

IDAHO HEALTHCARE COALITION

700 W State Street
Boise, Idaho 83720

MEETING NOTES

SUBJECT: Idaho Healthcare Coalition Meeting MEETING DATE: May 13, 2015

ATTENDEES: **Members Present:** LOCATION: 700 W. State Street
Dr. Ted Epperly, Denise Chuckovich, JRW Building, 1st Floor
Lisa Hettinger, Deena LaJoie, Elke
Shaw-Tulloch, Mary Sheridan, Ross
Edmunds, Dr. David Peterman, Anne
Wilde, Jeff Crouch, Scott Carrell,
Russell Duke, Tammy Perkins,
Melissa Christian, Susie Pouliot,
Andrew Barron, and Bruce Krosch

Members Absent:
Representative Fred Wood,
Richard Armstrong, Senator Lee Heider,
Janet Willis, Dave Self, Dr. David Pate,
Daniel Ordyna, Larry Tisdale,
Karen Vauk, and Tom Fronk

DHW Staff:
Cynthia York, Casey Moyer,
Katie Morales, Diane Foote,
Heather Clark, Miro Barak,
Ann Watkins, and Kim Thurston

Deputy Attorney General:
Nicole McKay

Teleconference:
Dr. Mike Dixon, Dr. Scott Dunn,
Geri Rackow, Dr. Keith Davis, Neva
Santos, Dr. Robert Polk, Rene LeBlanc,
Maggie Mann, Laura Whalen,
Carol Moehrle, Dr. Dave Schmitz,
Meg Hall, and Casey Meza

Guests:
Yvonne Ketchum, Idaho Primary Care
Association, Norm Varin, Pacific Source
Health Plans, Marnie Packard, Select
Health, Kim Barrus, Select Health,
Delmar Stone, National Association of
Social Workers, Jennifer Obenshain,
National Association of Social Workers,
Gerald Massey, Accenture

ADOPTION OF MINUTES

Minutes of the April 8, 2015, 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: “Ours is not the task of fixing the entire world at once, but of stretching out to mend the part of the world that is within our reach!” Clarissa Pinkola Estes

- Dr. Ted Epperly welcomed everyone. Cynthia York reviewed the updated Office of Healthcare Policy Initiatives’ organization chart and introduced her staff to the coalition members: Casey Moyer, Operations Program Manager; Heather Clark, Patient Center Medical Home (PCMH) Project Manager; Miro Barac, Regional Collaborative (RC) Project Manager; Ann Watkins, Contracts/Grants Officer; and Kim Thurston, Administrative Assistant.
- Dr. Epperly expressed his sadness in sharing the news that coalition member Dr. Michael Mercy, a physician with Pacific Source, passed away that morning. This is a huge loss for IHC as well as the healthcare industry.
- Dr. Epperly also announced that the Oral Health Alliance has joined the SHIP and will be advising the IHC on oral health issues.

Discussion Items:

1. Department of Health and Welfare (DHW)/Center for Medicare and Medicaid Innovation (CMMI) Report:

- Denise Chuckovich reported that CMMI approved IHC’s request to “highly recommend National Committee for Quality Assurance (NCQA) recognition for patient centered medical homes (PCMHs) instead of making NCQA recognition mandatory.
- CMMI has asked participating SIM states to propose payment models that would directly align with one or more existing Medicare payment methodology. State proposals will be reviewed on a case-by-case basis.
 - Coalition members agreed that DHW will develop a draft Medicare reimbursement payment proposal based on Medicare parameters and will review this with the IHC Multi-payer Workgroup for refinement. After it is refined by the Multi-payer Workgroup it will then be forwarded to the IHC for approval. Denise will simultaneously communicate proposal ideas with CMMI to ensure we stay on the right path.
- Denise also updated the coalition members on her trip to Baltimore where she and four (4) other staff members attended meetings hosted by CMMI. Highlights from the meetings are listed below:
 - Great opportunities to meet with other states and hear their accomplishments and challenges. Looking forward to partnering with other states that have similar models to share ideas.
 - Continued to hear that states are finding that just getting various state agencies to the table is challenging. One state’s Medicaid department refused to

participate. States also described a tremendous amount of turnover in their top level of leadership. The result impacts continuity and commitment to the mission.

- The team had lunch with Bridget Harrison, SHIP's CMMI Project Officer. Denise and her team found it very helpful to sit together and talk directly about what SHIP is working towards. Bridget has requested a site visit. Denise suggested she come out to Idaho sometime in the fall and would like Bridget to attend an IHC meeting and meet coalition members.

