



# Idaho Healthcare Coalition

## Meeting Agenda

May 9, 2018 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: 773079

**Attendee URL:** <https://rap.dhw.idaho.gov/meeting/86471102/827ccb0eea8a706c4c34a16891f84e7b>

**Attendee Smartphone URL:**

<pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=86471102&signin=rap.dhw.idaho.gov%2Fmeeting%2F&token=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 meeting minutes – <i>Dr. Ted Epperly, IHC Chair</i> <b>ACTION ITEM(s)</b>
1:40 p.m.	Telehealth update – <i>Madeline Russell, Project Manager</i>
1:55 p.m.	Regional Collaborative Transition Workshop report - <i>Madeline Russell, Project Manager and Katie Falls, Principal, Mercer</i>
2:15p.m.	CMMI SHIP Sustainability Report – <i>Katie Falls, Principal, Mercer, Dr. Jeanene Smith, Principal, Health Management Associates</i>
2:45 p.m.	Break
3:00 p.m.	Charge for the IHC workgroup – <i>Dr. 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"><li>• Presentations, Staffing, Contracts, and RFPs status - Cynthia York, IDHW</li><li>• Regional Collaboratives Update - Madeline Russell, IDHW</li><li>• Telehealth, Community Health EMS, Community Health Workers - Madeline Russell, IDHW</li><li>• Data Governance Workgroup - Dr. Andrew Baron, Terry Reilly and Janica Hardin, Saint Alphonsus, Workgroup Chairs</li><li>• Multi-Payer Workgroup - Norm Varin, PacificSource and Dr. Kelly McGrath, Workgroup Chairs</li><li>• Behavioral Health/Primary Care Integration Workgroup - Ross Edmunds, IDHW and Dr. Charles Novak, Workgroup Co-Chairs</li><li>• Population Health Workgroup - Elke Shaw-Tulloch, IDHW &amp; Carol Moehrle, Public Health Idaho North Central District, Workgroup Chairs</li><li>• IMHC Workgroup – Dr. Scott Dunn, Family Health Center and Matt Wimmer, IDHW Workgroup Chairs</li></ul>
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 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)  
May 9, 2018

**Action Items**

■ Action Item 1 – April IHC Meeting Minutes

IHC members will be asked to adopt the minutes from the April 11, 2018 IHC meeting:

Motion: I, \_\_\_\_\_ move to accept the minutes of the April 11, 2018, Idaho Healthcare Coalition (IHC) meeting as prepared.

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

Motion Carried.

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■ Action Item 2 – IHC Membership

IHC members will be asked to recommend that the governor appoint Dr. Rhonda Robinson-Beale to the IHC representing Foundations.

Motion: I, \_\_\_\_\_ move to recommend the governor appoint Dr. Rhonda Robinson-Beale to serve as a member of the Idaho Healthcare Coalition (IHC).

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

Motion Carried.



# Idaho Healthcare Coalition

**SUBJECT:** IHC April Minutes

**DATE:** April 11, 2018

**ATTENDEES:** Sam Summers, MD in for Andrew Baron, MD, Russ Barron, Ted Epperly, MD, Janica Hardin, Lisa Hettinger, Drew Hobby, Yvonne Ketchum-Ward, Deena LaJoie, David Pate, MD, Tammy Perkins, Kevin Rich, MD, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Norm Varin, Karen Vauk, Jennifer Wheeler, Cynthia York, Rachel Blanton in for Nikole Zogg

**LOCATION:** 700 W State Street, 1<sup>st</sup> Floor East Conference Room

**Teleconference:** Michelle Anderson, Richard Bell, MD, Melody Bowyer, Kathy Brashear, Pam Catt-Oliason, Melissa Christian, Russell Duke, James Lederer, MD, Maggie Mann, Amy Mart, Casey Meza, Carol Moehrle, Susie Pouliot, Geri Rackow, Neva Santos,

**Members Absent:** Keith Davis, MD, Scott Dunn, MD, Ross Edmunds, Senator Lee Heider, Mark Horrocks, MD, Glenn Jefferson, MD, Kelly McGrath, MD, Nicole McKay, Daniel Ordyna, David Peterman, MD, Boyd Southwick, MD, Lora Whalen, Matt Wimmer, Representative Fred Wood, MD

**IDHW Staff** Ann Watkins, Kymberlee Schreiber, Stacey St. Amand, Madeline Russell, Jill Cooke, Alexis Marcovitz, Burke Jensen

**STATUS:** Draft 4/27/2018

## Summary of Motions/Decisions:

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**Motion:**

It was moved that the IHC accept the March 14, 2017 meeting minutes.

**Outcome:**

**Passed**

## Agenda Topics:

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

- ◆ Ted Epperly welcomed everyone to the meeting and took role. Dr. Epperly started the meeting with a Zen proverb, “No seed ever sees the flower.”

**Results from IHC Survey – Katie Falls, Principal, Mercer; Dr. Jeanene Smith, Principal, Health Management Associates**

- ◆ A ten-question survey about SHIP and healthcare transformation sustainability was distributed to IHC members in March. There was an 87% response rate to the survey.
- ◆ One hundred percent of respondents agreed that transformation of Idaho’s healthcare delivery system needs to continue.
- ◆ Respondents were asked to identify the top five components of the SHIP model that should be continued. The top five answers were: Health Information Exchange (HIE) development to support data exchange and analytics, payment reform, alignment of common CQMs across payers, PCMH training and TA, and telehealth.
- ◆ Support for continuation of an IHC-like stakeholder group was strong at more than 70%. Respondents felt the group would accelerate the transformation process, hold stakeholder neutrality and anti-trust protection, and was needed to drive and sustain partnerships.
- ◆ Respondents felt that the IHC has provided assistance to PCMHs, provided a forum for developing common goals and leadership for transformation, and assisted with collaboration among provider, payers and diverse interest groups. They felt these should be continued post-SHIP. Suggestions for changes included making the IHC a smaller group and changing the membership composition to include more stakeholder representatives and fewer state agency representatives.
- ◆ Nearly 80% felt the support of OHPI would be needed in the future to keep engagement, focus, and support; and monitoring and tracking activities.
- ◆ Suggested stakeholder groups to be represented in a future IHC advisory entity included public and private payers, PCPs, health data experts and health data exchange, consumer advocates, legislators, public health, healthcare provider specialists, business groups, patients, and public and private entities working on social determinants of health.

**Interactive Discussion – Katie Falls, Principal, Mercer; Dr. Jeanene Smith, Principal, Health Management Associates, Dr. Ted Epperly, IHC Co-Chair**

- ◆ The first theme that emerged in the discussion was **transformation**. Members felt that transformation is a “foregone conclusion,” and that being nimble as a group and keeping transformation moving forward are imperative. They felt that with an organization the size of the current IHC, it was difficult to be flexible. There were questions about how much financial support and commitment there is especially with a new gubernatorial

administration coming in; but others felt that stakeholders created the mission and vision, they can drive transformation also. Finally, it was felt that what is needed is an invested core group that includes payers and employers.

- ◆ **Payers** were the next topic of discussion. Participants felt that there is active engagement with the payer community across the state but that it's not about the payers, it's about the payers and providers and trying to arrive at healthcare transformation goals together. Several said that payers need to take the lead. One said that payers need to create structures that allow all physicians to participate if they choose.
- ◆ Participants discussed **funding** next and trying to find the value proposition and demonstrating it within the medical home. They said that cost factors are the biggest challenges. We need to be able to say what the ROI on the project has been, what we need money for, and how funding will be utilized.
- ◆ **Data** was the next topic and the expressed need for it was universal. Data is needed for selling our success to the feds, to the legislature, and to have them kick in funds. If we don't have data, we can't improve. We need more real-time data including claims utilization and cost data as well as pharmacy data, lab data, and census data; that's the value of a data exchange. It's one of the things we've fallen short on. Consumers are demanding it.
- ◆ **Next Steps** are to form a sub-committee that would come up with a charter by July so it can be finalized by September. The group needs to be small with a short timeline; it needs to involve the pairing of the transformation effort with the PHDs and RC sustainability work. SHIP Project Managers should be at the table but the number of department staff should be minimized. The deliverables from this sub-committee would include:
  - Developing a mission statement/charter
  - Developing a process to maintain accountability
  - Determining governance of the group
  - Determining ROI to see where improvement has been made

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

- ◆ With no further business the meeting was adjourned at 4:10.

