



Idaho Healthcare Coalition

Meeting Agenda

July 11, 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

Attendee URL: <https://rap.dhw.idaho.gov/meeting/77184464/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone URL:

<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=77184464&signin=rap.dhw.idaho.gov%2Fmeeting%2F&stoken=827ccb0eea8a706c4c34a16891f84e7b>

Password:12345

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 Chair</i> ACTION ITEM
2:10 p.m.	Financial Analysis Report Update – <i>Scott Banken, Principal, Mercer</i>
2:30 p.m.	Telehealth Council Update – <i>Stacey Carson, Telehealth Council Chair & Mary Sheridan, Bureau Chief, Bureau of Rural Health and Primary Care</i> ACTION ITEM
2:45 p.m.	Sustainability Plan Update & Success Measure Dashboard – <i>Maggie Wolfe, Senior Associate, Mercer</i>
3:00 p.m.	Transformation Sustainability Workgroup Update - <i>Dr. Ted Epperly, IHC Chair & Dr. Jeanene Smith, HMA</i>
3:20 p.m.	Break
3:30 p.m.	PCMH Learning Collaborative Update – <i>Kym Schreiber, Project Manager, SHIP Operations & Dr. Jeanene Smith, HMA</i>
3:50 p.m.	IHDE Connection Update – <i>Brad Erickson, IHDE Executive Director</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 – 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 & Carol Moehrle, Public Health Idaho North Central District, Workgroup Chairs• IMHC Workgroup – Dr. Scott Dunn, Family Health Center and Matt Wimmer, IDHW Workgroup Chairs
4:15 p.m.	Additional business & next steps - <i>Dr. 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-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) July 11, 2018

Action Items

- Action Item 1 – June IHC Meeting Minutes

IHC members will be asked to adopt the minutes from the June 13, 2018 IHC meeting:

Motion: I, _____ move to accept the minutes of the June 13, 2018, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.

- Action Item 2 – Telehealth Support

IHC members will be asked to support the creation of a letter to the Health Quality Planning Commission to ask for their help in continuing the momentum of the telehealth work that has begun and finding potential solutions to the identified challenges.

Motion: I, _____ move that the Idaho Healthcare Coalition (IHC) transmit a letter to the Health Quality Planning Commission requesting their support and assistance in addressing the identified challenges with telehealth in Idaho.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC June Minutes

ATTENDEES: Pam Catt-Oliason, Melissa Christian, Ted Epperly, MD, Lisa Hettinger, Deena LaJoie, David Pate, MD, Tammy Perkins, Rhonda Robinson-Beale, MD, Dieuwke Dizney-Spencer as proxy for Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Norm Varin, Jennifer Wheeler, Cynthia York, Rachel Blanton as proxy for Nikole Zogg

Teleconference: Michelle Anderson, Andrew Baron, MD, Richard Bell, MD, Cherlye Becker as proxy for Melody Bowyer, Kathy Brashear, Melissa Dilley as proxy for Russell Duke, Drew Hobby, Mark Horrocks, MD, Yvonne Ketchum-Ward, Kayla Sprenger as proxy for Carol Moehrle, Carol Decker as proxy for Geri Rackow, Karen Vauk

Members Absent: Russ Barron, Keith Davis, MD, Scott Dunn, MD, Ross Edmunds, Janica Hardin, Lee Heider, Glenn Jefferson, MD, Maggie Mann, Amy Mart, Kelly McGrath, MD, Nicole McKay, Casey Meza, Daniel Ordyna, David Peterman, MD, Susie Pouliot, Kevin Rich, MD, Neva Santos, Boyd Southwick, MD, Lora Whalen, Matt Wimmer, Fred Wood

IDHW Staff Ann Watkins, Kymberlee Schreiber, Stacey St.Amand, Madeline Russell, Burke Jensen, Sherie Thompson Casey Moyer

STATUS: Draft 6/18/2018

DATE: June 13, 2018

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

Summary of Motions/Decisions:

Motion:

David Pate moved that the IHC accept the May 9, 2018 meeting minutes.
Pam Catt-Oliason seconded the motion.

Outcome:

Passed

Agenda Topics:

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

- ◆ Ted Epperly welcomed everyone to the meeting and took role. He opened the meeting with the quote, “Don’t judge each day by the harvest you reap but by the seeds that you plant.” ~ Robert Louis Stevenson
- ◆ A presentation was made to Cynthia York on the occasion of her retirement from IDHW.

Telehealth Update – Madeline Russell, Goals 3 and 4 Project Manager

- ◆ The Idaho Telehealth planning meeting was held on May 23 to discuss barriers, challenges, and opportunities for advancing telehealth in Idaho. Telehealth stakeholders and subject matter experts attended.
- ◆ At the planning meeting, Stacey Carson, chair of the Idaho Telehealth Council, provided an overview of the legislative resolution that led to the creation of the council. She mentioned that due to a membership decrease, member recruitment will be necessary if there is an interest in continuing with the council.
- ◆ Group discussions about barriers to telehealth in Idaho resulted in six major themes: reimbursement, workflow and clinic operations, access to specialty care, patient/provider education, resources, and data.
- ◆ A recommendation and additional information from the May planning meeting will be provided at the July IHC meeting for consideration and support.

