

# IDAHO HEALTHCARE COALITION

450 W State Street  
Boise, Idaho 83720

## MEETING NOTES

SUBJECT: Idaho Healthcare Coalition Meeting      MEETING DATE: August 13, 2014

ATTENDEES:    **Members Present:**      LOCATION: 450 W. State Street, Boise  
Dr. Ted Epperly,  
Denise Chuckovich, Richard  
Armstrong, Elke Shaw-Tulloch,  
Neva Santos, Larry Tisdale,  
Tom Fronk, Lisa Hettinger,  
Mary Sheridan, Anne Wilde,  
Jeff Crouch, Karen Vauk,  
Tammy Perkins, Susie Pouliot,  
Dr. Keith Davis, Dr. David Pate,  
Blaine Petersen, and Anne Wilde

**Members Absent:**  
Representative Fred Wood,  
Dr. Mike Mercy, Scott Carrell,  
Melissa Christian, and Senator Lee Heider

**DHW Staff:** Julie Wall, David Simnitt,  
Cynthia York, and Kim Thurston

**Deputy Attorney General:** Charina Newell

**Mercer:** Shawna Kittridge and Katie Falls

**Teleconference:** Dr. Mike Dixon,  
Dr. Scott Dunn, Dr. Dave Schmitz, and  
Dr. David Peterman

**Guests:** Carla Cerchione, Janet Willis, Brenda Gard, Kristi Funk, Mark Babson,  
and Senator Steven Thayn

## ADOPTION OF MINUTES

Minutes of the July 09, 2014, Idaho Healthcare Coalition (IHC) meeting were accepted as prepared.

## Notes

*(Please note that all sub bullets below are intended to convey discussion during the meeting. Those sections that are prompted by follow-up, or vote are meant to convey action occurring or actions needed.)*

## Opening Remarks

1. Dr. Ted Epperly introduced the newest member of the Idaho Healthcare Coalition (IHC), Karen Vauk. Karen has been the President and Chief Executive Officer for the Idaho Food Bank since 2009 and was honored as “Women of the Year” by the Idaho Business Review in 2012.
2. Dr. Epperly introduced guests from the Idaho Veterans Health Administration (VA), Janet Willis, RN, Brenda Gard, RN, and Kristi Funk, RN.
3. Dr. Epperly discussed the focus of the meeting being Primary Care Medical Homes (PCMH); current models and proposed PCMHs models in the SHIP.

## Discussion Items:

1. **Updates regarding Model Test Proposal (MTP) grant application status, strategic partner contacts, anticipated IHC operational plan activities for remainder of 2014 and for 2015 :**
  - Denise Chuckovich, Department of Health and Welfare Deputy Director, updated Coalition members on meetings and discussions that have occurred with strategic partners:
    - ◆ Denise met with the Idaho Medical Home Collaborative (IMHC) to review the final Idaho MTP application which identifies IMHC as advisory to IHC on PCMH transformation.
    - ◆ Telehealth Council (TC) had their first meeting in July. The TC was appointed by DHW Director, Richard Armstrong, to recommend standards for telehealth in Idaho. The TC will advise the IHC regarding how best to leverage resources related to telehealth.
    - ◆ Denise and DHW Public Health Division Administrator, Elke Shaw-Tulloch, met with the seven Public Health Districts to discuss the Regional Collaborative (RC) model and their role during the Model Test period.
    - ◆ Denise met with the Health Quality Planning Commission (HQPC) to discuss Concurrent Resolution 049 directing DHW to convene a workgroup to study health data analytics. She recommended that the IHC HIT/Data Analytics workgroup take on this role, rather than creating a second group. HQPC agreed with this approach.
    - ◆ Scott Carrell, Idaho Health Data Exchange Executive Director, is reconvening the HIT workgroup. Initial work will be to synchronize the MTP (HIT) model with the original HIT model proposed by the workgroup in 2013.
2. **Idaho VA Patient Activation Care Team (PACT) Program:**
  - **Janet Willis, RN, BSN with the Veterans Health Administration Medical Center (VAMC) presented Patient Aligned Care Team (PACT) Interprofessional Training:**
    - ◆ In April 2010, the VA began a five-year plan to build patient-centered medical homes in more than 900 primary care clinics across the nation.
      - Features unique to the VA are:
        - Nationwide single Electronic Health Record (EHR) system (disease management based)
        - Single payer system (doctors are salaried)

- Nearly closed system for labs, x-ray, pharmacy, etc.
- Tend to have patients for “life”
- Educational domains are:
  - Shared decision making
  - Interprofessional collaboration
  - Sustained relationships
  - Performance improvement
- The implementation of PCMH will allow VAMC to play a critical role in reconfiguring team-based care models to expand the responsibilities of team members.