# Telehealth Reimbursement Matrix

## Telehealth Council

### Version 2.0 (March 2018)

The Telehealth Reimbursement Matrix was supported by Funding Opportunity Number CMS-16-144-001 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services



Organization	Blue Cross	SelectHealth	PacificSource	Nordian	Medicaid
What is your organization's current reimbursement payment model?	Varies, depending on specialty and location. Standard is RVU and/or CPT/HCPCS coding standards	SelectHealth covers certain evaluation & management codes only when billed with a GT or 95 modifier. Currently, only genetic counseling services are covered in Idaho	Fee for Service	Fee for Service Medicare	We currently reimburse a limited list of telehealth codes, which are also available through our fee-for-service network.
Does your organization pay an originating site fee?	Yes	No	No	Yes	No
Please describe your organization's financial parity policy.	n/a	SelectHealth reimburses the CPT codes the same for telehealth services as for face-to-face visits.	Reimbursement is the same for Telehealth as face-to-face services		Services available via telehealth are reimbursed to the provider at the same rates as those available in a face-to-face setting.
Please describe your organization's service parity policy.	n/a	SelectHealth reimburses the CPT codes the same for telehealth services as for face-to-face visits.	Services must be medically necessary and eligible for coverage if the same service were provided in person.		Services available via telehealth are required to have the same integrity as those provided in a face-to-face setting.
Please describe patient vs. payer responsibility.	Would follow the guidelines of the member's benefit plan	Patient responsibility follows normal plan guidelines.	Member cost share is the same as in person office visits	Paid for based off fee schedule allowances. The beneficiary is responsible for any unmet deductible or coinsurance.	Patients have the same benefits and responsibilities for telehealth services as for face-to-face services.
Which of the following technologies are eligible for telehealth reimbursement?					
Live Video	X	X	X	X	X
Store and Forward					
Remote Patient Monitoring					
Email	X				
Phone					
Fax					
Which of the following providers are eligible for telehealth reimbursement?					
Physicians	X	X	X	X	X
<i>Comment</i>					
Nurse practitioners (NPs)	X	X	X	X	X
<i>Comment</i>					Must be enrolled as Healthy Connections Primary care providers.
Physician assistants (PAs)	X	X	X	X	X
<i>Comment</i>					Must be enrolled as Healthy Connections Primary care providers.
Nurse-midwives	X		X	X	X
<i>Comment</i>					Must be Certified Nurse Midwives and enrolled as Healthy Connections Primary care providers.
Clinical nurse specialists (CNSs)	X		X	X	
<i>Comment</i>					
Certified registered nurse anesthetists			X	X	
<i>Comment</i>					
Clinical psychologists (CPs) and clinical social workers (CSWs)	X		X	X	
<i>Comment</i>					
Registered dietitians or nutrition professionals	X		X	X	
<i>Comment</i>	Registered dietitians only				
Occupational therapists (OTs)			X		X
<i>Comment</i>					
Physical therapists (PTs)			X		
<i>Comment</i>					
Speech-language pathologists (SLPs)			X		X
<i>Comment</i>					
Other	X		X		X
<i>Comment</i>	Clinical professional counselor		All PacificSource eligible providers		CBS supervision in an educational setting, interpretive services, therapeutic consultation and crisis intervention

Organization	Blue Cross	SelectHealth	PacificSource	Noridian	Medicaid
Does your organization specify a patient setting or location as a condition of payment for telemedicine (rural vs urban, population size, health professional shortage area (HPSA), distant site)? If yes, please explain.	Yes	Yes	No	Yes	No
Does coverage for services delivered by telemedicine need to be specified within provider contracts?	Yes	No	No	No	No
Are healthcare services already covered within a plan covered to the same extent whether delivered in-person or via telehealth?	Yes	No	Yes	Yes	Yes
Which of the following facilities are qualified patient locations?					
Provider Office	X			X	
Hospital/Critical Access Hospital	X		X	X	
Rural Health Clinic	X		X	X	
Federally Qualified Health Center	X		X	X	
Community Mental Health Center	X		X	X	
Skilled Nursing Facility	X		X	X	
Assisted Living Facility			X		
Stroke Center	X		X		
Rehabilitation/Therapeutic Health Setting	X		X		
Ambulatory Surgical Center	X		X		
Residential Treatment Center	X		X		
Hospital-based Dialysis Center	X		X	X	
School/School-based Health Center			X		
Patients Home			X		
Any approved Site of Service code			X		
Any site where the appropriate equipment is located			X		
Other (Specify)			X		
Which of the following services are eligible for telehealth reimbursement?					
Provider-to-Patient Consultations	X		X		
Provider-to-Provider Consultations			X		
Office Visits			X		
Individual Psychotherapy			X		
Pharmacologic Management			X		
Diagnostic Assessment			X		
Other (Specify)			X		

Organization	Blue Cross	SelectHealth	PacificSource	Nordian	Medicaid
<p>If only specific CPT codes are eligible for telehealth reimbursement, please list those CPT codes.</p>	<p>90785 Psyx complex interactive  90791 Psych diagnostic evaluation  90792 Psych diag eval w/med svcs  90832 Psyx pt&amp;fam 30 minutes  90833 Psyx pt&amp;fam w/ea&amp;m 30 min  90834 Psyx pt&amp;family 45 minutes  90836 Psyx pt&amp;fam w/ea&amp;m 45 min  90837 Psyx pt&amp;fam 60 minutes  90838 Psyx pt&amp;fam w/ea&amp;m 60 min  90839 Psyx crisis initial 60 min  90840 Psyx crisis ea addl 30 min  90845 Psychoanalysis  90846 Family psyx w/o patient  90847 Family psyx w/patient  90951 Eisd serv 4 visits p mo &lt;2yr  90952 Eisd serv 2-3 vsts p mo &lt;2yr  90954 Eisd serv 4 vsts p mo 2-11  90955 Eisd srv 2-3 vsts p mo 2-11  90957 Eisd srv 4 vsts p mo 12-19  90958 Eisd srv 2-3 vsts p mo 12-19  90960 Eisd srv 4 vsts p mo 20+  90961 Eisd srv 2-3 vsts p mo 20+  90963 Eisd home pt serv p mo &lt;2yrs  90964 Eisd home pt serv p mo 2-11  90965 Eisd home pt serv p mo 12-19  90966 Eisd home pt serv p mo 20+  90967 Eisd home pt serv p day &lt;2  90968 Eisd home pt serv p day 2-11  90969 Eisd home pt serv p day 12-19  90970 Eisd home pt serv p day 20+  96116 Neurobehavioral status exam  96150 Assess hltb/behav init  96151 Assess hltb/behav subseq  96152 Intervene hltb/behav indiv  96153 Intervene hltb/behav group  96154 Interv hltb/behav fam w/pt  96160 Pt-focused hlt risk asmnt  96161 Caregiver health risk asmnt  97802 Medical nutrition indiv in  97803 Med nutrition indiv subseq  97804 Medical nutrition group  99201 Office/outpatient visit new  99202 Office/outpatient visit new  99203 Office/outpatient visit new  99204 Office/outpatient visit new  99205 Office/outpatient visit new  99211 Office/outpatient visit est  99212 Office/outpatient visit est  99213 Office/outpatient visit est  99214 Office/outpatient visit est  99215 Office/outpatient visit est  99231 Subsequent hospital care  99232 Subsequent hospital care  99233 Subsequent hospital care</p>	<p>96040</p>	<p>98966-69; 99441-444; G0406-8; G425-7; G0459: Codes reimbursable for professional services are reimbursable as Live Video Telemedicine Encounters when -GT modifier is attached.</p>	<p>Use of a telecommunications system may substitute for an in-person encounter for professional consultations, office visits, office psychiatric services and a limited number of other physician fee schedule (PFS) services. These services are listed below.</p> <ul style="list-style-type: none"> <li>• Telehealth consultations, emergency department or initial inpatient (G0425-G0427)</li> <li>• Follow-up inpatient telehealth consultations (G0406-G0408)</li> <li>• Office or other outpatient visits (99201-99215)</li> <li>• Subsequent hospital care services (with the limitation of one telehealth visit every 3 days) (99231-99233)</li> <li>• Subsequent nursing facility care services (with the limitation of one telehealth visit every 30 days) (99307-99310)</li> <li>• Individual psychotherapy (90832-90834 and 90836-90838)</li> <li>• Pharmacologic management (G0459)</li> <li>• Psychiatric diagnostic interview examination (90791 and 90792)</li> <li>• End stage renal disease related services (90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963, 90964, 90965 and 90966)</li> <li>• Individual and group medical nutrition therapy (G0270 and 97802-97804)</li> <li>• Neurobehavioral status exam (96116)</li> <li>• Individual and group health and behavior assessment and intervention (96150-96154)</li> <li>• Individual and group kidney disease education (KDE) services (G0420 and G0421)</li> <li>• Individual and group diabetes self-management training (DSMT) services (with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training) (G0108 and G0109)</li> <li>• Smoking Cessation Services (G0436, G0437, 99406, 99407)</li> <li>• Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services (G0396 and G0397)</li> <li>• Annual alcohol misuse screening (G0442)</li> </ul>	<p>As specified in our policy (effective date of 1/1/17) and Medicaid Information Release #MA16-20.</p>