PCMH Learning Collaborative – Jeanene Smith, HMA, Managing Principal

- ◆ Fifty-three clinics have started in Cohort Three. After completing self-assessments, site visits, identifying gaps, and starting their transformation plans, all clinics are on track to receive their PCMH reimbursement payments of up to \$10,000.
- ◆ Six content-specific webinars will be held bi-monthly. Mentorship webinars for all three cohorts are also being offered every other month.
- ◆ Clinic teams and PHD SHIP QI staff will meet in Boise on June 27 and 28 for the Cohort Three Learning Collaborative. HMA, Briljent, IHDE, public and private payers, CMMI, and SHIP staff will also be among the approximately 160 attendees.

CMMI Visit – Casey Moyer, Operations Project Manager, Office of Healthcare Policy Initiatives, IDHW

- ◆ Dr. Cha has left CMMI. Chris Crider and Allison Pompey of CMMI, and Gabriel Nah of OAGM, will be in Idaho for a site visit on June 26 and 27. On the agenda are sustainability planning, scopes of work, and timing. As CMMI begins to wind down, it will be important for them to work with the Transformation Sustainability Workgroup as OHPI moves into its next phase.

IHDE Connection Update – *Jim Borchers, Director of Business Development, Idaho Health Data Exchange*

- ◆ By February 1, 2019, it is projected that there will be 129 of 166 clinics connected. Sixty are currently fully bi-directional. Since February 2018, there have been 67 clinic and 18 hospital visits.
- ◆ From IHDE's perspective, the biggest challenges for establishing connections are the workloads and getting providers to support the workflow changes.
- ◆ The movement of personnel among clinics (from clinics connected with IHDE to non-connected clinics) is helpful because these personnel advocate for establishing connections with IHDE.

Idaho Healthcare Summit Update – *Dr. Rhonda Robinson-Beale, Director, Blue Cross of Idaho Foundation*

- ◆ The SHIP staff and several other stakeholders were among the 257 attendees at this year's summit on May 17 and 18 in Boise. The goal of the summit was to launch new healthcare solutions in Idaho.
- ◆ Speakers and break-out sessions included Dr. Susan Frampton (patient-centered care), Ross Edmunds (WICHE), Optum (population health), Dr. Laura Smith (mobilizing communities), and panels on rural health, behavioral health, primary care delivery systems, etc. <http://idahohealthcaresummit.com/program>

Financial Analysis for AY3 – *Scott Banken, CPA, Principal, Mercer*

- ◆ As part of the SIM grant, CMMI requires ROI information. Scott Banken reported a 9% increase in the cost of healthcare nationally; in Idaho that number was 6.5% for CY2017, resulting in a 2.5% cost reduction and a \$130 million savings. A final report is anticipated to be submitted to the IHC for approval at the July meeting.

IHC Transition Workgroup – *Dr. Ted Epperly, Co-Chair, IHC; Cynthia York, Administrator, Office of Healthcare Policy Initiatives, IDHW*

- ◆ Fifteen people met on May 31 and will meet every few weeks to create a charter using the process of forming, storming, norming, and performing. The group normed around two ideas: how do we strategically drive transformation in the state and how do we overcome identified barriers and gaps. Timing is to submit a draft of the charter to the IHC in September and get approval of the charter and business plan by December.
- ◆ Discussion ensued and focused on the following:
 - The executive order will expire and a new one will be needed; the likelihood of that will be determined by the governor-elect. But the multitude of stakeholders still engaged and wanting to continue this work regardless of gubernatorial support is encouraging.
 - It's important to keep the Multi-Payer Workgroup work as a part of this and to keep the payer perspective at the table.
 - This work will incorporate social determinants of health and population health to include all Idahoans.

Additional Business and Next Steps- *Ted Epperly, MD, IHC Co-Chair*

- ◆ As a reminder, IHC meetings are now being held from 2:00 to 4:30pm on the second Wednesday of each month.
- ◆ There being no further business, the meeting was adjourned at 3:50PM.

Idaho Telehealth Council



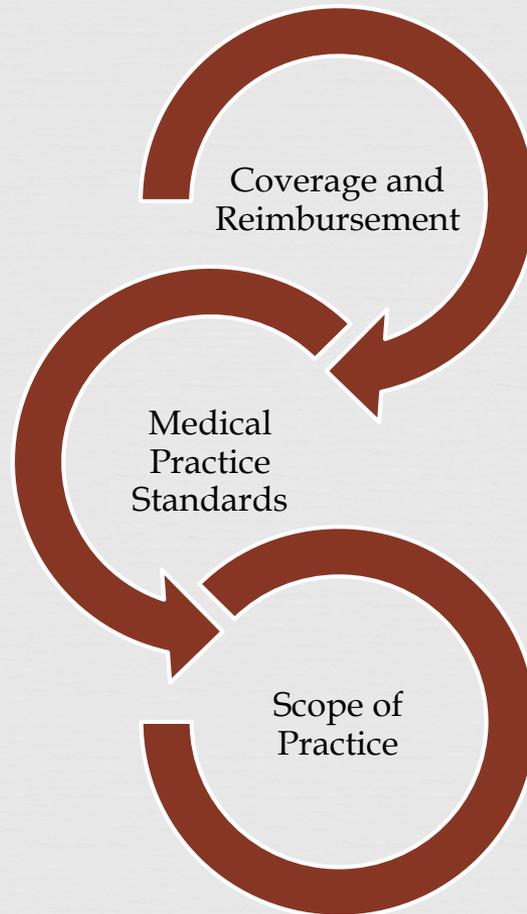
Idaho Telehealth Council Charter

“...the Idaho Department of Health and Welfare shall convene a Council to coordinate and develop a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho.”

