



Idaho Healthcare Coalition

Meeting Agenda

December 12, 2018 2:00PM – 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: 773079

Join from PC, Mac, Linux, iOS or Android:

<https://zoom.us/j/463737800>

2:00 p.m.	Opening remarks; roll call; introduce any new members, guests, any new IDHW staff; agenda review; and approval of meeting minutes – <i>Dr. Ted Epperly, IHC Co-Chair</i> ACTION ITEM
2:10 p.m.	Regional Collaborative Panel – <i>Madeline Russell, SHIP Operations & PHD SHIP Managers</i>
3:10 p.m.	Break
3:20 p.m.	HTCI Final Planning Update – <i>Dr. Ted Epperly & Dr. David Pate</i>
3:40 p.m.	Dashboard Update – <i>Katie Falls, Mercer</i>
3:50 p.m.	IHDE Update – <i>Brad Erickson, IHDE Executive Director</i>
3:55 p.m.	SHIP Operations and Advisory Group reports/ Updates (SHIP Operations and IHC Workgroup reports): <ul style="list-style-type: none">• Presentations, Staffing, Contracts, and RFPs status – Casey Moyer, IDHW• Regional Collaboratives Update - Madeline Russell, IDHW• Telehealth, Community Health EMS, Community Health Workers - Madeline Russell, IDHW• Data Governance Workgroup - Dr. Andrew Baron, Terry Reilly and Janica Hardin, Saint Alphonsus, Workgroup Chairs• Multi-Payer Workgroup - Norm Varin, PacificSource and Dr. Kelly McGrath, Workgroup Chairs• Behavioral Health/Primary Care Integration Workgroup - Ross Edmunds, IDHW and Dr. Charles Novak, Workgroup Co-Chairs• Population Health Workgroup - Elke Shaw-Tulloch, IDHW & Nikki Zogg, Southwest Public Health District, Workgroup Chairs• IMHC Workgroup – Dr. Scott Dunn, Family Health Center and Matt Wimmer, IDHW Workgroup Chairs
4:05 p.m.	Additional business & next steps - <i>Dr. Ted Epperly</i>
4:10 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-health neighborhood.

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical-health neighborhood.

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.

Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

Goal 7: Reduce overall healthcare costs



Idaho Healthcare Coalition (IHC) December 12, 2018

Action Items

- Action Item 1 – November IHC Meeting Minutes

IHC members will be asked to adopt the minutes from the November 14, 2018 IHC meeting:

Motion: I, _____ move to accept the minutes of the November 14, 2018, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC November Minutes

DATE: November 14, 2018

ATTENDEES: Lori Wolff proxy for Russ Barron, Dr. Keith Davis, Ross Edmunds, Dr. Ted Epperly, Dieuwke Dizney-Spencer proxy for Lisa Hettinger, Casey Moyer, Dr. David Pate, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Cynthia York proxy for Norm Varin, Jennifer Wheeler, Nikole Zogg

LOCATION: 700 W State Street, 1st Floor East Conference Room

Teleconference: Michelle Anderson, Dr. Andrew Baron, Kathy Brashear, Pam Catt-Oliason, Melissa Christian, Janica Hardin, Dr. Mark Horrocks, Maggie Mann, Nicole McKay, Kayla Sprenger proxy for Carol Moehrle, James Corbett proxy for Geri Rackow, Dr. Rhonda Robinson-Beale, Neva Santos

Members Absent: Dr. Richard Bell, Melody Bowyer, Russell Duke, Dr. Scott Dunn, Lee Heider, Drew Hobby, Dr. Glenn Jefferson, Yvonne Ketchum-Ward, Deena LaJoie, Amy Mart, Dr. Kelly McGrath, Casey Meza, Daniel Ordyna, Tammy Perkins, Dr. David Peterman, Susie Pouliot, Dr. Kevin Rich, Dr. Boyd Southwick, Karen Vauk, Lora Whalen, Matt Wimmer, Dr. Fred Wood

IDHW Staff Kevin Grant, Meagan Graves, Burke Jensen, Madeline Russell, Kym Schreiber, Stacey St.Amand, Ann Watkins, Cynthia York

STATUS: Draft 11/15/2018

Summary of Motions/Decisions:

Motion:

Dr. David Pate moved that the IHC accept the October 10, 2018 IHC meeting minutes as presented.
Larry Tisdale seconded the motion.

Outcome:

Passed

Elke Shaw-Tulloch moved that the IHC support and adopt the HTCI business case as presented by Drs. Epperly and Pate.
Mary Sheridan seconded the motion.

Passed

Ross Edmunds moved that the IHC support Batch #1 of HTCI Proposed Member List as presented.
Elke Shaw-Tulloch seconded the motion.
Abstentions: Melissa Christian, Kathy Brashear

Passed

Mary Sheridan moved that the IHC support Batch #2 of HTCI Proposed Member List as presented.
Michelle Anderson seconded the motion.
Abstentions: Dieuwke Dizney-Spencer proxy for Lisa Hettinger, Neva Santos, Larry Tisdale

Passed

Dr. David Pate moved that the IHC support Batch #3 of HTCI Proposed Member List as presented.
Dr. Kevin Rich seconded the motion.
Abstentions: Dr. Ted Epperly, Dr. Keith Davis, Dr. Andrew Baron

Passed

Jennifer Wheeler moved that the IHC support Batch #4 of HTCI Proposed Member List as presented.
Dieuwke Dizney-Spencer proxy for Lisa Hettinger seconded the motion.
Abstentions: Dr. David Pate, Nikole Zogg

Passed

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and took roll. He opened the meeting with a quote from Vincent Van Gough, “What would life be if we had no courage to attempt anything?” The IHC moved to accept the minutes of the October 10, 2018 IHC meeting as prepared.

Proposition 2 Update – Lori Wolff, Deputy Director, IDHW

- ◆ Lori Wolff gave a brief update on the department’s preparations for Medicaid expansion. Planning is underway for implementation of the many changes that will be needed to accommodate what is expected to be high demand.
 - Funding still has to be decided during the upcoming legislative session.
 - The department has 90 days (from 11/6/2018) to get its state plan amendments submitted.
 - The planned implementation date is 1/1/2020; this will incorporate the 2019 open enrollment period.
- ◆ There are many entities communicating to the public about Medicaid expansion and its implementation (the governor’s office, Your Health Idaho, Medicaid, etc.). Ms. Wolff emphasized how important it is that all groups use the same standard messaging.