### 3. Ada County Community Para-Medicine Program:

- Mark Babson, Ada County Paramedic, presented on the Ada County Community Para-Medicine Program:
  - ◆ Concepts of Para-medicine include:
    - Meeting healthcare needs with untapped resources, infrastructure, and providers
    - Closing gaps and expanding coverage by expanding the role of Emergency Medical Service (EMS) Professionals
    - Additional education and medical oversight is needed for Community Health EMS (CHEMS) programs
    - Designing the program to meet the specific needs and resources of each community
    - National concept – locally tailored
  - ◆ Benefits of using EMS professionals:
    - Communicate with all individuals involved in in healthcare
    - Perform many aspects of healthcare and care coordination
    - Evaluate how clinical plans fit into a person’s actual life, barriers, and what happens when it fails
    - Work independently in nonclinical settings, and are comfortable with non-transport and assessment skills
    - Understand local needs, populations, and resources
    - “Eyes & ears of Providers”. Extend the reach of providers into the patient’s home environment
    - Patient’s link into the healthcare system
  - ◆ Current Ada County Community Paramedic programs and pilots:
    - At risk field referrals
    - Transition program with hospitals
    - County-wide Flu vaccine programs/wellness
    - Mental hold Emergency Department diversion pilot
    - Formation of liaison and advisory council
    - County paramedics in-home medication reconciliation partnership
    - Direct Observation Therapy (DOT) Program
      - Tuberculosis medication

#### **4. State Health Innovation Plan (SHIP) Community Health Emergency Medical Services (CHEMS) Proposal Model:**

- Mary Sheridan, DHW Bureau Chief, presented Virtual PCMH; Establishing and expanding CHEMS, Community Health Workers (CHW), and Telehealth:
  - ◆ Virtual PCMH outreach events in 7 regional locations statewide
  - ◆ CHEMS will consist of:
    - 3 community paramedic programs per year for 3 years
    - 2 CHEMS programs for Intermediate Life Support (ILS) and Basic Life Support (BLS) agencies per year for 2 years
    - On-site mentoring team visits
    - Utilizing telehealth technologies
    - Incentive clinical data collection and reporting
    - Develop/adapt training program based on scope of practice
  - ◆ Develop and implement certification course for CHW; roles, boundaries, communication, cultural competency, assessment, documentation and case studies. CHW program will consist of:
    - Two in-person educational sessions plus 6 weeks of facilitated on-line learning
    - Additional optional health-specific modules
    - On-site mentoring team visits
    - Additional technical assistance via telehealth
    - Incentive clinical data collection and reporting
  - ◆ Telehealth will be coordinated and facilitated through Regional Collaboratives (RC)
    - Includes funding to establish new programs and revitalize underused programs in primary care clinics

#### **5. Idaho Patient Centered Medical Homes Collaborative (IMHC) PCMH Pilot Update:**

- Dave Simnitt, DHW Medicaid Deputy Administrator and IMHC Co-Chair, gave an overview presentation of the Idaho Medical Home Collaborative PCMH Pilot:
  - ◆ Pilot for 2 year duration
  - ◆ Multi-payer
    - Medicaid, private insurance, and self-pay patients
  - ◆ Primary Care Clinics that are:
    - Committed to practice transformation/redesign under PCMH model
    - Committed to implementing all change areas as outlined by the IMHC medical home definition
    - Committed to future NCQA recognition
    - Utilization of an electronic registry with reporting functionality
  - ◆ Requirements for pilot practices were outlined
  - ◆ Lessons learned and recommendations to IHC were discussed

#### **6. Timeline/next steps:**

- Next meeting is scheduled for September 10, 2014.

There being no further business Dr. Epperly adjourned the meeting at 4:12 p.m