Appointees to the Council

Organization	Last Name	First Name	Title
Blue Cross of Idaho	Robinson Beale, MD	Rhonda	Medical Director
Bureau of Occupational Licenses	<u>Toryanski</u>	Mitch	Legal Counsel for the IBOL
Department of Insurance	Donovan	Tom	Deputy Director
Eastern Idaho Regional Medical Center	Goodwin, MS, MBAH	Rick	Assistant Administrator
Idaho Board of Medicine	Ganz, MD	William	Member, Idaho Board of Medicine
	Kerr, RN, MEd, CMBE	Nancy	Executive Director
Idaho Hospital Association	Carson	Stacey	Vice President, Operations
Idaho Medical Association	<u>Steckel</u>	Molly	Policy Director
Idaho Primary Care Association	Ault	Susan	Director of Care Improvement
Idaho State Hospital South	Sessions	Tracey	Eastern Hub Administrator
IDHW Division of Public Health	Sheridan	Mary	Bureau Chief
IDHW Division of Medicaid	Wimmer	Matt	Bureau Chief
Kootenai Health	Meza	Casey	Executive Director, Affiliated Health Services
<u>Neurostatus, LLC</u>	<u>Morledge,</u>	David	Clinical Neuro-physiologist
<u>OptumHealth</u>	<u>diVittorio</u>	Becky	Executive Director, <u>Optum Idaho</u>
	Bess, MD	Michael	National Medical Director of Telehealth
Pacific Source	<u>Alessi</u>	Jill	Director, Health Services
Regence BlueShield	Christian	Melissa	VP of Network
Select Health	<u>Schaecher, MD,</u> FACP, CPC	Ken	Medical Director
Kootenai Health	Meza, MD	Michael	Telehealth Consultant / Chairman of the Idaho Telehealth Alliance
St. <u>Alphonsus</u> Health System	Whitmore Seibert	Tiffany	Director, Strategy and Planning
St. Luke's Children's Hospital	McPherson, MD, FAAP	Paul	Medical Director, CARES
St. Luke's Health System	<u>Chasin, MD</u>	Marc	System Vice President, CIO
Stargazers, LLC	<u>Hazle, MD</u>	Bill	Owner

Legislative and Regulatory Landscape for Telemedicine



Idaho Telehealth Council

<http://telehealthcouncil.idaho.gov/>

Strengthening healthcare in Idaho through the appropriate use of telehealth

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What is telehealth?

[House Concurrent Resolution No. 46](#) defines Telehealth as a mode of delivering health care services that uses information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from health providers. Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's health status.

Why use telehealth in Idaho?

Thirty five of Idaho's 44 counties are rural or frontier and many areas have limited access to specialty care. Telehealth and telemedicine can provide a wide variety of inpatient, outpatient and emergency services throughout the state. Rural hospitals remain financially viable because patient revenues remain in the community. With telemedicine and telehealth, patients receive appropriate and timely access to specialty services. Reducing costs switches focus to prevention and improved management. Telehealth and telemedicine can result in significant savings to patients and payors by avoiding travel costs, duplication of tests and loss of work time. Rural Idaho continues to face challenges recruiting and retaining physicians, telehealth and telemedicine will play an increasingly important role.

Who are the council appointees?

[House Concurrent Resolution No. 46](#) stipulates the requirements for convening and appointing members to the council. You can learn more about the council appointees on our [About Us](#) page.

What is the charter of the Idaho Telehealth Council?

The Idaho Telehealth Council will coordinate and develop a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho.

Upcoming Meetings

January 16, 2015
DHW Offices
450 W. State Street
Boise, ID 83720
Conference Room 10A
9:30am-2:00pm

Agenda

Discussion Documents
[Idaho Telehealth Access Act DRAFT 1 7 15](#)
[Idaho Telehealth Access Act DRAFT comments](#)
[FSMB Telemedicine Policy](#)

February 13, 2015
DHW Offices
450 W. State Street
Boise, ID 83720
Conference Room 10A
9:30am-2:00pm

March 13, 2015
DHW Offices
450 W. State Street
Boise, ID 83720
Conference Room 10A
9:30am-2:00pm

April 10, 2015
DHW Offices
450 W. State Street
Boise, ID 83720
Conference Room 10A
9:30am-2:00pm

Idaho Telehealth Access Act

Chapter 57, Title 54, Idaho Code



Idaho passed law to clarify practice standards.

Each state differs in statute and regulation.

TITLE 54 PROFESSIONS, VOCATIONS, AND BUSINESSES

CHAPTER 57 IDAHO TELEHEALTH ACCESS ACT

54-5701	SHORT TITLE.
54-5702	LEGISLATIVE FINDINGS.
54-5703	DEFINITIONS.
54-5704	SCOPE OF PRACTICE.
54-5705	PROVIDER-PATIENT RELATIONSHIP.
54-5706	EVALUATION AND TREATMENT.
54-5707	PRESCRIPTIONS.
54-5708	INFORMED CONSENT.
54-5709	CONTINUITY OF CARE.
54-5710	REFERRAL TO OTHER SERVICES.
54-5711	MEDICAL RECORDS.
54-5712	ENFORCEMENT AND DISCIPLINE.
54-5713	RULEMAKING.