Healthcare Transformation Council of Idaho (HTCI) Business Case – Dr. Ted Epperly and Dr. David Pate, President/CEO St. Luke’s Health System

- ◆ Dr. Epperly walked members through the business case which included the following sections:
 - The mission: “The HTCI convenes Idaho stakeholders with a wide range of healthcare delivery system expertise and experience, who work together to champion accessible, high-quality, affordable health.”
 - The Background and Vision: Idaho’s Healthcare Delivery System is Ready for Change
 - HTCI Membership
 - HTCI Works to Improve Outcomes and Care for all Idahoans
 - HTCI’s Functions
 - How HTCI Will Conduct its Work
- ◆ The IHC passed a motion to support and adopt the proposed business case for the HTCI as presented.

Healthcare Transformation Council of Idaho Membership Discussion – Katie Falls, Principal, Mercer and Casey Moyer, SHIP Operations

- ◆ Ms. Falls discussed the considerations that went into creating the membership list for the HTCI including going from a large to a smaller group; the need to maintain state perspective; and the need to have representatives from all working areas.
- ◆ The 22 members (leaving the three at-large members vacant) were voted on and approved in four batches as follows:

Batch #1- Payers & Consumer Matt Bell, PacificSource Melissa Christian, Regence Drew Hobby, Blue Cross Matt Wimmer, Medicaid Kathy Brashear, Self-Funded Denise Chuckovich, Consumer Rep.	Batch #2 – Associations & Agencies Larry Tisdale, IHA Susie Pouliot, IMA Yvonne Ketchum-Ward, IPCA Neva Santos, IAFP Randy Hudspeth, NLI Lisa Hettinger, IDHW
Batch #3 – Providers	Batch #4 – Hospitals & Public Health

Dr. Keith Davis, Primary Care Dr. Scott Dunn, Primary Care Dr. Ted Epperly, Primary Care Dr. Karl Watts, Primary Care Dr. Mike Hajjar, Sub-Specialist Dr. Andrew Baron, Behavioral Health	Nikole Zogg, PHD Representative Dr. David Pate, St. Luke's Hospital Dr. Patt Richesin, Kootenai Care Network Dr. Dennis Carlson, Bear Lake Memorial Hospital
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Roles of Subcommittees and Workgroups – *Katie Falls, Mercer & Dr. Jeanene Smith, HMA*

- ◆ The Transformation Sustainability Workgroup (TSW) sent a short survey to workgroup chairs and co-chairs, RC chairs and co-chairs, and PHD directors. The results will help inform the work of the HTCII in developing the roles of subcommittees and workgroups. The survey questions can be found in the IHC meeting packet.
- ◆ A report on the survey findings will be made to the IHC at its December meeting.

Change Management Workshop Report – *Kym Schreiber, SHIP Operations*

- ◆ An *Effectively Leading Change* Workshop was held for SHIP cohort clinics in October. The day-long workshops were held in Post Falls, Idaho Falls, Pocatello, and Boise.
- ◆ Key take-aways from the workshops include the following:
 - Communication is key to managing change.
 - Change management has to start early in the process.
 - Clinics were willing to help each other.
- ◆ A toolkit is being developed with Brilljent to create an added resource for clinics.

PCMH Reimbursement Update – *Kym Schreiber, SHIP Operations*

- ◆ A \$5,000 reimbursement is available to any clinic submitting a PCMH accreditation certificate no later than January 25, 2019. This information has been communicated to all cohort clinics.
- ◆ It is hoped that 20 practices will be submitting their certificates.

Boise State University PCMH Portal Update – *Lillian Smith, Boise State University*

- ◆ Dr. Smith discussed supporting healthcare transformation through professional development. Her department is working to create a Learning Resource Site (LRS).
- ◆ The project includes curriculum development for students enrolled in healthcare professions degrees and integration with the Treasure Valley Health Career Council (TVHCC).
- ◆ SHIP will pay for the first-year subscription for SHIP cohort clinics, seven PHDs, and the OHPI. The portal will then be subscription-based going forward.
- ◆ More information on the portal can be found in the IHC meeting packet.

HQPC Update – *Dr. Ted Epperly*

- ◆ The Health Quality Planning Commission is a governor-appointed group that differs from the IHC in several ways: they have just 8-10 members and they tackle time-sensitive emergencies.
- ◆ The IHC recently approached the HQPC asking them to take on telehealth as a stand-alone project. The subject was scheduled to be discussed at the organization's November

meeting but did not make it on the agenda. It is now scheduled to be discussed at their February 7, 2019 meeting.

IHDE Update – Brad Erickson, IHDE Executive Director

- ◆ The IHDE is on track to connect 155 of 166 clinics by January 31, 2019. To date, they have connected nine hospital systems (19 individual hospitals).
- ◆ They have also been focusing on customer engagement, visiting 150 clinics and 40 hospitals, obtaining use-case information.

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

- ◆ There being no further business, the meeting was adjourned at 4:05pm.

DRAFT



Regional Collaborative Post-SHIP mission and goals December 12, 2018



Mission:

“The mission of the Panhandle Regional Collaborative is to support Primary Care Medical Practices in their transition to the Patient Centered Medical Home (PCMH) model of care and to support the integration of each PCMH with the Medical Health Neighborhood. This will be accomplished by providing a forum for sharing valuable knowledge and resources through PCMH meetings. We will invite and encourage clinics to be a part of Regional Quality Improvement projects. The Regional Collaborative will promote the PCMH model of care.

The goals of the Panhandle Regional Collaborative:

1. To sustain a Regional Collaborative with representation on the Medicaid CHOICe Board structure when formed.
2. Support legislation to fund a Quality Improvement Specialist through Panhandle Health District.
3. Support the PCMH model of care and clinics transforming to this model in the region through the coaching efforts of a QI Specialist.
4. Support regional quality improvement by giving input to a QI Specialist on possible project areas and measures.
5. Support the sharing of best practices through the facilitation of regional PCMH meetings and regional IIBHN meetings by the QI Specialist.



Mission:

“The mission of the North Central Health Collaborative (RC2) is to act as a forum where SHIP clinics share information about transformation into Patient Centered Medical Homes. Through incorporation of non-SHIP clinics in the Regional Collaborative, information about successful practice transformations can be used by new clinics to complete their own transformation. The RC identifies resources to achieve improved health outcomes, improved quality and patient experience of care, and lower costs for all Idahoans.”

The goals of the North Central Health Collaborative:

1. To ensure the PCMH model is promoted in local healthcare practices.
2. To ensure information on local resources for the Medical health neighborhood is readily available to local healthcare practices.
3. To identify resources on PCMH transformation that will be available to future clinics seeking transformation.