Organization	Blue Cross	SelectHealth	PacificSource	Noridian	Medicaid
Does your organization require a modifier code to indicate telehealth services?	Yes	Yes	Yes	No	Yes
Please specify. Example: Modifier GT or 95	GT but will be updated in 2018 to only require POS	GT or 95	GT	Need to use 02 POS code. <a href="https://med.noridianmedicare.com/web/fbr/article-detail/-/view/10542/telehealth-services-elimination-of-gt-modifier">https://med.noridianmedicare.com/web/fbr/article-detail/-/view/10542/telehealth-services-elimination-of-gt-modifier</a>	GT
Does your organization have restrictions related to the amount of distance between a distance site provider and a patient?	No	No	No	Yes	No
Does your organization have requirements for patient identification?	Yes	Yes, SelectHealth follows HIPAA guidelines, and verification by the provider is required.	No	Yes	Yes
Does your organization have requirements to verify benefit eligibility?	Yes	No, SelectHealth follows HIPAA guidelines, and verification by the provider is required.	No	Yes	Yes
What is your organization's policy to establish informed patient consent, specific to telehealth?	Provider must obtain and document member consent and other releases should be developed to be maintained in the patient's medical record	The requirements are included in the telehealth process.	Same as face to face encounters	Would be the same as a face to face visit	Appropriate consents must be obtained from the participant after disclosures regarding the delivery model, provider qualifications, treatment methods, or limitations and telehealth technologies. If the participant (or legal guardian) indicates at any point that he wants to stop using the technology, the service should cease immediately and an alternative (in-person) appointment should be scheduled. The partial, interrupted service is not reimbursable.
Please list any exceptions or exclusions to your organization's telehealth reimbursement policies.	n/a	Coverage as outlined above with GT and 95 modifier requirements.	Store and forward, Email, Phone, fax not covered	Beneficiaries are eligible for telehealth services only if they are treated at an originating site located either in a rural health professional shortage areas (HPSA) or in a county outside of a Metropolitan Statistical Area (MSA).	Services provided to Idaho Medicaid participants via telehealth must meet the requirements of the Idaho Medicaid Telehealth Policy to qualify for reimbursement.
Does your organization anticipate revising its telemedicine reimbursement policies within the next year?	Yes	Yes	Yes	Yes	Yes
Please provide any suggestions you may have to ensure appropriate use.	n/a	SelectHealth is open to what has been demonstrated in the published peer-review literature to improve health outcomes or result in similar health outcomes and reduce the costs of healthcare.		Some questions may have not been interpreted correctly. Noridian does have articles on their website with full coverage details as well as updates to the original article. Original coverage article can be found here: <a href="https://med.noridianmedicare.com/web/fbr/topics/telehealth">https://med.noridianmedicare.com/web/fbr/topics/telehealth</a>	Provider Handbook (both available at <a href="http://idamedicaid.com">idamedicaid.com</a> ) for the most current information to ensure reimbursement for telehealth services, please provide any suggestions you may have to ensure appropriate use.



### Regional Collaborative Transition Planning

#### RC Workshop

- Begin collectively preparing for post-SHIP transitions to support community health experience and expertise in Idaho's continued healthcare transformation
- April 10 & 11, 2018

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#### RC Summit

- Opportunity for sharing of information statewide and engaging in collective strategic planning.
- Summits held in 2016 & 2017



## RC Post-SHIP Transition Workshop

April 10 & 11, 2018

- Workshop focused on collectively planning for post-SHIP transitions:
  - Each RC to develop a post-SHIP transition plan
  - Transition plan due in December 2018
- RC Transition Plan Template distributed:
  - Inclusive of questions to help guide planning



## Focus Areas

Medicaid Regional Care Coalition Model

- Discussion regarding the Medicaid Regional Care Coalition (RCC) model.
- Participants requested further information about the Community Health Outcome Improvement Coalition (CHOICe) structure and functions.
- Would like an opportunity to provide input as decisions regarding CHOICe concept is developing.



### Focus Areas

Shared Goals Across Regions

- RCs are more likely to be successful if they shared common goals across the RCs.
- **Three Goals:** (proposed by Workshop participants)
  1. Patient-centered medical home (PCMH) transformation, to include the following sub-topics:
    - Support to improve care coordination
    - Medical-Health Neighborhood support
    - Patient engagement
  2. Behavioral Health Integration
  3. Developing mechanisms to stay connected across the State



### RC Summit Planning





### **Goals of the RC Summit**

Goals proposed by Workshop Participants

- Offer as webinar and in-person to maximize participation.
- Invite key individuals to provide information that will help them with their post-SHIP transition planning:
  - Information on the Medicaid RCC model
  - How to obtain “return on investment” data to build their business case
- Discuss and strategize how the RCs will integrate with the IHC and Medicaid’s efforts to further transform after SHIP:
  - Important that efforts are aligned with the IHC, PCMH transformation goals, etc.



### **Goals of the RC Summit**

Goals proposed by Workshop Participants

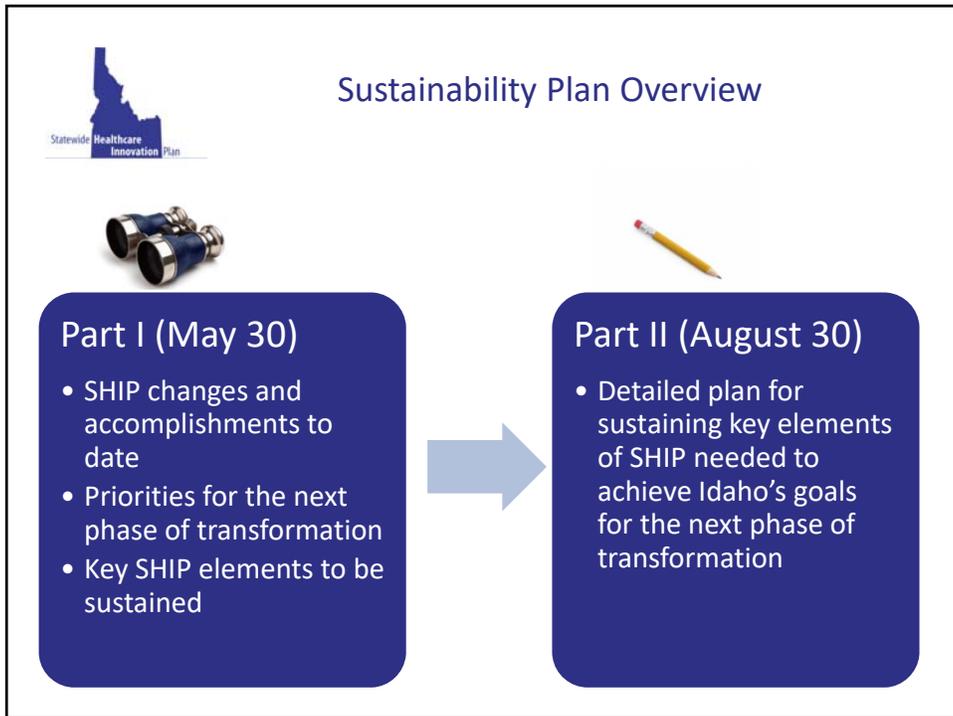
- Develop a post-SHIP vision for RCs.
- Identify potential resources to support RC’s role and approaches.
- Calculate ROI to support the request of funding for the RCs.