2. Idaho Medical Home Collaborative (IMHC) State Healthcare Innovation Plan (SHIP) proposed clinic qualifying criteria recommendations:

- Scott Dunn, IMHC Co-Chair and Meg Hall, Program Manager, Primary Care Division of Medicaid, discussed the IMHC Proposed SHIP Clinic Qualifying Criteria. The purpose of these recommendations is to provide clinics, that wish to participate, full disclosure on what this process entails and the PCMH standards that will need to be met. Criteria, with suggestions are listed below:
 1. The intent and vision of the clinic is aligned with the SHIP goal to "transform primary care providers across the state into the patient-centered medical homes (PCMH)". Recommendations are listed below:
 - a. All clinic administration is required to attend a PCMH in-service education and informational session.
 - b. Recommend in-service provided by SHIP team to include PCMH consultant, SHIP, and Regional Collaborative (RC) staff.
 - c. In-service followed up by "welcome packet" to include:
 - i. SHIP/PCMH transformation overview information
 - ii. Readiness Assessment
 - iii. Transformation Business Plan Template
 - iv. Resources and contact information
 - d. Interested clinics to start completion of required documents
 - e. Currently recognized clinics may not be required to attend "PCMH in-service"
 2. Engaged physician leadership champion, clinic administration engagement and dedicated transformation team is imperative for successful transformation and sustainability.
 - a. Roles of Clinic PCMH Transformation Team include:
 - i. Physician Leadership ~~Champion (MD, not mid-level or administrator) (did not want to be inclusive)~~ should be instrumental in implementing the long-term changes and continues to encourage other physicians who are unsure if they want to participate
 - ii. Office Manager – imperative to keep informed and have buy-in for smooth transition of daily operations
 - iii. PCMH change agent or project lead (if different from office manager) – knowledgeable, enthusiastic, and supported by management
 3. Face to face on-site clinic interview to be conducted with Clinic PCMH Transformation Team, PCMH consultant, SHIP, and RC staff:
 - a. Opportunity to address clinic questions/concerns and identify any "red flags"

- b. Assist clinic in completing readiness assessment, if necessary
 - c. Review of required components of business plan to ensure clinic has adequate resources to transform.
 - i. Practice type
 - ii. Panel Size
 - iii. Staff structure – team meetings, etc
 - iv. Staff resources dedicated to PCMH transformation
 - v. Timeline to achieve the PCMH recognition requirement within timeframe determined
 - vi. Current PCMH initiatives participating in
 - vii. ~~Budget – including estimated revenue and expenses to transform. Budget template to be provided to clinics along with input available from payers specific to anticipated PCMH revenue~~ – Scott and Meg were requested by Dr. Epperly to refine item 3 vii and give coalition members their recommendations at next IHC meeting.
 - d. Following interview to include transformation business plan and self-attestation for participation
4. Adequate and effective Health Information Technology (HIT) capabilities are critical to support the PCMH model:
 - a. Electronic medical record (EMR)
 - b. Disease registry
 - c. Data exchange capabilities
 5. Evidence of Quality Improvement activities or defined plans for Quality Improvement structured activities
- Dr. Barron moved that the IHC approve the SHIP Clinic Qualifying Criteria as written with the understanding that there will be two (2) areas of refinement. Motion carried.

3. PCMH Interface with Medical Neighborhood:

- Dr. Epperly discussed how the PCMH will interface with the medical home neighborhood. He described how primary care will be the hub of coordination with integrated coordinated patient care. Details are listed below:
- The “community” that surrounds the primary care team will include support groups such as:
 - Self-help groups
 - Liaison community health workers
 - Social services
 - Outside the “community” are support systems such as:
 - Specialized care
 - Hospitals
 - Diagnostic services
 - Specialized prevention services
- Dr. Epperly described the importance of the PCMH-Neighborhood. Highlights are listed below:
- Person-centered
 - Integration/coordination
 - Improves communication
 - Coordinates care
 - Reduces waste and duplication

- Improved access
- Quality improvement
- Patient safety
- Right person, right place, right time, right reasons
- Clarifies co-management situations
- Supports the PCMH
- Broadens responsibility and accountability
- Improved care for complex patients
- Saves money
- Challenges of the PCMH-Neighborhood are listed below:
 - Primary care physicians send information 70% of the time; specialists receive it 35% of the time
 - Specialists send reports 81% of the time; primary care physicians receive it 62% of the time
 - Payments
 - Reduction in patients
 - Uncertainty
 - Control
 - Better staffing models
 - Culture of greater engagement (practices, patients, families, and communities)
- Due to the limited time, Dr. Epperly will continue his presentation at the next IHC meeting in July.

