

IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

Meeting Notes

CLIENT:	State of Idaho	MEETING DATE:	August 1, 2013
SUBJECT:	Clinical Quality Improvement Work Group	LOCATION:	Idaho Department of Health and Welfare, 3232 Elder St, Boise
ATTENDEES:	Andrew Baron, Chair, Mary Sheridan, Kelly McGrath, Christine Hahn, Robert Polk, Angie Beauchaine, Yvonne Ketchum, Heather Healy, Shawna Kittridge, Marcia McDonell, Miki Antonelli	DISTRIBUTION:	All attendees

Decision Items

- Work group (WG) members reconfirmed the dates for future meetings of Tuesday, August 20, and Thursday, September 12. All meetings will be held from 9 am to 1 pm, except the August 20 meeting, which will be from 8:30 am until 1:30 pm. All future meetings will be held at Blue Cross of Idaho.
- WG members drafted initial innovative concepts and information to form the Statewide Healthcare Innovation Plan (SHIP) element responses.

Follow-Up Items

- WG members will review and finalize clinical quality measure recommendations by August 9, 2013.
- Mercer will aggregate concepts and SHIP element responses, identify gaps in information, and redistribute as completed to WGs no later than August 12, 2013 for all elements.
- WG members will review and provide additional information to SHIP element responses as requested through meeting requests and emails. Deadline for all input to be received from WG members is August 16, 2013.
- Mercer will draft final concepts and SHIP element responses and distribute to WG members no later than August 19, 2013.

Notes

- After introductions, Andy talked about the document he prepared. He said that he met with the Steering Committee two weeks ago. He thought this document would guide the discussion and keep the group focused. He talked about the Massachusetts quality measures and how we should use measures that are already in use and vetted.
- Kelly wondered if we had the data to support what we are doing. Need to ensure that the work that we do doesn't increase costs. There was discussion that multi-payer data was not available to understand all costs.
- Marcia discussed the Process Measure (PM) document which cross-walked the State Innovation Model, Idaho Medical Home Collaborative, and other Centers for Medicare & Medicaid Services measures. Andy thought that we shouldn't look at process measures, but at outcomes.
- Chris asked what our focus was in the five-year pilot. Miki said that we should try to reach 80% of the population. Yvonne said that we need to deal with access; 50% of the population doesn't see a doctor. Biggest cost drivers from Blue Cross perspective are cancer, joint issues, and pregnancy, though they may not be preventable costs.
- Kelly thought if we are really looking at population health, we need to have new measures.
- Chris said that we should look at **Behavioral Risk Factor Surveillance System (BRFSS)**. Need to send the results of this to the WG. Also need to look at the immunization registry. Data is already available.
- Heather thought that we need PMs by populations – pediatrics, long term care, hospitals, etc.
- Kelly asked about how providers will be held accountable. Yvonne said that in the Multi-Payer WG, they would pay providers based on patients or individuals that they draw into care from other sources, such as emergency rooms (ERs).
- Kelly – do we need to have measures to encourage non-traditional care i.e. EMS, etc?
- Heather – should also consider RN clinics to get contact established and support patient-centered medical home (PCMH).
- Yvonne – need to start but may not reach 80%. Need to get people in to a doctor or physician extender.
- Andy – thinks that medical home should be extended to be an electronic medical record (EMR), not just a physician, physician assistant, or nurse practitioner.
- Angie – need to expand to include dentists, eye doctors, schools, etc.
- Work group was charged with submitting sample measures to Mercer by Wednesday, August 7.
- Kelly asked if there was data available to show the value of measures. If HbA1c is under seven, how much is saved?
- Angie – measures aren't the hard part, but the architecture is. What are we designing?
- Bob – thinks we should have a small number of PMs because most practices are not measuring. He suggested eight to twelve. Thinks we should have a common measure for hospitals.
- Shawna discussed the highlights of the gap analysis.

- Miki discussed the SHIP document.
- The groups separated and took on the following questions from the SHIP:
 - Questions 1 and 4 – Angie, Kelly, and Yvonne.
 - Questions 2 and 3 – Linda, Bob, Chris, and Mary.
 - Question 5 – Andy and Heather.
- Health districts are not state entities; they are funded and run by the counties.
- Need to have process for the Idaho Health Data Exchange to support different EMR systems.
- Use health touch (in ER, hospital etc) to survey individuals on their health care needs.
- Individual groups reported their innovations and recommendations for the SHIP.
- All agreed on what has been developed so far.