## **Preparing for the RC Summit**

Goals Proposed by Workshop Participants

- To prepare for the Summit:
  - Gather data and “clinic snapshots” to inform the ROI calculation. Determine what data might be available and useful. It is important to be able to show the value of the RCs when asking for support.
  - Identify infrastructure and resources needed to continue support of the RCs.





## Major SHIP Contributions

### SHIP has accelerated delivery and payment reform in Idaho

- 163 primary care clinics are actively participating in Idaho's SHIP. Due to SHIP support, Idaho's earlier pilot efforts with the PCMH model have now spread to more rural and urban clinics across Idaho.
- SHIP's focus on transformation has moved the State and Idaho's other healthcare payers to pay for value instead of volume. Based on both national studies and specific Idaho experience, the increase in value-based purchasing (VBP) coupled with new care delivery models, such as the PCMH, are expected to bend the cost curve in Idaho.
- SHIP has developed and supported innovative workforce development strategies to address the State's critical health professional workforce shortage.
- SHIP brought together the key healthcare stakeholders, to look across efforts for Idaho's transformation.

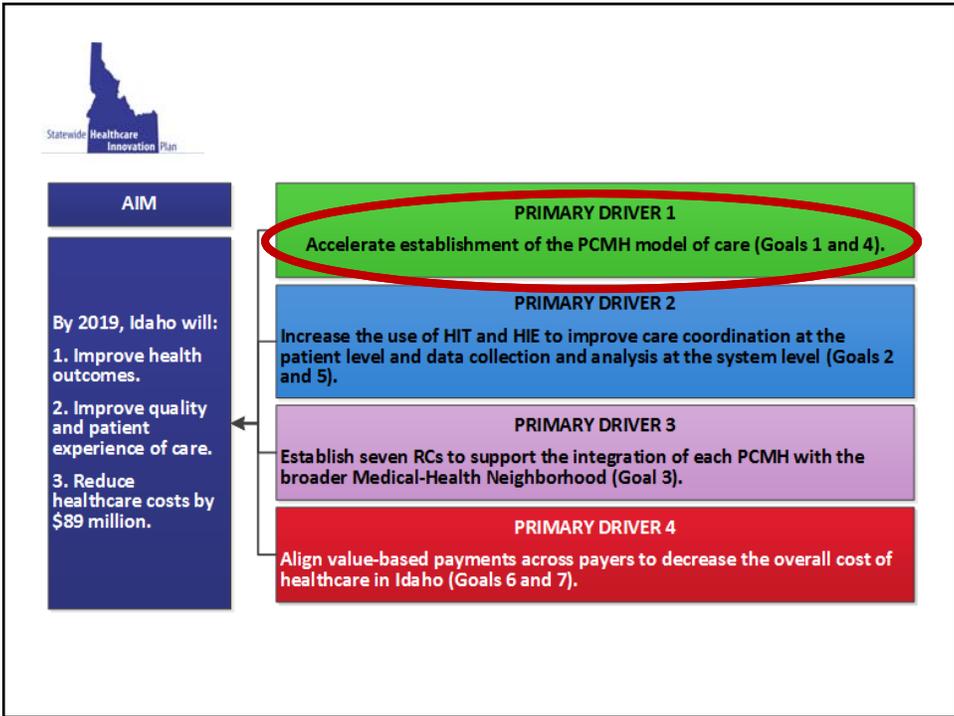


## Looking Ahead

### Priorities for the next phase of health system transformation\*

- Further implementation of payment models that reward the value of care.
- Improve data exchange and analytics to both support care coordination and monitor quality.
- Align common quality performance measures across payers.
- Continue to support practices as they move to the PCMH model.
- The State has a continued role to convene and facilitate collaboration across stakeholders.

\*From March 2018 IHC survey results





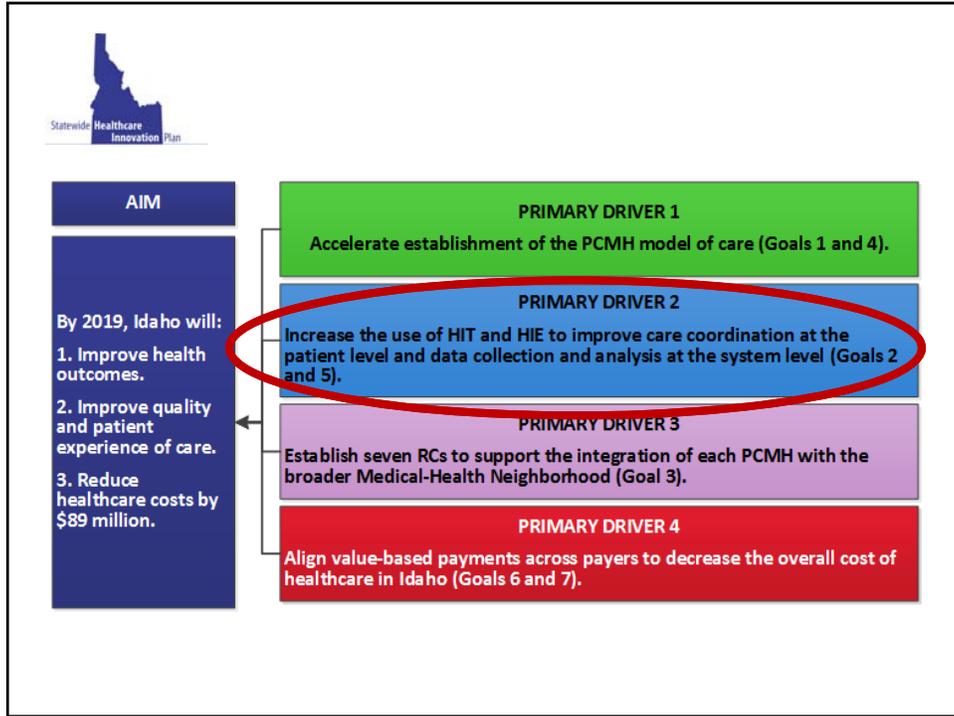
## Goal 1 PCMH transformation

- Accomplishments**
- Accelerated implementation of PCMH model statewide.
  - 127 SHIP clinics have or are seeking national PCMH accreditation.
  - High clinic retention rate in practice transformation (>98%).
  - Greater awareness of PCMH concept in Idaho.
- Lessons Learned and Changes**
- Learned the importance of hands-on coaching and local support, using a flexible approach tailored to each clinic to meet them where they are.
  - The content and mechanisms for PCMH training and technical assistance have evolved over time.
  - Removed original requirement that clinics obtain PCMH recognition by a national body such as NCQA.
  - Increased focus on clinic-to-clinic mentorship.
- Moving forward...** Continue to support practices as they move to the PCMH model.



## Goal 4 Virtual PCMH

- Accomplishments**
- Established 28 Virtual PCMHs in rural communities.
  - Established in-state training programs for CHWs and CHEMS personnel.
  - Supported implementation of Idaho's first Project ECHO Hub.
- Lessons Learned and Changes**
- Limited resources in rural communities are a barrier to telehealth implementation.
  - SHIP shifted telehealth approach to include support for Project ECHO.
  - The lack of reimbursement for CHEMS personnel and CHWs continues to be a challenge in Idaho.
- Moving forward...** Continue to support Virtual PCMH initiatives.



**Statewide Healthcare Innovation Plan**

## Goal 2 HIE inter-connectivity

**Accomplishments**

- 67 bi-directional clinic connections established to date; 69 clinic connections in progress; on target to complete 130 clinic connections by end of SHIP grant.
- Supported IHDE’s effort to improve HIE infrastructure.

