



# IDAHO

Department of  
Health and Welfare

## **Idaho State Healthcare Innovation Plan (SHIP) HIT Workgroup Meeting**

September 16, 2014



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# Agenda

- Housekeeping/Minutes Review (Scott Carrell)
- State Purchasing Requirements (Peg Dougherty)
- SHIP Update and Plan Review (Denise Chuckovich)
- Initial Discussion on statewide system for collecting/analyzing on reporting quality and outcome data (Scott Carrell)
- Next steps

# **State Purchasing Requirements**

**(Peg Dougherty, Deputy Attorney General)**

# State Purchasing & Conflicts of Interest

- Ethics in Government Act –  
I.C. §59-702 *et seq.*
- Bribery & Corruption chapter of the  
criminal code – I.C. §18-1361
- Purchasing Act –  
I.C. §67-5715 *et seq.*
- Purchasing Rules – IDAPA 38.05.01

# **SHIP Update**

**(Denise Chuckovich, Deputy Director-Health & Welfare)**

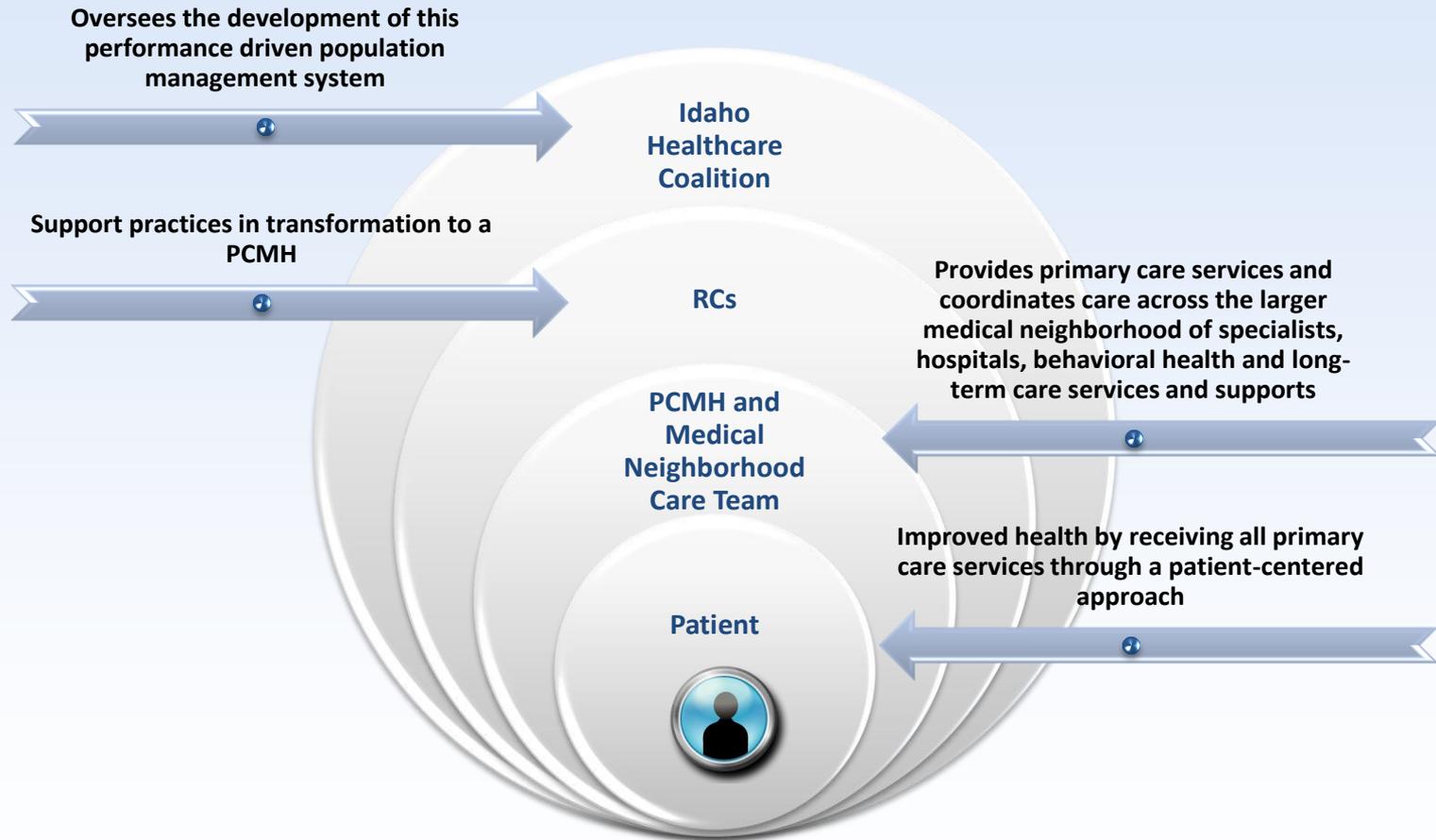
# SHIP Update

- SHIP Grant proposal submitted to CMMI July, 2014
- CMMI requested detailed response to numerous questions Sept 2014
- Awards announced 10/31/2014?
- Model Test begins January 1,2015?

# SHIP Plan Review

- SHIP Model Overview
- SHIP Goals
- SHIP HIT and Data Analytics Goals
- Key SHIP activities and timeline
- Proposed PCMH and HIT incentives to primary care practices

# Plan Review: SHIP MODEL DESIGN OVERVIEW



# SHIP Goals

- *Build 180 patient centered medical home (PCMH) practices*
- Improve care through adoption and use of EHRs and IHDE
- Establish regional collaboratives to support integration of PCMH with the Medical Neighborhood
- Improve rural patient access with 75 virtual PCMHs
- Build a statewide data analytics system that provides quality feedback to the provider, region and state.
- Align payment mechanisms across all payers –shifting from volume-based model to value based payment.