Mission:

“The Southwest Health Collaborative’s mission is to support healthcare communities to improve health outcomes, delivery of care, quality of life and the environment for wellness and care while lowering the cost of care in Adams, Canyon, Gem, Owyhee, Payette, and Washington counties by providing a structured forum for sharing valuable knowledge, finding common solutions and identifying shared resources to the patient and the provider.”

The goals of the Southwest Health Collaborative:

1. The facilitation of continuous PCMH support for all primary care practices in the Southwest Region.
2. Care coordination
3. Behavioral Health
4. The maintenance of the SWHC as the leading advocacy voice for healthcare providers, organizations, and partners in the Southwest Region.



Mission:

“The mission of the Central Health Collaborative (CHC) is to organize healthcare stakeholders by providing a structured forum for sharing valuable knowledge, making connections, finding common solutions and identifying resources to improve health outcomes, improve quality and patient experience of care, lower costs of care and improve joy of practice in Region 4.”

The goals of the Central Health Collaborative:

1. Develop a sustainable combined Regional Collaborative (RC) structure with Region 3’s Southwest Health Collaborative group.
2. Strengthen partnerships within the Medical Health Neighborhood (MHN) throughout the Southwest Region of Idaho, to include the 10-county service area of Regions 3 and 4.
3. Support shared population and community health goals of Idaho’s healthcare system transformation from a fee-for-service model to a sustainable value-based model.
4. Communicate regional efforts, successes and challenges to all stakeholders and partners.



Mission:

“The mission of the South Central Regional Collaborative is to act as a forum where SHIP clinics share information about transformation into Patient Centered Medical Homes. Through incorporation of non-SHIP clinics in the Regional Collaborative, information about successful practice transformations can be used by new clinics to complete their own transformation. The RC identifies resources to achieve improved health outcomes, improved quality and patient experience of care, and lower costs for all Idahoans.”

The goals of the South-Central Health Collaborative:

1. To ensure the PCMH model is promoted in local healthcare practices
2. To ensure information on local resources for the Medical Health Neighborhood is readily available to local healthcare practices
3. To identify resources on PCMH transformation that will be available to future clinics seeking transformation.



Mission:

“The post-SHIP vision for the Southeastern Healthcare Collaborative is that PHD6 SHIP Clinics have the knowledge, skills, and resources needed to move toward PCMH recognition, advancement, and the achievement of developing a true Patient-Centered practice culture. Our vision for the Medical Health Neighborhood is that the connections made between healthcare and community service agencies will be maintained and developed and that Medical Health Neighbors will seek opportunities to collaborate on goals and projects that result in improved health outcomes. We also envision the region working together towards Zero Suicide.”

The goals of the Southeastern Health Collaborative:

1. By January 31, 2019, assure that PCMH Clinics are aware of and have access to tools and resources important to maintenance and advancement of PCMH recognition and cultural change.
2. After February 1, 2019, the PHD6 SHIP Manager and Quality Improvement Specialist will continue to support PCMH workforce development by providing educational presentations to students enrolled in health professions at Idaho State University when such opportunities arise.
3. By February 1, 2019 Southeastern Idaho Public Health will recruit and hire a Suicide Prevention Program Manager who will continue and build upon work started via the RC Subgrant Opportunity.



Mission:

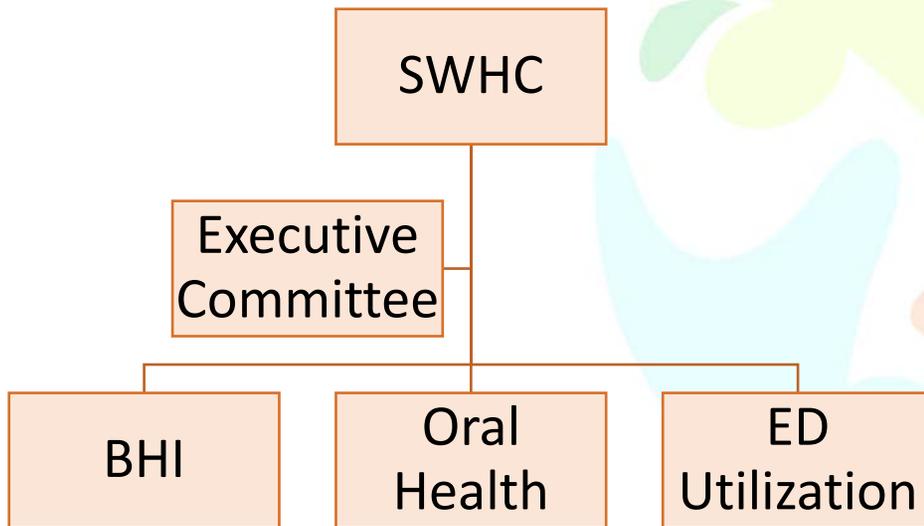
The Eastern Health Collaborative (EHC) is established to improve the community’s understanding of the Patient-Centered Medical Home (PCMH) model and to assist clinics in the transformation to that model of care.

The goals of the Eastern Health Collaborative:

1. Support PCMH practice transformation through collaboration, resource sharing, and the fostering of relationships within the Medical-Health Neighborhood. This transformation will assist in establishing a thriving and healthy community and achieving the quadruple aim of healthcare

Southwest Health Collaborative-IHC 2018 Report Summary

Structure



Accomplishments

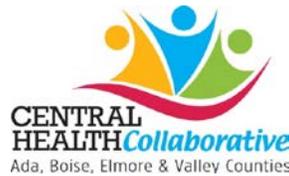
- PCMH Support: Critical role of QI specialist as liaison and gatekeeper
- IBH: Healthy Minds Partnership, IIBHN, Let's Talk series, coordinated care agreements
- Oral Health: white paper and coordination pilot
- Care Coordination: IDCareNetwork and peer group

Future and Sustainability

The SWHC will combine with the CHC as we look to collaboratively develop a community hub model for creating a shared infrastructure aimed at improving the conditions for health and health outcomes.

Moving Forward





SHIP RC Accomplishments & Challenges

Public Health District 4 – Central Health Collaborative

The Central Health Collaborative (CHC) consists of members from major local health systems including Saint Alphonsus Health System, St. Luke's Health System and Family Medicine Residency of Idaho. The CHC's diverse membership also consists of multi-sector representatives, including stakeholders from the fields of transportation, oral health, behavioral health, nutrition, care coordination, and community health, as well as representation from rural counties, including Valley and Elmore counties.