**Lessons Learned and Changes**

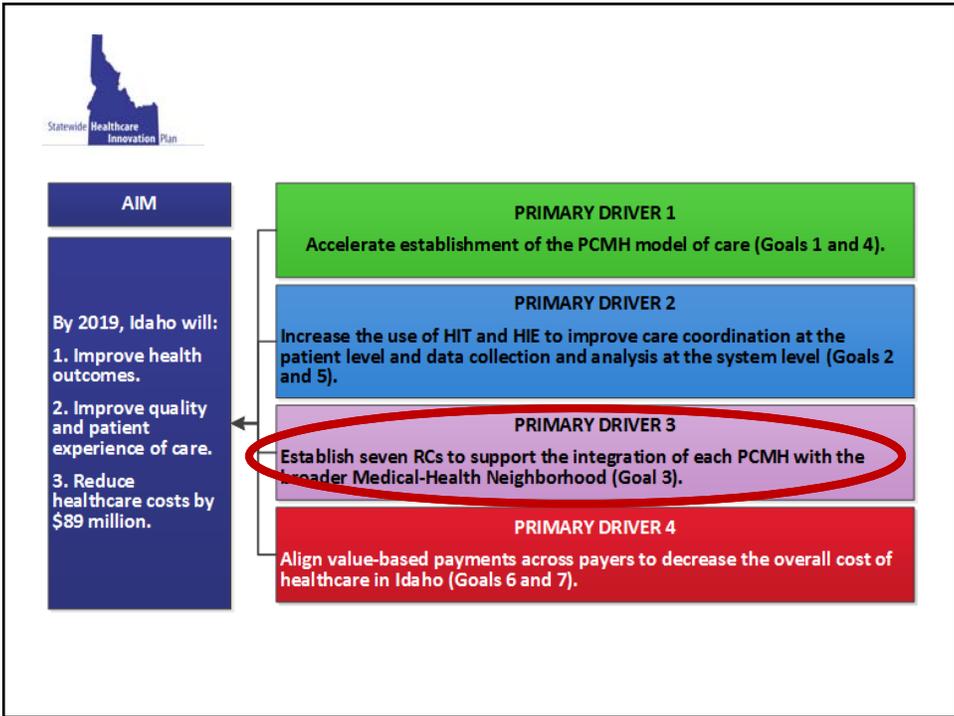
- Stable and robust HIE infrastructure is a necessity, especially as Idaho moves to value-based payments.
- Establishing clinic connections to IHDE is complex and takes time, dedicated focus and resources.
- Aligning with other HIT/HIE efforts is important.

**Moving forward...** IHDE will move to a new platform (Verinovum), and will continue to work with clinics and hospitals to maintain existing connections and build new connections.



## Goal 5 Clinic-level, regional and statewide data analytics

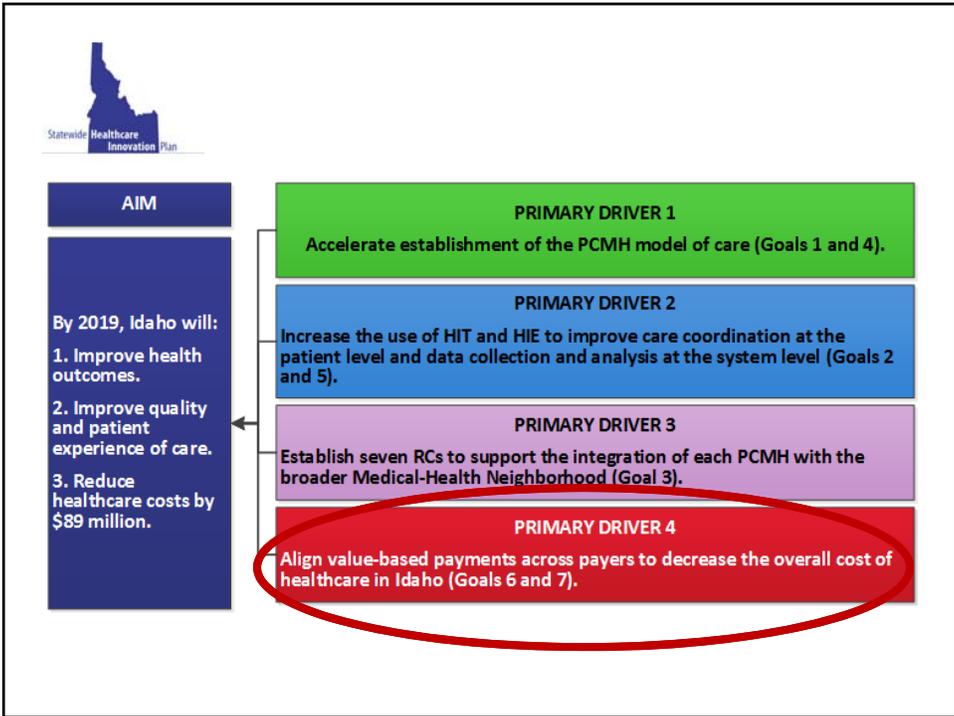
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>• Worked towards common metrics to fuel transformation.</li> <li>• Completed foundational work in data analytics and reporting that provides a launching pad for future efforts.</li> <li>• Created a data governance workgroup that brings together the clinical and HIT perspectives.</li> <li>• Established relationships with other state HIEs.</li> </ul>
<b>Lessons Learned and Changes</b>	<ul style="list-style-type: none"> <li>• When selecting quality measures, consider data availability and alignment with national measures to reduce provider burden.</li> <li>• The process for improving data quality takes focused time and resources.</li> <li>• Connecting with other state HIEs is critical to benefit from their lessons learned.</li> </ul>
<b>Moving forward...</b>	Evaluate ongoing data analytics needs to support healthcare transformation and determine how best to fulfill those needs post-SHIP. IHDE will continue to develop data analytics capabilities. The Multi-Payer Workgroup (MPW) will continue to support alignment of quality metrics across payers.





### Goal 3 Regional-level coordination and supports

<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>Established seven unique Regional Collaboratives (RCs).</li> <li>Supported supplemental, RC-specific initiatives (i.e., Suicide Prevention, Caregiver Resources).</li> <li>Quality Improvement Specialists in each Public Health District (PHD) provided valuable hands-on support to SHIP clinics.</li> <li>Initiated Medical-Health Neighborhood to help clinics connect patients with social services.</li> </ul>
<b>Lessons Learned and Changes</b>	<ul style="list-style-type: none"> <li>Each RC needs flexibility to support linkages between Medical-Health Neighborhood participants and address the unique needs of their local communities.</li> <li>The PHD's role in convening and supporting RCs was an important contributor to their success.</li> <li>Lacking regional-level data reports, RCs found alternative data sources to assess quality and performance in their region.</li> </ul>
<b>Moving forward...</b>	Continue post-SHIP transition planning for regional level coordination and supports.





