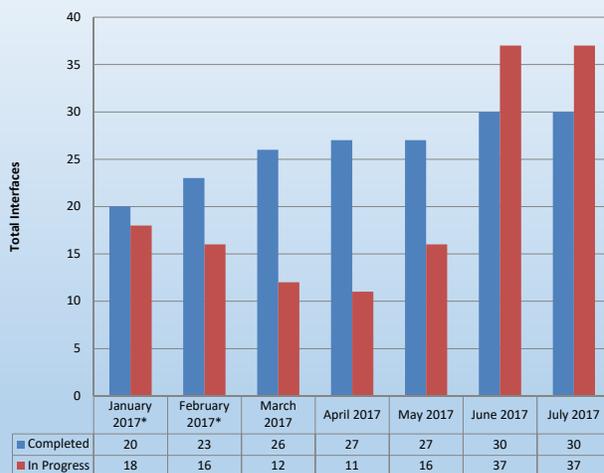
# Interface Summary

### Cohort 1 & 2 Interface Summary



## Interfaces – Cohort 1 & 2 Status

### Interfaces (Cohort 1 & 2)



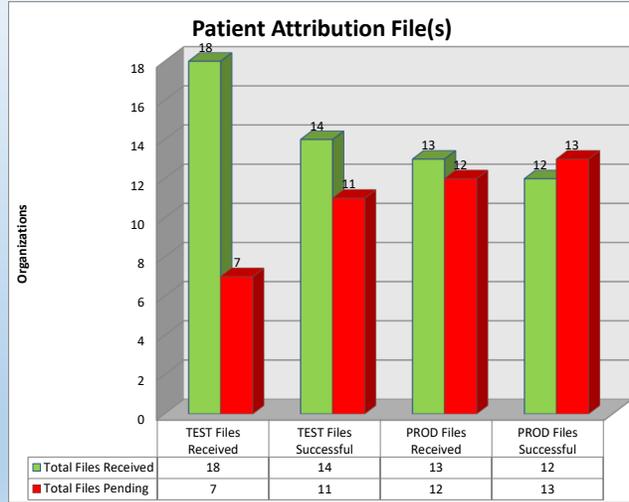
Interface Cohort 1 & 2	Completed	In Progress	Total Expected	% Completed
January 2017*	20	18	69	29%
February 2017*	23	16	69	33%
March 2017	26	12	110	24%
April 2017	27	11	110	25%
May 2017	27	16	110	25%
June 2017	30	37	110	27%
July 2017	30	37	107	28%

\* Cohort 1 only

Note: Interfaces separated from CSA's results as of 6/16/17 report per SHIP/Medicaid.

# Patient Attribution File(s)

Clinic	# of Patient Records	TEST Files Received	TEST Files Successful	PROD Files Received	PROD Files Successful
Adams County	628	Yes	Yes	Yes	Yes
BMWC	7,941	Yes	Yes	Yes	Yes
CHAS - Latah		Yes			
Coeur d'Alene Peds	3,377	Yes	Yes	Yes	Yes
Complete Family Care					
<b>Crosspointe (Excluded from status - Participant closed)</b>					
Family First Medical Center					
Family Health Center - Sandpoint	6,604	Yes	Yes	Yes	Yes
Family Health Services	11,317	Yes	Yes	Yes	Yes
Family Medicine Health Center (FMRI)	19,311	Yes	Yes	Yes	Yes
HealthWest					
Heritage Health	15,370	Yes	Yes	Yes	Yes
Kaniku Health Services	18,512	Yes	Yes		
Pocatello Children's Clinic					
Primary Health Medical Group	34,806	Yes	Yes	Yes	Yes
Rocky Mountain Diabetes and Osteoporosis Center, PA	12,679	Yes	Yes	Yes	Yes
SAMG	58,846	Yes	Yes	Yes	Yes
Shoshone Family Medical Center					
SLHS					
SMH_CVH Hospital Clinics		Yes			
Sonshine Family Health Clinic, LLC		Yes			
Terry Reilly	40,757	Yes	Yes	Yes	Yes
Tueller Counseling Services (Unified HealthCare)	428	Yes	Yes	Yes	Yes
Upper Valley Community Health Svcs (Grand Peaks)		Yes			
Valley Family HealthCare, Inc	1,592	Yes	Yes	Yes	Yes
Valley Medical Center					
<b>Total Files(s) Received:</b>		18	14	13	12
<b>Total Files(s) Pending:</b>		7	11	12	13
<b>% of Files Received:</b>		72%	56%	52%	48%



Note: Files unable to be processed IF inbound interface associated with facilityID is not in the stage environment. As a result, IHDE will be requesting PA files from participants **ONLY** when inbound interfaces enter stage environment and requesting **PROD** files **ONLY** when IB interface is live to ensure that the facilityID is present.

