



Idaho Healthcare Coalition

Meeting Agenda

Wednesday, January 10, 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/24331494/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=24331494&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 12/13/2017 meeting notes – <i>Ted Epperly, IHC Chair</i> ACTION ITEM(s)
1:35 p.m.	Report on ONC conference – <i>Casey Moyer and Burke Jensen, DHW</i>
1:45 p.m.	Data Quality Improvement Process update – <i>Burke Jensen, DHW</i>
2:00 p.m.	Mercer update – <i>Katie Falls, Mercer</i>
2:10 p.m.	Annual SHIP Payer Financial and Enrollment Metrics report – <i>Scott Banken, CPA Principal, Mercer</i> ACTION ITEM
2:30 p.m.	IHDE Update – <i>Brad Erickson, Executive Director, IHDE</i>
2:45 p.m.	Break
3:00 p.m.	Live Better Idaho presentation/demonstration – <i>Greg Kunz, Deputy Administrator and Robbie Jackson, Project Coordinator, Division of Welfare, Self Reliance Programs</i>
3:45 p.m.	Continue PCMH transformation – <i>Kym Schreiber, Project Manager DHW, Ted Epperly, IHC Chair, Lisa Hettinger, IHC co-Chair</i>
4:00 p.m.	SHIP Operations and Advisory Group reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup reports): <ul style="list-style-type: none">• Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, IDHW</i>• Regional Collaboratives Update – <i>Madeline Russell, IDHW</i>• Telehealth, Community EMS, Community Health Workers – <i>Madeline Russell, IDHW</i>• Data Governance Workgroup – <i>Dr. Andrew Baron, Terry Reilly and Janica Hardin, Saint Alphonsus, Workgroup Chairs</i>• Multi-Payer Workgroup – <i>Norm Varin, PacificSource, Workgroup Chair</i>• Behavioral Health/Primary Care Integration Workgroup – <i>Ross Edmunds, IDHW and Dr. Charles Novak, MD, Workgroup Co-Chairs</i>• Population Health Workgroup – <i>Elke Shaw-Tulloch, IDHW and Carol Moehrle, Public Health Idaho North Central District, Workgroup Chairs</i>• IMHC Workgroup – <i>Dr. Scott Dunn, Family Health Center and Matt Wimmer, IDHW Workgroup Chairs</i>
4:15 p.m.	Additional business & next steps – <i>Ted Epperly, IHC Chair</i>
4:30 p.m.	Adjourn

Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs).

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.

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

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

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

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

Goal 7: Reduce overall healthcare costs



Idaho Healthcare Coalition (IHC)
January 10, 2018
Action Items

■ Action Item 1 – IHC Membership

IHC members will be asked to recommend that the governor appoint Melody Bowyer to the IHC representing South Central Public Health (PHD5).

Motion: I, _____ move to recommend the governor appoint Melody Bowyer to the IHC.

Second: _____

Motion Carried.

■ Action Item 2 – IHC Membership

IHC members will be asked to recommend that the governor appoint Dr. Kelly McGrath to the IHC representing the Multi-Payer Workgroup (co-chair).

Motion: I, _____ move to recommend the governor appoint Dr. Kelly McGrath to the IHC.

Second: _____

Motion Carried.

■ Action Item 3 – IHC Membership

IHC members will be asked to recommend that the governor appoint Drew Hobby to the IHC representing Blue Cross, to replace Dr. Rhonda Robinson-Beale.

Motion: I, _____ move to recommend the governor appoint Drew Hobby to the IHC.

Second: _____

Motion Carried.

■ Action Item 4 – December IHC Meeting Minutes

IHC members will be asked to adopt the minutes from the December 13, 2017 IHC meeting.

Motion: I, _____ move to accept the minutes of the December 13, 2017, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.

■ Action Item 5 – Payer Financial and Enrollment Metrics Report

IHC members will be asked to support the submission of the Payer Financial and Enrollment Metrics Report as presented by Scott Banken from Mercer.

Motion: I, _____ move that the IHC support the submission of the Payer Financial and Enrollment Report as presented.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC December Minutes **DATE:** December 13, 2017

ATTENDEES: Rachel Blanton in for Andrew Baron, MD, Russ Barron, Kathy Brashear, Pam Catt-Oliason, Dustin Raney in for Melissa Christian, Russell Duke, Gina Westcott in for Ross Edmunds, Ted Epperly, MD, Jancia Hardin, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, David Peterman, MD, Susie Pouliot, Kevin Rich, MD, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Jennifer Wheeler, Beth Criet in for Matt Wimmer, Cynthia York, Nikole Zogg

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

Teleconference: Michelle Anderson, Keith Davis, James Lederer, MD, Maggie Mann, Casey Meza, Carol Moehrle, Geri Rachow, Rhonda Robinson-Beale, MD, Karen Vauk, Lora Whalen

Members Absent: Norm Varin, Scott Dunn, MD, Lee Heider, Mark Horrocks, MD, Glenn Jefferson, MD, Amy Mart, Nicole McKay, Daniel Ordyna, David Pate, MD, Tammy Perkins, Boyd Southwick, MD, Fred Wood

IDHW Staff

Ann Watkins, Kimberlee Schreiber, Stacey St. Amand, Madeline Russell, Madeline Priest, James Hague, McKenzie Hansen, Alexis Marcovitz

STATUS: Draft 12/13/17

Summary of Motions/Decisions:

Motion:

Dr. Epperly moved the IHC accept the previous month's meeting minutes with the discussed edits. Kathy Brashear seconded the motion.