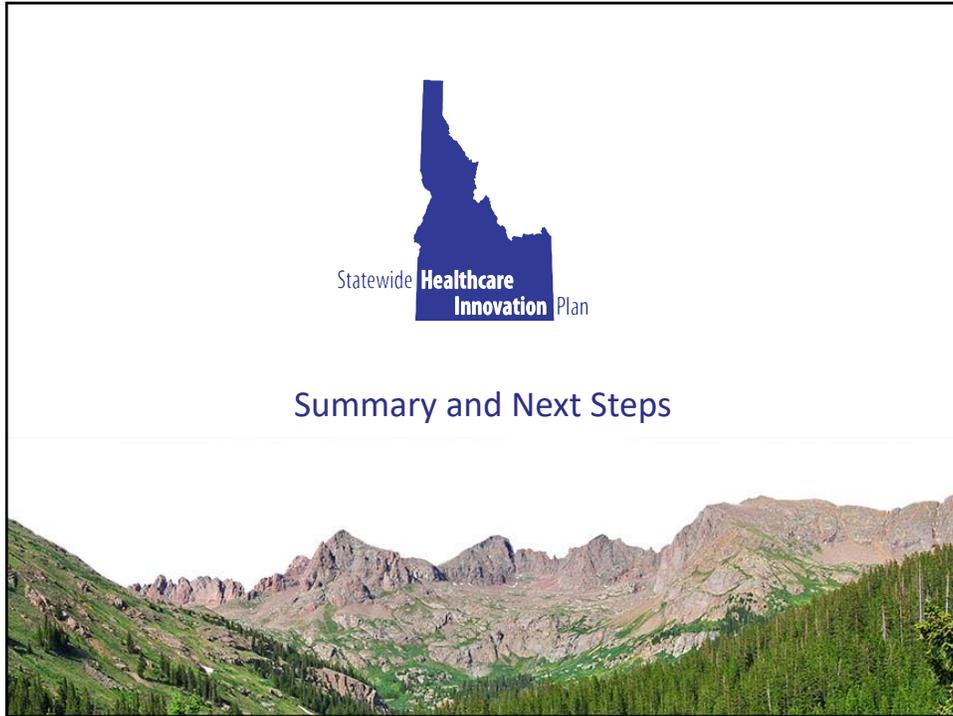
## Goal 6 Value-based payments

- |                                    |   |
|------------------------------------|---|
| <b>Accomplishments</b>             | <ul style="list-style-type: none"> <li>• Increased attribution of beneficiaries to non-fee-for-service payment models.</li> <li>• Increased payments from alternative payment models.</li> <li>• Through the MPW, stakeholders continued efforts to align payment methods and quality metrics to improve efficiency for both payers and providers.</li> </ul> |
| <b>Lessons Learned and Changes</b> | <ul style="list-style-type: none"> <li>• Payer input, through the MPW, is important to align quality metrics for consistent measurement and reporting.</li> <li>• Due to anti-trust concerns, payers could divulge payment models but not actual rates.</li> <li>• Challenges of member attribution delayed expansion of at-risk payments.</li> </ul>         |
| <b>Moving forward...</b>           | <p>The MPW will continue to support alignment of quality metrics. As more beneficiaries are attributed to PCMHs and other providers, payments based on outcomes instead of volume should increase.</p>  |



## Goal 7 Lower healthcare costs

- |                                    |  |
|------------------------------------|--|
| <b>Accomplishments</b>             | <ul style="list-style-type: none"> <li>• Collected data from Medicaid, Medicare and three of the largest fully-insured commercial payers in the State.</li> <li>• Increased the focus to lower the rate of trend.</li> <li>• Return on investment will be calculated within the coming month, upon receipt of all payers' data.</li> </ul> |
| <b>Lessons Learned and Changes</b> | <ul style="list-style-type: none"> <li>• Challenging to predict cost trends from projections in the first years.</li> <li>• Adjusting for claims run-out periods improved efforts to assess and predict cost trends.</li> </ul>  |
| <b>Moving forward...</b>           | <p>Final SHIP year data collection will allow for final quarter projections of cost trend. Continue to explore post-SHIP efforts to analyze statewide healthcare costs trends.</p>   |



### Summary

***In a very short timeframe, Idaho has gone from zero to sixty with its transformation efforts” Dr. Cha, CMMI***

- The implementation of SHIP has largely remained true to Idaho’s original plan, developed by stakeholders in 2013.
- Idaho has learned important lessons along the way that have led to critical course-corrections (e.g., adding support for Project ECHO, investing more resources in HIE infrastructure).
- Change is iterative, takes time, and requires flexibility.
- 100% of IHC members believe that transformation efforts need to continue.\*
- Technical assistance and local, hands-on support accelerated Idaho’s PCMH transformation.
- Initial financial analysis shows Idaho is on the path of bending the cost curve through VBP and the new delivery care models.

\*March 2018 IHC Survey



## Next Phase of Transformation

### Key SHIP elements to support continued transformation

- Continue to support practices as they move to the PCMH model.
  - Implement initiatives from the PCMH sustainability workshop.
  - Practice-level supports and technical assistance, resources through the PCMH portal, clinic-to-clinic mentoring.
- Continue to support Virtual PCMH initiatives.
  - Develop reimbursement models for CHEMs and CHWs.
  - Continue telehealth and telemonitoring expansion.
- Continue HIE and data analytics.
  - IHDE will continue to work with clinics and hospitals to maintain existing connections and build new connections.
  - IHDE will continue developing capabilities to fulfill data analytics needs in Idaho.
  - Continue to focus on quality metrics alignment among payers through the MPW.



## Next Phase of Transformation

### Key SHIP elements to support continued transformation

- Continue post-SHIP transition planning for Regional Collaboratives.
  - Explore potential new opportunities, such as through the Medicaid Regional Care Coalition (RCC) model.
- Continue advancing payment reform.
  - Implement Medicaid RCC model in Regions 3 and 4 and explore further expansion to other regions.
  - Implement Medicaid PCMH value payments.
  - MPW to provide a forum for discussing opportunities to align and expand VBPs.



## External Landscape

### External factors that will impact sustainability

- State leadership and political changes
- Medicaid RCC model
- Lack of dedicated state funding to support transformation
- Loss of/reduction in local regional supports



## Next Steps

### Developing the sustainability “roadmap”

- Efforts underway to further solidify the sustainability plan:
  - PCMH Sustainability Workshop
  - OHPI Visioning Sessions
  - RC Transition Planning Workshop
  - IHC Workgroup/IHC
- Assess public and private resources, including potential alignment of supports to further transformation.
- Develop Part II of Idaho’s sustainability plan – the “roadmap”.

## Transformation Sustainability Workgroup

### I. OBJECTIVE

The Transformation Sustainability Workgroup is charged to develop recommendations for a post-Statewide Healthcare Innovation Plan (SHIP) Transformation Sustainability Business Case, including the development of a draft charter for a multi-stakeholder advisory body for the ongoing healthcare delivery transformation efforts.

The work will be guided by accomplishments to date from the SHIP activities, the Idaho Healthcare Coalition's (IHC's) recent survey results and discussions during IHC meetings.

### II. Scope

**Support the Structure of the Next Advisory Body:** The Transformation Sustainability Workgroup will focus its study of previous approaches for advisory bodies used in Idaho, as well as in other states, that support efforts to further transform the healthcare delivery system to lower costs and improve the coordination of care. The role of the State will be considered to convene and facilitate collaboration across stakeholders. The Workgroup will be provided examples from other states, including Oregon, Washington, Vermont and other Center for Medicaid and Medicare Innovation grant states. The Committee will deliver a draft charter for the new multi-stakeholder advisory body to the full IHC, which will include recommendations regarding the following:

- Roles and responsibilities of the Advisory Board, to include scope of the activities to be overseen by the new body
- Any specific goals, initial deliverables, milestones and timeframes
- Membership composition, including number of members and their representation categories, selection of a chairperson process, and terms of membership
- Meeting frequency and what constitutes a quorum
- Ability to establish advisory or technical subcommittees as needed

**Create a Business Case:** The Workgroup will work with the DHW to construct a Transformation Sustainability Business Case that will outline the needed next steps to advance the healthcare delivery system transformation efforts in Idaho that align with the triple aim of improved health, improved healthcare and lower costs for all Idahoans. This will build on what SHIP has accomplished to date and focus on the following:

- Further implementation of payment models that reward the value of care and bend the cost curve
- Improve data exchange and analytics to both support care coordination and monitor quality
- Align common quality performance measures across payers

- Continue to support practices as they move to new models of care, including the patient-centered medical home and regional care organizations.

DHW staff will provide workgroup members materials in advance of scheduled meetings to ensure adequate review time and meaningful input.

### III. DELIVERABLES/TIMELINE

The workgroup will submit to the IHC the following:

**May 9** - Present transformation sustainability workgroup charge and the names of those identified to the workgroup

**June 13th** – Update to IHC on progress of charter.

**July 11th** - Present to IHC an initial project charter scope for IHC to review. This project charter will define the focus, scope, direction for the team

**August 8th** - Update to IHC on progress toward a business case. The business case is an analysis of value, feasibility, costs, benefits and risks of the business plan (or project plan) for the new advisory body.

**September 12th** - Same as above

**October 10th** - Same as above

**November 14th** – Present completed business case to the IHC.

**December 12th** – If revisions to the business case were brought forward in the November meeting then they would bring those back to the IHC.

**January 9th** – Transition to the new advisory body

### IV. TIMING/SCHEDULE

The Workgroup will meet as needed to complete its work at a location to be determined.

The Workgroup will provide its initial draft recommendation(s) to the IHC for review and public comment no later than September 12, 2018. The workgroup will meet at the discretion of the IHC. The final business case will be presented on November 14, 2018 for approval.

