



Idaho Healthcare Coalition

Meeting Agenda

Wednesday, September 14, 2016, 1:30PM – 4:30PM

JRW Building (Hall of Mirrors)
1st Floor East Conference Room
700 W State Street, Boise, Idaho

Call-In Number: 1-877-820-7831; Participation Code: 302163

Attendee URL: <https://rap.dhw.idaho.gov/meeting/37099230/827ccb0eea8a706c4c34a16891f84e7b>

Attendee Smartphone

URL: pulsesecure://?method=meeting&action=join&host=rap.dhw.idaho.gov&meetingid=37099230&signin=rap.dhw.idaho.gov%2Fmeeting%2F&stoken=827ccb0eea8a706c4c34a16891f84e7b

Password: 12345

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|-----------|---|
| 1:30 p.m. | Opening remarks, roll call, introduce any new members, guests, any new DHW staff, agenda review, and approval of 08/10/2016 meeting notes – <i>Dr. Ted Epperly, Chair</i> |
| 1:40 p.m. | Cohort 2 PCMH Application and Selection Criteria - <i>Kym Schreiber, DHW SHIP and Dr. Scott Dunn, Family Health Center - ACTION REQUIRED (2)</i> |
| 2:05 p.m. | Cohort 1 Update and Cohort 2 Planning – <i>Grace Chandler, Briljent</i> |
| 2:25 p.m. | Patient and Clinic Participation in Data Collection & Project Evaluation – <i>Linda Rowe, Qualis Health and Dr. Janet Reis, Boise State University</i> |
| 2:40 p.m. | Success Measures and Project Management Update – <i>Katie Falls, Mercer</i> |
| 2:55 p.m. | Break |
| 3:10 p.m. | Regional Collaboratives Update – <i>Region 3, Dr. Andrew Baron and Region 6, Dr. William Woodhouse</i> |
| 3:25 p.m. | Clinical Quality Measures National Conference Update – <i>Cynthia York, DHW SHIP</i> |
| 3:45 p.m. | CHEMS Charter Update – <i>Wayne Denny, DHW Public Health - ACTION REQUIRED</i> |
| 3:50 p.m. | SHIP Operations and Advisory Group Reports/ Updates – Please see written report (SHIP Operations and IHC Workgroup Reports – 8/10/2016): <ul style="list-style-type: none"> • Presentations, Staffing, Contracts, and RFPs status – <i>Cynthia York, DHW</i> • Regional Collaboratives Update – <i>Miro Barac, DHW</i> • Telehealth, Community EMS, Community Health Workers – <i>Miro Barac, DHW</i> • HIT Workgroup – <i>Janica Hardin, St. Alphonsus, Workgroup Co-Chair</i> • Multi-Payer Workgroup – <i>Dr. David Peterman, Primary Health and Josh Bishop, PacificSource, Workgroup Chairs</i> • Quality Measures Workgroup – <i>Dr. Andrew Baron, Terry Reilly Clinics, Workgroup Chair</i> • Behavioral Health/Primary Care Integration Workgroup – <i>Ross Edmunds, DHW, Workgroup Co-Chair</i> • Population Health Workgroup – <i>Elke Shaw-Tulloch, DHW, Workgroup Chair, Lora Whalen Workgroup Co-Chair</i> • IMHC Workgroup – <i>Dr. Scott Dunn, Family Health Center, IMHC Workgroup Chair</i> |
| 4:05 p.m. | Additional business & next steps – <i>Dr. Ted Epperly, Chair</i> |
| 4:15 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

Action Items September 14, 2016

- Action Item 1 – Minutes

IHC members will be asked to adopt the minutes from the last IHC meeting:

Motion: I, _____ move to accept the minutes of the August 10 2016, Idaho Healthcare Coalition (IHC) meeting as prepared.

Second: _____

Motion Carried.

- Action Item 2 – Cohort Two Final Application

IHC members will be asked to adopt the SHIP cohort two final application as presented by Dr. Scott Dunn and Kym Schreiber to the IHC.

Motion: I, _____ move that the Idaho Healthcare Coalition adopt the SHIP cohort two final application as presented to the IHC.

Second: _____

Motion Carried.

- Action Item 3 – Cohort Two Selection Criteria

IHC members will be asked to adopt the SHIP cohort two selection criteria as presented by Dr. Scott Dunn and Kym Schreiber to the IHC.

Motion: I, _____ move that the Idaho Healthcare Coalition adopt the SHIP cohort two selection criteria as presented to the IHC.

Second: _____

Motion Carried.

- Action Item 4 – Adoption of CHEMS Workgroup Charter

IHC members will be asked to adopt the CHEMS Workgroup charter as presented by Wayne Denny to the IHC.

Motion: I, _____ move that the Idaho Healthcare Coalition adopt the CHEMS Workgroup charter as presented to the IHC.

Second: _____

- Motion Carried.



Idaho Healthcare Coalition

Meeting Minutes:

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| SUBJECT: | IHC August Minutes | DATE: | August 10, 2016 |
| ATTENDEES: | Kathy Brashear, Pam Catt-Oliason, Melissa Christian, Ross Edmunds, Dr. Ted Epperly, Katherine Hansen, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Dr. David Pate, Susie Pouliot, Dr. Kevin Rich, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Karen Vauk, Jennifer Wheeler, Matt Wimmer, Cynthia York, Nicole Zogg | LOCATION: | 700 W State Street, 1 st Floor East Conference Room |
| Teleconference: | Scott Carrell, Janica Hardin, Maggie Mann, Casey Meza, Carol Moehrle, Dr. David Peterman, Dr. Dave Schmitz, Lora Whalen, Dr. William Woodhouse | | |
| Members Absent: | Director Richard Armstrong, Dr. Andrew Baron, Josh Bishop, Jeff Crouch, Dr. Keith Davis, Dr. Mike Dixon, Russell Duke, Dr. Scott Dunn, Senator Lee Heider, Dr. Glenn Jefferson, Nicole McKay, Daniel Ordyna, Tammy Perkins, Dr. Robert Polk, Geri Rackow, Dr. Boyd Southwick, Janet Willis, Representative Fred Wood | | |
| IDHW Staff: | Miro Barac, Wayne Denny, Burke Jensen, Taylor Kaserman, Casey Moyer, Kym Schreiber, Ann Watkins, Alexa Wilson | | |
| Guests: | Rachel Blanton, Katie Falls, Janette Haskell, Elwood Kleaver, Dr. James Lederer, Amy Mart, Gina Pannell, Janet Reis, Linda Rowe, SeAnne Safaii-Waite, Corey Surber, Michael Thomas, Norm Varin, Shenghan Xu | | |
| STATUS: | Draft (08/10/2016) | | |

Summary of Motions/Decisions:

Motion:

Deena LaJoie moved to accept the minutes of the July 13, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared with minor edits.

Outcome:

Motion Carried

Katherine Hansen seconded the motion.

Susie Pouliot moved that the Idaho Healthcare Coalition recommend the Governor appoint Dr. James Lederer to the IHC.

Motion Carried

Neva Santos seconded the motion.

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes –

- ◆ Dr. Epperly welcomed everyone to the meeting and provided a quote to start the meeting by Stephen Covey, “Effective leadership is putting first things first. Effective management is discipline, carrying it out.” Following the quote Dr. Epperly called roll. IHC members approved the meeting minutes from July with minor edits and accepted the recommendation for Dr. James Lederer to replace Dr. Robert Polk on the IHC.

IHDE/HIT Update – Burke Jensen, IDHW and Scott Carrell, IHDE

- ◆ Scott Carrell presented the current status of bi-lateral connections the Idaho Health Data Exchange has with cohort one SHIP clinics. July was the intended kick off month for starting implementations with an end date of September. There has been a delay in these implementations due to a variety of connectivity issues IHDE is facing with some clinics.
- ◆ Mr. Carrell spoke about the dynamic nature of this project. He indicated that there have been clinics whose readiness status has changed since the conduct of the IHDE readiness assessment and that they are now ready for connection with IHDE. Work is still occurring on how to make all 55 cohort one clinics ready to connect with IHDE.
- ◆ Following his presentation Mr. Carrell responded to questions from IHC members on: 1) How IHDE will handle changes of EMR vendors of connected SHIP cohort one clinics? And 2) what are the IHDE implementation/connectivity lessons learned for the first cohort that would help the second cohort. IHDE is addressing these issues by: 1) working with their sub-contractor Orion; 2) monitoring closely the current status of clinics’ EMRs, and 3) making sure those clinics who are selected for cohort two know what is being asked of them and their EMR to ensure connectivity.
- ◆ Burke Jensen provided an update on the data analytics portion of the SHIP project. The first set of clinical quality measures is anticipated to be ready in December and January. There has been an increased focus on the HIT timelines as challenges are identified; however, all parties involved continue to work to meet the December and January reporting deadline for the first four clinical quality measures for cohort one.
- ◆ Mr. Jensen reported on the work of the HIT Data Element Mapping Subcommittee in evaluating potential clinical quality measures for year two. The HIT Use Cases Subcommittee met once focusing on identifying how the data analytics tool can be leveraged by different users. A Use Case activity was completed last month and report is pending submission by the facilitator.
- ◆ HealthTech Solutions, the analytics vendor, has established a hosting service that will be used during the life of the project; this includes development of multiple environments for the clinical quality measures.

- ◆ Mr. Jensen responded to questions on how progress related to clinic connectivity and data analytics will be reported to the IHC; in the very near future, the dashboard instrument developed by Mercer will report overall project progress of SHIP Goals 2 and Goal 5.

RC discussion— putting first things first – main goal PCMH with a bidirectional connection to the MHN – Dr. Epperly, Chair and Elke Shaw-Tulloch, IDHW Division of Public Health

- ◆ Dr. Epperly spoke about the importance of the work being done by the seven Regional Collaboratives. Currently each of region is working on a strategic plan detailing the goals they want to achieve moving forward. A primary focus for each region is transforming practices into PCMHs.
- ◆ Elke Shaw-Tulloch discussed the development of the RC strategic plans. The goal of these strategic plans is define collectively what it means to support SHIP cohort clinics as they go through PCMH transformation in order to ensure that a shared vision exists for the RCs, IHC and other stakeholders.
- ◆ Dr. Epperly stated that the healthcare system is complicated; however in his view the SHIP grant has already been successful because the necessary conversations to evolve the system have been started. He would like each RC to have designated funds to address issues at the regional level.
- ◆ Ms. Shaw-Tulloch provided a synopsis of the draft of region four's strategic plan. Drafts of all of the strategic plans are due on September 1st. Final drafts of the plans will be ready for presentation after the October IHC meeting. Members of the IHC requested enough time to adequately review the strategic plans; the plans should not be much longer than a page or two to allow for plenty of time for review by IHC members.
- ◆ IHC members asked Ms. Shaw-Tulloch and Kym Schreiber, SHIP PCMH Project Manager questions about the second cohort of SHIP as it relates to work being done currently regarding the network participation of providers in the cohort. Anyone who wants to be involved in this process is being targeted to submit an interest survey however network participation has not been a part of the selection criteria for SHIP clinics.

Mercer update – Katie Falls, Mercer

- ◆ Katie Falls provided an update on the deliverables being worked on by Mercer; the first is the dashboard designed for reporting progress to the IHC on all SHIP Goal Success Measures. The SHIP team is currently making revisions to the success measures which must be approved by CMMI prior to reporting the first dashboard to the IHC meeting in October. The second project is the operational plan; this is due December 1st. The final draft of this will be done in November and presented to the IHC on the 9th with the draft ready the last week of October.

Communications discussion and update – Katie Falls, Mercer and Elke Shaw-Tulloch, IDHW Division of Public Health

- ◆ Katie Falls presented on several discussions that have been held about the medical-health neighborhood communication materials toolkit. In examining the medical-health neighborhood deliverables year to date, it became clear that these concepts needed further development by the Population Health Workgroup (PHW). Additional review by the PHW will ensure the following areas are addressed:
 - What is a medical health neighborhood;
 - What is the role of the regional collaborative; and
 - Recruitment techniques for the medical health neighborhood.Ultimately, the communication toolkit will be revised to reflect this feedback.
- ◆ Elke Shaw-Tulloch reminded the IHC of the role of PHW and the stakeholders on the workgroup; to help support and build the medical-health neighborhood.

MACRA presentation –JP Sharp, JD, MPH, Medicare Access and CHIP Reauthorization Act Lead, Center for Medicare & Medicaid Innovation

- ◆ Dr. Epperly welcomed JP Sharp and provided a brief background on his work at CMS and with Medicare. JP Sharp presented on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).
- ◆ The key topics presented by JP Sharp were the Quality Payment Program, the Merit-based Incentive Payment System (MIPS), Incentives for Participation in Advanced Alternative Payment Models (Advanced APMs), and next steps.
- ◆ Mr. Sharp provided an overview of what the Quality Payment Program is; and the current status; the final rule is being written now with the final draft anticipated this fall.

