

## Summary of Idaho 11/12/14 revisions to address reductions to proposed budget:

Idaho's Healthcare Coalition (IHC) members met twice during the one week revision period to develop and refine a number of strategies to reduce Idaho's proposed MTP budget by 33%, from \$60,870,782, to \$39,683,811 as requested by CMMI. Despite the size of the requested reduction the IHC commits to maintaining all aspects of the proposed model and goals in making these reductions. The strategy for determining reductions was to review each budget line item closely and determine what reductions could be made while maintaining the integrity of the model and the anticipated success of the proposed activities.

Key reduction strategies, discussed in detail in the body of the project narrative below and in the revised budget narrative, include: reducing the number of primary care practices to be transformed from 60 per year to 55 per year for a three year total of 165 practices transformed; reducing the amount of financial incentives awarded to participating practices; reducing technical assistance contracts to assist practices in transformation; reducing the project management/financial analysis contract; reducing state staffing to support model test; reducing proposed equipment to be purchased to support telehealth in rural and frontier communities; reducing proposed IDHW staff from 8.5 FTE to 8 FTE, reducing the overhead allocated to the Regional Collaboratives and reducing the proposed state evaluation to reflect the reduced total budget request.

Idaho's strategy to reach 80% of the population includes the 74% of the population who will be participating in the PCMH model by the end of the model test period, as well as the broader state-wide population that will be impacted through the Regional Collaboratives (RCs), operated by Idaho's seven public health districts. The seven RCs, as public health districts, are in a unique position to integrate public health and primary care by mounting population health campaigns focused on specific health issues (diabetes control, childhood immunizations, etc.) as well as campaigns focused on population-wide personal health issues like healthy diet, and exercise. In addition, the Community Health EMS workers (CHEMS) who will be trained to work with individuals in rural and frontier areas of Idaho and can reach a larger population by engaging in public health initiatives, such as Ada County's effort to administer the flu vaccine at county government buildings.

Idaho also recognizes that Medicare must come to the table to participate in this model test in order to impact the health and healthcare of the 15% of Idaho's population that has Medicare coverage and to reach the goal of shifting 80% of healthcare payments from volume to value. Idaho requests CMMI's assistance in facilitating Medicare's involvement in this process.