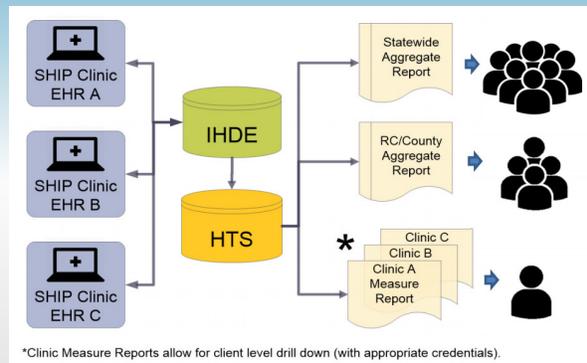
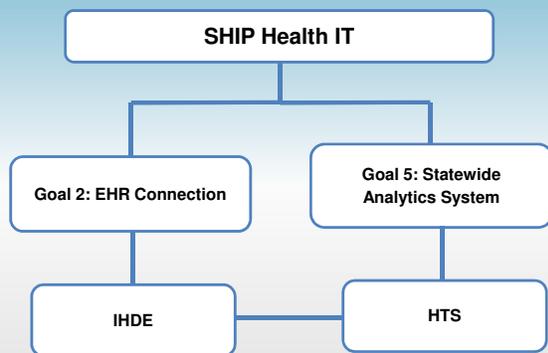
# Data Quality Improvement Process