- ◆ The Merit-based Incentive Program System (MIPS) is a new program that will incorporate three current programs into a single framework; the fourth component is focused on promoting ongoing improvement and innovation in clinical activities as well.
- ◆ Clinicians that will be participating in MIPS in the first two years are: physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. In future years the types of Medicare Part B eligible clinicians affected by MIPS may be expanded. MIPS will not apply to the first year of Medicare Part B participation, clinicians with low patient volume threshold, and certain participants in Advanced Alternative Payment Models; MIPS also will not apply to hospitals or facilities. Clinicians that are eligible for MIPS can participate as an individual or as a group practice that would be assessed across all four MIPS performance categories.
- ◆ Mr. Sharp covered the four categories for performance that clinics will be scored on: quality, advancing care information, clinical practice improvement activities, and cost. **The MIPS performance period will begin in 2017 and the first payment year will be 2019.** Mr. Sharp presented on the proposed rule of MIPS payment adjustment and how much MIPS can adjust payments; MIPS is a budget neutral program.
- ◆ Incentives for Advanced APM Participation are a new way for paying for medical care through Medicare that will incentivize quality and value. There is a specific set of criteria for APMs to become advanced. The proposed rule for advanced APMs is the medical home model with the following criteria, the required use of CEHRT, required MIPS-comparable quality measures, and required APM entities to bear more than nominal financial risk. Mr. Sharp went over what is required for eligible clinicians to become qualifying APM participants (QP), and the QP determination and APM incentive payment timeline.
- ◆ Following his presentation Mr. Sharp took questions from IHC members on why track one of shared savings was excluded from APM but Comprehensive Primary Care Plus (CPC+) is included, this is because track one is defined by Medicare as a financial risk, for AMPs the risk must be a repayment of losses, track one does not meet any of these requirements.
- ◆ Medicaid will be certified by exploring a few options and continue to seek more comments and input on how to operationalize that component in determining which of those payment arrangements would be standard.
- ◆ Mr. Sharp answered questions on if it would be fair to assume that while there is not a full set of criteria that there would have to be some down side risk, this is parallel to the advanced APM rule, other avenues are possible but not yet available.
- ◆ Dr. Epperly solicited the question if being part of the SHIP program would help clinics also get into the MIPS plan. Mr. Sharp responded that PCMH designation will count towards the clinical practice improvement category of MIPS on the EPM side PCMH designation alone is not the same as the payment model, so a practice may have the PCMH model but it isn't necessarily the same payment model.
- ◆ Mr. Sharp also responded to questions on how many iterations of MACRA can be expected down the road and how stable is it with the upcoming elections. There is a level of unpredictability with congress but most changes or amendments will come with APMs especially in the specialty practice area.
- ◆ Certified rural health clinics are not allowed to participate in MIPS but fit into these initiatives through legislative changes since there are clear guidelines of what clinics can participate in MIPS.
- ◆ Dr. Epperly thanked JP Sharp for his presentation, and discussed how the alignment of what CMS is doing with payment is a catalyst with what the SHIP grant is doing in Idaho. Susie Pouliot commented that the Idaho Medical Association has been doing a lot of education on this topic for physician members on Medicaid updates.

SHIP Operations and Workgroup/Advisory Group Reports/Updates – Cynthia York, Administrator, OHPI

- ◆ Dr. Epperly inquired the IHC members if there were any additional comments or information on the workgroup reports to discuss. Mary Sheridan informed the IHC that the Telehealth vendor contract had been signed earlier that day. This contractor will be working with SHIP to provide Telehealth technical assistance and a webinar series.
- ◆ Casey Moyer announced that the SHIP team has a part time communications position becoming available. If anyone knows of someone who would be interested in the position or qualified for the job to urge them to apply.

Timeline and Next Steps –

There being no further business Dr. Epperly adjourned the meeting at **4:08pm**



STATEWIDE HEALTHCARE INNOVATION PLAN (SHIP) Final PCMH Application for Cohort 2

Version 3.0 DRAFT (September 2016)

A Final Application **must be completed online** for each individual clinic site **by Friday, October 28, 2016**, to be considered for SHIP participation. If you encounter content or technical issues, please contact the Office of Healthcare Policy Initiatives at OHPI@dhw.idaho.gov or call 208-334-0600.

Introduction: The Idaho SHIP seeks to transform the healthcare system through use of a state developed model test design based on the patient centered medical home. Continuing the healthcare reform process Idaho initiated in 2007, the Idaho Healthcare Coalition (IHC) was created by executive order 2014-02 to lead this process and guide Idaho's SHIP. As part of the grant, Idaho has the ability to support practice transformation with a variety of resources and tools (e.g. technical assistance, data analytics tool, incentive payments). Idaho's transformation plan is based on our experience and success with the patient centered medical home model.

This final PCMH application will be used to evaluate and determine the second wave (cohort) of clinics selected for SHIP participation. As guided by the IHC, selection criteria are based on key transformation standards and elements thought to increase the chance of successful PCMH implementation and potential recognition. These criteria in no specific order include: physician/ provider champion engagement, geographic location (within each of the seven Public Health Districts), rural vs. urban/suburban service area, electronic health record utilization and connectivity, and PMCH familiarity. The criteria selected have been based on previous experience implementing the PCMH model within the state of Idaho and our desire to select clinics able to make the transformation successfully while helping other clinics prepare for participation in Cohort 2 and 3.

Previous experience with clinic recruitment has also taught us to collect selection criteria items as well as readiness assessment information during the application process. This permits readiness information to be shared with the SHIP PCMH technical assistance contractor after final cohort selection, allowing them to enter into work with this cohort better informed of the current structure. **Selection criteria question text will appear in BOLD**, while readiness assessment questions will remain in plain text format. Questions contained within this application are logic driven; meaning that depending on how questions are answered, additional questions will appear seeking further details. Please respond to all questions honestly and as accurately as possible; answers provided to readiness assessment questions will not be viewed or considered by the Department evaluation team. The selection committee will receive de-identified responses when reviewing applications for participation.

Finally, SHIP is a multi-year plan for Idaho that includes three cohorts of clinic selection. Cohort 1 spanned from 2/1/2016 to 1/31/2017; Cohort 2 will begin 2/1/2017 and end 1/31/2018. Cohort 3 will span 2/1/2018 to 1/31/2019. Final notification of clinic selection for Cohort 2 is anticipated to occur during the month of December 2016; additional instruction and next steps will be provided at time of notification.

If not selected for the second cohort, feedback will be provided to help your clinic(s) prepare to apply for the third cohort in the fall of 2017. The number of clinics selected is directly tied to grant resources, funding and current change capacity.

Additional information on SHIP including a FAQ page can be found on our website at: www.SHIP.idaho.gov.

Section 1: Clinic Profile

Rationale:

Your clinic contact information, make-up and descriptive characteristics will assist in follow-up efforts and does include several selection criteria (**BOLD** items)

Please provide the following information for each individual clinic site to be considered for SHIP participation:

| | | |
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| 1. | Clinic Name | |
| 2. | Clinic's Physical Address | |
| 3. | City | |
| 4. | State | |
| 5. | County | |
| 6. | Zip Code | |
| 7. | Phone Number | |
| 8. | Fax Number | |
| 9. | Main Contact First Name | |
| 10. | Main Contact Last Name | |
| 11. | Main Contact Email Address | |
| 12. | Corporate Ownership or Healthcare System Name (if applicable) | |
| 13. Organization Type | <input type="checkbox"/> Private Practice <input type="checkbox"/> Community Health Center (CHC) <input type="checkbox"/> Rural Health Center (RHC) <input type="checkbox"/> Hospital/ Health System Owned Clinic <input type="checkbox"/> Other: | |
| 14. Predominant Specialty | <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Multi-Specialty <input type="checkbox"/> Other: | |
| 15. Please complete the Clinic Staff List | a. Physicians | |
| | Name: | Credentials: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |

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| | b. Physician Assistants, Nurse Practitioners | | |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | c. Clinic Staff (i.e. other professional licensed staff) | | |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | d. Administrative and Support Staff | | |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| | Name: | Credentials: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |

Section 2: Transformation Plan, History and Experience

Rationale:

Through various pilot projects, we have learned engaged leadership and an effective transformation team are critical to the success of implementing and sustaining the PCMH model. Questions appearing in **BOLD** will be considered as selection criteria.

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| 16. Please list your current or proposed Transformation Team members | Physician/ Provider Champion Name: | Title: | Role in Transformation: | email: |
| | Clinic Administration Name: (if applicable) | Title: | Role in Transformation: | email: |
| | Office Manager Name: | Title: | Role in Transformation: | email: |
| | Other Key Leaders Name: | Title: | Role in Transformation: | email: |
| | Other Key Leaders Name: | Title: | Role in Transformation: | email: |
| 17. Has your clinic ever participated in any of the following? (Please check all that apply) | <input type="checkbox"/> Safety Net Medical Home Initiative <input type="checkbox"/> Idaho Medical Home Collaborative (IMHC) Pilot <input type="checkbox"/> Other PCMH Programs (CHIC, etc.); Please list: <input type="checkbox"/> None | | | |
| 18. Has your clinic achieved national PCMH recognition or accreditation? <i>Recognition is encouraged, but not required to apply or to participate in the SHIP.</i> | <input type="checkbox"/> Yes [if yes, proceed to 19, skip 20-21] <input type="checkbox"/> No [if no, proceed to 20] | | | |
| 19. Please indicate, the organization(s) the national PCMH recognition or accreditation was received from, and level of recognition (if from NCQA). <i>Recognition is encouraged, but not required to apply or to participate in the SHIP.</i> | <input type="checkbox"/> AAAHC | Date Accredited: | | |
| | <input type="checkbox"/> Joint Commission | Date Accredited: | | |
| | <input type="checkbox"/> NCQA | Date Recognized: Level of Recognition: | | |
| | <input type="checkbox"/> URAC | Date Certified: | | |
| 20. Are you currently in the process of applying for recognition or accreditation with AAAHC, The Joint Commission, NCQA, or URAC? | <input type="checkbox"/> Yes [if yes, proceed to 21] <input type="checkbox"/> No [if no, proceed to 22] | | | |

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| 21. Please provide information on the current status of your application process for national recognition or accreditation, with which organization you are applying, and to what level, if applicable, you are attesting to? | |
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Section 3: Health Information Technology (HIT) Capabilities

Rationale:

We understand that every clinic in Idaho has a different level of experience and may use one of several platforms (i.e. EHR). Access to data, in a timely and consistent manner is essential for effective practice transformation. Additionally, federal grant reporting requirements necessitate practice connectivity to the Idaho Health Data Exchange (IHDE) and Health Tech Solutions. Many of the questions included in this section are readiness related and will assist the IHDE once the first wave selection has been completed. Only questions appearing in **BOLD** will be considered as selection criteria. The questions in this section should be answered by or through consultation with your clinic's IT Administrator/ Manager.

