



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



**IDAHO COMMUNITY HEALTH EMS (CHEMS)
METRICS WORKGROUP**

Meeting Report

Thursday, March 24, 2016

Idaho CHEMS Website:

<http://ship.idaho.gov/WorkGroups/CommunityHealthEMS/tabid/3050/Default.aspx>

Please access the above website for all materials provided in Workgroup packets and other key information.

Meeting Goals:

- 1) Finalize initial CHEMS measures
- 2) Discuss data collection options
- 3) Discuss CHEMS measures implementation

Welcome, Introductions, and Meeting Overview

Wayne Denny, Bureau Chief
Bureau of Emergency Medical Services and Preparedness

Monica Revoczi, Facilitator

Wayne opened the meeting and welcomed Workgroup members. Monica reviewed the meeting purpose, agenda, and ground rules.

Initial CHEMS Measures - Review, Discuss, Test, and Finalize

The Workgroup reviewed the refined measures and provided feedback. (Please see below.) Next, Wayne Denny and Mark Babson introduced a “measures testing” exercise: the group was split into four small groups, each assigned to a realistic patient scenario. Small groups were asked to test the feasibility and validity of the five measures according to their assigned scenario, and report their findings to the whole group. Conclusions affirmed support for the existing five measures.

Measure 1: Health-Related Quality of Life

- Confidence is correlated to good experience (focus on: how do *you* feel?)
- How to differentiate initial “over confidence:” retrospective self report question format helps with this, and eases administration process
- Tools:

- Consistent for all agencies (verify fit)
- Consider validating for caregiver response
- Stanford Disease Self Management Program
- Patient Activation Measure - 13 questions, pre/post format

2. Reduction in More Expensive Visits/Interventions

- Focus on disposition (i.e., outcome for patient)
- CHEMS program development: education of PCPs re: CPs being an extension of care
- Consider this measure a “good catch,” and operationalize
- Could involve a qualitative chart review of a sample of selected patients
- SHIP is receiving key data
- Regional Collaboratives – testing referral infrastructure
- Measures health of CP – PCP linked populations
- Payer (Pacific Source) captures much of this and may be able to share this (32K data points) - more feasible short-term
- CP follow-up with patient to ask:
 - Number of visits (ED)
 - Same or new reason
- Privacy concerns: handled with patient consent and research
- Need to feed results back to agencies
- Alternately, look at what increased (e.g., coordination), versus decreased
- Money not spent is subjective – accurate analysis requires case-by-case study
- Focus on saving ambulance transports

3. Cost/Expenditure Savings

- Associated with pre-post utilization
- Use national averages, OR focused studies may be able to use actual numbers
- Focus on high utilizers: some clinics may not currently know, although RCs are discovering and addressing
- Actual emergency department visits could be a timely data source
- Medicaid data available (low hanging fruit)
 - Initial PCMHs
 - Link to reward

4. Percentage of Patients Connected to Primary Care Physicians (PCPs)

- Foundational to SHIP
- CP measures - track at first visit
 - If yes, when last seen
 - If no:
 - None available – refer to virtual PCMH
 - CP – care coordination role when no PCP is available
 - Follow up on connection or visit at subsequent CP visits, and record outcome at the end of the program/planned visits
- Actually make appointment during first CP visit

- Requires willingness of PCPs to participate - refine PCP “lists” accordingly (e.g., some are overworked)
- CPT codes:
 - PCP phone consulting
 - Help engage PCPs
 - Pre-authorization needed

5. Reduction of Medication Errors (Medication Inventory and Communication of Results)

- Could include question in QOL survey (to assess another angle)
- Discover and remedy medication errors
 - Number discovered
 - Communication back to PCP for coordination
- Huge impact on outcomes (and on other measures)
- Define: inventory done, discrepancies forwarded to PCP
- Later refinement could involve describing and categorizing types of errors
- Could assess over multiple visits

Data Collection – Initial Planning

The Workgroup discussed high-level data collection questions, including who the *audience* should be (i.e., who needs the information to guide decision-making about the value/impact of CHEMS), what *format* the information would be most useful, and *other considerations*. Short-term (higher priority) items related to audience are indicated with asterisks.