Brief Introduction and Update

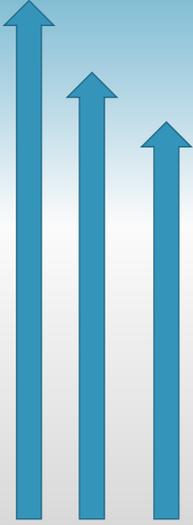
Ruby Cash

Data Quality Improvement Specialist  
Idaho Health Data Exchange

## Why have a data quality improvement process?



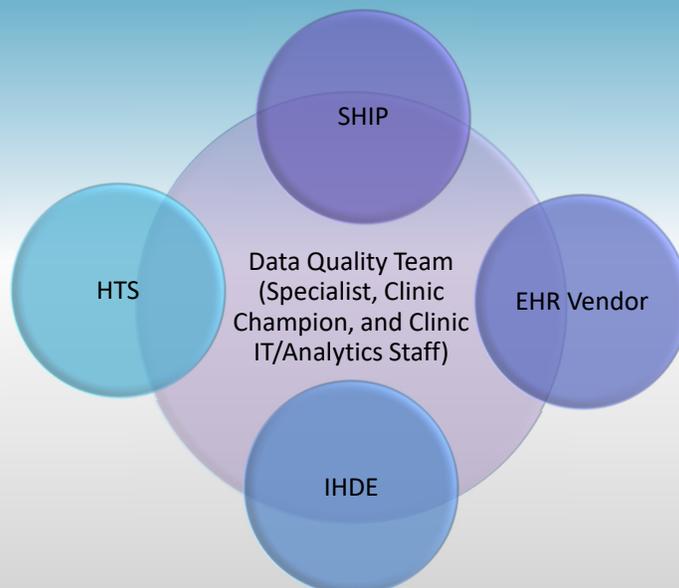
## Impact on Organizations



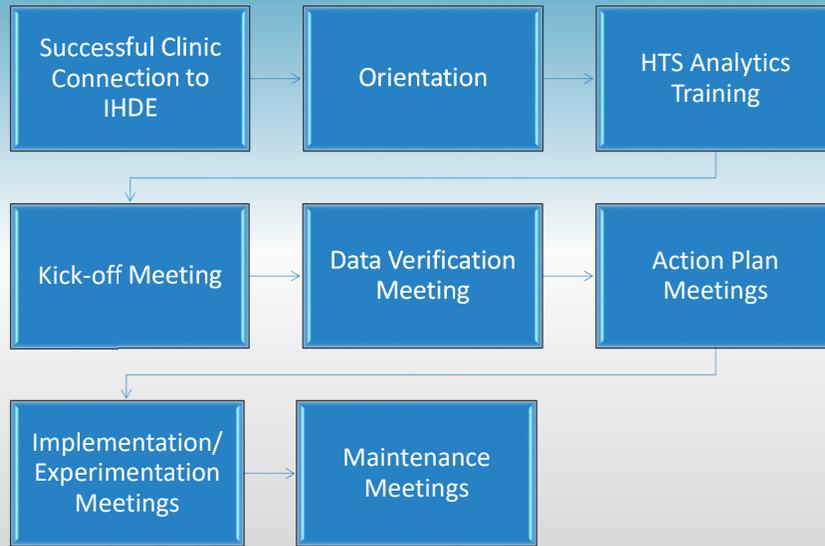
### Value Based Payment Models

- Requirements for Reporting Data
- Understanding of Performance
- Reimbursement Tied to Quality Metrics

## Data Quality Improvement Team



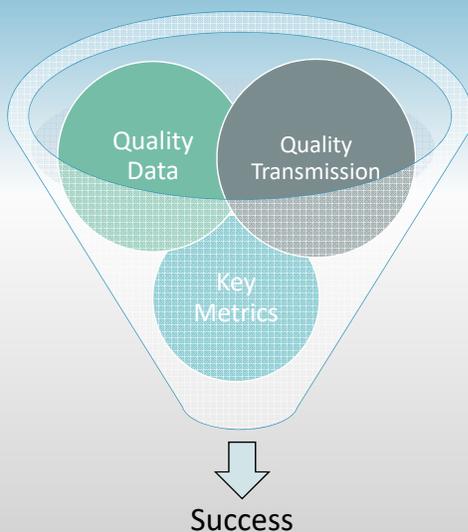
# Process



# Measures of Success

SHIP/IHDE

Clinic



=



## Current Activities

Data Validation  
between IHDE and  
HTS

Clinic Site Visit  
Planning and  
Preparation

Problem Solving  
Data Gaps Between  
IHDE and HTS

Communicating  
Clinic Status Reports  
and Coordinating  
with PHD SHIP Staff





# PROJECT CHARTER

## SHIP Data Governance Workgroup

Version 1.0F — May 2017

### Workgroup Summary

<b>Co-Chair</b>	Clinical Representative, Health Information Technology (HIT) Representative
<b>Members</b>	Representatives from a variety of stakeholders. (see attached “SHIP Data Governance Membership”)
<b>Mercer Lead</b>	Janet Flynn
<b>SHIP Staff</b>	Burke Jensen, Casey Moyer
<b>IHC Charge</b>	<ol style="list-style-type: none"> <li>1. Guide the selection of the Idaho SHIP CQM core measures, ensuring the selected measures are relevant and can be reasonably operationalized and support the program goals.</li> <li>2. Set guidelines around the collection of data.</li> <li>3. Review, and where appropriate, establish guidelines that ensure the security of the data and the privacy of the patients.</li> <li>4. Provide feedback on selected communications to the Idaho community regarding the HIT component of the SHIP project.</li> <li>5. Advise and make recommendations regarding operationalizing the statewide data analytics system, where appropriate, making recommendations related to workflow, data life cycle process improvement and care continuum practices.</li> <li>6. Advise and review contractor progress and priorities.</li> <li>7. Support community leaders and organizations in using health information technology in meaningful ways to improve community care.</li> <li>8. Provide recommendations as issues arise that are tied to the IHDE connection building or CQM reporting.</li> <li>9. Solicit and receive feedback from SHIP clinics on topics relevant to the workgroup.</li> </ol>
<b>SHIP Goals</b>	<ul style="list-style-type: none"> <li>• Goal 2: Improve care coordination through the use of EHRs and health data connections among PCMHs and across the medical neighborhood.</li> <li>• Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.</li> </ul>

### Business Alignment

<b>Business Need</b>	<ul style="list-style-type: none"> <li>• Successful attainment of the project vision and objectives.</li> <li>• Alignment of data management efforts to the SHIP business drivers.</li> <li>• Assurance that the risk associated with data security and privacy is consistently and effectively managed.</li> <li>• Representation of the various stakeholders’ needs.</li> <li>• Support for the adoption of measure definitions and data collection approaches.</li> </ul>
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DATA GOVERNANCE WORKGROUP PROJECT CHARTER