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| 22. Does your clinic have an electronic health record? | <input type="checkbox"/> Yes [if yes, proceed to 23] <input type="checkbox"/> No [if no, proceed to 36] | |
| 23. Do you have any EHR conversion planned or being considered between 2/1/2017 and 1/31/2018? (For example: Will you be changing EHR vendors or software between 2/1/2017 and 1/31/2018?) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Please identify your clinic's IT Administrator/ Manager or anyone in your clinic who is involved in the daily operational management with your EHR vendor and the person completing the questions in this section of the application. | IT Contact Name | |
| | Title | |
| | Organization (if not employee of applying clinic) | |
| | Email | |
| | Phone | |
| 25. Did the person listed in Question 24 complete this section of the application? | <input type="checkbox"/> Yes [if yes, proceed to 27] <input type="checkbox"/> No [if no, proceed to 26] | |
| 26. If No, please identify the person completing this section of the application | Name | |
| | Title | |
| | Email | |
| | Phone | |
| 27. What is the size, make-up, and availability of your clinic's IT office staff? | | |
| 28. What brand of EHR are you using? | <input type="checkbox"/> Allscripts Professional <input type="checkbox"/> athenaClinicals <input type="checkbox"/> Centricity <input type="checkbox"/> Cerner <input type="checkbox"/> e-MDs <input type="checkbox"/> eClinicalWorks <input type="checkbox"/> Epic <input type="checkbox"/> Greenway (PrimeSuite, SuccessEHS, Intergy) <input type="checkbox"/> NextGen <input type="checkbox"/> McKesson (Practice Partner) <input type="checkbox"/> Meditech <input type="checkbox"/> Other (please specify): | |

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| 29. What version of the EHR is currently deployed to production? (This can often be located on the splash screen of the program when launched) | |
| 30. How many months has the clinic been using its current EHR system? | |
| 31. Does your EHR support Health Information Exchange (HIE) connectivity? (This functionality may need to be activated by your vendor, not all EHR products even support this. You may need to contact your EHR vendor for assistance in answering this question) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. Can your certified EHR produce a CCD (transition of care document) in the .xml format using the CCD template structure? (You may need to contact your EHR vendor for assistance in answering this question) | <input type="checkbox"/> Yes [if yes, proceed to 33] <input type="checkbox"/> No [if no, proceed to 34] |
| 33. If so, can your EHR automate the production of the CCDs, as opposed to having to manually create them? (You may need to contact your EHR vendor for assistance in answering this question) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. Do you have access to vendor product support? (Often referred to as 'Level 2' support - troubleshooting, configuration, database administration, and repair for server, network, infrastructure, Data Center, email, file shares, and other infrastructure issues) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35. Do you have access to helpdesk support when you have questions about your EHR? (Often referred to as 'Level 1' support – device support, breaks/fixes, configuration issues, software installations, trouble shooting) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. How does your clinic or organization support your EHR product? | |
| 37. Is your EHR connected to the Idaho Health Data Exchange (IHDE)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 4: Primary Care/ Behavioral Health Integration

Rationale:

Idaho is a 100% designated shortage area for mental health professional services. As clinics transform to PCMH practices support the client, integration and access to behavioral health care will be essential elements to achieving patient wellness. Part of the SHIP plan includes goals and metrics related to increasing patient wellness and this will be support in part by behavioral health integration efforts with PMCH clinics.

| | |
|---|--|
| 38. Please indicate the level of primary care/ behavioral health integration occurring in your office? | <input type="checkbox"/> Full collaboration in a merged integrated practice for all patients <input type="checkbox"/> Close collaboration with several aspects of integrated practice <input type="checkbox"/> Co-located with close collaboration on-site with some system integration <input type="checkbox"/> Co-located with basic collaboration on-site <input type="checkbox"/> Basic collaboration off-site <input type="checkbox"/> Minimal collaboration/ coordination |
| 39. Is your clinic completing behavioral health screenings (i.e. a PHQ 2, PHQ 9, or other universal screening)? | <input type="checkbox"/> Yes [If Yes, proceed to 38] <input type="checkbox"/> No [If No, proceed to 39] |
| 40. If yes, are behavioral health screenings conducted only during wellness visits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41. Please describe how your clinic interfaces with behavioral health services and providers in your community. It can include efforts to meet patients' needs not previously captured. | |

Section 5: Quality Improvement (QI) Activities

Rationale:

Quality improvement is a hallmark of high performing patient centered medical homes. Learning more about current practices will assist the PCMH contractor in offering technical assistance.

| | | | |
|---|--|-------|------|
| 42. Does the clinic use performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency and patient experience? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 43. Do you have a formal quality improvement policy in place? | <input type="checkbox"/> Yes [If Yes, proceed to 43] <input type="checkbox"/> No [If No, proceed to 42] | | |
| 44. If No, do you have a plan to implement QI policies and procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 45. Please indicate frequency of QI meetings | | | |
| 46. Please list clinic role of QI committee members (e.g. RN, patients, office manager) | Name | Title | Role |
| | Name | Title | Role |
| | Name | Title | Role |
| | Name | Title | Role |
| 47. Please specify the QI tool(s) being used by your clinic (e.g. Six Sigma, Lean, PDSA cycles). | | | |
| 48. Please indicate what you track and measure. (Check all that apply) | <input type="checkbox"/> Clinical Quality measures <input type="checkbox"/> Preventive care <input type="checkbox"/> Care Coordination <input type="checkbox"/> Patient Experience <input type="checkbox"/> Provider Experience <input type="checkbox"/> Overall clinic efficiencies affecting healthcare costs (e.g., reduction readmissions, ER visits, redundant labs) | | |

Section 6: Clinic Vision and Intentions

Rationale:

An engaged physician/ provider leadership champion, clinic administration engagement and a dedicated transformation team is imperative for successful transformation and sustainability of the PCMH model. A physician (recommended), or other provider leadership champion, should be instrumental in implementing long-term changes/vision and continually encourages other physicians/providers who might be unsure if they want to participate.

| | |
|---|--|
| 47. How does your clinic’s strategic plan align with the SHIP goals to improve health outcomes, reduce healthcare costs and improve provider and patient experience? | |
| 48. Please tell us about your identified physician/ provider champion [answered in Section 2; Question 16] and what your transformation team hopes to accomplish within the Cohort 2 timeframe (February 1, 2017 to January 31, 2018) and beyond. | |
| 49. As the physician/ provider champion for this clinic, what will your commitment to this PCMH work look like over the next year (i.e., attending meetings, leading communications, breaking down barriers, troubleshooting challenges, etc.)? | |
| 50. As the physician/ provider champion for this clinic, please describe: <ul style="list-style-type: none"> • One or more successful change or transformation projects you have championed within the clinic. • How did you champion that change? | |

Section 7: Completion & Submission

By electronically submitting this application, I attest the answers provided are complete and accurate to the best of my ability at the time of submission.

Further, I attest that I am the authorized representative of the business entity permitted to submit this application for consideration.

| | |
|---------------------------------------|--|
| Name of person completing application | |
| Job Title | |
| Email address | |
| Phone number | |



Clinic Qualifying Criteria for SHIP Patient Centered Medical Home Transformation

Version 3.0 DRAFT (September 2016)

The Idaho Medical Home Collaborative (IMHC) has developed criteria to review readiness for Idaho primary care clinics interested in joining Idaho's State Healthcare Innovation Plan (SHIP) initiative for transformation to patient centered medical homes (PCMH). The goals of the criteria are to identify primary care clinics that reflect both geographic and population focused diversity as well as clinics that demonstrate readiness to take on transformation work. This information will be explained and gathered via the Final PCMH Application questions and selection process for SHIP PCMH Cohort 2 participation.

- 1. The Clinic selection process should consider the following statewide factors:**
 - a. Geographic coverage - clinics will be chosen from each of the seven Public Health Districts within Idaho.
 - b. Selection will include rural, suburban and urban clinics.
 - c. Clinic types and specialties to be considered will include Family Medicine, Internal Medicine, Pediatrics, Rural Health and Federally Qualified Health Centers; and other specialties providing primary care services.
 - d. Clinic familiarity with the PCMH model of care will be considered.

- 2. The INTENT AND VISION of the interested clinic should align with the Triple Aim** to improve health outcomes, to improve quality and patient experience of care, and to lower costs of care for all Idahoans.
 - a. Organization and clinic administration (medical & financial) will be invited to attend "SHIP Interest Webinar" via two scheduled online webinars to ensure that SHIP goals, participation, clinic commitment, and magnitude of effort are fully understood.

- 3. An engaged physician/ provider leadership champion, clinic administration engagement and a dedicated transformation team should be identified within the interested clinic** and is imperative for successful transformation and sustainability.
 - a. Roles of the interested Clinic's PCMH Transformation Team for each site typically include:
 - i. Physician (recommended) or other provider Leadership Champion should be instrumental in implementing the long-term changes/vision and continues to encourage other physicians/providers who might be unsure if they want to participate.
 - ii. Office Manager (or similar job position) – imperative to keep informed and buy-in for smooth transition of daily operations.
 - iii. PCMH change agent, project lead, or quality assurance lead (if different from Office Manager) – knowledgeable, enthusiastic and supported by leadership/management.

- 4. Adequate and effective HIT capabilities are critical to support the PCMH model** and should be reviewed by the interested clinic.

- a. The interested clinic should have an established EMR or process for population health management.
 - b. The interested clinic should intend to interface with the state health information exchange, the Idaho Health Data Exchange (IHDE).
 - c. The interested clinic should include essential IT personnel in discussion of SHIP participation and intent to apply.
 - d. *Any interested clinics currently involved in EMR conversions or planning a conversion within 12-18 months of the SHIP PCMH application process are warned that the dual lift of an EMR conversion and PCMH transformation efforts may thwart the success in reaching either or both targets.*
5. The Interested clinic should have **evidence of Quality Improvement (QI) activities or defined plans for QI structured activities** which are critical to implementing and sustaining the PCMH model.
 6. The interested clinic should complete a Final PCMH Application which includes readiness components of PCMH transformation and Health IT capabilities.

Training and Technical Assistance Update

PCMH Transformation Team

Nancy Jaeckels Kamp and Brooke Ehrenpreis
Health Management Associates (HMA)

September 14, 2016



PCMH Transformation Team
Idaho Healthcare Coalition (IHC) Meeting



Training and Technical Assistance Update

- Status of SHIP Cohort 1 Clinics
 - All clinics participating and on track for continuing to retain incentive payments
- Planning for SHIP Cohort 2 Clinics
 - PCMH Team will review final applications of selected clinics
 - PCMH Team will conduct readiness assessments

Webinars

- Webinar 4 – Telemedicine
 - Completed August 17, 2016
- Webinar 5 - Care Management Reimbursement
 - Scheduled for November 17, 2016
- Webinar 6 – Value Based Payment
 - Scheduled for January 17, 2017

3

PCMH
TRANSFORMATION TEAM

PHD SHIP Staff Learning Session – October 24

PHD SHIP QI staff completed a self-assessment of gaps in knowledge and technical assistance to inform the agenda.

Agenda topics:

- Managing Change and Resistance
- Acceptance of Practice Facilitators
- Quality Metrics and Creating Data Collection Plans
- Continuing work with Cohort 1 Clinics
- Starting up work with Cohort 2 Clinics

4

PCMH
TRANSFORMATION TEAM

Fall Learning Collaborative #2 – October 24-25

Attendees at the Learning Collaborative include Cohort 1 clinic staff, PHD SHIP Managers and QI staff, HMA, Briljent, and SHIP staff.

Proposed Agenda Topics:

- Empanelment – Access Models and Strategies
- Understanding Risk Stratification and Vulnerable Populations
- Preparation and Strategies for Current VBP Models in Idaho
- Practical Tips and Planning for the Submission of Successful Application for PCMH Recognition
- Updates on SHIP, Health IT in Idaho, and Virtual PCMH
- Idaho Clinical Quality Metrics
- Plan/Do/Study/Act (PDSA) – Understanding the Quality Model for Improvement
- Patient Engagement/Motivational Interviewing 101
- Steps to Team-Based Care

Thank you to our sponsors!

Saint Alphonsus Regional Medical Center, PacificSource, and Blue Cross of Idaho

5

PCMH
TRANSFORMATION TEAM

Next Steps – Evaluation

Briljent and the PCMH Team will conduct the following evaluations to assess:

- Clinics' progress
- PHD SHIP QI staff skills and knowledge
- Overall value of PHD SHIP QI Staff
- Overall value of PCMH Coaches (HMA)

Evaluations to be conducted in December 2016

6

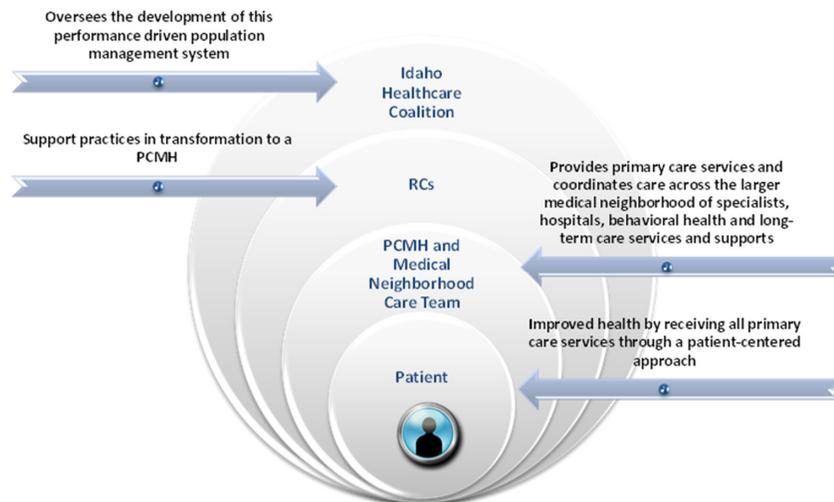
PCMH
TRANSFORMATION TEAM

Idaho's SHIP State-Level Evaluation Update

A Partnership between the University of Idaho & Boise State University



Idaho SHIP's Guiding Paradigm: Patient Center Medical Home



Patient Engagement

**What options do patients/consumers see for improving their own health,
do they think they have the skills and resources to attempt change,
are they ready to initiate some change,
where does their PCMH health care team fit in?**

