

# IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

## Meeting Notes

<b>CLIENT:</b>	State of Idaho	<b>MEETING DATE:</b>	July 1, 2013
<b>SUBJECT:</b>	Clinical Quality Improvement Work Group	<b>LOCATION:</b>	IDHW, 3232 Elder St, Boise
<b>ATTENDEES:</b>	Andrew Baron – Chair, Cara Robinson, Mary Sheridan, Barton Hill, Christine Hahn, John Rusche, Robert Polk, Angie Beauchaine, Yvonne Ketchum, Heather Healy, Shawna Kittridge, Marcia McDonell, Ralph Magrish, Kelly McGrath, and Miki Antonelli (by telephone)	<b>DISTRIBUTION:</b>	All attendees

### Decision Items

- Focus Group (FG) questions were reviewed and revised.
- Work Group (WG) members agreed on the dates for future meetings of Thursday, August 1, Tuesday, August 20, and Thursday, September 12. All meetings will be held from 9:00 am to 1:00 pm.

### Follow-Up Items

- Chris and Mary will draft a list of the current measures that are being used in Idaho to measure population health. Due date – July 8, 2013.
- Andy and Bart will compile a list of the current barriers to provider success on performance measures. Due date – July 8, 2013.
- WG members were asked to submit any relevant questions for the hospital and employer FGs to Marcia and Shawna. Due date – July 8, 2013.
- Identify a Board of Medicine representative to participate in at least one Clinical Quality Improvement (CQI) WG meeting.

## Notes

### Focus Group Question Review

CQI WG members were asked to review the CQI FG questions that had been drafted and approved by members of the Steering Committee, and provide any final feedback. General comments/suggestions included that the reading level of the consumer introduction and questions should be reduced. Material is written at too high a level for non-healthcare professionals. It was also suggested that the introduction language be changed from Mercer will report findings back to the State to Mercer will report back to project leadership or the Governor.

Other comments/suggestions for the provider questions included:

- Evidence-based guidelines should be defined, because guidelines mean different things to different types of providers.
- Patient satisfaction is not a clinical quality measure, but will need to be discussed with providers and consumers and included in WG's recommendations.
- Data sharing among providers and payers will need to be addressed in the future.
- The relationship between performance measures and reimbursement will also need to be addressed.
- What CQI tasks at the practice level can be done by non-clinical staff and what can be gleaned from the patient-centered medical home (PCMH) model?
- Concerns were expressed that the public sharing of clinic or provider level data may be taken out of context. Suggestions were made about how to discuss data transparency with the FGs.
- It will be important to recognize that FG participants will not all be affiliated with health systems.
- Examples of community programs should be expanded to cover more than State/federal programs.

For the consumer questions:

- Reading level needs to be reduced.
- We should consider eliminating "What does healthcare innovation mean to you?" Ask instead, "What does better healthcare look like to you?"
- We need to recognize that a person's healthcare system may vary and can include family members and practitioners other than physicians. The group suggested that we change references for "doctor" or "physician" to "provider". References to health "issues" should be changed to health "concerns" and questions should be expanded, when relevant, to include family members.
- A question should be added/revised about how providers can best engage patients and their families.

### **Gap Analysis/State Healthcare Innovation Plan and Focus Group Updates**

Shawna and Marcia discussed how the gap analysis and the State Healthcare Innovation Plan (SHIP) will be developed and intersect. Much of the information collected in the gap analysis will be used to document the current state narrative in the SHIP.

Charles provided an update on the FG process. The FG meetings begin next week, July 11, in Idaho Falls. There are also FGs planned in each region to seek the input of hospitals and employers. Town halls are also planned for more rural areas of the State, although the town halls will not be topic or attendee specific.

WG members want to ensure that FG output is analyzed, not just provided in notes or minutes. The WG members would like to see how many individuals expressed a certain opinion, not just that a certain opinion was expressed.

### **The Centers for Medicare and Medicaid Services Letters of Support for Testing Proposal**

Marcia spoke briefly about the Centers for Medicare and Medicaid Services (CMS)-required letters of support from organizations and agencies that describe how they will support the SHIP. These letters will need to be personalized and describe the level of investment, how engaged they will be in innovation, and represent a cross section of stakeholders. The group recommended that Mercer prepare a template, and although boilerplate letters should not be used, Mercer could provide bullets regarding the topics that should be covered in the letter.