Outcome:

Passed

Passed

Dr. Epperly moved that the IHC accept the Graduate Medical Education 10-year Strategic Plan as presented. Lisa Hettinger seconded the motion.

Passed

Kymberlee Schreiber moved that the IHC adopt the SHIP Cohort Three application as presented. Jennifer Wheeler seconded the motion.

Passed

Dr. Epperly moved that the IHC accept the Operational Plan for Award Year 4 as presented by Katie Falls from Mercer. Larry Tisdale seconded the motion.

Passed

Elke Shaw-Tulloch moved that the IHC adopt the Population Health Workgroup Charter as presented. Neva Santos seconded the motion.

Agenda Topics:

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

- ◆ Dr. Epperly welcomed everyone to the meeting and took role. Dr. Epperly started the meeting sharing two stories: the first about family and the second about health; he wished everyone the gift of health and family this holiday season.

AY4 Operational Plan and Dashboard-Katie Falls, Mercer

- ◆ Katie Falls presented the Operational Plan for Award Year 4. Ms. Falls informed the group that Idaho did not receive a no cost extension. Since the notification of the no cost extension was received two weeks before the operational plan due date of December 1, 2017, the Operational Plan is now due January 1, 2018.
- ◆ The Goals for Award Year 4
 - Goal 1-165 SHIP Cohort clinics
 - Goal 2 and 5- Increased IHDE capacity and enhanced clinic trainings.
 - Goal 3- Linkages to new Medicaid payment models.
 - Goal 4- Integration of CHW and CHEMs in delivery system.
 - Goal 6-Implementaion of new Medicaid payment models and reporting of CMMI metrics.
 - Goal 7- Two data collection and analysis cycles, cost avoidance financial analysis report.
 - Each goal is also working toward sustainability planning.
- ◆ The Sustainability Plan is broken down into two deliverables:

- Part 1: End state vision, state accomplishments, and change in environment.
- Part 2: Assess the status of key elements of Idaho's model and prepare a detailed plan for sustaining its major SHIP incentives to achieve its end state vision.

CQM Measures Clarification- *Janica Hardin, Data Governance Workgroup Co-Chair*

- ◆ Janica Hardin presented clarification on the clinical quality measures catalog presented at the previous month's meeting. The last four measure descriptions are now enhanced to match exactly the NQF measure standard.
- ◆ For the Colorectal Cancer Screening measure, the age range was previously stated as 50-80 years of age but will now state 50-75. This is in alignment with the NQF definition.
- ◆ The Breast Cancer Screening measure has a two year look back period. Ms. Hardin stated that this is a denominator. While the measure states 50-74 years of age, the denominator inclusion criteria is operationally 52-74 years of age.

Follow-up BHI Stakeholder Convening: Farley Health Policy Center- *Gina Westcott, SW Hub Administrative Director, Division of Behavioral Health*

- ◆ Gina Westcott presented an update from the Farley Health Policy Center convening. The focus of the meeting was to begin developing a common vision for behavioral health integration.
- ◆ Payment reform was a central focus of the convening along with workforce and communication.
- ◆ The next BHI subcommittee will meet on January 9th, 2018.

PHD and Regional Collaborative Updates- *Public Health District SHIP Managers*

- ◆ Steve Holloway presented an update on Region 1.
- ◆ Carol Moehrle presented an update on Region 2. Accomplishments for the region include linking Cohort One clinics with Cohort Two clinics to provide mentoring partnerships.
- ◆ Rachel Blanton presented on Region 3. Accomplishments from the region include embedding behavioral health in local schools as a demonstration.
- ◆ Mellissa Dilley presented on Region 4. This region has found success in the Caregiver Integration Project.
- ◆ Melody Bowyer presented on Region 5. Ms. Bowyer stated her region has had success in ongoing collaboration.
- ◆ Rhonda D'Amico presented on Region 6. Ms. D'Amico gave an update of the Regional Suicide Prevention Symposium.
- ◆ Geri Rachow presented an update on Region 7. Clinics in this region have found success in empowering clinics to look outside themselves for solutions.
- ◆ Common challenges among all regions have been the lack of data, consistency of attendance, and sustainability once funding ends.