Beginning the State-Level Evaluation

mid September- mid December 2016

- **Baseline work with 4 clinics to determine best methods for:**

Clinic's determination of their patient's health priorities

Clinic's preference for selection of patients

Clinic's preference for contact with patients

Clinic's preference for methods of data collection

Guiding Principles for State-Level Evaluation

- University evaluation team is responsible for **all** state-led evaluation data collection, data analysis and reporting
- Every effort will be made to have clear stakeholder communication about expectations for data collection & timelines: multiple modes of communication will be used
- Every effort will be made to reduce time and effort asked of clinics in scheduling data collection events
- Every effort will be made to maximize the benefits of the information gathered for the SHIP clinics and SHIP staff

Potential benefits of State-Level evaluation information Clinics & Patients

- Feedback from patient's on ways to improve self-care, and care coordination with assistance & support from health care team
- Completion of NCQA's PCMH 6C Factor 4
(feedback from patients/families on their experiences with the practice and their care through qualitative means)
- Clinic based experience with qualitative data collection and analysis
(versus Consumer Assessment of Healthcare Providers and Systems)

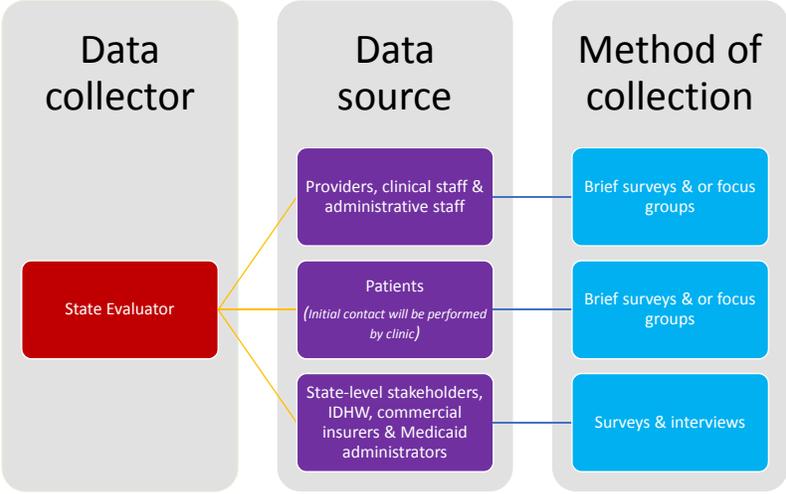
Potential benefits of State-Level evaluation information SHIP Team & IHC

- Portrait of patient perceptions of engagement with their personal health and engagement with their PCMH health care team
- Identification of clinic factors to change for improvement of patient care (e.g. workflow, use of HIT, referral processes, integration with behavioral health)

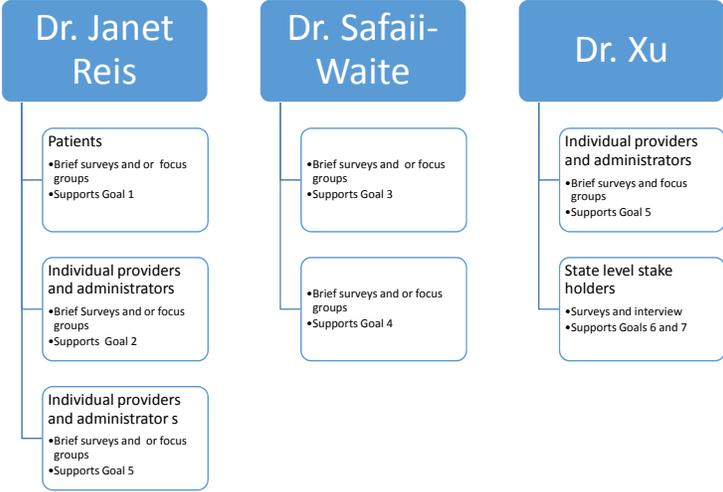
Next steps for 2017

- **Cohort 1 clinics expect to be contacted by the State Evaluation team
Jan – March 2017**
- **As per CMMI guidance, all seven goals will be evaluated by the State
Evaluation team over the grant period.**

State Evaluator SHIP Communications Information Hierarchy



State Evaluator Team Leads for Data Collection for SHIP Goals 1-7





Revisions to Idaho Success Measures

Presentation to the IHC

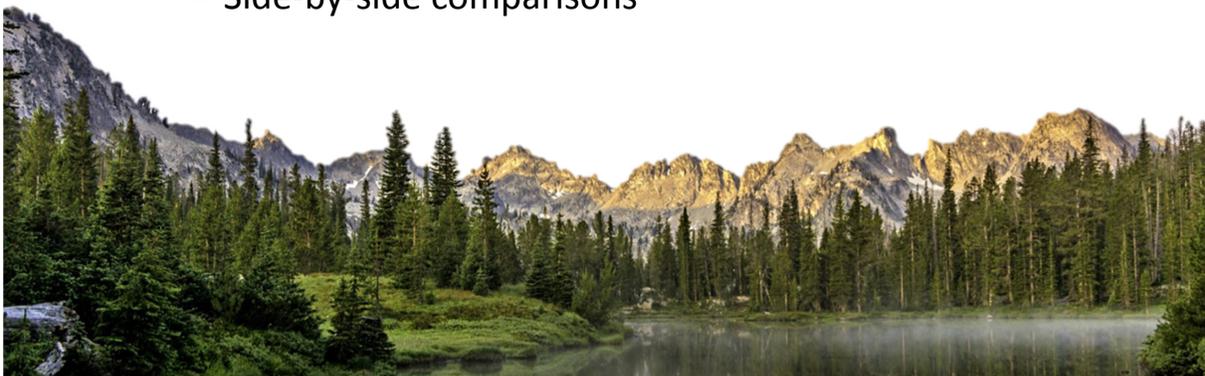
September 14, 2016



Revisions to Idaho Success Measures

Overview of Today's Discussion

- Recap of approach to measuring Idaho's SHIP
- Process for Revisions to Success Measures
 - Activities to date
- Revisions to Idaho Success Measures
 - Side-by-side comparisons





Measuring Success

A Multi-Pronged Approach

Success Measures

- Determine whether Idaho's 7 goals are met

Clinical Quality Measures

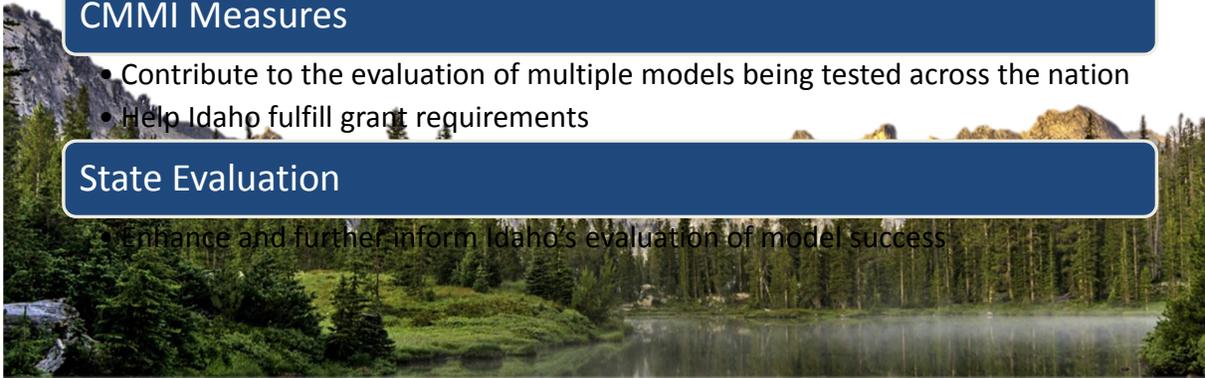
- Determine the impact of Idaho's model on the health of the population

CMMI Measures

- Contribute to the evaluation of multiple models being tested across the nation
- Help Idaho fulfill grant requirements

State Evaluation

- Enhance and further inform Idaho's evaluation of model success



Measurement Domains

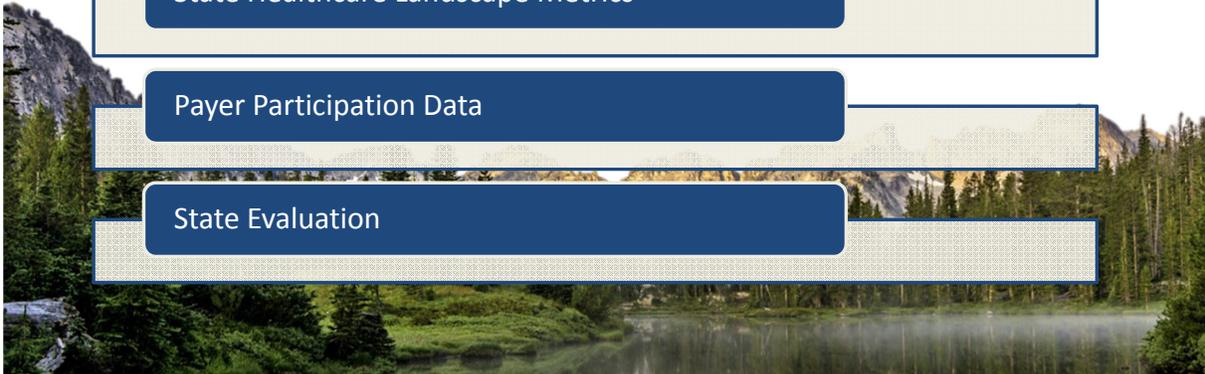
Model Participation Metrics

Model Performance Metrics

State Healthcare Landscape Metrics

Payer Participation Data

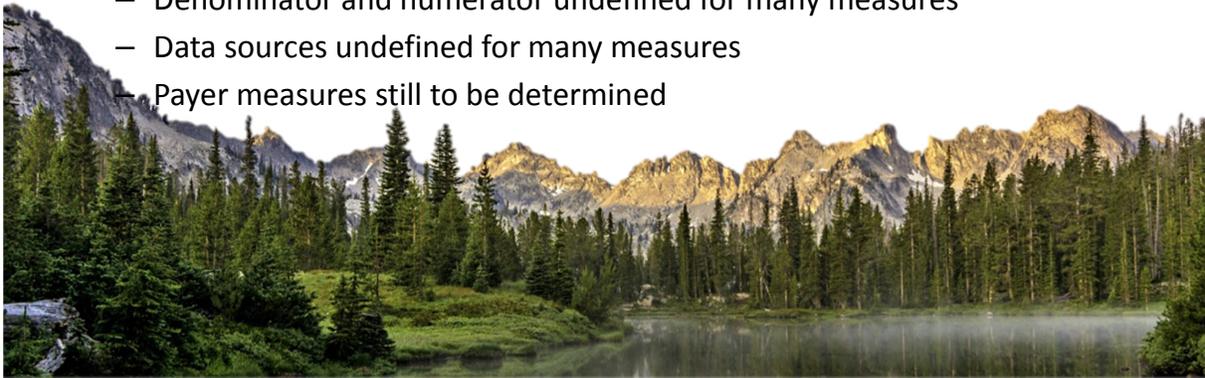
State Evaluation



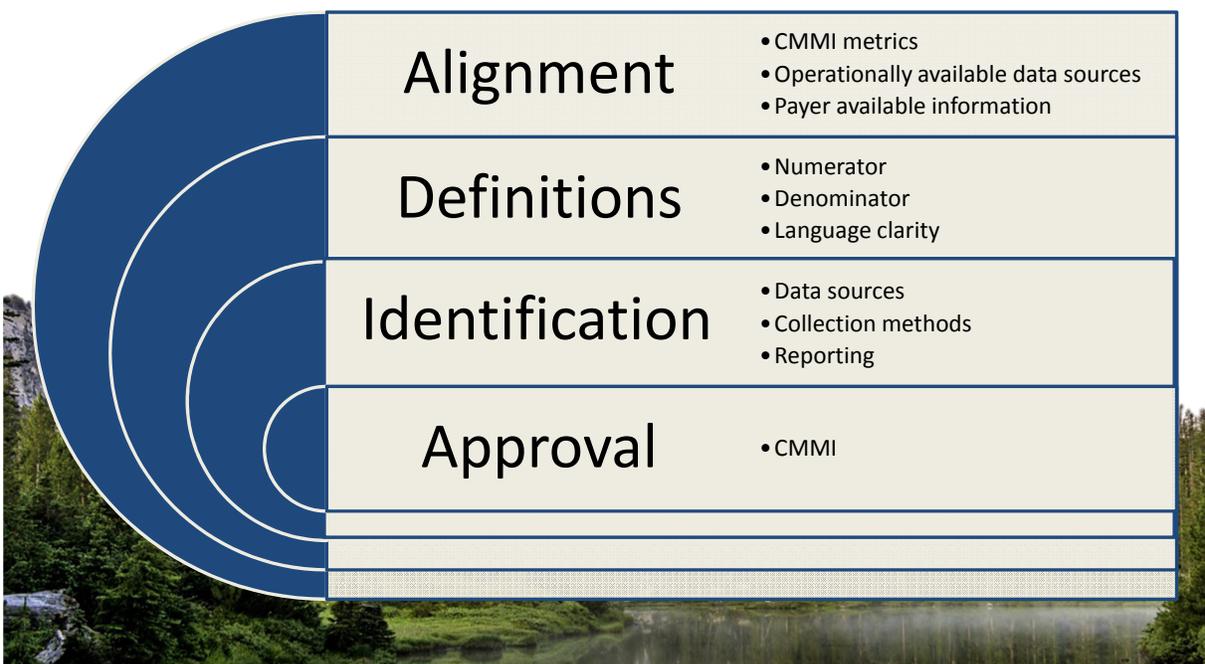


Development of Original Measures Design Grant and Pre-Implementation Years

- Original success measures and CQM measures developed by IHC workgroups
- CMMI issued required measures for grant reporting
- Idaho's measures submitted December 1, 2015 to CMMI in Year 1 Operational Plan
 - Denominator and numerator undefined for many measures
 - Data sources undefined for many measures
 - Payer measures still to be determined



Process for Making Revisions Year 1 Activities (2016)





Status of Revisions

As of September 14, 2016

Goals 2, 3, & 5

- Revised measures submitted to and approved by CMMI.

