



Idaho Healthcare Coalition

Meeting Agenda

September 12, 2018 2:00PM – 4:30PM

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

Call-In Number: 1-877-820-7831; Participation Code: 773079

Join from PC, Mac, Linux, iOS or Android:
<https://zoom.us/j/463737800?pwd=VFRUdnBjeTNTRG05YjduUE4xM3RPdz09>
 Password: 12345

****Please note new meeting platform will be used, same dial in number****

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
2:05 p.m.	Transformation Sustainability Workgroup Charter Presentation & Discussion– <i>Katie Falls, Mercer & Dr. Ted Epperly, IHC Chair</i> – ACTION ITEM
2:45 p.m.	Next Steps & Business Case – <i>Dr. Ted Epperly, IHC Chair & Dr. David Pate, Transformation Sustainability Workgroup Co-Chair</i>
3:00 p.m.	OHPI Sustainability – <i>Lisa Hettinger, IHC Co-Chair</i>
3:15 p.m.	CHW Report Out – <i>Jennifer Wheeler, WRG Corporate Solutions</i>
3:25 p.m.	Break
3:35 p.m.	Change Management Workshop Update – <i>Torey Mates, Briljent</i>
3:45 p.m.	Mercer Project Management & Dashboard Update – <i>Katie Falls, Mercer</i>
3:55 p.m.	Community EMT Training Update – <i>Wayne Denny, EMS Bureau, Public Health</i>
4:05 p.m.	CHEMS Learning Collaborative Update – <i>Wayne Denny, EMS Bureau, Public Health</i>
4:15 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
4:25 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) September 12, 2018

Action Items

- Action Item 1 – August IHC Meeting Minutes

IHC members will be asked to adopt the minutes from the August 8, 2018 IHC meeting:

Motion: I, _____ move to accept the minutes of the August 8, 2018, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.

- Action Item 2 – HTCI Charter

IHC members will be asked to support and adopt of the Healthcare Transformation Council of Idaho (HTCI) charter as presented by Dr. Ted Epperly.

Motion: I, _____ move that the IHC support and adopt the HTCI charter as presented by Dr. Ted Epperly.

Second: _____

Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT: IHC August Minutes

DATE: August 8, 2018

ATTENDEES: Russ Barron, Pam Catt-Oliason, Melissa Dilley as proxy for Russell Duke, Gina Westcott as proxy for Ross Edmunds, Ted Epperly, MD, Casey Moyer as proxy for Lisa Hettinger, Todd York as proxy for Drew Hobby, Yvonne Ketchum-Ward, Nicole McKay, Kevin Rich, MD, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Karen Vauk, Beth Kriete as proxy for Matt Wimmer, Ann Watkins as proxy for Cynthia York, Rachel Blanton as proxy for Nikole Zogg

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

Teleconference: Michelle Anderson, Kathy Brashear, Keith Davis, MD, Janica Hardin, Mark Horrocks, MD, Casey Meza, Kayla Springer as proxy for Carol Moehrle, David Pate, MD, Susie Pouliot, Lora Whalen,

Members Absent: Andrew Baron, MD, Richard Bell, MD, Melody Bowyer, Melissa Christian, Scott Dunn, MD, Lee Heider, Glenn Jefferson, MD, Deena LaJoie, Maggie Mann, Amy Mart, Kelly McGrath, MD, Daniel Ordyna, Tammy Perkins, David Peterman, MD, Geri Rackow, Rhonda Robinson-Beale, MD, Neva Santos, Boyd Southwick, MD, Norm Varin, Jennifer Wheeler, Fred Wood,

IDHW Staff Jeff Crouch, Burke Jensen, Madeline Russell, Stacey St.Amand, Sherie Thompson, Ann Watkins

STATUS: Draft 8/9/2018

Summary of Motions/Decisions:

Motion:

Pam Catt-Oliason moved that the IHC accept the July 11, 2018 IHC meeting minutes.
Kevin Rich, MD seconded the motion.

Outcome:

Passed

Elke Shaw-Tulloch moved that the IHC recommend to the Governor, that Casey Moyer be appointed to the IHC to replace Cynthia York.
Yvonne Ketchum-Ward seconded the motion.

Passed

Ann Watkins moved that the IHC support the submission of the Financial Analysis report to CMMI as presented by Mercer.
Mary Sheridan seconded the motion.

