PROJECT CHARTER
Idaho Medical Home Collaborative
Version 3.0 – August 2015

Workgroup Summary

Chair/Co-Chair	Scott Dunn, MD and Lisa Hettinger
Mercer Lead	Maggie Wolfe
SHIP Staff	Heather Clark
IHC Charge	The IMHC makes recommendations to the IHC on topics related to the development, promotion, and implementation of patient-centered medical homes (PCMHs) in Idaho. For the SIM Model Test, the IMHC will make recommendations to the Idaho Department of Health and Welfare (IDHW) and the Idaho Healthcare Coalition (IHC) related to expanding the PCMH model through the SIM initiative.
SHIP Goals	Goals 1-7.

Business Alignment

Business Need	The IMHC is comprised of subject matter experts who will use their expertise and experience with the patient-centered medical home (PCMH) model in Idaho to produce recommendations to guide the development, promotion and implementation of PCMHs statewide through the SIM Model Test.

Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
	• 165 primary care practices across the state will transform into PCMHs.	• Number of primary care practices that transform into PCMHs.	• To provide assistance to the IHC in preparing practices to be capable of success in transforming to the PCMH model. This will be achieved by providing input and recommendations based on the IMHC's experience gained from supporting the statewide PCMH Pilot transformation project. • The IMHC provides timely and effective recommendations to the IHC, to include both successes and challenges realized from the IMHC Pilot Project, in the expansion of the PCMH model through the SIM initiative.

Planned Scope

Deliverable 1	Result, product or service	Description
	• The IMHC shall serve as subject matter experts and provide input and recommendations when requested from the IHC, based on experience and knowledge gained from supporting the statewide IMHC Pilot Project.	• The IMHC as a work group will receive requests for input from the IHC, and will research and provide recommendations to the IHC in various subject areas relative to the implementation of the SHIP.
Est. Timeframe	**Start**: Ongoing	**End**: Ongoing
Milestones	**Event** • Input and recommendations as needed	**Target Date** • Ongoing
Deliverable 2	**Result, product or service** • IHC requested IMHC's recommendations regarding qualifying criteria and process to be considered when selecting clinics to participate in the SHIP.	**Description** • The IMHC provided qualifying criteria and clinic readiness recommendations for the IHC to consider when selecting clinics to participate in the SHIP. The final recommendations were presented to the IHC on 8/12/15, to include the suggestion that geographic and population focused diversity be considered in the selection process.
Est. Timeframe	**Start**: 09/09/14	**End**: 08/28/15
Milestones	**Event** • IMHC received request from IHC • IMHC provided recommendations to IHC	**Target Date**

Deliverable 3	Result, product or service	Description
	• IHC requested the IMHC research other states to determine if the IHC should consider offering clinics the option of obtaining PCMH recognition/accreditation through a state run program, with "an Idaho set of criteria," or achieving through a nationally recognized organization, such as NCQA. The concern was shared that achieving national recognition may be a barrier to clinics participating in the SHIP and an Idaho set of criteria might be an alternate approach. Specifically the IMHC was requested to research the general costs and resources to stand up a state run PCMH program.	• An analysis of the current seven state-run PCMH programs was presented to the IHC, with the recommendation to move forward with SHIP clinics obtaining recognition/accreditation from an established nationally recognized PCMH organization. It was determined there was not adequate time or resources to implement a state run PCMH program to meet the implementation deadline of the 1st SHIP cohort of clinics. Further discussion was held and final recommendation to the IHC was to consider a "hybrid program" where clinics could choose to obtain national recognition/accreditation or attest to pursue mastery of all aspects of the PCMH model.
Est. Timeframe	**Start**: 01/28/2015	**End**: 03/25/2015
Milestones	**Event** • IMHC received request from IHC • IMHC provided research to IHC	**Target Date**
Deliverable 4	Result, product or service	Description
	• The IHC requested the IMHC prepare a draft "Application of Interest" to be distributed to all Primary Care Clinics in Idaho. The intent of this application of interest is to provide the IHC with an "overall geographic snapshot" of the level of interest of clinics interested in participating in the SHIP.	• The IMHC provided the IHC with a draft application of interest for their review and will also work with SHIP Project Team to provide accurate clinic contact information to ensure and "fair and equitable" distribution process occurs.
Est. Timeframe	**Start**:	**End**: August, 2015
Milestones	**Event** • IMHC received request from IHC • IMHC provided draft application to IHC	**Target Date**