Idaho Telehealth Council

Goals in 2016



- ❧ Develop roadmap to operationalize and expand telehealth services in State Healthcare Innovation Plan (SHIP) patient-centered medical homes and Community Health Emergency Medical Services programs.
- ❧ Examine reimbursement policies and determine telemedicine payment models that support the triple aim.
- ❧ Act in advisory capacity to regulatory boards and state agencies proposing rules and regulations specific to the use of telemedicine.

Conclusion



Idaho Telehealth Planning Meeting Executive Summary
Wednesday, May 23, 2018 9:00am – 4:30pm
JRW Building – Boise, ID

On May 23, 2018, the Idaho Department of Health and Welfare hosted a telehealth planning meeting in Boise. The purpose of the meeting was to convene a diverse set of telehealth subject matter experts to identify and discuss barriers, challenges, and opportunities for advancing telehealth in Idaho. Over 40 telehealth stakeholders from across the state representing hospitals, urban and rural health clinics, health systems, Community Health EMS (CHEMS), government, insurance, telehealth consulting experts, associations, and academia participated. Through the convening, attendees built consensus around the value and need for advancing telehealth services across Idaho. The group concluded that its best course of action is to seek the partnership of the Idaho Healthcare Coalition (IHC) to advocate on behalf of the future of telehealth in Idaho.

The meeting came near the conclusion of the multi-year Statewide Healthcare Innovation Plan (SHIP) which has been working to transform healthcare to a value-based system and transform primary care practices across the state into Patient-Centered Medical Homes (PCMHs). The SHIP initiative concludes January 31, 2019. As a part of the larger SHIP initiative, significant work has been done to nurture the use of telehealth strategies to increase access to quality healthcare throughout the state. The efforts have included the development of a telehealth toolkit, a series of webinars, and two rounds of grantmaking. These grants supported new or expanding telehealth programs resulting in twelve sub-grant awards to eight clinics and one CHEMS agency, a technical assistance program to all grantees across the state, and the May 23 planning meeting.

Stakeholders at the meeting identified the most pressing barrier as the existence of a complex reimbursement landscape that has resulted in the inconsistent, or overall lack of reimbursement for telehealth services beyond the recent progress made with Idaho Medicaid telehealth policies. The group also voiced a concern about the lack of an operational coordinating body with adequate capacity to meaningfully advance telehealth. Other barriers included a lack of training and workflow processes that address telehealth's impact, limitations on managing prescriptions, and addressing technology requirements. (For a full meeting summary, see the attached minutes).

As the group moved on to identifying opportunities, there was general agreement about the potential of telehealth to help overcome the specific challenges of provider shortages and rural and frontier community isolation which contribute to significant areas of underserved populations due to lack of access to care. They identified the models and applications for telehealth that can improve access to primary care and specialists, support patient and provider education, and share real time actionable data. Additionally, the group recognized that the complex issues surrounding telehealth must be addressed by stakeholder collaboration to thrive within a very complex healthcare system.

By the end of the day, there was emerging consensus that continued, coordinated growth of telehealth as a resource for addressing healthcare needs in the state is urgent. Participants considered it crucial that dialogue continue post-SHIP among stakeholders, particularly payers, and all were interested in continuing the dialogue.

Given the previously narrow scope of the now inactive Telehealth Council, its low membership, inactivity, and lack of resources, participants agreed that another coordinating body with adequate capacity is needed to advance telehealth. Stakeholders decided to ask the IHC to advocate on their behalf, by communicating the need for the continued prioritization of telehealth to the Health Quality Planning Commission and asking their help in continuing the momentum of the telehealth work that has begun and finding potential solutions to identified challenges.





SHIP Project Management Dashboard

Prepared for the Idaho Healthcare Coalition

Award Year 4, Quarter 1

February 1, 2018 – April 30, 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

- 511,200 individuals enrolled in a SHIP clinic (via attribution file).
- 75 SHIP clinics have achieved national PCMH recognition/accreditation.
- 8 additional individuals finished the in-person CHW course in Q1 but did not receive their certificate until Q2. They but will be reported in Q2.
- Reporting for the new Goal 4 metric (number of SHIP clinics that participate in Project ECHO) will start next quarter.
- Goal 6 metrics reported in this dashboard, including annual targets, are for AY2. AY3 data is not yet available.

SHIP Success Measures

Goal 1	86%	79%↓	100%		100%		100%	100%	75%↑		62%↓
	QT = 270	QT = 165	QT = 165	CMMI	AT = 1100	CMMI	AT = 110	AT = 110	QT = 100	CMMI	QT = 825k
Goal 2	98%↓		70%↑		55%		50%↑				
	QT = 165		QT = 650k		AT = 110		QT = 18				
Goal 3	100%		100%		RETIRED		93%↑				
	AT = 7		AT = 110		RETIRED		QT = 550k				
Goal 4	93%	91%	92%	65%	100%	100%					
	QT = 30	SAT = 11	AT = 25	SAT = 75	AT = 1	AT = 12	SAT = 0				
Goal 5	0%		0%		0%						
	AT = 60		AT = 60		QT = 4						
Goal 6	100%		100%		100%						
	AT = 4		AT = 275k		AT = 20%						
Goal 7	ND				ND						
	AT = TBD				AT = 0%						

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

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

SAT = Semiannual Target (Q2=July 31, Q4=Jan 31)
ND = No Data

CMMI = Federally defined and reported metric

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

SHIP Success Measures by Goal

Goal 1 Measurements: PCMH Transformation

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

Goal 2 Measurements: Electronic Health Records (EHRs)

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

Goal 3 Measurements: Regional Collaboratives (RCs)

1	A	Cumulative # of RCs established and providing regional quality improvement guidance and working with PHDs to integrate the Medical-Health Neighborhood. Model Test Target: 7.
2	A	Cumulative # of primary care practices selected for a SHIP cohort that receive assistance through regional SHIP PHD team. Model Test Target: 165.
3	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	SA	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: 165 by 2020.
2	A	Cumulative # (%) of primary care practices selected for a SHIP cohort that are meeting the clinical quality reporting requirements for their cohort. Model Test Target: 165.
3	Q	Cumulative # (%) of RCs provided a report of PCMH clinic CQM performance data. Model Test Target: 7.