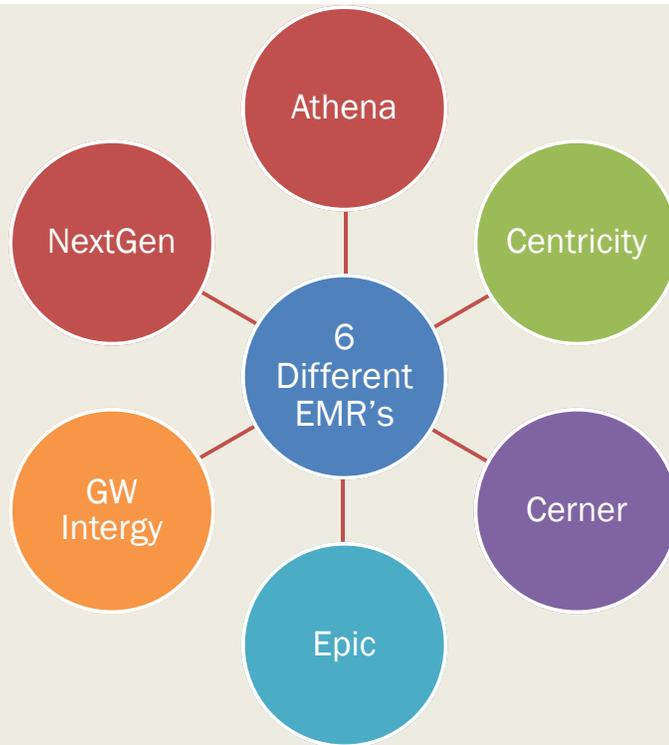
Additional Business and next steps- *Ted Epperly, IHC Chair*

- ◆ Madeline Russell presented the health clinics participating in round 2 funding. There were eight clinics and one CHEMs agency that were awarded and three that are pending.
- ◆ Dr. Epperly closed the meeting wishing everyone the gifts of health and family for the holiday season.
- ◆ Meeting adjourned at **4:05 PM**

DATA QUALITY IMPROVEMENT PROCESS UPDATE

Burke Jensen, SHIP





Episodic CCD

- Captures only the data that happened during the episode of care.
- ie; Only medications administered or prescribed at the visit will be captured
- Vitals recorded during visit
- No historical values or social history

Longitudinal CCD

- Captures all data elements present in the encounter
- Past medical history
- Active diagnosis
- Vaccine history
- Social history

Episodic CCD

NextGen - 5 Orgs/15 Clinics

Athena - 1 Org/1 Clinic

Cerner - 1 Org/3 Clinics

Epic – 1 Org/5 Clinics

GW Intergy – 2 Orgs/6 Clinics

Longitudinal CCD

Centricity - 2 Orgs/14 Clinics

How progress is determined



Analytics Dashboard Snapshot (for context purposes only)

Patients That Fell Into Measure Reporting Period:

CMS Numbe	Measure Name	# Patients	Total Gaps
CMS002	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	35,630	35,573
CMS069	Body Mass Index (BMI) Screening and Follow-Up Plan	49,089	33,595
CMS082	Maternal Depression Screening	235	235
CMS122	Diabetes: Hemoglobin A1c Poor Control	7,309	4,972
CMS126	Use of Appropriate Medications for Asthma	320	269
CMS138	Tobacco Use: Screening and Cessation Intervention	45,848	37,348
CMS155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	13,168	13,155
CMS155N1	BMI, Height, and Weight	13,168	4,146
CMS155N2	Counseling for Nutrition	13,168	11,791
CMS155N3	Counseling for Physical Activity	13,168	11,768

Specific Roadblocks

NextGen

Episodic CCD's are missing a critical time/date stamp necessary for analytics

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</td>
</tr>
</tbody>
</table>
</text>
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  </observation>
</entry>
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Longitudinal CCD

The screenshot shows a patient summary interface with a document list on the left and a detailed view of a selected document on the right. A red arrow points to the date '05/21/2013' in the document list, with a callout box that says 'Indicates date of service'.

Document List:

- 11/22/2017 C-DA [AdamsCoui
- 09/12/2017 C-DA [AdamsCoui
- 09/07/2017 C-DA [AdamsCoui
- 08/29/2017 C-DA [AdamsCoui
- 08/29/2017 C-DA [AdamsCoui
- 07/28/2017 C-DA [AdamsCoui
- 07/26/2017 C-DA [AdamsCoui
- 05/21/2013 C-DA [AdamsCoui
- 05/21/2013 C-DA [AdamsCoui
- 05/21/2013 C-DA [AdamsCoui

Document Details:

Continuity of Care Document (C-DA) (Encounter date: 09/12/2017 11:15 AM)
Created On: September 13, 2017

Providers:

Source date	05/21/2013
Category	Outpatient
Service	Clinical Notes
Author	Adams County Health Center
Description	SUMMARIZATION OF EPISODE NOTE
Folder	Clinical Notes
IHDE Received	09/13/2017 15:54
Source System	AdamsCountyHC

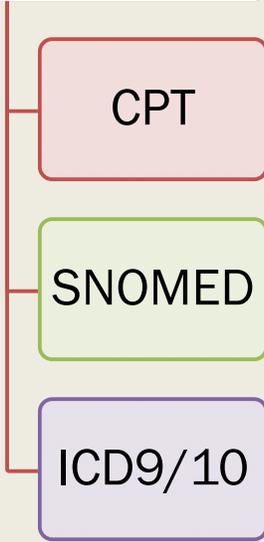
Contact Information:

Address	205 N Berkley Council, ID, 836120428
Phone	tel +1-2082534242

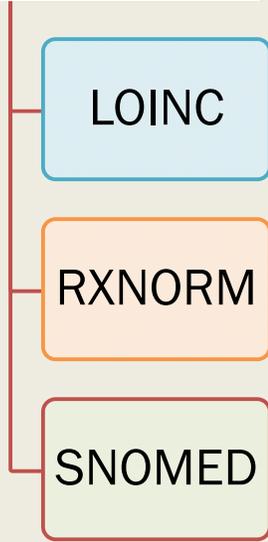
CCD Data Elements



Denominator

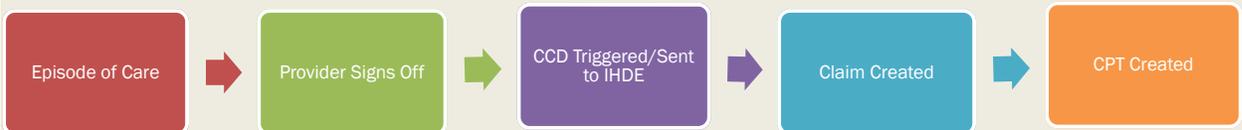


Numerator



Athena

Current State



Proposed Remedy



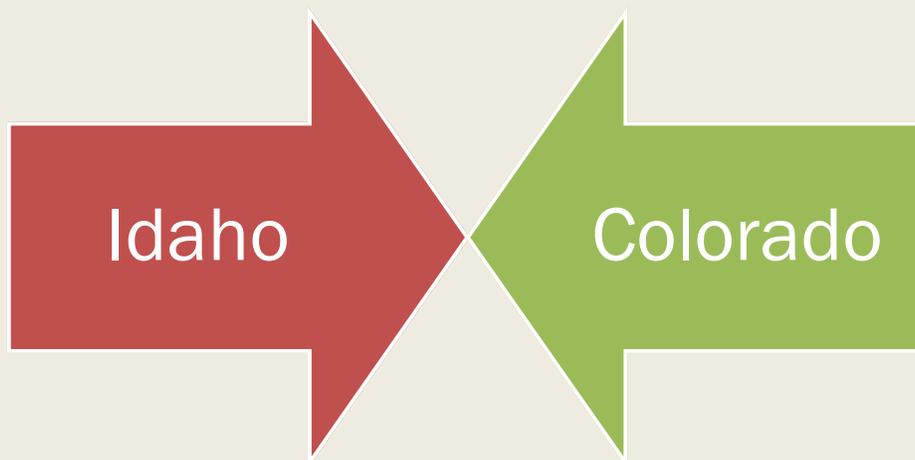
Achievement Example



Use of Appropriate Medications for Asthma (CMS 126)

- CMS measure specifications didn't include name brand drug codes.
- HTS leveraged a third-party crosswalk to link brand medication codes to their generic equivalents.
- Saw a decrease in data gaps, estimated to be 35%.
- Will positively impact all CQM's with medication therapies.

State to State Collaboration





STATEWIDE HEALTHCARE INNOVATION PLAN (SHIP) PAYER FINANCIAL AND ENROLLMENT METRICS FOR GOAL 6 — JANUARY 2018

INTRODUCTION

The State of Idaho's (State's) multi-payer approach to shifting from fee-for-service (FFS) payments to value-based payment strategies is expected to achieve a long-term, sustainable impact on Idaho's healthcare system. In demonstration year 2, payers continued to move away from FFS and towards value-based payment through several methods, including:

- Pay-for-performance (P4P)
- Enhanced P4P
- Shared Savings
- Shared Risk
- Full Risk
- Quality Bonuses
- Population-based payments
- Episode-based payments

In addition to the Patient Centered Medical Home (PCMH) model, payers are testing alternative models including accountable care organizations with many of the State's acute care hospitals. Payers also support total cost of care programs with shared savings payments for improving and managing patients with chronic conditions to reduce avoidable emergency room visits.

The multi-payer approach includes:

- Understanding each payer's need to design and implement payment models that they believe fit their organization's goals and are most effective for their beneficiaries and provider partners.
- Recognizing that system wide transformation to value-based purchasing will only occur across Idaho payers if payers are participating as leaders of the change rather than responding to mandates.

- Acknowledging that payment transformation may not occur quickly in Idaho. but, through partnership with payers, new reimbursement models will emerge that have a positive impact on the system statewide. Implementation of new reimbursement models representing at least 80% of the beneficiary population is the goal for the State and is underway.

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

BASELINE FOR IMPROVEMENT COMPARED TO DEMONSTRATION YEAR 1

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

Data Requests

To measure progress, the baseline of calendar year 2015 data was compared to calendar year 2016 data. Payers were asked for both years to provide percentages of beneficiaries and percentages of payments in the following categories:

- Category 1: FFS — no link to quality and value. Example is FFS payments.
- Category 2: FFS — link to quality and value. Examples include a) foundational payments for infrastructure and operations, b) pay for reporting, c) rewards for performance, and d) rewards and penalties for performance.
- Category 3: Value methodologies built on FFS architecture. Examples include a) methodologies with upside gainsharing and b) methodologies with upside gainsharing/downside risk.
- Category 4: Population-based payment. Examples include a) condition-specific population-based payments and b) comprehensive population-based payments.