Project Risks, Assumptions, and Dependencies

Risk Identification	Event	H – M – L	Potential Mitigation	Potential Contingency
	• Procurement of PCMH TA contractor is delayed.	M		

	• Change in payer support of PCMH initiative.	H		
	• [TBD]			
Assumptions	• IMHC membership remains roughly stable throughout the SIM Model Test. • Effective communication among IMHC members and between IMHC, IDHW, and IHC. • Effective processes to produce deliverables to reduce burden on IMHC members. • [TBD			
Dependencies and Constraints	• IMHC members are volunteering their time and have other jobs. • [TBD]			

Project Reporting and Scope Changes

Changes to scope must be approved by the IHC after review by SHIP team.

Version Information

Author	Maggie Wolfe	**Date**	07/10/2015
Reviewer	Heather Clark	**Date**	08/28/2015

Charter Approval Signatures

Approval by the Workgroup on: 08/26/2015

Final Acceptance:

Name/Signature	Title	Date	Approved via Email
Scott Dunn	Chair	08/26/2015	☒
Lisa Hettinger	Co-Chair	08/26/2015	☒
Cynthia York	SHIP Administrator	08/26/2015	☒
Katie Falls	Mercer Lead	09/08/2015	☒

PROJECT CHARTER
Health Information Technology Workgroup
Version 4.0 — August 2015

Workgroup Summary

Chair/Co-Chair	Scott Carrell
Mercer Lead	David Shadick
SHIP Staff	Michael Farley, Casey Moyer, Cynthia York
IHC Charge	• Improve care through adoption and use of electronic health records (EHRs) and connection to the Idaho Health Data Exchange (IHDE). Guide the expansion of the current health information technology (HIT) infrastructure and support integration of patient-centered medical homes (PCMHs) that are not connected to the IHDE. • Build a statewide data analytics system that provides quality feedback to the provider, region, and state. Guide the development of infrastructure for the collection and analysis of selected quality and cost data.
SHIP Goals	• Goal 2: Improve care coordination through the use of EHRs and health data connections among PCMHs and across the medical neighborhood. • Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide. • Goal 7: Reduce overall healthcare costs.

Business Alignment

Business Need	• HIT is critical for sharing information at the patient and population levels. • Participation in the IHDE is an important element in Idaho healthcare delivery system. • Expanded HIT capabilities, such as data collection and validation, clinical analysis, and incorporation of claims data should be further explored to develop most appropriate configuration. • Expanded security measures to support PCMH data and reporting requirements, including use of interfacing technologies to leverage existing HIT systems.

Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
1	• Documented baselines for Core Quality Measures in the first full year: — Tobacco use assessment and intervention. — BMI-weight assessment and counseling for children and adolescents.	• Establish baselines for the initial three Core Quality Measures. Feb 1, 2016 to Feb 1, 2017 and track in subsequent years.	• Ensure identified SHIP systems are online and collecting data to support the clinical/quality measures. • Play an advisory role in the contractor deliverables (e.g. reviewing reports). • Assist in the development of a process for supporting the SHIP staff in monitoring the contractors that are responsible for the collection

Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
	— Comprehensive diabetes care.		of clinical/quality data/measures and make them available for required reports within and outside the State (CMMI, Stakeholders, etc.).
2	• Established baselines for additional quality measures (beyond three Core Quality Measures).	• In Grant Year 3 (Feb 1, 2017 to Feb 1, 2018) establish baseline for the additional quality measures as defined by the Clinical/Quality Measures Workgroup and track measures in subsequent years.	• Ensure identified SHIP systems are online and collecting data to support the clinical/quality measures. • Assist in the development of a process for supporting the SHIP staff in monitoring the contractors that are responsible for the collection of clinical/quality data/measures and make them available for required reports within and outside the State (CMMI, Stakeholders, etc.).
3	• Increased HIT Adoption and Use.	• Cumulative (CUM) # (%) of designated PCMH practices (sites) with active EHR systems. Model Test target is 165. • CUM # (%) of patients having an EHR in participating PCMH designated practices. Model Test target is 1,282,500 (80% of Idahoans). • CUM # (%) of designated PCMHs with an active connection to the IHDE and utilizing the clinical portal to obtain patient summaries, etc. Model Test Target is 165. • CUM # (%) hospitals connected to the IHDE. Model Test target is 52.(See pages 11 to 13 of Model Test Plan [MTP] for timing of metrics).	• Periodically report IHDE is meeting its three-year model test period goals. Escalate issues to IDHW/IHC if milestones or deliverables are not met. • Ensure there is communication among the HIT related contractors by reviewing contractor reports and sharing materials with SHIP team members.

Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
4	• Trained PCMHs that collect, exchange, and use data.	• Training requirements are incorporated into PCMH training (regarding HIT). • CUM # (%) of designated or recognized PCMH practices that have received technical assistance to establish performance reporting capacity. • CUM # (%) of designated or recognized virtual PCMH practices that have completed training and technical assistance for using Telehealth tools.	• Provide recommendations to SHIP staff on HIT training requirements, training approach, and training timeline. • Collaborate with Regional Health Collaboratives (RCs) to ensure PCMHs' training needs are being met. • Review and provide feedback on HIT related training and provide insights as appropriate. • Ensure the HIT training component recommendations are shared with the Telehealth committee.
5	• Enable the use of EHRs and health data connections to improve care coordination.	• CUM # (%) of designated or recognized PCMH practices (sites) that receive from an RC the results of their community health needs assessment, which can be used to guide their quality improvement initiatives.	• Play an advisory role to the Clinical Quality Measures Workgroup & Population Health Workgroups in monitoring the use of community health needs assessment data.
6	• Data collection and analytics for targeted performance reporting.	• CUM # (%) of designated or recognized PCMH practices (sites) that report on identified measures. Model Test target is165 by 2020. Fifty-five are prepared to report on measures in Grant Year 3, 110 in Grant Year 4 and 165 in 2019. • CUM # (%) of designated or recognized PCMH practices (sites) that receive the results of their community health needs assessment from a RC, which can be used to guide their quality improvement	• Ensure HIT contractors and SHIP HIT members review communication processes and recommended solutions with data collection and analytics vendor to support data collection and analytics for performance reporting.

Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
		initiatives. Model Test target is165. (See pages 21 to 23 of MTP for timing of metrics).	

Planned Scope

Deliverable 1	Result, Product, or Service	Description
	• Provide necessary HIT information and expertise to support the other SHIP workgroups' efforts.	• Provide HIT representation to selected SHIP workgroup meetings and IHC. • Deliver reports and analyses as needed on HIT systems delivery and usage. • Provide HIT contractor performance reports to IHC other SHIP workgroups.
Est. Timeframe	**Start**: 1/1/15	**End**: 12/30/16
Milestones	**Event** • Include in monthly workgroup reporting. • As individual activity or event occurs, reports will be provided.	**Target Date** • Monthly. • As needed.
Deliverable 2	**Result, Product, or Service** • Data analytics vendor selection process.	**Description** • Development and completion of supporting materials (RFI) for the RFP and award for the state-wide data analytics system.
Est. Timeframe	**Start**: 4/15/2015	**End**: 12/1/2015
Milestones	**Event** • Pending input from HIT Analytics IDHW lead.	**Target Date** • 09/15/2015
Deliverable 3	**Result, Product, or Service** • Provide support of PCMH data collection and reporting training requirements.	**Description** • Advise the HIT contractors review processes and provide suggestions for PCMH data collection, extraction, and training efforts.
Est. Timeframe	**Start**: 2/1/16	**End**: 12/30/16
Milestones	**Event** • Pending additional input. •	**Target Date** • •