4. Updates re: SHIP contracts/projects under development:

- Public Health District contracts status:
 - Mary Sheridan, DHW, reported that the Request for Proposal (RFP) will be submitted July 1, 2015.
 - Coalition members discussed changing the name Regional Collaboratives to Regional Health Collaboratives. Concerns with the acronym, RHC is concerning. Mary will take concerns back to workgroup.
- Data Analytics RFP status
 - Scott Carrell, Idaho Health Data Exchange (IHDE), reported that the HIT workgroup meets monthly. Last meeting the workgroup members reviewed the responses of a Request for Information (RFI) that was submitted to assist in the RFP development process.
 - The RFP timeline and segregation of duties document was produced and approved by the workgroup members.
 - Nicole McKay, Deputy Attorney General, is still coming to meetings to prevent concerns regarding conflicts of interest.
 - Sole Source vendor approval was granted to SHIP allowing for a contract with IHDE to be initiated without using the RFP and bidding process.
- SHIP project management contract RFP status:
 - Cynthia York, DHW, Administrator for the Office of Healthcare Policy, updated the Coalition members on the status of the RFP for the Project Management and Financial Analysis Contract that closed March 16, 2015. The evaluations were completed and reviewed and the request for CMMI budget review was submitted May 11, 2015.
- PCMH Training/Technical Assistant (TA) contract RFP status:

- Cynthia stated that the PCMH RFP was posted to the State's eProcurement site (IPRO) on April 17, 2015, and is scheduled to close on June 2, 2015. Evaluation of the proposal should be complete by the week of June 22, 2015.

5. IHC Workgroup Reports

- Population Health Workgroup (PHWG), Community Health EMS (CHEMS), Community Health Worker (CHW), and Regional Health Collaborative (RHC) updates. Elke Shaw-Tulloch, Division Administrator for Public Health, discussed highlights of each workgroup. Updates are listed below:
 - Activities related to SHIP:
 - CHW – DHW staff meet internally to align the SHIP effort with funding in the Bureau of Community and Environmental Health, Division of Public Health.
 - PHWG – Members are identified and meeting options were sent to members.
 - Dr. Christine Hahn will co-chair the Clinical Quality Measures Workgroup with Dr. Andrew Baron.
 - Committee Meeting Updates:
 - CHW – An electronic survey was sent to healthcare entities statewide on May 5, 2015.
 - CHEMS – Information about the SHIP CHEMS opportunity was distributed to EMS agencies statewide. A webinar was conducted on April 29, 2015, to provide information about the current community paramedic education programs, the SHIP timeline, and to answer any questions.
 - Telehealth Council – The Council met on May 8, 2015, and drafted a proposal for Director Armstrong's consideration regarding future Council efforts.
 - RHC – DHW staff meet weekly with public health districts directors to finalize the scope of work for the health district contracts.
- Multi-payer Workgroup Update. Jeff Crouch, Blue Cross of Idaho, highlighted events from the Multi-payer Workgroup meeting. Highlights are listed below:
 - Presentation from payers on how they can integrate with SHIP. All workgroup members agree it would be more effective if payers were all on one page.
 - Each payer is looking at moving from fee-for-service to value based reimbursement. The common theme seems to be that each payer is developing their own methodology to recognize health outcomes and move away from volume based reimbursement .
 - Payer community will be transforming at the same time as the rest of the industry. Payers moving to value.
 - Each payer will submit their own proposal. Formal proposal will be presented to the IHC in July.
- Behavioral Health/Primary Care Integration Workgroup. Ross Edmunds, DHW, Division Administrator for Behavioral Health, discussed highlights from the Behavioral Health/Primary Health Integration Sub-committee report. Highlights from his report are listed below:
 - Activities related to SHIP:

- A statewide video-conference presented by Dr. Epperly was held for the Regional Behavioral Health Boards and Behavioral Health staff April 10, 2015. There were nearly 200 participants who attended via video.
- Committee meeting update:
 - The Sub-Committee completed a survey and discussions were facilitated by Marsha Bracke April 14, 2015, and May 5, 2015. Members discussed their thoughts and ideas on Behavioral Health Integration in primary care and performance outcomes. Marsha began developing a work plan with specific action items that will guide the members for the next 6-12 months.
 - The Sub-Committee will be meeting monthly; next meeting is scheduled for June 9, 2015.

Ross proposed that, to direct the work that the workgroup is doing, IHC approve surveying the first 55 PCMHs on Behavioral Health integration using the tool ITAT and limit the survey to around five (5) questions that would only last around five (5) minutes. Coalition members approved the survey.

Ross also requested cross team integration by having the chairs of all workgroups meet quarterly for an hour. Denise instructed Cynthia York's team to work on this and give a proposal to the coalition members at the next meeting.

6. Timeline/Next Steps – Ted Epperly, MD, Chair

- Idaho Primary Care Association will be conducting NCQA training in June.
- The June IHC meeting has been cancelled.
- Next meeting is scheduled for July 8, 2015.

There being no further business Dr. Epperly adjourned the meeting at 4:00 p.m.