To assist in compilation, the data request also asked for total dollars paid for medical services in both years. The data request forms did not change from year to year, but a one-page description of the updated Alternative Payment Model (APM) framework was provided for additional guidance to the payers.

Mercer's Client Confidentiality Agreement was signed by commercial payers and Mercer to ensure their data was protected and kept private. The agreement covers all four years of the demonstration. It was agreed that the data would be aggregated across payers so no individual payer data would be discernable.

DATA COMPILATION

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

Table 1. Percentage of Beneficiaries Per Category for 2015 versus 2016

CATEGORY	MEDICAID		COMMERCIAL & MEDICARE ADV.		MEDICARE		TOTAL	
	2015	2016	2015	2016	2015	2016	2015	2016
Category 1: FFS — no link to quality and value. Example is FFS payments.	100%	13%	21%	22%	8%	7%	42%	15%
Category 2: FFS — link to quality and value. Examples include a) foundational payments for infrastructure and operations, b) pay for reporting, c) rewards for performance, and d) rewards and penalties for performance.	0%	87%	73%	71%	72%	75%	51%	76%
Category 3: Methodologies built on FFS architecture. Examples include a) methodologies with upside gainsharing and b) methodologies with upside gainsharing/downside risk.	0%	0%	4%	5%	20%	18%	6%	8%
Category 4: Population-based payment. Examples include a) condition-specific population-based payments and b) comprehensive population-based payments.	0%	0%	2%	2%	0%	0%	1%	1%

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

CATEGORY	MEDICAID		COMMERCIAL & MEDICARE ADV.		MEDICARE		TOTAL	
	2015	2016	2015	2016	2015	2016	2015	2016
Category 1: FFS — no link to quality and value. Example is FFS payments.	100%	99%	71%	68%	43%	45%	76%	75%
Category 2: FFS — link to quality and value. Examples include a) foundational payments for infrastructure and operations, b) pay for reporting, c) rewards for performance, and d) rewards and penalties for performance.	0%	1%	19%	19%	37%	37%	15%	16%
Category 3: Methodologies built on FFS architecture. Examples include a) methodologies with upside gainsharing and b) methodologies with upside gainsharing/downside risk.	0%	0%	7%	9%	20%	18%	7%	7%
Category 4: Population-based payment. Examples include a) condition-specific population-based payments and b) comprehensive population-based payments.	0%	0%	4%	4%	0%	0%	2%	2%

Analysis

In 2016, commercial and Medicare payers remained consistent in their assignment of beneficiaries to value-based payment arrangements with incentives for providers based on quality and value. Gain sharing, risk sharing and population-based payments were completing their first year in the Medicare and commercial settings and additional assignments were relatively consistent for new membership. Payments were still primarily FFS and 2016 mirrored 2015. Anecdotal evidence suggests that payers and providers

were hesitant to accept quality-based payments with risk due to the lack of beneficiaries assigned to each provider or were waiting to see the outcomes of initial assignments. Some payers required minimum levels of beneficiaries, such as 1,000 beneficiaries, before quality or risk-based payment arrangements replaced FFS. Medicare category 3 and 4 activity in 2016 was based on estimates from 2015 due to the unavailability of beneficiary count data for certain programs.

Medicaid continued the Health Connections PCMH program in 2017. The program includes four tiers with PMPM payments ranging from \$2.50 to \$10.00. While Medicaid members were attributed to primary care clinics, payments remained primarily fee-for-service in 2016. However, in 2018, Idaho Medicaid will expand Healthy Connections program to include shared savings for primary care practices through direct contracts and through participation with regional care organizations. Medicaid is implementing several programs that cover a broad range of healthcare transformation activities and population-based care management initiatives. The Healthy Connections Value Care White Paper from September 2017 outlines the use of shared savings programs, per member per month payments for PCMHs, and episodes of care payments. All Medicaid beneficiaries will be attributed to primary care, either through beneficiary choice or, if no choice is made, prior claims history or proximity to providers. In designing its payment program options, Idaho Medicaid is proposing a financial risk structure consistent with the Advanced APM standard of “more than nominal financial risk”, allowing participating clinicians to pursue the APM with Medicare, as allowed under the Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015.