The engaged group of shared knowledge and expertise among members freely and provided guidance for Quality Improvement Specialists and the Region 4 SHIP Team as well as one another, in the areas of Patient Centered Medical Home (PCMH) transformation and Medical Health Neighborhood (MHN) development. CHC meetings were an open platform to make connections and to share resources, knowledge, and ideas for opportunities to improve the health and healthcare landscape.

Major Accomplishments:

MHN Needs & Gaps Survey

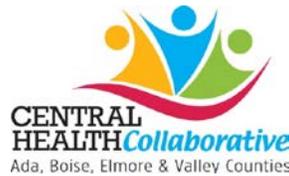
- Identification of community health priorities, including gaps and needs in diabetes and behavioral health services provided throughout Region 4.
- Based on information gathered during the gaps and needs assessment, the CHC hosted a MHN meeting for diabetes resources, bringing together community-based organizations, hospital representatives and clinic staff to learn more about organizations providing diabetes resources and ultimately to create connections for referrals.

Idaho Integrated Behavioral Health Network

- The CHC partnered with Southwest District Health in Region 3 to facilitate and convene the Idaho Integrated Behavioral Health Network (IIBHN). The IIBHN is a leadership committee that represents multiple organizations across the state who are committed to developing and sustaining a network of Behavioral Health Consultants (BHCs) to share best practices and promote the adoption of integrated behavioral health through technical assistance and advocacy. A success of the IIBHN was the first annual Idaho Integrated Behavioral Health Network Conference held in April of 2018.

RC Supplemental Grant – The SHIP Caregiver Integration Project

- The CHC utilized RC supplemental grant funding for a project titled the SHIP Caregiver Integration Project (CIP). The CIP was a partnership between the Central Health Collaborative, the Idaho Caregiver Alliance, Community Partnerships of Idaho, Care Plus and Donnelly Fire Department to improve patient health outcomes through family caregiver support.
- A Region 4 SHIP Networking Event was held for all clinic staff and community organizations interested in learning how to work together to coordinate resources across the lifespan for family caregivers. The event was well-attended with 65 SHIP clinic staff and 34 community organizations participating.



Challenges:

- Allowing opportunity for everyone at the table to have a voice and ensuring representation from clinics, systems, and social service organizations in the community.
- Executive leadership changed during the project period and this required appointing a new physician to join the executive leadership team.
- Development of a sustainability plan for the CHC.
- Loss of public health district quality improvement support for medical clinics. This was recognized by regional collaborative members as one of the most important elements of the SHIP project.

Other topics:

Pathways Community Hub model:

- The CHC had focused its efforts on discussing and developing a proposal to implement the Pathways Community Hub model, an evidence-based model that focuses on prevention and early treatment by connecting at-risk individuals to social services that support patient care plans and produce positive health outcomes. Various questions and concerns were raised regarding the feasibility of implementation, specifically given the current timeline of the SHIP grant. Although the group supported the concept, it was tabled until key changes among payers are implemented.

Regional Care Collaborative (RCC) Alignment

- As part of the Idaho Medicaid Value Care Program, the Division of Medicaid is pursuing movement towards a health care system for Medicaid patients that transitions providers and other stakeholders away from focusing on volume to a system that delivers better care, better health for communities, and achieves lower costs. The Medicaid Value Care Program seeks to establish three to five Regional Care Collaboratives (RCCs) that will include Community Health Outcome Improvement Coalitions (CHOICE) to help guide the investment of shared savings.

Central Health Collaborative Future:

- Develop a combined Regional Collaborative (RC) structure with Region 3's Southwest Health Collaborative.
- Engage in a ten-county strategic effort to improve community health. Focus on expanding RC membership and guiding the development of a large-scale community health improvement plan.
- Coordinate financial investments, including shared savings, from the Idaho Medicaid Value Care Program.
- Continue to support the Idaho Integrated Behavioral Health Network. Planning is underway for the second annual Idaho Integrated Behavioral Health Network Conference to be held April 25-27, 2019.



Feedback Matrix 1 of 4

**Workgroup Survey
(Nov 2018)**

**IHC Survey
(March 2018)**

**PCMH Sustainability Workshop
(Jan 2018)**

Function	Feedback
Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.	<ul style="list-style-type: none"> Promote collaboration in the healthcare community. CHOICe model development.
	<ul style="list-style-type: none"> Having common, aligned goals was identified as a key to future transformation.
	<ul style="list-style-type: none"> Build on the current SHIP infrastructure and business model. Build on our work in value-based reimbursement. Build alignment in direction, goals, metrics and policy. Build our ability to educate and communicate with practices and consumers.
	<ul style="list-style-type: none"> Evaluation of efforts to transform healthcare to a value-based system.
	<ul style="list-style-type: none"> Stakeholder group helps accelerate the process of transformation, holds stakeholder neutrality and anti-trust protection, is a convener of variety of stakeholders and perspectives to drive transformation, is needed to drive and sustain partnerships.
Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.	<ul style="list-style-type: none"> The following aspects worked well during SHIP: providing a forum for developing common goals and leadership for transformation, collaboration and coordination between providers and payers, interest groups, Data group and Multi-Payer group.
	<ul style="list-style-type: none"> Build on the current SHIP infrastructure and business model Assess and prioritize what parts of infrastructure should remain. Extend IHC existence.
	<ul style="list-style-type: none"> Communication among payers, providers, and stakeholders. Promote collaboration in the healthcare community.
Serve as a convener of a broad-based set of stakeholders.	<ul style="list-style-type: none"> Continued collaboration was identified as a key to future transformation.
	<ul style="list-style-type: none"> Build on the current SHIP infrastructure and business model. Assess and prioritize what parts of infrastructure should remain. Extend IHC existence.
	<ul style="list-style-type: none"> Build on the current SHIP infrastructure and business model. Assess and prioritize what parts of infrastructure should remain. Extend IHC existence.
	<ul style="list-style-type: none"> Build on the current SHIP infrastructure and business model. Assess and prioritize what parts of infrastructure should remain. Extend IHC existence.