Deliverable 4	Result, Product, or Service	Description
	• Provide the required HIT information to evaluate progress and outcomes of the model test.	• Provide all HIT related data necessary to support the reporting of quarterly accountability targets and thresholds to IHC throughout the model test performance period.
Est. Timeframe	**Start**: 1/1/16	**End**: 12/30/16
Milestones	Event • Pending additional input.	Target Date •

Project Risks, Assumptions, and Dependencies

Risk Identification	Event	H – M – L	Potential Mitigation	Potential Contingency
	• Analytics RFP milestone deadlines missed.	L	Regular monitoring of key milestones for issuance of RFP.	
	• Development of the HIT Data Analytics RFP requires adherence to the Ethics in Government Act, the Bribery and Corruption Act, the Open Meetings Act, the Public Records Act and the Department of Administration's purchasing laws and rules. The two main points are: 1) any member of the HIT workgroup who intends to bid on the RFP should recuse themselves from the development, scoring and award of the RFP; 2) proprietary information will be protected and the responses to the RFP will not be made public prior to the notice of intent to award being issued.	L	Monitoring of process by AG's office.	
	• IDHE transition delayed.	M	Ongoing monitoring.	
	• See Risk Analysis Detail (Pages 11 to 13) in MPMP for common risks across all workgroups.			

Assumptions	• No major projects or system events require staff and leadership time that detracts from HIT efforts.
Dependencies and Constraints	• Staff and leadership time. • Contractor budgets. • System deliverables are static and scope not subject to change.

Project Reporting and Scope Changes

Changes to scope must be approved by the IHC after review by SHIP team.

Version Information

Author	David Shadick (Mercer)	Date	07/31/2015
Reviewer	Casey Moyer (IDHW)	Date	08/19/2015

Charter Approval Signatures

Approval by the Workgroup on: August 20, 2015.

Final Acceptance

Name/Signature	Title	Date	Approved Via Email
Scott Carrel	Chair	08/20/2015	☒
Cynthia York	SHIP Administrator	09/08/2015	☒
Katie Falls	Mercer Lead	09/07/2015	☒

PROJECT CHARTER
Behavioral Health Integration Workgroup
Version 3.0 – August 2015

Workgroup Summary

Chair/Co-Chair	Ross Edmunds, Dr. Charles Novak
Mercer Lead	Katie Falls, Maija Welton
SHIP Staff	Casey Moyer
IHC Charge	▪ Lead the development of an integrated and coordinated behavioral healthcare (BH) patient-centered medical home system. The workgroup aims to support the Regional Collaboratives in helping patient-centered medical homes (PCMHs) move toward or enhance BH integration and to evaluate the current system regarding level of BH integration.
SHIP Goals	▪ Goal 1: Transform primary care practices across the state into patient-centered medical homes.
	▪ Goal 2: Improve care coordination through the use of electronic health records and health data connections among PCMHs and across the medical neighborhood.
	▪ Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.
	▪ Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.
	▪ Goal 7: Reduce overall healthcare costs.

Business Alignment

Business Need	▪ Integration of BH and primary health is important to provide coordinated care in the PCMH model and establish appropriate linkages with the medical neighborhood.

Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
	• Improved patient access to PCMH-based care in geographically remote areas of Idaho.	• Cumulative # (%) of Virtual PCMHs established in rural communities following assessment of need. Model Test Target – 50.	• Collaborate with other workgroups to incorporate BH services in PCMH practices.
	• Increase overall integration of the behavioral health care system through improved telehealth usage.	• Cumulative # (%) of designated or recognized Virtual PCMH practices that routinely use Telehealth tools to provide specialty and behavioral health services to rural patients. Model Test Target – 50.	• Support the Telehealth Council in expanding telehealth technology to enhance access to behavioral health and other specialty services.

Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
	• Increase connectivity of PCMH electronic health records systems with the statewide exchange.	• Cumulative # (%) of designated PCMHs with an active connection to the Idaho Health Data Exchange (IHDE) and utilizing the clinical portal to obtain patient summaries, etc.	• Collaborate and advise PCMH contractor to ensure practices are utilizing EHR systems fully to document data elements used for analytics reporting.

Planned Scope

Deliverable 1	Result, Product or Service	Description
	• Evaluation of current levels of BH integration in Idaho within PCMH.	• Conduct survey to gain an understanding of the current levels of BH/PH integration in the healthcare system.
Est. Timeframe	**Start**: 07/01/2015	**End**: 02/28/2015
Milestones	**Event**	**Target Date**
	• Administer provider surveys. • Review collaboration/integration models in Idaho and nationally. • Choose or develop a BH Integration/Collaboration evaluation survey.	• November 2015 • February 2016
Deliverable 2	**Result, Product or Service**	**Description**
	• Methodology for baseline and ongoing tracking of levels of BH integration.	• Updated annual survey of current levels of BH integration, developing actionable recommendations from the data gleaned from surveys.
Est. Timeframe	**Start**: 12/30/2015	**End**: 04/30/2016
Milestones	**Event**	**Target Date**
	• Develop a methodology for administering and analyzing the evaluation tool.	March 2016
Deliverable 3	**Result, Product or Service**	**Description**
	• Evidence-based BH screening tools.	• Identify screening tools that could be adopted in PCMHs.
Est. Timeframe	**Start**: 12/30/2015	**End**: 05/31/2016

Milestones	Event	Target Date
	• Identify evidence-based screening tools.	• March 2016
	• Work with the SHIP Identified Partner to incorporate screening tools in PCMH.	• April/May 2016
Deliverable 4	**Result, Product or Service**	**Description**
	• Framework of options available for PCMH to integrate in the practice.	• Recommendations of BH/PH models of integration for adoption in Idaho.
Est. Timeframe	**Start**: 03/01/2016	**End**: 04/01/2016
Milestones	**Event**	**Target Date**
	• Identify and reach out to current PCMH to discuss Idaho models of BH integration.	• February 2016
	• Develop framework of integration options.	• March/April 2016
Deliverable 5	**Result, Product or Service**	**Description**
	• Recommendations regarding BH incentives.	• Recommend incentives that would be effective in promoting BH/PH integration in Idaho.
Est. Timeframe	**Start**: 07/01/2015	**End**: 04/01/2016
Milestones	**Event**	**Target Date**
	• [TBD]	• [TBD]
	• [TBD]	• [TBD]
Deliverable 6	**Result, Product or Service**	**Description**
	• Communications materials and presentations.	• Provide outreach, education, and technical assistance regarding BH/PH to practices looking to become PCHMs.
Est. Timeframe	**Start**: 12/30/2015	**End**: 04/01/2016
Milestones	**Event**	**Target Date**
	• [TBD]	• [TBD]
	• [TBD]	• [TBD]

Project Risks, Assumptions, and Dependencies

Risk Identification	Event	H – M – L	Potential Mitigation	Potential Contingency
	• Inadequate services in the community to meet BH needs identified in the primary care setting.	H	Increase access to BH services through telehealth.	Availability of telehealth services.
Assumptions	• [TBD]			
Dependencies and Constraints	• [TBD]			

Project Reporting and Scope Changes

Changes to scope must be approved by the IHC after review by SHIP team.

Version Information

Author	Katie Falls (Mercer)	Date	07/09/2015
Reviewer	Gina Westcott (Behavioral Health)	Date	08/26/2015

Charter Approval Signatures

Approval by the Workgroup on: September 8, 2015.

Final Acceptance

Name / Signature	Title	Date	Approved via Email
Dr. Charles Novak	Chair	09/08/2015	☒
Ross Edmunds	Co-Chair	09/08/2015	☒
Cynthia York	SHIP Administrator	09/08/2015	☒
Katie Falls	Mercer Lead	09/09/2015	☒