Goal 6 Measurements: Alternative Payment Reimbursement Models

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

Goal 7 Measurements: Lower Costs

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

**2018 SHIP PCMH Learning Collaborative
Evaluations Summary**
Jeanene Smith, MD, PCMH Coach
July 11, 2018

Statewide Healthcare Innovation Plan

Idaho Healthcare Coalition Presentation
July 11, 2018

PCMH
TRANSFORMATION TEAM

Learning Collaborative Overview

- June 27-28, 2018, at Boise State University, Boise
- 151 total attendees
- 100 attendees from Cohort 3 clinics
 - All Cohort 3 clinics attended
- 51 attendees were “other”
 - PHD SHIP staff, speakers from clinics and payers, sponsors, SHIP, IDHW, Medicaid Healthy Connections, State Evaluator Team, and PCMH Team

2

Agenda

Day 1 – June 27, 2018

- Welcome: Vision and Progress for Idaho’s PCMH Transformation
- Setting the Stage: Introduction to PCMH Cohort 3 and Learning Collaborative
- PCMH Journey Discussion Panel: Stories of Success from the Field
- State Evaluation Team: Patient Engagement and Data
- The Idaho Health Data Exchange (IHDE)
- National Committee for Quality Assurance (NCQA) and Electronic Health Record (EHR) Affinity Group Breakout Session

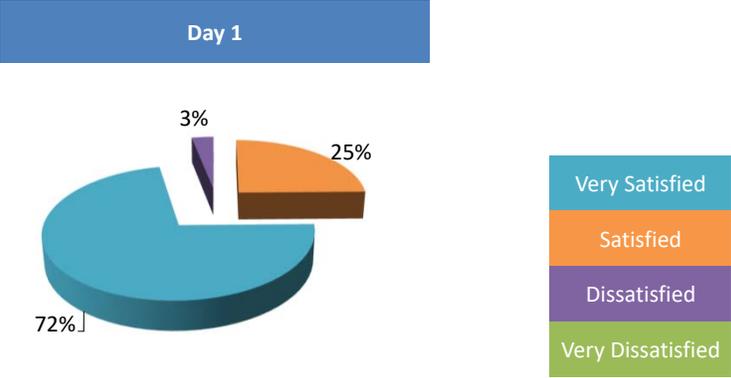


3

Meeting Needs and Expectations

How would you rate the Learning Collaborative in terms of meeting your overall needs or expectations?

Day 1



Satisfaction Level	Percentage
Very Satisfied	72%
Satisfied	25%
Dissatisfied	3%
Very Dissatisfied	0%

4

Agenda

**PCMH
TRANSFORMATION
TEAM**

Day 2 – June 28, 2018

- Welcome: Highlights/Summary of Day 1
- Introduction to the BlueCross of Idaho Foundation for Health Rural Health Initiative
- Idaho Multi-Payer Panel
- Creating Sustainable Care Management Programs
- Embedding Continuous Quality Improvement in the Medical Home
- Blending Cultures – Clinics and Hospitals Working Together
- Group Activity - World Café



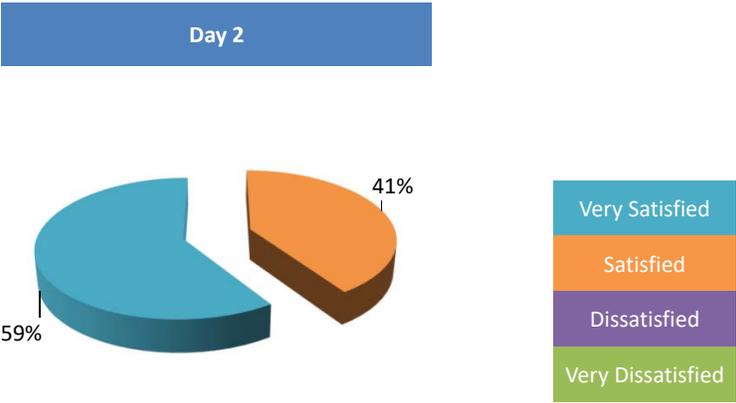
5

Meeting Needs and Expectations (continued)

**PCMH
TRANSFORMATION
TEAM**

How would you rate the Learning Collaborative in terms of meeting your overall needs or expectations?