Passed

Larry Tisdale moved that the IHC support the change in scope to Goal 5 as presented by Burke Jensen and Janica Harding.
Elke Shaw-Tulloch seconded the motion.

Passed

Mary Sheridan moved that the IHC support the submission of the Sustainability Plan Part Two to CMMI.
Todd York seconded the motion.

Passed

Agenda Topics:

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

- ◆ Casey Moyer welcomed everyone to the meeting and took role. He opened the meeting with a quote from Dr. Epperly, “Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work.” ~ Vince Lombardi

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

- ◆ The financial analysis showed that cost avoidance by payer, Medicare (\$57.3 million) and Medicaid (\$66.3 million) cost avoided, exceeded increased costs incurred by commercial payers (\$30.1 million) by \$93.5 million, which exceeds the project (Goal 1) of \$89 million.
- ◆ The full report can be found in the IHC packet.
- ◆ The IHC voted to support the submission of the Financial Analysis report to CMMI as presented.

SHIP Data Quality Pivot – *Burke Jensen, SHIP Project Manager; Janica Hardin, DGW Co-Chair*

- ◆ Burke Jensen provided a background that included challenges being faced in the areas of data completeness and EHR variations in CCDs.
- ◆ Key constraints include:
 - No plans or funds for HTS data analytics reporting to extend beyond the SHIP grant.
 - Many health systems and payers don't plan to use SHIP data analytics because they have their own analytic solutions.
 - IHDE is unable to build any new data feeds to clinics beyond what has already been planned.
 - Medicaid is working with Truven to develop a quality measurement/analytics solution for its Shared Savings program.
- ◆ The following recommendations were made for HIT to “pivot” in order to continue meeting grant requirements:
 - Substitute the HTS reporting for Medicaid CQM reporting/provider portal.
 - Add BFRSS survey data for smoking and obesity measures.
 - Continue with:
 - Child immunization reporting (via IRIS)
 - Access to care reporting (via State Evaluator)
 - Patient attribution process (reported through (HTS))
 - IHDE clinic connection builds will continue
- ◆ The IHC voted to approve the Goal 5 pivot.

Sustainability Plan Part Two Update – *Katie Falls, Principal, Mercer*

- ◆ Katie Falls provided highlights of the “Roadmap for Sustaining SIM Investments” which provides details for sustaining key elements of SHIP needed to achieve Idaho’s goals for the next phase of transformation. The roadmap is broken down by ‘primary driver’ as follows:
 - PD1: Accelerate establishment of the PCMH model of care (Goals 1 and 4).
 - PD2: Increase the use of HIT and HIE to improve care coordination at the patient level and data collection and analysis at the system level (Goals 2 and 5).
 - PD3: Establish seven RCs to support the integration of each PCMH with the broader Medical-Health Neighborhood (Goal 3).
 - PD4: Align value-based payments across payers to decrease the overall cost of healthcare in Idaho (Goals 6 and 7).
- ◆ The IHC voted to support the submission of the plan to CMMI as presented.

IHDE Connection Update – *Jim Borchers, IHDE Marketing Director*

- ◆ Eighty-one clinics are now fully bi-directional. This is up from last month’s connection count of 75 clinics. One hundred fifty-one of 165 clinics are connected or are projected to be by January 31, 2019. This is up from last month’s projection of 142.
- ◆ Since February 2018, there have been 139 clinic and 27 hospital visits. This marks 100% of the goal met five months early.

Public Meeting Law Update – *Nicole McKay, Deputy Attorney General*

- ◆ The 2018 legislature passed two bills that amend Idaho’s open meeting laws. Open, transparent meetings is the over-arching goal of the laws.

- ◆ The laws define “public agency” and “public meeting.”
- ◆ Agendas and meeting minutes must be posted online if there is an online presence.
- ◆ Any action item must be labeled as such.
- ◆ Ms. McKay stated the IHC is doing everything right. She shared that sub-committees/workgroups are not subject to open meeting laws because they do not meet the quorum requirement and do not make policy, they simply make recommendations to the IHC which ultimately votes on policy decisions.

Transformation Sustainability Workgroup Update – *Ted Epperly, MD, IHC Chair; Katie Falls, Principal, Mercer*

- ◆ The charter for the group is nearly complete. The group will be called the “*Healthcare Transformation Council of Idaho*.” It will be half the size of the current IHC, be comprised of various stakeholders, and members will potentially be governor-appointed. It will have a “recommendation” ability.