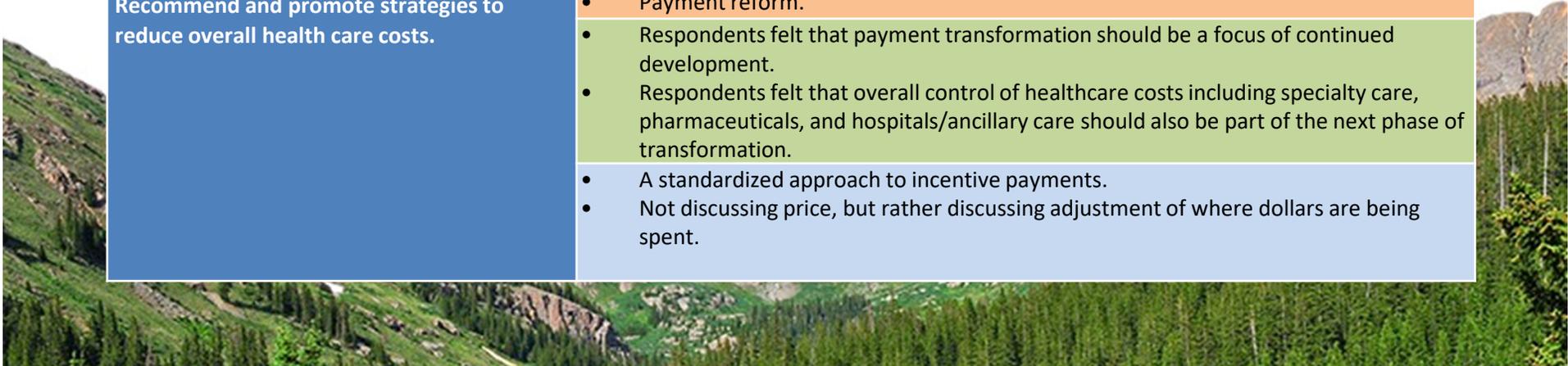
Feedback Matrix 2 of 2

**Workgroup Survey
(Nov 2018)**

**IHC Survey
(March 2018)**

**PCMH Sustainability Workshop
(Jan 2018)**

Function	Feedback
Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.	<ul style="list-style-type: none"> Promote collaboration in the healthcare community.
	<ul style="list-style-type: none"> Next phase of transformation should focus on: Medical-Health Neighborhood, patient-centered care, PCMH training and technical assistance. Respondents felt that access to healthcare, integrated behavioral health and social determinants of health should be part of next phase of transformation.
	<ul style="list-style-type: none"> Integration of the medical neighborhood including specialists and hospitals. Health IT viability and interoperability including statewide data to clinical information and claims.
Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.	<ul style="list-style-type: none"> Payment reform. Evaluation of efforts to transform healthcare to a value-based system.
	<ul style="list-style-type: none"> Next phase of transformation should focus on payment transformation/reform.
	<ul style="list-style-type: none"> A standardized approach to incentive payments. Not discussing price, but rather discussing adjustment of where dollars are being spent.
Recommend and promote strategies to reduce overall health care costs.	<ul style="list-style-type: none"> Payment reform.
	<ul style="list-style-type: none"> Respondents felt that payment transformation should be a focus of continued development. Respondents felt that overall control of healthcare costs including specialty care, pharmaceuticals, and hospitals/ancillary care should also be part of the next phase of transformation.
	<ul style="list-style-type: none"> A standardized approach to incentive payments. Not discussing price, but rather discussing adjustment of where dollars are being spent.



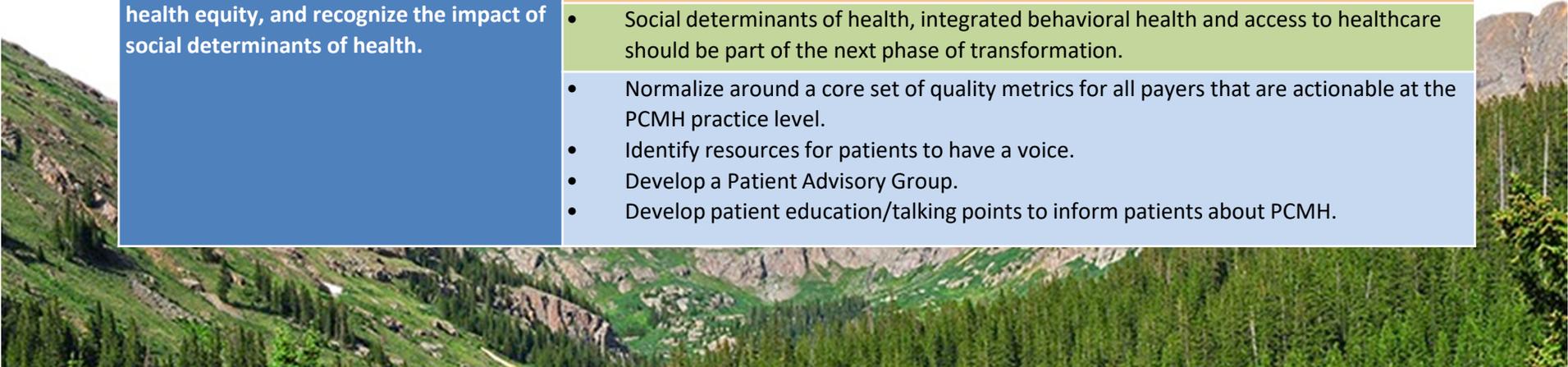
Feedback Matrix 3 of 4

**Workgroup Survey
(Nov 2018)**

**IHC Survey
(March 2018)**

**PCMH Sustainability Workshop
(Jan 2018)**

Function	Feedback
Utilize accurate and timely data to identify strategies and drive decision-making for healthcare transformation.	• Secure data collection/storage, meaningful analysis, and functional exchange of information.
	• Respondents believed that HIE development to support data exchange and analytics should be accomplished during the next phase of transformation.
	• Normalize around a core set of quality metrics for all payers that are actionable at the PCMH practice level.
Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.	• Promote collaboration in the healthcare community.
	• CHOICE model development.
	• Social determinants of health and access to healthcare should be part of the next phase of transformation.
Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.	• Build alignment in direction, goals, metrics and policy.
	• Standardize paths of support for localized providers to local/state leadership, and local/state leadership to local providers.
	• Training and support for providers and clinics.
	• Social determinants of health, integrated behavioral health and access to healthcare should be part of the next phase of transformation.
	• Normalize around a core set of quality metrics for all payers that are actionable at the PCMH practice level.
	• Identify resources for patients to have a voice.
	• Develop a Patient Advisory Group.
	• Develop patient education/talking points to inform patients about PCMH.





Feedback Matrix 4 of 4

**Workgroup Survey
(Nov 2018)**

**IHC Survey
(March 2018)**

**PCMH Sustainability Workshop
(Jan 2018)**

Function	Feedback
<p>Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.</p>	<ul style="list-style-type: none"> N/A
	<ul style="list-style-type: none"> N/A
	<ul style="list-style-type: none"> Build our ability to educate and communicate with practices and consumers by: <ul style="list-style-type: none"> Identifying members for a Workforce Training Task Force. Establishing relationships with all academic entities to establish training for anyone working in the global healthcare system. Add value-based reimbursement content to medical and healthcare professionals training constructed around normalized metrics. <ul style="list-style-type: none"> Create an education sub-committee.