Day 2



Satisfaction Level	Percentage
Very Satisfied	59%
Satisfied	41%
Dissatisfied	0%
Very Dissatisfied	0%

6

Usefulness of the Learning Collaborative 

- **On day one there were 96 responses:**
 - 98% of respondents found day one to be useful
- **On day two there were 65 responses:**
 - 100% of respondents found day two to be useful

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Comment Summary 

VALUE-DRIVEN

- **Learning from other clinics' experiences was appreciated**
 - *"It was very informative to hear about some of the best practices and challenges that practices have experienced."*
 - *"It was informative in helping better plan for successfully implementing PCMH."*
 - *"[Day one] met the purpose/goal of collaborating with others here to learn about processes and procedures for PCMH transformation."*
- **Breakout groups and panels were well-received**
 - *"Great day! Loved the breakout groups..."*
 - *"The panels were very helpful; I think it helps to be able to ask questions of people/clinics going through the same thing as you."*

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Comment Summary (Continued) **PCMH TRANSFORMATION TEAM**

IMPROVEMENT OPPORTUNITIES

- **Information was not advanced enough for several respondents or was repetitive, yet was the opposite for others**
 - *“Most of the practices are probably too advanced/ too far down the road for the very basic info presented today. It would have been more valuable to have more advanced topics. It was all review and repetition from webinars, regional SHIP meetings, and SHIP Collaboratives from Spring. Nothing new.”*
 - *“Felt like it was too much high level or repeat. Only breakout or panel sessions were worthwhile.”*
 - *“Some repeat of info already shared. The better part was peer sharing.”*
 - *“I was hoping for more info on getting started.”*

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Comment Summary (Continued) **PCMH TRANSFORMATION TEAM**

IMPROVEMENT OPPORTUNITIES

- **Need for Visuals**
 - Comments about data-heavy presentations included the need for a visual.
 - *“Something visual might have helped us follow the speaker... For those of us actually interested in the patients’ responses, it was hard to know what question the statistic referred to.”*
- **Other presentation improvement opportunities**
 - *“Not all the mediators in breakout groups had enough questions/material to keep the conversation going the entire time for a quiet group with non-talkers, it was still valuable but could have been a little better.”*
 - *Idaho Health Data Exchange (IHDE) was too short and would have been something that we need to learn hands on.”*

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Comment Summary (Continued) 

OVERALL

- **Overall, the Learning Collaborative was valuable to attendees**
 - *“The whole day was very informative.”*
 - *“Today was a great day for collaboration; we can learn a lot from each other.”*
 - *“I learned so much from others’ experiences. I liked that they were specific! They may not fit our situation but opens the brain to new ideas.”*
- **Breakout Sessions were well received**
 - *“The information in the breakout session was very helpful.”*
 - *“I enjoyed the breakout sessions, more beneficial than all.”*
- **Quality of Information**
 - *“Topics were broad and engaging, relevant”*

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Most Valuable Sessions 

- **PCMH Journey Discussion Panel**
 - Respondents commented on the PCMH Journey Discussion Panel over 32 times as the most valuable topic
 - *“PCMH Journey Discussion Panel: [We are] Just beginning, so stories from the field were helpful for ideas of what to try and more importantly - what to avoid!”*
- **National Committee for Quality Assurance (NCQA) and Electronic Health Record (EHR) Affinity Group Breakout session**
 - Respondents noted NCQA, EHR Affinity group over 30 times as the most valuable topic
 - *“NCQA and EHR Affinity group breakout sessions - obtained valuable information for our EHR.”*
- **Many respondents liked collaboration or break-out sessions**
 - *“Collaboration with others is always good. I was part of the panel so of course I think it was valuable; but had I not been, I think having that type of info from “survivors” is always good.”*

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Most Valuable Sessions (continued) 

- **The World Café was positively commented on at least 25 times**
 - *“[The most valuable aspect was the] Group activity - World Café. It allowed to get ideas and discuss ways to make PCMH work.”*
- **Idaho Multi-Payer Panel**
 - *“I think the executive leaders of the payers need to know the challenges and frustrations of the end-users.”*
 - *“Idaho multi-payer panel - was great to hear all the strengths from clinics and some possible help with these issues “*
- **Embedding Continuous Quality Improvement in the Medical Home**
 - *Embedding continuous quality session was great! More personal and real world action”*

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Future Webinar or Other Suggestions 

TOPICS

- *“How to... step by step organization and tools. The topics here were a bit too high level overview. I did not bring it home until the end of the day.”*
- *“I think maybe there should be topics that we are planning to do soon so we are aware on what's coming and have an idea how to use it.”*
- *“A session regarding the setup and implementation of huddles”*
- *“Case management and opioid crisis”*
- *“I really enjoyed the breakout sessions - it allows you to select topics that pertain to each group instead of assuming that its applicable to all participants”*
- *“Provider Access”*

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Learning Collaborative Take-aways



Because of this conference, what changes will you make when you return to your worksite?

- *"I will be diving into our EHR report system to find out what options we have for reaching, as well as meeting, criteria"*
- *"Initiate a team huddle!"*
- *"I'm going to dig in and learn more and start getting things done."*
- *"Discuss workgroups and group visits for target populations."*
- *"Helping make sure everyone from receptionist to doctor know and understand the why and are on board"*
- *"I will take all this info back to my clinic and am much more motivated and prepared to implement PCMH"*

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Ongoing PCMH Cohort Year 3 Activities



- Ongoing educational webinars on PCMH-related topics
- Ongoing mentorship webinars to share experiences amidst the clinics on topics of interest
- Ongoing coaching calls with PCMH coaches, with additional support by the regional PHD SHIP QI specialists
- Based on interest during the Learning Collaborative, PCMH coaches will encourage EHR affinity engagement across clinic teams through ongoing coaching calls, to compare experiences and tips on approaches to get needed documentation from the EHRs to fulfill PCMH needs

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IHDE - SHIP Update - July 2018

SHIP Cohorts:

142 of 165 clinics
connected or projected by
Jan 31, 2019

75 Fully Bi-Directional Now

Visits:

112 Clinics
27 Hospitals

Driving PCMH

Training & Support:

773 Users Trained
6 New Training Modules
New Zoho Support System

Patient Centered Data Home: (PCDH)

10 Western States
Exchanging ADT Alerts



FREE COMMUNITY HEALTH WORKER TRAINING FALL 2018

The Community Health Worker (CHW) serves as a bridge between the community and the health care, government, and social service systems.