RC Survey Presentation of Report – *Elizabeth Spaulding, Langdon Group*

- ◆ IDHW conducted an online survey of the RCs in July 2018. It was distributed to 165 RC members; 35 members responded for a 21% response rate.
- ◆ These are preliminary results; final results will be reported at the September IHC meeting.

CHW Learning Collaborative Update – *Madeline Russell, SHIP Project Manager; Kelsey Hofacer, Bureau of Community and Environmental Health, Diabetes, Heart Disease, and Stroke Prevention Program*

- ◆ There were 125 attendees at the LC held July 25, 2018 at the ISU Meridian campus.
- ◆ Ninety-one percent of respondents to a survey said the LC met their expectations and most found the conference useful.
- ◆ A full evaluation of conference and break-out session results can be found in the IHC meeting packet.

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

- ◆ Family Medicine Residency of Idaho CHW, Martha Madero, has been chosen as one of the National Association of Community Health Centers’ ten Health Center Hero finalists from hundreds of nominations sent in from around the country.
- ◆ There being no further business, the meeting was adjourned at 4:30PM.



Healthcare Transformation Council of Idaho Charter

Draft - Presented to the IHC, September 2018

Charge

Charge	Promote the advancement of person-centered healthcare delivery system transformation efforts in Idaho to improve the health of Idahoans and align payment to achieve improved health, improved healthcare delivery, and lower costs.
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Functions

Functions	<ul style="list-style-type: none">• Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.• Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.• Serve as a convener of a broad-based set of stakeholders.• Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.• Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.• Recommend and promote strategies to reduce overall health care costs.• Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.• Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.• Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.• Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.• Promote efficiencies in the collection, measuring, and reporting of quality metrics.
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Membership and Composition

General Information	<p>The membership composition will consist of representatives from the following stakeholder groups:</p> <ul style="list-style-type: none">• 5 payers (Medicaid, Pacific Source, Blue Cross, Regence, Self-funded)• 4 primary care clinicians• 3 hospital representatives<ul style="list-style-type: none">○ 1 from a hospital system○ 1 from a non-Critical Access hospital○ 1 from a Critical Access Hospital• 1 Medical/Surgical Sub-Specialist• 1 Consumer representative• 1 representative from one of Idaho's Public Health Districts• 1 representative from each of the following organizations:<ul style="list-style-type: none">○ Idaho Department of Health and Welfare○ Idaho Hospital Association○ Idaho Medical Association○ Idaho Primary Care Association○ Idaho Academy of Family Physicians• Up to 3 At-Large members
Member Selection	<p>The Governor will appoint the members and the chair and co-chair. The chair and co-chair will convene and preside over the HTCI meetings.</p>

<p>Terms</p>	<ul style="list-style-type: none"> • For initial appointment: <ul style="list-style-type: none"> ○ One-third would have three-year term ○ One-third would have four-year term ○ One-third would have five-year term • Ongoing appointments are three year terms, with one-third of members turning over each year. • Individuals’ terms can be renewed for up to two three-year terms. • Individuals serving on the HTCI for the following organizations will not be subject to term limits: <ul style="list-style-type: none"> ○ Idaho Department of Health and Welfare ○ Idaho Hospital Association ○ Idaho Medical Association ○ Idaho Primary Care Association ○ Idaho Academy of Family Physicians • If there is a vacancy for any cause, a new member will be appointed to become immediately effective for the unexpired term.
<p>Expectations of Members</p>	<ul style="list-style-type: none"> • Representatives from organizations must be in a senior leadership position. If the representative is not the CEO/President from the organization, the individual must be a subject matter expert, on the entities’ senior leadership team, and in a decision-making position. • Members must participate in 75% of all meetings scheduled within the calendar year. • Members’ designee may participate in up to 25% of the meetings scheduled within the calendar year. • Members are encouraged to send the same designee to the meetings instead of different individuals.
<p>Sponsor</p>	<p>Idaho Department of Health and Welfare (IDHW)</p>
<p>Meetings</p>	
<p>Meetings</p>	<p>The Council will meet at least quarterly; they will be public meetings.</p>
<p>Quorum</p>	<p>50% of the membership must be present to establish a quorum.</p>