- Reduce healthcare costs by keeping patients healthy

# SHIP HIT and Data Analytics Goals

- Improve care through adoption and use of EHRs and connection to IHDE
- Build a statewide data analytics system that provides quality feedback to the provider, region and state.

# Proposed PCMH Practice Incentives

- One time PCMH designation \$10,000
- Assessment/Transformation Plan \$20,000
- NCQA recognition \$10,000 for each of 3 levels
- Virtual PCMH \$5,000
- Training/TA in PCMH transformation, practice change coaching

# Proposed PCMH HIT Incentives

- Payment of vendor and IHDE connection fees
- First year IHDE annual fee
- Training/TA in meaningful use of EHR, data collection and analysis

# Proposed SHIP Contracts

- PCMH Performance Reporting T/TA (~\$3M competitive bid)
- IHDE Expansion and Connections (~\$8.4M-direct contract to IHDE))
- Data Collection and Analytics (~\$8.7M competitive bid)

# Linking Quality Measures, HIT and Data Analytics

- SHIP Quality Measures Workgroup identified shared quality measures for SHIP in 2013
- SHIP HIT Workgroup identified model for PCMHs' HIT use and IHDE connection in 2013
- SHIP HIT Workgroup identified model for data collection, analytics and reporting

# Plan Review: MODEL DESIGN-QUALITY IMPROVEMENT

## Core Quality Measures Catalogue

- \*Tobacco use assessment and intervention
- \*Weight assessment and counseling for children and adolescents
- \*Comprehensive Diabetes Care
- Screening for clinical depression
- Adherence to antipsychotics for schizophrenia
- Non-malignant opioid use
- Acute care hospitalization
- Readmission rates within 30 days
- Emergency care without hospitalization
- Elective delivery
- Low birth weight rate
- Asthma emergency department visits
- Childhood immunization status
- Adult body mass index assessment