Community Health Worker Training 13-week Core Competencies live-online course begins Tuesday, August 21, 2018 from 6-9 pm



Idaho State
UNIVERSITY

Instructors: Josh Campbell
Instructor: Martha Madero

To Learn more about the CHW training, visit:

<https://www.isu.edu/idiem/community-health-worker/>

To apply to the training, click: [Student Application](#)

Idaho State University, in collaboration with the Idaho Statewide Healthcare Innovation Plan (SHIP), is offering training for Idaho residents who are interested in becoming Community Health Workers. **There is no cost for Idaho residents to participate in the training** but interested individuals must gain approval to take the training through the Idaho SHIP program. And, students must agree to submit information to the SHIP program after course completion. Students who successfully complete the training will receive a certificate verifying course completion.



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition July 11, 2018

SHIP OPERATIONS:

SHIP Staffing Update:

- **Report Items:**

- Casey Moyer has accepted the position of Office of Healthcare Policy Initiatives Program Administrator, effective July 1.
- Open recruitment is underway for two positions on the SHIP team, these are limited service positions tied to the grant:
 - Admin Assistant 2
 - Program Specialist – DHW

The jobs are posted at:

<https://www4.labor.idaho.gov/DHR/ATS/StateJobs/CurrentOpenings.aspx?view=Alpha>

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**

- A CMMI Award Year 4 request for release of funds was submitted for out-of-state travel for Madeline Russell to attend the Northwest Regional Telehealth Resource Center event in October 2018.
- A request for release of Award Year 3 carryover funds was submitted for the University of Idaho State Evaluator contract for focus group costs related to the evaluation of Goals 2 & 5.
- CMMI and ONC conducted a site visit to Idaho to 1) discuss the progress of Idaho's SIM grant, identify opportunities and discuss strategies going forward; 2) attend the Cohort Three PCMH learning collaborative at Boise State University; and 3) discuss grant close-out processes and procedures.

SHIP Administrative Reporting:

- **Report Items:**

- Requests for release of Award Year 3 carryover funds were approved by CMMI on July 2, 2018 for: 1) Brilljent, LLC and 2) the Langdon Group.
- A CMMI Award Year 4 and Award Year 3 carryover request for release of funds was approved for the Community Health Worker (CHW) learning collaborative to be held on July 25, 2018.
- CMMI Award Year 3 carryover requests for release of funds were approved for the CHEMS motivational interviewing webinar series and the CHEMS pilot project.
- The Idaho Healthcare Coalition Transformation Sustainability Workgroup (TSW) met on June 14, 2018.

Regional Collaboratives (RC):

- **Report Items:**

- **District 1:** 5/17/18 PCMH meeting to discuss education and sharing resource information.
- **District 2:** No RC meetings held in May.

- **District 3:** Combined Executive Committee meeting with Central Health Collaborative (CHC) to discuss sustainability and merger (5/9), SWHC Executive Committee meeting to discuss sustainability and working with Medicaid (5/14).
- **District 4:** CHC meeting - held on 04/03/18.
Russ Duke, Dr. Rich, and Dr. Peterman were all in attendance.
Executive Leadership meeting - held on 05/09/18 with D3. Dr. Rich, Russ Duke, and Melissa Dilley all attended.
- **District 5:** 5/18/18 RC meeting. Primary purpose was to listen to Dr. Jeanene Smith discuss PCMH strategies in Oregon.
- **District 6:** No RC meetings occurred in May due to scheduling difficulties.
- District 7:
- **Issues and topics discussed:**
 - **District 1:** Community Resources: STD resources - Tina Ghirarduzzi, Health Educator, Panhandle Health District. Additions of Idaho services: behavioral health and substance abuse resources - Lindsay Lartz, LCPC, Clinical Director. * IHDE - Ruby Cash, Support Lead. Why each physician at the clinic needs to be in the system and why physicians no longer with them need to be taken out. How the codes from each source need to be in the system. Tips and tricks on best practices when using IHDE. * Diabetes QI update and opportunity: Amy Hirtle and Nancy Carpenter, RC, CDE. Data results and educational opportunities and continued QI project with CVD added.
 - **District 2:** None
 - **District 3:** Combined Executive Committee meeting with CHC to discuss sustainability and merger (5/9), SWHC Executive Committee meeting to discuss sustainability and working with Medicaid (5/14).
 - **District 4:** CHC Executive Leadership Meeting - held on 05/09/18. Planning for the 06/05/18 CHC meeting included a discussion of the Pathways Community HUB model, brainstorming future potential partners, and planning next steps. Next steps include inviting a community schools resource coordinator from one of the local Boise School District elementary schools involved in the Community Schools Initiative to the CHC meeting to present on the initiative and the role of a coordinator and the needs being seen in the community. The RC leadership teams from Regions 3 and 4 also spent time discussing the Medicaid High Value Care/transformation plan, including the future structure and timeline. It was suggested by leadership to have these updates provided at the next CHC meeting. Next steps include inviting Jeff Crouch to our 06/05/18 CHC meeting to provide an update.
 - **District 5:** Dr. Smith gave a history of PCMH efforts in Oregon. She mentioned that they have already implemented legislative changes which include the ability to set aside funds for primary providers. Payors in Oregon have started to align with PCMH, value based payments. She stated they have RCOs in regions. She suggested that we may have luck with RCs if they can align with the RCOs that will be formed in each region in the future.
 - **District 6:** While no face-to-face RC meetings were held, the updated strategic plan was sent to executive committee members for review. Revisions are being made based on member feedback and the plan will be signed by the RC chair at the next meeting.
 - District 7:

- **Action Items:**

- **District 3:** 1) Cost to purchase a view-only IHDE license has been brought up as a barrier for some behavioral health agencies and hospitals. Access would enhance care coordination but the price is prohibitive. 2) Utilization of SHIP sustainability funding to create a repository of information provided by QI specialists and HMA to clinics.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
- Six telehealth subgrantees elected to participate in an amendment to add time to their subgrants. This will provide an opportunity to continue the work they are doing in implementing telehealth in their clinics and allow them to draw down any unspent funds until December 31, 2018.
- Health Management Associates continues to provide telehealth technical assistance to SHIP telehealth cohorts.
- An executive summary and meeting minutes were created and provided to the Idaho telehealth planning meeting participants. This executive summary and subsequent action item will be put forward for consideration at the July IHC meeting.
- **Next Steps:**
 - Continue marketing and outreach efforts for ECHO.



Community Health Workers:

- **Report Items:**
- The Idaho Community Health Worker (CHW) Learning Collaborative will be held Wednesday, July 25, 2018 at Idaho State University Meridian Campus. The CHW Learning Collaborative objectives are:
 - To update healthcare, community, and other system partners on the current and future state of CHWs in Idaho.
 - To allow healthcare, community, and other system partners the opportunity to increase their knowledge of foundational aspects of CHWs.
 - To provide participants an opportunity to network with partners and subject matter experts.
- In collaboration with Idaho State University, the fall 2018 CHW training will start August 21, 2018. This training opportunity will be live, online Tuesday evenings from 6:00pm-9:00pm (MST). The instructors will be Josh Campbell and Martha Madero.
- **Next Steps:**
- Continue outreach for the CHW live-online fall 2018 training.
- Consider possible opportunities for CHW transition post-SHIP.

WORKGROUP REPORTS:



Community Health EMS (CHEMS):

- **Report Items:**

- The most recent statewide CHEMS workgroup meeting was held May 23, 2018.
- The CHEMS Statewide Workgroup meetings scheduled for June and July were cancelled.
- Latest updates since the last IHC report from June 5, 2018 include:
 - CEMT Education:
 - The course is officially open for registration and enrollment.
 - The course will begin August 15 and will be held on Wednesday nights from 6-9 pm.
 - Instructors: Mark Siemon and Travis Spencer
 - Upcoming Webinar
 - **Motivational Interviewing 2nd Session** (3-part series)
 - Dates: July 17, 31, and 24, 2018
 - Time: 12:00-1:00 PM MST
 - Funding for the ImageTrend pilot project has been approved by CMMI.
 - Program Evaluation – Paramedic Foundation
 - This initiative is funded by the Bureau of EMS and Preparedness to supplement the SHIP CHEMS project.
 - Agency site visits will begin the week of July 16 and will be completed the first week of August.
- The internal CHEMS Workgroup will now meet every other Monday.
 - Collective CHEMS Workgroup activities for the month include:
 - The third and final cohort for the ISU Community Paramedic Certificate Program is underway.
 - Planning and implementation for the learning collaborative.
 - Planning and implementation for the upcoming webinars.
 - Review of applications for CEMT training will begin in July.
 - Planning and implementation for the Community Paramedic Program evaluation pilot project.

- **Next Steps:**

- Project Charter, Deliverable 3 – develop and implement training program for EMTs (ILS and BLS) – **in progress.**
 - First and second cohorts to be completed by January 2019.
- Project Charter, Deliverable 4 – establish CHEMS peer mentoring and/or technical assistance programs – **in progress.**
 - Continue to define, develop, and implement peer mentorship throughout the state.
- Project Charter, Deliverable 6 – develop and implement learning collaborative – **in progress.**
 - The second learning collaborative will take place in August 2018.
 - This deliverable will be completed by January 2019.
- The next statewide CHEMS workgroup meeting will be held August 22, 2018 from 10:00-11:00 AM MST.



Idaho Medical Home Collaborative:

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



Data Governance:

- **Report Item:**
 - The Data Governance Workgroup did not meet in June.
- **Next Steps:**



Multi-Payer:

- **Report Item:**
 - The MPW met Wednesday, June 6, 2018. The outcomes of that meeting were reported in the June Workgroup Report.

- **Next Steps:**

The next MPW meeting is scheduled for August 7, 2018.



Behavioral Health:

- **Report Item:**
 - The BHI Sub-Committee did not meet in June. The next meeting will be held on Tuesday, September 4th, 9:00 am – 11:00 am at PTC building, 7th floor conference room.



Population Health:

- **Report Item:**
 - The PHW did not meet in June.
- **Next Steps:**
 - There will be no meeting in July in observance of Independence Day