Subcommittees/Working Groups

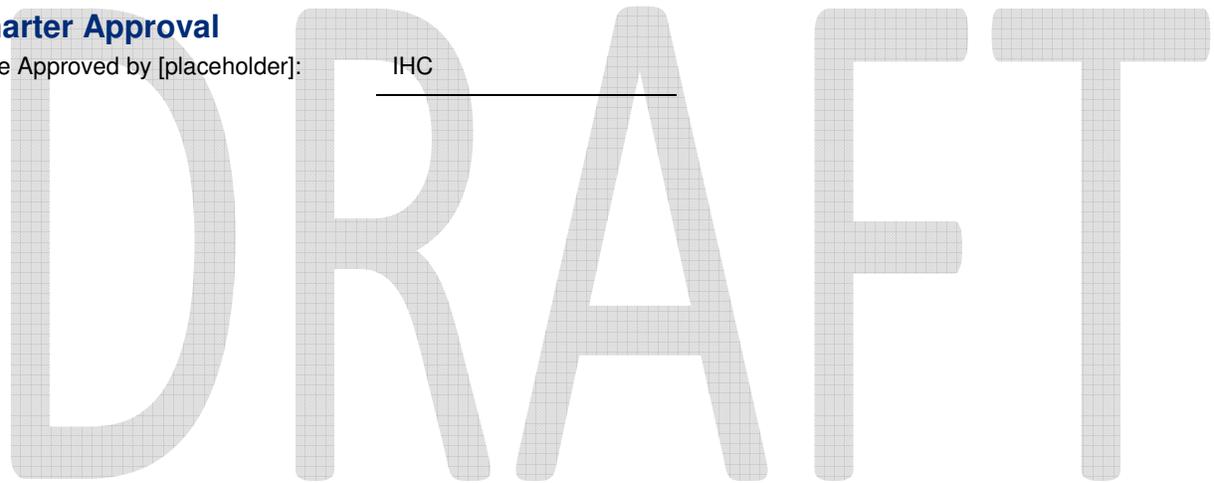
Subcommittees/Working Groups	The Council may establish advisory or technical committees as needed to focus on specific and timely efforts that directly impact the achievement of Idaho’s healthcare transformation activities.
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Staff Resources

Staff Resources	The IDHW Office for Healthcare Policy Initiatives will serve as staff to the Council.
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Charter Approval

Date Approved by [placeholder]: _____ IHC





Multi-Stakeholder Advisory Body Charter

- IHC established and tasked the Transformation Sustainability Workgroup to:
 - Develop a charter for a new multi-stakeholder advisory body
 - Develop a business case for the new advisory body
- New advisory body to convene in January 2019



Charter



Name

Healthcare Transformation Council of Idaho

Charge

Promote the advancement of person-centered healthcare delivery system transformation efforts in Idaho to improve the health of Idahoans and align payment to achieve improved health, improved healthcare delivery, and lower costs.

Functions

- Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.
- Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.
- Serve as a convener of a broad-based set of stakeholders.
- Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.
- Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.
- Recommend and promote strategies to reduce overall health care costs.

Functions

- Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.
- Promote improved population health through policies and best practices that improve access, quality, and the health of all Idahoans.
- Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.
- Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.
- Promote efficiencies in the collection, measuring, and reporting of quality metrics.

Subcommittees/Working Groups

- The Council may establish advisory or technical committees as needed to focus on specific and timely efforts that directly impact the achievement of Idaho's healthcare transformation activities.

Membership and Composition

- Payers
- Primary care clinicians
- Hospital representatives
- Medical/Surgical Sub-Specialist
- Consumer representative
- Representative from Idaho's Public Health Districts
- Representative from each of the following organizations:
 - Idaho Department of Health and Welfare
 - Idaho Hospital Association
 - Idaho Medical Association
 - Idaho Primary Care Association
 - Idaho Academy of Family Physicians
- Up to 3 At-Large members

Member Selection & Terms

- Governor appointed members and chairs
- Staggered terms:
 - Initial appointments are for 3 years, 4 years, & 5 years
 - Ongoing appointments for 3 years
 - Terms can be renewed for up to two 3 year terms
- Individuals from the following organizations are not subject to term limits:
 - IDHW
 - Idaho Hospital Association
 - Idaho Medical Association
 - Idaho Primary Care Association
 - Idaho Academy of Family Physicians

Expectations of Members

- Representatives from organizations must be in a senior leadership position. If the representative is not the CEO/President from the organization, the individual must be a subject matter expert, on the entities' senior leadership team, and in a decision-making position.
- Members must participate in 75% of all meetings scheduled within the calendar year.
- Members' designee may participate in up to 25% of the meetings scheduled within the calendar year.
- Members are encouraged to send the same designee to the meetings instead of different individuals.