### **Future Meetings of Clinical Quality Improvement Work Group**

The WG members discussed the dates and times of future meetings. The next meeting of the WG is Thursday, August 1, from 9:00 am to 1:00 pm. The meeting will be held at Blue Cross at 3000 E. Pine Avenue in Meridian. Future meetings are scheduled for Tuesday, August 20 and Thursday, September 12. All meetings will be from held from 9:00 am to 1:00 pm, and lunch will be provided. Outlook invitations will be sent by Mercer to WG members within the next week.

### **Brainstorming Exercise on Population and Population Health Data Sources**

#### **Performance Measures**

##### **Current State**

- Healthcare Effectiveness Data and Information Set.
- Idaho Immunization Reminder Information System.
- CMS core measures.
- Health home (no benchmark).
- Milliman – cost and utilization data.
- Child Health Improvement Consortium – multiple measures.
- Meaningful use measures.
- Diabetic measures (Diabetic 5).
- Physician Quality Reporting System.
- Medicare Shared Savings Program.

- Medicare Advantage Star ratings.
- Consumer Assessment of Healthcare Providers and Systems.
- Pain.
- PEPPER.
  - Readmission and emergency department (ED) utilization.
  - Critical access facilities.
- System cost reports.
  - Federally qualified health center facilities.
- Mortality measures.
- Patient Safety for Selected Indicators #90.
- Medicare spend/beneficiary.

### **Future State (Onsite Data Already Available)**

- Meaningful use – as providers join, standard.
- Pediatric vs. IM.
- What can Idaho Health Data Exchange (IHDE) track?
- Must be measurable, actionable, timely, and meaningful.
- Patient and aggregate level.
- Common measures.
- Affect cost.
- Patient (customer) desire.
- Understandable.
- Utilize data already available (admit, readmit, med reconciliation, ED, primary care physician preventive).
- Patient survey data/Behavioral Risk Factor Surveillance System (BRFSS).
- Need meaningful assessment of analytic capability (collection, analysis, measures).
- Transparency, willingness to collaborate.
- Claims process measures → process outcome measures.

### **Recent Innovations and Trends**

#### ***Innovations***

- PCMH – too early to evaluate.
  - Willing to participate.
  - Statistics available.
- Health coaching (navigators – refugee program).
  - Follow-up after hospitalization.
  - Preventive screening.
  - Poly-pharmacy.
- Provider consolidation.
- Telemedicine.
- Idaho Prescription Drug Monitoring program (Board of Pharmacy)/controlled substance database.
- IHDE.
- Community paramedicine.

- NP programs/clinics – heart failure.

### **Trends**

- Risk contracting.
- Mid-level practitioner utilization (urban and rural).
- Pharmacy – medical peer/clinical review.

### **Current Performance Measures Results – Successes/Reasons**

- Readmits.
  - Follow-up after hospitalization.
  - Medication reconciliation.
- ED use.
  - Availability of urgent care facilities.
  - Outreach to patients.
  - Community paramedicine project (Ada County).
- Lower cost.
  - Fewer providers.
  - Culture – pioneer spirit.
  - Healthier population.
  - Fewer insured.
- Improved core measures (prospective payment system hospital).
  - Transparency.
  - Payment penalties.
- Improved clinical measures (CF, NICU, and MSTI).
  - National benchmarks creating transparency.

### **Current Performance Measures Results – Barriers to Success**

*Bart/Andy to brainstorm and submit*

## **Population Health**

### **Current Status**

- State profile.
- BRFFS.
- Vital statistics.
- Commonwealth Fund.

### **Issues/Barriers**

- Geography.
  - Natural divisions.
  - Affects access to primary care.
- Provider (MD) shortage.
- Smaller population = smaller tax base.
- Socioeconomic factors.

- Education level.
- Data access/analysis/culture.
  - Privacy concerns.
  - Reluctance to have data collected.
- Uninsured.
- Patient education/mis-information.
- Competency – population management.

### **Improvement/Trends/Innovations**

- See performance measure improvements/trends/innovations.
- Smoking rates.
- Helmets.
- Seatbelts.
- Motor vehicle deaths.

### **Population Health Status Measures**

#### **Current Measures**

- Child mortality review team.
- Commonwealth Fund 2009 report (2007 measures).

*Mary Sheridan/Chris Hahn to brainstorm and sent input*

### **Patient Engagement Issues**

- Western mentality.
- Socio-economic.
  - Access.
  - Education.
  - Geography.
  - Income.
- Behavioral health issues.
- WG recommended that Healthwise be researched for additional information.