## Timeline for Statewide Scale-Up

Model Test (MT) Activity	Pre-Implementation Year				Model Test Year 1				Model Test Year 2				Model Test Year 3				Post Model Test Year 4			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
80% of Idaho's Beneficiaries have a Recognized PCMH			106,875 (8%)		427,500 (33%)				641,250 (50%)				961,875 (75%)				1,282,500 (100%)			
Set Up Regional Collaborative Infrastructure	Prep.	RC's in full service (all 7 regions).			90 (50%) Can Work with RCs				135 (75%) Can Work with RCs		180 PCMHs (900 providers) can receive RC services. All PCMHs receive results local needs assessments									
Recruit 180 Practices (900 Providers) to Transform to PCMHs	Preparation		60 Practices Designated		90 (50%) Designated			135 (75%) Designated		180 (100%) all Designated; All Regions Represented										
Promote Use of Electronic Medical Records Systems among 180 PCMHs	Prep.	60 Pre-Existing			90 (50%) EMRs				135 (75%) EMRs		180 (100%) EMRs									
Connect 180 PCMHs to the Idaho Health Data Exchange	Prep.	60 Pre-Existing			90 (50%)			135 (75%)		180 (100%) IHDE Connections										
Transform 180 PCPs to Nationally Recognized PCMHs	Preparation				15	60 (33%) by Q4			75 (42%) Nationally Recognized		135 75% (39% > Level 1)		180 (100%) (75% above level 1)							
Train 52 Community Health EMS (CHEM) Workers to serve on PCMH Care Teams in Rural Areas	Preparation		2/8		3 programs trained in 3 Rural Communities				7 programs (54%) 28 Workers		10 programs (77%) 40 Workers		13 Pgms.; 52 Workers (100%) in 13 Rural Communities							
Train 525 Community Healthcare Workers (CHWs) to serve on PCMH Care Teams in Rural Areas	Preparation		1/25		7 Trainings, 175 Workers (33%)				11 T., 275 (52%) Workers		15 Trainings, 375 (71%) Workers by Q4, Y2.		525 (100%) CHWs trained to work with PCMHs.							
Establish Telehealth Infrastructure and Training for Virtual PCMHs	Preparation				6/8		42 Trained (52%) by end of Y2				55 Trained (73%) by Q3, Y3		75 (100%) Virtual PCMHs							
Establish Performance Reporting Among PCMHs	Preparation								T. A. Starts		60 (33%) Report in Yr 2		50% (90) Report		135 (75) Report		100%			

# **Data Analytics: Initial Discussion**

**(Scott Carrell – IHDE)**

# MODEL DESIGN (HIT)

## Data Sharing, Interconnectivity, Analytics and Reporting

- Health Information Technology (HIT) is critical for sharing information at the patient and population levels.
- Idaho Health Data Exchange (IHDE) is an important element in Idaho healthcare delivery system.
- Expanded capabilities such as data marts, clinical analysis, and incorporation of claims data should be further explored to develop most appropriate configuration to support PCMH data and reporting requirements, including use of interfacing technologies to leverage existing HIT systems

# Data Sharing, Interconnectivity, Analytics and Reporting

## Data Extraction

- EMR/IHDE Connections
- ETL (Extract, Transform, Load)

## Repositing

- Data Mart
- Normalization
- Define Roles (vendor)

## Analysis

- Certain data set
- Spatial Data Mining
- Define Roles (vendor)

## Reporting

- IHC Standard
- Define Roles (vendor)

## Developing Process (for the above)

Privacy/Security, Policy Adherence/Governance, Vendor RFP, Utilization, Program Improvement

## Next Steps: Deploying "Boots To Ground"

- Develop sub-workgroup(s)