### V. WORKGROUP MEMBERSHIP

NAME	AFFILIATION
Davis, Keith, M.D.	Shoshone Family Practice
Epperly, Ted, M.D.	President and CEO Family Medicine Residency of Idaho
Hettinger, Lisa	Deputy Director Department of Health and Welfare
Hobby, Drew	Vice President, Provider Network Management and Provider Services, Blue Cross of Idaho
Ketchum-Ward, Yvonne	CEO Idaho Primary Care Association
Lederer, James, M.D.	Chief Medical Officer, St. Alphonsus Health System

NAME	AFFILIATION
Meza, Casey	Executive Director of Regional Services, Kootenai Health
Pate, David, M.D. J.D.	President and CEO St. Luke's Health System
Peterman, David, M.D.	Primary Health Medical Group
Pouliot, Susie	CEO, Idaho Medical Association
Tisdale, Larry	Idaho Hospital Association
Vawdry, Randy NP	COO Physicians Immediate Care and Physicians Optimal Health
Watts, Karl, M.D.	St. Alphonsus Health System
Zogg, Nikki	Director, Southwest District Health

## V. STAFF RESOURCES

Casey Moyer, Operations Project Manager, Office of Healthcare Policy Initiatives

Jeff Crouch, Regional Director, Department of Health and Welfare

Kym Schreiber, PCMH Project Manager, Office of Healthcare Policy Initiatives

Sherie Thompson, Administrative Assistant



# SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition May 9, 2018

## **SHIP OPERATIONS:**

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

- **Report Items:**
  - A CMMI Award Year 4 request for release of funds was submitted for work to be performed by DMS Marketing.
  - The Award Year 3 final carryover request was submitted on April 24, 2018 to CMMI and OAGM for their review/approval.
  - The Award Year 3 CMMI Annual Report and Annual Success Measure Metrics for the time-period 2/1/2017-1/31/2018 was submitted on April 30, 2018.

### **SHIP Administrative Reporting:**

- **Report Items:**
  - The Regional Collaborative Transition Planning Workshop facilitated by Mercer was held on April 10-11, 2018. Regional Collaborative stakeholders and Public Health District staff from Districts 1, 3 & 4 attended the two-day event.
  - A request for release of Award Year 4 restricted funds for the University of Idaho (UI) WWAMI Project Echo was approved by CMMI on April 11, 2018.
  - The Office of Healthcare Policy Initiatives (OHPI) will be participating in the Idaho Healthcare Summit on May 17-18, 2018. On May 18, 2018, two presentations will discuss the SHIP initiative. <http://idahohealthcaresummit.com/registration>
  - Kym Schreiber, PCMH Project Manager, attended the Sustainability Patient Engagement HIMSS Workshop in Las Vegas, NV in early March.
  - Burke Jensen, Health IT Project Manager, attended the State Health IT Connect Summit from April 3-6 in Baltimore, Maryland.

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

- **Report Items:**
  - **District 1:** March 15th PCMH meeting. Shared best practices and information on MHN partners.
  - **District 2:** 3/12/2018: Regional Collaborative 2 meeting was held. Discussion included Cohort Three clinics, RC transition planning workshop, SHIP Learning Collaborative, Cohort Three site visits, Project ECHO, Rural Crisis Response Centers, Behavioral Health in our area, tobacco cessation counseling opportunities, prescription drug monitoring system and the use of CDC opioid prescribing guidelines, Leadership LC Valley grant opportunities coming, Million's Hearts work, and other clinic sharing regarding pain management and fluoride varnish.
  - **District 3:** The BHI Workgroup met on 3/26 to discuss current projects.
  - **District 4:** Central Health Collaborative (CHC) meeting was held on 02/06/18. Russ Duke, Dr. Rich, and Dr. Peterman were all in attendance.  
Executive Leadership meeting - held on 02/21/18. Dr. Rich and Russ Duke were in attendance.

- **District 5:** 3/16/18 Executive meeting to discuss sustainability plan.
  - **District 6:** March 1: Clinic Committee, PCMH Training for Primary Care (at PHD7 with PHD7); March 7: Clinic Committee, PCMH Training for Primary Care (at PHD6 with PHD7); March 28: Executive Committee Meeting, discussion included the PCMH training days, strategic plan review and revisions.
  - **District 7:** March 1-PCMH training event, March 7th PCMH training event
- **Issues and topics discussed:**
    - **District 1:** Project ECHO, Oral Health Dental Day for children 3-17 or pregnant women on Medicaid or uninsured, work to establish a dental home for future. Demonstration of PMCH Portal changes and features, PCMH coaching calls and site visit schedule, Healthy Connections update.
    - Kootenai Recovery Center review of services offered, Dr. Miller's presentation on Integrated Behavioral Health.
    - **District 2:** See above.
    - **District 3:** There was not an RC meeting for the month of March. Much of the month was spent planning for the IIBHN conference, finalizing the Healthy Minds Partnership document, and coordinating an opportunity for a brainstorming session with primary care providers and Medicaid regarding the first proposed RCO.
    - **District 4:** CHC Executive Leadership Meeting - held on 03/21/18. Planning for the 04/03/18 CHC meeting included a discussion of the Pathways Community HUB model, creating an infographic or image that might help others to understand the HUB infrastructure, and brainstorming of possible partners to invite to the table, including United Way of the Treasure Valley, BCI Foundation for Health, Boise School Districts, PCMH clinics, etc. We also discussed moving forward with Pathways implementation. Our next steps include fleshing out the Pathways idea specifically around low-income elementary school aged children and their families by drafting a white paper/project proposal. Melissa has been tasked with drafting the proposal, to be reviewed by internal PHD staff and RC chair and co-chairs, including Dr. Rich, Dr. Peterman, and Dr. Watts.
    - **District 5:** Chair and co-chair shared answers to the survey questions given by the state.
    - **District 6:** The March 1 and March 7 PCMH Training Days introduced PCMH concepts to attendees. Attendees included SHIP clinics from Regions 6 and 7 and non-SHIP primary care practices that are interested in the PCMH model of care. This was a joint effort with PHD7 with most of the training delivered by the SHIP Quality Improvement Specialists. PHD6 Chair and Co-Chair assisted with welcoming remarks and an introduction to team-based care. The trainings were well attended in both regions.
    - **District 7:** See above.

**ADVISORY GROUP REPORTS:**



**Telehealth SHIP Subcommittee:**

- **Report Items:**

- The day-long telehealth planning meeting is set to take place May 23, 2018. This will provide telehealth stakeholders throughout Idaho the opportunity to convene to identify barriers, challenges, and opportunities to advance telehealth in Idaho.
    - Save the dates were sent out to telehealth stakeholders on April 19, 2018.
  - ECHO Idaho is in the process of developing an advisory council. Currently, 15 members have confirmed participation with representation from Idaho universities, healthcare organizations, and payers.
- **Next Steps:**
    - Continue marketing and outreach efforts for ECHO.
    - As the teleECHO clinic becomes established, utilize suggestions from the Project ECHO TeleECHO Clinic Communication Plan for spoke sustainment and recruitment.

## CHW

### Community Health Workers:

- **Report Items:**
  - The Spring 2018 CHW course ended April 5, 2018. Nineteen individuals were trained in this cohort.
  - The in-person CHW course started April 6, 2018 and went for four consecutive Fridays in April. The course ended on April 27, 2018. Seven individuals were trained in this cohort.
  - An all-day in-person CHW learning collaborative is being planned for Wednesday, July 25, 2018.
  - Working with the CHEMS Workgroup to develop webinars for CHWs and CHEMS personnel. The first webinar will be a three-part webinar series that provides an in-depth view of Motivational Interviewing.
- **Next Steps:**
  - Continue to plan and prepare for the CHEMS and CHW webinars.
  - Continue to collect CHW quarterly data.
  - The CHW learning collaborative advisory committee will continue to plan the in-person learning collaborative.
  - Begin outreach for the CHW live-online Fall 2018 training.

## WORKGROUP REPORTS:

## CHEMS

### Community Health EMS (CHEMS):

- **Report Items:**
  - The April statewide CHEMS workgroup meeting was cancelled.
  - The last statewide CHEMS workgroup meeting was held March 28, 2018. Meeting activities can be found in April's IHC report. This report will include any updates from April's meeting activities.
    - CHEMS Panel
      - A link to the CHEMS Panel can be found on the SHIP/CHEMS website.