Meetings and Staffing

- The Council will meet at least quarterly.
- Meetings will be public.
- IDHW will sponsor the Council and the IDHW Office of Healthcare Policy Initiatives will serve as staff to the Council.



Questions and Discussion





SHIP Project Management Dashboard

Prepared for the Idaho Healthcare Coalition

Award Year 4, Quarter 2

May 1, 2018 – July 31, 2018

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

Project Implementation Updates

- At least 661,853 individuals are enrolled in a SHIP clinic based on attribution file numbers.
- 77 SHIP clinics have achieved national PCMH recognition/accreditation.
- 76 individuals have completed the CHW training as of AY4 Q2.
- 46 Virtual PCMHs and 10 CEMS programs have been established.
- Goal 6 metrics reported in this dashboard, including annual targets, are for AY2. AY3 data has been collected, and will be reviewed by the Multi-Payer Workgroup then presented to the IHC at the October meeting.

SHIP Success Measures

Goal 1	86%	100%↑	100%		100%		100%	100%	64%↓		80%↑
	QT = 270	QT = 165	QT = 165	CMMI	AT = 1100	CMMI	AT = 110	AT = 110	QT = 120	CMMI	QT = 825k
Goal 2	100%		87%↑		55%		50%				
	QT = 140		QT = 700k		AT = 110		QT = 18				
Goal 3	100%		100%		RETIRED		100%↑				
	AT = 7		AT = 110		RETIRED		QT = 550k				
Goal 4	100%↑	91%	92%	76%↑	100%	100%					
	QT = 30	SAT = 11	AT = 25	SAT = 100	AT = 1	AT = 12	AT = 0				
Goal 5	0%		0%		0%						
	AT = 60		AT = 60		QT = 5						
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 on target (≥90% of target)
- SHIP success measure is slightly off target (between 75% and 89% of target)
- SHIP success measure is not on target (<75% of target)

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

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

AT = Annual Target (Jan 31)

ND = No Data

CMMI = Federally defined and reported metric

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

SHIP Success Measures by Goal

Goal 1 Measurements: PCMH Transformation

1	Q	Cumulative # (%) of primary care clinics that submit an interest survey to participate in a SHIP cohort. Model Test Target: 270.
2	Q	Cumulative # (%) of primary care clinics selected for a SHIP cohort that have completed a PCMH readiness assessment and a Transformation Plan. Model Test Target: 165.
3	Q	Cumulative # (%) of targeted primary care clinics selected for a SHIP cohort. Model Test Target: 165.
4	Q	CMMI Metric: Cumulative # (%) of primary care clinics selected for a SHIP cohort, of the total primary care clinics in Idaho.
5	A	Cumulative # (%) of targeted providers participating in primary care clinics selected for a SHIP cohort. Model Test Target: 1,650.
6	A	CMMI Metric: Cumulative # (%) of providers in primary care clinics selected for a SHIP cohort, of the total number of primary care providers in Idaho. 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	A	Cumulative # of SHIP participating clinics that participate in Project ECHO. Model Test Target: 20.

Goal 5 Measurements: Data Analytics

1	A	Cumulative # (%) of primary care practices selected for a SHIP cohort with access to the analytics system and dashboard reporting. Model Test Target: 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%.

SAVE THE DATE!

All participating SHIP clinic staff are invited to attend the Statewide Healthcare Innovation Plan (SHIP), Idaho Department of Health and Welfare (IDHW), *Effectively Leading Change Workshop*

This full-day session will provide you with valuable information on how to lead and manage change within your practice or organization. The session will be highly interactive and includes group discussions and individual brainstorming activities to begin your own individualized Change Management Plan.

We're excited to offer the *Effectively Leading Change* workshops free of charge at the following *University of Idaho (UI)* locations:

Idaho Falls UI

October 9, 2018

1784 Science Centre Drive, Rm 109
Idaho Falls, Idaho 83402

Pocatello UI

October 11, 2018

10560 N Fairgrounds Rd, Building A
Pocatello, Idaho 83202

Post Falls UI

October 16, 2018

721 S Lochsa St, Rm 302
Post Falls, Idaho, 83854

Boise UI

October 18, 2018

322 E Front St, Class Rm 162
Boise, Idaho, 83702

Registration information will be coming soon! Space is limited so please register early. We look forward to seeing you at one of the *Effectively Leading Change* workshops!