SHIP Success Measures	SHIP Desired Outcomes	Measurement	IHC Charge #
1	<ul style="list-style-type: none"> <li>• Enable the use of EHRs and health data connections to improve care coordination.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of primary care practices selected for a SHIP cohort with an EHR capable of connecting to the HIE.</li> </ul>	<ul style="list-style-type: none"> <li>• 6-9</li> </ul>
2	<ul style="list-style-type: none"> <li>• Enable the use of EHRs and health data connections to improve care coordination.</li> </ul>	<ul style="list-style-type: none"> <li>• Idahoans enrolled in a primary care practice selected for a SHIP cohort with an EHR that is connected to the HIE.</li> </ul>	<ul style="list-style-type: none"> <li>• 3, 6-9</li> </ul>
3	<ul style="list-style-type: none"> <li>• Enable the use of EHRs and health data connections to improve care coordination.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of primary care practices selected for a SHIP cohort that sent/received HIE transactions for the purpose of care coordination.</li> </ul>	<ul style="list-style-type: none"> <li>• 3, 6-9</li> </ul>
4	<ul style="list-style-type: none"> <li>• Comprehensive data in the HIE.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of hospitals sending transactions via the HIE.</li> </ul>	<ul style="list-style-type: none"> <li>• 3, 6-9</li> </ul>
5	<ul style="list-style-type: none"> <li>• PCMHs successfully connected to the data analytics system.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of primary care practices selected for a SHIP cohort that have access (user name and password) to the analytics system and dashboard reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• 3, 5-9</li> </ul>
6	<ul style="list-style-type: none"> <li>• Complete and accurate analytical reporting for the selected SHIP CQMs.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of primary care practices selected for a SHIP cohort successfully completing the reporting requirements (adequate data for the measure) for their cohort.</li> </ul>	<ul style="list-style-type: none"> <li>• 1-9</li> </ul>
7	<ul style="list-style-type: none"> <li>• Analytic reporting that can support health needs assessments at the regional level.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of RCs that received data analytic reports to support health needs assessment results reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• 1-9</li> </ul>

### Planned Scope

<b>Deliverable 1</b>	<b>Result, Product, or Service</b> CQM Definitions.	<b>Description</b> Identification of each measure along with detail definition of numerator, denominator and alignment with national measure.
<b>Est. Timeframe</b>	<b>Start:</b> April 2016	<b>End:</b> April 2018
<b>Milestones</b>	<b>Event</b> <ul style="list-style-type: none"> <li>• Identify Measures 1-4.</li> <li>• Make recommendations to operationalize measures 1-4.</li> <li>• Identify Measures 5-12.</li> <li>• Make recommendations to operationalize measures 5-12.</li> <li>• Identify Measures 13-16.</li> <li>• Make recommendations to operationalize measures 13-16.</li> </ul>	<b>Target Date</b> <ul style="list-style-type: none"> <li>• April 2016</li> <li>• July 2016</li> <li>• December 2016</li> <li>• July 2017</li> <li>• December 2017</li> <li>• April 2018</li> </ul>
<b>Deliverable 2</b>	<b>Result, Product, or Service</b> Process and criteria for resolution of issues identified relevant to the workgroup.	<b>Description</b> Workgroup develops and documents the decision points and processes used when resolving issues.
<b>Est. Timeframe:</b>	<b>Start:</b> May 2017	<b>End:</b> June 2017
<b>Milestones</b>	<b>Event</b> <ul style="list-style-type: none"> <li>• Establish issue resolution process.</li> </ul>	<b>Target Date</b> <ul style="list-style-type: none"> <li>• June 2017</li> </ul>
<b>Deliverable 3</b>	<b>Result, Product, or Service</b> Security and privacy guidelines used to govern decisions around data sharing.	<b>Description</b> Workgroup initially reviews and continues to monitor security and privacy guidelines used by IHDE and HTS to ensure they address stakeholder's concerns and requirements.
<b>Est. Timeframe</b>	<b>Start:</b> July 2017	<b>End:</b> January 2019
<b>Milestones</b>	<b>Event</b> <ul style="list-style-type: none"> <li>• Reviewing vendor privacy and security policies for accuracies and stakeholder concerns.</li> <li>• Discuss and make security recommendations as it relates to ad hoc issues as they arise.</li> </ul>	<b>Target Date</b> <ul style="list-style-type: none"> <li>• July 2017</li> <li>• December 2018</li> </ul>