Goals 1, 4, & 6

- Revised measures submitted to CMMI on September 8, 2016.

Goal 7

- No revisions to Goal 7 measures.

Year 1 CQM (4 measures)

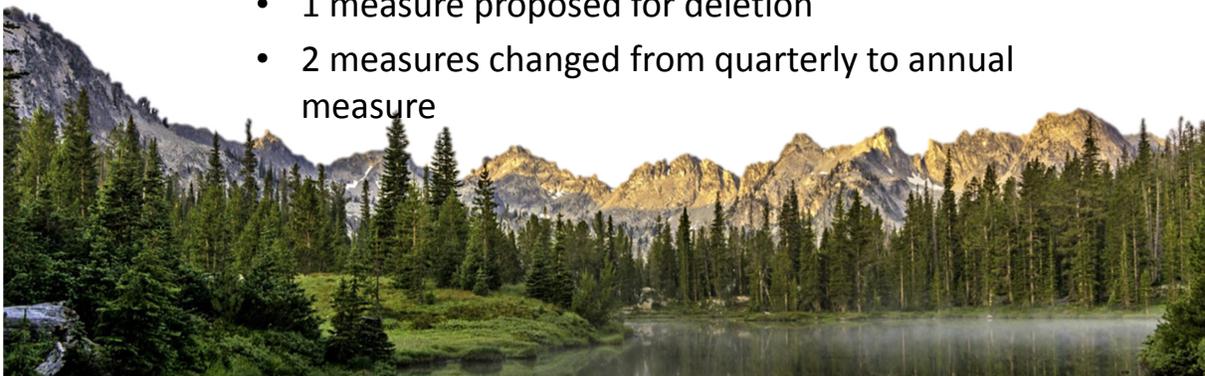
- Submitted to CMMI. Revisions approved by IHC in April 2016.



Goal 1 Success Measures

Summary of Revisions

- 11 original measures
- 9 measures changed to clarify language, such as:
 - “Practices designated as a PCMH” became “Primary care clinics selected for a SHIP cohort”
- 1 measure broken into 2 measures
- 1 measure proposed for deletion
- 2 measures changed from quarterly to annual measure





Goal 1 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|---|--|
| 1. | CUM # (%) of primary care <i>practices</i> that submit an interest <i>application to become a PCMH</i> . | CUM # (%) of primary care <i>clinics</i> that submit an interest <i>survey to participate in a SHIP cohort</i> . |
| 2. | CUM # (%) <i>designated PCMHs</i> that have completed a PCMH readiness assessment and <i>goals for transformation</i> . | CUM # (%) of <i>primary care clinics selected for a SHIP cohort</i> that have completed a PCMH readiness assessment and a <i>Transformation Plan</i> . |
| 3. | CUM # (%) of targeted <i>practices designated as PCMH</i> . | CUM # (%) of targeted <i>primary care clinics selected for a SHIP cohort</i> . |
| 4. | CUM # (%) of <i>total primary care practices</i> in Idaho <i>designated as PCMH</i> . | CUM # (%) of <i>primary care clinics selected for a SHIP cohort</i> , of the total primary care <i>clinics</i> in Idaho. |
| 5. | CUM # (%) of targeted providers participating in <i>designated PCMHs</i> . | CUM # (%) of targeted providers participating in <i>primary care clinics selected for a SHIP cohort</i> .* |

*Change from quarterly to annual measure.



Goal 1 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|---|--|
| 6. | CUM # (%) of providers in primary care <i>practices</i> in Idaho <i>participating in designated PCMHs</i> . | CUM # (%) of providers in primary care <i>clinics selected for a SHIP cohort, of the total number of primary care providers</i> in Idaho. * |
| 7. | CUM # (%) of <i>PCMHs receiving technical support and transformation incentives</i> . | CUM # (%) of <i>primary care clinics selected for a SHIP cohort receiving an initial transformation incentive payment and achieving technical support benchmarks for retaining the payment</i> . |
| 8. | New Measure | CUM # (%) of primary care clinics selected for a SHIP cohort that achieve their transformation goals as specified in their Transformation Plan.** |
| 9. | CUM # (%) of <i>designated PCMHs</i> that have achieved <i>Idaho-specific or</i> national PCMH recognition/accreditation. | CUM # (%) of <i>primary care clinics selected for a SHIP cohort</i> that achieve national PCMH recognition/accreditation. |

*Change from quarterly to annual measure.

**Will be an annual measure.



Goal 1 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|-----|--|---|
| 10. | CUM # (%) of Idahoans who enroll in a <i>designated PCMH</i> (of total state population). | CUM # (%) of Idahoans who enroll in a <i>primary care clinic selected for a SHIP cohort</i> (of total state population). |
| 11. | CUM # (%) of <i>targeted population</i> who enroll in a <i>designated PCMH</i> (of target population). | CUM # (%) of <i>Idahoans</i> who enroll in a <i>primary care clinic selected for a SHIP cohort</i> (of target population). |
| 12. | CUM # (%) of enrolled PCMH patients reporting they are an active participant in their healthcare. | Proposed for Deletion. Lack of survey resources, challenges with methodology and increased burden to participating clinics are all cited reasons for removing this metric. |



Goal 2 Success Measures

Summary of Revisions

- 5 original measures
- 4 measures changed to clarify language
- 1 measure proposed for deletion
- 1 measure changed from quarterly to annual measure





Goal 2 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|--|---|
| 1. | CUM # (%) of <i>designated PCMHs (sites)</i> with EHR systems that support HIE connectivity. | CUM # (%) of <i>primary care practices selected for a SHIP cohort</i> with EHR systems that support HIE connectivity. |
| 2. | CUM # (%) of patients in <i>designated PCMHs (sites)</i> that have an EHR. | CUM # (%) of <i>Idahoans who enroll in a primary care practice selected for a SHIP cohort</i> that have an EHR <i>that is connected to HIE.</i> |
| 3. | CUM # (%) of <i>designated PCMHs</i> with an active connection to the HIE and <i>utilizing the clinical portal to obtain patient summaries, etc.</i> | CUM # (%) <i>Primary care practices selected for a SHIP cohort</i> with an active connection to the HIE and <i>sharing/receiving HIE transactions for care coordination.*</i> |

*Change from quarterly to annual measure.



Goal 2 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|---|---|
| 4. | CUM # (%) of hospitals connected to the HIE. | CUM # (%) of hospitals connected to the HIE <i>and sharing data for care coordination.</i> |
| 5. | CUM # (%) of hospitals connected to the HIE that provide information on PCMH enrolled patients. | Proposed for Deletion. The measure is similar to Goal 2 metric #4 and would yield the same results if reported. The data source is the same. |

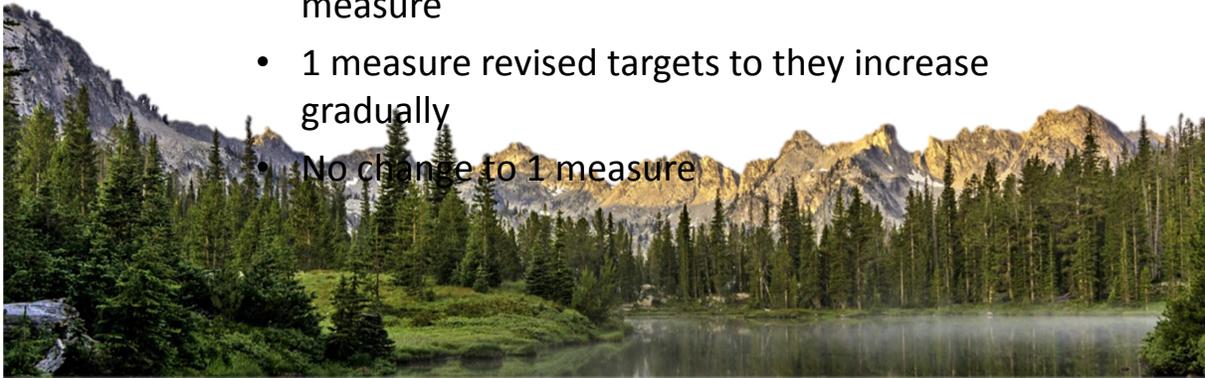




Goal 3 Success Measures

Summary of Revisions

- 4 original measures
- 1 measure changed to clarify language
- 2 measures revised to clarify role of SHIP PHD team
- 2 measures changed from quarterly to annual measure
- 1 measure revised targets to they increase gradually
- No change to 1 measure

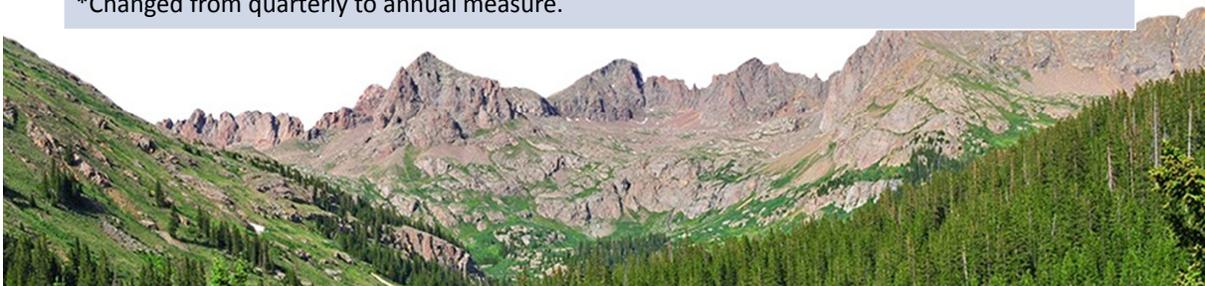


Goal 3 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|--|--|
| 1. | CUM # (%) of RCs established and providing regional quality improvement and <i>Medical/Health Neighborhood integration services.</i> | Cumulative (CUM) # of RCs established and providing regional quality improvement <i>guidance</i> and <i>working with PHDs to integrate the Medical-Health Neighborhood.*</i> |
| 2. | CUM # (%) of <i>designated PCMHs and primary care practices</i> that can receive <i>assistance through an RC.</i> | CUM # of <i>primary care practices selected for a SHIP cohort</i> that can receive <i>assistance through regional SHIP PHD team.*</i> |

*Changed from quarterly to annual measure.