Improved health, improved healthcare, and lower cost for all Idahoans



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

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**

- A CMMI Award Year 4 and Award Year 3 carryover funds request for release of funds was approved for the Idaho Health Data Exchange (IHDE).
- A request for release of Award Year 3 carryover funds was approved for the PCMH Portal sustainability and learning management system project.
- A request for release of funds for Award Year 3 carryover funds was submitted and approved to hire an OHPI program specialist.
- A request for release of funds for Award Year 3 carryover funds was approved for the CEMs Learning Collaborative held on August 8, 2018.
- A CMMI Award Year 3 carryover request for partial release of funds was submitted and approved for the University of Idaho State Evaluator subcontract with Boise State University.
- A request for release of Award Year 3 carryover funds was submitted and approved for a CEMS Medication Adherence webinar series
- A request for release of Award Year 3 carryover funds was submitted and approved for a CHW hybrid course.
- A request for approval of line item transfers was submitted and approved for the University of Idaho WWAMI Project ECHO.
- A request for release of Award Year 3 carryover funds was submitted for funds for personnel and on-demand learning sessions.

SHIP Administrative Reporting:

- **Report Items:**

- The Idaho Healthcare Coalition Transformation Sustainability Workgroup (TSW) met on August 9, 2018 and on August 30, 2018.
- Interviews for the OHPI administrative assistant 2 and program specialist positions were conducted in August.
- Award Year 4 Quarter 2 CMMI Report for the period May 1, 2018 – July 31, 2018 was submitted on August 30, 2018.
- The SHIP Sustainability Plan Part Two and the Financial Analysis Report for Award Year Three were also submitted to CMMI on August 30, 2018.
- The Goal 1 PCMH Mentorship webinar on August 15, 2018 addressed the NCQA 2017 recognition process as well as using the Q Pass System and preparing for the NCQA virtual calls.
- Four (4) YouTube videos for the PCMH Learning Collaborative held on June 27-28, 2018 have been posted on www.ship.idaho.gov PCMH tab.
- You Tube videos of the State Evaluator PCMH Panel Discussion Video Series have been posted to the PCMH tab at www.ship.idaho.gov. Interviews were conducted with clinic

administrators, Community Health EMS, clinicians, care coordinators and physician champions.

Regional Collaboratives (RC):

- **Report Items:**

- **District 1:** RC meeting July 25th - regular scheduled meeting.
- **District 2:** No RC meeting held this month.
- **District 3:** There were no SWHC meetings in the month of July as the group took a brief summer break. The CHC and SWHC executive committees met on 7/9 to discuss RC merger and future alignment with payer structures.
- **District 4:** Central Health Collaborative (CHC) meeting held on 06/05/18. Russ Duke, Dr. Rich, and Dr. Watts were in attendance. Executive Leadership meeting held on 07/09/18. Russ Duke, Dr. Rich, Dr. Watts and Melissa Dilley attended.
- **District 5:** None, emails were sent for approval of the transition plan that was submitted.
- **District 6:** July 11, 2018 Medical Health Neighborhood Speed Resource Fair, described below. July 25, 2018: Executive Committee Meeting.
- **District 7:** No RC meeting held in June. Continue to meet on SHIP transition plan as needed.

- **Issues and topics discussed:**

- **District 1:** The Chair gave an update on the telehealth learning collaborative he participated in. In the Medical-Health Neighborhood topic, the connection made in the June meeting between the Crisis Center and Bonner County CHEMS program was discussed. It was then suggested we look for other services to connect. In the QI Specialist update, the IIBHN meeting was discussed and a clinic progress update was given. In the SHIP Manager Update, a report was given on the Learning Collaborative. An update was also given on the status of the Sustainability/Transition Plan. A Healthy Connections update was given by Meg Hall.
- **District 2:** No RC meeting held this month
- **District 3:** As previously stated, only the executive committees for the CHC and SWHC met in the month of July. The purpose was to discuss mechanics of RC merger and sustainability activities. A report reflecting these changes was submitted to IDHW on 7/13/18.
- **District 4:** The CHC Executive Leadership meeting was combined with the SWHC leadership team meeting to discuss issues that affect both regions. The discussion included an update on Medicaid transformation and the organization of the SW Payment Reform Workgroup. Waiting on Medicaid Project Managers to schedule that meeting. The group also discussed the Pathways Community HUB model, brainstorming future potential next steps, and needs to move this project forward. The group also discussed potential funding opportunities. Next steps include inviting a representative from the CCS software team to the next CHC meeting to provide a demo on the tool and how it may help to track outcomes and reduce risk for elementary school-aged children. Melissa will work with Boise School District to schedule a tour at one of the local elementary schools for members of the CHC group.
- **District 5:** District 5 subgrant has begun the closeout procedure and will complete in September.