# Next Steps

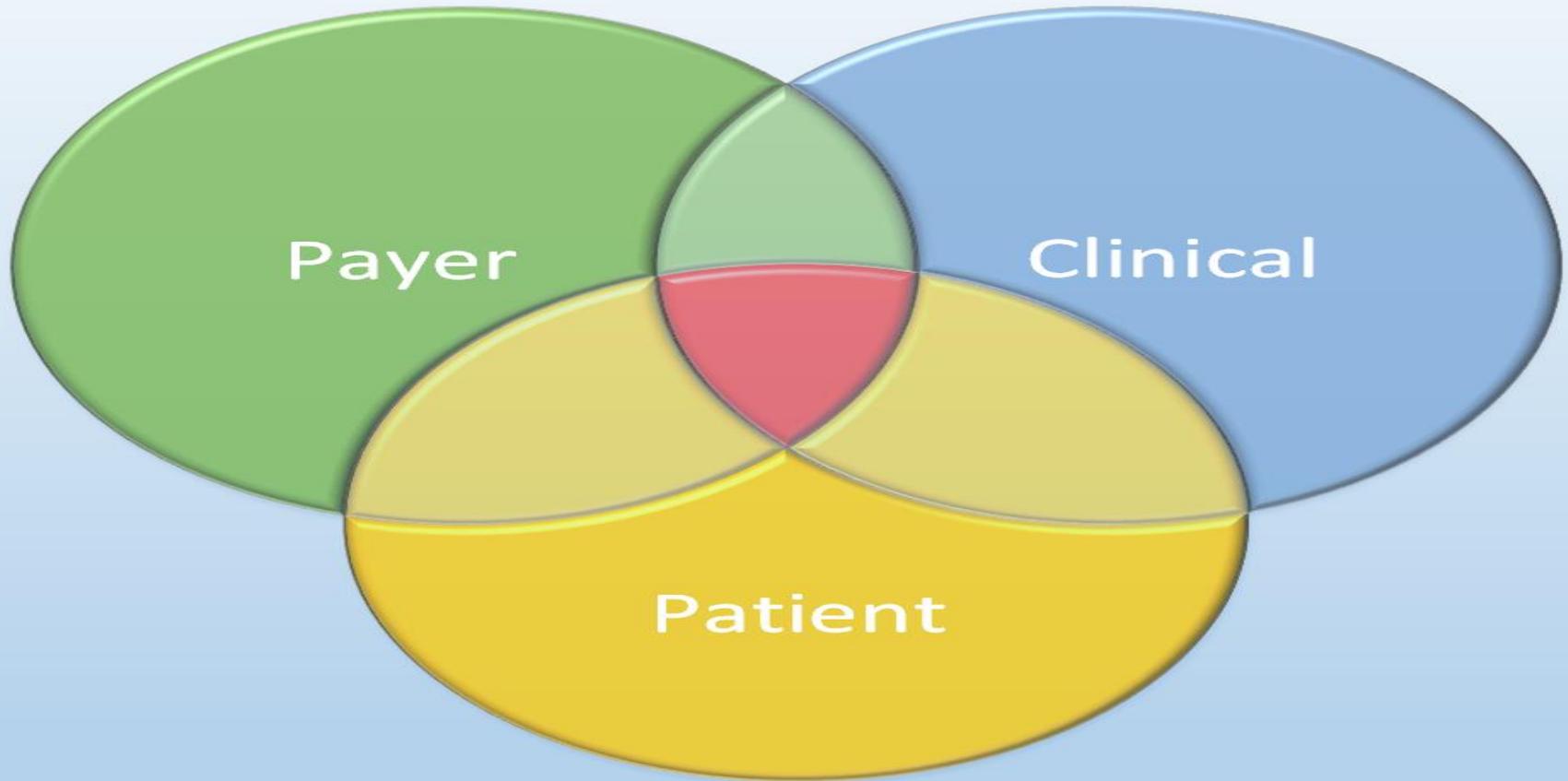
- Determine monthly meeting dates
- Set attainable project goals
- Identify necessary resources
- Establish timeline (on deliverables)
- Recognize budgetary constraints
- Develop HIT Workgroup Goals/Objectives:
  - Develop process/plan for developing recommendation to IHC Board of HIT architecture/solution to meet MTP goals/objectives