The Healthcare Transformation Council of Idaho

A Business Case

Context

Successful transformation of Idaho's healthcare system through Idaho solutions will need strategies that are based on the input of multiple stakeholders who have a thorough understanding of the values and culture of our state. The mission of the Healthcare Transformation Council of Idaho (HTCI) is to convene Idaho stakeholders with a wide range of healthcare delivery system expertise to work together to champion accessible, high-quality, affordable healthcare.

Today, Idaho faces ever-rising healthcare costs and an unequal distribution of healthcare resources. Value is created when quality is increased and costs are reduced. Cost of care does not always equate to an improved or desired health outcome. The HTCI must continue the work initiated in Idaho to reforms that rearrange these dynamics.



As Idaho plans for more changes, the thoughtful, realistic approach embraced by the State Healthcare Innovation Plan (SHIP) will continue through the work of the HTCI. The Council will identify opportunities and barriers for change, and will develop strategies and activities to address obstacles and advance healthcare transformation.

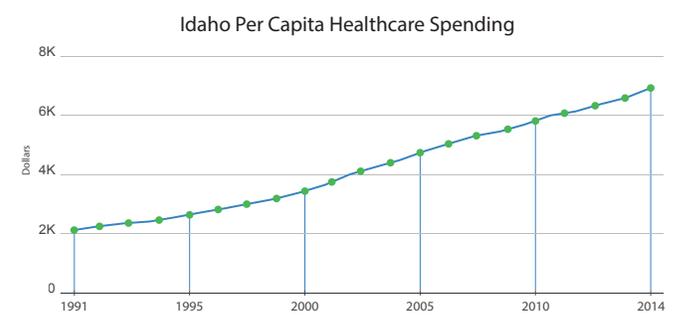
HTCI Membership

The HTCI's 25 stakeholder members and Governor-appointed co-chairs will contribute their broad and varied expertise in health and healthcare delivery. Members include:

- **Payers**, including three of Idaho's private payers, as well as a self-funded plan and Medicaid.
- **Clinicians**, representatives from primary care, behavioral health, and medical/surgical sub-specialists.
- **Hospital representatives**, from a health system, a community hospital, and a critical access hospital.
- **Association representatives**, Idaho's medical association, hospital association, nursing association, primary care association (which represents community and rural health centers) and family physicians.
- **A public health district representative**
- **A consumer member**, who brings the perspective of those navigating our "fractured system."
- **A representative from Idaho's Department of Health and Welfare.**

HTCI Functions

- Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.
- Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.
- Serve as a convener of a broad-based set of stakeholders.
- Identify delivery system barriers that are preventing health care transformation and prioritize and recommend solutions.
- Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.
- Recommend and promote strategies to reduce overall health care costs.
- Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.
- Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.
- Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.
- Support the efforts in Idaho to provide a healthcare work force that is sufficient in numbers and training to meet the demand.
- Promote efficiencies in the collection, measuring, and reporting of quality metrics.



HTCI works to improve outcomes and care for all Idahoans

Starting in 2019 with substantial support from the Office of Healthcare Policy Initiatives, HTCI will hold public meetings at least quarterly, and will produce reports that will ensure transparency and will be important in future iterations of healthcare policy and programs for Idaho. The HTCI's work will reduce the cost of quality healthcare by:

- Spanning across payers, the same healthcare delivery system serves all Idahoans as well as the uninsured.
- Examining how to influence environmental, cultural, and social factors that will improve people's health outside the clinic or hospital walls.



SHIP Project Management Dashboard

Prepared for the Idaho Healthcare Coalition

Award Year 4, Quarter 3

August 1, 2018 – October 31, 2018

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

- A decrease in the count of nationally accredited SHIP clinics occurred due to process scheduling issues occurring either at the clinic level or with NCQA.
- The State AY3 target for individuals receiving care through value-based purchasing and alternative payment models is 550,000. The actual count is 922,561 which is equal to 83% of the Idaho population.

SHIP Success Measures

Goal 1	86%	100%	100%		100%		100%	100%	46%↓		85%↑	
	QT = 270	QT = 165	QT = 165	CMMI	AT = 1100	CMMI	AT = 110	AT = 110	QT = 150	CMMI	QT = 825k	
Goal 2	100%		86%↓		55%		50%					
	QT = 150		QT = 750k		AT = 110		QT = 18					
Goal 3	100%		100%		RETIRED		100%					
	AT = 7		AT = 110		RETIRED		QT = 550k					
Goal 4	100%	91%	92%	76%	100%	100%						
	QT = 30	SAT = 11	AT = 25	SAT = 100	AT = 1	AT = 12	AT = 0					
Goal 5	0%		0%		RETIRED							
	AT = 60		AT = 60		RETIRED							
Goal 6	100%		100%		29%↓							
	AT = 4		AT = 550k		AT = 50%							
Goal 7	ND				ND							
	AT = TBD				AT = 0%							

- SHIP success measure is not reported
- SHIP success measure is on target (≥90% of target)
- SHIP success measure is slightly off target (between 75% and 89% 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.
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).
11	Q	Cumulative # (%) of Idahoans who enroll in a primary care clinic selected for a SHIP cohort (of target population). Model Test Target: 825,000.

Goal 2 Measurements: Electronic Health Records (EHRs)

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

Goal 3 Measurements: Regional Collaboratives (RCs)

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

Goal 4 Measurements: Virtual PCMHs

1	Q	Cumulative # (%) of Virtual PCMHs established in rural communities following assessment of need. Model Test Target: 50.
2	SA	Cumulative # (%) of regional CHEMS programs established. Model Test Target: 13.
3	A	Cumulative # (%) of CHEMS program personnel trained for Virtual PCMH coordination. Model Test Target: 35.
4	SA	Cumulative # (%) of new community health workers trained for Virtual PCMH coordination. Model Test Target: 125.
5	A	Cumulative # (%) of conferences held for CHW and CHEMS Virtual PCMH staff. Model Test Target: 2.
6	A	Cumulative # of SHIP clinics and CHEMS agencies that use telehealth tools to provide specialty and behavioral services to rural patients. Model Test Target: 12.
7	A	Cumulative # of SHIP participating clinics that participate in Project ECHO. Model Test Target: 20.

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: 110.
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: 110.
3	R	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%.