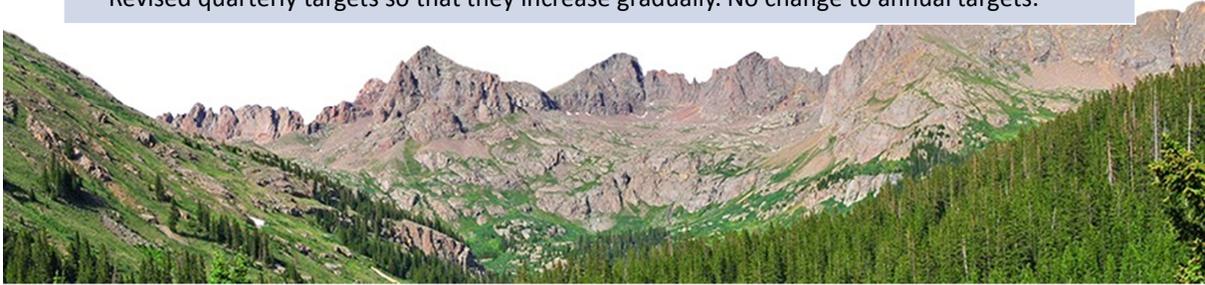


Goal 3 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|---|--|
| 3. | CUM # (%) of <i>designated PCMHs</i> who have established protocols for referrals and follow up communications with service providers in their Medical/Health Neighborhood. | CUM # of <i>primary care practices selected for a SHIP cohort</i> who have established protocols for referrals and follow-up communications with service providers in their Medical-Health Neighborhood.** |
| 4. | CUM # (%) of patients enrolled in a designated PCMH whose health needs are coordinated across their local Medical/Health Neighborhood, as needed. | No change requested. |

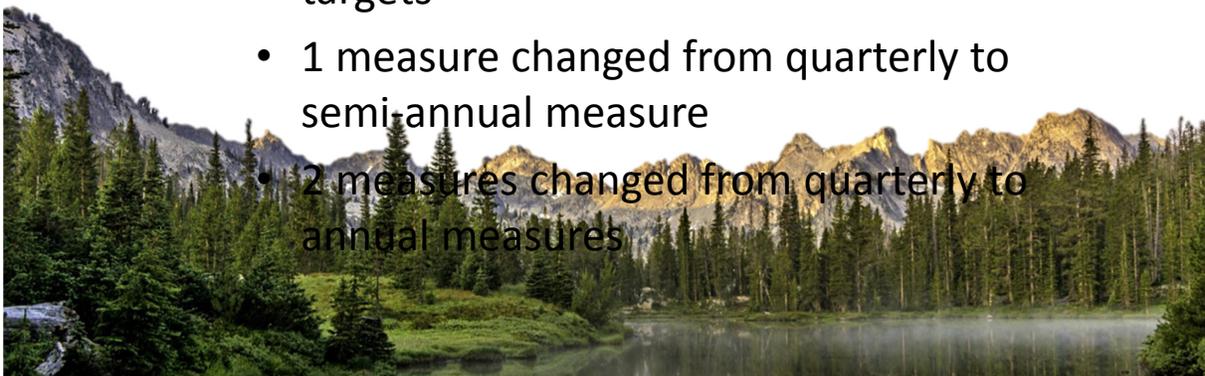
** Revised quarterly targets so that they increase gradually. No change to annual targets.



Goal 4 Success Measures

Summary of Revisions

- 5 original measures
- No changes to 2 measures
- 3 measures no change to measure definitions but proposed changes to targets
- 1 measure changed from quarterly to semi-annual measure
- 2 measures changed from quarterly to annual measures



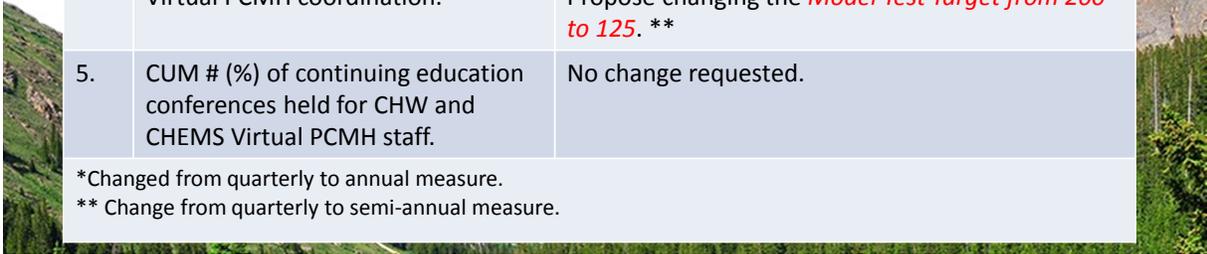


Goal 4 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|---|---|
| 1. | CUM # (%) of Virtual PCMHs established in rural communities following assessment of need. | No change requested. |
| 2. | CUM # (%) of regional CEMS programs established. | No change to measure definition. Propose changing the <i>Model Test Target from 16 to 13.</i> * |
| 3. | CUM # (%) of CEMS program personnel trained for Virtual PCMH coordination. | No change measure definition. Propose changing the <i>Model Test Target from 52 to 35.</i> * |
| 4. | CUM # (%) of new CHWs trained for Virtual PCMH coordination. | No change measure definition. Propose changing the <i>Model Test Target from 200 to 125.</i> ** |
| 5. | CUM # (%) of continuing education conferences held for CHW and CEMS Virtual PCMH staff. | No change requested. |

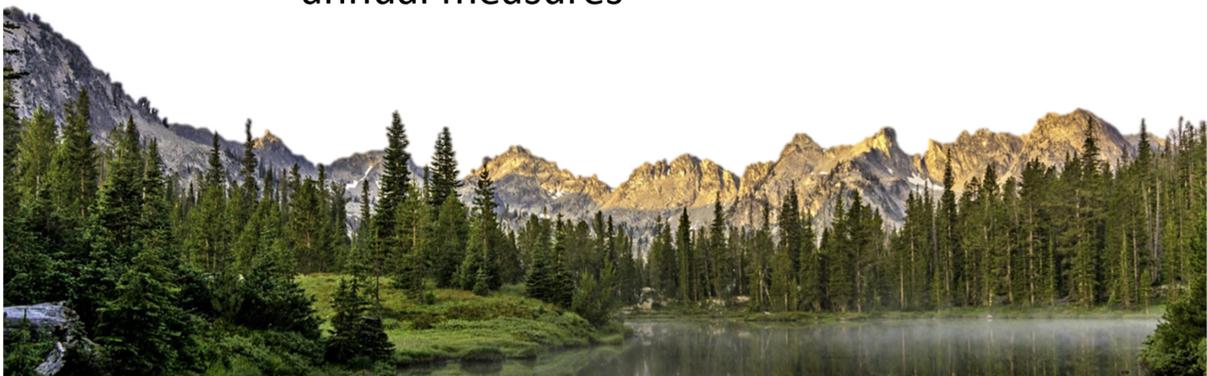
*Changed from quarterly to annual measure.
 ** Change from quarterly to semi-annual measure.



Goal 5 Success Measures

Summary of Revisions

- 3 original measures
- All 3 measures have changes to measure definitions
- 2 measures changed from quarterly to annual measures



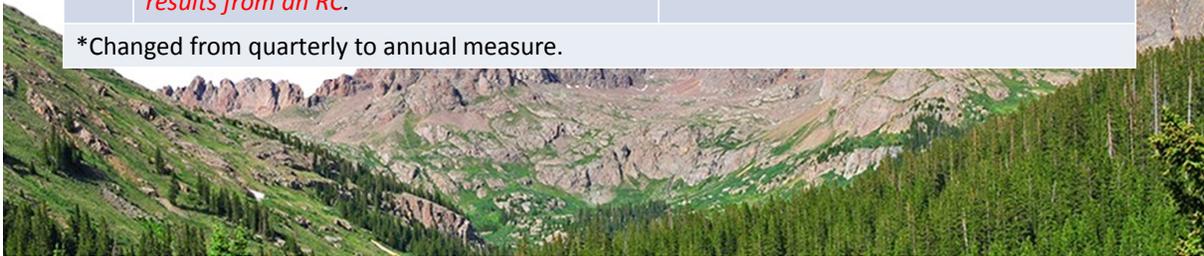


Goal 5 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|--|---|
| 1. | CUM # (%) of <i>designated PCMH (sites)</i> with access <i>from the Data Analytics Vendor</i> to the analytics system that <i>provides dashboards and reporting.</i> | CUM # (%) of <i>primary care practices selected for a SHIP cohort</i> with access to the analytics system <i>and dashboard reporting.*</i> |
| 2. | CUM # (%) of <i>quality measures that are reported by all designated PCMHs.</i> | CUM # (%) of <i>primary care practices selected for a SHIP cohort that are meeting the clinical quality reporting requirements for their cohort.*</i> |
| 3. | CUM # (%) of designated PCMHs (sites) that <i>receive community health needs assessment results from an RC.</i> | <i>Number of RCs provided a report of PCMH clinic CQM performance data.</i> |

*Changed from quarterly to annual measure.



Goal 6 Success Measures

Summary of Revisions

- 4 original measures
- No changes to 1 measure
- 1 measure proposed for deletion
- 2 measures with clarifying language

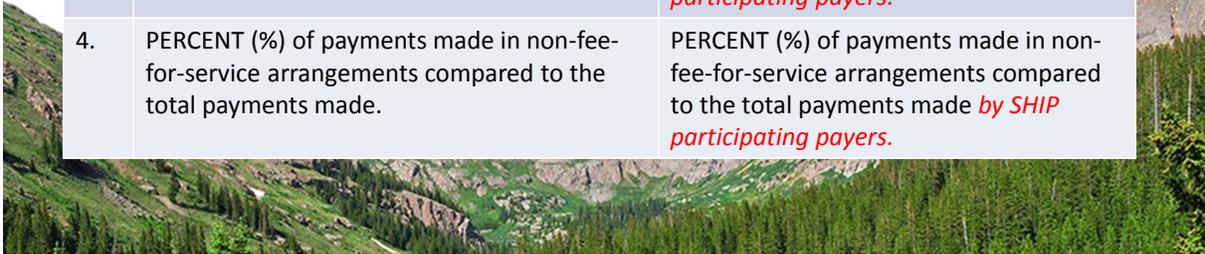




Goal 6 Success Measures

Original (Dec 2015) and Revisions (2016)

| | Original Measure | Revised Measure |
|----|---|--|
| 1. | Cumulative (CUM) # (%) Payers representing at least 80% of the beneficiary population that adopt new reimbursement models. | No change requested. |
| 2. | CUM # (%) of providers who are under contract with at least one payer to receive alternative (non-volume based) reimbursements. | Propose deleting this measure because neither payers nor providers record this information. |
| 3. | CUM # (%) of beneficiaries attributed to all providers for purposes of alternative reimbursement payments. | CUM # (%) of beneficiaries attributed to all providers for purposes of alternative reimbursement payments <i>from SHIP participating payers.</i> |
| 4. | PERCENT (%) of payments made in non-fee-for-service arrangements compared to the total payments made. | PERCENT (%) of payments made in non-fee-for-service arrangements compared to the total payments made <i>by SHIP participating payers.</i> |





PROJECT CHARTER

Community Health EMS Workgroup

Version 3.0 – September 2016

Workgroup Summary

| | |
|------------------------------|---|
| Chair/Co-Chair | Wayne Denny, Mary Sheridan |
| Mercer Lead | Jenny Feliciano |
| SHIP/EMS Bureau Staff | Miro Barac, Kenya Poole, Marta Tanikuni |
| IHC Charge | <ul style="list-style-type: none"> Develop and implement Community Health Emergency Medical Services (CHEMS) programs in rural and underserved communities as part of the virtual patient-centered medical home (PCMH). |
| SHIP Goals | <ul style="list-style-type: none"> Goal 3: Support the integration of each PCMH with the local Medical Neighborhood. Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs. Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value. Goal 7: Reduce overall healthcare costs. |

Business Alignment

| | |
|----------------------|---|
| Business Need | <ul style="list-style-type: none"> To expand primary care reach and capacity. To improve access to healthcare services in rural and underserved communities with limited healthcare resources. To ensure that CHEMS becomes an asset for the medical/health neighborhoods where gaps in services exist. To ensure that CHEMS becomes part of the primary care team and improve access to healthcare services. |
|----------------------|---|

Success Measures

| | SHIP Desired Outcomes | Measurement | Workgroup's Role |
|---|--|---|---|
| 1 | <ul style="list-style-type: none"> Engage EMS agencies to implement CHEMS. | <ul style="list-style-type: none"> Total number of CHEMS ; Agencies. Model Test Target: 13 (9 ALS and 4 BLS/ILS agencies) | <ul style="list-style-type: none"> Leverage contacts to facilitate identification and engagement of potential EMS agencies. |
| 2 | <ul style="list-style-type: none"> Implement training program for community paramedics (CP). | <ul style="list-style-type: none"> CUM # (%) of CHEMS program paramedics trained 27 | <ul style="list-style-type: none"> Recruitment and outreach. |
| 3 | <ul style="list-style-type: none"> Develop and implement training program for EMTs (ILS and BLS). | <ul style="list-style-type: none"> CUM # (%) of CHEMS program EMTs trained for Virtual PCMH coordination. Model Test Target: 8 | <ul style="list-style-type: none"> Provide oversight of curriculum development and approval process. Recruitment and outreach. |