<b>Deliverable 4</b>	<b>Result, Product, or Service</b> Feedback on SHIP communications.	<b>Description</b> On an as needed basis, the workgroup reviews SHIP communications as it relates to issues relevant to the workgroup.
<b>Est. Timeframe</b>	<b>Start:</b> June 2017	<b>End:</b> January 2019
<b>Milestones</b>	<b>Event</b> <ul style="list-style-type: none"> <li>Review communication and provide feedback as needed.</li> </ul>	<b>Target Date</b> <ul style="list-style-type: none"> <li>TBD</li> </ul>

### Project Risks, Assumptions, and Dependencies

<b>Risk Identification</b>	<b>Event</b>	<b>H – M – L</b>	<b>Potential Mitigation</b>	<b>Potential Contingency</b>
	<ul style="list-style-type: none"> <li>Inability to assemble diverse team.</li> </ul>	L	Work with stakeholders to promote the importance of a diverse and active membership.	
	<ul style="list-style-type: none"> <li>Key team members are unable to participate as anticipated.</li> </ul>	M	Monitor attendance and participation and quickly react to identify issues.	
	<ul style="list-style-type: none"> <li>Unable to identify measure or effectively operationalize measure(s).</li> </ul>	M	Ensure diverse membership is represented. Scheduled in a way to provide sufficient time to work through issues and challenges.	
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>Workgroup members will attend meetings and actively support the tasks of the workgroup.</li> </ul>			
<b>Dependencies and Constraints</b>	<ul style="list-style-type: none"> <li>Staff and leadership time.</li> <li>Contractor budgets.</li> </ul>			

### Project Reporting and Scope Changes

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

### Version Information

<b>Author</b>	Janet Flynn	<b>Date</b>	03/10/2017
<b>Reviewer</b>	Burke Jensen	<b>Date</b>	05/15/2017

### Charter Approval Signatures

Approval by the Workgroup on: June 12, 2017

### Final Acceptance

<b>Name/Signature</b>	<b>Title</b>	<b>Date</b>	<b>Approved Via Email</b>
Janica Hardin	DGW Co-Chair	06/12/2017	<input checked="" type="checkbox"/>
Andrew Baron	DGW Co-Chair	06/12/2017	<input checked="" type="checkbox"/>
Cynthia York	SHIP Administrator	07/10/2017	<input checked="" type="checkbox"/>
Katie Falls	Mercer Lead	07/11/2017	<input checked="" type="checkbox"/>



# SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition July 12, 2017

## **SHIP OPERATIONS:**

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

- **Report Items:**
  - CMMI requests for release of funds were approved for: 1) IHDE; 2) HealthTech Solutions; 3) OHPI Supplies; 4) PHD3 RC grant funding restrictions; and 5) IHDE travel for Data Quality Improvement Specialist.
  - CMMI requests for release of carryover funds were submitted for: 1) PHD1 RC grant for Boundary County EMS; and 2) University of Idaho State Evaluator funding restrictions.
  - Quarterly Report for Award Year Three first quarter contained responses to questions related to first quarter.?
  - Telehealth Technical Assistance Contract RFP has closed and contracting arrangements are underway.
  - First draft of the three Telehealth Grant Requests were submitted to CMMI for initial review and feedback prior to formal submittal for review of funding requests.

### **SHIP Administrative Reporting:**

- **Report Items:**
  - One hundred seventy individuals attended the PCMH Learning Collaborative for SHIP Cohort Two clinics on June 27 and June 28, 2017.
  - Fifty individuals attended the RC Summit on June 28, 2017 either in-person or virtually.
  - The virtual PCMH application (CHWs, CHEMS and Telehealth) was reopened for interested applicants from SHIP Cohorts One and Two clinics.
  - Marketing materials were developed for the Virtual PCMH reimbursement program and the Telehealth Grant Opportunity which were distributed at the PCMH Learning Collaborative and the RC Summit.