IHDE - SHIP Update - December 12, 2018

SHIP Cohorts

152 of 166 clinics

connected or projected by Jan 31, 2019
(includes ECW clinics that have one
connection still pending)

100 Fully Bi-Directional Now

Customer Visits

Contract Requirements Complete
(90 Required by 1/31 per contract)
Actually Achieved >150 Clinic Visits
>40 Hospital Visits

Driving Connectivity

Training

Since last month: 188 new users

5 On-Site trainings

Including St. Luke's OB &
Colo/Rectal, Lakeside Clinic and
Genesis Apex

Hospital Connections

9 Hospital Systems Connected
(19 Individual Hospitals)

All Critical Access Hospital's
(CAH's) contacted about connecting
- Strong interest; concerns over cost



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition December 12, 2018

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**

- The Award Year 4 Quarter 3 Progress Report was submitted to CMMI on November 30, 2018.
- CMMI issued a Notice of Award to utilize Year 3 carryover funds for one additional telehealth grant recipient.
- CMMI approved a request for the release of Award Year 3 carryover funds for DMS for the SHIP Legacy Project.F
- CMMI approved a Notice of Award to utilize Year 3 carryover funds for two data analytics projects through the Division of Public Health.
- CMMI approved a Notice of Award for The Langdon Group to facilitate an activity for the Office of Healthcare Policy Initiatives.
- CMMI approved a request for the release of Award Year 3 carryover funds for the National Committee for Quality Assurance (NCQA) for the provision of five webinars.
- CMMI approved a Notice of Award for release of funds for sustainability planning initiatives for Public Health District 3 a.k.a. Southwest Health District.
- CMMI approved a request for release of funds for approval of additional personnel time for Goal 3 and Goal 4 activities.
- Requests for release of funds were submitted to CMMI for 1) the CEMT hybrid course, 2) a CHEMS telehealth grant, 3) video/educational training services for SHIP Legacy Project and 4) the BSU CEH Learning Resource Site Phase 3.

SHIP Administrative Reporting:

- **Report Items:**

- The Idaho Healthcare Coalition (IHC) Transformation Sustainability Workgroup (TSW) met on November 15, 2018 and December 6, 2018.
- The Goal 1 PCMH Mentorship webinar on 5210 Childhood Wellness Initiative was held on November 7, 2018.
- On December 4, 2018, an Effectively Leading Change Workshop was held for key staff members of the IDHW Divisions of Behavioral Health and Public Health as well as the Office of Healthcare Policy Initiatives.
- Burke Jensen attended the ONC/CMMI sustainability conference in Washington, D.C. from November 27-30, 2018.

Regional Collaboratives (RCs):

- **Report Items:**

- **District 1:** A PCMH meeting was held on 10/18/18 to give the clinics information on patient resources in the medical-health neighborhood.
- **District 2:** None
- **District 3:** Southwest Health Collaborative met on 10/2: focus on transition plan through Dec; Oral Health Workgroup (10/4): finalized white paper; Behavioral Health Integration Workgroup (10/22): focus on behavioral health integration support through other TA opportunities and expansion of the school partnership model; Executive Committee (10/23): coordinate with the CHC on combining collaboratives and seeking support funding moving forward; Care Coordination Network (10/26): open networking among care coordinators, highlight a local outpatient BH care coordination program, and discuss care coordination with payer groups.
- **District 4:** Central Health Collaborative (CHC) meeting - held on 10/02/18. Russ Duke, Dr. Rich, Dr. Watts and Melissa Dilley were all in attendance. Executive Leadership meeting - held on 10/17/18. Russ Duke, Kevin Rich and Melissa Dilley attended. Joint RC Executive Leadership meeting - held on 10/23/18, Russ Duke, Karl Watts, Kevin Rich and Melissa Dilley all attended.
- **District 6:** Executive Committee met on October 3rd, 2018. Medical-health neighborhood met on October 10, 2018.
- **District 7:** No RC meetings held in October.

- **Issues and topics discussed:**

- **District 1:** At the PCMH meeting on 10/18/18 presentations were made on community resources from - Hospice of North Idaho / Schneidmiller Hospice House and Kootenai Crisis Center. These agencies described the services they provide and how patients access those services. A discussion was held on the clinic support from SHIP staff through the end of the grant. Healthy Connection representatives discussed their resources and support to clinics for their programs. A regional clinic contact list was distributed.
- **District 2:** None
- **District 3:** The RC met on 10/2. The group covered workgroup updates focused on care coordination, oral health, behavioral health, and ED utilization. In addition, a report from clinics on primary service needs going forward was presented. Finally, Josh Bishop and Nikki Zogg provided updates on a decision unit request and a community funding hub model.
- **District 4:** CHC Meeting - held on 10/02/18. The agenda included: Medicaid Transformation/CHOICe update provided by Meg Hall with the Division of Medicaid and Lisa Hettinger with the Department of Health & Welfare, a Regional Collaborative sustainability update from consultant Josh Bishop, and an update on the Pathways project and outstanding status of PacificSource CHE grant application from Melissa Dilley. The CHC discussed the close out of the Pathways Community Hub project, specifically as it relates to the most current Medicaid structure and concerns regarding the price of the Care Coordination Systems (CCS) software platform. Additionally, the group was very interested in the RC Sustainability presentation and "community hub" concept provided by Josh Bishop and would like to pursue that concept/idea moving forward.
- **District 6:** 5210 Initiative

- **District 7:** the last RC meeting included Idaho's Immunization Reminder System (IRIS); Medicaid services available and next steps. Discussion held on successful implementation of NCQA requirements, rates improved, or other PDSA's implemented in clinics to help facilitate best practices.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
 - Health Management Associates (HMA), telehealth technical assistance (TA) contractor, continues to work with seven participating clinics as needed.
 - Challis Area Health Center was added as a telehealth SHIP clinic. They participate in HMA TA calls and had an on-site visit October 31, 2018.
 - Closeout reminders sent to telehealth clinics as their subgrants end December 31, 2018.
 - Idaho Department of Health and Welfare has been coordinating efforts with HMA to create lessons learned and “case studies” for telehealth grantee sites along with an executive summary. These will be completed by January 31, 2019.



Community Health Workers:

- **Report Items:**
 - The Community Health Worker (CHW) Alliance kick-off meeting was held November 13, 2018. The drafted purpose of the Idaho Alliance for CHWs, through the IDHW Diabetes, Heart Disease, and Stroke Prevention program, will support the mission of the Idaho CHW Association and work to promote and advance the CHW role with Idaho health partners and communities thereby improving the health and well-being of Idaho communities.
 - The SHIP State Evaluation Team (SET) interviewed other states that have already implemented a CHW program and created a report, *Building a Sustainable CHW Workforce in Idaho*, which can be found on the [SHIP website](#).