Idaho Health Data Exchange

Idaho Healthcare Coalition Meeting
January 10, 2018

Brad Erickson
Executive Director

Organizations with Bidirectional Connections as of 12/31/17

Cohort 1

- 37 of 55 SHIP Clinics Connected / +2 from Nov
- 2 Organizations withdrew

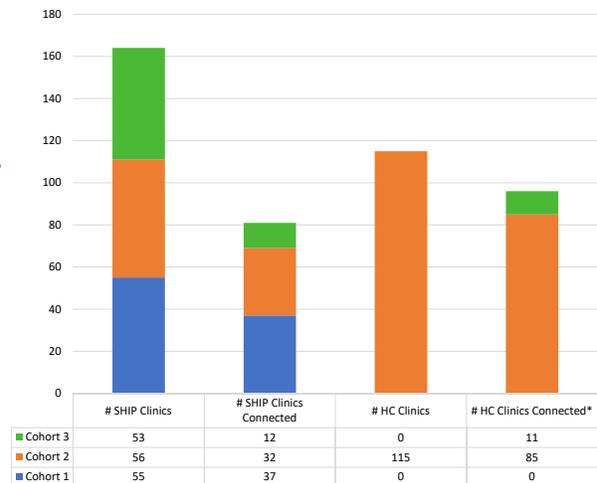
Cohort 2

- 32 of 56 SHIP Clinics Connected / +2 from Nov
- 85 Healthy Connections Clinics Connected / +17 from Nov
- 2 Organizations Unable to Connect due to EMR inability to integrate with HIE

Cohort 3

- Work in Progress to connect 53 clinics
- 12 SHIP clinics currently connected
- 1 Organization Unable to Connect due to EMR inability to integrate with HIE

SHIP Cohort Information



*Count specific to Cohort

Organizations with Bidirectional Connections as of 12/31/17

Organizations Pending

- Organization(s) waiting on next steps from Clinic/EMR Vendor: 15
- Organizations pending or in progress: 7
- Organization(s) On Hold – Pending EMR Change: 6
- Organization(s) On Hold – BH Filtering: 2
- Organization(s) On Hold – PA “Modified” Agreements: 3
- Organization(s) On Hold – eCW Decision (IB HL7 and/or IB CCDA): 7

Organizations Removed From Interface Builds

- Organization unable to integrate with HIE: 3 (Practice Fusion EMR)

Other IHDE Updates

IHDE Current Platform

- Stability issues: System down 9/20 4:30PM – 9/26 2:00AM) ~5.5 days, 123 hrs
 - System-wide failures, several of vendor’s customers down
 - Continued intermittent issues through October
 - Now: Performance and stability much better
- Integration with Utah HIE – enables ADT alerts between several western states

IHDE Platform Upgrade (next 18 months)

- Focus on stability, performance improvement, platform flexibility/extensibility
- Additional features (to name a few):
 - Improved Reporting and Data Analytics and data access
 - Patient Portal
 - Further expansion of Patient Centered Data Home

Strategic Planning

- 3-5 year planning underway (Financial, Sales/Marketing, Technology are key areas)
- Key focus on adding other customer segments; driving value for existing



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition January 10, 2018

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**
 - CMMI requests for release of funds were approved for: 1) IHDE customer satisfaction survey by DMS; 2) revisions to RC sub-grant for Central Health District; 3) repurposing of AY2 carryover funds; and 4) the University of Idaho (UI) Project ECHO.
 - CMMI disapproved the No Cost Extension request for Award Year Three based on programmatic reasons.
 - CMMI requests for release of Award Year Two carryover and Award Year Three funds were submitted for: 1) PCMH Sustainability Workshop travel.
 - CMMI request for release of Award Year Four funds was submitted for travel for three OHPI staff and one Multi-Payer Workgroup member to attend ONC SIM State Convening in February 2018. The non-competing continuation application for Award Year Four Budget was submitted on 12/28/2017. The following documents were submitted as part of the non-competing continuation application: 424, 424A, 424B 424LL, 425 FFR, AY4 Project Abstract, AY3 Q3 Progress Report, AY4 Operational Plan, AY4 Budget Narrative and accompanying supplemental details; AY4 Budget Spreadsheet and requests for release of funds for: 1) PCMH TA contractor, PHDs 1-7 sub-grants, ISU CHW sub-grant, U of I Project Echo contract, HMA telehealth TA contract, HTS contract, Viann Electronics contract, U of I State Evaluator contract and Mercer project management and financial analysis contract.

SHIP Administrative Reporting:

- **Report Items:**
 - Virtual PCMH application solicitation (third round) for Cohort One and Cohort Two clinics took place during this month.
 - Recruitment is ongoing for CHW course starting on January 8, 2018.
 - Cohort Three PCMH notification took place in December along with preparation of welcome packets, clinic agreements, and MOUs.
 - Award Year Four planning by OHPI staff was a high priority for this past month. Activities included: 1) revisions to the AY4 operational plan; 2) development of AY4 contracts/sub-grants; and 3) AY4 launch planning.

Regional Collaboratives (RC):

- **Report Items:**
 - **District 1:** 11/9/17 and 11/19/17 SHIP Manager met with RC Chair regarding the strategic plan.