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

- **Report Items:**
  - District 1: May RC meeting was held 5/24/2017.
  - District 2: No RC meeting this month.
  - District 3: The SWHC did not meet in the month of May (meetings have moved to bimonthly).
    - ED Utilization Workgroup met on 5/15 to discuss notification letters and the pathway model for CHWs.
    - The Senior Workgroup met on 5/22 to discuss the project with Canyon County Paramedics to refer patients to community organizations and notify PCPs of repeat calls.
    - The BHI Workgroup also met on 5/22 to discuss the school-located services and local huddles between PCPs and BHPs. Interviews for BHPs are scheduled for the week of 6/8.

- Data collection began in May for the oral health BP monitoring project.
  - District 4:
    - CHC Meeting - No CHC meeting this month - transitioned to a bi-monthly frequency
    - Exec Leadership Meeting 5/24/17
  - District 5: The May 2017 meeting took place on the 19th. Meetings generally consist of updates regarding the SHIP project, status of our cohort clinics' transformation efforts, and a presenter from the MHN or a direct PCMH resource that provides brief training or material for Cohort One and Two clinics.
  - District 6: May 1, 2017: Executive Committee Meeting to plan upcoming Clinic Committee meeting and Medical-Health Neighborhood meeting and to provide updates on PCMH transformation progress and community partner activities. May 18, 2017: Clinic Committee meeting discussed PCMH transition progress and needs, assessed interest in virtual PCMH opportunities, and provided a venue for information sharing of best practices, change efforts, and problem solving.
  - District 7: Next RC Executive meeting to be held June 21st and RC meeting July 13<sup>th</sup>.
- **Next Steps:**
  - District 1: Continue to develop the Medical-Health Neighborhood through the development of communication standards between partners.
  - District 2: No RC meeting is scheduled for this month
  - District 3: The Southwest Health Collaborative will continue to support the workgroups with an emphasis on Medical-Health Neighborhood development and PCMH support. In addition, SWHC leadership will begin drafting a formal sustainability plan for both QI activities and the RC to be included as an attachment to the 2017 strategic plan submitted to the PHWG.
  - District 4: Next meeting is scheduled for June 6, 2017
  - District 5: The next SCHC meeting is scheduled for June 16th and it will only include the Executive Committee members. The primary topic will be the 2017 RC Summit in Boise and the agenda since some of the committee members may not be able to attend. The discussion and meeting align with the SCHC Strategic Plan Goal A, objectives 2, and 3 and Strategic Goal B, objective 4.
  - District 6: Meeting will formalize RC Chair/Co-chair changes with IHC and identify any changes that will be made to RC meeting schedule and leadership roles. Attend Learning Collaborative and RC Summit in June and coordinate with other SHIP managers regarding any presentations we will deliver. Finalize planning and agenda for the June 18 Executive Committee meeting and June 22 Medical-Health Neighborhood meeting.
  - District 7: Continue meeting with MHN resources that can help further PCMH work. Child Protection Services and Drug Prescription resources to present during next RC meeting.

## **ADVISORY GROUP REPORTS:**



### **Telehealth SHIP Subcommittee:**

- **Report Items:**

- Sub-grant drafts are complete for the three cohort clinics approved for telehealth funding (Terry Reilly Health Services, CHAS Latah Clinic, Family Health Center of Sandpoint) and have been submitted to CMMI for review, feedback, and funding consideration.
- The second telehealth grant opportunity for SHIP Cohort One clinics, Cohort Two clinics, and CHEMS agencies will be released at the end of July; nine funding opportunities will be available.
- **Next Steps:**
  - Initiate outreach strategies to release new telehealth grant applications for Cohort Two clinics and CHEMS agencies.
  - IDHW plans to establish a contract for telehealth technical assistance with Health Management Associates in July 2017.



**Community Health Workers:**

- **Report Items:**
  - Two CHW courses will be offered through Idaho State University (ISU) this fall. One course is in-person at St. Mary’s Hospital in Cottonwood and the other course will be offered live-online. The start date for these courses is August 22, 2017 and they will run for 13 weeks. Students will also be required to complete a required Behavioral Health/Substance Abuse module and four elective health specific modules to complete the course.
    - Instructors for the in-person course will be Laura Hollingshead and Robin Brashear.
    - Instructors for the live-online course will be Rhonda D’ Amico and Erica Mendoza.
  - ISU will develop eight and host up to twelve asynchronous topics as Health Specific Modules (HSM) that may be used for core course elective modules or Continuing Education (CE) modules for students completing the course.
    - The first HSMs that are being developed are: Pre-Diabetes and Diabetes, Congestive Heart Failure, and Oral Health.
    - The second set of HSMs that will be developed may include: Caregiver Resources, Advanced Directives, and Tobacco Cessation.
- **Next Steps:**
  - IDHW staff will begin outreach for the fall 2017 training cohort.