COMMUNITY HEALTH EMS PROJECT CHARTER

Page 2

| | SHIP Desired Outcomes | Measurement | Workgroup's Role |
|---|--|--|--|
| 4 | <ul style="list-style-type: none"> Establish CHEMS peer mentoring and/or technical assistance programs. | <ul style="list-style-type: none"> CUM # (%) of on-site technical assistance visits. Model Test Target: 13 | <ul style="list-style-type: none"> Leverage contacts to facilitate development. |
| 5 | <ul style="list-style-type: none"> Establish new telehealth programs in CHEMS agencies. | <ul style="list-style-type: none"> CUM # (%) of CHEMS agencies implementing telehealth programs Model Test Target: 6 | <ul style="list-style-type: none"> Assist in identifying and prioritizing needs. Assist in selection of agencies. Review of vendor options. |
| 6 | <ul style="list-style-type: none"> Develop and implement metrics and reporting strategy. | <ul style="list-style-type: none"> # of metrics identified*. Model Test Target: not defined <p>* 5 metrics identified as of September 2016.</p> | <ul style="list-style-type: none"> Facilitate stakeholder engagement to build consensus around metrics and reporting strategy, and evaluate aggregate data. |
| 7 | <ul style="list-style-type: none"> Develop and implement continuing education training for CHEMS agencies | <ul style="list-style-type: none"> CUM # (%) of CHEMS staff participating in training program Model Test Target: 2 conferences | <ul style="list-style-type: none"> Assist in development and implementation of continuing training conference. |
| 8 | <ul style="list-style-type: none"> Test CHEMS against the Triple Aim. | <ul style="list-style-type: none"> [TBD- see #6 above] | <ul style="list-style-type: none"> Review outcomes and provide feedback. |

Planned Scope

| Deliverable 1 | Result, Product, or Service | Description |
|-----------------------|--|--|
| | <ul style="list-style-type: none"> EMS agencies selected for each cohort. | <ul style="list-style-type: none"> Selection of EMS agencies to receive SHIP support and funding to establish CHEMS programs. |
| Est. Timeframe | Start: 8/31/2015 | End: 1/31/2016 |

COMMUNITY HEALTH EMS PROJECT CHARTER

| | | |
|-----------------------|---|---|
| Milestones | Event <ul style="list-style-type: none"> • Identify all EMS agencies. • Apportion by ALS and BLS/ILS agencies. • Apportion geographically. <ul style="list-style-type: none"> — Cohort 1 • Select potential agencies. • Conduct readiness assessment. • Make final selection. • Establish MOUs. <ul style="list-style-type: none"> — Cohort 2 • Select potential agencies. • Conduct readiness assessment. • Make final selection. • Establish MOUs. <ul style="list-style-type: none"> — Cohort 3 • Select potential agencies. • Conduct readiness assessment. • Make final selection. • Establish MOUs. | Target Date <ul style="list-style-type: none"> • 10/01/2015 • 10/01/2015 • 10/01/2015 • 10/15/2015 • 11/15/2015 • 12/31/2015 • 01/31/2016 • 10/15/2016 • 11/15/2016 • 12/31/2016 • 01/31/2017 • 10/15/2017 • 11/15/2017 • 12/31/2017 • 01/31/2018 |
| Deliverable 2 | Result, Product, or Service <ul style="list-style-type: none"> • Community paramedics trained. | Description <ul style="list-style-type: none"> • SHIP will support establishment of CHEMS programs by providing resources to selected agencies to train paramedics. |
| Est. Timeframe | Start: 04/30/2015 | End: 01/31/2019 |
| Milestones | Event <ul style="list-style-type: none"> • Review best practices and resources. • Identify training options. • Select training. • Secure funding. • Negotiate contract(s). • Finalize contract(s). • Execute contract(s). • First cohort trained. • Second cohort trained. • Third cohort trained. | Target Date <ul style="list-style-type: none"> • 09/01/2015 • 09/15/2015 • 10/01/2015 • 12/01/2015 • 12/01/2015 • 01/15/2016 • 01/31/2016 • 01/31/2017 • 01/31/2018 • 01/31/2019 |
| Deliverable 3 | Result, Product, or Service <ul style="list-style-type: none"> • Community EMTs trained. | Description <ul style="list-style-type: none"> • SHIP will support establishment of CHEMS programs by providing resources to selected agencies to train EMTs. |

COMMUNITY HEALTH EMS PROJECT CHARTER

| | | |
|-----------------------|--|--|
| Est. Timeframe | Start: 02/01/2016 | End: 01/31/2019 |
| Milestones | Event <ul style="list-style-type: none"> • Review best practices and resources. • Identify training options. • Develop training (if necessary). • Secure funding. • Negotiate contract(s). • Finalize contract(s). • Execute contract(s). • First cohort trained. • Second cohort trained. | Target Date <ul style="list-style-type: none"> • 04/01/2016 • 05/01/2016 • 08/01/2016 • 09/01/2016 • 09/01/2016 • 10/01/2016 • 11/01/2016 • 01/31/2018 • 01/31/2019 |
| Deliverable 4 | Result, Product, or Service <ul style="list-style-type: none"> • Establish peer mentoring, administrator trainings and/or technical assistance programs. | Description <ul style="list-style-type: none"> • Peer mentoring is an essential part of sustainability efforts in regard to CHEMS programs. |
| Est. Timeframe | Start: 01/31/2016 | End: 01/31/20196 |
| Milestones | Event <ul style="list-style-type: none"> • Review best practices and resources. • Develop peer mentoring program support. • Develop coaching manual. • Identify potential mentors. • Secure funding. • Establish MOUs. • Negotiate contracts with mentors. • Finalize contracts with mentors. • Execute contracts with mentors. • Select recipient agencies. • Implement peer mentoring program .Year two • Implement peer mentoring program Year three. • Implement peer mentoring program Year four. | Target Date <ul style="list-style-type: none"> • 03/31/2016 • • 04/30/2016 • 05/31/2016 • 05/31/2016 • 06/30/2016 • 07/15/2016 • 05/31/2016 • 06/30/2016 • 07/15/2016 • 06/30/2016 • 08/01/2016 • 06/01/2017 • 06/01/2018 |
| Deliverable 5 | Result, Product, or Service <ul style="list-style-type: none"> • Establish CHEMS telehealth programs. | Description <ul style="list-style-type: none"> • [TBD]* <p>*Discussion topic for the Workgroup</p> |
| Est. Timeframe | Start: 1/31/2016 | End: 01/31/2019 |

COMMUNITY HEALTH EMS PROJECT CHARTER

| | | |
|-----------------------|---|--|
| Milestones | Event | Target Date |
| | <ul style="list-style-type: none"> Review best practices and resources. Establish selection criteria. Identify potential EMS agencies to receive grants in 2017. Select recipients for 2017. Secure funding. Establish MOUs. Finalize contract. Execute contract. Select recipients for 2018 Secure funding Establish MOUs | <ul style="list-style-type: none"> 01/31/2017 01/31/2017 03/31/2017 04/30/2017 04/30/2017 05/31/2017 07/31/2017 08/31/2017 03/31/2018 04/30/2018 05/31/2018 |
| Deliverable 6 | Result, Product, or Service | Description |
| | <ul style="list-style-type: none"> Identify metrics and reporting process. | <ul style="list-style-type: none"> Data collection and reporting for identified metrics supports evaluation and test against the Triple Aim. |
| Est. Timeframe | Start: 09/01/2015 | End: 1/31/2019 |
| Milestones | Event | Target Date |
| | <ul style="list-style-type: none"> Secure funding. Establish subcommittee membership. Facilitate metrics subcommittee. Identify required metrics. Verify metrics with SHIP. Establish reporting protocols. Evaluate Year two metrics and reporting protocols. Evaluate Year three metrics and reporting protocols. Evaluate Year four metrics and reporting protocols. | <ul style="list-style-type: none"> 10/01/2015 10/15/2015 01/31/2016 03/31/2016 04/30/2016 10/31/201601/31/2017 01/31/2018 01/31/2019 |
| Deliverable 7 | Result, Product, or Service | Description |
| | <ul style="list-style-type: none"> Develop learning collaborative series. | <ul style="list-style-type: none"> [TBD] |
| Est. Timeframe | Start: 09/01/2015 | End: 01/31/2019 |

| | | |
|-----------------------|---|--|
| Milestones | Event | Target Date |
| | <ul style="list-style-type: none"> Secure funding. Schedule one-day conference. Secure presenters. Evaluate outcomes. Schedule second one-day conference (optional). Secure presenters. Evaluate outcomes. | <ul style="list-style-type: none"> 10/01/2016 03/01/2017 03/01/2017 01/31/2018 03/01/2018 03/01/2018 01/31/2019 |
| Deliverable 8 | Result, Product, or Service | Description |
| | <ul style="list-style-type: none"> Test CHEMS programs against the Triple Aim. | <ul style="list-style-type: none"> [TBD] |
| Est. Timeframe | Start: 09/01/2015 | End: 1/31/2019 |
| Milestones | Event | Target Date |
| | <ul style="list-style-type: none"> [TBD] | <ul style="list-style-type: none"> [TBD] |

Project Risks, Assumptions, and Dependencies

| Risk Identification | Event | H – M – L | Potential Mitigation | Potential Contingency |
|-------------------------------------|---|-----------|---|---|
| | <ul style="list-style-type: none"> Students not finishing training or leaving the agency. | L | Address in the contract/MOUs with EMS agencies. | None |
| | <ul style="list-style-type: none"> Lack of reimbursement. | H | Promote CHEMS reimbursement with the Multi-payer workgroup. | None |
| | <ul style="list-style-type: none"> CMMI funding restriction for training. | M | None. | Establish contracts with EMS agencies in lieu of the contracts with training providers. |
| Assumptions | <ul style="list-style-type: none"> [TBD] | | | |
| Dependencies and Constraints | <ul style="list-style-type: none"> Selection of the CHEMS agencies dependent on the selection of the PCMH cohorts. Timeline for EMTs training dependent on training availability. CHEMS metrics dependent on SHIP metrics catalog. | | | |

Project Reporting and Scope Changes

Changes to scope must be approved by the IHC after review by SHIP team.

Version Information

| | | | |
|-----------------|---------------------|-------------|------------|
| Author | Miro Barac | Date | 08/22/2016 |
| Reviewer | CHEMS Planning Team | Date | 08/22/2016 |

Charter Approval Signatures

Date Approved by the Workgroup: 08/24/2016

Final Acceptance

| Name / Signature | Title | Date | Approved via Email |
|-------------------------|--------------------|-------------|-------------------------------------|
| Wayne Denny | Chair | 08/31/2016 | <input checked="" type="checkbox"/> |
| Mary Sheridan | Co-Chair | 09/06/2016 | <input checked="" type="checkbox"/> |
| Cynthia York | SHIP Administrator | 09/06/2016 | <input checked="" type="checkbox"/> |
| Katie Falls | Mercer Lead | 09/10/2016 | <input checked="" type="checkbox"/> |



SHIP Operations and IHC Workgroup Report to the Idaho Healthcare Coalition September 14, 2016

SHIP OPERATIONS:

SHIP Contracting/Request for Proposal (RFP) Status:

- **Report Items:**
 - CMMI approved the release of funds for the contract issued to Health Management Associates as the selected vendor for the provision of Telehealth training and technical assistance.
 - CHEMS agency contracts are under development.
 - CMMI approved the release of pre-implementation funds for the state evaluator contract to The University of Idaho.

SHIP Administrative Reporting:

- **Report Items:**
 - Modifications relating to success measures for Goals 1 – 6 were submitted to CMMI for their review and approval.
 - Multiple requests for release and approval for use of pre-implementation carryover funds were submitted to CMMI.
 - Project Management staff met with the CMMI Project Officer to discuss our Risk Log and provided updates all components of SHIP.
 - A quarterly report was submitted to the Governor's office detailing the activities and accomplishments of the Idaho Healthcare Coalition for the third quarter of State Fiscal Year 2016.
 - Q2 Year 2 Progress Report was submitted to CMMI.