- **District 6:** Speed Resource Fair: on July 11, 2018, 15 regional community resources staffed informational "booths" and clinic teams were allocated eight minutes to meet with each resource to learn about resources available to patients. "Resources" at the event included multiple Health and Welfare programs, Idaho Legal Aid, Pocatello Housing Authority, Pocatello Regional Transit (serves multiple counties), the Idaho Food Bank, University of Idaho Extension Agency, Area Agency on Aging, public health resources, Family Services of Idaho, Idaho Parents Unlimited, Blue Cross of Idaho, Idaho State University START program, and others. Evaluation results show that 100% of attendees were satisfied or highly satisfied with the event and would participate in a similar event if offered in the future. Evaluation comments demonstrated that attendees learned about new resources and intend to follow up with some resources in the future. This event was deemed highly successful and worth repeating in the future. This could be easily replicated in other districts if other RC's are seeking to improve connections between clinics and community resources.
- **District 7:** None

- **Action Items:**

None

- **Other:**

- **Regional Collaborative Project Manager Update**

- After careful deliberation, the department has decided to terminate the South Central Public Health District subgrant AC062800. Cohort Three clinic transformation is well under way and the clinics are all within the same health system with PCMH experience. In addition, the achievement RC development, implementation, and transition are complete. The department determined it's in our best interest to terminate this subgrant for convenience. Clinic coaching will continue with contracted services through Brilljent and Health Management Associates, and RC executive members will continue to lend expertise, value and passion to the Idaho Healthcare Coalition and our shared transformation efforts. We appreciate the services provided to support the SHIP and contributions of stakeholders and clinics.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**

- Health Management Associates (HMA), telehealth technical assistance contractor, held a learning collaborative webinar on August 16, 2018. The topic was tele-behavioral health with a presentation by Dr. Marc Avery, and "stories from the field" from SHIP grantee, CHAS Latah Community Health. Webinar recordings from this webinar and past webinars, can be found on the [SHIP website](#).
- Due to the large amount of content in the tele-behavioral health webinar, a part two HMA learning collaborative webinar will be held September 11, 2018.

- The *Behavioral Health in Primary Care* ECHO session's registration is full. Clinics are still encouraged to register to be put on the waiting list for future participation in ECHO sessions.

- **Next Steps:**

- Continue to work with HMA to outreach for the webinar sessions and provide project support for telehealth SHIP clinics.

CHW

Community Health Workers:

- **Report Items:**

- Due to high demand for the Community Health Worker (CHW) training, an additional CHW core course will be delivered at Idaho State University (ISU) in a hybrid on-line, web-based classroom starting September 20, 2018 from 6:00 – 9:00 PM (MST). The class will meet in the live-online classroom three times during the thirteen-week training. For the rest of the course, students will be working at their own pace. Instructors for this training will be Luis Lagos and Veronica Conaway. The application and registration period is currently open.
- Idaho State University will be taking curriculum from the following five existing CHW Health Specific Modules and translating them into Spanish: 1) Behavioral Health, Suicide Prevention, and Substance Abuse, 2) Opioid Use, 3) Diabetes, 4) Colorectal Health and Cancer Screening 5) Cervical Health and Cancer Screening. The courses will be offered asynchronously online. The CHW learning collaborative breakout session recordings are now available on the SHIP website.
- A Medication Adherence three-part webinar series will be delivered by subject matter expert, Linda Mikitish, on October 10th, 17th, and 24th from 12:00-1:00pm (MST). Learning objectives for this series include: identifying causes of medication non-adherence, discovering tools to assess medication adherence, and developing strategies to help patients/clients improve their knowledge of their medications.

- **Next Steps:**

- Working closely with ISU and the Division of Public Health for post-SHIP CHW training sustainability.

WORKGROUP REPORTS:

CHEMS

Community Health EMS (CHEMS):

- **Report Items:**

- **Learning Collaboratives**

- *The Data Learning Collaborative* was held on August 8, 2018. The Paramedic Foundation conducted site visits on several CHEMS agencies throughout the state. They evaluated CHEMS programs and current data collection methods. The daylong collaborative provided attendees with site visit data, a 12-step toolkit, and the potential for a new data matrix to be utilized in the data collection process.