Audience

- QIPI team (learning collaborative)
 - Performance improvement efforts – process, strategies
 - Set targets/thresholds
 - * Provide information/results to agencies
- *SHIP
 - PCMHs
 - Regional Collaboratives
 - Data analytics contractor
- * CMMI - also sets reimbursement guidelines (Medicaid)
- Medical Providers/PCMH
- Elected officials
- EMS agencies (not yet participating)
- Payers
- Higher education
- Other key local stakeholders as needed/identified
- * CHEMS Workgroup:
 - Assess the value of the measures midstream and make changes, as needed
 - Adding new/different measures

Format

- Graphs/texts to appeal to different styles
- High level and detailed
- Dashboard platform
- Map – regions/counties, agencies

Other Considerations

- Uniform data collection (consistency, cleaner analysis)
- “Real-time” available? (may be possible for clinical)
- Give context to measures – describe type of CHEMS projects/interventions
- Limits on reporting small subgroups – may impact frequency of reporting
- Privacy issues – confidentiality (see also above)
- Communicate successes and lessons/challenges
- Remember: this is not research – focus is helping people
- Identify trends

Measures Implementation Plan

The Workgroup identified the following major milestones to support CHEMS measures implementation:

- Data elements clearly defined
 - Include demographics and if patient declined CHEMS service
- Collection tools (e.g. electronic interface) in place
- Agency training and support
 - Integrate into ISU training program (May/June 2016)
- Data collection schedule/frequency established
 - Gathering/measuring data
 - Sending data to pre-determined audience for decision-making
- Start data collection - go live with existing programs
- Evaluation of measures, including accompanying processes and systems

Project Communication and Input Plan – Review and Refine, as Needed

The Workgroup revisited the Communication and Input Plan and identified additional actions key to engaging PCMHs. (Please see updates in blue font below.)

Stakeholder Group	Communication	Input
Critical Access Hospitals	<ul style="list-style-type: none"> – Understanding of CHEMS and its value 	<ul style="list-style-type: none"> – Specialties, needs, what’s important – Look at previously conducted assessment in relation to measures
Home Health and Hospice Agencies	<ul style="list-style-type: none"> – Education/understanding of CHEMS and its value 	<ul style="list-style-type: none"> – Their gaps, needs, opportunities for collaboration
Care Coordination Communities (e.g., transition nurses, SNFs, VA)	<ul style="list-style-type: none"> – Education, impact of getting most appropriate level of care 	<ul style="list-style-type: none"> – Needs, gaps
Hospitals	<ul style="list-style-type: none"> – Connect with smaller agencies to get buy-in about planned efforts; share others’ regional solutions/successes (e.g., lower readmissions) 	
Area Agency on Aging	<ul style="list-style-type: none"> – Education: resource for their target population 	
County Commissioners	<ul style="list-style-type: none"> – Talking points/education (value) 	
Legislators	<ul style="list-style-type: none"> – Inform on how CHEMS supports healthy rural communities 	

Stakeholder Group	Communication	Input
Existing EMS Agencies	<ul style="list-style-type: none"> - Talking points/brochure - Meetings across state - Bring in/refer to existing programs - Site visits - Tie in/streamline with TSE 	
PCMHs	<ul style="list-style-type: none"> - Coordinating/collaborating with SHIP staff and contractors to ensure common understanding - Education to establish referral sources: <ul style="list-style-type: none"> • EMS in general, then CHEMS concept (and need for clinical sites) • Speak to value to PCMH - CHEMS-ready agencies contact RCs (ASAP): clearly identify how to help PCMHs meet their needs 	
Health Districts	<ul style="list-style-type: none"> - Brochure - Good foundational information to share with local stakeholders (e.g., providers) plus examples and success stories 	
Providers	<ul style="list-style-type: none"> - EMS providers can help spread the word 	
Idaho Academy of Family Physicians (IAFP)	<ul style="list-style-type: none"> - Dr. Davis and Neva Santos – email to members 	

Next Steps in Idaho CHEMS

Mary Sheridan presented the upcoming needs and activities of an ongoing CHEMS Workgroup. (Please see Mary’s PowerPoint slides for details.) Wayne Denny requested that those interested in serving on the CHEMS Workgroup contact him after the meeting.

Wrap Up

Next Steps/Action Items

- 1) Refine data elements: once documented, send out for final Workgroup review by April 1st with an April 8th deadline.
- 2) Initial consultation with data analytics provider anticipated April 10/11.
- 3) Present measures recommendations to IHC at May 18 meeting – materials due May 12.
- 4) Create and provide a list of current and potential CHEMS agencies.

Parking Lot

1. More info regarding:
 - a. Chronic care management fee
 - b. Care coordination fee
 - c. Related to CHEMS opportunities
2. Liability: Medical Director, Nicole McKay, (AG) at work group meeting
3. Agency plans for building programs, referral network, equipment, etc.

Meeting Evaluation

Worked Well	Improve for Next Time
<ul style="list-style-type: none">→ Great attendance again→ Testing exercise (others' perspectives)→ Education: willingness to explain concepts, develop clarity→ SHIP manager attendance	<ul style="list-style-type: none">→ Having a better sense of current data collection activities→ Analytics team in attendance