**WORKGROUP REPORTS:**



**Community Health EMS:**

- **Report Items:**
  - The statewide CHEMS Workgroup met June 28, 2017.
  - The next statewide CHEMS Workgroup meeting will be held July 26, 2017..
  - Currently, three agencies are interested in the third and final ISU CP cohort (Parma Rural Fire District, Payette County Paramedics, and Cascade Rural Fire District).
  - Thirteen agencies and approximately 54 students have expressed interest in pursuing the BLS/ILS education.
  - BLS/ILS curriculum development is underway with the College of Western Idaho (CWI).
  - CMMI tiered funding requests:

- A total of 11 tiered funding opportunities are available.
    - Three agencies have been awarded funding.
    - Payette and Shoshone are developing budgets to be submitted.
  - Learning Collaborative
    - Two educational webinars are being developed and will be held this fall.
    - One in-person educational opportunity will take place in January.
  - Collection of Patient Experience Surveys and CHEMS patient data has begun.
- **Next Steps:**
  - Meeting on July 14th with CWI to develop sub-grant/contract for the BLS/ILS curriculum development and implementation.
  - Learning Collaborative implementation.
  - Promote CMMI tiered funding and CP ISU Certificate Program.
  - The internal CHEMS Workgroup continues to meet every Monday.



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

- **Report Item:**
  - The IMHC met on July 12<sup>th</sup> to discuss the recruitment and selection of Cohort 3 of SHIP.
- **Next Steps:**
  - The workgroup will meet ad hoc as needed.



### **Data Governance:**

- **Report Item:**
  - The SHIP Data Governance Workgroup (DGW) held its second meeting on June 12, 2017.
    - The Workgroup reviewed the Health Information Technology (HIT) goals that are reported to CMMI and the last reported information.
    - Members discussed the first draft of an issue resolution process for the workgroup and suggested changes.
    - Workgroup members agreed that as CMS updates its Clinical Quality Measures (CQMs) on an annual basis, the SHIP analytics vendor should also update its measure calculation engine.
    - The workgroup also discussed topics such as measure education documents supporting the SHIP CQMs and measure selection for the next grant year.
- **Next Steps:**
  - The next SHIP Data Analytics Workgroup meeting is scheduled for August 14, 2017.
    - The SHIP operations staff will provide an update on the performance of the HIT goals to CMMI.
    - The membership will consider the next draft of the issue resolution process.
    - The workgroup will continue its discussion of measure selection for Award Year Four.



## **Multi-Payer:**

- **Report Item:**

- CMMI requires information to monitor financial progress for the SHIP grant. Mercer sent a template to Commercial Payers, Medicaid, and Medicare requesting this information. Mercer has received the data requested and is in the process of compiling it. A draft final report will be submitted to the SHIP Administrator by the third week in July.
- A representative from each commercial payer, Medicare, and Medicaid was asked to provide updates to the IHC about the methodologies they are using to incentivize quality outcomes. At the June 7th IHC meeting Kevin Nielsen, Provider Network Manager at Blue Cross of Idaho, provided a synopsis of their value-based program. His PowerPoint presentation is available on the SHIP website ([www.ship.idaho.gov](http://www.ship.idaho.gov)).

- **Next Steps:**

- Mercer anticipates presenting the financial report to the IHC at the August 9th meeting.
- Medicaid will present information on their value-based reimbursement strategies at the July 12th IHC meeting.



## **Behavioral Health:**

- **Report Item:**

- The Behavioral Health Integration Workgroup did not meet in July.

- **Next Steps:**

- The next Behavioral Health Integration Workgroup meeting will be held August 1<sup>st</sup> 2017.



## **Population Health:**

- **Report Item:**

- The Population Health Workgroup did not meet in July.

- **Next Steps:**

- The next Population Health Workgroup meeting will be held August 2<sup>nd</sup> 2017 from 3:00-4:30pm MST.