- **District 2:** Next RC2 meeting will be December 19th at 9am. Agenda in development.
- **District 3:** The Southwest Health Collaborative (SWHC) and workgroups took a holiday break in Nov.
- **District 4:** No CHC meeting this month. Transitioned to bi-monthly frequency. Executive Leadership Meeting 11/15/17 to discuss the Pathways Community HUB model and the basic needs of the community including transportation, oral health, and children's mental health. Next steps include fleshing out the Pathways idea around a specific target population, potentially focusing on low-income elementary school children and their families.
- **District 5:** The SCHC met November 17. However due to limited attendance the Co-Chair adjourned after 10 minutes. Discussion topics were tabled and will be discussed at a future meeting.
- **District 6:** November 8, 2017: The Southeastern Healthcare Collaborative (SHC) Executive Committee met for strategic planning. It was also decided to delay the December medical-health neighborhood meeting to January so that Cohort Three clinics can be included. Also discussed was the need for a second quality improvement specialist when Cohort Three comes onboard.
- **District 7:** No meetings held this month.

- **Action Items:**

- **District 1:** None
- **District 2:** None
- **District 3:** Legislative forum
- **District 4:** Update from the IHC or SHIP IDHW staff on potential for extension of time for the RC sub-grant projects.
- **District 5:** None
- **District 6:** The SHC would like further clarity on the future of the Idaho Healthcare Coalition and its role in RC governance and sustainability. Understanding continued state-level support for the RCs is expected to assist with RC sustainability planning.
- **District 7:** Sustainability Plan-To help coordinate potential sustainability of local regional collaboratives.

- **Next steps:**

- **District 1:** Look at sustainability of the RC and PCMH progress in the region. Evaluate possible role of our RC in the future CHOICE advisory board with Medicaid.
- **District 2:** N/A
- **District 3:** The SWHC continues to focus heavily on sustainability. Next steps include meeting with leadership from the Community Health Clinics (CHC) to discuss future collaboration opportunities. In addition, SHIP staff have submitted grant requests to support sustainability. Work in the medical-health neighborhood continues to be successful. The SWHC is currently providing support to local schools in adopting a behavioral health provider partnership model, developing a dental care coordinator model and facilitating care coordinator connections through the directory. PCMH support in the region will continue with Cohort Three. The SWDH QI specialist has

reported on PCMH needs to the SWHC. Finally, in a focus on communication, the SWHC and CHC have established regional QI calls to promote coordination.

- **District 4:** Next CHC meeting is scheduled for 12/5/17
- **District 5:** The December 15th meeting has been cancelled due to conflicts with schedules. We plan to hold an Executive Committee meeting on January 19th to discuss Cohort Three and any factors involving the last year of SHIP.
- **District 6:** Send out list of recommendations that were developed from our strategic planning session to Executive Committee. Once consensus is reached, the recommendations will inform changes in the SHC Strategic Plan
- **District 7:** Continue meeting with MHN resources that can help further PCMH work. Continue work with partners on community health needs assessments in area. Aggregated rates for Eastern Health Collaborative (EHC) Clinical Quality Measures (CQMs). Facilitate communication and networking among clinics to help increase sustainability of PCMH principles.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
 - Eight SHIP cohort clinics and one CHEMS agency were selected to participate in round two funding for the telehealth pilot project. The SHIP cohort clinics are: Teton Valley Health Care – Driggs clinic; Family Medicine Residency of Idaho; Shoshone Family Medical Center; Southfork Healthcare; Terry Reilly Health Services; and Coeur d’Alene Pediatrics Hayden, Post Falls, and Coeur d’Alene locations. The CHEMS agency that was selected is Payette County Paramedics. These sub-grants were established in the beginning of December and will close by June 30, 2018.
 - The University of Idaho’s first Project ECHO clinic will cover the Opioid crisis in Idaho. WWAMI hired Dr. Todd Palmer to help with the curriculum development; he is currently going through curriculum that was collected from University of New Mexico and adding Idaho-specific material.
 - The University of Idaho is still actively seeking to fill the project manager position. Once this is done, they will begin meeting with an advisory group with members identified by IDHW and U of I.
 - Since the Project ECHO hub has been delayed by the hiring of a Project Manager, they were encouraged to push the hub start date to March 7, 2018. They still anticipate having weekly clinic sessions as well as having 25 spokes participate in the first ECHO clinic, with the intent to grow that number.
 - The telehealth reimbursement matrix has been sent out for feedback from payers. We anticipate having the completed matrix by January 31, 2018.
- **Next Steps:**

- Continue to support round 1 telehealth clinics through our technical assistance contractor and IDHW.
- Work with the University of Idaho to promote Project ECHO to SHIP cohort clinics and within other health systems in Idaho.
- Working with round 2 telehealth clinics and our technical assistance contractor to establish round 2 site visits and future telehealth learning collaboratives for all telehealth clinics.