**Thank you!**

# Additional Resources

# Premise: Hub of Innovation

## Collaboration of Care

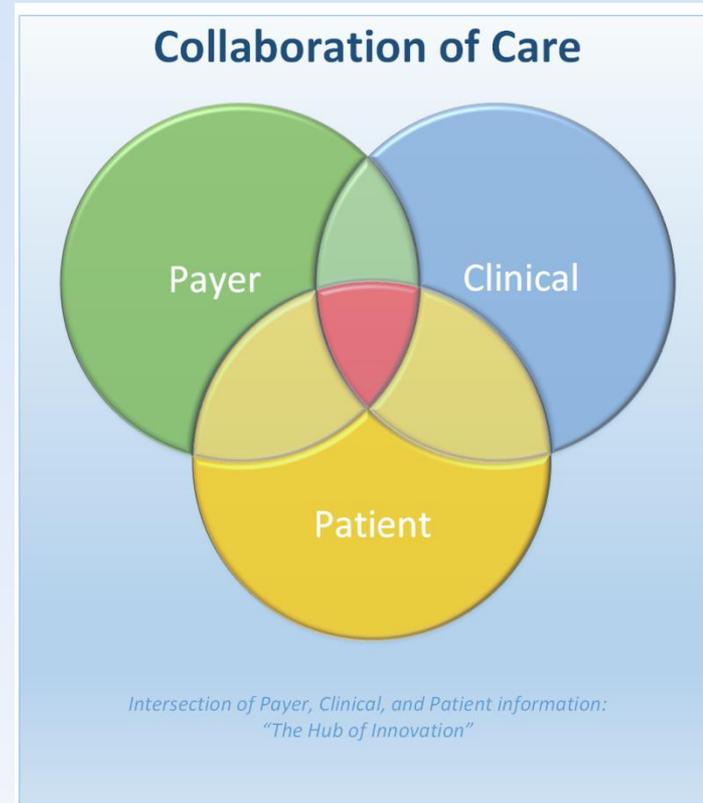


*Intersection of Payer, Clinical, and Patient information:  
"The Hub of Innovation"*

# Hub of Innovation - Components

## Current State

- Claims Systems - Payers (multiple)
- Clinical Data – IHDE (universal), others (siloed)
- Patient Engagement – Numerous Patient Portal Systems/EMRs/Traditional care methods

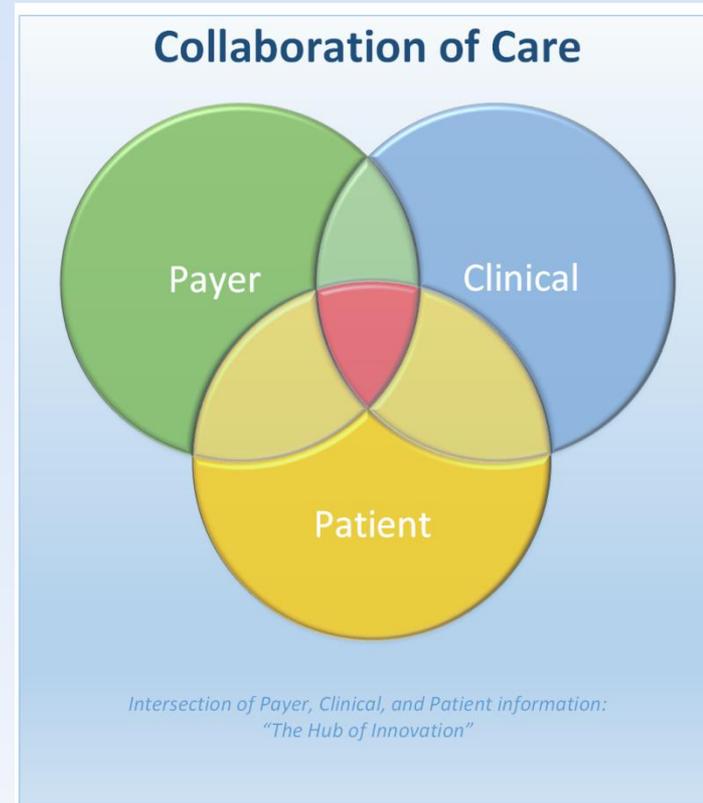


# Hub of Innovation - Components

## Future State

### Integration:

- Payers – Claims Systems
- Clinical – IHDE
- Patient – Patient Portal Systems/EMRs/Traditional care methods



# HIT Connectivity Model