WORKGROUP REPORTS:



Community Health EMS (CHEMS):

- **Report Items:**
 - The workgroup did not meet this month.



Idaho Medical Home Collaborative:

- **Report Item:**

- The Idaho Medical Home Collaborative did not meet in November 2018.



Data Governance:

Report Item:

The Data Governance Workgroup met on November 7, 2018.

- As part of the context of discussing a future Data Governance Workgroup charter, Casey Moyer presented the charter for the Healthcare Transformation Council of Idaho (HTCI).
- Burke Jensen reviewed the current Data Governance Workgroup charter and shared that many of the current functions are tied specifically to the goals and objectives of the SHIP grant.
- Janica Hardin led the discussion on possible future workgroup goals, roles and functions.
- Among the items discussed were the following possible functions:
 - Promote utilization and sharing of broad consumer data (e.g., social determinants of health) to promote the health outcomes of Idahoans.
 - Develop strategies and structures that consistently capture and report consumer data.
 - Develop, maintain and update a statewide five-year strategic plan for Health Information Technology (HIT) in Idaho.
 - Promote standardization and adoption of consistent data/metric definitions and the best practices for data collection and data use.
 - Assign roles and responsibilities to specific data sets available to stakeholders (e.g., XYZ data set is the source of truth for immunization data.)
- Workgroup members also suggested being thoughtful about the membership to ensure all needed partners are around the table.
- The workgroup members also discussed responses to the questions posed by the IHC for future opportunities of the HTCI.

Next Steps:

- The final SHIP Data Governance Workgroup meeting is scheduled for January 14, 2019.



Multi-Payer:

Report Item:

The MPW met November 6, 2018. The outcomes of the meeting include:

- **Healthcare Transformation Council of Idaho (HTCI) Update:**
 - Dr. Smith provided an update on the work of the Idaho Healthcare Coalition (IHC) Transition Sustainability Workgroup (TSW). The group has completed a charter and the business case is finalized and was presented to the IHC on November 14, 2018. In addition to the charter and business case, a one-page document is being developed that attempts to answer more succinctly why the HTCI needs to move forward with this important work.
 - Mr. Varin suggested the workgroups that will report to the new HTCI be clarified in the same manner as was done by the IHC in its process to become the HTCI. This provides the ability to put the right people in the right places. The structure we have for the grant works now, but as we move to value-based payments, what is the

version that needs to go forward and what can be accomplished by both payers and providers to continue to move transformation forward? The forward movement the SHIP has created will provide continued value.

- The members discussed the importance of reducing provider fatigue. Ms. Ketchum-Ward suggested that there is a need to focus on reducing provider fatigue one step at a time, by determining what is important to measure first, then second, and continuing to narrow so that the approach is not as broad and scattered as it is now. She suggested picking three to four measures to focus on first and reiterated that sometimes it is important for individuals to give up pet projects for the greater good. There was further discussion around the measures, emphasizing the reality of external forces that dictate what measures the payers must report.
 - Mr. Varin suggested that the MPW provide the IHC or the IHC TSW information on the work the MPW has done around the measures and then let the future HTCI decide how they want to proceed.
- **Draft Power Point – Purpose is to start the discussion regarding providing the IHC or future HTCI with an overview of the MPW efforts and accomplishments to date, and highlight the workgroup’s activities around alignment on an Idaho core quality set of measures:**
- Mr. Varin reviewed the Power Point that was developed to share with the IHC, or the future HTCI, to provide the original charge, accomplishments and work that has been done around alignment on measures. Information is being gathered from all IHC workgroups and will help prepare the launch of the HTCI beginning in February 2019. The group discussed the content of the Power Point and made a few suggestions. The IHC TSW released four HTCI planning questions they would like each workgroup to answer:
 1. What three things do you think the HTCI needs to pay particular attention to as we work to transform Idaho’s healthcare delivery system? From your perspective, what will most move Idaho’s transformation forward?
 2. What are the biggest opportunities in your area that the HTCI can impact?
 3. What are key barriers that the HTCI needs to be aware of as we promote transformation?
 4. What should the HTCI consider recommending to overcome those barriers?

The members thoughtfully deliberated each question and provided input for consideration. Ms. York will compile the answers and send to the co-chairs for their review. After incorporating the co-chairs’ comments and edits, the document will be sent to all MPW members for their review by November 13th. The final document is due to Casey Moyer by the end of November.

- Mr. Varin suggested that the final MPW meeting in January be focused on something similar to an “exit interview” or a debrief, discussing what worked and what didn’t. The members agreed.

Next Steps:

- The next meeting was set for Tuesday, December 11, 2018 from 3:00 to 4:30 PM.

Behavioral Health:

- **Report Item:**
 - The BHI Sub-Committee did not meet in November 2018.

Population Health:

- **Report Item:**
 - The PHW met November 7, 2018 from 3:00 – 4:30. This was their 30th meeting.
 - Dr. Rhonda Robinson-Beale gave a presentation on the Community Health Management (CHM) Hub tool developed by Blue Cross nationally. This is a tool being endorsed by Blue Cross of Idaho Foundation (BCIF) to visualize population health data across the state and nation. The tool which can be found at <http://app.chmhub.com> provides certain health outcome data down to the geocoded level (smaller geographic level than zip code). BCIF continues to build the hub to be more robust and more searchable by health outcome.
 - Rhonda D’Amico, Public Health District 6 in Southeast Idaho, spoke about the 5.2.1.0. Healthy Children initiative they are implementing. The program, originating in Maine, promotes four evidence-informed recommendations: five fruits and veggies per day; no more than two hours of screen time per day; one or more hours of physical activity; and zero sweetened drinks including the promotion of drinking water. Additional resources can be found at <https://5210.psu.edu/> including toolkits and materials. This is an initiative being undertaken by the Region 6 Regional Collaborative supporting their medical-health neighborhood.
 - Joe Pollard presented the status of the Get Healthy Idaho (GHI) (population health improvement plan) assessment. The assessment/update survey went to the PHWG members with only a 20% response rate. Feedback from respondents informed the priorities for the coming year, which had very little change from the previous year. The updated plan will be available in January. The next review cycle will be a large statewide assessment for the next overhaul of the plan in 2020. Joe also provided an update on the GHI website, www.gethealthy.dhw.idaho.gov. Additional data have been uploaded to the site and the site is using more Tableau data visualization.
 - The group received an update on all components of the virtual PCMH: CHEMS, CHW, and Telehealth. These specific updates will be provided to the IHC by their respective workgroup reports.
- **PHW Next Steps:**
 - The next meeting of the PHW is December 5, 2018 from 3:00 – 4:30.