Community Health Workers:

Report Items:

- CHW fall 2017 CHW live-online class ended November 15, 2017. Four extra weeks were provided to students so they could complete the additional Health-Specific Modules (HSMs). The course was started with 19 students; 17 students completed the core curriculum and received their certification.
- IDHW and ISU agreed to postpone the CHW fall 2017 in-person course due to low enrollment. Another in-person course starting in March is being considered. Exploring logistics for course delivery and location.
- ISU identified Rhonda D’Amico (District 6 SHIP manager) and Veronica Conway to be instructors for the Spring 2018 live-online course. This will start Thursday, January 11, 2018 from 6-9pm (MT) and go for 13-weeks with additional time for HSMs. Registration for this course was opened in the beginning of November.
- Quarter three data (July 1, 2017 – September 30, 2017) has been collected. From the 26 CHWs who collected data in quarter three, 2,241 patients were contacted; there were 565 unique patients served by the CHWs and 179 outreach or educational events.
- Twelve HSMs have been created. They are:

Behavioral Health/Substance Abuse	Oral Health
Breast Health and Breast Cancer Screening	Prediabetes and Diabetes
Cervical Cancer and Cervical Cancer Screening	Family Caregiving
Colorectal Health and Colorectal Cancer Screening	Tobacco Cessation
Cardiovascular Health and Screening	COPD
Heart Failure	Medication Adherence

Next Steps:

- Promoting the Spring 2018 CHW course to potential students and organizations. There are 25 available spots open to students. Currently, 14 students have applied for the Spring 2018 course.
- Identified four additional HSMs as priority for development during the last year of the SHIP grant. These include; Opioid Addiction and Treatment (unless sufficiently covered in Behavioral Health/Substance Abuse HSM), Blood Pressure and Hypertension, Dementia and Alzheimer’s, Prenatal Care, and Prostate Health and Cancer Screening (if Opioid HSM isn’t chosen).

WORKGROUP REPORTS:



Community Health EMS:

- **Report Items:**
- Last statewide CHEMS Workgroup meeting was held November 29, 2017
- The next statewide CHEMS Workgroup meeting will be held January 24, 2018 from 10:00-11:00 AM MST.
- The internal CHEMS Workgroup continues to meet every Monday

- **Collective Workgroup Activities:**
 - EMT/AEMT Certificate Program:
 - Due to staffing changes and contract hurdles, development is in progress but there will be a delay in implementation.
 - ISU Community Paramedic Certificate Program
 - Third and final cohort has commenced.
 - Approved CMMI Tiered Funding Requests:
 - Agencies: Boundary County EMS, Bonner County EMS, Shoshone County EMS, Payette County Paramedics, Canyon County EMS, and Idaho Falls Fire
 - Invoices are due by January 31, 2018.
 - Learning Collaborative:
 - The in-person Learning Collaborative is scheduled for Wednesday, January 17, 2018
 - Agenda: statewide update, economic models, Regional Care Organizations (RCOs), medical direction, what's next for the future of CHEMS, regional mentorship, and a panel discussion on building a CHEMS program.
 - Webinar – Transitional Care
 - Delivered December 19, 2017 from 10:00-11:00 AM MST.
 - Post-webinar survey results concluded that the webinar was useful, met its objectives, and the information provided will be beneficial to the development of a CHEMS program.
 - Webinar objectives: why transitions of care are important in overall healthcare and healthcare delivery; available resources and partnerships throughout the state; how CHEMS programs could be a part of transitional care; how to safely implement transitions of care into a CHEMS program; to remember liability and the importance of partnering with nurses/midlevel clinicians, etc.; and examples from St. Luke's.
 - Data Collection
 - Requests for patient care reports and workbooks for the third quarter have been sent.
 - Many agencies have stated that their CHEMS program development will take place after the first of the year once they begin to see CHEMS patients.

- **Next Steps:**
- Project Charter, Deliverable 3 – in progress
 - EMT/AEMT Curriculum Development – currently in the contracting process with CWI. The training of the first cohort will miss the 1/3/2018 Project Charter deadline.
 - Development and implementation are still underway.
- Project Charter, Deliverable 4 – in progress
 - Continue to define, develop, and implement peer mentorship throughout the state.

- Project Charter, Deliverable 6 – in progress
 - 67% complete, will reach 100% completion after the Learning Collaborative
 - The second of two webinars (Transitional Care) was delivered December 19, 2017
 - The Learning Collaborative will take place on January 17, 2018



Idaho Medical Home Collaborative:

- **Report Item:**
- The Idaho Medical Home Collaborative did not meet in December 2017.



Data Governance:

- **Report Item:**
- The Data Governance Workgroup did not meet in December 2017.
- **Next Steps:**
- The next SHIP Data Governance Workgroup meeting is scheduled for January 8th.



Multi-Payer:

- **Report Item:**
 - Mercer requested SHIP metrics for financial progress toward paying for value from Idaho's commercial payers, Medicaid, and Medicare. This information is a requirement for the CMMI grant.
 - The SHIP Administrator and workgroup chair developed an agenda for the MPW meeting scheduled for January 9, 2018 from 3:00 to 4:30 in room 3A at the Department of Health and Welfare – 450 W State Street, Boise.
- **Next Steps:**
 - The SHIP Payer Financial and Enrollment Metrics report will be presented to the MPW at the January 9th meeting. If accepted by the workgroup it will be presented to the members of the IHC at the January 10th meeting.



Behavioral Health:

- **Report Item:**
- The Behavioral Health Group did not meet in December 2017.
- **Next Steps:**
- The next BHI meeting is scheduled for the week of January 8th.



Population Health:

- The Population Health Workgroup did not meet in December 2017.