- ImageTrend/Pilot Project
  - Payette County Paramedics will be the only agency participating in the pilot project.
- Upcoming Webinars
  - **Heart Failure**
    - Date: May 30, 2018
    - Time: 12:00-1:00 PM MST
  - **Motivational Interviewing** (3-part series)
    - Dates: June 5, 12, and 19, 2018
    - Time: 12:00-1:00 PM MST
- Upcoming Learning Collaborative
  - Tentatively scheduled for late summer or early fall 2018
  - Focus: Data
- EMT/AEMT Curriculum Development and Implementation
  - The curriculum can be identified as the Community Emergency Medical Technician (CEMT) Training and is located on Idaho State University's website, <https://isu.edu/idiem/community-emergency-medical-technician-cemt/>
  - Enrollment for fall will open July 1, 2018.
- The next statewide CHEMS Workgroup meeting will be held May 23, 2018 from 10:00-11:00 AM MST
- The internal CHEMS Workgroup continues to meet every Monday.
  - Collective CHEMS Workgroup Activities:
    - ISU Community Paramedic Certificate Program
      - 3<sup>rd</sup> and final cohort is currently underway
    - Learning Collaborative:
      - Planning and implementation
    - Upcoming Webinars:
      - Planning and implementation
    - CEMT Training
      - Begin reviewing applications in July
    - Community Paramedic Program Evaluation Pilot Project:
      - Planning and implementation
- **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 2018.
    - This deliverable will be completed by January 2019.



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

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



### **Data Governance:**

- **Report Item:**
  - The Data Governance Workgroup did not meet in April.
- **Next Steps:**
  - The next workgroup meeting is scheduled for May 14, 2018.



### **Multi-Payer:**

- **Report Item:**
  - The MPW met Tuesday, May 1, 2018. Outcomes of the meeting include:
    - The Payers were given information about the Cohort Three PCMH learning collaborative that will take place in June. There is an opportunity to provide sponsorship dollars for food and beverage and/or an information booth. Kym Schreiber thanked PacificSource for their contribution and advised others to reach out to her if they were interested.
    - Quality Metrics Process Discussion – At the March meeting there was consensus from the attendees that going forward an important part of healthcare transformation efforts should be focused on normalizing around quality measures. The workgroup discussed the draft Multi-Payer Workgroup survey that includes columns indicating whether commercial, Medicaid, and Medicare require those measures for reporting. The intent of this survey is to ascertain what measures are used by the payers as a measure of quality and/or determining a value-based reimbursement. Additional questions that will help payers determine what measures they can normalize around were discussed and it was agreed the document would be revised and sent out to the members for comment.
  - Multi-Payer Workgroup post SHIP grant – Cynthia recapped the CMMI grant requirements for SHIP sustainability plans. She also provided the overall results of the survey that was sent to the IHC members to gather information on the member’s views of continuing healthcare transformation in Idaho, the IHC role in continued transformation after the SIM grant ends, and what supports are needed to sustain and advance those efforts. One of the major themes that came out of the survey was that it is imperative payment transformation continue to support the work that has been done to advance the PCMH model. All agreed continuing the MPW that includes both payers and providers should continue.
- **Next Steps:**
  - The OHPI team will incorporate the additional questions on the survey and send out a “Doodle poll” to determine the best date/time for the next MPW meeting.

**Behavioral Health:**

- **Report Item:**

- The BHI Sub-Committee last met on April 13th from 9:00-12:30 at 450 W. State Street, 7th floor conference room. The primary purpose of the meeting was to establish goals and action items for the next nine months and to conduct strategic planning for sustainability for the BHI Sub-Committee. Additionally, the focus of the meeting was to provide an update as to IIBHN activities and begin the discussion of how the IIBHN can support the goals of strategic planning.
- The BHI Sub-Committee will focus on the following areas for the next nine months from the Farley Health Policy Center Report for Behavioral Health: Organizing the Movement, Workforce, Finance, and Care Delivery.
- The IIBHN, in collaboration with Optum Idaho, has created a series of training opportunities around the state to educate specialty behavioral health providers about behavioral health integration in primary care and the importance of cross collaboration. The first training was held in Coeur d'Alene on February 6th. Other sessions were conducted throughout March and April.
- The IIBHN hosted a hugely successful Behavioral Health Integration conference held April 16th-18th. More than 150 people attended the conference and the feedback from participants was positive.
- The BHI Sub-Committee will meet again on May 15th from 9:00 am until 11:00 at 1720 Westgate Drive, Suite 1A, room 131.

**Population Health:**

- **Report Item:**

- The PHW met May 2, 2018 from 3:00 – 4:30.
- Joe Pollard demonstrated the newly built map which is in GHI format under the Population Health Data section and Statewide Innovation Plan. The PHW would like to know if there is a possibility to expand on map including what activities are available at each SHIP clinic, telehealth information, and community health workers. Joe would need to be provided with more complete information to add to the information available on the map.
- Update on Get Healthy Idaho.  
<http://gethealthy.dhw.idaho.gov>  
Regional collaboratives links were added and updated. Oral Health information was added. 3rd grade level BMI data was collected as well and will be shared based on health districts and statewide numbers.
- Presentation on EMS Repeat User Data in rural Idaho which supports the CHEMS initiative. Bozena Morawski presented data finding regarding repeat EMS users in rural Idaho. The PowerPoint can be requested by contacting the Division of Public Health Idaho. The data collected was from widely diverse geographical areas and some very interesting data was noted. Bozena will attend a national meeting and a CHEMS Workgroup meeting to share her the findings. Although some agencies may respond already having known what the data is showing, it is important that we now have the data to support it. Work is also being done to connect the EMS and the primary care physicians using this data.

- Update on the CHEMS, CHW, Telehealth, Project ECHO, and other Virtual PCMH work. CHEMS-Wayne and others met with a consultant to explore outreach training across the state and collection of data to help gain support for the concept of CHEMS.
- CHW-Seven people just completed the in-person model training in April. It was a great opportunity to network with others and allowed for job-shadowing of the CHW program. There will be a CHW in-person learning collaborative all day on July 25, 2018 as well as a Saint Luke's-provided co-webinar at the end of May. On June 5, 12, & 19 from noon to 1:00 p.m., there will be a motivational interviewing presentation by Jayne Josephson. Invitations will be primarily CHW and CHEMS personnel-focused.
- Telehealth-There will be an all-day planning meeting on May 23, 2018 to advance telehealth in Idaho. It will include the current landscape and identify barriers and challenges and identify how to focus on post-SHIP.
- Opportunity for members to share
- ECHO-Currently, Lachelle has 15 confirmed members for the new advisory group for ECHO. Lachelle is also working on a cost estimate for ECHO and is tentatively slated to present this at August's PHWG meeting. Opioid ECHO sessions started March 15 and will continue to the end of September.
- District 1 is continuing to work on sustainability and keeping the PCMH model going. They are also setting meetings with hospitals for funding options.  
District 2 is continuing to work on sustainability and keeping the PCMH model going. They are also setting meetings with hospitals for funding options.  
District 3 is tag-teaming with District 4. They hosted their 1st Annual Health Network Conference on April 16-18 with 170 registrants. There was great variety and feedback and there was representation from all over Idaho. Regions 3 and 4 are having discussions about combining their Regional Collaboratives (RCs). District 3 is continuing work on a care coordination grant to develop a directory.  
District 4 is working on Evidence-Based Pathways Community Hub and Complex Care Program. They are looking to align with community school's initiative with United Way and Boise School District.  
District 5 had their collaborative meeting on April 18.  
District 7 is continuing to work on sustainability.
- Dr. Hahn attended a two-day opioid strategic planning meeting. There was great representation from DHW and many other health professionals. The meeting was very diverse and productive with presentation of data regarding the decline in the number of actual prescriptions being written. There was also discussion regarding funding.
- Dieuwke recommended logging on to Project ECHO to participate in the discussions. The discussions being had have been very beneficial as more spokes are being added.
- Reflection on last three years of SHIP/PHWG and a look ahead to the last year and beyond: thoughts for sustainability.
- RC Sustainability and RC Summit: Look back and look ahead-SHIP managers are being provided a template for historical data lookback.

- **Next Steps:**

- Discussion about future agenda items:
- Health Equity Framework Presentation

Lachelle to present on cost estimates for Project ECHO curriculum development and sustainability costs.

Opioid Strategic Plan

SPP Strategic Plan

Division of Behavioral Health Strategic Plan

**No meeting in June**

**No meeting in July in observance of Independence Day**