- *The Community Health Worker Learning Collaborative* was held on July 25, 2018 and provided attendees with a keynote speaker, panel discussions, breakout sessions, and CHW program sustainability. The daylong event was well attended.
 - **Webinars**
 - The second session of the *Motivational Interviewing* webinar took place during month of July (7/17, 7/24, and 7/31). The following was addressed: behavior change; skills; changing plans; and review. The webinar was recorded and can be found on the SHIP website.
 - The *Heart Failure* webinar took place on May 30, 2018. The webinar covered the following: what is heart failure; common types of heart failure; what to expect from your patients; overview of therapies; treatment; education for patients and families; challenges for heart failure patients; and chronic management of heart failure. Per the webinar feedback form, the webinar met its objectives and is relevant to CHEMS program development.
 - *Medication Adherence* is the next three-part webinar and will take place during the month of October (10/10, 10/17, and 10/24).
 - **CEMT Training Program**
 - The first cohort commenced August 15, 2018 with a total of nine students enrolled.
 - The second cohort is expected to begin in September 2018. Course start date, logistics, and registration information are currently being determined. Many EMTs and AEMTs throughout the state have expressed interest in participating in the second cohort and we currently have over 20 students on the priority list for September.
 - The internal CHEMS Workgroup continues to meet every other Monday. Activities include:
 - The third and final cohort of the ISU Community Paramedic Certificate Program is underway.
 - Planning and implementation of upcoming webinars.
 - Planning and implementation for the second cohort of CEMT training.
 - Continue to develop a toolkit for the Community Paramedic Program Evaluation Pilot Project that meets the needs of providers throughout the state.
 - Statewide CHEMS Workgroup:
 - Discussions have begun to evolve this workgroup into a “working” collaborative workgroup to utilize our stakeholders and partners in future CHEMS efforts.
- **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
 - The next statewide CHEMS Workgroup meeting is scheduled for September 26, 2018.



Idaho Medical Home Collaborative:

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



Data Governance:

- **Report Item:**
 - The Data Governance Workgroup did not meet in August.



Multi-Payer:

- **Report Item:**
 - The Multi-Payer Workgroup did not meet in August.
- **Next Steps:**



Behavioral Health:

- **Report Item:**
 - The BHI Sub-Committee did not meet in August. 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 met August 1, 2018 from 3:00 – 4:30. This was their 26th meeting.
 - Elke Shaw-Tulloch gave an update on the Suicide Prevention Strategic Plan. Work is continuing to bring the current state plan into alignment with national strategy. Idaho has adopted all but one of the national guidelines and created a framework for a statewide plan. Elke will share more at the next meeting as the plan must be provided to the legislature by August 15.
 - Sonja Schriever, Dr. Christine Hahn and Dr. Marcia Witte, Division of Public Health, gave an overview of efforts underway by the department to address the opioid crisis. Multiple grants have been awarded to the department in the Divisions of Public Health and Behavioral Health and more are expected. Through the variety of funding available to DHW, the focus is on developing a statewide plan; increasing the use of the Prescription Drug Monitoring Program (PDMP) and integration of that system into physicians' electronic medical records; data analysis on the PDMP and other data sources; increasing the capacity for toxicological testing

on overdoses; coroner training; distribution of naloxone; public awareness and media campaign; supporting Project ECHO training on medication assisted treatment; recovery support; training of treatment providers; and conducting needs assessments.

- Joe Pollard provided an update on Get Healthy Idaho: Measuring & Improving Population Health. This document is being updated and PHWG members will be asked to provide updates and information in September. The full state health assessment will be conducted next year. Dr. Rhonda Robinson-Beale suggested that a presentation of the document and website be provided to payers. The current document can be found at: <http://gethealthy.dhw.idaho.gov/>
- Joe Pollard also provided an overview of the American Public Human Services Association (APHSA) Analytics Symposium that he and Burke Jensen attended. The purpose of the symposium was to build analytics capacity in human services spheres. Joe provided several examples of how states were using integrated data systems (e.g., Indiana using SNAP data and social determinants of health data; how some states navigated the need for data use agreements to share data; etc.)
- The group received an update on all components of the virtual PCMH: CHEMS, CHW, and Telehealth.
- Workgroup members provided reports of activities.

- **Next Steps:**

- The next meeting of the PHW is September 5, 2018 from 3:00 – 4:30.