Regional Collaboratives (RC):

- **Report Items:**
 - D1: The Regional Collaborative did not meet in August. The Regional Collaboratives next meeting is scheduled for 9/28/16.
 - D2: August 9th: Executive Leadership team informally met to discuss upcoming RC2 meeting. August 11th: RC2 Meeting, discussions on: CHW Training, IHDE Timeline, Cohort 2 timeline, Next year clinical quality measures, Best practice sharing on clinic BHI by CHAS, Medical-Health Neighborhood meeting on Behavioral Health Crisis Intervention. August 11th: Executive Leadership team informally met to debrief the RC2 meeting.
 - D3: The South West Health Collaborative met on September 6th where they reviewed workgroup activities including care coordinator directory and BHI update, available data from payers and decided to convene around ER utilization and wellness visits, and identified core focus areas for RHIP: food insecurity, prenatal care, number of providers (care coordinators, CHWs, CHEMS), immunizations, oral health, and overweight/obese.
 - D4: The CHC did not meet for the month of August. The CHC Executive Leadership Team met on August 30, 2016. We finalized the September agenda and discussed potential small and measurable initiatives for cohort 1 clinics. CHC website domain was purchased and will be ready for live-viewing in September. Medical-Health Neighborhood meeting took place on August 4 at CDHD. There were 20 participants who attended ranging from clinic care managers to community partners offering diabetes management programs. Topics presented included a review of the Diabetes Needs and Gaps Survey, local DSMP programs, Idaho Wellness Guide, Medical Nutrition Therapist/RD services by region, Take Off Pounds

Sensibly, Free Living with Type 2 Diabetes, and Care4Life, a web/app based program for diabetes self-management. Strategic plan draft provided to CHC Executive Leadership.

- D5: The SCHC met August 19, and topics of discussion included the Regional Collaborative Strategic Plan, version one of the District 5 Community Resource List, our Medical-Health Neighborhood, and clinical quality measure updates. Members were pleased with the first version of the Community Resource list and were eager to share the document with their colleagues and beyond. Our membership has also grown to nine with the addition of Nyla Jensen, CPC, with Crosspointe Family Services.
- D6: Last Meeting: SHC Executive Committee: August 31, 2016; SHC Clinic Committee: May 19, 2016; SHC Medical Health Neighborhood: June 30, 2016. Next Meeting: SHC Executive Committee: September 14, 2016; SHC Clinic Committee: September 1, 2016; SHC Medical Health Neighborhood: November 9, 2016. Activities: Blackfoot Fire Chief presented CHEMS at SHC Executive Committee Meeting; Met with President of Idaho Veterinary Medical Association regarding One Health; Meeting scheduled with Pocatello Free Clinic to plan regional resource directory; Continued contact with interested clinics for cohort 2.
- D7: EHC Executive Committee: August 3rd, 2016 (1st Wednesday of Every Month). Clinical quality measure discussion held on regional collaborative baseline data from clinics. Strategic plan developed and strategies to accomplish goals were brainstormed. Concern expressed surrounding IHDE price structure and ability for health services to connect. Eastern Health Collaborative Meeting: August, 2016. Agenda for regional collaborative focused on Medical-Health neighborhood, PCMH transformation and health outcomes. PCMH transformation focused on organizational structure to make the most of strength of team members. Team structure is important to make sustainable changes in clinics. Health outcomes involving obesity measures were set. A timeframe for all clinical quality measures were set at 18 months. Health outcomes from initial baseline measures shared in August will be reevaluated in 3 months. This will give time for clinics to work in structuring data and process to ensure data from EHR are correct and accurate. Obesity baseline data will also be presented in 3 months. Next Meeting: Obesity resources within medical-health neighborhood will continue to be identified. Executive team will continue to work on strategic plan to develop strategies for sustainability.

- **Next Steps:**

- D1: Continue to discuss SHIP with clinics in the region and encourage them to fill out the interest application and participation application when it is available. Continue to develop Medical-Health Neighborhood and work with clinics on communication standards between partners.
- D2: Plan next RC2 meeting with emphasis on strategic planning.
- D3: The Southwest Health Collaborative has finalized target areas for the RHIP. These include food insecurity, prenatal care, number of providers (care coordinators, CHWs, CHEMS), immunizations, oral health, and overweight/obese. Workgroups will form around these focus areas to develop prevention and clinical intervention strategies and a consequent health improvement plan. As a result, we see this work as supporting sustainability activities. In addition, we see this work as a tool for supporting collaboration across the MHN. Workgroups will include diverse representation from various organizations and roles. There is strong support for bringing in payers for additional discussions. The care coordination directory will be distributed to partners across the region and will continue to be populated by as users increase. The collaborative will continue to advocate for training opportunities for this essential PCMH role. In addition, the BHI workgroup will promote the “Let’s Talk” document and

- support the development of relationships between clinics and behavioral health agencies. Finally, Nicole will begin to address long-term continuation plans with the Cohort 1 clinics.
- D4: CHC meeting scheduled for September 6. Scheduled topics include a presentation from Dr. Epperly on the alignment of CHC with SHIP goals, presentation from PHD4 QI Specialists on cohort 1 PCMH Transformation efforts to-date, CHEMS presentation from Ada County Paramedics, and further discussion about shared resources and measurable initiatives to demonstrate impact.
 - D5: The next scheduled meeting is September 16, and topics of discussion will include a demonstration of Brilljent's portal and transformation updates. The Executive Committee members were informed to save the date for the October 26 Executive Leadership meeting scheduled in Boise with all districts and committees. We are also eager for feedback from outside organizations regarding the resource list's content and functionality. In addition, the SCHC Strategic Plan will continue to be discussed and reviewed on an ongoing basis as the SHIP project progresses into cohort years two and three along with the Medical-Health Neighborhood within District 5.
 - D6: (1) Plan for November 9, 2016 Medical Health Neighborhood meeting. Focus: Improving regional information sharing for transitions of care, referral tracking, etc. Dr. Woodhouse will facilitate the meeting. Invitees will include hospital discharge planners, home health organizations, skilled nursing facilities, etc. This work supports Strategic Plan Goal D., Objective 1, to identify key referral partners for referral process planning and Objective 2, to identify and disseminate referral protocol resources and strategies to selected clinics and MHN participants; (2) Continue to work closely with Blackfoot CHEMS to promote and support the development of virtual PCMHs. This effort is aligned with Strategic Goal B, Objective 3; (3) Strategic Plan Goal B., Support PCMH Transformation Efforts and Development of Virtual PCMHs, continues to be addressed by PHD6's primary care recruitment efforts. The SHIP team will continue to communicate with regional primary care providers to aid in recruitment efforts for cohort 2.
 - D7: Executive team will continue to work on strategic plan. Continue to facilitate communication between healthcare services for possible solutions for referral management and HIE connection. QI Specialist continues to support PCMH transformation efforts of cohort 1 clinics. Contact primary care clinics for cohort 2 recruitment and other PCMH transformation opportunities. Increase utilization of medical-health neighborhood by PCMH clinics. Obesity resource identification and gap analysis for obesity clinical quality measures.

ADVISORY GROUP REPORTS:



Telehealth SHIP Subcommittee:

- **Report Items:**
 - The Telehealth Contract with the Health Management Associates has been executed. The 'SHIP Telehealth Series' of six live webinars will be scheduled to provide pertinent information to SHIP clinics interested in Telehealth implementation. Additional information will be distributed once the final schedule is approved.
 - SHIP Telehealth application process timeline will be available for the November IHC meeting
 - Telehealth Goal 2 Subcommittee did not meet in August.
- **Next Steps:**
 - Prepare the Telehealth application process for the November IHC meeting.

Community Health Workers:

- **Report Items:**
 - Community Health Worker training started 08/23/16.
 - We have 14 Community Health Workers enrolled in the training program.
 - Classes are held every Tuesday evening from 6:30pm-9:00pm.
 - Feedback from ISU and enrolled Community Health Workers so far has been very positive
- **Next Steps:**
 - Continuing to work on optional modules and metrics. For diabetes, we are exploring an option to use the module developed by the American Association of Diabetes Educators.

WORKGROUP REPORTS:**Community Health EMS:**

- **Report Items:**
 - The third CHEMS workgroup meeting was held August 24, 2016. Members could participate in person or call in. Agenda items included: success measure revisions and approval, project charter revisions and approval, CHEMS training update, and formation of the BLS/ILS sub workgroup
 - The meeting included 37 participants with representation from the following: EMS agencies, Community Paramedic programs, Boise State University, Idaho State University, Public Health Districts, Pacific Source, St. Luke's, and IDHW
 - Meeting materials can be found at <http://ship.idaho.gov/WorkGroups/CommunityHealthEMS/tabid/3050/Default.aspx>
 - Both the success measures and project charter revisions were approved
 - The target of six Telehealth programs will remain
 - Next CHEMS Agency Administration (AA) training will be held on October 19th at Ada County Paramedics
 - Development of the BLS/ILS sub workgroup, existing CHEMS workgroup expressed interest
 - Two full-day sub workgroup meetings have been planned to develop BLS/ILS training and education
 - Workgroup members researching Medicaid reimbursement methods
 - St. Luke's has been selected for the next generation of the ACO reimbursement model
 - Currently 13 individuals interested in ISU's second cohort
- **Next Steps:**
 - Next meeting is scheduled for September 28, 2016.
 - Finalize BLS/ILS sub workgroup.
 - Plan meeting and disseminate appropriate materials
 - Draft facilitation request and work order.
 - Creation of BLS/ILS sub workgroup.

Idaho Medical Home Collaborative:

- **Report Item:**
 - The group met August 24, 2016, to

- review PCMH selection criteria
 - review the final application for Cohort 2
- Discussion items were added to the ‘IMHC SHIP PCMH Cohort 2 Selection Criteria’ and the ‘SHIP Final PCMH Application Cohort 2’ documents and redistributed to all members on Aug 29th and feedback was requested by Sept 5th. All feedback was changed and will be presented to the IHC on September 14th.
- **Next Steps:**
 - The IMHC group will continue an ad hoc schedule through the rest of the year.

HIT

Health Information Technology:

- **Report Item:**
 - The HIT Workgroup did not meet in August but an update email was sent to the workgroup members.
 - The Data Element Mapping Subcommittee met on August 11 and August 25.
 - Refined the patient attribution methodology and the spec sheet for the attribution file.
 - Discussed HIT recommendations for a substitute behavioral health Clinical Quality Measure (CQM).
 - Discussed HIT recommendations for a few of the Year 2 / Year 3 CQMs that would require payer data.
- **Next Steps:**
 - The next HIT Workgroup meeting is scheduled for September 15, 2016.
 - Casey Moyer will discuss the HIT recommendations with the Behavioral Health Integration (BHI) Workgroup Chair.
 - The HIT Workgroup leadership is continuing its committee membership review.
 - The Data Element Mapping Subcommittee is scheduled to meet on September 22, 2016 and will discuss further HIT recommendations for the Year 2 and Year 3 measures.

MPW

Multi-Payer:

- **Report Item:**
 - Mercer provided SHIP participating payers with a template and Client Confidentiality Agreement to collect agreed upon data to meet the federal SHIP grant’s requirements for data collection from payers. Mercer will aggregate the data such that no individual payer’s data will be identifiable and will report aggregate numbers to CMMI. The data is due to Mercer by September 16, 2016.
 - The SHIP Administrator has discussed participation and potential sponsorship in the October 2016 SHIP Learning Collaborative with SHIP participating commercial payers.
 - The SHIP Administrator and the Clinical Quality Measures Co Chair participated in a National meeting on Multi-Payer alignment on ECQMs.
- **Next Steps:**
 - The SHIP Administrator is working with MPW co-chairs to develop an agenda for the next MPW meeting to potentially be held in October.
 - The SHIP Administrator will work with the SHIP participating payers to finalize a plan for their participation in the October.

CQM**Clinical/Quality Measures Quality Measures Workgroup:**

- **Report Item:**
 - The CQM Workgroup did not meet this past month.
- **Next Steps:**
 - The CQM Workgroup plans to meet again later in September once the Data Element Mapping Subcommittee has refined its recommendations.

BHI**Behavioral Health:**

- **Report Item:**
 - The workgroup did not meet this month.
- **Next Steps:**
 - Next meeting is scheduled for Tuesday, October 4th, 2016 9:00am-11:00am at 1720 Westgate Drive, Suite A, Room 131.

PHW**Population Health:**

- **Report Item:**
 - The PHW met September 7 from 3:00 – 4:30.
 - Received a demonstration of the Live Better website (www.livebetteridaho.org) and how workgroup members can use the site and also become an author on the site to connect their services.
 - Discussed the update of Get Healthy Idaho: Measuring and Improving Population Health. This document which is the SHIP grant population health improvement plan will be updated and finalized by January 2017. The Division of Public Health is taking the lead and will be seeking input and updating data over the next few months. The workgroup members were sent an assessment to be used in updating the plan and were reminded to complete it.
 - Progress is being made on the development of a website to display population health data and the workgroup saw the initial web design. By the next workgroup meeting, the site will have much of the data displayed.
 - The chair informed the workgroup that the workgroup will be taking on the responsibility for making recommendations back to the IHC about the RC strategic plans and creating materials and criteria for the Medical-Health Neighborhood. Work on those deliverables will begin immediately and recommendations are anticipated back in the November or December IHC meetings.
- **Next Steps:**
 - The next meeting of the PHW is October 5.